

**DEPARTMENT OF MENTAL HEALTH  
MENTAL RETARDATION  
AND  
SUBSTANCE ABUSE SERVICES  
(DMHMRSAS)**

***EMPLOYEE HANDBOOK***



**FEBRUARY 2007**

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## Chapter 1: DMHMRSAS Employee Handbook and Introduction

The Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) is an equal opportunity employer. DMHMRSAS will not discriminate against anyone because of race, color, religion, national origin, sex, age or disability. Equal opportunity applies to recruitment, hiring, training, promotion, transfers and all other personnel actions taken by DMHMRSAS.

### ***Purpose of Handbook***

This handbook outlines the basic human resources policies, practices, and procedures of DMHMRSAS as they apply to full-time and part-time classified employees.<sup>1</sup> This handbook has been prepared to provide information and guidance to employment with DMHMRSAS. This handbook contains general statements of DMHMRSAS' policies and procedures, based on the Department of Human Resources Management's (DHRM) policies and procedures, but it is **not** all-inclusive. DMHMRSAS policies are subject to rescission, creation, or revision by management. Accordingly, DMHMRSAS reserves the exclusive right to establish, change, interpret, or rescind DMHMRSAS' policies at any time.

This handbook is not a contract, nor is it an invitation to contract. Furthermore, nothing in this handbook shall be construed as creating an express or implied contract or promise concerning the policies or practices that DMHMRSAS has implemented or will implement in the future. Should any portion of the handbook conflict with any policy or procedure of the Commonwealth or DMHMRSAS, the policy or procedure itself controls.

Employees are encouraged to review the DMHMRSAS policies and procedures that are the basis for much of the information in this handbook. That material can be reviewed through the Human Resource Office or upon request to one's supervisor. Where specific DMHMRSAS policies do not exist to cover a particular topic, i.e. smoking, personal attire, etc. the information in the handbook provides supplemental guidance to employees.

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<sup>1</sup> The benefits available to part-time classified employees differ from those for full-time classified employees. Differences are noted in specific sections of this manual where they apply.

## **Chapter 2: Background on DMHMRSAS**

It has been said that reaching one's potential is a person's main task on earth. For Virginians who are challenged with mental disabilities or chemical dependencies, this task becomes achievable – in large part – because of the Commonwealth of Virginia's commitment to improving the quality of life of the persons it serves through a fully integrated system of quality care.

Virginia's publicly funded mental health, mental retardation and substance abuse services systems is comprised of the DMHMRSAS central office and state hospitals and training centers, a network of community service boards and a behavioral health authority (hereafter referred to as CSBs), local governments, private and public providers of a broad array of services licensed by the DMHMRSAS, and providers of other supports such as housing, job training, social services, and income assistance. This services system has a number of strengths that are essential for successful transformation.

DMHMRSAS provides for this care through its central office, 16 hospitals and training centers and behavioral health authority. DMHMRSAS has established relationships with other public and private providers to improve the quality of life of the persons it serves by enhancing access to housing, transportation, vocational, social, medical, income support, and other related services in communities throughout the Commonwealth of Virginia.

Community Services Boards (CSBs) - - the local government agencies responsible for services - - are an integral part of Virginia's system of services. The CSBs support the mission of improving the quality of life for DMHMRSAS' targeted populations by providing services in the most accessible, appropriate and responsible – yet least restrictive setting possible. CSBs draw upon all available community resources and personal support systems such as families, friends and co-workers. The 40 CSBs currently provide services (to include emergency and community case management services) in 136 cities and counties in Virginia. DMHMRSAS works closely with these CSBs to provide the most comprehensive services possible to its clientele.

### Chapter 3: DMHMRSAS - - A Quick Over View

DMHMRSAS operates 16 residential facilities throughout the Commonwealth. These facilities, their services and locations are listed below:

**Catawba Hospital, Catawba, Virginia:** Catawba is a JCAHO accredited inpatient psychiatric facility with 110 beds that provides comprehensive mental health services including assessment, treatment, and discharge planning. The hospital, located in Roanoke County, serves adults, ages 18-64, and geriatric adults, ages 64 and up. Individualized treatment is provided through interdisciplinary teams (which include psychiatry, internal medicine, nursing, social work, psychology, adjunctive therapy, pharmacy and dietary services). Off unit programs in a newly designed treatment mall emphasize psychiatric rehabilitation, recovery from mental illness, and re-integration into the community. The Catawba Hospital's professional staff members are part of the larger mental health community and serve as resources in areas such as education and collaboration with other community mental health providers in providing comprehensive mental health services in the least restrictive setting. Catawba is a highly respected teaching hospital affiliated with several local colleges as well as the University of Virginia School of Medicine.

**Central State Hospital, Dinwiddie County, Virginia:** Central State is a JCAHO accredited psychiatric hospital located 28 miles south of Richmond outside of Petersburg. This 320-bed facility's mission is "to provide high quality psychiatric inpatient care to the most seriously mentally ill in a safe, secure and therapeutic hospital setting." Treatment services are offered to adult and forensic populations. Central State has the Commonwealth's only maximum security Forensic Program that provides court ordered evaluation and treatment services for persons who have been charged with or convicted of serious criminal offenses and those who have been acquitted by reason of insanity.

**Central Virginia Training Center, Lynchburg, Virginia:** Central Virginia Training Center (CVTC), the largest of the Commonwealth's five training centers, is home to more than 600 clients who reside on the 350-acre campus and receive services through five center-based programs. Four Centers are certified as Intermediate Care Facilities for the Mentally Retarded (ICF/MR) and one Center is certified as a Skilled Nursing Facility. In addition to residential programs and services, CVTC also provides a Senior Citizens day activity program, recreational services, medical services (including a 24-hour physician presence, pharmacy, radiology, laboratory, respiratory therapy and EMT's), dental services, rehabilitation and vocational services, educational services and an acute care hospital.

**Commonwealth Center for Children and Adolescents, Staunton, Virginia:** The mission of the Commonwealth Center for Children and Adolescents is to provide intensive diagnostic, evaluation and psychiatric treatment services to

young people under 18 years of age and their families. This 48-bed, specialized hospital features early/middle childhood, preadolescent and adolescent units in a new facility opened in 1996.

**Eastern State Hospital, Williamsburg, Virginia:** Eastern State Hospital (ESH), a JCAHO accredited facility, was the first hospital established in the colonies to treat mentally ill patients. It has been in continuous operation since 1773. With 515 beds, this hospital provides adult, geriatric, acute and chronic psychiatric care. ESH has been recognized nationally for its Psychosocial Rehabilitation Program. The staff of over 1200 emphasizes short-term stabilization of patients, in keeping with the mission statement to assist patients and their families to efficiently utilize resources that facilitate living within a community at the highest level of personal independence.

**Hiram W. Davis Medical Center, Dinwiddie County, Virginia:** Hiram W. Davis Medical Center, located outside of Petersburg, is an 80-bed facility providing physical health care and diagnostic medical services for people with mental illness or mental retardation, from adolescents to elderly persons. The center features acute medical, intermediate care, and skilled nursing programs. It also houses the State Aftercare Pharmacy, the largest outpatient pharmacy in the Commonwealth of Virginia, which provides services to approximately 35,000 Community Services Board clients.

**Northern Virginia Mental Health Institute, Falls Church, Virginia:** Northern Virginia Mental Health Institute (NVMHI) opened as a 114 bed state-supported psychiatric facility in 1968. The Institute serves individuals in Northern Virginia who are experiencing acute episodes of psychiatric illness in a brief stay program. Today, NVMHI is expanding and developing new programs and treatment modes to meet the complex needs of an increasingly diverse population with multiple problems.

**Northern Virginia Training Center, Fairfax, Virginia:** The Northern Virginia Training Center serves up to 200 persons who are moderately to profoundly mentally retarded, many of whom also have physical disabilities. The Center's mission is to provide support and training to clients so they can access a wide range of life's possibilities by fostering independence, self-esteem, and the fullest participation in family and community life.

**Piedmont Geriatric Hospital, Burkeville, Virginia:** As the only JCAHO accredited exclusively geriatric hospital for the mentally ill in Virginia, Piedmont Geriatric Hospital provides treatment for up to 135 patients with acute or chronic psychiatric conditions. An interdisciplinary team plans and provides treatment services to meet the complex needs of each individual. Piedmont Geriatric Hospital maintains a formal affiliation with the Medical College of Virginia. This relationship allows staff and faculty to collaborate on research, continuing education, and advancement in treatment methods. The Hospital has

agreements with numerous other colleges and universities that support joint research projects and field training placement experience in the clinical disciplines. Piedmont Geriatric Institute, an outreach division of the Hospital, provides training to care providers in various community settings serving the elderly.

**Southeastern Virginia Training Center, Chesapeake, Virginia:** Southeastern Virginia Training Center, with living facilities for 200 persons offering residential care and training programs for persons who are moderately to profoundly mentally retarded. Many of these individuals also have physical disabilities. The Center also offers a program for individuals with autism. The mission of the Center is to foster and develop those skills that will ultimately lead toward a life of fuller independence.

**Southern Virginia Mental Health Institute, Danville, Virginia:** The Southern Virginia Mental Health Institute provides south central Virginia with a 96-bed mental health facility. The institute offers a highly structured program with team and group emphasis. The facility provides acute care treatment and a substance abuse protocol for assessment and education for those who are non-psychotic substance abusers.

**Southside Virginia Training Center, Dinwiddie County, Virginia:** Southside Virginia Training Center, located outside of Petersburg, serves over 600 mentally retarded persons with varying degrees of disabilities. Innovative occupational, physical and speech therapy programs are integrated in the center's habilitative, education and medical services. The Center also provides support services to the three other facilities that share its campus: Central State Hospital, Hiram Davis Medical Center and the Virginia Center for Behavioral Rehabilitation.

**Southwestern Virginia Mental Health Institute, Marion, Virginia:** The Southwestern Virginia Mental Health Institute is one of the newest state-of-the-art public inpatient facilities in Virginia. Completed in 1990, the 170-bed institute is the only comprehensive facility in the Commonwealth that provides acute and long-term care to a diverse spectrum of clients ranging from adolescents through geriatrics. The Institute offers crisis stabilization; intensive psychopharmacological care; individual, group and family therapy; and extended rehabilitation emphasizing psycho-educational activities, daily-living, problem-solving, leisure skill development, and community reintegration. The Institute is connected to distant rural communities via an interactive telecommunications network, which allows Institute doctors to see consumers for follow-up in their home communities. APPAL-LINK, the Southwestern Virginia Telepsychiatry Project, one of the first such projects of its type in the U.S., provides increased access to psychiatric service for consumers living in the most rural and underserved areas of Virginia.

**Southwestern Virginia Training Center, Hillsville, Virginia:** The Southwestern Virginia Training Center emphasizes the teaching of functional skills that enable its residents, predominately severely and profoundly mentally retarded, often multi-handicapped Virginians, to achieve functional independence with the ultimate goal of placement in a less restrictive environment. The Center provides care, treatment and training to 223 clients.

**Virginia Center for Behavioral Health, Dinwiddie County, Virginia:** The Virginia Center for Behavioral Health (VCBR) began operation in 2003. VCBR treats those individuals identified as violent sexual predators by the Court. Inmates from the Department of Corrections who are within 10 months of completing their sentences, and who have been convicted of certain sexual crimes are subjected to a comprehensive screening process. This results in some individuals being civilly committed to VCBR to participate in intensive treatment. Eventual conditional release back to the community is determined by their progress in treatment and reduction of re-offense risk. VCBR provides intensive sex offender treatment and care to individuals identified as sexually violent predators in a maximum-security environment. This critical task requires the highest level of professional commitment from all staff members. The psychosocial rehabilitation model guides the provision of treatment by highly trained and experienced clinical staff.

