

# Employee Assistance Program (EAP) Management Referral Packet

## Substance Abuse



### Making an EAP Referral

Workplace Consultants are available to help supervisors or HR clarify the strategies to help employees resolve conduct, safety and job performance problem behaviors.

Supervisors or HR must speak with a Workplace Consultant before EAPP/CFR can initiate a management referral.

*Here are the basic steps for making a management referral:*

1. Supervisor/HR identifies job performance problems and calls EAPP/CFR to clarify an intervention strategy.
2. The Workplace Consultant will discuss your situation and help you to complete the **two required forms** for making a management referral.
  - a. Supervisor/HR completes **Management Referral Form** (p. 3).
  - b. Employee signs **Management Referral Form** (p. 3) and **Authorization to Disclose Information** (p. 4).
3. Supervisor/HR gives signed copies of both forms to the employee (**Management Referral Form** and **Authorization to Disclose Information**).
4. Supervisor/HR faxes **Management Referral Form** and **Authorization to Disclose Information** to EAPP/CFR.
5. Employee contacts EAPP/CFR to schedule initial appointment.
6. EAPP/CFR Workplace Consultant reports adherence information to supervisor/HR.
  - a. Privileged communication begins when a client first contacts the EAP. Adherence information is privileged so EAPP/CFR can only report adherence/non-adherence once it receives an **Authorization to Disclose Adherence Information** signed by the employee.
  - b. When EAPP/CFR receives the signed **Authorization to Disclose Adherence Information**, the EAP then has legal permission to contact the supervisor/HR manager.

### Required Referrals

#### Conduct/Safety

Employee participation is required in an EAP assessment. Employment is contingent upon improving job performance, conduct, and/or safety. Adherence is reported with a signed **Authorization to Disclose Adherence Information** to the employer.

#### Substance Abuse

Employee participation is required\* in an EAP assessment. Employment is contingent upon improving job performance, conduct, safety, and adhering to treatment recommendations. Adherence is reported with a signed **Authorization to Disclose Adherence Information** to the employer.

*\* Employees regulated by the Federal Department of Transportation (DOT) are subject to the evaluation process set forth by the DOT regulations. Our DOT-certified Substance Abuse Professionals will clarify DOT regulations to supervisors as needed.*

### Recommending the EAP

A recommended referral is intended to encourage people to resolve challenging life problems independently. No information is reported to the supervisor or HR to protect privacy, and no forms are required.

When recommending the EAP, the goal is to provide support and encouragement. If you want to recommend the EAP, *but not require participation*, please call EAPP/CFR to talk to a Workplace Consultant to discuss how the EAP can be most helpful. *Supervisors have unlimited access to telephonic consultations to assist with all workplace issues and challenges.*

**EAPP**  
EAP PREFERRED

EAPP Management Referral Packet SA 0317

CONTACT EAPP/CFR  
CALL **1-800-327-3517** (press 2)  
FAX **1-877-730-5113**  
EMAIL [clinicalmanager@reliantbh.com](mailto:clinicalmanager@reliantbh.com)

# Universal Job Expectations Tool

Use this tool to develop clear, behavior-based descriptions of job performance problems.

