

## ILLINOIS STATE POLICE DIRECTIVE SRV-016, HUMAN SERVICES

<b>RESCINDS:</b> SRV-016, 2009-109, REVISED 08-24-2009.	<b>REVISED:</b> 05-09-2011 <b>2011-030</b>
<b>RELATED DOCUMENTS:</b> PER-001, PER-002, PER-038, PER-045, PER-064, SRV-017, Funeral and Ceremonial Protocol Guidelines	<b>RELATED CALEA STANDARDS:</b> 22.2.3, 22.2.4, 22.2.5, 22.2.6, 22.2.10, 22.3.1, 22.3.3, 35.1.9, 35.1.15, 55.2.6

### I. POLICY

The Illinois State Police (ISP), through the Administrative Services Bureau (ASB) and the ISP Academy, Division of Administration (DOA), will provide a comprehensive program of human services to employees and their immediate family members.

#### CONFIDENTIALITY

\* STATE AND FEDERAL LAWS AND REGULATIONS PERMIT OR REQUIRE RELEASE OF INFORMATION IN SITUATIONS WHERE THERE IS ACTUAL OR POTENTIAL DANGER TO SELF OR OTHERS, EVIDENCE OF CHILD ABUSE, UNDER COURT ORDER, A COMMISSION OF AN ILLEGAL ACT ON WORKPLACE PREMISES OR AS OTHERWISE REQUIRED BY LAW. **THE ASB WILL DETERMINE CONFIDENTIALITY WITH ASSISTANCE FROM PHYSICIANS AND MENTAL HEALTH PROFESSIONALS. TO THE EXTENT REQUIRED BY LAW, EMPLOYEES WILL BE NOTIFIED WHEN CONFIDENTIALITY WILL BE BREACHED.**

I.A. The ASB is located at:

801 South 7<sup>th</sup> Street, Suite 700-A  
Springfield, Illinois 62703-4287  
(800) 237-7987

I.B. An individual who voluntarily approaches the ASB for assistance can only have information about such contact released to others by virtue of a signed Release of Information, form ISP 2-555 (this form is available in the ISP Document Library at <http://maphome/documentlibrary/>) or as stated above.

### II. DEFINITIONS

II.A. Family Members - includes spouse; parents; step-parents; grandparents; adopted, natural and step-children; brothers; sisters; grandchildren; parents-in-law; brothers and sisters-in-law; nieces; nephews; aunts; uncles; or any relative or person living in the employee's household for whom the employee has custodial responsibility or where such person is financially and emotionally dependent on the employee and where the presence of the employee is needed.

II.B. Fitness for Duty Evaluation - a physical, mental, or emotional evaluation conducted by a licensed physician or psychologist at the Department's request and coordinated through the ASB.

II.C. Medical Review Board (MRB) – a board comprised of all ISP Deputy Directors, or designees, responsible for making recommendations to the Director regarding an employee's working status subsequent to a review of medically-related issues not able to be resolved by a work unit or division (see ISP Directive PER-038, "The Medical Review Board and Medical Duty").

II.D. Services

The ASB coordinates the following services:

II.D.1. Employee Assistance Program (EAP)

EAP provides guidance in obtaining professional counseling services for employees and their family members concerning personal or job-related problems. Information and assistance is available by contacting Magellan Health at 1-866-659-3848 (24 hours) or [www.MagellanHealth.com](http://www.MagellanHealth.com) for non-AFSCME employees. For AFSCME employees, contact the Personal Support Program at 1-800-659-3848. Employees may also contact ASB for information.

## II.D.2. Peer Support Advisor Program (PSA)

The PSA program is a volunteer support network of trained peers available to assist co-workers who are experiencing personal and/or professional difficulties (see ISP directive PER-001, "Peer Support," for additional information).

## III. PROCEDURES

## III.A. Contacting ASB

III.A.1. Employees should call (800) 237-7987 when in need of services.

III.A.2. Office hours are from 8:30 a.m. to 5:00 p.m. on regular working days.