**Western State Hospital, Staunton, Virginia:** Western State Hospital was one of the first psychiatric hospitals in the nation. The JCAHO accredited Hospital serves more than 500 adult and geriatric psychiatric patients, including acute adult treatment, intensive psychiatric treatment, psychosocial rehabilitation, life skills, medical acute care, forensic, and extended rehabilitation programs. The hospital also operates a mental health center for the deaf, serving hearing-impaired persons with psychiatric disorders from the entire state. Western State is affiliated with several universities and colleges across the nation.

## **Chapter 4: Agency Mission, Vision, Values & Leadership Philosophy**

**Mission statement:** The Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS or the Department) provides leadership and service to improve Virginia's system of quality treatment, habilitation, and prevention services for individuals and their families whose lives are affected by mental illness, mental retardation, or substance use disorders (alcohol or other drug dependence or abuse). The Department seeks to promote dignity, choice, recovery and the highest level of participation in work, relationships, and all aspects of community life for these individuals.

**Vision Statement:** Our vision is of a “consumer-driven system of services and supports that promotes self-determination, empowerment, recovery, resilience, health, and the highest possible level of consumer participation in all aspects of community life including work, school, family and other meaningful relationships” (State Board Policy (SYS) 05-3).

### **Our Values:**

#### **Focus First on Individuals Receiving Services**

- Our decisions and actions consider first the best interests of individuals who receive services and their families.
- We respect the potential and capacity of each individual receiving services.
- We value and support the healing and recovery process.

#### **Responsiveness to External and Internal Customers**

- We seek input and involvement from our customers.
- We share ideas and remain open to different opinions.
- We listen to and respect what our customers' say and respond promptly to their requests.

#### **Partnership and Collaboration**

- We create opportunities for partnerships, encourage teamwork, and support each other to succeed.
- We accept shared ownership and seek win-win (mutually acceptable) solutions.
- We communicate openly and clearly.
- We are willing to take risks as we look for creative solutions and new ways of solving problems.
- We make decisions and resolve problems at the level closest to the issue.

#### **Professionalism, Integrity and Trust**

- We recognize and celebrate individual and team successes.
- We use valid data that reflect best practices and positive results and outcomes.

- We take responsibility for ourselves, for our actions, and for how these actions affect others.
- We develop a supportive and learning environment and work continuously to improve the quality of services we provide.
- We keep our word and deliver what we promise.
- We incorporate our values into everyday decisions.

### **Stewardship**

- We protect the assets and interests of the entire services system.
- We value and take care of staff.
- We use the Commonwealth's resources in the most effective and efficient manner.

### **Our Leadership Philosophy:**

We are a community of diverse, knowledgeable, creative and dedicated individuals committed to service responsibility and partnership.

#### **We Believe:**

That people are motivated by shared leadership.

That people are innovative and resourceful and when encouraged, trusted, empowered and recognized, will play an integral leadership role.

That teamwork is the way to fully use the different perspectives and experiences that each person brings to strengthen and support the decision-making process.

That when each of us values and shares responsibility for creating a culture with clear goals, mutual support, respect, trust and opportunity for continued learning, we can best achieve our mission.

### **Overarching Services System Goal**

Provide or assist individuals in obtaining services and supports based on informed choice that would enable them to:

- Attain their highest achievable level of health and wellness;
- Live as independently as possible, with children living with their families;
- Engage in meaningful activities, including school attendance or work in jobs that they have chosen; and
- Participate in community, social, recreational, and educational activities.

## **Critical Success Factors**

- A. Virginia successfully implements a recovery and resilience-oriented and person-centered system of services and supports.

This critical success factor envisions the alignment of services system policies, regulatory requirements, funding incentives, and services and supports arrangements with the core values of self-determination, empowerment, recovery, and resilience at the state and local levels. Individuals receiving services and supports are empowered and supported in making decisions about their lives and their services. Providers recognize that these core values can be strengthened through respect for age, gender, spiritual, language and other cultural considerations.

- B. Publicly funded services and supports that meet growing mental health, mental retardation, and substance abuse services needs are available and accessible across the Commonwealth.

This critical success factor envisions a core array of recovery and resilience-oriented and person-centered services and supports that is available to individuals regardless of where they live. Natural support systems are identified and strengthened wherever possible and emphasis is placed on prevention and early interventions to avoid future crises.

- C. Funding incentives and practices support and sustain quality care focused on individuals receiving services and supports, promote innovation, and assure efficiency and cost-effectiveness.

This critical success factor envisions adequate amounts of stable state and local funding that can be used flexibly to meet the needs of individuals and their families. The service system takes full advantage of federal funding opportunities, including Medicaid, to implement recovery and resilience-oriented and person-centered services.

- D. State facility and community infrastructure and technology efficiently and appropriately meets the needs of individuals receiving services and supports.

This critical success factor envisions significant improvement in the adequacy and appropriateness of state and community capital infrastructure. The services system takes advantage of technologies to improve care coordination and continuity.

- E. A competent and well-trained mental health, mental retardation and substance abuse services system workforce provides needed services and supports.

This critical success factor envisions a workforce with leadership, technical, and collaboration (team) skills and expertise. The services system recruits and retains sufficient numbers of professional, paraprofessional, and direct care staff and provides opportunities for individuals receiving services and supports to offer peer-support and self-directed services and operate peer-run programs, services and businesses.

- F. Effective service delivery and utilization management assures that individuals and their families receive services and supports that are appropriate for their needs.

This critical success factor envisions the implementation of consistent management practices that focus on and support the delivery of recovery-oriented and person-centered services and supports. Highly qualified and trained professionals perform initial screenings and assessments of service needs. Service areas are configured to assure quick access to services and supports that are easy to navigate and user-friendly. Regional structures support partnership planning, collaboration, and management of services utilization.

- G. Mental health, mental retardation and substance abuse services and supports meet the highest standards of quality and accountability.

This critical success factor envisions statewide implementation of clinical and management practices that reflect best and promising practices. The services system promotes and supports organizational learning, services improvement, and accountability. Providers demonstrate quality, efficiency, and cost-effectiveness through clearly defined performance expectations and individual outcomes that are measured and monitored with stakeholders through an open process. Positive outcomes rewarded.

### **Agency Goals**

1. Fully implement self-determination, empowerment, recovery, resilience and person-centered core values at all levels of the system through policy and practices that reflect the unique circumstances of individuals receiving mental health, mental retardation or substance abuse services.
2. Expand and sustain services capacity necessary to provide services when and where they are needed, in appropriate amounts, and for appropriate durations.
3. Align administrative and funding incentives and organization processes to support and sustain quality consumer-focused care, promote innovation, and assure efficiency and cost-effectiveness.

4. Assure that services system infrastructure and technology efficiently and appropriately meet the needs of individuals receiving publicly funded mental health, mental retardation and substance abuse services and supports.
5. Obtain sufficient numbers of professional, direct care, administrative and support staff with appropriate skills and expertise to delivery quality care.

For additional information on DMHMRSAS's Integrated Strategic Plan and Service Area Plans please visit our web site: [www.dmhmrzas.virginia.gov](http://www.dmhmrzas.virginia.gov)

## **Chapter 5: Internal Operation Policies/Procedures**

The DMHMRSAS adheres to internal operating procedures referred to as Departmental Instructions (DIs). Key DIs include:

### ***HIPAA***

**DI 1001(PHI)03** – Privacy Policies and Procedures for the Use and Disclosure of Protected Health Information – provides guidelines for implementation of the Standards for Privacy of Individually Identifiable Health Information (HIPAA) as provided under the U.S. Department of Health and Human Services regulations, 45 C.F.R. 160 and 164. A complete copy of DI 1001 is provided to all employees at new hire orientation.

### ***Client Rights and Protections***

**DI 201(RTS)03** – Reporting and Investigating Abuse and Neglect of Individuals Receiving Services in Department Facilities – establishes policies, procedures and responsibilities for reporting, responding to, and investigating allegations of abuse and neglect of individuals receiving services in DMHMRSAS facilities. DMHMRSAS has zero tolerance for actions of abuse or neglect. Additional information on Abuse/Neglect appears later in this handbook. A complete copy of DI 201 is provided to all employees at new hire orientation.

Other Departmental and Facility Instructions/policies/guidelines have been established to ensure the health and safety of our clients and employees. Your supervisor, department head, human resources department can provide information on specific policies.

### ***Information Networks***

**DI 702(INF)97** – Access to Information Networks – establishes policies, procedures and responsibilities of all Departmental/Facility employees regarding proper use of state information networks, including accessing, transmitting, storing, downloading, etc. information from a variety of sources, primarily the internet. A complete copy of DI 702 is provided to all employees at new hire orientation and employees must sign an Information Network Use Agreement.

## **Chapter 6: Equal Employment Opportunity**

### ***Equal Employment Opportunity Policy***

DMHMRSAS is committed to a human resource program that provides equal employment opportunity to all persons. It is DMHMRSAS' policy, in accordance with federal law, the Governor's Executive Order on Equal Opportunity and the Department of Human Resource Management's policies and procedures, to provide equal employment opportunities to qualified, interested persons. These opportunities are provided without regard to race, color, religion, sex, national origin, disability, age, citizenship status, veteran status, or political affiliation.

DMHMRSAS' policy of equal employment opportunity covers applicable positions in all aspects of employment. This includes, but is not limited to, recruitment, selection, promotion, demotion, transfer, termination, rates of pay or other forms of compensation, selection for training, the use of all facilities, and participation in all agency-sponsored employee activities.

All employees are expected to demonstrate through their actions that relationships among persons in the workplace will be business-like and that co-workers are treated with dignity and respect.

Any employee who believes he/she has been discriminated against based on race, color, gender, age, religion, national origin, political affiliation or disability may file a discrimination complaint with the facility, Human Resource Manager, the Department's Human Resource Director, the Office of Equal Employment Services at the Department of Human Resource Management (DHRM), or with the United States Equal Employment Opportunity Commission (EEOC).

### ***Policy Applies to Workplace Harassment***

DMHMRSAS has an obligation to maintain a place of employment that is free of harassing, abusive or disruptive conduct and is committed to taking positive corrective action where the need arises. No form of harassment will be tolerated, including harassment for the following reasons: race, color, religion, sex, national origin, disability, age or political affiliation.

### ***Sexual Harassment***

Sexual harassment is a violation of Title VII of the Civil Rights Act of 1964, as amended, and will not be tolerated.

Definition of Sexual Harassment – unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when:

1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; or
2. submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting such individual; or
3. such conduct has a purpose or effect of substantially interfering with an individual's work performance or of creating an intimidating, hostile, or offensive work environment.

### ***Workplace Harassment Should Be Reported***

Individuals who experience workplace harassment in any form, including sexual harassment, should make it clear that such behavior is offensive to them, and upon its occurrence and repetition should bring the matter to the attention of their supervisor, the human resource manager or other DMHMRSAS officials. Supervisors or other appropriate officials are to immediately deal with an act of harassment of which they become aware, calling attention to the agency's policy regarding such behavior or, if appropriate, applying disciplinary action. Also, employees may contact the Department's Employee Relations Manager, or use the State Employee Grievance procedure for relief or remedy for acts of harassment, report the activity to the Department of Human Resource management's Office of Equal Employment Services, or report the activity to the United States Equal Employment Opportunity Commission.

### ***Workplace Harassment Could Result in Discipline***

Violation or misapplication of DMHMRSAS' policy against harassment may result in disciplinary action being taken against the offender, up to and including termination. DMHMRSAS' commitment to eliminate harassment from the workplace should not be viewed as a license for employees to engage in unfounded, frivolous, or vindictive actions in violation of the intent of this policy. In dealing with complaints of harassment, the rights of all parties will be protected.

