THE STRUCTURE, COST, AND USE OF AGENCY MENTAL HEALTH CARE BENEFITS

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EXECUTIVE SUMMARY

Mental health problems are prevalent in the United States workforce and place a substantial cost burden on employers. The federal government estimates that one-fourth of the nation's workforce suffers from some sort of mental health, emotional, or substance abuse disorder in any given year. A 1999 report of the U.S. Surgeon General estimates that the annual social cost of mental health problems ranges up to $160 billion, in the form of disability payments, absenteeism, and lost productivity.

The empirical research shows that mental health benefits help to prevent and mitigate employers' costs by providing employees access to treatment services. **Numerous studies indicate that mental health treatment can decrease disability claims, reduce absenteeism, and improve employee performance**.

The Office of Legislative Oversight reviewed the structure, cost, and use of mental health care benefits offered to employees of the five County and bi-County agencies. **OLO found that the structure of employee mental heath care benefits is similar across the five agencies:**

- All offer health plan coverage for treatment of mental health issues (including substance abuse treatment) and prescription drugs.
- All five agencies also offer an Employee Assistance Program (EAP) that provides an array of mental health services to employees in addition to health-insurance plans.
- The County Government also offers specialized mental health-related services for police and fire/rescue personnel, which expand beyond the scope of its EAP.

All agency health plans comply with federal and state mental health parity requirements as applicable to each plan. Both the federal government and the State of Maryland have mental health parity laws requiring, to varying degrees, mental health care treatment that is equivalent to physical health care treatment. The applicability of the requirements depends on whether a plan qualifies as "fully-insured" or "self-insured".

In the course of conducting this study, OLO found that agency staff do not routinely compile data on the cost and utilization of mental health benefits. In addition, OLO found a potential overlap in counseling/therapy services among the County Government's EAP and the specialized mental health-related services for police and fire/rescue personnel.

Overall, OLO recommends that the Council recognize the agencies for their work in the important area of mental health benefits and for their attention to regulatory requirements. OLO also recommends that the Council request:

- The agencies act to improve the collection, analysis, and reporting of data on the structure, cost, and use of mental health benefits;
- The four agencies that currently outsource Employee Assistance Programs to examine the feasibility and potential cost savings available from an inter-agency procurement; and
- The Chief Administrative Officer to evaluate potential service overlap between the County Government's EAP and specialized mental health-related programs for public safety personnel.

OFFICE OF LEGISLATIVE OVERSIGHT REPORT 2003-5

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CHAPTER I: AUTHORITY, SCOPE, AND ORGANIZATION

A. Authority

Council Resolution 14-1395, *FY 2003 OLO Work Program of the Office of Legislative Oversight*, adopted July 30, 2002.

B. Scope

This report examines the structure, cost, and use of mental health care benefits offered to active (non-retired) employees of the County Government, Montgomery County Public Schools, Montgomery College, Maryland-National Capital Park and Planning Commission, and Washington Suburban Sanitary Commission. The scope of OLO's review included mental health care benefits provided to employees through health insurance plans, employee assistance programs, and specialized mental health-related programs.

The scope of this OLO study did not include evaluating the quality of mental health benefits or measuring employee "satisfaction" with the benefits provided.

C. Organization of Report

Chapter II, Background, defines terms used throughout the report; briefly describes the impacts of mental health problems within the workplace; summarizes the legislative framework for mental health care benefits in the United States and Maryland; reviews national and state-level cost and use trends for mental health benefits; and provides an introduction to employee assistance programs.

Chapter III, Agency Mental Health Care Benefits, summarizes the mental health care benefits offered by each agency, including:

- Mental health care benefits offered through health benefit plans;
- The terms and conditions for mental health care benefits (e.g. cost sharing arrangements, number of visits, annual and/or lifetime maximums);
- Mental health care cost and use information;
- Employee Assistance Programs; and
- Specialized mental health-related programs.

Chapters IV and V present OLO's findings and recommendations.

Chapter VI, Agency Comments, contains the written comments received on a final draft of the report.

D. Methodology

Office of Legislative Oversight staff members Craig Howard and Shveta S. Geddam conducted this study. OLO gathered information through document reviews, general research, and interviews with staff in the County Government, Montgomery County Public Schools, Montgomery College, Maryland-National Capital Park and Planning Commission, and Washington Suburban Sanitary Commission.

Appendix A (©1) contains a list of the print and Internet resources that OLO used during the study period.

E. Acknowledgements

OLO received a high level of cooperation from everyone involved in this study. OLO appreciates the information shared and insights provided by all staff who participated.

In particular, OLO thanks Assistant Chief Administrative Officer Bill Mooney; Joe Adler, Eric Wallmark, Dorothy Miller, and Sally Miller from the Montgomery County Office of Human Resources; Ginger Hayes from the Montgomery County Police Department; Rich Holzman and Mike Beasley from the Montgomery County Fire & Rescue Service; Dudley Warner from the Montgomery County Department of Health and Human Services; Lynda von Bargen, Karen Bass, and Scott McRae from Montgomery College; Betsy Arons, Wes Girling, Mary Jo Campo, and Debra Tipton from Montgomery County Public Schools; Jan Lahr-Prock from the Maryland National-Capital Park and Planning Commission; and Karen Gerald from the Washington Suburban Sanitary Commission.

CHAPTER II: BACKGROUND

This background chapter includes five sections:

Section A, Definitions, defines key terms used throughout the report.

Section B, Mental Health and the Workplace, summarizes the impacts of mental health problems for both employees and employers.

Section C, Federal and State Laws and Regulations, briefly describes the legislative and regulatory framework for mental health care benefits in the United States and Maryland.

Section D, Mental Health Benefit Cost and Use Trends, reviews data on national and state-level trends for mental health benefits.

Section E, Introduction to Employee Assistance Programs (EAPs), provides an overview of EAPs, which typically offer an array of mental health services to employees outside of employees' health-insurance plans.

A. DEFINITIONS

Mental health benefits refer to diagnostic and treatment services for issues of mental illness, emotional disorders, and/or substance abuse. The term **"behavioral health"** is generally synonymous with "mental health" and is often used in the research literature and the health insurance field. For consistency, this report uses the term "mental health" instead of "behavioral health", unless directly quoting from an outside source.

Health Maintenance Organization (HMO) is a health insurance plan in which individuals or their employers pay a fixed monthly fee for services, instead of a separate charge for each visit or service. The monthly fees remain the same, regardless of types or levels of services provided. Services are generally provided by physicians who are employed by, or under contract with, the HMO.

Preferred Provider Organization (PPO) is a health insurance plan that contracts with networks of providers to supply services. Providers are typically paid on a discounted fee-for-service basis. Enrollees are offered lower cost-sharing to use providers on the preferred list, but can use out-of-network providers at a higher out-of-pocket cost.

Point-of-Service Plan (POS) is a health insurance plan that combines features of prepaid and fee-for-service insurance. Enrollees can choose to use a network provider at the time of service. A higher copayment typically accompanies use of out-of-network providers.

Inpatient services generally refer to services delivered in a hospital, institution, or other clinical setting where the patient is admitted overnight.

Outpatient services generally describe services delivered in an office, a clinic, an emergency room, or a health facility without the patient being admitted overnight.

In-network refers to a provider or facility that has a written agreement with the insurance plan to cover services under the terms and conditions of the plan.

Out-of-network refers to a provider or facility that does not have a written agreement with the insurance plan to cover services under the terms and conditions of the plan.

B. Mental Health and the Workplace

This section summarizes published research findings on the prevalence of mental health problems, the costs of mental health problems, and the benefits of mental health care coverage.

Prevalence of mental health problems. Empirical research studies consistently report that mental health problems are common across the nation. Data compiled by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Institute of Mental Health (NIMH) indicate that:

- Approximately one-fourth of the U.S. workforce suffers from some sort of mental health, emotional, or substance abuse disorder in any given year.
- Clinical depression occurs in more than 17.5 million adults each year.
- Between 10-15% of the U.S. workforce abuses drugs or alcohol.

Costs of mental health problems. Estimates of the annual social cost of mental illness range up to nearly $160 billion[1], according to a 1999 report of the United States Surgeon General. In the workplace, these costs are borne as both "direct" costs and "indirect" costs.

Direct costs are more traditionally quantifiable costs that show up as visible expenses, such as disability payments, treatment costs, and rehabilitation costs. Indirect costs are less-visible, difficult to quantify costs that generally relate to employee performance. The indirect costs of mental illness in the workplace include:

- Absenteeism;
- Lower productivity;
- Job turnover;
- Inability to make sound decisions;
- Increased substance abuse; and
- Fatigue.

In terms of disability payments, the National Institute of Mental Health reports that four out of the five leading causes of disability worldwide are mental disorders. In terms of employee performance and productivity, the Washington Business Group on Health

[1] These costs include both private (i.e. private insurance) and public (i.e. Medicare, Medicaid, public mental health system) mental health service expenditures.

estimates that 200 million work days are lost in the United States every year due to depression.

Benefits of mental health care coverage. While mental health problems are costly to employers, many of these problems are considered "treatable". Providing mental health care benefits that allow for the diagnosis and treatment of mental illness and substance abuse problems can decrease potential costs.

Examples of findings cited in the published literature on mental health care benefits include:

- 80% of depressed individuals can return to work with proper diagnosis and treatment; and individuals treated for depression are significantly more likely to be working after 12 months than untreated individuals. (*Employee Benefits Journal,* 2002 [2])

- Benefit plans with good access to outpatient mental health services have lower psychiatric disability claims costs than more restrictive plans. (Washington Business Group on Health, 2000)

- Absenteeism at the McDonnell Douglas Corporation dropped 44% for employees treated for substance abuse issues. (The National Mental Health Association, 2000)

C. Federal and State Laws and Regulations

A number of federal and state laws and regulations govern the provision of mental health benefits through employer-sponsored health plans. This section summarizes the major legal requirements and regulatory agencies that impact health benefit plans offered by local units of government[3]:

- Mental Health Parity Act of 1996
- Health Insurance Portability and Accountability Act of 1996
- Maryland Mental Health Parity Law
- Maryland Insurance Administration

An important distinction that determines the applicability of federal and state regulations on health insurance plans is whether a plan is fully-insured or self-insured.

A fully-insured health benefit plan is one in which an employer pays premiums to purchase a health insurance contract from an insurer. The insurer pays for the claims of the participants and assumes the risk associated with the plan.

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[2] Marlowe, Joseph F. 2002. "Depression's Surprising Toll on Worker Productivity," *Employee Benefits Journal,* 27(1).

[3] This list does not include all laws affecting the provision of health insurance, just those that have specific, significant impacts on the provision of mental health benefits.

A self-insured health benefit plan is one in which an employer pays for the health care claims of its participants directly out of its own assets. The employer assumes the risk in self-insured plans. Employers with self-insured plans sometimes purchase "stop-loss insurance" to protect against catastrophic losses. A stop-loss insurance policy does not make a plan fully-insured. Employers that self-insure often hire a Third-Party Administrator (TPA), frequently a health insurance company, to administer the benefit plan. TPAs do not provide the insurance nor do they assume any risk.

Note: Minimum Payment Plans are hybrid plans that combine elements of a self-insured plan and a fully-insured plan. These plans involve the purchase of a health insurance contract, however, and qualify as fully-insured plans under the law because the insurer assumes risk.

Mental Health Parity Act – The federal Mental Health Parity Act of 1996 (MHPA) provides for "parity" in the lifetime and annual dollar limits that are placed on mental health benefits and physical health benefits. Specifically, the Mental Health Parity Act:

- Mandates that a group health plan may not have higher or lower aggregate lifetime or annual dollar limits on mental health benefits than it has on physical health benefits.
- Exempts group health plans covering 50 or fewer employees.
- Does not require employers to offer mental health benefits.
- Does not regulate the terms and conditions of mental health benefits (i.e. cost sharing, limits on numbers of visits or days of coverage, etc.).
- Does not apply to substance abuse benefits.

The Mental Health Parity Act had an original sunset date of September 30, 2001, but Congress has extended the Act for one-year periods each year since the original sunset date. It is currently in effect through December 31, 2003.

Health Insurance Portability and Accountability Act – The federal Health Insurance Portability and Accountability Act of 1996 (HIPPA) deals with a wide range of healthcare reform issues, ranging from portability of health insurance and access to security and privacy of healthcare information. Title I of HIPPA includes a provision that allows nonfederal, self-insured, governmental group health plans to receive an exemption from federal mental health parity requirements. To receive this exemption, a state or local government must file a request for exemption with the federal government.

Maryland Mental Health Parity Law (enacted in 1994) – Maryland is among the 46 states to enact some form of mental health parity legislation. Before the passage of the federal MHPA in 1996, Maryland was one of only five states to have passed a parity statute.

The Maryland parity statue (§ 15-802 and § 19-703.1 – Annotated Code of Maryland, see Appendix B, ©4) applies to "each health insurance policy or contract that is delivered or issued for delivery in the State." In general, the statute requires insurers, nonprofit health service plans, and health maintenance organizations to provide mental health benefits under the same terms and conditions as physical health benefits. **The statute does not apply to self-insured health plans.**

Specifically, the Maryland Mental Health Parity Law requires that:

> A policy or contract subject to this section may not discriminate against an individual with a mental illness, emotional disorder, drug abuse disorder, or alcohol abuse disorder by failing to provide benefits for the diagnosis and treatment under the same terms and conditions that apply under the policy or contract for the diagnosis and treatment of physical illness. (§ 15-802 – Annotated Code of Maryland)

In order to comply with the "non-discriminatory" provisions, plans must meet the following requirements for mental health services:

- Lifetime maximums must be equivalent for physical health and mental health.
- Deductibles and coinsurance amounts must be equivalent for physical health and mental health. The one exception is outpatient visits, where the law specifies minimum coverage amounts for mental health services.
- Any out-of-pocket limits in a 12 month period must be equivalent for physical health and mental health.

Maryland Insurance Administration – The Maryland Insurance Administration (MIA) regulates insurance companies, health maintenance organizations, and nonprofit health service plans. **MIA has no regulatory authority over self-insured health benefit plans.** MIA's responsibilities include:

- Evaluating contracts and related materials for compliance with Maryland law;
- Investigating and resolving consumer complaints; and
- Examining market practices for compliance with Maryland law.

Fully-insured health plans are under the purview of MIA and its review process to ensure compliance with Maryland laws. According to MIA's March 2002 *Report on the Regulation of Mental Health Benefits*, "MIA has taken steps to help ensure appropriate coverage for mental health and substance abuse for consumers whose health benefit plans are governed by Maryland law."

D. Mental Health Benefit Cost and Use Trends

This section provides information on national cost trends, cost impacts of mental health parity, mental health benefit use, and prescription drug costs and use.

National cost trends. Based upon a cost analysis of 1997 data, the Substance Abuse and Mental Health Services Administration estimates that **mental health benefits represent approximately 6% of the total private health care costs.** (The analysis excluded Medicare, Medicaid, and other state and local public health expenditures.)

Cost impacts of mental health parity. The general consensus in the field is that cost impacts from mental health parity have been relatively minor, despite increased use of mental heath services. Two factors identified in the literature as playing a large role in this outcome are the introduction of managed care, and the increased use of prescription drugs in mental health treatment.

Other important findings from the research literature include:

- The National Advisory Mental Health Council reported in June 2000 that "implementing parity benefits results in minimal if any increase in total health care costs." The Council estimates that the maximum health insurance premium increase resulting from mental health parity requirements was 1.4%.

- The Maryland Health Care Commission reports that managed care has reduced overall mental health and substance abuse costs, primarily by shifting service from inpatient settings to less costly outpatient settings.

- A 1999 report from the Surgeon General on mental health states that studies in Texas, Maryland, and North Carolina have shown that costs declined when parity coincided with the introduction of managed care. The number of users increased in these states, with lower average expenditures per user.

- According to a 2002 Robert Wood Johnson Foundation report, the use of prescription drugs in the treatment of depression leads to fewer psychotherapy visits and lower average per-episode costs.

Mental health benefits use. Despite increased use of mental health services since the passage of parity requirements, the percent of employees in any given plan that use mental health benefits is relatively small, both nationally and in Maryland. Data reported by the Maryland Health Care Commission indicate that, for employees who had mental health care coverage:

- 5.6% of HMO/POS members in the U.S received some type of mental health service in 2001.

- 5.9% of HMO/POS members in Maryland received some type of mental health service in 2001.

A significant factor that can impact mental health service use is the negative stigma attached to mental illness that may deter employees from recognizing and acknowledging problems. Employees express concern that seeking treatment for a mental health problem could result in:[4]

- Decreased supervisory or co-worker confidence;
- Diminished evaluations of present job performance; and
- Decreased opportunities for advancement.

Prescription drugs cost and use. Prescription drugs represent approximately one-tenth of all health care costs, although recent data suggest that percent is increasing. Prescription drugs used for mental health play a substantial role in overall pharmaceutical spending.

A May 2002 report from the National Institute for Health Care Management describes prescription drug expenditures as the "fastest growing component of health care," and cites the following details:

- Spending on prescription drugs increased 15% or more per year in the past several years, including a 17.1% increase from 2000 to 2001.
- Increases in prescription drug spending represented a disproportionate (27%) share of overall health care cost increases in 2000.
- Antidepressants were the top-selling category of prescription drugs in 2001, and represented the largest share (9.4%) of the prescription drug spending increase from 2000 to 2001.
- The primary cause of increased prescription drug spending is increased utilization.[5]

A 2002 study published in the *New England Journal of Medicine* exemplifies the increased use of prescription drugs in mental health treatment by reporting that patients treated for depression were 4.8 times more likely to receive an antidepressant in 1997 than in 1987.[6]

E. Introduction to Employee Assistance Programs (EAPs)

The Employee Assistance Program Association defines an Employee Assistance Program, or EAP, as "a worksite-based program designed to assist in the identification and resolution of productivity problems associated with employees impaired by personal concerns including, but not limited to: health, marital, family, financial, alcohol, drug,

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[4] Roberts, Gary E., 2002. "Mental Health Benefits in New Jersey State and Local Government." *Public Personnel Management* 31(2).

[5] National Institute for Health Care Management, 2002. *Prescription Drug Expenditures in 2001: Another Year of Escalating Costs.*

[6] Olfson, Mark, et. al., 2002. "National Trends in the Outpatient Treatment of Depression." *Journal of the American Medical Association* 287(2).

legal, emotional, stress, or other personal concerns which may adversely affect employee job performance."

The EAP concept originated in the 1940's at large corporations, primarily as a method to deal with employee alcoholism. Since that time, EAPs have evolved into providing the wide range of services listed above.

Services. EAPs generally provide free, confidential, and short-term services designed to identify and resolve an employee's problem or provide a referral to an outside resource that could more appropriately assist the employee. In most cases, an employee's family members are also eligible for EAP services. The goal of most EAPs is to improve the productivity and job performance of employees that are suffering from mental health problems and/or other work/life issues.

Cost, Use and Effectiveness. EAPs exist both as in-house and outsourced programs. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) reports median annual EAP costs per employee are $21.83 for in-house programs and $18.09 for outsourced programs.

While there is no "industry standard" utilization rate for EAPs, available data from government programs and private corporations fall between 5% (for Federal Government employees and Bank One Corporation employees) and 9% (for Fannie Mae Corporation employees).[7] It is unclear, however, if these rates include only employees or if they include other eligible individuals, e.g. an employee's family members, dependents.

EAP supporters cite the programs as cost-effective through their ability to prevent or mitigate costs associated with mental health problems, e.g. absenteeism, lost productivity, etc. In 1999, the Surgeon General cites EAPs as providing a link for employees to the broader range of mental health assistance available through their health plans:

> Because the stigma associated with mental disorders is still a barrier to seeking care, the availability of services organized in ways that reduce stigma – such as employee assistance programs – can provide important gateways to further treatment when necessary. (*Mental Health: A Report of the Surgeon General*, 1999).

Many publications report favorable cost-effectiveness data for EAPs, although most do not indicate the process for calculating cost-effectiveness data. SAMHSA summarized various EAP cost-effectiveness data and reports savings that range from $1.50 to $15 for every $1 invested.

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[7] Schott, Richard, 1999. "Managers and Mental Health: Mental Illness and the Workplace." *Public Personnel Management* 28(2); Robinson, Gail, et. al, 2001. *Comprehensive Mental Health Insurance Benefits: Case Studies*. SMA-01-3481.

CHAPTER III: AGENCY MENTAL HEALTH CARE BENEFITS

This chapter provides an overview of the structure, cost, and use of mental health care benefits offered to employees of Montgomery County Government, Montgomery County Public Schools, Montgomery College, Maryland-National Capital Park and Planning Commission, and Washington Suburban Sanitary Commission.

Each agency provides a minimum of three health insurance plans, all of which offer mental health benefits. Employees in all agencies can also receive services through an Employee Assistance Program (EAP). The County Government also provides several specialized mental health-related programs outside of its EAP.

For each agency, this chapter summarizes information on:

- The current health insurance plan options available to employees;
- The structure of mental health benefits available through each health insurance plan;
- The agency's Employee Assistance Program; and
- Other specialized mental health-related programs (if applicable).

The table below provides page references for each agency's summary.

A. MONTGOMERY COUNTY GOVERNMENT

1. Health Care Insurance Plans

Montgomery County Government has approximately 8,950 active employees who are eligible for health care insurance benefits.[1] Approximately 87% of the eligible employees enroll in a County Government sponsored health plan. The County Government offers three different health plans to employees, all three plans include mental health benefits.

[1] The number of active employees eligible for County Government health care insurance benefits includes employees of "participating agencies" such as the Housing Opportunities Commission and Revenue Authority that participate in the County's benefit system.

The plans are listed below, along with the percentage of enrolled employees participating in each:

Health Care Plan	Percent of Enrolled Employees in Plan
CareFirst BlueCross BlueShield POS	54%
Optimum Choice HMO	32%
Kaiser Permanente HMO	14%

The three health plans offered by MCG qualify as fully-insured plans. The CareFirst POS has a self-insured component, known as a minimum payment arrangement, but is still filed as a fully-insured plan with the State. Since each plan qualifies as fully-insured, each is subject to oversight by the Maryland Insurance Administration to ensure compliance with State regulations (including mental health parity requirements).

The table below summarizes each plan's mental health benefits.[2] Prescription drug benefits, any out-of-pocket annual maximums, and any lifetime benefit maximums under each plan do not differentiate between mental and physical health benefits.

TABLE 1
MENTAL HEALTH BENEFITS PROVIDED BY MCG HEALTH INSURANCE PLANS:
2003 PLAN DESIGNS

Benefits Offered	Kaiser Permanente HMO	Optimum Choice HMO	CareFirst BlueCross BlueShield POS			
			In-network		*Out-of-network*	
			In service area	*Out-of-service area*	*In service area*	*Out-of-service area*
Inpatient Services	100% coverage	100% coverage	100% coverage	100% coverage	80% coverage	80% coverage
Outpatient Services	Individual visits: $20 copay per visit Group visits: $10 copay per visit	Visits 1-5: 80% coverage Visits 6-30: 65% coverage Visits 31+: 50% coverage	Visits 1-5: 100% coverage Visits 6+: 70% coverage	Visits 1-5: 100% coverage Visits 6-30: 80% coverage Visits 31+: 50% coverage	Visits 1-5: 80% coverage Visits 6-30: 65% coverage Visits 31+: 50% coverage	Visits 1-5: 80% coverage Visits 6-30: 65% coverage Visits 31+: 50% coverage
*Annual Deductible**	None	None	None	None	$300 individual $600 family	$250 individual $500 family

*Annual deductible applies to all types of health care services (physical and mental).
Source: Office of Human Resources and OLO, 2003

[2] For a detailed summary of all the physical and mental health benefits for each plan, see Appendix C (©9).