	Job Expectations	Poor Performance Observations
1. <b>Quality of Work</b>	<input type="checkbox"/> Accurate; neat; attentive to detail; consistent; takes time to do it right; thorough; high standards; follows procedures.	<input type="checkbox"/> Increase in number of errors; sloppiness; inconsistency of quality; does not take the time to do the job right; appears rushed; not thorough; work often incomplete; diminished standards of work; does not follow procedures.
2. <b>Dependability</b>	<input type="checkbox"/> Consistent attendance, punctuality, and reliability; follows regulations completely.	<input type="checkbox"/> Absenteeism; multiple instances of unauthorized leave; excessive sick leave; frequent Monday and/or Friday absences; repeated or patterned absences.
3. <b>Communication</b>	<input type="checkbox"/> Adept at oral/written communication; shares information with peers and supervisors; handles internal/external communications.	<input type="checkbox"/> Diminished oral and written communication; misuses information for personal gain or to hurt others; tells peers and supervisors/managers too much or too little; misinterprets information received; covers up problems.
4. <b>Relationships</b>	<input type="checkbox"/> Agreeable; constructive; flexible; helps without being asked; handles customers/vendors/outside; seeks and maintains good relationships; expedites orders and projects.	<input type="checkbox"/> Disagreeable; openly mistrusts many people; edgy; easily and frequently angered or hurt; obstructive, slows work of others; rigid, unable to work with others in new ways; deteriorating or unstable relationships with coworkers/supervisors/customers/vendors/outside, including complaints, hostility, or arguments; overreacts to real or imagined criticism; holds unreasonable resentments over time; blames others.
5. <b>Judgment</b>	<input type="checkbox"/> Tactful; displays sensitivity; uses common sense; maintains confidentiality; makes sound decisions; sizes up situations, takes appropriate actions.	<input type="checkbox"/> Tactless, says things that hurt coworkers, clients, or customers; does not use common sense; illogical reasons for behaviors; violates confidentiality; poor ability to size up situations; does not understand the whole picture, takes inappropriate actions; inattentive to safety procedures.
6. <b>Organization</b>	<input type="checkbox"/> Sets realistic priorities and schedules; meets work/project deadlines; does not waste time; coordinates well with others.	<input type="checkbox"/> Sets unrealistic priorities, poor use of time, inefficient scheduling, missed deadlines, incomplete projects, inability to coordinate with others.
7. <b>Volume of Work</b>	<input type="checkbox"/> Keeps up with workload; meets sudden demands when necessary; steady; consistent; willing to put in extra effort.	<input type="checkbox"/> Overwhelmed by realistic workload, work piles up; does not meet commitments; unavailable for extra work; rigid, cannot increase workload when needed; volatile; easily upset; inconsistent pace of work.
8. <b>Skills/Knowledge</b>	<input type="checkbox"/> Knows what has to be done; seldom needs instruction; works independently; proficient in technical aspects of job (equipment use); instructs, guides and trains others; understands and follows safety/security procedures.	<input type="checkbox"/> Doesn't know what has to be done; frequently needs instructions; not keeping pace with technical developments of job; does not use equipment properly; unable to work independently; does not instruct, guide, and train others.
9. <b>Motivation</b>	<input type="checkbox"/> Genuine commitment to job; energetic; self-starting; shows initiative, commitment, positive attitude, enthusiasm, and high energy level.	<input type="checkbox"/> Lack of commitment to job; unconcerned with quality of product/service; disinterested in nature of work and negative attitude; frequent references to job dissatisfaction, low energy level; lazy; needs frequent prodding to initiate activities.
10. <b>Reaction to Stress</b>	<input type="checkbox"/> Dependable as pressures intensify; stays calm and effective despite irritation or changes in plans/policies; rarely loses temper; good frustration tolerance; handles irate customers/vendors.	<input type="checkbox"/> Difficulty in concentration; increased accident rate on and off the job; becomes upset over minor irritations, changes in plan, and new policies; poorly controlled emotions – easily loses temper, yells, cries, withdraws.
11. <b>Problem Solving</b>	<input type="checkbox"/> Troubleshoots; quick insight and able to learn; handles complex assignments; analytical; gets to the point quickly.	<input type="checkbox"/> Does not recognize or denies a problem exists; cannot define the problem; single-track mind (most problems have the same few causes or solutions); blames others; and covers up problems.
12. <b>Creativity</b>	<input type="checkbox"/> Innovative; generates original solutions; develops new options and suggests improvements; willing to try new concepts.	<input type="checkbox"/> Focuses on negatives; easily diminishes or is unwilling to try new ideas; habitual thought and behavior (same solutions for all problems); high security needs; fears risk; needs constant supervision and reassurance; over-reliance on structure; getting the job done well is not as important as following the rules; unquestioning; unable to determine new options.
13. <b>Decisiveness</b>	<input type="checkbox"/> Willingness to make decisions; makes appropriate decisions; asks questions when needed.	<input type="checkbox"/> Unwillingness to make decisions; asks too many people for advice, tries to solve a problem without thinking it through; does not ask necessary questions, acts impulsively.
14. <b>Hygiene</b>	<input type="checkbox"/> Appropriate clothing (work clothes, uniform, etc.); clean, no offensive odors; appears healthy and clear-eyed – not flushed or pale; alert; physically capable (i.e., clear speech, awake).	<input type="checkbox"/> Inappropriate clothing – too casual or formal, sexually inappropriate, appears unclean/unwashed at beginning of work; no regular change of clothes, offensive odors such as bad breath or body odor; appears ill; flushed or pale, bloodshot eyes; not alert; inattentive.

# Management Referral Form

FAX completed page to EAPP/CFR: **1-877-730-5113**

Call with questions or for assistance: **1-800-327-3517** (press 2)

## 1. Contact Information

Employee Name:	<input type="text"/>	Employee Phone #:	<input type="text"/>
Supervisor Name:	<input type="text"/>	Supervisor Phone #:	<input type="text"/>
Supervisor Fax:	<input type="text"/>	Is Fax Confidential?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name:	<input type="text"/>	Insurance Plan:	<input type="text"/>

## 2. Performance Issues

*I have discussed the following job performance issue(s) with the employee and am making a "Formal Referral" to the EAP.*

**Substance Abuse** - which substance(s):

Was there a positive alcohol or drug test?  Yes  No

If yes, is the employee required to have a negative drug/alcohol test before returning to work?  Yes  No

**Conduct** (see attached *Universal Job Expectations form* for definitions):

- |  |   |
|--|---|
| <input type="checkbox"/> Quality of work | <input type="checkbox"/> Skills/Knowledge   |
| <input type="checkbox"/> Dependability   | <input type="checkbox"/> Motivation         |
| <input type="checkbox"/> Communication   | <input type="checkbox"/> Reaction to Stress |
| <input type="checkbox"/> Relationships   | <input type="checkbox"/> Problem Solving    |
| <input type="checkbox"/> Judgment        | <input type="checkbox"/> Creativity         |
| <input type="checkbox"/> Organization    | <input type="checkbox"/> Decisiveness       |
| <input type="checkbox"/> Volume of Work  | <input type="checkbox"/> Hygiene            |

Describe Problem Behavior:

Expectations for Change:

Consequences if job performance does not improve?