### ***Policy Applies to Individuals with Disabilities***

The policy of equal employment opportunity applies fully to qualified persons with known mental or physical disabilities where these persons are able to perform the essential functions of their position, with or without reasonable accommodation. DMHMRSAS has the responsibility to make reasonable accommodations for qualified persons with disabilities. If requested, and to aid such persons in performing the essential functions of their positions, unless such accommodation would impose an undue hardship upon the agency.

### **Persons Invited to Request Accommodation**

Employees and other persons who have disabilities and need assistance to obtain any services from the agency are invited to request accommodation. Such requests should be directed to the Human Resource Office of any DMHMRSAS facility.

### ***Nepotism***

The ***Code of Virginia*** does not broadly prohibit the employment of any relative of an existing agency employee within that agency; however, the Conflict of Interests Act, Virginia Code §2.2-3106 prohibits an employee from supervising or exercising control over the employment or employment activities of members of his or her immediate family, to include a spouse or any other person residing in the same household as the employee, who is a dependent of the employee or of whom the employee is a dependent.

## **Chapter 7: Classification and Compensation**

### ***Classification***

As required by the policies of the Commonwealth of Virginia, each position in DMHMRSAS has been classified according to the duties and responsibilities assigned to the position. Positions that have similar duties and responsibilities and require similar knowledge, skills, abilities, training and experience are grouped together in a role. Each role is described in a role description, broad enough to encompass the wide range of individual positions that can be assigned to a single role. The Commonwealth's classification system provides the basis for the recruitment, selection, assignment and promotion of employees.

### ***Compensation***

The Commonwealth's salary plan consists of 9 pay bands. Each position held by a number of classified employees is assigned to a role within a pay band. Salary increases within pay bands are dependent on a number of factors, including but not limited to: employee performance, funding availability, agency business needs, duties and responsibilities, work experience and education, knowledge, skills, abilities and competencies, training, certification or license, internal salary alignment, market availability, salary reference data, budget implications, long term impact and current salary.

Based on annual surveys conducted by the Department of Human Resources Management (DHRM) and the availability of funds, the Governor may recommend compensation changes to the General Assembly.

### ***Employee Work Profiles***

The Employee Work Profile (EWP) is the primary classification documentation. Each DMHMRSAS facility maintains an EWP for each classified position. DHRM requires agencies to review EWPs at least once within every two-year period to ensure that they accurately describe the work performed and that positions are properly assigned to the appropriate role. An accurate EWP provides both the employee and the supervisor with a clear definition of the job to be performed. EWPs should be reviewed every year as a part of the performance planning and evaluation process.

### ***Changes in Position Responsibilities***

Individual jobs may change over time, and the Commonwealth's system of occupational families, career groups and roles recognizes this. Supervisors and employees have the responsibility of notifying the agency Human Resource Office of changes in job duties. An updated EWP showing the duties currently performed must be drafted and forwarded to the Human Resource Office for

review. Changes in job duties may or may not result in role changes and/or adjustments in compensation, as explained in the classification actions described below.

### ***Redefinition of Duties***

Changes in the duties and responsibilities of a job do not necessarily warrant a role change or salary adjustment. A role defines a spectrum of activity. Jobs can function at the high or low end of the spectrum and remain in the same role. When the most recent EWP is no longer accurate, the employee, with assistance from the supervisor, should prepare a new EWP. The Human Resource Office will review the new EWP.

### ***Role Changes and In-Band Adjustments***

Changes in job duties may be significant enough to require a role change or to *support* an in-band salary adjustment. A role change is defined as the reassignment of a position from one role to a different role to correct an error in initial role assignment or to recognize a change in the duties and responsibilities assigned to a position. An agency may provide employees adjustments within their pay bands when there is a sufficient change in their duties, or for professional/skill development, retention, or internal pay alignment. If a position warrants a role change or an in-band adjustment, a request to the facility's Human Resource Office will initiate the paperwork required to take such an action.

### ***Abolish/Establish***

Significant changes in the duties and responsibilities of a position cannot always be accommodated through the role change process. When an agency's organizational needs require that a new position be established to perform different duties the incumbent of the position may not be able to perform the duties of the new position. Under these circumstances, it is the policy of the Commonwealth to establish a new position and apply the hiring policy. Such action may require the abolishment of an existing position and the establishment of a new position. Recruitment for the newly established position must be conducted according to DMHMRSAS and DHRM policies and procedures. If the incumbent of the abolished position is not selected for the established position, that person will be treated according to the Layoff Policy, as applicable.

### ***Paydays***

Paydays typically occur twice a month, usually on the first and the sixteenth day of the month. If a payday occurs on a weekend, paychecks are normally distributed on the preceding Friday. When a payday occurs on a state holiday, paychecks are normally distributed on the last workday before the holiday.

Payroll checks are not distributed to employees before the date on the paycheck except when necessary to ensure that certain employees, such as those in field offices, receive them by payday. Regardless of when paychecks are received, they may not be cashed or deposited prior to the date on the check.

### ***Direct Deposit***

DMHMRSAS participates in the Commonwealth's Direct Deposit System. Employee paychecks are deposited directly to an employee's personal bank account, which makes the money available beginning on the payday without having to go to the bank. Employees receive an "earnings statement" (similar to a pay stub), which shows their pay, deductions, and leave balances. Direct Deposit is also available for travel refunds and other agency reimbursements to employees.

### ***Payroll Deductions***

Various voluntary and mandatory payroll deductions may be made from employee paychecks. The deductions required by federal and state laws are: state and federal taxes, social security, and Medicare. Voluntary deductions are those approved by the State's Comptroller and made at the direct request of the employee. These include: U.S. Savings Bonds, Virginia Credit Union deposits, Combined Virginia Campaign

## **Chapter 8: Probationary Period and Performance Evaluations**

### ***Probationary Period***

All classified employees must satisfactorily complete a probationary period of twelve (12) months from the date of classified state employment or re-employment. This period allows both the employee and employer to determine if the position is a suitable match for the employee. After the first six (6) months on the job, the supervisor should discuss with the new employee his/her job performance. If at any time during the probationary period, the employee or supervisor decides that the employee is not suited for the job, the employee may be terminated or allowed to resign.

### ***Performance Expectations***

At the beginning of employment, an employee's supervisor normally will meet with the employee to review the employee work profile, which covers the job's basic requirements. The employee work profile includes a work description and a performance plan, which lists the core responsibilities and performance expectations based on each job element. The core job responsibilities typically identify what the employee is expected to do and how well it must be done to meet an acceptable or proficient level of performance for the job. Performance expectations normally tell employees how much, how well, and in what time frames they are expected to perform the duties of their jobs. Employees sign and receive a copy of their employee work profile and performance plan.

### ***Performance Evaluations***

Supervisors monitor employee performance and discuss performance with their employees regularly throughout the year. Before the performance evaluation due date (currently October 24), supervisors should discuss with employees how their performance has measured up to the expectations that were developed earlier.

Using the previously established performance expectations, the supervisor makes a preliminary evaluation of the employee's level of performance over the past year. Performance of each core responsibility is evaluated by determining the degree to which the employee met each expectation. The possible ratings for each core responsibility are: extraordinary contributor, contributor, or below contributor. Additionally, the supervisor determines the employee's overall performance level by considering the performance level on the core responsibilities as well as the impact of other performance factors (interpersonal relations, communications, attendance, punctuality, safety, planning, analytical skills, decision making) have had on the employee's performance. The "reviewer" (next level supervisor) also reviews the evaluation to ensure consistency.

When the evaluation is completed and the reviewer's signature is obtained, the supervisor discusses it with the employee. The employee is asked to sign the evaluation to document the review and receives a copy. When the formal evaluation is completed, a performance plan for the next year is developed.

### ***Interim Performance Evaluations***

At any time during the performance cycle, supervisors may conduct interim evaluations on the performance of their employees. Interim evaluations are intended to apprise employees of their progress toward meeting performance expectations during the probationary period or the performance cycle. They also are used to obtain an evaluation from a supervisor who departs during an employee's performance cycle or to provide documentation *to support the annual evaluation*, or in support of a disciplinary action under the Standards of Conduct.

### ***Discipline Without Punishment***

Where performance is noted to be deteriorating, supervisors may call upon employees to develop an action plan to correct the behaviors or performance. This activity is called discipline without punishment, or progressive discipline as outlined in the Standards of Conduct section of this handbook. Discipline without punishment permits employees to actively plan how they might change their performance or behavior so as to avoid receiving formal discipline. Some conduct may, however, be severe enough to warrant immediate, formal disciplinary action.

### ***Objections to Participation in Certain Aspects of Client Treatment***

Employees have an avenue to express concern and/or to request release from participation in those aspects of client care they find objectionable without fear of corrective action as described in the Standards of Conduct. If (for valid religious, ethical or cultural reasons) an employee does not want to participate in some aspect of a client's treatment, he/she should immediately identify that concern to his/her supervisor. The supervisor will discuss the concern(s) with the employee to identify the specific objection(s) and the reason for those objections. This information will be discussed with appropriate staff in the unit or department where the employee works. If necessary, the issues will be forwarded to the Human Resources Office or Facility Director for resolution.

If an employee has broad philosophical objections to participating in particular aspects of any/every client's treatment, he/she must make these concerns known to management before refusing to participate in treatment for a particular client. By providing proper notification of any specific objection, the issue can be resolved without any disruption to the care or treatment of a client. If, however, such objections are not identified so they can be resolved before care or

treatment is disrupted, the employee will be expected to provide all necessary services for the benefit of the client(s).

Management has the exclusive right to determine job assignments, and all requests for changes in job assignments cannot be granted. Management's considerations of request for changes in job assignments for staff may include: availability of other staff for the treatment/services, the willingness of employees to accept other tasks in return for the change in job assignments, the willingness to accept shift and/or program transfer, etc. If requests for change in job assignment(s) are granted, an agreement shall be stated in writing, signed by the employee and the department head, and placed in the employee's personnel file.

## Chapter 9. Work Hours

### ***Overtime***

The majority of the work of the Department is conducted through 24-hour, 7-day a week operations in order to provide continual treatment of our clients. In this environment, staffing ratios involved in direct care are based upon patient census and acuity. The Department overall tries to minimize overtime as much as possible, however, overtime is generally considered to be an essential function of most jobs. Employees should be familiar with and are expected to adhere to the overtime/holdover policies specific to their facility/department/work unit.

### ***Flex Time***

Many of the facilities' administrative offices operate under what is commonly referred to as "flex time". The flex hours for the daytime operations of the central office and its facilities consist of starting times that normally range from 7 a.m. to 9 a.m. and ending times between 3:45 p.m. and 6 p.m., depending on the length of an employee's unpaid lunch break. Supervisors have the discretion to approve or disapprove all work schedules. Examples of flex time are listed below and factor in a 45-minute unpaid lunch break, however a lunch break must be a minimum of 30 minutes and may last up to an hour.

Start Time (a.m.)	End Time (p.m.)
7:00	3:45
7:15	4:00
7:30	4:15
7:45	4:30
8:00	4:45
8:15	5:00
8:30	5:15
8:45	5:30
9:00	5:45

Schedules must assure that all offices are covered during the core public service hours of 8 a.m. until 5 p.m.

The standard workweek for all full-time classified employees normally will be a five-day, 40-hour week for every seven-day period. Facilities will have rotational shifts for many of their operations. Additionally, work hours for facility personnel may go beyond the 40-hour, seven-day period.

Employees are expected to work the schedules assigned to them. Employees must obtain approval from the Commissioner, Facility Directors, or their designees for flexible work schedules.

