



Joint Task Force National Capital Region Medical **INSTRUCTION**

NUMBER 1426.01
JAN 11 2012

J-1

SUBJECT: Civilian Employee Assistance Program (CEAP)

References: See Enclosure 1

1. PURPOSE. This Instruction, in accordance with the authority in References (a) through (d), establishes policy for procedures and assigns responsibilities for the CEAP for DoD civilians assigned to Joint Task Force National Capital Region Medical (JTF CapMed) and its subordinate organizations in accordance with section 792 of title 5, Code of Federal Regulations, DoD Instruction 6485.01, and Chapter 1, Part 2 of title 42, Code of Federal Regulations (References (e) through (g)).

2. APPLICABILITY. This Instruction applies to JTF CapMed and all Joint Medical Treatment Facilities and Centers in the National Capital Region (i.e., Fort Belvoir Community Hospital, Walter Reed National Military Medical Center, and the Joint Pathology Center).

3. POLICY. It is JTF CapMed policy that:

a. Employees shall receive assistance to resolve personal problems that have or will have an adverse impact on job performance and/or conduct. Personal problems may be related to family matters, misuse of drugs or alcohol, surviving natural disasters, etc. When feasible, the CEAP may also be extended to immediate family members of civilian employees.

b. The CEAP is available to offer professional help with assessing a problem, providing short-term counseling, and referring civilian employees to other specialized professionals. Other types of personal problems that can adversely impact employee performance and/or conduct that would benefit from a CEAP referral include adoption, aging, anxiety, child care, depression, eating disorders, elderly care, financial concerns, gambling, grief and loss, legal concerns, marital issues, medical problems, money management, parenting, psychiatric disorders, relationship difficulties, stress, etc.

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c. Employees who are infected with Human Immunodeficiency Virus-1 (HIV-1), or have Acquired Immune Deficiency Syndrome and/or related medical conditions will be treated with dignity and in the same manner as any individual with a serious and/or potentially life-threatening condition.

4. RESPONSIBILITIES. See Enclosure 2

5. PROCEDURES. See Enclosure 3

6. RELEASABILITY. UNLIMITED. This Instruction is approved for public release and is available on the Internet from the JTF CapMed Web Site at: www.capmed.mil.

7. EFFECTIVE DATE. This Instruction is effective immediately.



SCOTT WARDELL

Executive Director for Administrative Operations

By direction of the Commander

Enclosures

1. References
2. Responsibilities
3. Procedures for Program Administration
4. CEAP Confidentiality Statement
5. Confidential Memorandum: Notification of Employee Treatment for Drug Use
6. Confidential Memorandum: Non-Compliance with Required Treatment

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ENCLOSURE 1

REFERENCES

- (a) Deputy Secretary of Defense Memorandum, “Establishing Authority for Joint Task Force - National Capital Region/Medical (JTF CapMed) and JTF CapMed Transition Team (Unclassified),” September 12, 2007
- (b) Deputy Secretary of Defense Action Memorandum, “Civilian and Military Personnel Management Structures for the Joint Task Force National Capital Region – Medical,” January 15, 2009
- (c) Comprehensive Master Plan for the National Capital Region Medical, April 23, 2010
- (d) Supplement to the Comprehensive Master Plan for the National Capital Region Medical, August 31, 2010
- (e) Section 792 of title 5, Code of Federal Regulations (Federal Employees Health and Counseling Programs)
- (f) DoD Instruction 6485.01, “Human Immunodeficiency Virus,” October 17, 2006
- (g) Chapter 1, Part 2 of title 42, Code of Federal Regulations (“Confidentiality of Alcohol and Drug Abuse Patient Records”)
- (h) Chapter 26 of title 42, United States Code (also known and hereby referred to as “The Americans with Disabilities Act”), as amended

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ENCLOSURE 2

RESPONSIBILITIES

1. COMMANDER, JTF CAPMED (CJTF). The CJTF shall appoint a JTF CapMed CEAP Administrator in writing. If a civilian is appointed to serve as the Administrator, a statement of collateral duty will be added to that individual's position description.

2. JTF CAPMED COMPTROLLER (J-8). The JTF CapMed Comptroller (J-8) shall ensure that necessary funds are programmed and available to procure contract support services to ensure the provision of counseling and referral services required for DoD civilians assigned to JTF CapMed organizations.

3. JTF CAPMED CEAP ADMINISTRATOR. The JTF CapMed CEAP Administrator shall:
 - a. Ensure employees are provided with necessary privacy when seeking assistance under CEAP.

 - b. Assume the lead role in the administration and evaluation of the JTF CapMed CEAP.

 - c. Provide guidance and assistance to human resources specialists, managers, and other stakeholders on program administration.

 - d. Serve as the primary JTF CapMed liaison with other organizations in matters related to the JTF CapMed CEAP.