2. Mental Health Care Costs

Cost data, at present, are only available for Montgomery County Government's CareFirst BlueCross BlueShield POS plan.[3] County Government receives quarterly cost and use reports for this plan. As listed above, 54% of enrolled employees participate in the POS plan.

Mental health services in the POS plan cost approximately $3.4 million in calendar year 2002. The costs of mental health services accounted for 11% of the total POS health care expenditures in 2002. Mental health prescription drugs accounted for 21% of total prescription drug costs.

TABLE 2
MCG CAREFIRST POS MENTAL HEALTH CARE COSTS BY TYPE OF SERVICE
CALENDAR YEAR 2002

Type of Mental Health Care Service	Mental Health Care Expenditures ($ in 000's)	Percent of Total Annual Health Care Expenditures
Inpatient	$210	4.8%
Outpatient	$1,259	13.7%
*Prescription Drug**	$1,922	21.4%
TOTAL	**$3,391**	**11.0%**

*Estimated based on Prescription drugs identified in the top 20 drug report
Source: Office of Human Resources, 2003

3. Employee Assistance Program (EAP)

Montgomery County Government contracts with APS Healthcare to provide its Employee Assistance Program. The EAP services include assessment, counseling, and referral for a broad range of job-related and non-job-related work/life issues. Program data show that:

- The County allocated $158,000 for its Employee Assistance Program (EAP) in FY 03;
- The total FY 03 cost was based on a fee of $16.55 per eligible employee; and
- In calendar year 2002, approximately 545 individuals utilized EAP services.

Appendix D (©15) contains a detailed description of the County Government EAP, including information on eligibility, services provided, funding, and use.

[3] Staff report that, after working with the other health insurance providers on the type and format of information desired, they will likely be able to receive cost and use data on a regular basis in the future.

4. Specialized Mental Health-Related Programs

County Government has two separate in-house, specialized programs for public safety personnel; one for Police Department (MCPD) employees and one for Fire and Rescue Services (MCFRS) employees. Both of these programs focus on the unique needs of public safety personnel, and provide services beyond the scope of the County's Employee Assistance Program.

County Government also offers specialized critical incident stress management services to employees through the Crisis Center in the Department of Health and Human Services.

Police Department. The Police Department provides specialized assistance services to employees through its Stress Management Division. Services provided include counseling/therapy for a broad range of job-related and non-job-related work/life issues, a traumatic incident program, a peer support team, a disciplinary diversion program, an injured/ill employees' network, and education/training on prevention and early recognition of mental health problems.

- In FY 03, the County allocated $458,000 for the Police Department's Stress Management Division

- For calendar year 2002, the Stress Management Division reports providing services to more than 250 individuals, with more than 900 different contacts.

Montgomery County Fire and Rescue Services (MCFRS). MCFRS provides specialized services to employees and volunteer firefighters through its Wellness/Fitness Initiative. Mental health services provided include counseling/therapy for job-related issues, a critical incident stress management program, a family support program, and education/training on stress management and general mental heath issues.

- In FY 03, the County allocated $100,000 for MCFRS mental health services.

- Between December 2002 and May 2003, the MCFRS staff psychologist provided over 1,300 hours of clinical therapy to uniformed fire/rescue personnel.

- Since 2001, the Critical Incident Stress Management Team has averaged 87 formal activations per year, as well as numerous informal contacts

Appendix D (©15) contains more details on the Police Department's and MCFRS' specialized services, including information on eligibility, services provided, funding, and use.

Crisis Center. The Department of Health and Human Services' Crisis Center provides Critical Incident Stress Management Services to groups and individuals in Montgomery County following traumatic incidents. These services are available to all Montgomery County employees. Crisis Center staff estimate that the Critical Incident Stress Management Team responds to between six and ten incidents each year for County employees.

This program played a substantial role in assisting County employees during the sniper incident in the fall of 2002. Team members performed group and individual interventions for employees on-scene and at each bus depot following the death of the Ride-On bus driver. The specific costs for providing this service to employees cannot be easily distinguished from the overall costs of the program.

B. MONTGOMERY COUNTY PUBLIC SCHOOLS

1. Health Care Insurance Plans

Montgomery County Public Schools (MCPS) has approximately 19,000 employees eligible for health care insurance benefits. Approximately 92% of eligible employees enroll in an MCPS-sponsored health plan. MCPS offers five different health plans to its employees; all five plans include mental health benefits. The plans are listed below, along with the percentage of enrolled employees participating in each:

Health Care Plan	Percent of Enrolled Employees in Plan
Optimum Choice HMO	41%
Kaiser Permanente HMO	23%
CareFirst BlueCross BlueShield Standard POS	22%
CareFirst BlueCross BlueShield High Option POS	11%
CareFirst BlueChoice HMO	3%

The three HMO plans qualify as fully insured plans. The Optimum Choice HMO has a self-insured component, known as a minimum payment arrangement, but is still filed as a fully-insured plan with the State. Each fully-insured plan is subject to oversight by the Maryland Insurance Administration to ensure compliance with State regulations (including mental health parity requirements).

The two CareFirst POS plans are self-insured. The POS plans must therefore comply with the federal Mental Health Parity Act mandates but are not required to comply with the State mental health parity mandates. Although MCPS self-insures the two POS plans, both plans follow the State mental health parity guidelines. The lower coverage levels, service maximums, and deductibles in the "out-of-network" benefits also apply to physical health benefits.

The table below summarizes each plan's mental health benefits.[4] The out-of-pocket annual maximums and lifetime benefit maximums under each plan do not differentiate between mental and physical health benefits. Prescriptions drug benefits are offered through a separate "carve-out" plan. Prescriptions for mental health needs are not subject to any different or additional restrictions than those for physical health needs.

TABLE 3
MENTAL HEALTH BENEFITS PROVIDED BY MCPS HEALTH INSURANCE PLANS: 2003 PLAN DESIGNS

Benefits Offered	Kaiser Permanente HMO	Optimum Choice HMO	CareFirst BlueChoice HMO	CareFirst BlueCross BlueShield High Option POS		CareFirst BlueCross BlueShield Standard POS	
				In-network	*Out-of-network*	*In-network*	*Out-of-network*
Inpatient Services	100% coverage	100% coverage	100% coverage	100% coverage	• 90% coverage • 180 day maximum	100% coverage	80% coverage
Outpatient Services	Visits 1-5: 100% coverage Visits 6-10: - $10 copay for individual - $5 copay for group Visits 11+: - $30 copay for individual - $10 copay for group	Visits 1-5: 80% coverage Visits 6-30: 65% coverage Visits 31+: 50% coverage	Visits 1-5: 80% coverage Visits 6-30: 65% coverage Visits 31+: 50% coverage	Visits 1-5: 100% coverage Visits 6+: 80% coverage	Visits 1-30: 80% coverage Visits 31+: 50% coverage	Visits 1-5: 100% coverage Visits 6+: 80% coverage	Visits 1-5: 80% coverage Visits 6-30: 65% coverage Visits 31+: 50% coverage
*Annual Deductible**	None	None	None	None	$200 individual $400 family	None	$300 individual $600 family

*Annual deductible applies to all types of health care services (physical and mental).
Source: MCPS and OLO, 2003.

2. Mental Health Care Costs

MCPS is unable to obtain mental health care cost data from its health insurance providers at this time.

3. Employee Assistance Program

MCPS operates an in-house Employee Assistance Program (EAP) through its Employee Assistance Unit, located within the Office of the Associate Superintendent for Human Resources. The EAP services include assessment, counseling, referral, critical incident

[4] For a detailed summary of all the physical and mental health benefits for each plan, see Appendix E (©24).

response, employee workshops, and supervisory training. One full-time and two part-time employees (for a total of 2.1 positions) staff the Employee Assistance Unit. Each employee is a licensed, clinical social worker. Program data for FY 03 show that:

- MCPS allocated $200,000 for its Employee Assistance Program (EAP);
- The cost per eligible employee was $10.53; and
- Approximately 615 clients utilized EAP services.

Appendix F (©26) contains a detailed description of the MCPS EAP, including information on eligibility, services provided, funding, and use.

C. MONTGOMERY COLLEGE

1. Health Care Insurance Plans

Montgomery College has approximately 1,500 employees who are eligible for health care insurance benefits. Approximately 76% of eligible employees enroll in a Montgomery College-sponsored health plan. Montgomery College offers four different health plans to its employees; all four plans include mental health benefits. The plans are listed below, along with the percentage of enrolled employees participating in each:

Health Care Plan	Percent of Enrolled Employees in Plan
Kaiser Permanente HMO	31%
CIGNA HealthCare POS	30%
CIGNA PPO	24%
Optimum Choice HMO[5]	15%

The two HMO plans are fully-insured. Each fully-insured plan is subject to review by the Maryland Insurance Administration to ensure compliance with state regulations (including mental health parity requirements). The two CIGNA plans are self-insured. The CIGNA plans must therefore comply with the federal Mental Health Parity Act mandates but are not required to comply with the State mental health parity mandates.

Although Montgomery College self-insures the CIGNA POS plan, it follows State mental health parity guidelines. The CIGNA PPO does have higher cost sharing, weekly visit limitations, and annual visit limitations for mental health care than for physical health care. According to Montgomery College staff, the CIGNA plans were self-insured as a response to increasing costs in the mid-1990's. At the time, the College's Benefits

[5] This plan is only available to employees hired before 9/1/1988.

Review Committee examined maintaining higher levels of mental health coverage through a managed care "carve-out" program. The Committee reported that employees indicated a preference for lower levels of coverage vs. changing to a managed care system.

The following table summarizes each plan's mental health benefits.[6] The prescription drug benefits and any lifetime benefit maximums under each plan do not differentiate between mental health and physical health benefits. The CIGNA PPO plan has an annual maximum out-of-pocket expense limit of $2,000 per person for outpatient physical health expenses that does not apply to mental health care expenses.

TABLE 4
MENTAL HEALTH BENEFITS PROVIDED BY MONTGOMERY COLLEGE HEALTH INSURANCE PLANS: 2003 PLAN DESIGNS

Benefits Offered	CIGNA PPO	CIGNA HealthCare POS	Kaiser Permanente HMO	Optimum Choice HMO
Inpatient Services	• 80% coverage, R&C* charges • Maximum of 30 days per calendar year	• 100% coverage • $250 copay per admission	100% coverage	100% coverage
Outpatient Services	• 50% coverage, R&C* charges • Maximum of 20 visits per calendar year • 1 visit per week	Visits 1-5: $20 copay Visits 6-30: $30 copay Visits 31+: $50 copay	Individual visits: $20 copay per visit Group visits: $10 copay per visit	Visits 1-5: 80% coverage Visits 6-30: 65% coverage Visits 31+: 50% coverage
*Annual Deductible***	$250 inpatient $200 outpatient	None	None	None

*R&C= Reasonable and Customary charges, as determined by CIGNA.
**Annual deductible applies to all types of health care services (physical and mental).
Source: Montgomery College and OLO, 2003.

2. Mental Health Care Costs

Staff report that, at present, cost data are only available for Montgomery College's CIGNA PPO and POS plans (covering 54% of enrolled employees).

Mental health services in these two plans cost $114,497 in calendar year 2002.

[6] For a detailed summary of all the physical and mental health benefits for each plan, see Appendix G (©28).

TABLE 5
MONTGOMERY COLLEGE MENTAL HEALTH CARE COSTS BY PLAN AND SERVICE
CALENDAR YEAR 2002

Health Insurance Plan	Type of Mental Health Care Service	Mental Health Care Expenditures (in 000's)
CIGNA PPO	*Inpatient*	$41
	Outpatient	$8
	Prescription Drugs	$15
	Subtotal	**$64**
CIGNA POS	*Inpatient*	$21
	Outpatient	$12
	Prescription Drugs	$17
	Subtotal	**$50**
TOTAL		**$114**

Source: Montgomery College and OLO, 2003

3. Employee Assistance Program

Montgomery College contracts with Business Resource Management to provide its Employee Assistance Program, entitled the Faculty/Staff Assistance Program (FSAP). The FSAP services include assessment, counseling, referral, and employee workshops for a broad range of job-related and non-job-related work/life issues. Program data for FY 03 show that:

- Montgomery College allocated $18,625 for its Employee Assistance Program;
- The cost per eligible employee was $12.72; and
- Approximately 56 employees utilized the program and 229 employees received training through workshops conducted by the FSAP provider.

Appendix H (©31) contains a detailed description of Montgomery College's EAP, including information on eligibility, services provided, funding, and use.

D. MARYLAND-NATIONAL CAPITAL PARK AND PLANNING COMMISSION

The information for the Maryland-National Capital Park and Planning Commission mental health care benefits applies to both Montgomery County and Prince George's County employees.

1. Health Care Insurance Plans

The Maryland-National Capital Park and Planning Commission (M-NCPPC) has 1,948 employees eligible for health care insurance benefits. Approximately 86% of eligible employees enroll in an M-NCPPC-sponsored health plan. M-NCPPC offers four different health plans to its employees, all four plans include mental health benefits. The plans are listed below, along with the percentage of enrolled employees participating in each:

Health Care Plan	Percent of Enrolled Employees in Plan
CareFirst BlueCross BlueShield POS	41%
Optimum Choice HMO	31%
Aetna U.S. Healthcare HMO	17%
CareFirst BlueChoice HMO	11%

The three HMO plans are fully-insured. Each fully-insured plan is subject to oversight by the Maryland Insurance Administration to ensure compliance with State regulations (including mental health parity requirements). The CareFirst POS plan is self-insured. The POS plan must therefore comply with the federal Mental Health Parity Act mandates but is not required to comply with the State mental health parity mandates.

Although M-NCPPC self-insures the POS plan, it follows State mental health parity guidelines. The lower coverage levels and the deductibles in the "out-of-network" benefits also apply to physical health benefits.

The table below summarizes each plan's mental health benefits.[7] The out-of-pocket annual maximums and lifetime benefit maximums under each plan do not differentiate between mental and physical health benefits. Prescriptions drug benefits are offered through a separate "carve-out" plan. Prescriptions for mental health needs are not subject to any different or additional restrictions than those for physical health needs.

[7] For a detailed summary of all the physical and mental health benefits for each plan, see Appendix I (©32).

TABLE 6
MENTAL HEALTH BENEFITS PROVIDED BY M-NCPPC HEALTH INSURANCE PLANS: 2003 PLAN DESIGNS

Benefits Offered	CareFirst Blue Cross/Blue Shield POS		CareFirst BlueChoice HMO	Optimum Choice HMO	AETNA US Healthcare HMO
	In-network	*Out-of-network*			
Inpatient Services	100% coverage	• 80% coverage • Separate $100 inpatient deductible	100% coverage	100% coverage	100% coverage
Outpatient Services	Visits 1-5: $10 copay Visits 6-30: $25 copay Visits 31+: $35 copay	Visits 1-5: 80% coverage Visits 6-30: 65% coverage Visits 31+: 50% coverage	Visits 1-5: 80% coverage Visits 6-30: 65% coverage Visits 31+: 50% coverage	Visits 1-5: 80% coverage Visits 6-30: 65% coverage Visits 31+: 50% coverage	Visits 1-5: $15 copay Visits 6-30: $25 copay Visits 31+: $35 copay
*Annual Deductible**	None	$200 individual $600 family	None	None	None

*Annual deductible applies to all types of health care services (physical and mental).
Source: M-NCPPC and OLO, 2003.

2. Mental Health Care Costs

M-NCPPC is unable to obtain mental health care cost data from its health insurance providers at this time. Staff reported that they are interested in receiving mental health care cost information on a regular basis in the future.

3. Employee Assistance Program

M-NCPPC contracts with MenningerCare to provide its Employee Assistance Program (EAP). The EAP services include assessment, counseling, referral, and legal services for a broad range of job-related and non-job-related work/life issues. Program data show that:

- M-NCPPC allocated $50,000 for its Employee Assistance Program in FY 03;
- The FY 03 per eligible employee cost was $25.67; and
- In calendar year 2002, approximately 170 employees utilized EAP services.

Appendix J (©37) contains a detailed description of M-NCPPC's EAP, including information on eligibility, services provided, funding, and use.

E. Washington Suburban Sanitary Commission

The information for the Washington Suburban Sanitary Commission mental health care benefits applies to both Montgomery County and Prince George's County employees.

1. Health Care Insurance Plans

WSSC has approximately 1,485 employees eligible for health care insurance benefits. Approximately 91% of eligible employees enroll in a WSSC-sponsored health plan. WSSC offers four different health plans to its employees, all four plans include mental health benefits. The plans are listed below, along with the percentage of employees participating in each:

Health Care Plan	Percent of Enrolled Employees in Plan
Optimum Choice HMO	35%
CareFirst BlueChoice HMO	23%
Aetna US Healthcare POS	23%
Kaiser Permanente HMO	19%

The CareFirst BlueChoice and Kaiser Permanente HMO plans offered by WSSC qualify as fully-insured. Each fully-insured plan is subject to oversight by the Maryland Insurance Administration to ensure compliance with State regulations (including mental health parity requirements). The Aetna POS and Optimum Choice HMO plans are self-insured. The self-insured plans must comply with the federal Mental Health Parity Act mandates but are not required to comply with the State mental health parity mandates.

Although WSSC self-insures the Aetna POS plan, it follows State mental health parity guidelines. The lower coverage levels and the deductibles in the "out-of-network" and "out-of-area" benefits also apply to physical health benefits.

The table below summarizes each plan's mental health benefits.[8] Prescriptions drug benefits, out-of-pocket annual maximums, and lifetime benefit maximums under each plan do not differentiate between mental and physical health benefits.

[8] For a detailed summary of all the physical and mental health benefits for each plan, see Appendix K (©38).

TABLE 7
MENTAL HEALTH BENEFITS PROVIDED BY WSSC HEALTH INSURANCE PLANS: 2003 PLAN DESIGNS

Benefits Offered	Aetna US Healthcare POS			CareFirst BlueChoice HMO	Kaiser Permanente HMO	Optimum Choice HMO
	In-network	*Out-of-network*	*Out-of-area*			
Inpatient Services	100% coverage	70% coverage	80% coverage	100% coverage	100% coverage	100% coverage
Outpatient Services	100% coverage	Visits 1-5: 80% coverage Visits 6-30: 65% coverage Visits 31+: 50% coverage	Visits 1-5: 80% coverage Visits 6-30: 65% coverage Visits 31+: 50% coverage	Visits 1-5: 80% coverage Visits 6-30: 65% coverage Visits 31+: 50% coverage	Individual visits: $20 copay Group visits: $10 copay	Visits 1-5: 80% coverage Visits 6-30: 65% coverage Visits 31+: 50% coverage
*Annual Deductible**	None	$250 individual $500 family	$200 individual $400 family	None	None	None

*Annual deductible applies to all types of health care services (physical and mental).
Source: WSSC and OLO, 2003.

2. Mental Health Care Costs

Staff report that, at present, cost data are only available for WSSC's CareFirst BlueChoice and Optimum Choice HMO plans (covering 58% of enrolled employees).

Mental health services in these two plans cost $211,000 in calendar year 2002. This represented about 4% of total health care expenditures for these two plans.

TABLE 8
WSSC MENTAL HEALTH CARE COSTS BY PLAN AND TYPE OF SERVICE CALENDAR YEAR 2002

Health Insurance Plan	Type of Mental Health Care Service	Mental Health Care Expenditures (in 000's)
CareFirst BlueChoice HMO	*Inpatient*	--
	Outpatient	--
	Subtotal	**$94**[9]
Optimum Choice HMO	*Inpatient*	$90
	Outpatient	$27
	Subtotal	**$117**
TOTAL		**$211**

Source: WSSC and OLO, 2003

[9] Data for the CareFirst BlueChoice HMO was provided for a 16-month period (1/1/02 – 4/30/03). OLO calculated the 2002 value by dividing the total amount by 16 to obtain a monthly average and multiplying the monthly average by 12.

3. Employee Assistance Program

WSSC contracts with Optum to provide its Employee Assistance Program (EAP). The EAP services include assessment, counseling, and referral for a broad range of job-related and non-job-related work/life issues. Program data for FY 03 show that:

- WSSC allocated $44,000 for its Employee Assistance Program;
- The cost per eligible employee was $29.63; and
- In the first quarter of calendar year 2003, 21 employees utilized EAP services; Optum reports that this equates to an annualized estimate of 84 participants.

Appendix L (©40) contains a detailed description of WSSC's EAP, including information on eligibility, services provided, funding, and use.

CHAPTER IV: FINDINGS

Based upon a review of the structure, cost, and use of agency mental health care benefits offered to employees of the five County and bi-County agencies, this chapter presents the Office of Legislative Oversight's summary findings on:

- The structure of mental health care benefits across the agencies;
- Agency compliance with federal and state laws;
- Agency cost and use of mental health care insurance benefits;
- Agency cost for Employee Assistance Programs and the services provided; and
- Potential service overlaps.

Finding #1: Mental health problems are prevalent in the workforce and costly to employers. Mental health benefits help prevent and mitigate employers' costs by providing employees access to treatment.

According to national research on mental health issues, approximately one-fourth of the nation's workforce suffers from some sort of mental health, emotional, or substance abuse disorder in any given year. Estimates of the annual social cost of mental health problems range up to nearly $160 billion, according to a 1999 report of the United States Surgeon General. These costs are often borne by employers in the form of disability payments, absenteeism, and lost productivity.

Mental health benefits help prevent and mitigate employers' costs by providing employees access to treatment services. Research studies indicate that various types of mental health care can decrease disability claims, reduce absenteeism, and improve employee performance.

Finding #2: In FY 03, 89% of the 32,741 employees who are eligible for health care benefits participate in an agency-sponsored health plan.

As summarized below, data for FY 03 show that the percent of employees that participate in agency-sponsored health plans ranges from 76% to 92%, with an overall participation rate of 89%.

Agency	Number of Employees	Number Enrolled in Agency-Sponsored Health Plan	Percent Enrolled
County Government	8,950	7,746	87%
MCPS	19,000	17,480	92%
Montgomery College	1,500	1,140	76%
M-NCPPC	1,948	1,675	86%
WSSC	1,485	1,351	91%
TOTAL	**32,883**	**29,392**	**89%**

Finding #3: The structure of employee mental health care benefits is similar across the five agencies.

Although there is some variation, the structure of mental health care benefits offered to employees is similar across the five County and bi-County agencies. In sum:

- All five agencies offer coverage for inpatient and outpatient mental health services (including substance abuse treatment) and prescription drugs.

- All agency-sponsored health care plans have some type of "gatekeeper" mechanism to ensure that mental health services are clinically necessary. These mechanisms include, for example, needing a referral from a primary care physician and limiting care to specific practitioners or clinics.

- All five agencies have cost-sharing formulas in place for mental health benefits. Depending upon the type of service and the type or number of visits, the cost sharing ranges from 50% to 100% coverage.

- In addition to health plans that include mental health benefits, all five agencies offer an Employee Assistance Program (EAP). An EAP is designed to help employees cope with a variety of career and personal problems through short-term counseling, assessment, and referral services.

Finding #4: The federal Mental Health Parity Act and the State of Maryland Mental Health Parity Law mandate certain criteria for mental health benefits offered through employer-sponsored health plans.

Mental health "parity" refers to health insurance coverage for mental health treatment that is equivalent (i.e. subject to the same benefits and restrictions) to coverage for other health services.