In emergency situations, the hours of any individual employee or group of employees in the Department may be adjusted to approximately meet client needs and organization mandates.

### ***Alternate Work Schedules***

Alternate Work Schedules (AWS) may be available to employees who work in areas where the business needs of the organization can still be met while accommodating an AWS. An AWS may include working four 10-hour days with one day off in the workweek, four 9-hour days with ½ day off in the workweek or other scheduling options. An AWS can be discontinued or changed at any time and at management's discretion. Written approval is required before an employee may utilize an AWS.

- **Holidays:** 8 hours pay is provided for each holiday. When a holiday falls on the employee's regular day off, the employee will be credited with 8-hours of compensatory leave. If a holiday falls on a workday, the employee must use annual leave, compensatory leave, or other applicable leave to make up the difference between the 8-hours and their regular AWS work day. If an employee is required to work on a holiday, the employee will be paid for 8 hours of holiday and will be credited with compensatory leave for the hours actually worked.
- **Sick Leave:** If an employee normally works a 10-hour day and calls-in sick on a scheduled work day, he or she would be required to submit a leave slip for the absence for 10-hours. The same would apply for an employee who works a 9-hour day.

### ***Telecommuting***

Telecommuting agreements permit an employee to work at an alternate work location for all or part of their workweek. Alternate work locations may include an employee's home or satellite office. Approval requires a written work arrangement that details the terms and conditions of an employee's work away from his/her central workplace. Telecommuters must agree to follow agency approved security procedures in order to ensure confidentiality and security of data. Telecommuting assignments do not change the conditions of employment, compensation or benefits. Policies and procedures that normally apply to the workplace remain the same.

### **Lunch Breaks**

Employees, for the most part, are allowed to take a lunch period, which shall not exceed 60 minutes per day. The minimum lunch period permissible is 30 minutes per day. The lunch period shall not be included in the total required hours of work per day (that is, lunch periods are unpaid) except when the lunch break has been designated as part of the work schedule to provide staffing for client services and care.

Employees, at agency discretion, also may be granted a 15-minute break in the morning and in the afternoon. The break period and the lunch period may not be used to compensate for late arrival or to permit early departure. They may not be accumulated nor may they be used to cover time off for other purposes.

Lunch periods and breaks will be scheduled by supervisors so as to create as little disruption of services as possible.

### **Fair Labor Standards Act (FLSA) Requirements**

A federal law entitled the Fair Labor Standards Act (FLSA) governs minimum compensation to be paid to employees and the compensation that must be given for hours worked over 40 in a workweek (i.e. overtime hours). While the minimum wage provisions of FLSA cover all employees, some employees are exempt from the overtime provisions of the FLSA based on the duties they perform. Other employees are not exempt (nonexempt) from overtime provisions of FLSA. The decision is made by reviewing the duties of the individual jobs to determine the appropriate status of the employee relative to the FLSA's overtime provisions. DMHMRSAS conforms to the requirements of the FLSA. The FLSA requires that employees who perform work, which is not considered under its guidelines to be executive, administrative or professional, be paid at time and one-half for hours worked in excess of 40 in a workweek. *Holidays and leave, such as annual, sick, personal or administrative, are not considered to be time worked toward a 40-hour workweek.*

All non-exempt employees must submit a time sheet showing individual hours worked as designated by their supervisors. Signed time sheets must be submitted in a timely manner to the office handling payroll in each facility. Exempt employees must account for any time not worked less than 40 hours with leave slips.

### **Statement of Public Accountability**

State agencies are public institutions supported by the Commonwealth of Virginia, a public employer committed to serving the interests of the taxpayer and accountable to them for the effective use of public funds. Therefore, it is the policy of the Commonwealth that employees are not paid for time that they do not

work, unless they use leave time, such as annual leave or sick leave, accrued under human resource policies. You will be placed on Leave Without Pay, and your paycheck for that pay period will be reduced, if you are absent from work for personal reasons or because of illness or injury, even for periods of less than one day, if you do not use accrued leave because (1) you do not request use of accrued leave or your request is denied, (2) your accrued leave has been exhausted, or (3) you request leave without pay.

If your position is exempt from the overtime provisions of the Fair Labor Standards Act, there will be no deductions from your compensation for periods of absence from work of less than one day, except for the reasons and circumstances specifically described in the preceding paragraph or for infractions of safety rules of major significance.

### ***Inclement Weather/Emergencies***

Employees are paid for authorized closings due to inclement weather or designated emergencies such as fire, utility failures, or other forced evacuations as specified in agency and facility policies. For office closings of the operations of the Central Office, the Governor or his designee makes the closing decisions.

DMHMRSAS facilities provide care to clients 24 hours per day, 365 days per year. The facilities never close and work schedules are modified only in the event of extreme emergency situations. Outside of Richmond, each Facility Director with concurrence of the Commissioner makes the decisions for authorized closings or modified work schedules. Facility Directors whose facilities are co-located on a campus should work together to make decisions regarding employee scheduling.

When inclement weather conditions or other emergencies result in an official change in work schedules, such as authorized late openings, early closings, late arrivals, or early departures, employees will be paid for the period of closing or emergency, without charge to their personal leave balances.

When inclement weather conditions create transportation difficulties that result in late arrivals, the lost time does not have to be charged to the employee's personal leave balances if, in the judgment of management, the lost time was justifiable in view of the weather conditions.

The agency and facilities periodically send out detailed information and procedures to employees regarding inclement weather. DHRM also sends out a listing of the news media that will communicate Richmond office closings authorized by the Governor.

## **Holidays**

The following listed days have been designated as State holidays.

New Year's Day	January 1
Lee-Jackson Day	Friday preceding the third Monday in January
Martin Luther King, Jr. Day	3 <sup>rd</sup> Monday in January
George Washington Day	3 <sup>rd</sup> Monday in February
Memorial Day	Last Monday in May
Independence Day	July 4
Labor Day	1 <sup>st</sup> Monday in September
Columbus Day	2 <sup>nd</sup> Monday in October
Veterans' Day	November 11
Thanksgiving Day	4 <sup>th</sup> Thursday in November
Day after Thanksgiving	4 <sup>th</sup> Friday in November
Christmas Day	December 25

Any other day designated by the Governor.

### ***Holidays Falling On Saturday or Sunday***

Those holidays falling on Saturday will be observed on the preceding Friday, and those holidays falling on Sunday will be observed on the following Monday.

### ***Eligibility for Holiday Pay***

Employees are eligible to receive compensation for the holidays designated above; however, to receive holiday pay, an employee must be on full pay status on his/her workday before and the day after the holiday period. If the employee is on leave without pay status for any portion of his/her workday before or after the holiday, he/she shall not be entitled to holiday pay.

**Example 1** – An employee terminates his employment with DMHMRSAS on December 24<sup>th</sup>, which is the last workday he is on pay status with the agency. He is not eligible for holiday pay for Christmas Day.

**Example 2** – An employee, who has opted-out of VSDP, has been on extended sick leave starting June 1<sup>st</sup>. Her sick leave credits are exhausted on July 1<sup>st</sup>. She is put on leave without pay status the 2<sup>nd</sup> and 3<sup>rd</sup> of July. She is not eligible for holiday pay on July 4<sup>th</sup>.

### ***Holidays Falling During Employee's Paid Leave***

If an employee is on paid sick, annual, overtime or compensatory leave for a period of time that includes a paid holiday, the employee's leave balance will not be charged for the holiday.

***Holidays Falling on Employee's Scheduled Day Off***

Employees whose scheduled day off falls on a holiday and who do not work that day may receive compensatory leave or be paid for the holiday according to state and agency policy.

Employees who are required to work on a holiday that also is their scheduled day off will receive pay for the holiday and, in addition, will receive compensatory leave for the hours actually worked.

## Chapter 10: Leave Benefits

The following section describes leave benefits in general. For further detail on the policies concerning leave, the Department of Human Resources Management's policies and procedures manual should be reviewed. Copies of these policies may be obtained through the Human Resource Office.

### ***Annual Leave***

Employees receive paid annual leave for vacations and other personal needs. The use of annual leave must be coordinated with the supervisor and approved. Annual leave also may be used to cover other kinds of leave, e.g., sick leave when sick leave balances have been depleted. Annual leave accrues at the end of each pay period.

If an employee goes on leave without pay any time during the pay period, no annual leave is accrued for that pay period. The rate at which annual leave is accrued is based on the employee's length of service. Employees may, if they wish, accumulate annual leave, but only a limited amount can be carried over from year to year. In addition, the amount of annual leave that can be paid out upon separation from state service, depending on length of service, is shown below.

<u>Years of Service</u>	<u>Accrual Rate</u>	<u>Maximum Accumulation</u>	<u>Maximum Payment Limits</u>
Less than 5 years	4 hours semi-monthly	192 hours (24 days)	192 hours
5 – 9 years	5 hours semi-monthly	240 hours (30 days)	240 hours
10 – 14 years	6 hours semi-monthly	288 hours (36 days)	288 hours
15 – 19 years	7 hours semi-monthly	336 hours (42 days)	288 hours
20 – 24 years	8 hours semi-monthly	384 hours (48 days)	336 hours
25 or more years	9 hours semi-monthly	432 hours (54 days)	336 hours

### ***Sick Leave (Traditional and Virginia Sickness and Disability Program)***

Sick leave is the Commonwealth's way to protect employees from loss of pay when they must take time off from work due to an illness or injury. Employees hired before January 1, 1999, had the option of continuing to participate in the "traditional" sick leave program or electing to enroll in the Virginia Sickness and Disability Program (VSDP). Effective July 1, 2002, all state employees are covered under VSDP unless they chose to "opt-out" of the program between October 1 – November 20, 2002. Both the traditional sick leave benefits and VSDP are described below. **If you cannot come to work, contact your supervisor according to your supervisor's or the facility's procedures. Be aware of policies that apply.**

### **Traditional Sick Leave Program**

Under the traditional sick leave program, sick leave is accrued at the rate of five hours for each compensated semi-monthly period, regardless of years of service. If an employee is on leave without pay any time during the pay period, no sick leave is accrued. Employees are urged to use sick leave carefully, as it is the only type of paid disability leave available to an employee who did not enroll in VSDP.

Sick leave may be used for absences due to illness or injury, or for medical appointments that cannot be scheduled at times other than during work hours.

Sick leave also may be used, up to 24 hours for each event, for an illness or death in the employee's immediate family. Leave for these purposes may not exceed a total of 48 hours in a calendar year. "Immediate family" is defined as the employee's parents, step-parents, spouse, children, step-children, foster children and siblings, step-siblings. It also includes any relative living in the employee's home.

### **Virginia Sickness and Disability Program**

The Virginia Sickness and Disability Program (VSDP) provides sick leave, personal, and family leave, as well as short and long-term disability to eligible state employees. More specific information about sick, personal and family, and disability leave under VSDP is provided below. Full-time, classified state employees are covered as long as they are also covered by the Virginia Retirement System (VRS) and did not "opt-out" during the enrollment period (October 1 – November 30, 2002). Coverage will be effective from the first day on the job. (Note: during the first six-months of employment, elective surgery requires approval by the employer in order to be eligible for VSDP.) Part-time, classified employees who work at least 20 hours a week on a salaried basis and who accrue leave also are covered. Employees hired prior to January 1, 1999, who enrolled in the program during the special Open Enrollment period, also are included. Employees who did not enroll in the Sickness and Disability Program remain covered under the previous sick leave and disability retirement program.

VSDP provides a total of 12 to 15 days of Sick, Family and Personal Leave each year, depending on how much state service the employee has. Under the program, unused leave may not be carried forward from one year to the next; and an employee will not be paid for unused Sick Leave or Family and Personal Leave upon separation from state service.

