

MANDATORY REFERRALS OF EMPLOYEES TO YOUR EAP

One of the very valuable services provided by the Behavioral Medicine Network as your EAP provider is assisting you with troubled or troublesome employees who need to be “mandated” to come to the EAP. Here is a review of the things that need to happen when a mandatory referral seems necessary because of a serious issue or incident in the workplace, including but not limited to the following.

- A policy violation or repeated policy violations that place the employee in danger of termination
- Threats of suicide or suicidal remarks
- Concern that the employee is dangerous to self or others; employee determined to be unsafe to function at work; employee determined not to be safe to leave work
- Employee smelling of alcohol
- Employee demonstrating impaired functioning at work
- Mandatory referrals following an internal organizational Fitness for Duty evaluation

It is important to remember that in order to help ensure your organization’s policies and procedures are followed appropriately and that BMN will be in a position to best respond to the employee’s needs, mandatory referrals must **ALWAYS** must come to BMN through Human Resources or other administrative or executive representative designated with the authority to make such referrals. ***A list of individuals within your organization who are authorized to make mandatory referrals (HR executive, etc.) should be provided to either Betty Spohn or Tom Wallace at the Behavioral Medicine Network central office.***

The Mandatory Referral Process

1. When you call to make a mandatory referral, always tell the BMN operator who you are, what company you are with and your telephone number, and make it very clear that you are calling to make a mandatory referral. This will ensure that the operator will immediately locate one of the EAP staff members here who are “on call” to respond and intake the mandatory. One of these individuals will speak with you by phone and find out the nature of the behavior that prompted the mandatory referral.
2. Be prepared to give that EAP staff member specific detail about why the employee is being referred. “Acting weird” will need to be fleshed out a bit with specifics about what the employee has said and done in the workplace, i.e. did s/he fail to bring problem behavior under control when directed to do so, did s/he have an emotional outburst, make a threat against a co-worker or management, display an irrational thought pattern? We will ask you for behaviors, times, quotes, for other specifics. This helps us determine that the issue is indeed an appropriate one for a mandatory referral – and it helps us determine which of the EAP counselors should see the employee being referred, based on the work behaviors you describe and the extensive backgrounds and expertise our counselors have.
3. You must complete and fax to us the form, “Employee Assistance Program Mandatory Referral Information.” A copy of that form is attached. **This is the prevailing document for the mandatory referral, and without it, we cannot proceed with the referral.** If you cannot locate a copy of this form at the time of the referral, call us and we will email it or fax it to you. Every question is on that form for a purpose, so please complete the questions carefully and with as much detail as possible. The top of the form is demographic information (DOB, SSN, company, address, etc.); the next section asks for a specific description of why the employee is being referred (describe in detail what the employee has said or done in the workplace; provide quotes, if available); note if there has been any prior corrective action taken with this employee; indicate if the employee is working now or off work (suspended, for instance); and, very importantly, please indicate specific changes the organization expects to see in the

employee's workplace behavior or performance (again, "stop acting weird" will need some detail). The bottom portion of the form by virtue of signatures of the employer representative and the employee (if available to sign) indicates understanding that compliance with the mandatory referral is a condition of employment, and that regardless of what happens once the employee gets to the EAP, s/he is responsible for meeting workplace behavioral and performance expectations. Please note directions on the bottom of the Referral form for what to do if the employee is unavailable to sign the form: note on the employee signature line how the mandatory referral is being communicated to the employee, and then put your initials on that line.

4. Once we have the essential information about the nature of the referral, we will confirm with you a time and date and a counselor for the mandatory appointment. It is your responsibility to inform the employee that the mandatory referral is in effect, and to let him or her know the details about when to come to the EAP, who s/he will be seeing, and give directions, if need be. It is also the organization's responsibility to inform the employee of ramifications if s/he does not follow through with the terms of the mandatory referral, i.e. termination of employment.
5. **When the employee comes for the first mandated session, s/he will be asked to sign a HIPAA-compliant "Authorization to Use or Disclose PHI" form so that the counselor can communicate back to you that the employee is in compliance or not in compliance with the terms of the mandatory referral and the subsequent treatment plan outlined for the employee. Absolutely no private information discussed in the actual counseling sessions will be shared with you unless the employee expressly indicates on the HIPAA release form his or her permission for the counselor (or any staff member) to do so.**

None of us look forward to situations that are serious enough in the workplace to mandate that an employee go to the EAP as a condition of continuing employment. But coming to the EAP is NOT discipline; it is a reflection of the employer's willingness to go one step further with the employee, to try to provide a source of help to that person. That's certainly how we here at your EAP view the mandatory referrals. And we hope that you present this positive side of "being sent" to the EAP to any of your employees who have to make the trip. Many times it helps get the employee back on track and back to being a productive member (maybe a happier member) of your work force.

Please help us continue to provide this valuable, positive service by calling us as soon as you become aware of a significant problem, and by being able to provide us with specific details about the employee's behavior and what your expectations are for change in that behavior.

And always let us know how we can serve you and the organization and your employees better.

EMPLOYEE ASSISTANCE PROGRAM MANDATORY REFERRAL INFORMATION
The Behavioral Medicine Network: FAX: (859)224-2024; TEL: (859)224-2022

Form must be completed by HR Dept. or other designated company official and sent via Fax or HR/designated official may call EAP and give information to Account Representative via telephone.

Company: _____ Employee: _____
SS #: _____ - _____ - _____ Date of Birth: _____ Gender: M F

Address: _____

Position: _____ Dept. _____ Shift: _____

Work Tel. _____ Home Tel. _____

Please describe **as specifically as possible** why the employee is being referred to the EAP on a mandatory basis (attach additional sheet, if necessary): _____

Please describe any previous corrective action taken with the employee for this problem.

Is the employee off work now (If "yes," under what circumstances, i.e. suspension, medical leave)?

What specific changes are desired or required in the employee's workplace behavior or performance?

The employee has been informed and does understand that compliance with this mandatory referral is a condition of his or her employment and that documented compliance with the EAP Treatment Plan does not relieve him or her of the responsibility for meeting workplace behavioral and performance expectations as established by the employer.

Appointment Date/Time: _____ Counselor: _____

Signature of HR Official Making Referral: _____ Tel. _____

Employee Signature*: _____ Date: _____

(*Company representative completing this form: IF employee is unavailable to sign form before it is faxed to BMN, please note on employee signature line how the mandatory referral was or will be communicated to the employee by you, i.e. by telephone or at a later meeting. Then please initial that line on the form. The employee will be asked to review and sign this Mandatory Referral form at his or her first appointment with a BMN counselor.)