The federal Mental Health Parity Act requires "parity" in the lifetime and annual dollar limits placed on mental health benefits and physical health benefits. For example, if a plan has a $5,000 lifetime maximum for inpatient mental health treatment it must also have a $5,000 lifetime maximum for inpatient physical health treatment. This mandate applies to all employer-sponsored health plans, including those of local units of government.

The State of Maryland Mental Health Parity Law is more stringent. It requires "parity" in lifetime maximums; terms and conditions of benefits; and out-of-pocket limits. Specifically, it requires that:

- Lifetime maximums must be equivalent for physical health and mental health.

- Deductibles and coinsurance amounts must be equivalent for physical health and mental health. The one exception is outpatient visits, where the law specifies allowable lower coverage amounts for mental health services.
- Any out-of-pocket limits in a 12 month period must be equivalent for physical health and mental health.

The State mandates apply to all fully-insured, employer-sponsored health plans. A fully-insured health plan is one in which an employer pays premiums to purchase a health insurance contract from an insurer. The insurer pays for the claims of the participants and assumes the risk associated with the plan.

The State mandates do not apply to self-insured, employer-sponsored health plans. A self-insured health plan is one in which an employer pays for the health care claims of its participants directly out of its own assets. The employer assumes the risk in self-insured plans.

Finding #5: As the law requires, the agencies' fully-insured health plans comply with the mental health parity guidelines established by the federal Mental Health Parity Act and state Mental Health Parity Law.

The agencies' health care plans are a mix of fully-insured and self-insured plans. Across the agencies, there are 13 fully-insured plans (representing 73% of enrolled employees) and 7 self-insured plans (representing 27% of enrolled employees).

All five agencies offer at least one fully-insured health plan. As required by federal and state law, the mental health benefits offered under these fully-insured plans comply with established mental health parity guidelines.

This means that annual and lifetime maximum dollar limits; deductibles and coinsurance amounts (except as allowed under State law); and out-of-pocket dollar limits are equivalent for mental health and physical health benefits.

Finding #6: As the law requires, the agencies' self-insured health plans comply with the federal Mental Health Parity Act. Although not required by law, six of the self-insured plans follow the mental health parity guidelines established by State law.

Four agencies offer one or more self-insured health plans. As required by law, the mental health benefits offered under these self-insured plans comply with the federal Mental Health Parity Act.

Despite the lack of State regulation requiring parity in self-insured plans, six of the self-insured plans voluntarily follow state guidelines. Any deductibles, lower coverage levels, or limits for mental health care that exist in these plans also apply to physical health benefits.

One of Montgomery College's self-insured plans (CIGNA PPO) does not follow state mental health parity guidelines. This plan has higher cost sharing, weekly visit limitations, and annual visit limitations for mental health care than for physical health care.

According to Montgomery College staff, the CIGNA plan was self-insured as a response to increasing costs in the mid-1990's. At the time, the College's Benefits Review Committee examined maintaining higher levels of mental health coverage through a managed care "carve-out" program. The Committee reported that the employees indicated that they preferred lower levels of coverage to a managed care system.

Finding #7: Data on the cost and use of mental health benefits are not routinely compiled by the agencies for most health plans.

According to agency staff, data on the cost and use of mental health benefits are not routinely compiled and reported for most health plans. In addition, data are not always readily available from health insurance providers. During the course of conducting this study (April-June 2003), OLO was only able to obtain cost and use data for five of the 20 health benefit plans offered by the five agencies.

For the five plans where data were available, mental health care costs totaled $3.7 million in calendar year 2002 but varied as a percentage of total agency health care expenditures. For example, the mental health care costs from one County Government plan represented 11% of that plan's total health care expenditures, while the mental health care costs for two WSSC plans represented 4% of those plan's total expenditures.

Finding #8: In addition to mental health benefits available through agency-sponsored health plans, all five agencies operate Employee Assistance Programs. Collectively, the agencies spent $470K on EAPs in FY 03; the per eligible employee cost ranged from $11 to $30.

An Employee Assistance Program (EAP) is designed to help employees cope with a variety of career and personal problems through short-term counseling, assessment, and referral services. EAPs exist as both in-house and outsourced programs. An employee's family members are also generally eligible for EAP services.

All five agencies administer an Employee Assistance Program that is open to agency employees and their family members. As summarized in the table below, MCPS' EAP is staffed by MCPS employees; the other four EAPs are outsourced to a contractor. The total FY 03 cost for the five programs was $470K.

Per employee cost is an appropriate method for comparing EAP costs because contractors typically charge on a per employee basis; and it accounts for the size (in terms of number of employees) of each agency. The lowest is the MCPS program ($10.53 per employee) and the most expensive is the WSSC program ($29.63 per employee).[1]

Agency	In-house/ Outsourced	FY 03 Cost	FY 03 Cost per Eligible Employee	EAP Visits Allowed (per Problem)
Montgomery County Public Schools	In-house	$200,000	$10.53	Unlimited
County Government	Outsourced	$158,000	$16.55	6
Montgomery College	Outsourced	$18,625	$12.72	4
Maryland-National Capital Park and Planning Commission	Outsourced	$50,000	$25.67	8
Washington Suburban Sanitary Sewer Commission	Outsourced	$44,000	$29.63	4
TOTAL		**$470,625**	--	--

[1] The per employee cost calculation does not include family members that are also potentially eligible for these programs. The number of allowable visits and projected utilization rates also impact rates charged by providers.

Finding #9: Employees in the Police Department and employees and volunteer firefighters in the Montgomery County Fire and Rescue Service are eligible to receive services from specialized mental health-related programs as well as from the County Government's EAP. This dual eligibility creates a potential overlap of some counseling/therapy services.

In addition to the EAP, County Government has two separate in-house, specialized mental health-related programs for public safety personnel; one for Police Department (MCPD) employees and one for Fire and Rescue Service (MCFRS) employees and volunteers. Both of these programs focus on the unique needs of public safety personnel, and provide services beyond the scope of an EAP.

All MCPD and MCFRS employees (including volunteer firefighters) are eligible for both their in-house assistance programs and the County Government's EAP. The Fraternal Order of Police (Article 58, see Appendix M, ©41) and International Association of Fire Fighters (Article 47, see Appendix N, ©50) union contracts with the County mandate this dual eligibility for represented employees.

As summarized in the table below, there is some overlap among the counseling/therapy services of each program, especially among the County Government's EAP and the MCPD's Stress Management Division.

Type of Services Provided	County Government EAP	MCPD Stress Management Division	MCFRS Wellness/Fitness Initiative
Counseling/Therapy:			
Specialized Job-Related Stress/Trauma		✓	✓
General Job-Related Stress	✓	✓	✓
Other Stress/Anxiety	✓	✓	
Marriage/Family	✓	✓	
Depression	✓	✓	
Alcohol/Drugs	✓	✓	
Grief	✓	✓	
Finances	✓	✓	
Anger	✓	✓	
Peer Support Program		✓	✓
Family Support Program		in development	✓
Critical/Traumatic Incident Program		✓	✓
Disciplinary Diversion Program		✓	
Education/Training		✓	✓

The County Government EAP cost ($158K in FY03) is based on a per employee fee of $16.55. The eligible employee calculation includes approximately 1,600 MCPD and 2,000 MCFRS employees.

CHAPTER V: RECOMMENDATIONS

The five County and bi-County agencies offer employee mental health care benefits that are comparable in structure. In addition, all plans comply with the applicable federal and state mental health parity requirements. OLO recommends that the Council recognize the agencies for their work in this important area and for their attention to regulatory requirements.

OLO's review supports three recommendations for Council action. In sum, OLO recommends that the Council request:

- The agencies to include summary data on the structure, cost, and use of employees' mental health benefits in their annual report to the Council on group insurance costs;

- The four agencies that currently outsource Employee Assistance Programs to examine and report back on the feasibility and potential cost savings available from an inter-agency procurement; and

- The Chief Administrative Officer to evaluate potential service overlap between the County Government's EAP and specialized mental health-related programs for police and fire/rescue personnel.

Recommendation #1: The Council's annual review of agency group insurance costs should include examination of summary data on the structure, cost, and use of employees' mental health benefits.

As part of their annual report to the Council on group insurance costs, the agencies should be asked to:

- Report any significant changes in the structure of mental health care benefits offered to agency employees;
- Update the Council on any changes in federal and state mental health parity requirements, and affirm agency compliance with these requirements; and
- Provide summary data on mental health care costs and use.

Over time, separately tracking and understanding the costs and use of mental health benefits should help to identify trends and allow for more fact-based decision making about future mental health care benefits for agency employees.

Recommendation #2: **The Council should ask the four agencies that currently outsource Employee Assistance Programs to examine and report back on the feasibility and potential cost savings available from an inter-agency procurement.**

The County Government, Montgomery College, M-NCPPC, and WSSC all outsource their Employee Assistance Programs (EAPs). The total FY 03 cost for all four outsourced programs is $270,000.

There is a wide range of per employee costs among the outsourced EAPs, from a low of $12.72 to a high of $29.63. The federal Substance Abuse and Mental Health Services Administration reports the average per employee EAP cost for outsourced programs is $18. Per employee cost is an appropriate method of comparing costs because it accounts for the size of each agency. Each of the four programs contracts with a separate provider, but the scope and level of EAP services provided by each are similar.

Due to the fact that all four programs currently offer a similar package of services at notably different per employee costs, OLO recommends that the Council ask the four agencies to examine the feasibility and potential cost savings available from an inter-agency EAP procurement.

Recommendation #3: **The Council should ask the Chief Administrative Officer to evaluate potential service overlap between the County Government's EAP and specialized mental health-related programs for police and fire/rescue personnel.**

Montgomery County Police Department (MCPD) employees are eligible for both the County Government EAP and the specialized MCPD Stress Management Division services. Montgomery County Fire and Rescue Service (MCFRS) employees and volunteer firefighters are eligible for both the County Government EAP and the specialized MCFRS Wellness/Fitness Initiative services.

The MCFRS program has minimal overlap with the County EAP for counseling/therapy services. For employees with non-job-related counseling/therapy needs, MCFRS refers those individuals to the County's EAP. The MCPD Stress Management Division counseling/therapy services overlap with the County EAP more significantly; both programs provide counseling/therapy for non-job-related issues, e.g., general stress/anxiety, family/marriage, finances.

OLO recommends that this issue of potential service overlap receive further evaluation from the Chief Administrative Office, with the goal to eliminate the County's paying for any duplicative services. OLO recognizes that changes in this area for FOP and IAFF members are subject to collective bargaining.

CHAPTER IX: AGENCY COMMENTS ON FINAL DRAFT

The Office of Legislative Oversight circulated a final draft of this report in June 2003 to the five County and bi-County agencies. The final report includes all of the technical corrections provided by the agencies.

The written comments received on the final draft report are included in their entirety, beginning on the following page.

OLO greatly appreciates the time taken by staff to review and comment on the draft report and looks forward to discussing the issues raised in this study.

OFFICES OF THE COUNTY EXECUTIVE

Douglas M. Duncan
County Executive

Bruce Romer
Chief Administrative Officer

MEMORANDUM

June 26, 2003

TO: Karen Orlansky, Director
Office of Legislative Oversight

FROM: Bruce Romer, Chief Administrative Officer

SUBJECT: DRAFT Office of Legislative Oversight Report 2003-5: The Structure, Cost, and Use of Agency Mental Health Care Benefits

Thank you for providing the draft report on The Structure, Cost, and Use of Agency Mental Health Care Benefits. It is our goal to provide County employees and retirees with a competitive, cost effective benefits package designed to meet their diverse needs, while minimizing the burden on our taxpayers. An important component of the County's health plan offerings is mental health care. As your report indicates, all of our health plan offerings comply with the requirements of federal and State mental health parity rules. In addition, the County offers an Employee Assistance Program (EAP) to employees and their families.

Comments regarding the report findings and associated back-up material, as they apply to the County Government, will be forwarded to you through Eric Wallmark. I understand that he has already provided initial comments to you in this area. I have reviewed the recommendations set forth in the report. Below are my comments on each recommendation.

Recommendation #1: The Council's annual review of agency group insurance costs should include examination of summary data on the structure, costs, and use of employees' mental health benefits.

Comment: I would suggest that a common reporting structure be developed for agencies to report summary data on mental

health care costs and use. This will allow for better comparability among agencies and will help ensure that each agency's health plans are capable of providing the information required.

Recommendation #2: The Council should ask the four agencies that currently outsource Employee Assistance Programs to examine and report back on the feasibility and potential cost savings available from an inter-agency procurement.

Comment: Interagency joint procurement is supported by both the Executive and the Council, especially when cost savings can be realized. There is currently an interagency benefits working group which meets regularly throughout the year and has sponsored several such joint procurements. This group would be the logical forum to review potential cost savings resulting from economies of scale, while taking into considerations varying features between programs.

Recommendation #3: The Council should ask the Chief Administrative Officer to evaluate potential service overlaps between the County Government's EAP and specialized mental health-related programs for public safety personnel.

Comment: As you recognize in your report, EAP related benefits are part of the County's collective bargaining agreements with the FOP Lodge 35 and IAFF Local 1664. Any program changes would have to be negotiated. While there may always be some degree of overlap in the programs available to Police and Fire personnel, we are willing to work with both unions in addressing the impact of duplicative services on costs.

I understand that the Office of Human Resources has communicated technical and editorial changes directly to you. Thank you again for your invitation to comment on the draft report.

BR:ew

WASHINGTON SUBURBAN SANITARY COMMISSION

14501 Sweitzer Lane • Laurel, Maryland 20707-5902

June 18, 2003

Craig Howard
Legislative Analyst
Office of Legislative Oversight
Montgomery County Government
100 Maryland Avenue
Rockville, MD 20850

Dear Mr. Howard:

Thank you for sending me a copy of the report from the Office of Legislative Oversight concerning the mental health care benefits provided by WSSC and the other four county and bi-county agencies. This comprehensive report will be beneficial to us in our internal assessment of services provided to our employees by our insurance plans and our Employee Assistance Program.

Karen Gerald, our Unit Coordinator for Benefits, was pleased to have had the opportunity of working with you on this project. Ms. Gerald will represent WSSC when the report is presented at the work session of the Management and Fiscal Policy Committee July 7, 2003.

Sincerely,

John R. Griffin
General Manager

cc: Organization Development Manager (MG)
Benefits Coordinator (KG)

Montgomery County Public Schools

850 Hungerford Drive * Rockville, Maryland * 20850-1747
Telephone (301) 279-3381

June 25, 2003

Mr. Craig Howard, Legislative Analyst
Office of Legislative Oversight
100 Maryland Avenue
Rockville, Maryland 20850

Dear Mr. Howard:

I have reviewed the draft report describing mental health benefits offered to Montgomery County Public Schools (MCPS) employees. The report fairly reflects the input from MCPS. As reflected in the report, the MCPS Employee Assistance Program provides a wide array of services at the lowest per employee cost ($10.50) in the county. In addition, in FY 2003, our in-house Employee Assistance Program offered, at no additional cost, the following services not included in the report:

- Response to 28 critical incidents
- Education and training to over 300 employees through workshops
- Training, as required by the U. S. Department of Transportation, for 150 supervisors on the drug and alcohol testing program
- Employee Assistance Program orientation to over 2,500 employees in 30 separate sessions

MCPS will work with its health plan providers to determine if mental health data can be tracked.

If you need additional information regarding the MCPS Employee Assistance Program, please contact Dr. Elizabeth Arons, associate superintendent, Office of Human Resources, at 301-279-3270 or Ms. Susanne DeGraba, chief financial officer, Department of Financial Services, at 301-517-8100.

Respectfully,

Jerry D. Weast, Ed.D.
Superintendent of Schools

JDW:vnb
Copy to:
Mr. Bowers
Dr. Arons
Ms. DeGraba
Mr. Girling
Dr. Spatz

OFFICE OF LEGISLATIVE OVERSIGHT REPORT 2003-5

THE STRUCTURE, COST, AND USE OF AGENCY MENTAL HEALTH CARE BENEFITS

OFFICE OF LEGISLATIVE OVERSIGHT REPORT 2003-5
RESOURCE LIST

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Mental Health/Substance Abuse Law Applicable to Insurers and Nonprofit Health Service Plans (other than small employer plans)

§ 15-802.

(a) (1) In this section the following words have the meanings indicated.

(2) "Alcohol abuse" has the meaning stated in § 8-101 of the Health - General Article.

(3) "Drug abuse" has the meaning stated in § 8-101 of the Health - General Article.

(4) "Managed care system" means a system of cost containment methods that a carrier uses to review and preauthorize a treatment plan developed by a health care provider for a covered individual in order to control utilization, quality, and claims.

(5) "Partial hospitalization" means the provision of medically directed intensive or intermediate short-term treatment:

(i) to an insured, subscriber, or member;

(ii) in a licensed or certified facility or program;

(iii) for mental illness, emotional disOrders, drug abuse, or alcohol abuse; and

(iv) for a period of less than 24 hours but more than 4 hours in a day.

(b) This section applies to each health insurance policy or contract that is delivered or issued for delivery in the State to an employer or individual on a group or individual basis and that provides coverage on an expense-incurred basis.

(c) A policy or contract subject to this section may not discriminate against an individual with a mental illness, emotional disorder, drug abuse disorder, or alcohol abuse disorder by failing to provide benefits for the diagnosis and treatment of these illnesses under the same terms and conditions that apply under the policy or contract for the diagnosis and treatment of physical illnesses.

(d) It is not discriminatory under subsection (c) of this section if at least the following benefits are provided:

(1) with respect to inpatient benefits for services provided in a licensed or certified facility, including hospital inpatient benefits, the total number of days for which benefits are payable and the terms and conditions that apply to those benefits are at least equal to those that apply to the benefits available under the policy or contract for physical illnesses;

(2) subject to subsection (g) of this section, with respect to benefits for partial hospitalization, at least 60 days of partial hospitalization are covered under the same terms and conditions that apply to the benefits available under the policy or contract for physical illnesses; and

(3) with respect to outpatient coverage, other than for inpatient or partial hospitalization services, benefits for covered expenses arising from services provided to treat mental illnesses, emotional disOrders, drug abuse, or alcohol abuse are at a rate that, after the applicable deductible, is not less than:

(i) 80% for the first five visits in a calendar year or benefit period of not more than 12 months;

(ii) 65% for the 6th through 30th visit in a calendar year or benefit period of not more than 12 months; and

(iii) 50% for the 31st visit and any subsequent visit in a calendar year or benefit period of not more than 12 months.

(e) (1) The benefits under this section are required only for expenses arising from the treatment of mental illnesses, emotional disOrders, drug abuse, or alcohol abuse if, in the professional judgment of health care providers:

(i) the mental illness, emotional disorder, drug abuse, or alcohol abuse is treatable; and

(ii) the treatment is medically necessary.

(2) The benefits required under this section:

(i) shall be provided as one set of benefits covering mental illnesses, emotional disOrders, drug abuse, and alcohol abuse;

(ii) shall have the same terms and conditions as the benefits for physical illnesses covered under the policy or contract subject to this section, except as specifically provided in this section; and

(iii) may be delivered under a managed care system.

(3) Except for the coinsurance requirements under subsection (d)(3) of this section, a policy or contract subject to this section may not have:

(i) separate lifetime maximums for physical illnesses and illnesses covered under this section;

(ii) separate deductibles and coinsurance amounts for physical illnesses and illnesses covered under this section; or

(iii) separate out-of-pocket limits in a benefit period of not more than 12 months for physical illnesses and illnesses covered under this section.

(4) Any copayments required under a policy or contract subject to this section for benefits for illnesses covered under this section shall be:

(i) actuarially equivalent to any coinsurance requirements under this section; or

(ii) if there are no coinsurance requirements, not greater than any copayment required under the policy or contract for a benefit for a physical illness.

(f) An office visit to a physician or other health care provider for medication management:

(1) may not be counted against the number of visits required to be covered as a part of the benefits required under subsection (d)(3) of this section; and

(2) shall be reimbursed under the same terms and conditions as an office visit for a physical illness covered under the policy or contract subject to this section.

(g) This section does not prohibit exceeding the minimum benefits required under subsection (d)(2) of this section for any partial hospitalization day that is medically necessary and would serve to prevent inpatient hospitalization.

Mental Health/Substance Abuse Law Applicable to HMOs (other than small employer plans)

§ 19-703.1.

(a) (1) In this section the following terms have the meanings indicated.

(2) "Alcohol abuse" has the meaning stated in § 8-101 of this article.

(3) "Drug abuse" has the meaning stated in § 8-101 of this article.

(4) "Managed care system" means a method that a carrier uses to review and preauthorize a treatment plan that a health care practitioner develops for a covered person using a variety of cost containment methods to control utilization, quality, and claims.

(5) "Partial hospitalization" means the provision of medically directed intensive or intermediate short-term treatment for mental illness, emotional disOrders, drug abuse or alcohol abuse for a period of less than 24 hours but more than 4 hours in a day for a member or subscriber in a licensed or certified facility or program.

(b) (1) Subject to the provisions of this section, each contract or certificate issued to a member or subscriber by a health maintenance organization that provides health benefits and services for diseases may not discriminate against any person with a mental illness, emotional disorder or a drug abuse or alcohol abuse disorder by failing to provide benefits for treatment and diagnosis of these illnesses under the same terms and conditions as provided for covered benefits offered under the contract or certificate for the treatment of physical illness.

(2) It shall not be considered to be discriminatory under paragraph (1) of this subsection if at least the following benefits are provided:

(i) With respect to inpatient benefits provided in a licensed or certified facility, which shall include hospital inpatient benefits, the total number of days for which benefits are payable shall be:

1. Except as provided in subsection (d) of this section, from July 1, 1994 through June 30, 1995, at least 60 days in any calendar year or benefit period of not more than 12 months under the same terms and conditions that apply to benefits available under the contract or certificate for physical illness; and

2. On or after July 1, 1995, at least equal to the same terms and conditions that apply to the benefits available under the contract or certificate for physical illness;

(ii) Subject to subsection (f) of this section, with respect to benefits for partial hospitalization, at least 60 days of partial hospitalization shall be covered under the same terms and conditions that apply to the benefit available under the contract or certificate for physical illness; and

(iii) With respect to outpatient coverage, other than for inpatient or partial hospitalization services, benefits for covered expenses arising from services which are rendered to treat mental illness, emotional disOrders, drug abuse and alcohol abuse shall be at a rate which is, after the applicable deductible, not less than:

1. 80 percent for the first 5 visits in any calendar year or benefit period of not more than 12 months;

2. 65 percent for the 6th through 30th visit in any calendar year or benefit period of not more than 12 months; and

3. 50 percent for the 31st visit and any visit after the 31st visit in any calendar year or benefit period of not more than 12 months.

(c) (1) The benefits under this section shall be required only for expenses arising for treatment of mental illnesses, emotional disOrders, drug abuse and alcohol abuse which in the professional judgment of practitioners is medically necessary and treatable.

(2) The benefits required under this section shall be provided as one set of benefits covering mental illnesses, emotional disOrders, drug abuse and alcohol abuse.

(3) The benefits required under this section may be delivered under a managed care system.

(4) Except as specifically provided in this section, benefits for illnesses covered by this section and the benefits for physical illnesses covered under a contract or certificate shall have the same terms and conditions.

(5) Except for the coinsurance provisions in subsection (b)(2)(iii) of this section, a contract or certificate that is subject to this section may not have:

(i) Separate lifetime maximums for physical illnesses and illnesses covered under this section;

(ii) Separate deductibles and coinsurance amounts for physical illnesses and illnesses covered under this section; or

(iii) Separate out-of-pocket limits in a benefit period of not more than 12 months for physical illnesses and illnesses covered under this section.

