

# EAP SUPERVISOR GUIDELINES

## EMPLOYEE ASSISTANCE PROGRAM: MANDATORY REFERRALS



DEER OAKS EAP SERVICES

General Inquiries:



(866) 327-2400

[www.deeroaks.com](http://www.deeroaks.com)



[eap@deeroaks.com](mailto:eap@deeroaks.com)

For Mandatory Referrals:



(877) 249-4751



[ManagerConsult@DeerOaks.com](mailto:ManagerConsult@DeerOaks.com)



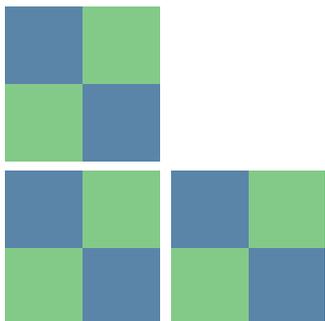
# GUIDELINES REGARDING MANDATORY REFERRALS

If you have concerns about an employee's behavior or performance on the job, the Deer Oaks EAP offers several support options for managers:

- 1. Management Consultations:** By calling the toll-free Helpline, all managers and supervisors have access to our Management Consultation Team. This team is available to answer questions about handling troubled employees, team issues (morale, productivity, etc.), and may suggest interventions that would be most effective in the workplace.
- 2. Informal or Suggested Referrals:** If an employee's performance has not met the need for disciplinary action, you may suggest that he/she call the EAP. These referrals remain confidential, but are a good way to offer a free resource to an employee who may be able to turn his/her behavior around quickly. With this type of referral, the employer will not receive reports regarding the employee's attendance or progress.
- 3. Mandatory Referrals:** For employees who are receiving disciplinary action or whose behavior or performance have been consistently and/or significantly below expectations, supervisors or managers may mandate that they attend EAP counseling sessions in accordance with the employer's Human Resources Manual/Policy. Employees will be required to sign a Release of Information Form so that the Employer-designated representative may follow their progress and ensure compliance and attendance.

Examples of reasons to make a mandatory referral include:

- Excessive/unusual absenteeism or tardiness
- Difficulty in making changes; resistance about learning new skills
- Erratic work pattern; inconsistent performance
- Difficulty concentrating; forgetful; confused
- Generally lower level of efficiency or productivity
- Interpersonal problems; increase in conflict
- Wide mood swings; loss of emotional control

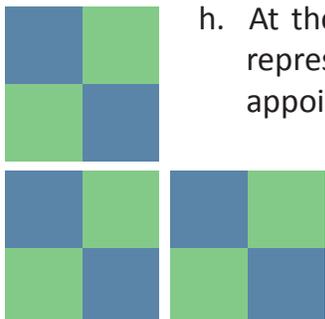




# MAKING A MANDATORY REFERRAL

If you decide to mandate the referral, be sure to use the following Mandatory Referral Process:

- a. Alert your HR department or other company representative in accordance with your employer's Human Resources Manual/Policy.
- b. The Employer-designated representative and the employee review and sign the Release of Information Forms.
- c. The Employer-designated representative contacts the EAP to inform them of his/her intent to make a mandatory referral. Please note, mandatory referrals may be submitted via phone at 877-249-4751 or email at [ManagerConsult@DeerOaks.com](mailto:ManagerConsult@DeerOaks.com).
- d. The EAP clinician takes Employer mandatory referral information and requests a copy of the employee/manager information and Release of Information Forms (or confirms receipt thereof if forms were submitted via email).
- e. The case is then assigned to a Clinical Case Manager.
- f. The Clinical Case Manager reviews the steps of case management with the Employer-designated representative to include the following:
  - The employer may opt to have the Clinical Case Manager make contact with the employee or request that the employee be responsible for calling in him/herself. In the case of the latter, the employee has two (2) business days to call the Clinical Case Manager to complete the initial assessment and receive a confirmed match clinical referral/appointment. If the employee does not call within this time frame, the Employer-designated representative is notified.
  - The Clinical Case Manager contacts the Employer-designated representative via e-mail or phone to inform him/her of the date of the first appointment.
- g. Summary of progress is reported to the Employer-designated representative after the first and final sessions (or at other clinically appropriate periods depending on the number of sessions).
- h. At the end of the case, the Clinical Case Manager will provide the Employer-designated representative with a formal letter of case closure summarizing the dates of the employee's appointments.