- No consequences  Corrective action  Termination

## 3. Referral Type

- Conduct/Safety  
 Substance Abuse  
 DOT/NRC (regulated by Federal Guidelines)

## 4. EAP Appointment Scheduling

Date first appointment must be scheduled by:

## 5. Signatures

*I have reviewed the job performance behaviors noted on this form with the employee listed above and informed him/her that this document will be sent to the EAP.*

HR/Supervisor Signature

Date:

*I understand that I am being referred to the Employee Assistance Program. I authorize the EAP to release information to my employer verifying the date of my first EAP appointment.*

Employee Signature

Date:

Zip Code:

# Authorization to Disclose Adherence Information

FAX completed page to EAPP/CFR: **1-877-730-5113**

Call with questions or for assistance: **1-800-327-3517** (press 2)

## 1. Client Information

Client Name:

Date of Birth:

## 2. Employer Information

*I, the client, authorize the EAP to exchange information with:*

Supervisor/Manager/HR:

Supv./Mgr./HR Phone:

Company Name:

Company Address:

## 3. Information to be Released

- Adherence with treatment
- Treatment plan
- Manager referral information
- Drug & alcohol laboratory reports
- Other:

## 4. Purpose of Released Information

- Reporting treatment adherence
- Other:

## 5. Authorization Statement and Terms

The EAP requests authorization from you, the client, to use, acquire, or disclose your protected health information:

1. EAP cannot withhold services or treatment based on the receipt or non-receipt of this signed authorization;
2. You may inspect a copy of the protected health information to be used or disclosed;
3. You may refuse to sign this Authorization; and
4. We must provide you with a copy of the signed authorization.

You have the right to revoke this Authorization at any time, provided that you do so in writing and except to the extent that we have already used or disclosed the information in reliance on this Authorization.

Unless revoked, this authorization is limited to the following time period:

Commencing on the date shown below and ending 18 months from the date below or upon termination of treatment, whichever comes first. *(In Washington State, the expiration date can be no longer than 90 days after this authorization is signed.)*

To revoke this authorization, send a written statement to: Privacy Officer, Reliant Behavioral Health, 1220 SW Morrison St., Ste. 600, Portland, Oregon 97205; and state that you are revoking this authorization.

## 6. Signature

I have reviewed, and I understand this Authorization. By signing this Authorization, I am directing the EAP to disclose my health information to another person or organization that may not have or obey the same obligations to protect privacy as the EAP does under state and federal law. Therefore, the disclosure of the information specified above carries with it the potential for an unauthorized re-disclosure and loss of protection under state and federal law. I understand that the information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and no longer be protected under federal law.

Client Signature

Date

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# Expectations for Conduct, Safety, or Substance Abuse Referrals

## What You Need to Know as an Employee

- Your employer is requiring EAP assessment and treatment.
- Please read this page carefully to understand your responsibilities to meet adherence expectations.

## Treatment Adherence

*Adherence with this process is determined by:*

- **Participation with the EAP assessment process:**
  - Keeping scheduled appointments and answering questions in a cooperative, truthful manner. Successful participation in assessment and treatment is based on the motivation to find solutions that lead to safe, productive work.
  - The EAP assessment may require verifying facts with other people (i.e., past or present health care providers, supervisors, family members, Department of Motor Vehicles, etc.)
- **Participation with the treatment plan requires:**
  - Signing a limited release of information to your employer for the EAP to report adherence or non-adherence with the treatment plan.
  - Timely cooperation with drug tests as requested by your employer, EAP or treatment program. You may be responsible for the costs of subsequent drug tests.
  - Following completion of the EAP assessment, your progress will be monitored and reported to your employer according to the limited release of information. Missing appointments or not following through with treatment recommendations within the specified time period will be reported as non-adherence. Keeping appointments and following recommendations within the specified time period will be reported as adherence.
  - Your treatment plan may be modified as new clinical information emerges.
- **Participation with employer requirements may include:**
  - Meeting employer job performance, attendance, and conduct expectations.
  - If applicable, compliance with terms set forth in return to work/last chance agreement.
- **The cost of treatment, beyond that provided by EAP, is your financial responsibility. Health insurance may cover a portion of treatment costs.**

**Call the EAP with questions or for assistance in making a management referral: 602-264-4600 x108**