(6) Any copayments required under a contract or certificate for benefits for illnesses covered under this section shall be:

(i) Actuarially equivalent to any coinsurance requirements under this section; or

(ii) Where there are no coinsurance requirements, not greater than a copayment required for a benefit under the contract or a certificate for a physical illness.

(d) Notwithstanding the provisions of subsection (b)(2)(i)1 of this section, until July 1, 1995, a contract or certificate that is subject to this section that offers less than 60 days coverage for inpatient care for health care for physical illness must only include coverage for mental illness, emotional disOrders, drug abuse and alcohol abuse that is at least equal to the benefit offered for those other types of health care. On and after July 1, 1995, the provisions of subsection (b)(2)(i)2 of this section shall apply.

(e) An office visit to a physican or other health care provider for the purpose of medication management may not be counted against the number of visits required to be covered as a part of the benefits required under subsection (b)(2)(iii) of this section and shall be reimbursed under the same terms and conditions as an office visit for physical illnesses covered under the contract or certificate.

(f) Nothing in this section shall be construed to prohibit exceeding the minimum benefits required under subsection (b)(2)(ii) of this section for any partial hospitalization day that is medically necessary and would serve to prevent inpatient hospitalization.

Appendix C

2003 MEDICAL PLAN COMPARISON

Health Plan (Assumes Primary Coverage)	Kaiser Permanente	Optimum Choice	Carefirst Blue Cross Blue Shield POS	
			In Service Area	Out of Service Area
Hospital	Covered in full.	Covered in full.	**In network:** covered in full; **Out-of-network:** 80% after deductible.	**In network:** covered in full; **Out-of-network:** 80% after deductible.
Surgery	Covered in full.	Inpatient: covered in full; Outpatient: $25 copay.	**In network:** covered in full; **Out-of-network:** 80% after deductible.	**In network:** covered in full; **Out-of-network:** 80% after deductible.
Maternity	Covered in full once pregnancy is diagnosed.	$10 copay; maximum $100 per pregnancy.	**In network:** first visit 100% after $10 copay; other visits 100%; **Out-of-network:** 80% after deductible.	**In network:** covered in full; **Out-of-network:** 80% after deductible.
Skilled Nursing Facility	Covered in full; 100 days maximum.	Covered in full 60 days maximum.	**In network:** covered in full (100 days max/calendar year); **Out-of-network:** 80% after deductible (100 days max/calendar year).	**In network:** covered in full (60 days Max/calendar year); **Out-of-network:** 80% after deductible. (60 days max/calendar year).
Hospice	Covered in full.	Covered in full.	**In network:** covered in full; **Out-of-network:** 80% after deductible.	**In network:** covered in full; **Out-of-network:** 80% after deductible.

Appendix C

2003 MEDICAL PLAN COMPARISON

Health Plan (Assumes Primary Coverage)	Kaiser Permanente	Optimum Choice	Carefirst Blue Cross Blue Shield POS	
			In Service Area	Out of Service Area
Substance Abuse/Mental Health	Inpatient: Covered in full; Outpatient/individual visits: $20 copay per visit; group visits: $10 copay per visit.	Inpatient: Covered in full; Outpatient visits: 1-5 20% copay; 6-30 35% copay; 31+ 50% copay.	**In network:** Inpatient- covered in full; Outpatient- visits 1-5 100%; 70% thereafter; **Out-of-network:** Inpatient- 80% after deductible; Outpatient- 80% first 5 visits; 65% next 25 visits; 50% each thereafter (all outpatient visits subject to deductible).	**In network:** Inpatient – covered in full; Outpatient- visits 1-5 100%; visits 6-30 80%; 31+ 50%; **Out-of-network:** Inpatient- 80% after deductible; Outpatient- visits 1-5 80%; visits 6-30 65%; visits 31+ 50% (all outpatient visits subject to deductible).
Home Care Services	Covered in full if medically necessary.	Covered in full if medically necessary; $5 copay/PCP visits; $10 specialist/visit.	**In network:** covered in full (90 days max/calendar year); **Out-of-network:** 80% after deductible (90 days max/calendar year).	**In network:** covered in full (40 days per calendar year); **Out-of-network:** 80% after deductible (40 days per calendar year).
Emergency Room	$35 copay – waived if admitted to hospital.	$25 copay (plan definition of emergency must be met) – waived if admitted to hospital; $15 copay for Urgent Care Centers.	**In network:** $25 copay waived if admitted to hospital; **Out-of-network:** 80% after deductible.	**In network:** $50 copay, waived if admitted; **Out-of-network:** 80% after deductible.

2003 MEDICAL PLAN COMPARISON

Health Plan (Assumes Primary Coverage)	Kaiser Permanente	Optimum Choice	Carefirst Blue Cross Blue Shield POS	
			In Service Area	Out of Service Area
Diagnostic/Lab/ X-Ray	Covered in full.	Applicable copay applies.	**In network:** covered in full; **Out-of-network:** 80% after deductible.	**In network:** covered in full; **Out-of-network:** 80% after deductible.
Rehabilitation Services	Inpatient: Covered in full (up to 60 days per condition per contract year); physical therapy will be provided for up to 20 visits per injury, incident or condition per contract year; Outpatient: $5 copay; outpatient services for physical therapy are limited to up to 30 visits; occupational and speech therapy per injury, incident or condition are covered for a period not to exceed 90 days.	$10 copay/visit; 60 visits per condition (short-term non-chronic conditions only).	**In network:** 100%; **Out-of-network:** 80% after deductible.	**In network:** covered in full; **Out-of-network:** 80% after deductible.
Dr. Office Visits	$5 copay.	$5 copay.	**In network:** $10 copay; **Out-of-network:** 80% after deductible.	**In network:** $10 copay; **Out-of-network:** 80% after deductible.

2003 MEDICAL PLAN COMPARISON

Health Plan (Assumes Primary Coverage)	Kaiser Permanente	Optimum Choice	Carefirst Blue Cross Blue Shield POS	
			In Service Area	Out of Service Area
Specialists	$5 copay.	$10 copay. Direct access to OB/GYN without a referral for medically necessary OB/GYN care.	**In network:** $10 copay; **Out-of-network:** 80% after deductible.	**In network:** $10 copay; **Out-of-network:** 80% after deductible.
Physical	$5 copay.	$5 copay Primary Care Physician; $10 copay Specialist.	**In network:** $10 copay; **Out-of-network:** 80% after deductible (limit 1/calendar year).	**In network:** $10 copay; **Out-of-network:** 80% after deductible.
Well Child Care	Well baby/well child covered in full up to age 5.	$5 copay Primary Care Physician; $10 copay Specialist.	**In network:** $10 copay; **Out-of-network:** 80% not subject to deductible (up to age 18).	**In network:** $10 copay; **Out-of-network:** 80% after deductible.
Immunizations	$5 copay. Included in well child care visits up to age 3 at no charge.	$5 copay Primary Care Physician; $10 copay Specialist.	**In network:** covered in full; **Out-of-network:** 80% not subject to deductible (up to age 18).	**In network:** covered in full when billed with office visit; **Out-of-network:** 80% not subject to deductible.
Allergy Testing	$5 copay.	$10 copay.	**In network:** covered in full; **Out-of-network:** 80% after deductible.	**In network:** covered in full; **Out-of-network:** 80% after deductible.

2003 MEDICAL PLAN COMPARISON

Health Plan (Assumes Primary Coverage)	Kaiser Permanente	Optimum Choice	Carefirst Blue Cross Blue Shield POS	
			In Service Area	Out of Service Area
Hearing Screening	$5 copay for hearing exam (hearing aids are excluded).	$5 copay Primary Care Physician; $10 copay Specialist.	**In network:** childhood hearing screening – covered in full; **Out-of-network:** childhood hearing screening – 80% not subject to deductible.	**In network:** childhood hearing screening covered in full; **Out-of-network:** childhood hearing screening, 80% not subject to deductible.
Preventive Screening Schedule for Mammography	Schedule consistent with the current recommendations of the American College of Physicians.	Age 40+: One mammogram per calendar year.	Age 35-39: One baseline mammogram; Age 40-49: One mammogram every two calendar years; Age 50+: One mammogram per calendar year.	Covered in full. Frequency schedule same as POS – In Service Area benefit.
Routine Vision	$5 copay for exams; 25% discount on lenses/frames at Kaiser centers; 15% discount off the cost of contact lenses.	$25 copay/exam; 15%-20% discount through participating optical centers.	**In network:** refraction not covered (pediatric visual screening - covered in full under well child care); **Out-of-network:** refraction not covered (pediatric visual screening - 80% not subject to deductible under well child care).	**In network:** refraction not covered (pediatric visual screening – covered in full under well child care); **Out-of-network:** refraction not covered (pediatric visual screening – 80% not subject to deductible under well childcare).

Appendix C

2003 MEDICAL PLAN COMPARISON

14

Health Plan (Assumes Primary Coverage)	Kaiser Permanente	Optimum Choice	Carefirst Blue Cross Blue Shield POS	
			In Service Area	Out of Service Area
Prescriptions	$5 at on-site pharmacies and for mail order; $15 at participating community pharmacies.	$5 generic; $10 brand at participating pharmacies; mandatory generic, unless not available.	**In network:** participating retail pharmacies - $4 generic; $8 brand; (mail order option also available); **Out-of-network:** 80% after deductible.	**In network:** participating retail pharmacies - $4 generic; $8 brand; (mail order option also available); **Out-of-network:** 80% after deductible.
Deductible	Copay where applicable.	Copay where applicable.	**In network:** none; **Out-of-network:** $300 individual; $600 family.	**In network:** none; **Out-of-network:** $250 individual; $500 family.
Out-of-Pocket Annual Maximum	N/A	Two Tier Rates (Choice) Individual: $1,100; Family: $3,200. Three Tier Rates (Select) Individual: $1,100; Individual plus one: $2,200; Family: $3,600	Individual: $1,000 plus the annual deductible; Individual plus one or Family: $2,000 plus the annual deductible.	Individual: $2,000 plus the annual deductible; Individual plus one or Family: $4,000 plus the annual deductible.
Lifetime Benefit Maximum	Unlimited Maximum.	Unlimited Maximum.	Unlimited Maximum.	Individual: $2,000,000.

Note: This comparison is to be used as a guide only. Please consult the individual plan booklets for complete information. *(Rev. 9/02)*

MONTGOMERY COUNTY GOVERNMENT EMPLOYEE ASSISTANCE PROGRAM AND SPECIALIZED PROGRAMS FOR POLICE AND FIRE AND RESCUE EMPLOYEES

Montgomery County Government operates four programs providing mental health services to employees. The first is an Employee Assistance Program (EAP) that covers all County Government employees; the second is a specific program for Police Department (MCPD) employees; the third is a specific program for Fire and Rescue Service (MCFRS) employees; and the fourth is the Crisis Center's Critical Incident Stress Management program available to all employees. This appendix provides a detailed description of the EAP, MCPD, and MCFRS programs, including information on eligibility, services provided, funding, and use.

A. Employee Assistance Program (EAP)

The County Government contracts with APS Healthcare to deliver its EAP. The Office of Human Resources, Occupational Medical Services Division, administers the contract. APS Healthcare has been the County's EAP provider since 1995.

According to the Office of Human Resources: "Through the Employee Assistance Program (EAP), Montgomery County employees are offered an opportunity to seek professional counseling on a variety of personal issues including family, work, legal, and alcohol/substance abuse problems that have the potential to interfere with attendance and work performance. A physically and emotionally healthy workforce will reduce on-the-job injuries and potentially reduce health insurance premiums, the use of sick leave, and applications for disability retirement. In addition, an EAP can promote employee morale with increasing physical and emotional well-being." (*Montgomery Measures Up!*, April 2003)

Eligibility

Individuals eligible for EAP services are:

- Montgomery County Government Employees – all full-time and part-time merit employees.
- Volunteer Firefighters – all volunteer firefighters of the local Fire/Rescue departments in Montgomery County.
- Housing Opportunities Commission Employees – all full-time and part-time career and term employees.
- Immediate Family – the eligible employee's or volunteer firefighter's parent, stepparent, grandparent, legal guardian, spouse, brother, sister, child, stepchild, grandchild, spouse's parent, spouse's grandparent, or any other relative living with the eligible individual.
- Significant Other – individuals not related by blood who share a close personal association that is equivalent of a family relationship.

Services Provided

The services provided by the EAP include assessment, short-term problem solving, and referral. Services are provided free-of-charge; and are voluntary. Services cover a wide range of job-related and non-job-related issues, including:

- Stress/Anxiety
- Parenting
- Aging
- Grief
- Stress resulting from financial concerns
- Depression
- Relationships
- Child/Elder Care
- Workplace
- Abuse
- Alcohol/Drugs
- Marriage
- Stress resulting from legal concerns
- Family

Each eligible individual can use a maximum of six visits per presenting problem. There are no limits to the number of presenting problems for which an individual can receive services. Additionally, all discussions between the EAP professionals and eligible clients are confidential. In accordance with state laws and regulations, information regarding an individual's contact with the EAP cannot be released without the individual's written consent, except due to court order; imminent threat of harm to self or others; or in situations of child abuse.

According to information provided by APS Healthcare, all EAP professional staff hold a master or doctoral degree in counseling or a related field and are certified or licensed by the appropriate state agency.

APS Healthcare is also required to designate a particular counselor or counselors to work primarily with firefighters. The contract states that "the designated counselor(s) will be experienced with this employee group and will participate in worksite outreach activities such as ride alongs. A peer counseling model or other appropriate strategies will be used to maximize program utilization."

Funding and Use

The County allocated $158,000 for its EAP in FY 03. The total FY 03 cost was based on a fee of $16.55 per eligible employee. The per employee fee does not vary depending on the number of eligible household members of an employee. Costs for the EAP service are paid on a quarterly basis, and the billable amount is adjustable each quarter according to updated counts of eligible employees.

The table below details FY 00 through FY 02 EAP use and costs.

TABLE 9
COUNTY GOVERNMENT EAP USE AND COSTS
FY 00 – FY 02

	FY 00	FY 01	FY 02
*Number of EAP users**	548	484	545
Annual Cost	$139,000	$158,000	$156,000
Average cost per EAP user	$253	$326	$286

*Each user is a unique recipient of services who has had a case established. It includes employees and other eligible participant (dependents, household members). A case is opened when at least 30 minutes of EAP services are delivered, either by phone or in person.
(Source: *Montgomery Measures Up!* April 2003)

The Office of Human Resources is working with APS Healthcare to improve the collection of utilization data beginning with FY 03. APS Healthcare has begun providing separate use data for: 1) County Government employees other than firefighters; 2) Housing Opportunities Commission employees; 3) firefighters (career and volunteer); and 4) dependents/household members of eligible employees.

B. Montgomery County Police Department, Stress Management Division

The Police Department's Stress Management Division (SMD), located under the Office of the Chief, is an in-house psychological services program. The Division has existed, in various forms, since 1981. According to staff, the Stress Management Division provides comprehensive psychological services and emphasizes prevention through education and early intervention. MCPD Function Code 223 (Appendix O, ©53) states that the primary mission of the Stress Management Division "is to promote the emotional, mental, and physical well-being of Montgomery County Department of Police employees and their family members through counseling, training, and consultation services."

The Stress Management Division employs one part-time and two full-time Ph.D.-level psychologists, each of whom has a license to practice in the State of Maryland. Additionally, according to MCPD, all of the Division's psychologists receive training in police psychology. The Division also employs one Corporal, one Principal Administrative Aide, and actively uses volunteers (including a full-time volunteer who serves as program coordinator).

Eligibility

Eligibility for services is limited to MCPD employees and their families, unless otherwise noted in the specific programs described in the next section.

Services Provided

The Stress Management Division provides services through many different programs, including the Stress Intervention Program, the Traumatic Incident Program, the Diversion Program, the Peer Support Team, and the Injured/Ill Police Employee Network.

Stress Intervention Program. The Stress Intervention Program provides mental health support to police department employees and their immediate families for personal and work-related problems. The services provided are consultation, education, counseling/psychotherapy, and referral. Services cover a wide-range of issues, including:

- Grief
- Stress management
- Marriage
- Family issues
- Workplace difficulties
- Anger
- Depression
- Alcohol/drug use

All services are voluntary, confidential and free-of-charge. In accordance with state laws and regulations, information regarding an individual's contact with the program cannot be released without the individual's written consent, except due to court order; imminent threat of harm to self or others; or in situations of child abuse. There is not a specified limit to the number of sessions offered to clients. While psychologists in SMD utilize a short-term treatment model, an assessment is made with each client to determine whether to provide services at SMD or to refer the client to an outside provider.

Traumatic Incident Program. The Traumatic Incident Program provides support, information, and opportunity for discussion of family and/or personal issues following a distressing event. A traumatic incident is defined by MCPD policy (Function Code 223, see Appendix O, ©53) as "one in which a person has experienced an event that is outside the range of usual human experience and that would be markedly distressing to anyone."

According to the policy, participation in the Traumatic Incident Program is mandatory when:

- The actions of a departmental employee, whether accidental or deliberate, result in the death or serious injury of a person;
- Employees are present at the death or serious injury of a department employee. This includes ECC personnel directly responsible for radio or phone service during the incident; or
- Negotiating team members directly responsible for management of negotiations are involved in an incident terminating in serious injury or death.

After a qualifying incident, an employee appears for one mandated interview with a SMD psychologist before returning to active duty. Follow-up sessions are not required and are

at the discretion of the employee and psychologist. In addition to the mandatory participation, any employee can request a traumatic incident interview under this program. Employees may also request extension of services to family members.

For the mandatory component of the program, documentation indicating attendance of the one mandated interview is provided to the employee's supervisor and maintained in the employee's file. Records of any further services, even if stemming from the one mandated interview, are confidential.

Psychologists are also available to respond on-scene following a traumatic incident to meet with involved personnel and lead Critical Incident Stress Debriefings for various groups.

Also included within the Traumatic Incident Program are roll call and site visits where psychologists and Peer Support Team members meet with groups of employees at their workplace to discuss concerns or distressing events. Supervisors, employees, Peer Support Team members or SMD personnel may initiate these meetings. The Peer Support Team is described beginning on ©20.

Diversion Program. The Diversion Program is an alternative to the disciplinary process that substitutes an intervention expected to correct work problems and restore the employee to effective work functioning.

Only the Chief of Police may refer an employee to the program. If a supervisor feels that an employee should participate in the program, he/she may recommend consideration of a referral to the Chief. Participation in the program is voluntary, and an employee referred to the program has the option of accepting the referral or facing disciplinary action.

The intervention plan developed by the Stress Management Division for an employee must by approved by the Chief or his/her designee. According to program policy (Function Code 223, see Appendix O, ©53), an employee is only eligible for the Diversion Program under the following circumstances:

- The employee has completed entry-level probation;
- The consequences of the misconduct are minimal to moderate;
- There is clear evidence of a stress component to the behavior and there are existing services which address the employee's needs; and
- The person has not been referred to the Diversion Program under similar circumstances within a reasonable period of time.

Due to the nature of the program, the confidentiality policies differ from the other programs. The program is required to report back to the Chief regarding the nature of the employee's needs, the components of the intervention, and the success of the intervention. The Chief of Police and/or designee (rank of major or above) may examine the program contract, all Interim Progress Reports, and the final report.

Peer Support Team. The Peer Support Team is a group consisting of sworn and civilian MCPD employees trained in crisis intervention. The Team provides initial crisis intervention services to all Police Department employees and their family members who seek or request assistance in the aftermath of a critical incident. MCPD Function Code 222 (Appendix P, ©56) codifies the policies and procedures of the Team. The Corporal assigned to SMD coordinates the Team under the direction of the Stress Management Division's psychologists. The coordinator and SMD psychologists direct the activities of 30 volunteer officers and civilian members of the department.

The goal of the Team is to "proactively lessen potentially negative reactions to adverse or stressful incidents occurring on the job or in the employee's personal life." Participation in the program is voluntary and confidential.

SMD psychologists work in conjunction with Peer Support Team members to identify stressful events and situations and to generate early intervention responses that will reduce employee stress. These early intervention responses include site visits, creation of informational handouts and outreach to affected employees.

Injured/Ill Police Employees' Network. The Stress Management Division facilitates an Injured/Ill Police Employees' Network outreach program created to help meet the needs of all department employees who are injured, or ill, whether job-related or not. The outreach program is fully-staffed by a volunteer, retired police officer. The Network:

- Provides support throughout the recovery period;
- Shares information about the process and personal experiences;
- Assists with special needs; and
- Answers any questions that may arise.

Funding and Use

In FY 03, the County allocated $458,000 for the Stress Management Division.[1] Calendar year 2000 through 2002 use data for the Stress Intervention and Traumatic Incident Programs is detailed below.

TABLE 10
MCPD STRESS MANAGEMENT DIVISION USE
CY 00 – CY 02

	CY 00	CY 01	CY 02
Stress Intervention Program	169	179	130
Traumatic Incident Program	20	2	8

Source: MCPD, 2003

[1] This value only includes personnel costs. SMD operating expenses are shared with other divisions and cannot be easily distinguished.

Additionally in calendar year 2002:

- 2 clients participated in the Diversion Program;
- Psychologists provided 6 critical incident group debriefings, made 12 site visits, and responded on-scene 9 times;
- The Peer Support Team responded to 40 call-outs, and had a total of 908 contacts; and
- The Injured/Ill Police Employee Network served 124 individuals.

C. Montgomery County Fire and Rescue Service, Wellness/Fitness Initiative

The Montgomery County Fire and Rescue Service Wellness/Fitness Initiative includes a substantial mental health component. The primary purpose of the MCFRS program is to provide direct services for the behavioral health and mental well-being of fire and rescue personnel and their families.

One full-time, Ph.D.-level, clinical psychologist is responsible for the management, supervision, planning, and direction of MCFRS' behavioral health programs. The MCFRS began offering mental health services in 1995 with the launch of the Employee Support Program that was staffed by a master's degree-level social worker. The Fire and Rescue Directive that established the Employee Support Program (95-09, see Appendix Q, ©59) stated the need for an internal program: "Because the needs of our personnel are unique in many ways, we believe that they will be best served by having an internal peer coordinator as an option to assist our personnel."

MCFRS staff further state that fire and rescue personnel "share a personal and cultural distinctiveness that requires particular psychological considerations different from other population groups in the County. Experience over many years has led to a field of psychological service and research to address the specificity of this population's needs."

Eligibility

All career and volunteer uniform and administrative personnel are eligible for services. Certain services are also available to employee's families, as described in the following section.

Services Provided

The Staff Psychologist is responsible for providing or coordinating services through three program areas: Clinical Therapy/Counseling, the Critical Incident Stress Management Team, and Wellness/Fitness.

Clinical Therapy/Counseling. According to the Fire and Rescue Staff Psychologist position description (Appendix R, ©65), services provided include psychotherapy, counseling, assessment, treatment and referral to resolve issues associated with critical incident stress, accumulated critical incident stress or traumatic incident stress or other factors affecting the performance and attention of fire and rescue personnel.

All therapy/counseling services are cost-free and confidential. In accordance with state laws and regulations, information regarding an individual's contact with the program cannot be released without the individual's written consent, except due to court order; imminent threat of harm to self or others; or in situations of child abuse. The MCFRS staff psychologist does not provide services for non-job related issues such as family, marriage, or finances except for special circumstances. Employees that need services for non-job related issues receive referrals to the County Government EAP or to their health insurance plans.

Critical Incident Stress Management (CISM) Team. The CISM team is a peer-support team that provides support and consultation to MCFRS personnel in the event of an incident that could potentially cause psychological or personal crisis. The MCFRS staff psychologist is responsible for overseeing the training, support, and operation of the CISM team.