III.A.3. After hours, or when office staff is not available, call the Springfield Communications Center at (800) 237-7987 or (217) 786-6677, and the Springfield Communications Center will contact the appropriate staff member.

## III.B. Insurance

The payment of health care services, if any, is the responsibility of the individual involved and the insurance carrier.

## III.C. Emergencies

III.C.1. During the hours of 8:30 a.m. to 5:00 p.m., Monday through Friday:

Should a crisis develop that requires IMMEDIATE assistance, inform ASB an emergency exists and every effort will be made to provide immediate contact with an appropriate resource, (mental health professional, MRS consultant, etc.).

III.C.2. After 5:00 p.m., weekends, and holidays:

III.C.2.a. Contact the Springfield Communications Center at (800) 237-7987 or at (217) 786-6677 if a crisis develops after office hours or on a weekend or holiday.

III.C.2.b. Inform the Springfield Communications Center personnel it is an emergency and they will immediately follow procedures to contact the office staff member "on-call."

III.C.3. During an emergency or crisis, employees may be referred to a licensed mental health professional or medical consultant.

## III.D. Command Responsibilities

III.D.1. Department command personnel will initiate the notification process when:

III.D.1.a. A serious injury, illness, or death of an employee or a member of an employee's family occurs. Notification of death regarding an employee's family member is not a responsibility unless requested.

III.D.1.b. A critical incident occurs.

III.D.1.c. An ISP employee will be receiving or has received the discipline of suspension, administrative leave, or termination.

III.D.1.d. An employee has been relieved of duty.

III.D.2. ASB will notify the Chaplain Program Coordinator, ISP Academy, if a Chaplain is requested.

## III.E. Fitness for Duty Evaluation

- III.E.1. A fitness for duty evaluation may be required in certain instances when the Director, First Deputy Director, or a Deputy Director has been notified of an employee's inability to perform his/her duties for physical, mental, or emotional reasons.
  - III.E.1.a. An evaluation will be mandated when an individual's behavior adversely affects work performance or the individual is a danger to oneself or others.
  - III.E.1.b. Documentation that supports the allegation of the employee's adverse behavior and/or adverse work performance, or when the employee is a danger to oneself or others is mandatory.
  - III.E.1.c. A fitness for duty evaluation may be needed when considering whether to return an employee to work after an extended period of leave.
- III.E.2. When a fitness for duty evaluation is deemed appropriate, the employee should first be verbally advised of the pending evaluation by his/her immediate supervisor. A fitness for duty evaluation is not a substitute for discipline nor is the Department to use the fitness for duty evaluation as a means of coercion.
  - III.E.2.a. The Director, First Deputy Director, or the Deputy Director of the employee in question will then advise the employee by letter (certified mail or in person) of the specific issues prompting the action and the date, time, and location of the required evaluation.
  - III.E.2.b. The letter will also indicate that failure to report for evaluation as ordered, and/or failure to cooperate with the evaluator could result in disciplinary action up to and including discharge. (See Addendum 1 for an example.)
- III.E.3. All appointments for fitness for duty evaluations will be coordinated through ASB.
- III.E.4. The evaluator will be a department approved physician or mental health professional used for such services by ASB.
  - III.E.4.a. Evaluators will undergo a background investigation including criminal, traffic, and credit checks prior to conducting any service for the ISP.
  - III.E.4.b. Evaluator fees will be charged to the appropriate cost center of the Division requesting the evaluation.
  - III.E.4.c. The employee will incur no cost and time spent undergoing evaluation and associated travel will be deemed duty time.
- III.E.5. The evaluator will forward his/her confidential report to ASB.
  - III.E.5.a. A sealed copy of the confidential report will be personally delivered from ASB to the Deputy Director of DOA or his/her designee. Following a review, the Colonel will re-seal the report and personally deliver the sealed report to the Deputy Director of the Division who requested the evaluation.
  - III.E.5.b. The original report will remain in the ASB confidential files.
  - III.E.5.c. To ensure the confidentiality of the evaluation, a chain-of-custody form will accompany the report.
- III.E.6. The ASB staff will maintain confidential files of all written correspondence and documentation as well as track the progress of the evaluation.
- III.E.7. Results from a department ordered psychological evaluation are used to determine an employee's fitness for duty.
  - III.E.7.a. All evaluations must contain a treatment plan.
  - III.E.7.b. Employees may respond with results of examinations performed by other psychologists/psychiatrists obtained at their own expense.
- III.E.8. Officers physically unable to perform their duties will be referred to the Medical Review Board and the Wellness Coordinator. (See ISP directives PER-038, "The Medical Review Board and Medical Duty," and PER-045, "Wellness Program.")