# CONFRONTING YOUR EMPLOYEES

## 1. **Recognizing the Troubled Employee**

- Employee exhibits a pattern of unsatisfactory work performance over a period of time
- With time, performance may deteriorate and signs may become more apparent
- As a supervisor, you must pay attention to observable performance behaviors

## 2. **Documentation**

- Cite actual job performance problems, not impressions or opinions
- Follow policy and procedures; consult with HR
- Note observable performance behavior or patterns
- Note in the moment - including date(s) and time(s)
- Note both positive and negative job performance
- Only share on a need- to-know basis

## 3. **Prepare for the Meeting**

- Review your documentation
- Talk to your supervisor/manager
- Talk to human resources/legal
- Consult with your EAP
- Prepare for the employee's response
- Schedule time to meet with the employee

## 4. **Conducting the Meeting**

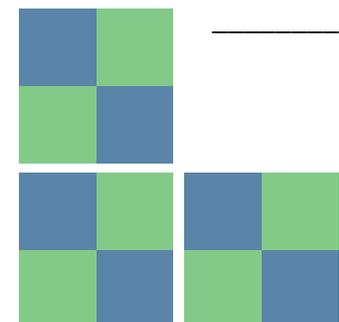
- Do not keep the employee waiting
- Allow enough time for the constructive confrontation
- Ensure a safe environment
- Help the employee understand: the specific performance problem, what he/she needs to do to correct it, the clearly defined expectation of change, and the time period within which it is to be accomplished
- Look for and acknowledge the employee's strengths and listen to the employee's point of view, explanations, etc.
- Always bring the focus back to performance, nothing personal
- Refer the employee to the EAP; explain the process and expectations

## 5. **Follow-up and Be Consistent**

- Even after the process is complete, follow-up with your employee. Praise him/her for positive changes and offer reminders of acceptable/unacceptable behaviors if necessary. If the behavior continues, further disciplinary action is recommended.

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**Note: This is a guide, not a policy. This document should be used as a guide for supervisors to use all the tools at their disposal. As always when addressing employee issues, it is strongly recommended supervisors consult their Human Resources Department and, as appropriate, Legal Services.**



# Management Referral Process

**Scenario:** A manager contacts the service with information on an employee that is being required to be seen by an EAP Provider for assistance.

Manager E-mails (ManagerConsult@DeerOaks.com) ROI form or calls Toll free Manager Assist number (1-877-249-4751) to alert the Manager Referral Specialists regarding a Management Referral

-Management Referral Specialist (MRS) will complete intake and gather referral details from HR/Manager. The MRS will explain the Manager Referral process.  
-If not already done, the MRS will send ROI paperwork to HR/Manager to be signed by employee allowing MRS to communicate case details with HR/Manager.

The Management Referral Specialist (MRS) will reach out to the employee to complete assessment and determine needs.\*

If the employee was unable to be contacted within two business days, the MRS will reach out to the Manager to provide update

\*If employee is assessed by either the MRS or the EAP provider as needing a higher level of care than the EAP benefit can provide for mental health or substance abuse issues (e.g., IOP, PHP (Day Treatment), or inpatient) then the employee will be referred to the appropriate resources and will continue to be managed by MRS until client completes the recommendations of the management referral.  
-MRS will contact HR/Manager via email or phone to provide update.