CISM team activation is mandatory when MCFRS personnel are involved in any of the following:

- Serious injury or death of a MCFRS member at, or enroute to, an incident scene.
- Mass casualty incidents.
- Suicide of an MCFRS member.
- Serious injury or death of a civilian resulting from MCFRS operations.
- Death of and/or violence to a child.
- Loss of life following extraordinary and prolonged expenditures of physical and emotional energy during rescue efforts.
- Any unusual incident that is likely to trigger a profound emotional reaction.

The CISM team can also be voluntarily activated by any MCFRS employee, or family member/significant other of an employee, if warranted. The staff psychologist can be called at any time to respond in the field to critical incidents for groups and/or individuals.

The **Family Support Network (FSN)** is a component of the CISM program. The original focus of the FSN was to offer information, support and resources to help families of the Urban Search and Rescue Task Force be prepared for team deployments. MCFRS is currently working to expand this program to the entire department. Family members of MCFRS personnel, who have been trained to deal with persons experiencing an emotional response to an incident, will work to ensure that family members of affected MCFRS personnel will have their emotional and informational needs met.

Wellness/Fitness. The MCFRS staff psychologist is responsible for the mental health components of wellness/fitness programs. Specifically, this involves developing educational and training programs on stress management and general mental heath issues for MCFRS personnel.

Funding and Use

In FY 03, the County allocated $100,000 for MCFRS mental health services.[2]

Between December 2002 and May 2003, the MCFRS staff psychologist provided over 1,300 hours of clinical therapy to uniformed fire/rescue personnel. Approximately 15% of the clients were volunteer personnel.

Since 2001, the Critical Incident Stress Management Team has averaged 87 formal activations per year, as well as numerous informal contacts.

[2] FY 03 cost calculated as the total salary and benefits cost for the staff psychologist position.

MONTGOMERY COUNTY PUBLIC SCHOOLS
Calendar Year 2002 Comparison of Health Plans
MCPS HEALTH MAINTENANCE ORGANIZATIONS (HMOs)

Benefit Summary	Kaiser Permanente HMO http://www.kp.org/ 800-777-7902	Optimum Choice HMO http://www.mamsi.com/ 1-800-331-2102	Carefirst BlueChoice HMO http://www.carefirst.com/ 1-800-296-5555
Specialist Office Visit Services	No Charge	$5 Co-Pay	$5 Co-Pay
Minor Surgery	No Charge	$5 Co-Pay	$10 Co-Pay
Lab Work & X-rays	No Charge	$5 Co-Pay	$5 Co-Pay in Doctor's Office
	No Charge	No Charge/$5 if X-Rays Read by Radiologist	No Charge
Home Health Care			
Physician Care	No Charge	No Charge	No Charge
Skilled Nursing Care	No Charge/100 days	No Charge/60 days	No Charge
Maternity Care			$10 Co-Pay/Visit
Prenatal & Postnatal Care	No Charge	$50 Max per Pregnancy	$100 Max per Pregnancy
Physician	No Charge	No Charge	No Charge
Hospital	No Charge	No Charge	No Charge
Hospital Services			
# of days in Semi-Private Room	Unlimited	Unlimited	Unlimited
Professional Services	No Charge	No Charge	No Charge
Surgical Procedures	No Charge	No Charge	No Charge
Specialty Care & Consultation			
Anesthesia in O.R.	No Charge	No Charge	No Charge
Radiology & Drugs	No Charge	No Charge	No Charge
Intensive & Coronary Care	No Charge	No Charge	No Charge
Outpatient/per Surgery/Treatment	No Charge	$25.00	No Charge
Other Office Visit Services			
Well Baby/Child Care	No Charge	$5 Co-Pay	$5 PCP/$10 Specialist
Childhood Immunizations	No Charge	$5 Co-Pay	$5 Co-Pay
Allergy Shots	No Charge	$5 Co-Pay	$5 PCP/$10 Specialist
Mental Health			
Outpatient Visits	#1 - 5 Visits No Charge #6-10 Visits $10 Ind/$5 Group #11+ Visits $30 Ind/$10 Group	Unlimited #1-5 Visits 20% #6-30 Visits 35% #31+Visits 50%	Unlimited #1-5 Visits 20% #6-30 Visits 35% #31+Visits 50%
Inpatient Days	No Charge	No Charge	No Charge
Substance Abuse			
Detoxification	Unlimited	Unlimited	Unlimited
Inpatient Alcohol	Combined w/ Inpatient Mental Health	Combined w/ Inpatient Mental Health	Combined w/ Inpatient Mental Health
Outpatient Alcohol	Combined w/ Outpatient Mental Health	Combined w/ Outpatient Mental Health	Combined w/ Outpatient Mental Health
Other Services			
Hospice	No Charge	See Booklet	Covered in Full
Durable Medical Equipment	No Charge if Medicare Approved	50% Co-Pay	25% Co-Pay
Catastrophic Illness	No Charge	No Charge	No Charge
Out-of-Area Benefits			
When medically necessary			
Emergency Room	$35 Waived if Admitted	$25 Waived if Admitted	$25 Waived if Admitted
Physician Services	No Charge	$5 Per visit if Authorized	Covered in Full
Ambulance	No Charge if authorized	No Charge	Covered in Full

Please Note:

The above description of benefits and services is intended to provide a summary. For detailed information, please refer to the Individual medical plans. You can also obtain provider information on the medical plan Web site.

MONTGOMERY COUNTY PUBLIC SCHOOLS

Calendar Year 2002 Comparison of Health Plans
POINT-OF-SERVICE PLANS

Benefits Summary	Carefirst BlueCross BlueShield High Option In-Network 1-888-417-8385	 Out-of-Network www.carefirst.com	Carefirst BlueCross BlueShield Standard POS In-Network 1-888-417-8385	 Out-of-Network www.carefirst.com
Annual Deductible	**None**	**$200 Individual $400 Family**	**None**	**$300 Individual $600 Family**
Office Visit Services Minor Surgery Lab Work & X-Rays	$5 – Each visit $5 – Each visit 100%	80% After Deductible 90% After Deductible Diagnostic – 90% Routine – Not Covered	$10 – Each visit $10 – Each visit 100%	80% After Deductible 80% After Deductible Diagnostic – 80% Routine – Not Covered
Home Health Care Skilled Nursing Care	100%	90% - 40 Visits per Year	100%	80% 60 Visits per Year combined in & out-of-network
Maternity Care Prenatal & Postnatal Physician Hospital	 $5 – 1st Visit/100% After $5 – 1st Visit/100% After 100%	 90% After Deductible 90% After Deductible 90% After Deductible	 $10 – 1st Visit/100% After 100% 100%	 80% After Deductible 80% After Deductible 80% After Deductible
Hospital Services Semi-Private Room Professional Services Surgical Procedures Specialty Care & Consultation Anesthesia Radiology & Drugs Intensive & Coronary Care Outpatient Surgery	 **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%**	 90% After Deduct./180 days 90% After Deductible 90% After Deductible 90% After Deductible 90% After Deductible 90% After Deductible 90% After Deductible 90% After Deductible 80% After Deductible	 100% 100% 100% 100% 100% 100% 100% 100% $10	 80% After Deduct./180 days 80% After Deductible 80% After Deductible 80% After Deductible 80% After Deductible 80% After Deductible 80% After Deductible 80% After Deductible 80% After Deductible
Office Visit Services Physician/Specialists Routine Annual Physical Well Baby/Child Care Childhood Immunizations Allergy Evaluations Allergy Shots	 $5 – Each Visit $5 – Each Visit $5 – Each Visit 100% $5 – Each Visit 100%	 80% After Deductible Routine Not Covered 80% No Deductible 80% No Deductible 80% After Deductible 90% After Deductible	 $10 – Each visit $10 – Each visit $10 – Each visit 100% $10 – Each visit 100%	 80% After Deductible Routine Not Covered 80% No Deductible 80% No Deductible 80% After Deductible 80% After Deductible
Mental Health Outpatient Visits Inpatient Days	 100% Visits 1-5 80% Visits 6-30 80% Visits 31+ 100%	 80% Visits 1-5 After Ded. 80% Visits 6-30 After Ded. 50% Visits 31+ 90% 180 Day Max	 100% 1st 5 Visits 80% Thereafter 100%	 80% After Ded. First 5 Visits 65% After Ded. Next 25 Visits 50% Thereafter 80% After Deductible
Substance Abuse Detoxification Inpatient Alcohol Outpatient Alcohol	 Combined w/Inpatient Mental Health Combined w/Inpatient Mental Health Combined w/Outpatient Mental Health	 Combined w/Inpatient Mental Health Combined w/Inpatient Mental Health Combined w/Outpatient Mental Health	 Combined w/Inpatient Mental Health Combined w/Inpatient Mental Health Combined w/Outpatient Mental Health	 Combined w/Inpatient Mental Health Combined w/Inpatient Mental Health Combined w/Outpatient Mental Health
Other Services Hospice Durable Medical Equipment Catastrophic Illness	 100% 100% 100%	 90% After Deductible 80% After Deductible 100% After $1,500 out-of-pocket excl. deductible	 100% 100% 100%	 90% After Deductible 80% After Deductible 100% After $1,000 out-of-pocket excl. deductible
Emergency Services *When medically necessary* Emergency Room Physician Services Ambulance	 100% After $25 100% 100%	 100% After $25 100% 100%	 100% After $25 100% 100%	 100% After $25 100% 100%

Please Note: All percentages shown for out-of-network services represent percent of Usual, Customary and Reasonable (UCR) as determined by CareFirst BlueCross BlueShield. The above description of benefits and services is intended to provide a summary. For complete information, please refer to the summary plan descriptions on the MCPS Web site under Benefits.

MONTGOMERY COUNTY PUBLIC SCHOOLS EMPLOYEE ASSISTANCE PROGRAM (EAP)

Montgomery County Public Schools (MCPS) provides an in-house EAP through its Employee Assistance Unit, located within the Office of the Associate Superintendent for Human Resources. The Montgomery County Board of Education created the EAP in 1977 through *Board of Education Policy GBB – Department of Employee Assistance Services* (Appendix S, ©72).

According to the policy, the purpose of the program is to "work with employees and their families who have problems which can and do frequently affect their job performance." It also states that a "key function" of the program is to serve as a bridge between troubled employees and other public and private resources.

One full-time and two part-time employees (for a total of 2.1 positions) staff the Employee Assistance Unit. All three staff members are licensed, clinical social workers and certified EAP professionals.

Eligibility

All MCPS employees and retirees and their immediate family members are eligible for services.

Services Provided

The services provided by the MCPS EAP include assessment; referral to outside agencies and counselors; short-term counseling; crisis intervention; consultation and information; relapse prevention groups; follow-up services; and employee workshops. Services cover a wide range of issues, including:

- Job-related problems
- Emotional problems
- Financial problems
- Alcohol and other drug abuse
- Stress or life crisis
- Grief and loss
- Domestic violence
- Couples and family problems
- Balancing work and family

Services are free-of-charge, confidential and information is not included in an employee's personal record. In accordance with state laws and regulations, information regarding an individual's contact with the EAP cannot be released without the individual's written consent, except due to court order; imminent threat of harm to self or others; or in situations of child abuse. The EAP staff does not provide any long-term therapy.

Funding and Utilization

MCPS allocated $200,000 for its Employee Assistance Program (EAP) in FY 03. The FY 03 cost per eligible employee was $10.53.

In FY 03, the MCPS EAP saw 615 clients, 88% of whom were MCPS employees. This equates to an approximate employee utilization rate of 3%. Other FY 03 utilization data includes:

- 75% of clients were self-referred to the EAP.
- 39% of clients received referrals to outside or additional services.
- The most frequent Primary Assessed Problems (as determined by the EAP professional after meeting with the client) were "Couples", "Family", "Depression", "Workplace: Stress", and "Workplace: Supervisor".

Appendix G

Health Plan Comparison Guide

Inpatient Services

Only an option if Hired before 9/1/88.

	CIGNA PPO	CIGNA HealthCare	Kaiser Permanente	Optimum Choice
Hospital Room & Board	$250 Deductible 80% R&C	100% after $250 ded. per admission	100%	$300 Copayment per admission
Surgery	80% R&C after ded.	100%	100%	100%
Anesthesia	80% R&C after ded.	100%	100%	100%
Medical Services	80% R&C after ded.	100%	100%	100%
Diagnostic Tests	80% R&C after ded.	100%	100%	100%
Special Duty Nursing	80% R&C after ded.	100%	100%	100%
Drugs and Medications	80% R&C after ded.	100%	100%	100%
Mental Health	80% R&C after ded. up to 30 days per CY	100% after $250 copay per admission	100%	100%

PPO – Additional discounts available through Preferred Provider Organization.
R&C - Reasonable and Customary charges
CY - Calendar Year
ded. – Deductible

NOTE: This guide has been prepared to help you compare the benefits available through the various group health plans offered by the College. **IT IS ONLY A SUMMARY**. For specific coverage, limitations, and exclusions, please consult the literature provided by each company or call the appropriate member services number.

Outpatient Services

Only an option if hired before 9/1/88.

	CIGNA PPO	CIGNA HealthCare	Kaiser Permanente	Optimum Choice
Office Visits	80% R&C after ded.	$10 copay per visit $15 copay for specialist	$10 copay per visit	$10 copay per visit, $15 specialist $15/Urgent Care Facility
Routine Adult & Pediatric Exams	100% up to $150, employee only	$10 copay per visit	$10 copay per visit	$10 copay per visit
Surgery	80% R&C after ded.	100%	100%	100%
Diagnostic Tests	80% R&C after ded. [2]	100%	100%	100%
Prescription Drugs	80% after **$150** ded. to $750 max. out-of-pocket per CY	$10/$20/$30 copay generic/formulary/brand name	$10/$20 Kaiser Center $16/$32 Participating Phar. $10/$20 Mail Order	$10/$20/$35 copay generic/formulary/brand name
Mental Health Care	After ded., 50% R&C up to 20 visits per CY, limit 1 visit per week	$20 copay visits 1-5, $30 copay visits 6-30, $50 copay thereafter	$20 copay/individual visits $10 copay/group visits	20% copay visits 1-5, 35% copay visits 6-30, 50% copay thereafter
Deductible	$200 per person	N/A*	N/A	N/A
Maximum out-of-pocket Expenses	$2000 per person per CY [3]	N/A*	N/A	N/A

[1] 100% R&C if pre-admission

[2] Limit does not apply to skilled nursing facilities, pre-certification, mental health care, cost containment penalties and prescription drugs.

* The CIGNA Healthplan has an "optout" feature which allows members to use non-participating physicians under an indemnity benefits structure. See brochure for details.

Other Services

Only an option if hired before 9/1/88.

	CIGNA PPO	CIGNA HealthCare	Kaiser Permanente	Optimum Choice
Routine Eye Exams	not covered	**$10 copay, $20-$75 reimbursement for glasses or contacts (every 12 months)**	100%, 25%/15% discount for eyeglasses/ contacts purchased at Kaiser Optical Shops	$25 copay
Routine Hearing Exams	not covered	$10 copay per visit	$10 copay	$10 copay per visit
Allergy Testing	80% R&C after ded.	$10 copay per visit	$10 copay	$10 copay per visit after $25 initial consultation
Skilled Nursing Facility	50% of ASP inpatient rate for 60 days per CY	100% for 60 days per CY	100% for 100 days per CY	100% for 60 days per CY
Home Health Care	100% R&C for 60 visits - then 80% R&C after ded.	100%	100%	100%
Hospice Care	100% R&C to $7500-then 80% R&C after ded.	100%	100%	100%
Children Covered as Dependents	**until age 19; 23, if full-time student**	**until age 19; 23, if full-time student**	until age 22	until age 19; 23, if full-time student
Emergency Room Care	80% R&C after ded.	$50 copay, 100% if admission occurs	$35 copay	$25 copay, 100% if admission occurs

PPO – Additional discounts available through Preferred Provider Organization.
R&C - Reasonable and Customary charges
CY - Calendar Year
ded. - Deductible
ASP - Average semi-private

MONTGOMERY COLLEGE EMPLOYEE ASSISTANCE PROGRAM

Montgomery College offers a Faculty/Staff Assistance Program (FSAP). The College contracts with Business Resource Management to deliver the FSAP. The College established the FSAP in 1987 with Montgomery College Board of Trustees Policy 35002 (see Appendix T, ©75). The FSAP provides confidential and professional assistance to faculty and staff experiencing personal problems that may be affecting work performance, job satisfaction, or overall quality of life.

Eligibility

All full-time budgeted faculty and staff and their immediate family members living in their household are eligible to use the FSAP.

Services Provided

FSAP services include evaluation of problems, short-term counseling, and referral to local service agencies or individual professionals. Services cover a wide range of issues, including:

- Stress-related issues
- Family, marital and relationship crises
- Mental and emotional distress
- Problems with children
- Legal/financial issues
- Work-related difficulties
- Alcohol/drug use and abuse
- Coping with elderly or infirm relatives
- Child or spouse abuse
- AIDS-related issues
- Grief concerns

Each employee can receive a maximum of four sessions per problem. FSAP services are provided free-of-charge to eligible participants and are confidential. In accordance with state laws and regulations, information regarding an individual's contact with the FSAP cannot be released without the individual's written consent, except due to court order; imminent threat of harm to self or others; or in situations of child abuse.

Funding and Use

Montgomery College allocated $18,625 for its Employee Assistance Program in FY 03. The FY 03 cost per eligible employee was $12.72.

In FY 02, 56 employees used the program and 229 employees received training through workshops conducted by the FSAP provider.

Medical Plan Comparison Charts for 2003

Plan Features	*Aetna U.S. Healthcare HMO*	*Optimum Choice HMO*	*CareFirst BlueChoice HMO*	*CareFirst BlueCross/BlueShield POS*	
				In-Network	*Out-of-Network*
Cost Sharing					
Policy Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Annual Deductible	No Deductible	No Deductible	No Deductible	No Deductible	$200/Individual $600/Family
Co-insurance limit (The limit on your out-of –pocket expenses, not including co-payments and the deductible)	N/A	N/A	N/A	N/A	$400/individual $1,200/family deductible not included combined OOP
Medical Services					
Office Visits	$10 co-pay PCP $10 co-pay Specialist $10- After hours	$10 co-pay PCP $10- Specialist	$10 co-pay PCP $15 co-pay Specialist	$10 co-pay PCP $10 co-pay Specialist	20% of allowed benefit (deductible applies)
Preventive Care Infants to age 1 Toddlers Ages 1-2 Children Ages 3-18	$10 co-pay PCP $10 co-pay Specialist	$10 co-pay PCP $10- Specialist	$10 co-pay PCP $15 co-pay Specialist	$10 co-pay PCP $10 co-pay Specialist per visit to age 19	20% of allowed benefit to age 19 (no deductible)
Adult Physical Exams	$10 co-pay PCP $10 co-pay Specialist	$10 co-pay PCP $10- Specialist	$10 co-pay PCP $15 co-pay Specialist	$10 co-pay per PCP $10 co-pay Specialist	20% of allowed benefit (deductible applies; maximum benefit of $100 per year)
Diagnostic Lab & X-ray Services	$10 co-pay PCP $10 co-pay Specialist	Applicable co-pay	Covered 100%	Covered 100%	20% of allowed benefit (deductible applies)
Allergy Injection Visits	$10 co-pay PCP $10 co-pay Specialist per injection visit)	$10 co-pay PCP $10- Specialist	$10 co-pay PCP $15 co-pay Specialist	Covered 100%	20% of allowed benefit (deductible applies)
Allergy Tests	$10 co-pay PCP $10 co-pay Specialist per testing visit	$10 co-pay PCP $10- Specialist	$10 co-pay PCP $15 co-pay Specialist	Covered 100%	20% of allowed benefit (deductible applies)
Lyme Disease Shot Series	Covered for at-risk members only, limitations apply Contact Plan	Covered for at-risk members only, , limitations apply $10 co-pay PCP $10- Specialist	Covered for at-risk members only, limitations apply $10 co-pay PCP $15 co-pay Specialist	$10 co-pay PCP $10- Specialist Covered for at-risk members only, limitations apply	20% of allowed benefit (deductible applies)
Mammography	Covered 100%	$10 co-pay PCP $10- Specialist	Covered 100%	Covered at 100% Age 35 – 39: 1 Baseline Age 40 – 49:every 24 mo. Age 50+ =: every 12 mo.	20% of allowed benefit (deductible applies)
Annual GYN Exam (including Pap test & related lab fees)	$10 co-pay PCP $10 co-pay Specialist $10 After Hours	$10 co-pay PCP $10- Specialist	$10 co-pay PCP $15 co-pay Specialist	$10 co-pay PCP $10 co-pay Specialist	20% of allowed benefit (deductible applies)

Medical Plan Comparison Charts for 2003

Plan Features	*Aetna U.S. Healthcare HMO*	*Optimum Choice HMO*	*CareFirst BlueChoice HMO*	*CareFirst BlueCross/BlueShield POS*	
				In-Network	*Out-of-Network*
			Medical Services - continued		
PSA Blood Serum Digital	100% in-network	$10 co-pay PCP $10- Specialist	$10 co-pay PCP $15 co-pay Specialist	100%	20% of allowed benefit (deductible applies)
Rehabilitation: Physical, Occupational Speech Therapy	$10 co-pay (Number of visits limited based on state in which PCP is located)	$10 co-pay (Limited to 60 visits per condition)	$15 co-pay Specialist 30 visits per condition/calendar year	$10 co-pay $10 co-pay Specialist Covered @ 100% combined, 90 Days per condition/calendar year	20% combined, 90 Days per condition/calendar year (deductible applies)
Habilitation Services	$10 co-pay PCP $10 co-pay Specialist	$10 co-pay PCP $10- Specialist	$10 co-pay PCP $15 co-pay Specialist	$10 co-pay PCP $10 co-pay Specialist Subject to pre-auth & case management	$10 co-pay PCP $10 co-pay Specialist Subject to pre-auth & case management
Maternity	$10 co-pay 1st visit, then 100%	$10 co-pay initial visit - $100 max per pregnancy	$10 co-pay per visit $100 maximum per pregnancy	$10 co-pay per visit $10 co-pay Specialist	20% of allowed benefit (deductible applies)
Infertility Services IVF and AI)	Co-payment depends on where service is performed Infertility Hotline 1-800-575-5999	50% co-pay for services. Limited to 6 cycles. IVF limited to 3 attempts per live birth, $100,000 max.	Infertility Counseling & Testing: $10 co-pay PCP Artificial Insemination Covered at 50%of plan allowance In Vitro Fertilization: Covered at 50%of plan allowance Limited to 2 attempts per live birth Lifetime maximum benefit of $100,000	Artificial Insemination & In Vitro Fertilization Covered at 20% of allowable benefit, pre-certification required, limited to 3 attempts per lifetime. Maximum benefit $100,000.	Artificial Insemination & In Vitro Fertilization Covered at 40% of allowable benefit, pre-certification required, limited to 3 attempts per lifetime. Maximum benefit $100,000.
Office Based Surgery	Covered 100%	$10 co-pay PCP $10- Specialist	$10 co-pay PCP $15 co-pay Specialist	Covered 100%	20% of allowed benefit (deductible applies)
			Hospital Services (Pre-certification usually required)		
Non-Emergency use of Emergency Room	$35 for Emergency Room	Non-emergency use of ER is not covered	Not Covered	100% of allowable benefit	20% of allowed benefit (deductible applies)
Ambulance Services	100%	Covered if medically necessary	Covered 100%	100% when medically necessary	20% of allowed benefit when medically necessary, deductible applies
Hospital Based Emergency Services	$35 for Emergency Room	$25 co-pay for ER. Must meet Plan's definition of emergency	$25 Emergency Room Co-pay Waived if admitted.	100%	20% of allowed benefit (deductible applies)
Out-Patient Surgery	$10 co-pay PCP $10 co-pay Specialist	$25 co-pay	$10 co-pay PCP $15 co-pay Specialist	100%	20% of allowed benefit (deductible applies)
Urgent Care Centers	$35 co-pay	$15 co-pay	$10 co-pay PCP $15 co-pay Specialist	$10 co-pay per visit $10 co-pay Specialist	20% of allowed benefit (deductible applies)