## VSDP Sick Leave

Full-time, classified state employees receive from 8 – 10 days of Sick Leave annually, depending on the number of months of service, as follows:

Months of State Service	Number of Hours
Fewer than 60	64 (8 work days)
60 – 199	72 (9 work days)
120 or more	80 (10 work days)

## VSDP Family and Personal Leave

In addition to personal sick leave, eligible employees will receive up to five days of Family and Personal Leave. The amount of leave an employee receives depends on the number of month's service as follows:

Months of State Service	Number of Hours
Fewer than 120	32 (4 work days)
120 or more	40 (5 work days)

New employees hired on a full-time basis on or after January 1, 1999 will receive an annual amount of personal sick leave based on their first date of employment, as follows:

Date of Employment	Number of Hours
Jan. 1 – June 30	64 (8 work days)
July 1 – Dec. 31	40 (5 work days)

New employees hired on or after January 1, 1999 will also be eligible for Family and Personal Leave based on their first date of employment, as follows:

Date of Employment	Number of Hours
Jan. 1 – June 30	32 (4 work days)
July 1 – Dec. 31	16 (2 work days)

## VSDP Disability Leave (Short and Long Term)

**It is the Employee's responsibility to notify human resources and to initiate their claim with VSDP as soon as possible, and in advance if practical, of a serious condition requiring use of leave.** Short-term disability coverage begins after a seven-day waiting period following the start of the disability. An employee can use sick leave, family and personal leave or annual leave during

the waiting period. After the seven-day waiting period, short-term disability coverage provides 60 to 100 percent income replacements for a maximum of 125 workdays (180 calendar days). The exact number of days depends on length of service, as follows:

<b>Months of State Service</b>	<b>Work Days of Income at 100%</b>	<b>Work Days of Income at 80%</b>	<b>Work Days of Income at 60%</b>
Fewer than 60	5	20	100
60 – 119	25	25	75
120 – 179	25	50	50
180 or more	25	75	25

Maternity leave and periodic absences due to a major chronic condition, as defined by the VRS Board or its designee, are covered.

If a disability is due to a work-related injury under the Virginia Workers' Compensation Act, VSDP provides up to 125 workdays of supplemental income after the seven-calendar day waiting period following the start of the disability, in addition to any Workers' Compensation payments the employee receives. Income replacement during a period of short-term disability compensable under Workers' Compensations is determined by months of service at the time of the disability. Any benefits the employee receives under the Virginia Workers' Compensation Act are primary. The VSDP short-term disability benefit is secondary. The program supplements benefits provided under Workers' Compensation if the employee's benefit is less than the minimum guaranteed income replacement amounts under the VSDP. The table below shows the percentage of income replacement for a work-related disability under the VSDP.

<b>Months of State Service</b>	<b>Work Days of Income at 100%</b>	<b>Work Days of Income at 80%</b>	<b>Work Days of Income at 60%</b>
Fewer than 60	65	25	35
60 – 119	85	25	15
120 – 179	85	40	0
180 or more	85	40	0

The maximum combined income payable from Workers' Compensation and supplemental short-term disability is 100 percent of the employee's pre-disability earnings.

Employee's on STD receive holiday pay at the same level of income replacement as they currently receive for VSDP benefits.

Long-term disability benefits start after a 180-calendar day waiting period, which begins on the day following the beginning of the disability. Long-term disability

benefits provide the employee with an income replacement of 60 percent of the employee's compensation. During the first 12 months that the employee is on long-term disability, disability benefit and any other income cannot exceed 100 percent of the employee's pre-disability compensation. After 12 months the disability benefit is reduced by 70 percent of other earned income. Long-term disability continues until the employee reaches age 65 or is no longer disabled.

### ***Leave Without Pay***

There may be occasions where an employee has exhausted his/her personal leave balances and therefore must be placed on leave without pay status. The agency may place the employee on leave without pay and, unless the employee is on military leave or family and medical leave (which guarantees reinstatement to one's former position) the employee is eligible for reinstatement only if his or her position is still vacant when he/she is ready to return to work.

Conditional leave without pay allows an employee to retain prior accrued sick, annual, and overtime leave balances, but, if the position has been filled prior to the employee's return, there is no guarantee of reinstatement. Instead, reinstatement must be obtained through the competitive hiring practices of the agency. If the employee is unable to attain a position prior to the expiration of the conditional leave without pay period, the employee will be separated.

Leave of absence without pay will not be granted for more than 12 calendar months except for extended illness or injury, for active military service, for specific authorized courses of study, or other reason's approved by the Commissioner and the Department of Human Resource Management.

A leave without pay status for more than 14 consecutive calendar days shall result in an adjustment to an employee's annual leave accrual date. No leave is earned during pay periods when the employee is on leave without pay. Also, periods of leave without pay could impact your benefits.

### ***Leave Sharing***

The Commonwealth has a leave sharing policy that permits employees to donate their annual leave to other employees who remained in the Commonwealth's traditional sick leave program and may need additional leave as a result of personal illness or accident. The following are the guidelines of the program.

- Donations cannot be made to employees enrolled in VSDP unless the VSDP employee experiences leave without pay due to a family member's illness or injury for which the VSDP employee is using Family and Medical Leave.
- Donations may be in the form of annual leave only.
- Donations are to be made in eight-hour increments.

Recipients are not required to reimburse leave hours donated unless they receive compensation from another source (e.g. workers' compensation) for the same period, or unless abuse occurs, in which case the recipient may be required to repay the leave and/or may be subject to disciplinary action.

Employees who wish to receive leave donations must contact the Human Resources Office. Their identities will not be revealed unless they request it.

While receiving shared leave, employees will otherwise be considered to be on leave without pay status (e.g., they will not accrue annual or sick leave or be paid for holidays).

Shared leave may be used only for a qualified employee's personal medical conditions certified by a physician. Normal documentation under Family and Medical Leave is required.

For further details on leave sharing, please review Department of Human Resources Management's Policy No. 4.35.

### ***Other Types of Leave***

There are other types of leave available to employees and they are as follows:

#### **Administrative Leave**

Administrative Leave may be available to use to appear in court under subpoena or summons as a jury member, to serve on State Boards or Councils, to resolve work-related conflicts, and to interview for other State positions. The employee should request the supervisor's approval for leave as far in advance as possible. When Administrative Leave is used for court appearances, a copy of the subpoena to appear in court must be provided to the Human Resource Office at the time such leave is requested.

#### **Administrative Leave for Disaster Victims**

Administrative Leave may be available to use when an employee is forced to evacuate his or her home due to a natural or technological emergency or disaster. An employee, experiencing extreme personal hardship during an officially declared emergency, may be excused from work for up to 80 hours without using accrued annual leave or incurring a loss in pay. Appropriate documentation must accompany requests for leave to establish that the employee meets all of the eligibility criteria.

#### **Military Leave**

Military Leave, with and without pay, is used for service in the armed forces of the United States. A copy of the military orders must accompany requests for Military Leave [DHRM 4.50]

### **School Assistance & Volunteer Service Leave**

Employees may use up to 16 hours of paid time off per year for school assistance or to serve as a volunteer of a community service organization. Leave to provide community service may be used for reasons such as: for volunteer fire department/rescue squad members to respond to emergencies; for employees to participate in preschool, elementary school, middle school or high school activities or functions, or to volunteer for school projects; or for employees to provide “hands-on” services to the community as part of a project sponsored by a community service organization. [DHRM 4.40]

### **Leave to Donate Bone Marrow or Organs**

Employees who donate bone marrow or organs may receive up to 30 days of additional paid leave for time off that is medically necessary in connection with the donation of bone marrow or an organ, and for recuperation after such donation. Bone Marrow and Organ Donor Leave may be granted to full-time, non-probationary, classified employees. It may also be available to restricted employees who are funded by certain grants only if the funding source has agreed to provide all financial responsibility for this benefit in its written contract with the Commonwealth. An eligible employee must provide medical certification prior to approval of the leave. [DHRM 4.37]

### **Family and Medical Leave**

Up to 12 weeks of paid (through use of the employee's appropriate personal leave balances) or unpaid (when leave balances have been exhausted) family and medical leave is available to eligible employees. To be eligible, an employee must have been employed by the State for a minimum of one year and worked 1,250 hours or more in the immediate prior 12-month period before the request.

Such leave may be granted for the birth of a child or the placement of a child with the employee for adoption or foster care. Also, if the employee must care for a family member (limited to child, spouse or parent) with a serious health condition, or because the employee's own serious health condition makes him or her unable to do his/her job. In either case, management may require medical certification regarding the conditions and circumstances of the serious health condition related to the leave.

[DHRM 4.20]

### **Disaster Relief Leave**

Employees may be granted paid leave for up to two weeks (without charge to their personal leave balances) to assist areas that have been declared official disaster areas. In order to qualify for this type of paid leave, the situation must meet all of the criteria found in DHRM's policy on Disaster Relief. [DHRM 1.15]

**For more information on all the types of leave discussed above, the Department of Human Resource Management's policies and procedures should be reviewed.**

### ***Reporting Absences***

Whenever possible, absences from work should be scheduled in advance, usually before the end of the last shift or workday preceding the leave, and approved in writing. In the case of sick leave use, this may not always be possible. When sick leave is used and is not approved in accordance with the facility's or agency's policy, it is considered an unscheduled absence. Employees should check with their supervisors on the correct procedures for reporting that they will be absent or tardy. Failure to report absences as directed and frequent unscheduled absences or excessive tardiness may result in unapproved leave (leave without pay) and disciplinary action. Employees must submit leave forms no later than one workday after their return to work.

### ***Overtime and Compensatory Leave***

Overtime is time worked by a non-exempt employee in excess of 40 hours in the employee's workweek. The time worked over 40 hours must be compensated at a time and a-half, either as overtime leave or overtime pay.

Permission to work any hours over one's regular schedule must be authorized by the employee's supervisor in advance of the extra time worked if possible. Balances of overtime leave can never exceed 60 hours per employee. Overtime leave is available until the employee uses it. If the leave is not used in twelve months, the employee is paid for it.

Compensatory leave is straight time leave. It may be earned by exempt and non-exempt employees when a holiday falls on their scheduled day off, for hours required to be worked on a holiday, and for hours required to be worked during an office closing. Accumulated compensatory time must be used within 12 months of being earned or it lapses.

Compensatory leave and overtime leave may be taken instead of annual or sick leave.

***Leave Balances on Separations***

When an employee resigns, retires or is removed, they will be paid for their accumulated unused annual leave up to the maximum payment limits depending on their length of service. If employees who retained traditional sick leave or who converted their "traditional" sick leave balances to disability credits under VSDP have five or more years of continuous service when they leave, they will be paid for 25% of their accumulated unused sick leave, not to exceed \$5,000. Overtime leave and active compensatory leave balances also will be paid upon separation.

## Chapter 11: Other Benefits

### ***Group Life Insurance***

All classified state employees are enrolled in the group life insurance plan administered by the Virginia Retirement System. The plan provides life insurance and accidental death and dismemberment coverage during active employment. The coverage amount for natural death is the employee's annual salary, rounded to the next highest thousand dollars, then doubled. For example, an employee whose salary is \$19,300 per year has \$40,000 ( $\$20,000 \times 2 = \$40,000$ ) in natural death benefits. The accidental death benefit is double the nature death benefit, or, for the example above, \$80,000. In addition, any member of the Group Life Insurance plan may be eligible to purchase additional life insurance at a value of up to four-times his/her salary (not to exceed \$500,000) through the State's optional life insurance program and may elect coverage for his/her spouse and children.