III.F. Disclosure of Evaluation Results

- III.F.1. The employee wishing to review the evaluation results must submit a written request to the EAP Coordinator, ASB, through the employee's Commander/Bureau Chief/Lab Director.
- III.F.2. The Commander/Bureau Chief/Lab Director must forward the employee's request to the EAP Coordinator within five working days.
  - III.F.2.a. If the employee requests to review the results of the evaluation with the original evaluator, the EAP Coordinator will arrange a subsequent appointment at the Department's expense.
  - III.F.2.b. If the employee requests that an outside individual review the evaluation, the EAP Coordinator will forward the evaluator's report to a physician or licensed mental health professional of the employee's choosing, for interpretation and review with the employee. All costs associated with this independent review will be the responsibility of the employee.

III.G. Record Keeping

- III.G.1. ASB is the custodian of all mental health reports and any physician reports considered appropriate. When mandatory counseling is part of a disciplinary order, ASB will work with the employee to locate a counseling program, set up and monitor the reporting requirements, and report any non-compliance to the respective Deputy Director.
- III.G.2. ASB will forward an annual report containing statistical information about services provided to the Deputy Director of DOA by April 1 of each year. Such report will not contain personal identifiers or other information that might lead to a violation of confidentiality.

| Indicates new or revised items.

**-End of Directive-**

**ILLINOIS STATE POLICE DIRECTIVE  
SRV-016, HUMAN SERVICES  
ADDENDUM 1, EXAMPLE OF FITNESS FOR DUTY EVALUATION LETTER**

<b>RESCINDS:</b> SRV-016, Addendum 1, 2009-109, revised 08-24-2009.	<b>REVISED:</b> 05-09-2011 <b>2011-030</b>
<b>RELATED DOCUMENTS:</b> PER-001, PER-003, PER-038, PER-045, PER-064, SRV-017, Funeral and Ceremonial Protocol Guidelines	<b>RELATED CALEA STANDARDS:</b> 22.2.5, 22.2.6, 22.2.10, 22.3.1, 35.1.15

Date

(Employee's Name and Address)

**OFFICIAL ACTION**

I have reviewed reports and statements submitted to this office concerning your actions over a period of time (*or specific date*) \_\_\_\_\_. These actions have caused me concern about your ability to perform as a (*Job Title*) \_\_\_\_\_ with the (*Division/District/Zone/Lab/Bureau*) \_\_\_\_\_. These actions were:

*(List specific actions)*

*(State if placing employee on administrative leave with pay pending an evaluation)*

In view of the aforementioned information, I am ordering an evaluation to determine your suitability as a (*Job Title*) \_\_\_\_\_. Therefore, you are to present yourself to Dr. (*Name of Doctor*) \_\_\_\_\_, at (*Address*) \_\_\_\_\_ on (*date and time*) \_\_\_\_\_. You are to cooperate completely with Dr. (*Name of Doctor*) \_\_\_\_\_ throughout this evaluation. Failure to report or cooperate with the evaluator could result in disciplinary action up to and including discharge.

Respectfully,

Deputy Director

cc: (Appropriate Command Personnel)  
Human Services Section

I hereby acknowledge receipt of the  
Original of this letter:

\_\_\_\_\_  
Name ID#

\_\_\_\_\_  
Date

-End of Addendum-