Medical Plan Comparison Charts for 2003

Plan Features	*Aetna U.S. Healthcare HMO*	*Optimum Choice HMO*	*CareFirst BlueChoice HMO*	*CareFirst BlueCross/BlueShield POS*	
				In-Network	*Out-of-Network*
			Hospital Services - continued		
In-Patient Hospital	Covered 100%	Covered 100%	Covered 100%	Covered 100%	20% of allowed benefit (deductible applies) plus a separate $100 in-patient deductible
In-Patient Surgery	Covered 100%	Covered 100%	Covered 100%	Covered 100%	20% of allowed benefit (deductible applies) plus a separate $100 in-patient deductible
Diagnostic Test	Covered 100%	Covered 100%	Covered 100%	Covered 100%	20% of allowed benefit (deductible applies) plus a separate $100 in-patient deductible
Childbirth & Delivery	Covered 100%	Covered 100%	Covered 100%	Covered 100%	20% of allowed benefit Plus a separate $100 inpatient deductible (deductible applies)
			Additional Services		
Private Duty Nursing	Covered 100%	Excluded	Not Covered	Covered 100% Subject to pre-auth & case management	20% of allowed benefit Subject to pre-auth & case management (deductible applies)
Skilled Nursing Facility	Covered 100%	60 days at 100%	Covered 100%	Covered 100% 100 Day Max/combined Subject to pre-auth & case management	20% of allowed benefit 100 day Max/combined Separate $100 inpatient deductible Subject to pre-auth & case management
Home Health Care	Covered 100%	100%, physician home visit co-pay applies	Covered 100%	Covered 100% Limited to 90 combined visits per calendar year	20% of allowed benefit (deductible applies), limited to 90 combined visits per calendar year
Bereavement Counseling	Not covered	15 visits or 6 month period following death, whichever comes first	Covered 100%	Covered 100% $200 maximum combined	20% of allowed benefit after deductible, $200 maximum combined
Durable Medical Equipment (DME)	Covered 100%	Covered 50%	Diabetic equipment and supplies covered in full. All other DME and medical devices covered as: Member co-pay 25% up to $7,500 per calendar year	Covered 100% $4,000 annual maximum combined	20% of allowed benefit – deductible applies and limited to $4,000 per calendar year maximum combined

Medical Plan Comparison Charts for 2003

Plan Features	*Aetna U.S. Healthcare HMO*	*Optimum Choice HMO*	*CareFirst BlueChoice HMO*	*CareFirst BlueCross/BlueShield POS*	
				In-Network	*Out-of-Network*
Additional Services					
Organ Transplant	Covered 100% with pre-authorization	Covered Contact plan, limitations apply	Kidney, Cornea, Bone Marrow & Skin – Inpatient covered 100%, No co-pay Liver – Billiary Artesia, children up to 12 years covered 100%	Covered 100% Pre-certification required $1,000,000 max per transplant	20% of allowable benefit Pre-certification required $1,000,000 max per transplant (deductible applies)
Vision Annual Eye Exam Discount Plan (Does not qualify for retirement eligibility)	Vision One Discount plan	$25 co-pay for eye refraction exam. Discount available for lenses, frames and laser vision correction	$10 co-pay with plan vision centers. $25 co-pay with Plan physicians. Discounts available. Limit: one per calendar year	Not covered. Separate vision benefit plan offered. See Vision Service Plan	Not covered. Separate vision benefit plan offered. See Vision Service Plan
Flu Shots	$10 co-pay PCP $10 co-pay Specialist	Coverage only for age 50+ $10 co-pay PCP	Covered under Office Visit $10 co-pay PCP $15 co-pay Specialist	Covered under Office Visit $10 co-pay PCP $10 co-pay Specialist	20% of allowable benefit, deductible applies
Hearing Tests	$10 co-pay PCP $10 co-pay Specialist	Hearing test: $10 co-pay PCP $10- Specialist	$10 co-pay PCP $15 co-pay Specialist	Covered under Office Visit $10 co-pay PCP $10 co-pay Specialist	Covered 20% of allowable benefit, deductible applies
Hearing Aids	Not Covered	Hearing aids: covered 50% to $1400 every 36 months. Children under 19 only	Not Covered	Not Covered	Not Covered
Mental Health Services					
In-Patient	Covered 100%	Covered 100%	Covered 100%	Covered 100%	20% of allowable benefit, deductible applies plus separate $100 in-patient deductible
Partial Hospitalization	Covered 100%	$25 co-pay per visit up to 60 days	$10 co-pay per day (60 days per year)	$10 Co-pay (60 days per year)	20% of allowed benefit after deductible (60 days per year)
Out-Patient	Co-pays per visit Visits 1-5: $15 Visits 6-30: $25 Visits 31+: $35	Co-pays per visit Visits 1-5: - 20% Visits 6-30: - 35% Visits 31+: - 50%	Co-pays per visit Visits 1-5: - 20% Visits 6-30: - 35% Visits 31+: - 50%	Co-pays per visit Visit 1 –5: $15 Visit 6 – 30: $25 Visit 31+: $35 Subject to pre certification & case management	Co pays per visit Visit 1 –5: 20% Visit 6 – 30: 35% Visit 31+: 50% Deductible applies Subject to pre certification & case management

Medical Plan Comparison Charts for 2003

Plan Features	*Aetna U.S. Healthcare HMO*	*Optimum Choice HMO*	*CareFirst BlueChoice HMO*	*CareFirst BlueCross/BlueShield POS*	
				In-Network	*Out-of-Network*
Alternative Services					
Chiropractic	Not covered	50% co-pay to max of $500 per member per year. Additional discount available	$10 Co-pay 20 visits per calendar year	25% discount from a CareFirst Options Provider	20% of allowable benefit Deductible applies $500 annual maximum
Acupuncture	Not covered	$10 co-pay 12 visits limited for approved conditions. Discount available	Discount Program Contact CareFirst for details	25% discount from a CareFirst Options Provider	25% discount from a CareFirst Options Provider
Massage Therapy	Not covered	Discount available	Discount Program Contact CareFirst for details	25% discount from a CareFirst Options Provider	25% discount from a CareFirst Options Provider
Plan Limitations					
Pre-existing Condition Clause *HIPPA Certification required*	Does not apply to this plan	Does not apply to this plan	Does not apply to this plan	Yes	Yes
Prescription Coverage	Not covered. Separate prescription benefit plan offered. See Caremark.	Not covered. Separate prescription benefit plan offered. See Caremark.	Not covered. Separate prescription benefit plan offered. See Caremark.	Not covered. Separate prescription benefit plan offered. See Caremark.	Not covered. Separate prescription benefit plan offered. See Caremark.

MARYLAND-NATIONAL CAPITAL PARK AND PLANNING COMMISSION EMPLOYEE ASSISTANCE PROGRAM (EAP)

M-NCPPC contracts with MenningerCare to provide its Employee Assistance Program (EAP). M-NCPPC describes its EAP as offering "caring, professional help with a broad range of concerns, from routine to serious issues. The primary goal of the EAP is to help employees and family members balance the demands of work and personal life."

Eligibility

All M-NCPPC employees, family members, and dependents are eligible to receive services.

Services Provided

Services provided by the EAP include assessment, counseling, and referral. Services cover a wide range of issues, including:

- Marital and family concerns
- Alcohol and drugs
- Depression
- Emotions
- Stress
- Work related issues

The EAP also offers the following legal services:

- Legal consultation – 30 minutes per separate legal item available by telephone or in person; no limit on number of separate legal items.
- Discounted rate (25%) if an employee retains an attorney in the network.
- Quality assurance system – telephone follow-up to ensure satisfaction with services.
- Financial consultation – 30 minute telephone consultation with a financial services professional; referrals made if necessary.

All services are free-of-charge to employees and are confidential. In accordance with state laws and regulations, information regarding an individual's contact with the EAP cannot be released without the individual's written consent, except due to court order; imminent threat of harm to self or others; or in situations of child abuse. There is a limit of 8 visits per presenting problem, except for the legal services which have separate limits as noted above.

Funding and Utilization

M-NCPPC allocated $50,000 for its Employee Assistance Program in FY 03. The FY 03 per eligible employee cost was $25.67.

In 2002, the EAP served 170 employees. This equates to an approximate employee utilization rate of 9%.

2003 Calendar Year Summary of Services

	Aetna USHC Point of Service In-Network*	Aetna USHC Point of Service Out-of-Network	Aetna USHC Point of Service Out-of-Area**
Outpatient Professional Services			
Labs and X-Ray	Covered at 100% for inpatient & outpatient care; $15 copay applies for primary care physician services	Covered at 70% after deductible	Covered at 80% after deductible
Medical Services	Covered at 100% for inpatient & outpatient care; $15 copay applies for primary care physician services	Covered at 70% after deductible	Covered at 80% after deductible
Surgery	Covered at 100%	Covered at 70% after deductible	Covered at 80% after deductible
Maternity Benefits			
Hospitalization	Covered at 100%; $15 copay applies for PCPoffice visit during initial diagnosis	Covered at 70% after deductible	Covered at 80% after deductible
Birthing Center	Covered at 100%; $15 copay applies for PCP office visit during initial diagnosis	Covered at 70% after deductible	Covered at 80% after deductible
Professional—Pre & postnatal care	Covered at 100%; $15 copay applies for PCP office visit during initial diagnosis	Covered at 70% after deductible	Covered at 80% after deductible
Newborn Pediatric Care	Covered at 100%; $15 copay applies for PCP office visit during initial diagnosis	Covered at 70% after deductible	Covered at 80% after deductible
Mental Health & Substance Abuse Benefits			
Inpatient Facility	Covered at 100%	Covered at 70% after deductible	Covered at 80% after deductible
Inpatient Professional	Covered at 100%	Covered at 70% after deductible	Covered at 80% after deductible
Outpatient	Covered at 100%	Visit # co-payment 1–5 20% 6–30 35% 31+ 50%	Visit # co-payment 1–5 20% 6–30 35% 31+ 50%
Emergency & Urgent Care—In Area			
In Office	Covered at 100%	Covered at 70% after deductible	Covered at 80% after deductible
Urgent Care Center—Plan Affiliated	Non-Emergency use—no coverage. Emergency use 100% coinsurance after $50.00 copay, waived if confined. Urgent care—100% after $15.00 office visit copay.	Non-emergency use—No coverage. Emergency use—100% coinsurance after $50 copay, waived if confined. Urgent care 70% After deductible	No coverage for hospital emergency room expenses when used for non-emergency, otherwise covered at 80% subject to $200 deductible. Urgent care covered at 80% after deductible
Emergency Room or other Non-Plan Urgent Care Center	Non-emergency use—No Coverage. Emergency use—100% Coinsurance after $50.00 Copay waived if confined. Urgent Care—100% After $15.00 office visit copay.	Non-emergency use—No coverage. Emergency use—100% Coinsurance after $50 deductible, waived if confined. Urgent Care—70% After Deductible	No coverage for hospital emergency room expenses when used for non-emergency, otherwise coverage at 80% subject to $200 deductible. Urgent care covered at 80% after deductible
Ambulance	Covered at 100%	Covered at 100% if associated with emergency charges, otherwise 70% after deductible	Covered at 100% if associated with emergency charges, otherwise 80% after deductible

* In addition to the Washington D.C. metropolitan area, Aetna In-Network coverage is available for subscribers residing in the areas of Ft. Myers, Florida; Orlando, Florida; & Sussex County, Delaware, Central Pennsylvania & Raleigh, North Carolina.

** Aetna Out-of-Area is for employees and retirees who reside outside of the area serviced by the Aetna Managed Choice Point of Service plan. This includes the Maryland counties of Allegany, Calvert, Caroline, Dorchester, Garrett, Kent, Queen Anne's, Somerset, and Talbot.

2003 Calendar Year Summary of Services

	Blue Choice	Kaiser Permanente	Optimum Choice
Outpatient Professional Services			
Labs and X-Ray	Covered in full	Covered at 100%	$15 copayment
Medical Services	$15 PCP/$25 Specialist copay	$10 per visit	$15 copayment
Surgery	$15 PCP/$25 Specialist copay	$10 per visit	Outpatient hospital covered in full; physician's office $15
Maternity Benefits			
Hospitalization	Covered in full	Covered at 100%	Covered in full
Birthing Center	Covered in full	Covered at 100% if Kaiser authorized	Covered in full
Professional—Pre & postnatal care	Member Copay $25 per visit (not to exceed $200 per pregnancy)	Covered at 100%	$15 copayment
Newborn Pediatric Care	Routine visits are covered in full	Covered at 100%	$15 copayment
Mental Health & Substance Abuse Benefits			
Inpatient Facility	Covered in full	Covered at 100%	Covered in full
Inpatient Professional	Covered in full	Covered at 100%	Covered in full
Outpatient	Visits 1–5 = 20% Coinsurance; Visits 6–30 = 35% Coinsurance; Visits 31+ = 50% Coinsurance	$20 per individual and $10 per group visit	20% copayment visits 1–5; 35% copayment visits 6–30; 50% copayment thereafter.
Emergency & Urgent Care—In Area			Must meet Plan's definition of an emergency
In Office	$15 PCP/$25 Specialist copay	$50 copay for emergency room and $10 for urgent care	$15 copayment
Urgent Care Center—Plan Affiliated	$25 copay	$10 copay per visit	$15 copayment
Emergency Room or other Non-Plan Urgent Care Center	$50 per visit copay, waived if admitted	$50 for emergency and $10 for urgent care	$50 copayment. Waived if admitted.
Ambulance	Ground and Air Covered in full	Covered at 100% if approved by Kaiser	Covered in full when medically necessary

This is a summary of health care benefits. In the event of a difference between this summary and the plan brochure, the plan brochure will govern.

WASHINGTON SUBURBAN SANITARY COMMISSION EMPLOYEE ASSISTANCE PROGRAM (EAP)

WSSC contracts with Optum to provide its Employee Assistance Program (EAP). WSSC has had an EAP since 1976.

Eligibility

All WSSC employees and their family members are eligible to receive services.

Services Provided

Services provided by the EAP include assessment, counseling, and referral. Services cover a wide range of issues, including:

- Work-life balance
- Parenting challenges
- Work-related concerns
- Child and eldercare services
- Emotional distress
- Marital and relationship problems
- Depression
- Grief and loss
- Stress and anxiety
- Addictions

All services are free and confidential. In accordance with state laws and regulations, information regarding an individual's contact with the EAP cannot be released without the individual's written consent, except due to court order; imminent threat of harm to self or others; or in situations of child abuse. There is a limit of 4 visits per problem. After 4 visits, clients that need additional services receive referrals to the mental health benefits provided through their health insurance plan.

Funding and Use

WSSC allocated $44,000 for its Employee Assistance Program in FY 03. The FY 03 cost per eligible employee was $29.63.

In the 1st quarter of calendar year 2003, 21 employees utilized EAP services. According to information provided by Optum, this equates to annualized estimates of 84 participants and a 5% employee utilization rate.

Agreement

Between Fraternal Order of Police
Montgomery County Lodge #35, Inc.
and
Montgomery County Government, Montgomery County, Maryland

Police Bargaining Unit

For the Year July 1, 2001 Through June 30, 2003

Montgomery County, Maryland
Office of Human Resources
Labor Relations
101 Monroe Street, 7th Floor
Rockville, Maryland 20850
(240) 777-5114

July 2001

percent and 60% of any change in the consumer price index that is in excess of three percent (3%). However, except as provided in Section H.2 *infra*, the CPI adjustment shall not be more than 7.5%.

2. The existing portion of Retirement Law section 33-44(c)(3): "retired members who are disabled shall not be subject to this maximum and pensioners age sixty-five (65) or older shall also not be subject to this maximum with respect to [the] fiscal year beginning after the date of attainment of age sixty-five (65)" shall remain in effect, except that the maximum shall be "7.5%" as referenced in subsection H.1 above.

Section I. Benefit upon social security retirement age. Upon attainment of the social security normal retirement age, members enrolled in the integrated retirement plans shall receive, **1.65** percent of average final earnings up to the maximum of 30 years and **1.25** percent for credited years in excess of 30**, up to the Social Security maximum compensation level in effect on the date of retirement**. All other integration provisions shall remain in effect.

Section J. Amount of contributions. **For employees in the Optional Retirement Plan, the contribution is 8.5% and for employees in the Integrated Plans, the contribution is 4.75% up to the maximum Social Security Wage Base and 8.5% of regular earnings in excess of the Wage Base.**

Section K. Domestic Partner Benefits. Subject to IRS qualification rules and requirements, a domestic **partner** of a unit member eligible to receive domestic partner **(including opposite sex domestic partners)** benefits under Article 24 of this agreement shall be eligible to receive retirement benefits**, subject to the adoption of legislation submitted by the parties to amend appropriate sections of Chapter 33 of the Montgomery County Code** to the same extent as a "spouse" under the Employees' Retirement System, provided all eligibility requirements are met. This provision shall be renegotiated in the event the IRS determines that the provision violates any rule or requirement.

Section L. Pension Payment Option. **At retirement, a member may elect a "pop-up" variation of a Joint and Survivor option with an appropriate actuarial reduction.**

Article 58 *Stress Counseling*

Section A. Stress Counseling Program. Stress Counseling Program as provided in Appendix O of this Agreement, except that all written notes, tapes, interviews or evaluations or treatment conducted by the Office of Stress Management shall be treated as confidential and shall not be communicated or released to anyone without the expressed permission of the unit member or his/her authorized representative.

Section B. Employee Assistance Program [EAP]. Unit members shall be eligible for the County's Employee Assistance Program (EAP).

DEPARTMENT OF POLICE
MONTGOMERY COUNTY, MARYLAND

SUBJECT: ADMINISTRATIVE LEAVE

DD E3-07
FUNCTION CODE: 310
DISTRIBUTION: A
EFFECTIVE DATE: 07-15-83

NOTE: FOR PURPOSES OF THIS AGREEMENT, THIS APPENDIX HAS BEEN EDITED, AS THE ADMINISTRATIVE LEAVE PROVISIONS CONTAINED HEREIN PERTAIN SOLELY TO ARTICLE 58. ALL OTHER ADMINISTRATIVE LEAVE IS GOVERNED BY ARTICLE 2.

II. B. By authority of the Chief of Police, unit commanders will place an employee in their command on administrative leave when that employee causes or is responsible for, whether accidental or deliberate:

- the taking of a human life.
- the serious injury of a person.

This action is not punitive and has two purposes:

- to remove the officer from unnecessary contact with the public to allow him sufficient time to recover from the incident and,
- to provide the department sufficient time to conduct a preliminary investigation.

C. By authority of the Chief of Police, unit commanders will place an employee on administrative leave when he has been involved in a traumatic incident. Traumatic incidents for the purposes of this policy are those defined in the Traumatic Incidents Program which require an information session with the police psychologist. These incidents are:

- when the actions of a department employee, whether accidental or deliberate, result in the death or serious injury of a person.
- when members are present at the death or serious injury of a department employee. This includes Communication Division personnel directly responsible for radio or phone service during the incident.
- negotiating team members directly responsible for management of negotiations when the incident terminates in serious injury or death.

Prior to a return to full duty, the affected employee is required to meet with the police psychologist for one session.

II. E. Employees will be granted administrative leave by their unit/district commanders to participate in the following activities subject to manpower availability:

- Blood donations - up to three hours at the end of the tour of duty.
- Participation in the Office of Stress Management's Stress Intervention Program - two hours per visit for up to eight visits in a series. Granting of leave is to be coordinated with the participant's immediate supervisor to ensure coverage during the leave period.

III. B. When an employee needs to take administrative leave he will request the leave 10 working days in advance by memorandum to the Chief of Police via the chain of command unless the leave is for an authorized organization activity, for participation in the Stress Management Program or for blood donation.

C. The use of all administrative leave will be documented as follows:

1. A leave request form will be completed and approved by the employee's supervisor prior to the use of the leave.
2. The leave will be recorded on the Bi-weekly Time Sheet as administrative leave on line 08, 09, or 10.

IV. Regulations for Employees on Administrative Leave

A. Employees on administrative leave for routine activities (meetings, employer/employee relations, the Stress Management Program, etc.) will provide their supervisor with:

1. The location of the activity.
2. A phone number at which they can be reached.

B. When employees are placed on administrative leave by a supervisor, the employee, during the hours and days the leave is applicable, will:

1. Be immediately accessible to the department. This requirement will be met if the employee is able to report for duty within one hour of notification.
2. Provide his supervisor with a phone number or other means of immediate contact.

APPENDIX C

V. Resumption of Regular Duties

A. In cases requiring internal investigation, employees may resume regular duties upon the completion of the investigation or inquiry, after meeting with the police psychologist if required by this policy, and subject to the approval and authorization of the Chief of Police.

B. In cases not requiring internal investigation, employees who have experienced traumatic incidents will return to normal duty after meeting with the police psychologist.

Montgomery County Government

MEMORANDUM

TO:

FROM:

SUBJECT: Administrative Leave

DATE:

In compliance with Department policy (FC 310), you are hereby notified that you are being placed on administrative leave. This action is not punitive.

The following information is provided to ensure that you understand the reason for this action, your rights, and your responsibilities.

1. Reason: _____

_____

2. Work schedule - the hours during which you must be available to the Department. Available is defined in Department Policy as providing a phone number at which you can be reached and being able to respond to your duty station within one hour.

_____

3. [ ] The incident you were involved in qualifies under the Department's Traumatic Incidents Program. During the next 48 hours you must contact the Police Psychologist and schedule an information session. The Office of Stress Management phone number is 279-1269.

   The psychologist will provide you with verification of compliance with this requirement, which must be presented to your unit commander upon your return to duty.

4. [ ] There will be an internal investigation conducted of the incident. The Chief of Police will be notified verbally of the incident. He will determine any further action to be taken. In compliance with the Police Officers' Bill of Rights, the Chief may immediately return you to full duty, continue your administrative leave, or suspend you without pay pending further investigation.

5. You will be informed in writing by the Chief of Police of any further information concerning his initial actions and any further requirements of you.

6. You will continue in your present pay status until and unless you are advised differently.

7. During the hours other than your work schedule (paragraph 2) you are free to come and go without restriction.

8. You are not restricted in any way from working at your normal secondary employment, if applicable. If you do work, you must comply with the availability requirement in paragraph 2.

50 West Montgomery Ave Suite 330 Rockville, MD 20850 / Telephone: 279-1269

STRESS INTERVENTION PROGRAM REFERRAL TECHNIQUES

INSTRUCTIONAL OBJECTIVES

After review of these materials, you should be able to:

1. Explain the Stress Concept
2. Explain the Office of Stress Management Programs
   - Eligibility
   - Contact Procedures
   - Services
   - Policies on Confidentiality
3. Refer effectively by use of
   - motivational and listening techniques
   - appropriate self-disclosure
   - supervisory recommendation

The materials included in the supervisor's manual summarize the official policies and procedures of the Office of Stress Management, and do not contain complete details of programs. In the case of additional questions regarding program policies and activities, the supervisor may consult the complete OSM Policies and Procedures Manual housed in central administrative offices and in OSM, or consult the Director of the program.