### ***Health Insurance***

Employees may select a health insurance plan from several offered by the Commonwealth. These include COVA Care (provided through Anthem Blue Cross and Blue Shield) and in some geographic areas, *health maintenance organizations* (HMOs). Employees may elect to participate in various coverage options under COVA Care to include in-network or out of network providers. See your Benefits Administrator for additional information on available medical insurance options. The Commonwealth may modify the coverage offered from time-to-time, and options may vary depending on where the employee lives.

Employees may choose employee-only coverage, dual coverage for the employee and one dependent, double state coverage (both spouses are State employees), or family coverage. The State pays a certain amount toward each employee's health insurance coverage and the employee pays the remainder.

Medical insurance is available to part-time and full-time, salaried classified employees, including Q status employees. Costs associated with participation vary depending upon employment status, membership type and coverage options.

### ***Long-Term Care Insurance***

The Commonwealth of Virginia offers long-term care insurance to eligible state employees, retirees, and certain family members through Aetna U.S. Healthcare administered by the Department of Human Resource Management. Eligible employees, who are guaranteed acceptance provided they are actively at work and apply during a specific enrollment period, may choose daily benefit options ranging from \$75.00 to \$200.00. Benefit levels vary according to whether the

services are performed at a nursing home (100% of the daily benefit amount), an assisted living facility (100%) or at home (50%). To receive benefits, the participant must be unable to perform substantially two of six activities of daily living or have a severe cognitive impairment. There is a 90-day waiting period.

### ***Flexible Benefits***

Through the Commonwealth's Premium Conversion program, employees may pay their health insurance premiums before their taxes are calculated, resulting in more spendable income. Employees may enroll or "opt-out" at the time of initial enrollment or during an open enrollment period.

Employees also may enroll in Medical and Dependent Reimbursement Accounts. These programs allow employees to pay some dependent care and medical care expenses with before-tax dollars, to reduce taxes and increase spendable income. There are important restrictions employees need to understand before enrolling in the reimbursement account programs. Employees should contact the agency benefits administrator in the Human Resource Office for election forms and more information on these programs.

### ***CommonHealth***

CommonHealth is an employee wellness program designed to assist employees with identifying potential health risks and learning how to make positive lifestyle changes to reduce or eliminate those risks. The program, available to all state employees and covered family members, offers medical screenings, health risk appraisals, confidential personal reports, baby benefits and features a quarterly newsletter. Each participating agency has a CommonHealth Coordinator responsible for facilitating the various programs. The CommonHealth program is maintained by Continental Health Promotions.

### ***Virginia Retirement System (VRS)***

VRS provides monthly retirement benefits to vested employees with 5 years of VRS service who have retired. These benefits are in addition to monthly benefit payments from Social Security. VRS also provides disability retirement benefits for some employees who are permanently and totally disabled from performing their jobs. The cost of participation in VRS is paid entirely by the State.

### ***Deferred Compensation***

Through the VRS deferred compensation plan, employees may set aside a portion of their gross (before tax) pay through payroll deduction. The deferred amounts and earnings grow tax-free. State and federal income taxes are paid when the funds are withdrawn upon separation or during retirement when the retiree is generally in a lower tax bracket.

The benefits administrator in the Human Resource Office of each facility can be contacted for greater details.

***Virginia Credit Union***

Employees and their immediate family are eligible to join the Virginia Credit Union and benefit from lower fees and attractive rates on personal banking services. Services include saving and checking accounts, automobile and personal loans, credit cards, home equity loans and mortgages. Direct Deposit, payroll deduction, ATM and debit cards and PC home banking are also available. The credit union is federally insured by the National Credit Union Administration and is an equal housing lender. For information, employees can call the credit union at (804) 323-6800 or (800) 285-6609, or visit their web site at <http://www.vacu.org>.

## **Chapter 12: Training and Educational Assistance**

### ***Training***

It is the policy of DMHMRSAS to provide a positive and meaningful training and development program.

Subject to the availability of funds, employee training may be authorized to help employees perform their jobs more effectively to meet agency needs, help employees reach their potential, and better meet public service needs. Training may be provided by a variety of sources. The majority of the training provided will be on-the-job training.

Upon completion of any formal training program, employees should complete a training record form and send it to the Human Resource Office, so that an up-to-date record of training may be kept for them.

### ***Educational Assistance***

The State has an educational aid program that encourages employees to take courses related to their work. Financial assistance for such courses may be available for such educational courses based on the agency's needs.

The State also provides leave with and without pay for employees to further their education when courses of study are related to their work or that of the agency. Leave may be with full, partial or no pay, and must be authorized by the Commissioner, Facility Directors, or their designees. Employees interested in taking courses or in completing or furthering their education or in educational leave should contact their supervisor and/or Human Resource Office for more details.

## **Chapter 13: Employee Assistance Programs**

### ***Employee Assistance Program (EAP)***

All health plans offered to state employees and their dependents have employee assistance programs. Each plan includes assessment and referral services and offers a maximum of four sessions for mental health, alcohol or drug assessment, child or elder care, grief counseling and legal or financial services. Participation must be authorized in advance.

Value Options administers EAP benefits for COVA Care Participants. Value Options can be contacted at (866) 725-0602.

Participants in the Kaiser Permanente medical insurance plan should call (866) 517-7042 to access EAP services.

### ***Department of Employment Dispute Resolution (EDR)***

EDR assists employees in resolving work-related problems. They provide guidance on the use of the grievance procedure, suggest options for dealing with work-related concerns, provide information on personnel policies and employee rights, administer a statewide mediation program, and provide various services to assist in conflict resolution.

#### ***Mediation***

Mediation is a process in which employees in conflict, guided by specially trained and experienced mediators, discuss the issues in an open, honest and confidential forum and arrive at a mutually satisfactory agreement. All state employees, including probationary and non-classified employees, may participate in the mediation program to resolve work-related issues.

Participation in mediation is voluntary. Employees cannot be required to participate and, at any time during mediation, they are free to stop the process.

Mediation, which is independent of any grievance rights employees may have, may be an alternative means of resolving workplace conflicts or complaints, and its use is encouraged. Since mediation can be an alternative to the grievance procedure (described below), the period for initiating a grievance may be suspended, by mutual agreement, pending the outcome of the mediation process.

Further details on mediation can be obtained from the Human Resource Office or EDR.

## ***Employee Grievance Procedure***

Employees are encouraged to bring their complaints to their immediate supervisors and/or higher levels of agency management prior to the initiation of a written grievance. An alternative to initiating a grievance is to request mediation. The Human Resource Office in each facility and Central Office is available to assist employees in resolving their conflicts.

Non-probationary classified state employees have access to a grievance procedure to resolve certain employment complaints or disputes. An employee who has a complaint and wants to initiate a grievance with his/her immediate supervisor must do so within 30 calendar days of the event that gave rise to the complaint. Grievances proceed through the management resolution steps.

Certain grievances that are not resolved in the management steps may qualify for a hearing before an administrative hearing officer. Any formal discipline (i.e., written notices and terminations, suspensions, transfers, or assignments issued in conjunction with such written notices) and dismissals for unsatisfactory performance must be qualified for hearing. In addition, if there are facts that support one or more of the following actions, the grievance should be qualified for a hearing: (1) unfair application or misapplication of policy, procedures, rules, and regulations; (2) discrimination on the basis of race, color, religion, political affiliation, age, disability, national origin, or sex; (3) arbitrary or capricious performance evaluation; (4) retaliation for participating in the grievance process, complying with any law or reporting a violation of such law to a governmental authority, seeking to change any law before Congress or the General Assembly, reporting fraud, waste or abuse to the State Hotline, or exercising any right otherwise protected by law; or (5) disciplinary transfers, assignments, demotions, suspensions, or other actions which similarly affect the employment status of an employee.

A copy of the "Grievance Procedure Manual" is available at the Human Resource Office or EDR. The Grievance Procedure Manual, and other Grievance forms, can be downloaded from EDR's website: <http://www.edr.state.va.us>. EDR consultants meet with employees in person or may be reached at (804) 786-7994 or toll-free in Virginia at (888) 232-3842.

## Chapter 14: Standards of Conduct and Client Abuse

### ***Standards of Conduct***

It is anticipated that DMHMRSAS employees will apply themselves fully to their work and the work of the agency. Included in this assumption is that employees will report to work punctually, and follow all DMHMRSAS and Commonwealth policies, procedures and practices. All DMHMRSAS employees are expected to present a professional image in accord with the mission of the agency, remembering at all times that they are public servants and should always treat others with dignity and respect. Additionally, with public service comes the obligation to always respond in the best interest of the agency and to safeguard the assets of the agency at all times.

Conduct that interferes with operations will not be tolerated. The Commonwealth of Virginia has a set of rules governing the professional and personal conduct and acceptable standards for work performance of employees. *The Standards of Conduct* Policy is promulgated by the Department of Human Resource Management (DHRM) and is applicable to all non-probationary classified employees.

The *Standards of Conduct* was developed to protect the rights of all employees and their well being in the workplace. They are designed to be used to correct unacceptable behavior or performance. The principle of progressive discipline is followed, i.e. verbal or written warnings for less serious acts, followed by increasing discipline levels depending on the type and frequency of offenses. The first step for less serious offenses may involve verbal or written counseling, however, more serious offenses (Group I, II and III Written Notices) require more formal disciplinary action to prevent reoccurrence. Discipline under the *Standards of Conduct* will not be based on any employee's race, color, religion, national origin, political affiliation, sex, disability, or age.

The *Standards of Conduct* is intended to be illustrative and is not all-inclusive. Accordingly, an act, which, in the judgment of the agency head or his/her designee, although not listed in the policy, seriously undermines the effectiveness of the agency's activities or the employee's performance, is to be treated consistent with the provisions of the *Standards of Conduct*.

A copy of the *Standards of Conduct*, in its entirety, can be obtained from the Human Resource Office. Offenses are broken into three categories (Group I, Group II and Group III) based on their severity. The examples outlined below expand those listed in the *Standards of Conduct* in order to provide additional guidance to DMHMRSAS employees of those offenses unique to this agency. These are intended as examples and are not all-inclusive.

## **Group I Offenses**

Group I Offenses include types of behaviors least severe in nature, but require correction in the interest of maintaining a productive and well-managed work force. An accumulation of three active Group I Written Notices normally will result in a suspension of up to five workdays. A Group I Written Notice stays active for two (2) years from the date of issuance. An accumulation of four active Group I Written Notices normally will result in termination. Group I offenses include, but are not limited to:

1. Unsatisfactory attendance or excessive tardiness (i.e. accumulating more than 64 hours of unplanned leave or excessive tardiness with more than three tardies of more than 10 minutes over a three-month period).
2. Abuse of time, including, for example, unauthorized time away from the work area, use of State time for personal business, and abuse of sick leave.
3. Use of obscene or abusive language.
4. Inadequate or unsatisfactory work performance.
5. Unprofessional or disruptive behavior which interferes with the therapeutic environment such as horseplay, loud and/or obnoxious verbalizations, refusal to communicate with supervision due to personal disputes, and words or gestures that show disrespect for clients, peers or supervisors.
6. Conviction of a moving traffic violation while using a State-owned or other public use vehicle.
7. Violation of the State's or agency's policies on Alcohol and Other Drugs, Harassment or Equal Employment Opportunity to include inappropriate and/or offensive comments, touching, and unwanted conversations of a personal or sexual nature (may be treated as a Group I, II or III offense depending on the severity of the conduct).

## **Group II Offenses**

These offenses include acts and behavior, which are more severe in nature and are such that a single Group II offense may result in a suspension of up to 10 workdays and an accumulation of two Group II offenses normally should warrant termination.

1. Failure to follow a supervisor's instructions, perform assigned work, or otherwise comply with established written policy to include failure to report an arrest or criminal conviction to his or her supervisor as required.
2. Violating a safety rule where there is not a threat of bodily harm.
3. Leaving the work site during work hours without permission.