4. DIRECTOR OF THE CIVILIAN HUMAN RESOURCES CENTER (CHRC). The Director CHRC shall provide advice and assistance to managers, employees, and CEAP officials on the implementation of the CEAP including:
 - a. Advice and assistance as needed in establishing or maintaining contractual agreements to provide counseling, referral, and/or educational services.

 - b. Disseminating policy and guidance issued by higher authorities in connection with the CEAP.

 - c. Notification to all new employees about CEAP service availability.

5. CEAP COUNSELORS. CEAP Counselors shall provide the initial counseling and referral for long-term counseling for employees as outlined in the Program Administration section.

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6. SUPERVISORS. Supervisors shall:

- a. Refer employees to CEAP in situations where they believe alcohol, drugs, or other personal problems are adversely impacting job performance and/or conduct.
- b. Provide referral to CEAP in writing for employees with reported positive drug tests.
- c. Give appropriate consideration to employee efforts to resolve such personal problems, which may include their failure or refusal to participate in counseling, when determining corrective actions for performance and/or conduct deficiencies.
- d. Refrain from diagnosing the employee's problems, and consult with the servicing civilian employee relations office and legal office in considering whether to order an employee to undergo a medical examination for the purpose of determining his or her fitness for duty.
- e. Consult with activity/command Human Resources Office and CEAP officials prior to referring an employee to the CEAP.

7. EMPLOYEES. Employees shall:

- a. Not report for duty under the influence of alcohol and/or illegal drugs.
- b. Correct performance and/or conduct problems, and keep all referral appointments made by CEAP Counselors for overcoming alcohol abuse, drug misuse, and/or other personal problems.
- c. Be prepared to use personal leave and pay for costs incurred from CEAP referral appointments.

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ENCLOSURE 3

PROCEDURES FOR PROGRAM ADMINISTRATION

1. The CEAP services for employees include:
 - a. Short-term counseling related to problem assessment.
 - b. Referral for medical treatment, rehabilitation, or other assistance to an appropriate community agency or service.
 - c. Follow-up counseling to aid an employee in achieving an effective readjustment to his or her job, during and after medical treatment or rehabilitation.
 - d. Appropriate counseling when employees are testing for HIV-1, and if employees are evaluated as HIV-1 positive.

2. The voluntary nature of the employee referral is an important aspect. Communications on the program will emphasize the voluntary aspect of the program and encourage employees to seek assistance for alcohol, drug, and/or other problems before these problems adversely impact job performance or conduct.

3. In the relationship between the CEAP and Adverse Action/Discipline, employees will:
 - a. Be held to the same standards of professional conduct regardless of personal, family, or health problems, which will not be used as a shield from adverse administrative or disciplinary actions.
 - b. Not be protected from adverse administrative or disciplinary actions while participating in CEAP when they have been identified as using or possessing illegal drugs, except under safe harbor conditions as defined under the Drug-Free Workplace Program provisions.

4. The relationship between CEAP and the Drug-Free Workplace Program is that:
 - a. Employees with a reported positive drug test result will be referred to CEAP.
 - b. Employees invoking safe harbor will: (a) voluntarily make drug use disclosure to a superior official prior to being identified through other means; (b) agree to and sign the Confidentiality Statement located in Enclosure 4; (c) obtain counseling and successfully complete rehabilitation; and (d) refrain from illegal drug usage.

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5. The relationship between CEAP and reasonable accommodations for employees with disabilities is that agencies are no longer required to offer employees with alcoholism, who engage in misconduct, a firm choice between treatment and discharge. While Title 1 of the Americans with Disabilities Act (Reference (h)) requires employees to consider other forms of reasonable accommodation for employees with alcoholism such as flexible scheduling and/or leave to accommodate an employee's treatment, employers do not have to excuse violations of uniformly applied conduct or job performance standards by offering a firm choice as a form of reasonable accommodation.

6. Confidentiality relating to CEAP:

a. Information regarding discussions with employees and CEAP Counselors cannot be disclosed without the employee's permission except for instances of suspected child abuse and neglect, or for employees who commit or intend to commit crimes that would harm themselves, someone else, or cause substantial property damage (Reference (c)).

b. Employees may not be denied counseling services solely because of their refusal to sign a confidentiality information release form. See Enclosure 5 for the Confidentiality statement and the safe harbor requirements for disclosure.

7. JTF CapMed CEAP Administration and functions are to:

a. Implement and operate the CEAP within JTF CapMed.

b. Offer employees the opportunity for counseling and rehabilitation, and ensure counseling services are adequately provided to all civilian employees referred by their supervisors and/or self-referred.

c. Provide appropriate supervisory training to educate and inform activity/command personnel about CEAP and prohibition of illegal drug usage, and post information regarding CEAP programs and events in public areas.

d. Monitor the progress of referred employees during and after the rehabilitation periods, and determine policy concerning progress reports and post-treatment follow-up for clients in accordance with applicable confidentiality requirements.

e. Ensure that the referred treatment and rehabilitation facilities are staffed with experienced and professional personnel through the evaluation of professional credentials, education, and experience.

f. Evaluate and assess the CEAP and report annually to the CJTF on the status of the program in accordance with confidentiality requirements.

g. Effectively publicize the CEAP.