Every effort has been made to summarize programs accurately. If conflict exists between approved complete policies and procedures and these materials, however, the complete document applies.

POLICE

Office of Stress Management

50 West Montgomery Ave Suite 330 Rockville, MD 20850 / Telephone: 279-1269

SUPERVISOR'S HANDBOOK

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IV. DIVERSION PROGRAM

- A. Eligibility
- B. Contact Procedures
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  1. Assessment
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  3. Service Provision
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- D. Policy on Confidentiality
- E. Referrals
- F. Cost

V. TRAUMATIC INCIDENTS PROGRAM

- A. Eligibility
- B. Contact Procedures
  1. Automatic Referrals
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- C. Services
- D. Policy on Confidentiality
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- F. Fitness for Duty

VI. GENERAL OSM POLICIES

- A. Leave to Participate in OSM Programs
  1. Stress Intervention Program
  2. Diversion Program
  3. Traumatic Incidents Program
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- C. Sick Leave
- D. Leave Without Pay Status

APPENDIX: Background Readings on Stress Intervention Referral

1. Reflecting, Paraphrasing and Clarifying
2. Communicating Respect
3. Appropriate Self-disclosure

APPENDIX O

Agreement

Between Montgomery County Career Fire Fighters Association, International Association of Fire Fighters, Local 1664, AFL-CIO and Montgomery County Government, Montgomery County, Maryland

For the Years July 1, 2002 Through June 30, 2005

ARTICLE 47 - EMPLOYEE ASSISTANCE PROGRAM

Section 47.1 Employees Assistance Program (EAP)

A. The Employer shall continue to maintain the DFRS Employee Assistance Program for bargaining unit employees that was established through prior negotiations and shall assume the full cost of the program. **Bargaining unit employees shall continue to be eligible to participate in the County's Employee Assistance Program (EAP). All communications between employees and therapists of either the DFRS EAP or the County's EAP are confidential.**

B. **All notes, records or tapes regarding interviews, evaluations or treatment provided by the DFRS EAP to a bargaining unit employee shall not be communicated or released without the express written permission of the**

employee or his/her authorized representative, unless disclosure is otherwise authorized by law.

C. **All notes, records or tapes regarding interviews, evaluations or treatment provided by the County's EAP to a bargaining unit employee will be held in confidence, to the extent the County can control the actions of the County's EAP, unless disclosure is otherwise authorized by law.**

Section 47.2 Critical Incident Stress Management Team [Peer Support]:

The County shall provide legal representation to Montgomery County Fire/Rescue bargaining unit employees who make disclosures to, or who are members of, the Critical Incident Stress Management Team (CISMT) in any local, state, and federal civil, criminal, and administrative actions to protect the privilege provided by the Courts and Judicial Proceedings Article, Section 9-109 of the Maryland Annotated Code as amended, or other applicable statute. If a conflict exists under the Rules of Professional Conduct, each employee where the conflict exists, will be represented by separate counsel. The County will not use information in any administrative investigations or proceeding that a CISMT member obtained from a DFRS bargaining unit member who communicates with the CISMT member under an understanding of privilege described in the Courts and Judicial Proceedings Article, Section 9-109 as amended. However, if a DFRS bargaining unit employee discloses information outside of the CISM program, that information may be used as long as the information is otherwise admissible within the bounds of law and contract provisions. Information that was disclosed to a CISMT member in confidence or which is privileged may not be used to corroborate, impeach, or otherwise support any non-privileged disclosure in any County administrative proceeding. A Fire/Rescue bargaining unit employee participating as a member of the CISMT and acting pursuant to the direction of the psychologist or psychiatrist in charge is acting within the scope of the bargaining unit employee's employment for purposes of the Local Government Tort Claims Act. This agreement does not require the County to have or maintain a CISM program, but requires the County to provide the protections described in this agreement for bargaining unit employees who participate in the CISM program whether as a member of the team or in seeking service from the CISMT.

OFFICE OF STRESS MANAGEMENT

FUNCTION CODE: 223
EFFECTIVE DATE: 10-09-98

Contents:

I. Policy

The department recognizes that there are unique stressors and responsibilities associated with police work. The primary mission of the Office of Stress Management (OSM) is to promote the emotional, mental, and physical well being of Montgomery County Department of Police employees and their family members through counseling, training, and consultation services. ***Psychologists employed by OSM are licensed in the state of Maryland.***

II. Stress Intervention Program

A. The Stress Intervention Program provides confidential mental health support with personal and work-related problems to department employees and their immediate families. Participation in the program is voluntary and will not jeopardize the employee's job security, promotional opportunity, and/or reputation. All records and discussions will be treated in a confidential manner in accordance with the FOP Contract, Article 58, and with standards established by both the Maryland Department of Health and Mental Hygiene and the American Psychological Association.

B. A range of in-house services are provided free of charge and in individual, couple, family, and/or group settings. Types of counseling include but are not limited to grief, stress management, marriage, and family issues. Arrangements for an initial consultation can be made by calling OSM at ***(301) 840-2706***.

C. Services

1. Consultation - The OSM psychologist will assist clients in identifying significant personal problems by assessing the clients' needs and by making recommendations for appropriate interventions.
2. Counseling/Psychotherapy - Counseling/ psychotherapy services are offered in-house. The OSM psychologist(s) will determine if OSM has the resources to provide the short or long term services required or whether referral to an outside specialist is necessary. The client(s) and the psychologist will discuss which treatment (individual, couple, family, and/ or group) is most appropriate given the client's circumstances.
3. Referral - Depending on the client's needs, the OSM psychologist may make a referral to an outside resource. The psychologist will make these referrals considering the following additional factors:
   a. Client's insurance coverage,
   b. Client's ability to pay,
   c. Location of the resource,
   d. Special knowledge required, and
   e. Client's preference.

   The referral may also involve case management by an OSM psychologist who would monitor the treatment process and be available to provide additional assistance to the client if the treatment involves the use of an extended period of leave.

III. Traumatic Incident Program

A. The Traumatic Incident Program provides support, information, and opportunity for discussion of family and/or personal issues following a distressing event. A traumatic incident is defined as one in which a person has experienced an event that is outside the range of usual human experience and that would be markedly distressing to anyone. The employee or family member may telephone the OSM for immediate scheduling of an individual or group interview. Individuals seeking traumatic incident interviews will be granted

administrative leave to attend interviews in the OSM. As participation in the Traumatic Incidents Program is generally mandatory, and attendance involves the use of administrative leave, documentation indicating attendance is given to the employee to provide to the employee's supervisor. That documentation is the only record of the Traumatic Incident interview. A copy of the document will be kept in the employee's station/unit file for payroll record keeping purposes. If a client chooses to receive further counseling, records of subsequent sessions will be maintained in accordance with OSM procedures.

B. Referrals

1. Automatic referrals are made when:
   a. The actions of a department employee, whether accidental or deliberate, result in the death or serious injury of a person. (CALEA 1.3.8)
   b. Employees are present at the death or serious injury of a department employee. This includes ECC personnel directly responsible for radio or phone service during the incident. (CALEA 55.2.6)
   c. Negotiating team members directly responsible for management of negotiations are involved in an incident terminating in serious injury or death. (CALEA 1.3.8)

   An order to appear for an interview with an OSM psychologist will be included in communications notifying the effected individual of administrative leave following the incident. The individual is expected to telephone for an appointment within 48 hours and to appear for the interview before returning to active duty. During this session, the employee will be provided with written and verbal information on typical reactions to incidents involving serious injury or death and suggestions regarding family needs and reactions. OSM staff will also provide the opportunity for the employee to discuss the incident, the employee's personal reactions, as well as family or friends' reactions to the incident. Follow-up interviews will be arranged at the discretion of the psychologist and employee.
2. Supervisors of groups immediately affected by the death or serious injury of a police department employee may request a roll call discussion of the incident conducted by OSM personnel. Supervisors are encouraged to assess the impact of the traumatic incident on employees supervised and urge individuals who might benefit from an interview to self refer as described below.
3. Any employee may request, based upon felt need, a traumatic incident interview under this program. Employees may request extension of services to family members.

IV. **Diversion Program** (CALEA 26.1.4.c)

A. The Diversion Program allows employees, under certain circumstances, an alternative to the disciplinary process. The program substitutes an educational intervention that is expected to correct work problems and restore the employee to effective work functioning. A complete description of all policies and procedures regarding this program may be found in the Office of Stress Management's "Policies and Procedures Manual."

B. Participation

Only the Chief of Police may refer an individual to the Diversion Program; supervisors may recommend consideration of an individual for referral by the Chief. If the individual accepts the referral, the OSM psychologist will perform an assessment and develop an intervention plan in agreement with the referred individual. The plan will then be sent to the Chief of Police or designee for approval. If both the Chief of Police (or designee) and the referred employee accept the plan, it will be implemented under supervision and review of the OSM psychologist. Successful completion of the intervention plan will result in suspension of disciplinary penalty. Employees may refuse referral to the Diversion Program or may withdraw from the program at any time. In either instance, or should the employee fail to complete the program, the disciplinary process will resume from the point of interruption without prejudice. No information obtained on a confidential basis during assessment and intervention may be introduced into any subsequent hearing. Rights under the Law Enforcement Officer's Bill of Rights will not be abridged.

C. Eligibility

Employees may be considered for referral following completion of an investigation of allegations of misconduct where charges are sustained. Referrals may be made under the following circumstances:

1. The employee has completed entry-level probation.
2. The consequences of the misconduct are minimal to moderate.
3. There is clear evidence of a stress component to the behavior and there are existing services which address the employee's needs.
4. The person has not been referred to the Diversion Program under similar circumstances within a reasonable period of time.

D. Confidentiality

In the Diversion Program, in contrast to the Stress Intervention Program, there is responsibility for reporting back to the Chief of Police on the nature of the employee's need, the components of the intervention, and the success of the employee in meeting the requirements of the intervention program. This is necessary because the Chief is suspending traditional disciplinary processes for referral to the Diversion Program and must be assured that the program will effectively address the management problem necessitating the proposed discipline. The Chief of Police and/or designee (rank of major or above) may examine the program contract, all Interim Progress Reports, and the final report. However, these materials will be housed in OSM and may not be inspected by any other individuals without the client's written permission. The final report to the Chief, to be housed with other Internal Affairs materials but not in personnel files, will consist of a simple statement of successful completion or non-completion, and will not contain personal information.

E. Cost/Leave

Assessment and preparation of the intervention contract, as well as follow-up, are provided at no cost by OSM. If psychological testing is necessary as a part of the assessment procedure, the officer will be required to pay any costs. The employee must also pay for services provided by community resources. Consideration will be given to the insurance coverage of the employee in selecting providers. Employees are expected to complete Diversion Program activities during off-duty time or during annual or sick leave.

V. **Proponent Unit:** Office of Stress Management

VI. **Cancellation**

This department directive cancels Function Code 223, dated 03-13-96.

Carol A. Mehrling

Carol A. Mehrling
Chief of Police

PEER SUPPORT TEAM

FC No.: 222
Date: 05-06-01

Contents:

I. Policy

The Peer Support Team (PST) is a group consisting of sworn and civilian employees who have been trained in crisis intervention. The team is under the direction and supervision of the Stress Management Division (SMD). PST members are committed to the principles of confidentiality and integrity while providing peer support to both sworn and civilian employees of the police department. The department respects the privacy of communications occurring during Peer Support interventions. Team members will be bound to the same standards of confidentiality that apply to the SMD. The ultimate decision to use the support services of PST is a personal choice to be made by the affected employee.

II. Definitions

A. PST Director: The Director of the SMD.

B. Team Coordinator: Assists in the scheduling of the PST and maintains the team records.

C. Police Psychologists: Psychologists who are part of SMD and who share a rotating on-call schedule.

D. Confidentiality: A standard of maintaining the privacy of communications which involves not revealing information gained during Peer Support interventions, and which follows state laws and ethical standards of the American Psychological Association.

III. Activation of the PST

The PST will only be activated upon the notification of, and with the approval of, the Director, PST, or designated on-call psychologist. The senior ranking officer (SRO) on the scene will evaluate the need for PST involvement and, when appropriate, request PST activation by contacting ECC. Individuals in need of personal assistance may also request PST involvement by contacting the Director, PST, or designee, directly. (CALEA 22.2.5)

IV. Circumstances for PST Activation

The SRO will request PST activation in the following circumstances:

1. When a department member witnesses the death or serious injury of any person. This includes but is not limited to:
   a. Death or serious injury of a department employee. (CALEA 22.2.6)
   b. Police negotiations terminating in death or serious injury to any person.
   c. Communications personnel directly involved in call taking or dispatching.
2. Incidents involving death or serious physical/emotional trauma to a child.
3. In those situations involving department personnel which by their nature would have a severe adverse affect. Examples include but are not limited to:
   a. The sudden, unexpected, and/or violent death of a family member.
   b. The discovery of a life-threatening illness.

V. Responsibilities of On-Scene SRO

A. The SRO will ensure that the scene is under control and that the situation is stabilized.

B. The SRO will gather information as to what occurred and identify sworn and civilian personnel who may be affected.

C. The SRO will consider requesting a PST response in any situation not enumerated above which may have an adverse impact on

affected personnel. An immediate response may or may not be required. Examples of these could include situations involving abuse of a child or the death of a person resulting from non-police related activity (e.g., fatal collisions, homicides, etc.).

D. Once a decision is made to activate PST, the request will be made through ECC. If possible, a phone number will be provided where the SRO can be reached.

E. The SRO will gather the following:
1. Name(s) of employee(s) affected.
2. Observed physiological or emotional reactions.
3. Information which may help PST members effectively assist the affected employee(s).
4. Location of affected employee(s).

F. PST activation/response may be delayed in those situations that are stable but ongoing (e.g., hostage/barricade situations).

VI. ECC Responsibilities

A. ECC will contact the Director, PST, or designee, when the on-scene SRO requests activation of the PST.

B. ECC will advise the Director/designee of the following information:
1. Location and nature of the incident.
2. Name of requestor, affected personnel, and contact phone number.
3. If any ECC personnel may be affected.

C. ECC will notify the district commander or Car 10 of the PST request.

D. ECC will provide copies of incident tapes upon the request of the Director, PST. (Refer to FC 750, "Communications Tapes.")

VII. Team Coordinator Responsibilities

A. The Coordinator, PST, will maintain the current schedule for team members and will work in conjunction with the Director, PST, to assign appropriate team personnel to respond when activated.

B. The Coordinator, PST, will be responsible for the administration of team activities, reviewing and maintaining forms, and evaluating PST interventions.

VIII. PST Members' Responsibilities

A. PST members will conduct themselves in a professional manner, maintaining the privacy and confidentiality of the individual(s) seeking support. They will recognize that utilization of the PST services is voluntary.

B. When arriving to the scene of an incident, PST members will immediately contact the SRO and evaluate the situation to determine if resources assigned by the Team Coordinator are adequate.

C. In those situations where the department psychologist is responding to the scene, PST activity will occur under the psychologist's direction.

D. Team members will offer and provide support/assistance according to approved training and within role definition of the PST. This will include attention to alternative action in cases where confidentially issues arise or when affected personnel request non-team resources.

E. In situations involving the possibility of administrative or criminal sanction, the Director, SMD, and/or other police psychologists will have full responsibility for responding to employees directly involved. PST may be activated to assist other individuals affected by the situation.

F. PST will not interfere nor assist in any investigatory process. PST and investigators/ SROs will work cooperatively to protect the integrity of crime scenes as well as to ensure that PST services are available to affected personnel.

G. PST will not interfere with the activities of bargaining unit representatives who are serving as representatives to the employee, but will be readily available to provide appropriate assistance upon their request. The Director, PST, in appropriate and relevant circumstances, may consult with the affected bargaining unit steward and department command staff to determine the appropriate PST response.

H. Depending on the nature of the event and the wishes of involved personnel, team members may offer group or individual assistance.

IX. **Director, PST, Responsibilities**

The Director, PST, will:

1. Maintain an on-call psychologist list at ECC, and work in conjunction with the PST Coordinator when approving PST activation.
2. Determine the need for large-scale debriefing(s).
3. Maintain team records in a confidential file at SMD.
4. Periodically review policy and procedures with PST members.
5. Periodically review individual team members' effectiveness and dedication.

X. **Proponent Unit:** Stress Management Division

Charles A. Moose, Ph.D.
Chief of Police

DEPARTMENT OF FIRE AND RESCUE SERVICES
MONTGOMERY COUNTY, MD.

DIRECTIVE

NUMBER: 95-09

DATE: April 27, 1995

TO: All DFRS Personnel

FROM: Chief Jon C. Grover, Director
Department of Fire and Rescue Services

SUBJECT: Pilot program: Fire and Rescue
Employee Support Program

The Department of Fire and Rescue Services recognizes that mismanaged stress can have a negative impact on all of our personnel. Any such negative impact creates the potential for decline in work attendance, job performance and safety.

The employees of the DFRS are the Department's most important resource. The Department is concerned about the impact that unresolved issues can have on job performance, as well as on the emotional, psychological and physical well-being of employees. Because our employees are entrusted with responsibility to protect the life and property of the citizens of Montgomery County, it is of paramount importance that personnel obtain assistance for any problem that has the potential to interfere with our service mission.

The Department recognizes that most of these problems will respond favorably to counseling or treatment. Furthermore, the Department acknowledges that alcoholism, like drug addiction, is a disease that can respond well to early intervention and treatment. In an effort to strive toward the goal of a drug free work force, personnel are encouraged to seek help to stop use and abuse of controlled substances, and to seek help to remedy problems arising from alcohol abuse.

To date, the Department has depended upon the County Employee Assistance Program (EAP) to provide supportive and educational services to Department personnel. That service continues to be available through Montgomery General Hospital until July 1, 1995, after which the new providers will be from Sheppard Pratt Preferred. More information on the new program will be made available in the near future. Because the needs of our personnel are unique in many ways, we believe that they will be best served by having an internal peer coordinator as an option to assist our personnel.

D. It is the employee's responsibility to demonstrate satisfactory job performance. Employees whose job performance is unsatisfactory and who use this program or the program under County contract are not granted any privileges or exceptions from the requirement to perform their assigned duties at a satisfactory level, in accordance with all DFRS Policies and Procedures.

II. PROGRAM GOALS

A. To provide a service that supplements services offered through the contracted EAP;
B. To provide assessment and supportive counseling without a fee, and with a negotiable number of sessions available, to minimize the need and cost associated with outside referrals;
C. To provide appropriate referrals, as needed;
D. To provide services with early and extended hours in consideration of day work personnel and families with special schedule considerations;
E. To provide service on the scene or in the station, as well as in the office; and
F. To provide training in the stations and at the PSTA.

III. SCOPE OF SERVICES

A. Confidential services provided through the program:

1. Crisis intervention;
2. Problem assessment;
3. Assistance with accessing health insurance benefits;
4. Flexible number of counseling sessions;
5. Referral of personnel for additional assessment or treatment as needed (Note that the cost of additional services to personnel that are referred out must be born by the employee and their health insurance carrier);
6. Provision of follow-up/aftercare for personnel completing substance abuse rehabilitation programs, and for others referred out as needed;
7. Back-to-work conferences after long-term sick leave use or long periods of disability;

D. All information revealed by the client or otherwise maintained regarding the client's participation with the program will remain completely confidential unless:

1. The client reveals information about child abuse or neglect, or abuse/neglect of an adult that is required by law to be released to appropriate protective services; or

2. The client gives WRITTEN authorization for release of information; or

3. The program receives Judicial Orders to release specific information for a court proceeding; or

4. The client is unfit for duty and must be removed from service in order to protect the client from working while he/she is a clear and present danger to him/herself or to others; or

5. The off-duty client indicates that their condition represents an imminent danger to self or others, in which case, confidentiality will be broken to appropriate authorities to secure a safe situation; or

6. The client is in a state of a bona fide medical emergency and needs medical attention; or

7. The client commits or threatens to commit a crime on the property of the program or against program personnel.

E. The Fire and Rescue Employee Assistance Program will be administered from a site separate from other Department facilities. Precautions will be taken to schedule appointments to minimize the incidence of personnel meeting co-workers in the office waiting area.

V. PROGRAM ADMINISTRATION AND EVALUATION

Sgt. Duncan Krieger is being assigned as the program coordinator for the pilot period. Sgt. Krieger has a Master's degree in Clinical Social Work and is licensed to provide counseling and related services by the State of Maryland. He will receive ongoing clinical supervision from a PhD-level therapist to further support the quality of services and referrals provided.

the period of this pilot, they may also seek help through the Fire and Rescue Employee Support Program. Note that none of these options is exclusive of another; any combination of services may be used.

3. If the Fire and Rescue program is chosen to assist, personnel or family members may leave a message at 202-516-8114 with a phone number and times at which they may be reached.

4. The counselor will either provide the necessary information or assistance over the telephone or will arrange an appointment for further consultation.

5. Employees who self-refer, may request off-duty appointments for full confidentiality. Under certain circumstances, the employee may take sick leave to attend an appointment. That leave must be approved by the Duty Chief. If an employee is attending an ESP appointment while on leave approved for that appointment, the employee will be asked to bring documentation of attendance to their supervisor on their return to duty.

6. All contacts, verbal or written communications, or reports between the employee or family member and the ESP coordinator will be held in strict confidence unless the employee or family member requests, through a signed waiver, that the Department or the Union be notified. (Note section IV.D. for exceptions.)

B. Supervisory Referral

1. When an employee is having problems in attendance, job performance and/or behavior at work, the supervisor must discuss his or her concerns directly with the employee, and take any corrective action indicated by policy. The supervisor may also refer the employee to the Fire and Rescue Employee Support Program or to the County contracted EAP. Regardless of which program is chosen, the supervisor should ensure that troubled employees are aware of the benefit of professional assessment and treatment. Note that this is not an alternative to full compliance with Policy 809; Substance Abuse Testing and Rehabilitation.

f. If the employee declines to accept assistance or fails to appear for the initial appointment, the counselor will document this fact and notify the supervisor.

g. If an employee, offered assistance through the program, declines the referral and the work problems do not recur after that interview, no further action is required. The supervisor should point out that the program is available on a self-referral basis should the employee change his or her mind in the future.

h. If the work problem continues to occur, the supervisor should request a special physical through the normal chain of command.

3. Supervisors are reminded that the County Employee Assistance Program and the Fire and Rescue Employee Support Program are not substitutes for the normal disciplinary actions. Nothing in this document shall limit the Department's right to take disciplinary action against an employee in any manner consistent with Policies and Procedures and/or limit the employee's legitimate access to grievance procedures.

C. Union Referrals

1. An employee or family member may be referred to the Fire and Rescue Employee Support Program by any official representative of Local 1664.

2. An official representative of the union may call and ask to speak with the program counselor, or may provide the employee or family member with the program phone number and encourage the employee or family member to call.

3. The counselor will assist the Union representative in the process of helping the person in question and provide guidance in the process of making the referral. If the person in question is present, the counselor may then either provide the necessary information or assistance over the telephone or arrange for an appointment.

4. All contacts, verbal or written communications, or reports between the employee or family member and the ESP counselor will be held

Attachment 1:

MONTGOMERY COUNTY

DEPARTMENT OF FIRE AND RESCUE SERVICES

M E M O R A N D U M

TO: Sgt. Duncan Krieger, M.S.W.
Program Coordinator
Fire and Rescue Employee Support Program

FROM: _____
(Name) (Title) (Sta/Div)

SUBJECT: Supervisory Referral of _____

DATE: _____

I am writing to document the supervisory referral of _____(Name and rank) to the Fire and Rescue Employee Support Program on this date. The employee has experienced work related problems in the areas of (specifics with dates and times):

Attendance:

Performance:

Behavior:

The employee has been counseled regarding these issues by _____ on _____ (date).