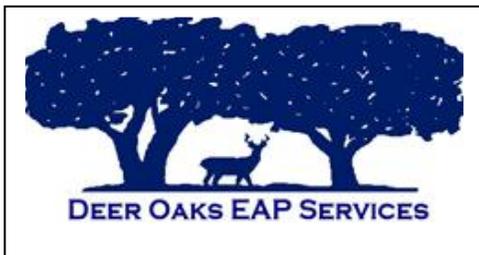
-Network Advantage Services team will send paperwork to confirmed provider.  
-MRS will call employee 2 business days after receipt of provider information to confirm date of the first appointment.

-After the initial session, MRS will follow-up with provider to review attendance and compliance.  
-MRS will contact HR/Manager after the initial session to provide update.

- Depending on the session model, MRS will follow-up with provider after the mid- and final session to review attendance and compliance.  
- MRS will contact HR/Manager to provide updates.

-If client has exhausted the EAP benefit and/ or choses to transition/use a third party, case management services will continue to be managed by MRS until client completes the recommendations of the management referral.  
- Management Referral Specialist (MRS) will send NEW ROI paperwork to third party treatment provider to be signed by employee allowing MRS to communicate case details with HR/Manager.

Upon completion of sessions and/or recommendations a Closing Summary will be submitted to the manager and the case will be closed



Manager Assist Line: 1-877-249-4751  
Please return this completed and signed form via  
E-mail: ManagerConsult@DeerOaks.com or fax: 1-866-240-3933

Date of Referral: \_\_\_\_\_

**EMPLOYEE INFORMATION:**

Employee Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male / Female

Address: \_\_\_\_\_

Cell or Home number: \_\_\_\_\_ Can a message be left on voicemail? Yes / No

Work number: \_\_\_\_\_ Can a message be left on voicemail? Yes / No

Email: \_\_\_\_\_

Employee's position: \_\_\_\_\_ Department: \_\_\_\_\_

Current Employment Status (e.g., working, suspended, on paid or unpaid leave etc.): \_\_\_\_\_

**COMPANY AND REFERRING MANAGER DETAILS:**

Company Name: \_\_\_\_\_

1-Manager/HR Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred forms of communication? Email: Yes / No Telephone: Yes / No Voicemail: Yes / No

2-Manager/HR Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred forms of communication? Email: Yes / No Telephone: Yes / No Voicemail: Yes / No

Reason for the referral: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## AUTHORIZATION TO RELEASE/RECEIVE INFORMATION

I, \_\_\_\_\_, hereby authorize **Deer Oaks EAP**  
(Client's Name)

**Services** to release / receive information contained in my case records subject to the conditions below.

1. The name of the person(s), title, organization(s) to whom disclosure is to be made is (list each person):

\_\_\_\_\_

2. The specific information **Deer Oaks EAP Services** is authorized to release / receive is\*:

- Scheduled appointments and attendance
- Compliance with EAP session treatment recommendations
- Referral to outside resources to address the problem where appropriate
- After-care recommendations where appropriate
- DOT/SAP:** For referrals that include substance use issues, does the employee fall under the scope of the Federal DOT, and will therefore require a DOT/SAP evaluation?

*\*(Manager Referrals are not intended to provide the following: Fitness for Duty or Return to Work performance assessments.)*

3. The purpose of the disclosure I am authorizing is:

- To facilitate a referral for counseling
- To provide feedback regarding my contact and participation with **Deer Oaks EAP Services**

4. I understand that this consent is subject to revocation in writing by me at any time except to the extent that **Deer Oaks EAP Services** has already taken action in reliance on this consent. If not previously revoked, the consent will terminate automatically upon **Deer Oaks EAP Services** designating that services are completed or one year from today's date (whichever comes first).

5. I understand that once information is released it is no longer within the control of **Deer Oaks EAP Services**, and there is the potential for re-disclosure by the recipient.

6. I understand that my decision to sign this authorization is voluntary. I understand that my decision not to provide authorization may result in **Deer Oaks EAP Services** being unable to provide any or all of its services.

Client's Name:  
(Please print) \_\_\_\_\_

Manager/HR  
Name:  
(Please print) \_\_\_\_\_

Signature of  
Client: \_\_\_\_\_

Signature of  
Manager/HR: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_