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h. If services are provided by contract personnel, monitor the performance of the CEAP contract and verify services rendered to the activity/command.

8. The CEAP Counselors serve as the initial point-of-contact for employees who request or are referred for counseling.

9. A person designated as a CEAP Counselor must:

a. Have the knowledge and experience to effectively communicate CEAP regulations, policies, and procedures.

b. Communicate effectively about the symptoms and consequences of alcohol abuse, personal problems, and illegal drug use with employees, supervisors, and managers.

c. Obtain information and effectively communicate information relating to the availability of community resources for treatment and rehabilitation.

d. Understand and effectively communicate all available treatment options and referrals through insurance programs, which are available to employees under the Federal Employee Health Benefits Program.

e. Counsel employees and identify drug abuse, alcohol abuse, and personal problems impacting on employee job performance or conduct.

10. The CEAP Counselor must maintain a list of effective rehabilitation or treatment organizations that provide counseling and rehabilitation programs, and include the following information on each organization:

a. A list of locations and the contractor's name, address, and phone number for each location.

b. Types of services available.

c. Hours of operation.

d. Point of contact name and phone number.

e. Fee structure and insurance requirements.

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ENCLOSURE 4

CEAP CONFIDENTIALITY STATEMENT

The information you discuss with the counselor will not be disclosed to anyone except in the following circumstances:

1. You consent to disclosure in writing.
2. Disclosure is a requirement of the law.
3. Life and/or safety are seriously threatened as determined by the CEAP Counselor.
4. You are assigned to a safety-critical position and the CEAP Counselor assesses that you have an alcohol or drug dependency problem and you fail to comply with the CEAP's treatment recommendations, including the requirement that you cease alcohol and/or specified drugs usage and submit to drug and/or alcohol screening as determined appropriate by CEAP Administrator and/or your treatment facility. In this case CEAP may confidentially advise appropriate management or human resources representatives as to whether you have pursued counseling and are cooperating with CEAP recommendations. Information on your personal situation will not be communicated to individuals outside the CEAP without your authorization.
5. You have been administratively referred to CEAP in connection with work performance or in connection with the Drug-Free Workplace Program policy, and you have been advised that your pursuit of CEAP services and cooperation with CEAP counseling are conditions of your continued employment. In this case, CEAP may confidentially advise appropriate management or human resources representatives as to whether you have pursued counseling and are cooperating with CEAP recommendations. Information on your personal situation will not be communicated to individuals outside the CEAP without your authorization.

I, (print name) _____, understand the above terms and accept them as the terms of my participation in the CEAP.

_____ Signature Date

_____ Witness Date

Parent, guardian, or legal representative (when required) Date

Copy given to client Counselor name & address _____

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ENCLOSURE 5

CONFIDENTIAL MEMORANDUM: NOTIFICATION OF EMPLOYEE TREATMENT FOR
DRUG ABUSE

From: CEAP Counselor

To: Drug Program Coordinator

Subj: NOTIFICATION OF EMPLOYEE TREATMENT FOR DRUG USE

Date: _____

Regarding: _____ (Employee's name)

Organizational Unit _____

This is to inform you that the above referenced employee is now available to return to duty and begin the follow-up testing program as specified in their written agreement or rehabilitation plan.

This employee has provided the following documentation:

_____ Completed their treatment program at _____.

_____ Completed the intensive phase of their treatment program and is available to begin follow-up testing while they continue in treatment at _____.

The employee understands this information is being forwarded to you and has signed all necessary Authorization for Release of Information.

If you have any questions, or if I may assist further, please call me at (phone number of CEAP counselor).

CEAP Counselor

Signature

Date

This form may be modified for alcohol use.

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ENCLOSURE 6

CONFIDENTIAL MEMORANDUM: NON-COMPLIANCE WITH REQUIRED TREATMENT

From: CEAP Counselor
To: Drug Program Coordinator

Subj: NOTIFICATION OF EMPLOYEE TREATMENT FOR DRUG ABUSE

Date: _____

Regarding: _____ (Employee's name)

Organizational Unit _____

The above referenced employee has failed to comply with the treatment plan as established by him/her through CEAP with the _____ Substance Abuse Treatment Program. This employee is therefore deemed out-of-compliance with the requirements as specified in the written agreement signed by the employee and representative of the treatment facility.

The reason for non-compliance is:

- Failure to enter treatment plan.
- Failure to comply with all required components of the treatment plan.
- Failure to complete the treatment plan.
- Failure to cooperate with CEAP and/or the treatment program personnel.
- Other _____

This information is being forwarded to you in accordance with the signed Authorization for Release of Information obtained from the employee at the time of the initial CEAP contact. If you have any questions, or if I may assist further, please call me at (phone number of CEAP counselor).

CEAP Counselor	Signature	Date
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This form may be modified for alcohol use.