MONTGOMERY COUNTY GOVERNMENT
POSITION DESCRIPTION

EMPLOYEE INFORMATION

(To use this section of the form only, please use the Insert key.)

Employee's Name: _____

Position Title: ____F/R Staff Psychologist_____

Grade (or Band): _____29_____ Position Number: _____

Department Division/Unit __Fire/Rescue_____

Work Location __Remote Site_____

Name and Title of Immediate Supervisor _____

_____

Work Telephone Number _____

Supervisor's Work Telephone Number _____

POSITION DESCRIPTION SUMMARY

Major Duties. Describe the primary purpose of your position in one or two sentences followed by a list of the essential functions (major duties) and the percentage of your time spent performing each duty.

The Fire and Rescue Employee Support Program Psychologist (F/R Staff Psychologist) is responsible for the leadership and efficient and effective operation of the Behavioral Health component of the MCFRS Wellness-Fitness Initiative. The F/R staff Psychologist plans, manages and supervises the Behavioral Health program as well as provides direct services involving the behavioral health and mental well-being for fire and rescue personnel and their families. Direct services involve psychotherapy, counseling, assessment, treatment and referral to resolve issues associated with critical incident stress, accumulated critical incident stress or traumatic incident stress or other factors affecting the performance and attention of fire and rescue personnel; case management, coordination of other services, and monitoring; provides immediate, emergency response for individuals, units or stations as needed to support Critical Incident Stress Management (CISM) peer support teams or HHS Crises Management Teams; and counseling or referral as appropriate. The F/R Staff Psychologist is also responsible for the management, supervision, planning and direction for the behavior health programs for MCFRS including the training, support and operation of the CISM team; the effective seamless delivery of coordinated mental and behavioral services to MCFRS members from other County departments, benefit programs and insurance providers; and the development and implementation of pro-active strategies to provide education, training and information to MCFRS members and their families to address trends being encountered or to mitigate or prevent the frequency or severity of occurrences requiring direct behavioral health services. The position meets regularly with the Fire Administrator and other policy decision makers in providing advice, recommendations, and progress and status reports on the implementation, coordination and effectiveness of the Behavioral Health component. The F/R Staff Psychologist is also responsible to coordinate the Behavioral Health program with other MCFRS and County departmental staff involved with the Medical, Rehabilitation and Fitness program to ensure comprehensiveness, efficiency and effectiveness in the Wellness-Fitness Program. Program management also includes the development and reporting of performance measure as well as the coordination and facilitation of cost benefit analysis..

[The Fire/Rescue Employee Support Program psychologist manages, supervises, and directs the operations of the psychological services/peer support unit including a psychotherapeutic support program serving Fire and ***Rescue*** employees, volunteers and their family members. This position provides coordination of direct treatment services, resolves client, programmatic and operational problems and develops pro-active measures to support the overall health and wellness of the fire/rescue population/workforce. The psychologist leads the Behavioral Health component of the fire/rescue Wellness-Fitness Initiative. Working with the lead personnel of the Medical, Rehabilitation, and Fitness components of the Wellness Initiative, the position will compile data, analyze trends and develop integrated strategies to address issues to coordinate program components and the effective and efficient delivery of health and wellness services to members of the fire/rescue service.]

The responsibilities include:

1. Develop, manage, and provide oversight of the Behavioral Health program work goals, objectives , work plans, ***program measures and reporting systems.***.

2. ***Plan, m***anage and ***provide direct*** psychological service programs to promote ***the*** emotional health and welfare of fire/rescue service employees, volunteers and their families. Programs include counseling/psychotherapy services in individual, couple, family, and group formats; ***t***raumatic incident (***defusing and*** debriefing) programs; ***training, support and assistance to the CISM peer support team;*** training, ***education and outreach*** to fire/rescue personnel and ***their families*** including ***presentations,*** brochures, newsletters, a lending library, ***and other appropriate internal communications tools.***

3. Regularly meet with the lead personnel of the Medical, Rehabilitation, and Fitness components of the Wellness-Fitness Initiative as well as other ***MCFRS and other County*** organizational components to***: coordinate the collection and evaluation of behavioral health data; analyze and*** identify trends ***from individual and organizational data; review and maintain currency with professional literature and "best practices" for behavioral and organizational health; recommend policies and procedures to promote MCFRS behavioral and organizational health;*** develop ***and coordinate the implementation of*** strategies to improve employee ***and family*** support programs; assist in prevention and reduction of acute and chronic mental health problems; ***identify strategies and programs to*** reduce Workers Compensation claims ***and*** lost work time ***associated with mental health issues (depression, anxiety, addiction, post traumatic syndrome, etc)*** and ***coordinate and ensure the integration of behavioral health programs to achieve an effective*** wellness-fitness ***initiative.***

4. Regularly meet with the Joint Health and Safety Committee as well as appropriate ***other*** organizational safety personnel to provide mutual feedback, issue identification and issue solution development ***and to provide regular updates to the Fire Administrator or other departmental representatives regarding such issues and solutions.*** .

5. Oversee the development, management and delivery of peer support programs, including the Critical Incident ***Stress Management*** [Support Peer] Team, injured/ill employee's support and the Family

Support Network..

6. Provide short and long-term counseling and psychotherapy. The process involves: 1) intake and ongoing assessment/evaluation of the conditions demanding ***immediate*** attention, 2) building the trust of the employee/volunteer/family member/couple, 3) helping him/her/them understand and appreciate the areas in which he/she/they have responsibility and the power to act in resolving the ***presented*** problems, and 4) supporting him/her/them in developing alternate coping strategies [in order] to resolve the ***presented*** problems and then maintain healthier behaviors. The overall goal is to ***achieve an appropriate outcome in addressing*** [resolve] behavior/emotional problems which otherwise interfere with the client's work performance ***or behavioral health***. [and quality of life.]

7. Responsible for long range strategic planning, involving statistical analysis of fire/rescue impact and projection of organizational needs. Develop ***and justify*** budget requests that represent short and long-range needs.

8. ***Provide leadership and vision for*** [Represent] the Behavioral Health program and ***to promote the value and benefits of the program to obtain "buy-in" from the*** [values to] other managers and personnel within the fire/rescue service. ***Coordinate the*** Behavioral Health ***program*** with other ***departments*** or agencies and ***appropriate*** managers.

9. Supervise the design and delivery of curriculum for multilevel employee/volunteer training, from entry to supervisory levels, including career, volunteer, civilian and family groups. ***Develop and provide*** [Providing] in-service training as requested by Public Safety Training Academy staff, station officers or other ***MCFRS command*** [Department] officers for: ***volunteer and career*** officer ***training;*** new recruits; ***MCFRS member*** family members and for individual shifts/***stations*** as needed. Such training serves a preventive function with regard to stress-related problems. Attending meetings and addressing community, school and professional groups, to expand awareness of the program and the scope of needs within the public service field.

10. Perform daily administrative tasks, including maintaining client records, compiling program statistics, and preparing reports consistent with Federal, State and County laws and regulations, e.g., Code of Maryland Administrative Regulations (COMAR), and accepted mental health/medical practices in order to track trends and identify areas of program need. Administrative tasks also include correspondence and phone consultation as necessary to support or advocate for clients. ***Responsibilities*** [They] also include maintaining working relationships with allied providers including health care professionals, treatment program coordinators, and representatives of the court and school systems for the purpose of exchanging information, making referrals, planning/coordinating program work and services, and resolving operational and clinical problems.

11. Advise and participate in the development, implementation, and coordination of adjunct support efforts, including peer support and family support networks, critical incident response resources including the Crisis Center and the County Employee Assistance Program (EAP), with the understanding that these resources afford personnel the opportunity to remedy problems before they reach crisis proportions; thus, limiting the emotional and financial cost to the personnel, their families and to the Department.

12. ***Provide direct psycho-therapeutic services and counseling; assess, evaluate alternative treatment paths and resolve*** [Handle] difficult and complex cases. ***Administrative*** duties ***include*** [which require] analysis and assessment of incomplete or conflicting information or of unusual situations. It is critical that the psychologist have a thorough appreciation for the dynamics associated with public safety work ***and/or fire and rescue first responder work,*** which create a particular system of psychological defenses, [in order] to maximize the ***opportunity*** [chance of] ***for*** establishing a therapeutic alliance.

Knowledge, Skills and Abilities. List general knowledge requirements and/or special skills needed to perform the duties and indicate how a knowledge or skill is used. Include any license, certificates, etc. that you are required by law to possess as a condition of employment and any special equipment, tools or machinery required to perform the essential functions of the job.

Licensure as a psychologist in the state of Maryland, entailing knowledge of general as well as clinical psychological principles and methods.

Thorough knowledge of the principles and techniques of managing a direct mental health service program.

Considerable knowledge of the theories, principles and techniques of short and long-term individual and group psychotherapy, differential psychiatric diagnostics, clinical assessment and evaluation, family systems therapy, crisis intervention, clinical case management, addictions treatment and expressive therapy.

Thorough knowledge of ethical standards in psychotherapy.

Considerable knowledge of psychopathology and associated clinical dynamics.

Considerable knowledge of available community resources for referral and placement.

Thorough knowledge of applicable Federal, State and County laws and regulations pertaining to the assigned program.

Considerable knowledge of policies and standard operating procedures for Fire and Rescue Services.

Considerable knowledge/understanding of the impact that public safety work can have on employees and on their families, as well as a thorough understanding of the psychological defenses characteristic of public safety employees. Through regular station ride-alongs and participation in training and drills at the Public Safety Training Academy, develop knowledge of the fire fighting, rescue and emergency medical service occupation.

Knowledge of psychopharmacology as it relates to the provision of psychotherapy, clinical case management, and collaboration with psychiatrists.

Knowledge of principles, practices and techniques of planning, analyzing and implementing programs

and program policies as well as methodology appropriate for organizing and managing a behavioral health program.

Extensive knowledge in the area of public safety psychology and peer support programs for fire/rescue, specifically in methodology, legal and professional standards and guidelines, detailed knowledge of the provision of psychological services to a large and varied employee group, and in-depth knowledge of psychological approaches to trauma and organizations.

Ability to establish and maintain effective working relationships with management, collective bargaining representatives, fire/rescue employees and volunteers and their families.

Knowledge of methods and principles of budget preparation, statistical analysis, and monitoring of program expenditures.

Ability to design, implement, monitor and modify programs, methods, operating procedures; to develop and present options and alternatives, including innovative solutions to difficult problems.

Ability to manage a professional behavioral health program and supervise the work of personnel engaged in the performance of psychological, peer support and administrative services.

Complexity and Scope. Indicate briefly the purpose of your position and what makes your job difficult or complex and why. Give examples of problems you must regularly resolve, challenges you encounter, decisions you are regularly required to make, what kinds of questions or problems you refer to your supervisor, and the type of information you must consider or the kind of analysis that you must conduct to make decisions.

The work of the F/R Staff Psychologist involves management of the Behavioral Health programs as well as direct counseling and psycho-therapeutic services. The difficulty of the job is characterized by a variety of substantive issues and unique, complex, interrelated problems requiring the analysis of unusual or unique circumstances and/or the interpretation or synthesis of incomplete, seemingly unrelated or contradictory data in the development and applications of various alternative solutions or approaches. This occurs at the direct service level to individual fire fighter/rescuers and family members or at the organizational level regarding the integration of behavioral health program with other wellness initiatives and operational requirements. Complexity is compounded by the workload of the simultaneous provision of direct services, program management responsibilities and development and implementation of pro-active prevention strategies in an environment of emergency response wherein schedules and planning is deferred to treat emergency situations. Decisions include treatment alternatives; triage of client needs and appropriate referral; programmatic direction and prevention strategies based upon trend analysis, research, applied theory, or best practices; evaluation, assessment, direction and training of peer support CISM teams and Family Support Network; resource allocation and establishment of program priorities.

Management of the Behavioral Health program ***involve coordination and contact with a variety of Montgomery County departments and outside agencies to provide a seamless and comprehensive***

program in terms of service delivery, proactive and preventive strategies and program evaluation. The position must continually meet and coordinate with other elements of the **Wellness-Fitness Initiative to ensure a comprehensive and effective implementation of all components of the initiative.** ***The F/R staff psychologist must also*** regularly provide input and solutions to situations with multi-level and multi-issue ***factors at the programmatic level as well as the clinical level. Complexity involves the assessment and evaluation of multiple factor invoved with or converging upon a client to affect his or her mental health. Multiple factors may involve self esteem,*** dissatisfaction, distress, depression, ***paranoia, addiction*** or conflict. The psychologist must assess the situation, evaluate potential role conflicts and ***utilize*** expertise, ***skill and knowledge to develop an action plan to remedy or mitigate the problem including the*** consider***ation of*** the merit of an intervention coming from the Behavioral Health program versus an ***appropriate*** external source.

Due to the confidentiality requirements of the program, discussion of clients may only occur with the clients' permission, or if reported program measures may only be reported without the identity of any specific client.

Other. If applicable indicate the type, purpose and percentage of time that the following applies to you.

I provide direct, hands-on care or one-to-one assistance to the public. Please identify recipients of such assistance and the nature of service/assistance provided.

Provide counseling/psychotherapy to fire and rescue service employees, volunteers and their families, and training and presentations to employee and family groups.

I work I an environment that is not a typical office setting.
N/A

I am exposed to hazardous conditions requiring use of special equipment and/or adherence to special precautions.
N/A

I have a work assignment that places other than ordinary physical demands on me.
N/A

Supervision Exercised. This Section pertains only to those employees who regularly supervise the work of two or more full-time (or equivalent) regularly assigned workers, paid or volunteer. Indicate number of workers supervised, list titles and grades, if appropriate; describe the extent of supervisory responsibility (i.e., assigning and reviewing work, coordinating work efforts, work planning and control; and, personnel authority for selection, assignment, performance appraisal, reward, discipline, removal, etc.

Supervise a network of county employees and volunteer peer support personnel (30 plus) to provide stress related services to 1000 county employees and then to about 700 volunteer personnel.

Employee's Signature/Date.
Supervisor's Signature/Date. Please state any additions or exceptions to employee's responses.
Department Director's Signature/Date. Please state any additions or exceptions to employee/supervisor responses. If the employee is requesting reclassification, please indicate where the new and/or higher duties originated and why the employee has been assigned such duties.
MLS POSITIONS ONLY: Medical Protocol: Medical History Review (unless otherwise noted)

POLICY BOARD OF EDUCATION OF MONTGOMERY COUNTY

Related Entries: GDB-RA, GDC-RA, JPE, JPE-RA, JPE-EA

Department of Employee Assistance Services

Resolved, That the following Policy be approved as the official policy for the Department of Employee Assistance Services and for the Montgomery County Public Schools; and be it further

Resolved, That copies of this policy be distributed to all MCPS employees.

PURPOSES

The MCPS Department of Employee Assistance Services (DEAS) works with employees and their families who have problems which can and do frequently affect their job performance. Included are those which are behavioral/medical in nature and may involve physical illness, mental and/or emotional disturbance, and chemical abuse or dependency involving alcohol and/or other drugs. Often there is involvement with marital, family, financial, legal, and/or job-related concerns.

The program provides crisis intervention, pretreatment or prereferral evaluation and counseling, information, referrals and follow-up services. The key function of the DEAS is to serve as a bridge between troubled employee and public and private resources in the community, the metropolitan area, the state, and the nation. Within MCPS, the DEAS often acts in an advocate's role for those clients involved in the program. Staff and client together seek reasonable and acceptable alternatives and sources of help.

POLICY

The Board of Education of Montgomery County, Rockville, Maryland (BOE); the Montgomery County Education Association (MCEA); and the Montgomery County Council of Supporting Services Employees, Inc. (MCCSSE) recognize that a wide range of problems not directly associated with one's job function may have an effect on an employee's job performance. The problems may be behavioral/medical in nature and involve physical illness, mental or emotion illness, alcohol abuse or alcoholism, and/or other drug abuse or dependency; or may involve marital, family, financial, and/or legal concerns. Alcoholism and other chemical dependencies are recognized as being progressive and potentially fatal but treatable illnesses. Mental and emotional problems are recognized as inherent to human existence, frequently disabling, and potentially destructive but treatable illnesses.

Ordinarily, the employee will overcome such personal problems independently, and the effect on job performance will be negligible. At other times, routine supervisory assistance may aid in the resolution of such problems so that an employee's declining job performance will return to an appropriate and acceptable level. However, in some instances, neither the efforts of the employee nor the supervisor will have the desired effect of resolving problems which may be contributing to unsatisfactory job performance either intermittently or on a continuing basis.

The purpose of this policy is to assure employees that if such personal problems are or may be the cause of current and/or future unsatisfactory job performance that they will receive an offer of assistance to help resolve such problems in an effective and confidential manner.

The BOE, MCEA, and MCCSSE agree that almost any human problem can be successfully resolved or treated provided it is recognized in its early stages and the assistance of an appropriate helpful resource such as medical, psychiatric, counseling, and/or self-help service is sought.

This aid will be made available to the employee through the MCPS Department of Employee Assistance Services.

It is the responsibility of any employee who has physical, mental, and/or emotional problems which are or have the potential of affecting job performance to seek early intervention, assistance, and appropriate treatment, or to accept it if offered.

It is the responsibility of any employee who is chemically dependent or who abuses alcohol or other drugs to seek early intervention, assistance, and treatment, or to accept it if offered.

Treatment for mental and emotional illness, alcohol and/or other drug abuse or dependency is covered by the present sick leave policy. Extended leave for treatment and rehabilitation can be arranged using accumulated sick leave, sick leave banks, extension of sick leave, annual leave, and/or leave without pay on the same basis as for other physical and medical problems.

Concerted efforts will be made to assure that mental and/or emotional illness, alcohol abuse and/or alcoholism, and other drug abuse and/or addiction will receive the same employee benefits and insurance coverages provided for other illnesses under established MCPS employee benefit plans.

An employee's work performance can be affected by the problems of an employee's spouse and other dependents. When this is evident, to the families of employees, time and staff permitting.

MCPS retirees may also use the services of the DEAS, time and staff permitting.

Employees and DEAS clients are assured that their job, tenure, future, and reputation will not be jeopardized by utilizing this service.

PROCEDURES

Employees with problems for which the DEAS can provide guidance or assistance are encouraged to voluntarily seek information, referral, and related services, on a confidential basis, by contacting the director of the DEAS or any member of the DEAS staff.

Supervisors are encouraged to refer employees to the DEAS for additional assistance when routine supervisory efforts have failed to produce sustained improvement in previously identified job performance problems.

For those employees who have job performance problems that are related to problems for which the DEAS provides assistance, the Board of Education, represented by the Departments of Professional Personnel and Supporting Services Personnel, the Ombudsman/Staff Assistant to the Board, and the Department of Human Relations, will encourage that the services of the DEAS be sought.

MCEA and MCCSSE have agreed to encourage members of their respective organizations who are experiencing personal or on-the-job problems to seek help through the services of the DEAS.

all records pertaining to clients in this program will be maintained with the strictest confidentiality in accordance with the highest medical, legal, and ethical standards. All records will be segregated from an individual's personnel records.

Resolution No. 822-77, December 13, 1977

POLICY Board of Trustees - Montgomery College **35002**

Chapter: Personnel Modification No. 042

Subject: **Faculty/Staff Assistance Program**

I. The Board of Trustees recognizes that a wide range of personal problems not directly associated with one's role at the College may affect on-the-job performance of faculty and staff, and that the problems may be behavioral/medical in nature or involve alcohol/substance abuse, marital, family, financial, legal, or other problems of a personal nature.

II. In providing a referral program for employees to seek solutions to these problems, the Board believes that it is acting in the best interest of the College as a whole; employees benefit from the resolution of such personal problems, and the institution and its students benefit from healthy and productive employees.

III. In recognition of the benefits of such a program, the Board of Trustees authorizes the President to establish a Montgomery College Faculty/Staff Assistance Program and procedures which will provide short-term counseling and referral services to eligible College employees for an annual cost not to exceed $25,000.

IV. Eligible employees for purposes of the Montgomery College Faculty/Staff Assistance Program will be all regular College personnel who work at least 20 hours per week, temporary employees with benefits, the immediate families of such personnel, and retirees for a period of one year from the effective date of retirement.

V. All records relating to individuals who utilize the program will be maintained in strictest confidence in accordance with medical, legal, and ethical standards.

VI. The President will provide the Board with an evaluation of the program after the first full year of its operation.

VII. The President is authorized to establish procedures to implement this policy.

Board Approval: October 19, 1987.

PROCEDURE - Montgomery College **35002CP**

Chapter: Personnel Modification No. 001

Subject: **Faculty/Staff Assistance Program**

I. General

Montgomery College is interested in promoting the well-being of its employees and in providing its employees with an opportunity to secure assistance in resolving personal problems that may affect on-the-job performance. These problems may be behavioral/medical or involve alcohol/substance abuse, marital, family, financial, legal, or other problems of a personal nature. To provide assistance to these employees, the College has established the Faculty/Staff Assistance Program.

II. Responsibilities of the College

A. Details of the services available through the F/SAP will be distributed throughout the College community.

B. No employee will have his/her job security or promotional opportunities jeopardized by participation in the F/SAP.

C. Implementation of this policy will not require or result in any special regulation, privileges, or exemptions from the standard administrative policies applicable to job performance requirements. Performance problems will be handled according to established administrative procedures. Nothing in this program prohibits formal disciplinary or adverse action, including removal from employment where performance is deficient.

D. The College maintains an attitude of assistance toward personal problems of employees which may affect job performance but recognizes that their successful resolution requires the employee's personal motivation and cooperation.

E. Annual leave, sick leave or personal leave may be used by employees if the services of the F/SAP are used during normal working hours.

F. Employees referred by their supervisor will not be charged leave for the initial F/SAP counseling session.

III. Responsibilities of the Employee

A. Employees are expected to take appropriate action to correct job performance problems.

B. Employees are encouraged to seek evaluation and accept treatment for any problem that negatively impacts job performance.

C. The decision to participate in the F/SAP and accept suggested referral for assistance is the responsibility of the employee.

D. Services may be requested by any employee, or eligible dependent, through a direct confidential contact with the F/SAP counselor.

IV. Responsibilities of the Supervisor

A. A supervisor may suggest to an employee that he or she contact the F/SAP counselor, based upon objective concerns with job performance.

B. A supervisor may not require an employee to seek the services of an F/SAP counselor.

C. A supervisor should assist an employee in making contact with the F/SAP counselor if so requested by the employee.

D. A supervisor may contact an F/SAP counselor for guidance concerning discussion of the use of the F/SAP with an employee.

E. A supervisor will grant leave for participation in the F/SAP program according to applicable regulations.

F. A supervisor will maintain confidentiality regarding an employee's problem(s), referral and use of the F/SAP.

V. Confidentiality

A. F/SAP records will be maintained in strictest confidence in accordance with medical, legal and ethical standards.

B. The official employee personnel folder will not reflect an employee's participation in the F/SAP without the permission of the employee.

C. An employee using the services of the F/SAP is not required to inform anyone concerning the content of his or her discussions with an F/SAP counselor.

D. The F/SAP counselor will not provide the name of any employee using the service or the specifics of any issue discussed with an employee without the written release of the employee.

Administrative Approval: March 1, 1988.