4. Failure to report to work as scheduled without proper prior notice to supervisor(s).
5. Unauthorized or misuse of State property or records.
6. Refusal to work overtime hours as required.
7. Inappropriate/non-therapeutic interaction with clients.
8. Violation of the State's or agency's policies on Alcohol and Other Drugs, Harassment or Equal Employment Opportunity to include inappropriate and/or offensive comments, touching, and unwanted conversations of a personal or sexual nature (may be treated as a Group I, II or III offense depending on the severity of the conduct).

### **Group III Offenses**

These offenses include acts and behaviors of such a serious nature that a first occurrence normally should warrant suspension of up to 30 workdays or termination.

1. Absence in excess of three days without prior authorization or a satisfactory reason, notification and proper authorization.
2. Falsifying any records, including, but not limited to, vouchers, reports, insurance claims, time records, leave records, or other official State and agency documents.
3. Willfully or negligently damaging or defacing agency records, medical records, leave records, agency property, or property of other persons (including, but not limited to, employees, supervisors, clients and visitors).
4. Theft or unauthorized removal of State and agency records, agency property, or property of other persons (including, but not limited to, employees, supervisors, clients and visitors).
5. Gambling on State property or during work hours.
6. Fighting and/or other acts of physical violence.
7. Violating safety rules where there is a threat of physical harm.
8. Sleeping during work hours.
9. Participating in any kind of work slowdown or similar concerted interference with State operations.
10. Unauthorized possession or use of firearms, dangerous weapons, or explosives.
11. Threatening or coercing persons associated with any agency department (including, but not limited to, employees, supervisors, clients and visitors).
12. Criminal convictions for illegal conduct occurring on or off the job that clearly are related to job performance or are of such a nature that to continue employees in their positions could constitute negligence in regard to the agency's duties to the public or to other agency employees.

13. Violation of the State's or agency's policies on Client Abuse, Alcohol and Other Drugs, Harassment or Equal Employment Opportunity to include inappropriate and/or offensive comments, touching, and unwanted conversations of a personal or sexual nature (may be treated as a Group I, II or III offense depending on the severity of the conduct).
14. De-encryption, deletion, viewing, examining, copying, disabling, distribution or modification of computer files or data belonging to other users without prior consent or authorization.

DMHMRSAS' effectiveness, to a large measure, depends not only on technical expertise, but also on the ethics and standards of professional conduct of its employees. Compliance with the *Standards of Conduct* not only enhances employee performance, but that of the Department as well. Employees should always attempt to ensure that their conduct reflects favorably on themselves and the agency in recognition of the public's trust for the care of clients/residents and the public's resources.

### ***Client Abuse and Neglect***

The Department has the responsibility to provide clients and employees with a safe, secure environment. The clients represent a particularly vulnerable, fragile, often dependent portion of the population. They require treatment and protection, some for up to 24-hours per day, 365-days per year. Many clients are unable to recount, verify or testify to what happened. This is of particular concern when there is alleged client abuse.

DMHMRSAS has **zero** tolerance for acts of abuse or neglect and uses the following definitions and examples of abuse/neglect from Virginia Code §37.1-1: "Abuse" means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the Department, excluding those operated by the Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, mental retardation or substance abuse. Examples of abuse include, but are not limited to, acts such as:

1. Rape, sexual assault, or other criminal sexual behavior.
2. Assault or battery.
3. Use of language that demeans, threatens, intimidates or humiliates the person.
4. Misuse or misappropriation of the person's assets, goods or property.
5. Use of excessive force when placing a person in physical or mechanical restraint.

6. Use of physical or mechanical restraints on a person that is not in compliance with federal and state laws, regulations, and policies, professionally accepted standards of practice or the person's individualized service plan.
7. Use of more restrictive or intensive services or denial of services to punish the person or that is not consistent with his individual service plan.

"Neglect" means failure by an individual, program or facility responsible for providing services to provide nourishment, treatment, care, goods, or services necessary to the health, safety or welfare of a person receiving care or treatment for mental illness, mental retardation or substance abuse.

The above definitions and examples are used in the DMHRSAS abuse policy, Departmental Instruction 201 (RTS) 00, *Reporting and Investigating Abuse and Neglect of Clients*. As a condition of employment, DMHRSAS requires its employees to understand its client abuse policy, through mandatory new employee orientation and annual re-training. Each facility may have its own Hospital/Center Instruction regarding client abuse and neglect that may provide additional information unique to a facility. Employees should fully acquaint themselves with DMHRSAS policy and procedures for reporting abuse of clients.

Additionally, the Department views the following acts that may fall within the definition(s) of abuse/neglect in accordance with Va. Code §37.1-1 and/or are so inappropriate or egregious to warrant comparable disciplinary action. Such acts include but are not limited to:

- Physical acts such as: kicking, pinching, choking, shoving, pushing, biting, slapping, punching, burning, cutting with an object or any other direct physical act that is the proximate cause of psychological harm or physical injury to a person receiving services.
- Psychological acts such as: use of punishment or any treatment technique that is inconsistent with the client's individual service plan.
- Sexual activity or any type of inappropriate touching such as: touching, stroking or fondling of breasts, genitals or buttocks, directly or through clothing, of a client for the purpose of sexual gratification or arousal of either person or permitting prohibited sexual contact between clients.
- Coercion and/or language, threats or intimidation that are statements or actions that would evoke fear in a reasonable person or that could reasonably be expected to evoke fear in the client.
- Neglect in care such as: denial of food, clothing, medications, hygiene, therapeutic activities, equipment or being less than alert on the job when necessary for the health, safety or welfare of a client.
- Use of words, signs and/or gestures to a client or actions by an employee which are either commonly understood by persons to, or that the employee knows will for that particular client; humiliate, demean,

disrespect, curse, harass or cause emotional anguish or distress, ridicule, or threaten harm to the client or which would be likely to incite and/or precipitate maladaptive and/or regressive behavior by the client.

- Observing, condoning or permitting the abuse of a client, including client to client conflict, that may result in physical, emotional, or psychological harm. Lack of appropriate or timely response in a situation involving abuse/neglect of a client, including failure to intervene or report an incident, in effect condones and permits abuse.

Any employee, volunteer, contract employee, consultant, visitor, or relative who has knowledge or reason to believe that a client may have been abused or subjected to other inappropriate behavior must report such information immediately to the Facility Director in person or by telephone 24 hours a day.

When an employee is accused of abuse or neglect of a client, the employee should be immediately suspended in accordance with the *Standards of Conduct*. If suspended, the employee is required to undergo drug and alcohol testing within 24 hours of the suspension. Failure to comply with the alcohol and drug-testing requirement is viewed as testing positive for which the employee may be subject to disciplinary action, including a Group III Written Notice and termination of employment.

All reported allegations of abuse and neglect will be thoroughly investigated by a DMHMRSAS trained investigator. Although all abuse/neglect allegations are thoroughly investigated by DMHMRSAS, not all allegations result in substantiated finding of abuse/neglect against an employee. Corrective action imposed as a result of an investigation regarding an allegation of abuse/neglect will depend upon several factors such as: the finding(s) of the investigation, the facts and circumstances surrounding the reported incident and any other factors, in accordance with the *Standards of Conduct*, as appropriate.

Some examples of the types of action(s) which, depending on the circumstances, may not result in a substantiated finding of abuse or neglect but may warrant corrective action include but are not limited to: dispensing medications in error, failure to follow medication administration procedures or deviations from a client's treatment protocols, etc.. Each case is reviewed and evaluated to determine the clinical appropriateness of the actions or omissions committed by employees. Medical staff (physicians, nurses, direct service associates, medication assistants, etc.) should exercise prudent clinical judgment, in the interest of providing the highest quality services, care or treatment to DMHMRSAS clients.

Upon conclusion of an abuse investigation, the Facility Director will notify and inform the employee of the finding. If abuse is substantiated by a **preponderance of evidence**, a Group III Written Notice is issued and normally results in termination of employment. However, the Facility Director may mitigate the disciplinary action to an appropriate sanction other than termination. If other

inappropriate acts are discovered during the course of the investigation, the Facility Director may take appropriate administrative actions under the *Standards of Conduct*.

Employees who have knowledge of abuse or neglect of a client and have failed to report such information shall be subject to discipline up to and including termination and may be subject to criminal charges. Additionally, failure to cooperate with an abuse or neglect investigation or engaging in actions that compromise the integrity or outcome of a factual investigation may be grounds for disciplinary action under the *Standards of Conduct*.

## **Chapter 15: Other Information and Responsibilities**

### **Alcohol and Other Drugs Policy**

Federal law and Department of Human Resources Management (DHRM) policy prohibit the unlawful or unauthorized manufacturer, distribution, dispensation, possession, or use of alcohol or other drugs in the workplace. These policies also prohibit employee impairment on the job due to the use of alcohol and other drugs. Policy allows the Commonwealth to discipline employees who are impaired in the workplace or who are convicted of violating any criminal drug law, and certain alcoholic beverage control laws governing driving while intoxicated.

### **Alcohol and Other Drugs Testing**

In accordance with the U. S. Department of Transportation and the Federal Highway Administration under the Code of Federal Regulations, DMHMRSAS is required to comply with the procedures for administering drug and alcohol tests for employees who hold commercial motor vehicle drivers licenses (CDL's) and operate motor vehicles for the department and for those employees who hold safety-sensitive positions. Employees who would like to review these testing procedures should contact their Human Resource Office.

### **Conflict of Interests**

In keeping with the Conflict of Interests Act, DMHMRSAS employees are prohibited from using information gained while performing their job to influence or further their own personal interests. The Conflict of Interests Act also prohibits employees from contracting with DMHMRSAS or other state government agencies except in specified circumstances, and prohibits employees from accepting unauthorized gifts, money, (except for compensation paid by the agency in which they are employed) or any other thing of value for performing their duties or work related to their duties for the Department. Employees who would like to review the Conflict of Interests Act should contact their Human Resource Office.

### **Confidentiality of Records**

Most DMHMRSAS employees will work in capacities where confidential information concerning clients/residents will be handled. Employees must not discuss such information with persons not authorized to have access to them. If there is a question as to whether the information should be released, then the inquiry should be referred to the Commissioner, Facility Director, or other agency official. Information released to the print and electronic media should follow policy established by the agency.

## **Emergency Contacts**

All employees are asked to have an emergency contact form on file in the Human Resource Office, so that a designated family member or friend may be contacted in case of an emergency during work hours. All new employees are asked to complete the form, and all employees should ensure that the information is kept up-to-date. The emergency contact information is confidential and is filed in the employee's personnel file.

It is the employee's responsibility to keep this information current.

## **Employment Outside the Agency**

No employee shall engage in any other paid employment, public or private, without prior written approval of the Commissioner or appropriate Facility Director. Every employee is under a continuing obligation to seek prior approval in writing before beginning any employment outside the Department. Prior approval of outside employment must be obtained for each particular employment opportunity. Approval of the employment opportunity will be given for the duration of the employment period, not to exceed one year, at which time the employee may request that the approval be renewed.

