

STATE of ALABAMA - EMPLOYEE ASSISTANCE PROGRAM
SUPERVISOR'S REFERRAL FORM

I. Employee _____ Position/Title _____

Employee Contact Numbers (please include area code):

Cell () _____ Home () _____ Work () _____

State Agency/Division _____ Job Code _____

Employee Social Security # _____ Employee Date of Birth _____

Contact Supervisor _____ Title/Position _____

Supervisor Contact Numbers (please include area code):

Cell () _____ Work () _____ Fax () _____

II. Current Observation(s) (check all reasons for this referral):

- | | |
|---|--|
| <input type="checkbox"/> * Absenteeism | <input type="checkbox"/> Safety or mental health concern |
| <input type="checkbox"/> * Declining job performance | <input type="checkbox"/> Substance abuse issue or positive drug screen |
| <input type="checkbox"/> * Difficulty communicating and interacting with others | |

Items with an asterisk () require a narrative description in section IV of any administrative action taken prior to this referral.*

III. Describe the behaviors or reasons for this referral (attach additional sheets if necessary):

IV. Describe all previous remedial action(s) taken by the supervisor (attach additional sheets if necessary):

Acknowledgement

As the employee named on page one of this form, I understand the following:

- The information contained in and attached to this document is confidential and has been compiled to assist me.
- By signing this form, I give permission for Behavioral Health Systems, Inc. to release information to and/or receive information from the Contact Supervisor named on page one of this form, the Director of the State of Alabama's Employee Assistance Program, the mental health professional conducting the assessment and _____.
(list any other person[s] who should release or receive information)
- I have five business days to contact BHS at 800-245-1150 to schedule an appointment.
- If I fail to call BHS within the allotted time or attend my first scheduled appointment, BHS will inform the Contact Supervisor named on page one of this form.

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

The referring supervisor must complete the following BEFORE faxing this form:

- Call BHS and speak with the Care Coordinator.
- Ensure that this form is filled out completely (do not leave any portion blank).
- Confirm that this form has been signed by the employee and the Contact Supervisor.
- Attach the following to this form: the employee's job description and all documents supporting the reason for this referral

BHS Phone Number: 1-800-245-1150

BHS Fax Number: 205-879-1178

YOUR EAP AND SUPERVISORY REFERRALS

What is an EAP?

The Employee Assistance Program, or EAP, is an employer-provided benefit that helps employees identify and find solutions to personal and work-related problems. The State of Alabama's EAP is administered and managed by the Department of Finance's Division of Risk Management (DORM) through Behavioral Health Systems (BHS). Through the EAP, supervisors have access to an effective management tool called a supervisory referral.



What is a supervisory referral?

A supervisory referral is a resource that helps supervisors assist employees who may be having personal or professional problems that are affecting their work. The employee may exhibit an unacceptable deterioration of productivity, serious conflicts with coworkers, observable signs and symptoms of substance abuse or other mental health issues that affect their performance on the job.

How does the supervisory referral process work?

Supervisors begin by downloading the "Supervisor's Referral Form" from the State's internet. Then, the supervisor will call BHS to speak with the designated Care Coordinator about the referral. After talking with the Care Coordinator, the supervisor will fill out the referral form and schedule a meeting with the employee. During the meeting, the following should take place:

- Discuss why the employee is being referred to EAP.
- Explain what the EAP is (including its assurance of confidentiality), if the employee isn't aware.
- Tell the employee that it is his/her responsibility to call BHS within five business days to schedule an appointment.
- Instruct the employee to read the Acknowledgement section and sign the form — an unsigned form should not be submitted.
- Impress upon the employee the serious nature of the referral and encourage him/her to use the opportunity to make positive changes.



After meeting with the employee, the supervisor will ensure that the referral form is filled out completely, including the Acknowledgement section that should be signed by the employee and supervisor. The supervisor will fax the form, along with a copy of the employee's job description and all documents supporting the reason for the referral, to BHS.

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When should supervisors use a supervisory referral?

Employees usually respond positively when problems (such as absenteeism, punctuality, job performance, insubordination, etc.) are brought to their attention in an informal manner by their immediate supervisor. If this first step has been ineffective, departments or divisions that have a disciplinary process in place should take care to follow their internal administrative policy. However, in cases when employees have still not improved, the supervisor should consider using the supervisory referral process.



When should a supervisory referral be used as the first measure to assist an employee?

In some cases, it may be appropriate to use a supervisory referral first. An employee who has observable substance abuse issues that are interfering with his/her job duties is a good example. If at any time the supervisor is concerned for the employee's safety or the safety of others, the supervisor should contact BHS immediately.

What happens after the employee is referred?

The employee calls BHS after the initial paperwork is completed. If the employee does not contact BHS within five days, the Care Coordinator will call the supervisor to make him/her aware. When the employee calls BHS, the Care Coordinator will schedule an appointment with a BHS provider. Basic information about the initial appointment will be communicated to the supervisor.



Upon completion of the initial assessment, a verbal report will be made with a written report to follow and will be submitted to the supervisor. It will include any recommendations made by the provider to remedy the situation. Because each employee situation is different, no timeframe for completion of the supervisory referral process can be determined; however, there is ongoing monitoring and communication between BHS and the supervisor throughout the course of the referral.

The supervisor can contact the BHS Care Coordinator at any time during the referral process if he/she has any questions relevant to an employee's participation in the program. Ψ

If you would like more information about the supervisory referral process, visit www.riskmgt.alabama.gov or contact BHS at 800-245-1150.