Requests for outside employment will not be approved if the outside employment:

- Occurs during any hours the employee is expected to work for the Department;
- Interferes with or may foreseeably interfere with the employee's ability to devote the expected time and attention to work or performance of duties with the Department;
- Requires the use of annual or other leave at a time when such leave would not be otherwise approved;
- Requires the use of property belonging to or under contract to the Department;
- Is a violation of the State and Local Government Conflict of Interests Act, including:
  - Personal interest in a contract with the employee's own state agency, except his own contract of employment
  - Personal interest in a contract with another state agency, except as awarded through competitive bidding, negotiation or upon decision by Commissioner or Facility Director that competitive bidding is contrary to the agency's best interest
  - Performs work that relates to the employee's official duties for which he is compensated by the Department or that enables the

employee to receive additional compensation for Department job duties

- Offers or accepts goods or services or use of public position to influence employment, promotion or to further a contract for another person or business with any state agency
- Receives money, loans, gifts or business/professional opportunities that reasonably tends to influence the employee or the employee knows is being given to influence him/her in the performance of his official duties of the Department
- Use of confidential information, not available to the public, obtained by an employee for his economic benefit or to the benefit of another

In addition, the Virginia Public Procurement Act prohibits any employee having responsibility for developing, awarding, or monitoring contracts from accepting employment from any bidder, offeror or contractor.

Approval of outside employment may be rescinded if any of the above circumstances arise during the course of the outside employment. Failure to request and obtain prior written approval of outside employment as required by agency policy may result in disciplinary action, up to and including termination. Employees may review this policy in its entirety upon request to their supervisor or the Human Resource Office.

### **Employment Verification**

Employment verifications are handled by the agency Human Resource Office. Employment verification forms should be addressed to the Human Resource Manager. Information conveyed as a result of employment verification requests will be based on the limits and obligations outlined in the Freedom of Information and Privacy Protection Acts.

### **Gifts, Gratuities or Rewards**

DMHMRSAS employees are in a position of public trust and therefore cannot accept unauthorized gifts, gratuities, favors, or rewards for any services they provide in connection with their employment. Monetary gifts from client's family members to employees are strictly prohibited. Employees need to be aware of the need to avoid perceptions of preferential treatment of any client.

It also is unlawful for employees to solicit, offer, or accept any money or anything of value in exchange for an appointment, selection for a position at a higher salary grade, or special privilege with any State agency. Employees involved in procurement or contract transactions must be especially diligent in not accepting anything of value from bidders, offerors or contractors. Employees who violate this policy may be subject to disciplinary action, up to and including termination.

## **Intellectual Properties**

Although employed by the State, many employees work on projects or develop materials that also have worth outside of State government. The Intellectual Properties Policy ensures that the work of State employees is protected from unlawful use by other organizations. Employees may obtain a copy of this policy from their Human Resource Office. Information developed and disseminated in the course of work is the property of DMHMRSAS and may not be released except after approval through appropriate channels.

## **Inspections**

Desks, telephones, lockers and computers and other equipment also are the property of DMHMRSAS. DMHMRSAS reserves the right to enter or inspect an employee's work area including, but not limited to, desks, file cabinets and computer storage disks, with or without notice. In accordance with the Fourth Amendment of the U.S. Constitution, any such searches will be conducted for work-related purposes and will be reasonable in their inception and reasonable in scope.

## **Personal Appearance**

DMHMRSAS' employees are the agency's representatives to the public and their appearance has an impact on the public's image of the agency.

It is expected that employees' dress, grooming, and personal hygiene will be suitable for the work situation. Employees are expected to dress in a manner that is appropriate to the particular business environment. Employees are encouraged to talk with their supervisors when they have questions regarding appearance.

Individual facilities have policies that address specific issues related to appearance. Facility policies may restrict or prohibit certain items of dress or personal adornment based upon client/employee safety and hygiene.

## **Political Activity**

Political activities of employees in State agencies that are funded in whole or in part by federal loans or grants are subject to the provisions of the Hatch Act, a federal law that limits the political activities of government employees. Employees should check with the Human Resource Office to determine whether or not they are covered by this Act. Whether an employee is subject to the restrictions of the Hatch Act or not, he/she may not campaign for himself or herself, or anyone else during the hours when he/she is employed to work. Those employees covered under the Hatch Act may not be candidates for

elective office or use their position to influence other employees in an election or for a political purpose.

### **Report of Arrest and Convictions**

Employees who are arrested, charged or convicted of any crimes must notify their supervisors within five (5) workdays of the event. Failure to report the event as required may result in disciplinary action.

Supervisors are required to notify their human resource office of any report of arrest/conviction in order to determine whether the arrest, charge, or conviction is job-related and what action, if any, is needed.

### **Resignations**

Employees who resign are requested to give at least two weeks advance notice to their supervisor. Failure to give proper notice will be considered abandonment of position and may cause an employee to be ineligible for rehire.

DMHMRSAS strives to hold an exit interview with all employees who terminate employment with the agency for any reason, other than retirement. The Human Resource Office will coordinate exit interviews.

### **Smoking**

Smoking within DMHMRSAS' facilities and central office is permitted only within designated smoking areas. All other areas of the facilities and central office will be non-smoking areas and smoking will be prohibited in these areas. Smoking is prohibited in state vehicles.

Facilities have policies that address specific issues related to smoking. Facilities may restrict or prohibit smoking based upon client/employee safety.

### **Telephone Usage**

If personal telephone calls are necessary during the workday, whether local or long distance, they should be limited in number and be as brief as possible. The policy of the State prohibits charges to its telephones for long distance calls not involving State business. Employees may not charge personal long distance calls to the State. If they must make a personal long distance call while at work, employees must have the call charged to their home telephone number, use a personal credit card, or locate a pay phone to use.

Official State long distance calls should be kept as brief as possible. Routine work-related telephone calls should also be limited. Employees should answer calls promptly and be expeditious when transfers or holds are necessary.

Individual facilities have policies that address telephone and cell phone use. These policies may restrict or prohibit use of telephones and/or cell phones based upon client/employee head and privacy.

### **Use of Agency Equipment**

DMHMRSAS' fax machines, copiers, and mail systems, including e-mail, are for agency business. Personal business must not be conducted through these systems.

No employee shall be permitted to use agency materials, equipment, supplies, tools or transportation for personal use unless prior written permission is obtained from the department head.

## **Chapter 16: Violence in the Workplace**

### **Zero Tolerance**

DMHMRSAS has zero tolerance for violence or threats of violence. If an employee displays any violence in the workplace or threatens violence in the workplace, the employee is subject to immediate discipline, up to and including termination and criminal charges.

DMHMRSAS defines violence to include physically harming another, shoving, pushing, harassment, intimidation, coercion, brandishing weapons, and threats of violence.

### **Reporting Workplace Violence**

It is everyone's business to prevent violence in the workplace. Employees can help by reporting what they see or hear in the workplace that could indicate that a coworker is in trouble. Employees often are in a better position than management to know what is happening with those with whom they work.

Employees are encouraged to report any incident that may be covered under this section of the handbook. Concerns may be presented to the employee's supervisor, the Facility Human Resource Manager, the Facility Director, or the Commissioner.

### **Security Measures**

The agency is committed to providing a safe environment for employees, clients, and visitors. In order to provide a safe workplace, DMHMRSAS requires that access to all facilities be limited to those with a legitimate business interest. If requested, employees must produce personal identification.

### **Weapons Banned**

Employees shall not possess any weapons, including weapons transported in employees' vehicles, inside the workplace, on the grounds of the facilities, or in the facility parking areas. In addition, when working outside DMHMRSAS' premises in their capacity as agency employees, employees shall not carry or transport weapons.

Weapons are instruments of offense, defense or combat and include but are not limited to guns, knives, explosives, or other items used to threaten harm to another person. Appropriate disciplinary action, up to and including termination, will be taken against any employee who violates this policy.

## Chapter 17: Workplace Safety

### Workplace Safety

Workplace safety and health for workers and clients is a primary concern of DMHMRSAS. Facilities may have more specific rules to safeguard clients and staff. General safety rules include but are not limited to those listed below:

1. Report all injuries or illnesses that occur in one of the Department's facilities or the Central Office immediately to your supervisor. An incident form must be completed within 24 hours.
2. Report all unsafe or unhealthy conditions to your supervisor.
3. Observe and obey all safety signs and instructions.
4. Do not block emergency exits or leave emergency exit doors open.
5. Do not block aisles, stairs, or passageways.
6. Do not tamper with or remove emergency fire extinguisher equipment.
7. Do not obstruct, remove or deface safety signs or instructions.
8. Report all fires and other safety or health threats in accordance with emergency preparedness procedures.
9. Follow the emergency evacuation procedures.
10. Do not use equipment without proper training.
11. Do not repair equipment without proper authorization.
12. Do not remove guards or other safety devices.
13. Use appropriate universal precautions, to include proper use of personal protective equipment.
14. Check with your Safety Officer regarding use of electrical appliances such as space heaters, glue guns, holiday lights/decorations, fans, etc.
15. To minimize potential electrical hazards, avoid the use of extension cords and multi-outlets. If extension cords or other cords must be used, use them properly to avoid tripping hazards.
16. Place finished cigarettes in designated receptacles. Do not leave burning cigarettes unattended.
17. Store heavy items on lower shelves.
18. Do not use desks, chairs or files cabinets as substitutes for stepladders.
19. Close drawers immediately after use.
20. Properly close, cap and store hazardous materials.
21. Do not run on stairs, passageways or hallways.

Workplace Safety is everyone's business and responsibility.

### Workers' Compensation

An employee who suffers an injury or illness arising out of and in the course of his/her employment may be entitled to workers' compensation benefits, leave, pay for time lost from work, and payment of medical treatment. In order to have

a workers' compensation claim considered for benefit, an incident form must be filled out and sent to the Human Resource Office within 24 hours of the incident.

If medical attention is required, a list of panel physicians is provided to the employee. Any unauthorized medical treatment will not be covered. All payments for injuries and illnesses are considered to be in a pending status until a compensability decision is made.

If a claim is compensable, classified employees are entitled to no more than 92 calendar days (526 work hours) of full pay from the agency based on their work time missed. In general, these 526 hours are covered through two-thirds compensation paid by workers' compensation beginning after the eighth day of lost time and one-third compensation paid by the agency. The first seven calendar days of absence, and the remaining third of the day beginning on the eighth day, are paid by the agency. Part-time classified employees also are entitled to two-thirds of their average weekly wage (up to the maximum dollar amount allowed) after the eighth day of lost time.

After 526 hours of workers' compensation leave, if employees continue to be eligible for worker's compensation benefits, these payments continue. Employees must use accumulated personal leave, if available, along with the workers' compensation payments to receive an amount equal to their full salary.

The panel physician must authorize all time away from work. All employees are entitled to payment for medical treatment, including prescription drugs, as long as it is related to the injury or illness and treatment was provided by an authorized physician.

Facilities have a modified duty program to assist employees in returning to work as soon as authorized by their physicians. Employees receiving workers compensation must follow the rules and regulations established by their facility. If an employee has any questions regarding his/her claims, he/she should call the Human Resource Office.

## **Chapter 18: For Further Information**

Employees are encouraged to consult with their supervisors anytime there are questions about information contained in this handbook or on other agency policies and practices. Employees also may contact their Human Resource Office for such assistance.

The Department of Mental Health, Mental Retardation and Substance Abuse Services, DMHMRSAS *Employee Handbook* dated February 2007, is based on the Department of Human Resource Management (DHRM) Policies and Procedures and describes important information about DMHMRSAS. I understand that I should consult my supervisor or Human Resource Office regarding any questions not answered in the handbook.

Since the information, policies and benefits described here are subject to change, I acknowledge that revisions to the *DMHMRSAS Employee Handbook* may occur at the discretion of DMHMRSAS. I understand that this handbook supercedes and replaces any existing handbooks.

I further acknowledge that I have received and reviewed the *DMHMRSAS Employee Handbook* {which is also maintained on the DMHMRSAS intranet} and I am responsible for complying with the policies and procedures described in this handbook and with any subsequent revisions to it<sup>2</sup>.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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<sup>2</sup> A copy of this Receipt of the *DMHMRSAS Employee Handbook* will be maintained in my personnel file.