

# ON-SITE SERVICES

Interface EAP will provide on site debriefing and Wellness Seminars to assist employers in addressing the needs of their employees. A member of the Care Management Department will coordinate all onsite debriefings related to work place trauma or grief and loss issues, usually within 24 to 72 hours after the precipitating incident. An IEAP Client Services Representative will coordinate any Wellness Seminars, providing education and information on a variety of topics tailored to the needs of each specific employer. Providers interested in receiving referrals for on site services should check with the Provider Relations Department to make sure this is noted in our database.

## A. On Site Debriefings

**1. Critical Incident Stress Debriefing (CISD):** A structured group meeting or discussion about a traumatic event designed to mitigate the psychological impact of that event, prevent the subsequent development of post traumatic syndrome, and possibly identify individuals who may require further care.

- a) The use of handouts is recommended and IEAP expects that providers experienced in CISD services will have their own. If the provider wishes to hand out IEAP pamphlets, arrangements can be made to have these sent to the provider's office, or to the onsite contact.
- b) After the debriefing is completed, the provider must contact a Care Coordinator to provide a verbal report that must include the following information:
  1. Number of employees who attended,
  2. Number of hours spent on site and for travel, and
  3. Recommendations for follow up including any attendees who were referred to IEAP for individual therapy, any suggestions made to management etc, any feedback received from debriefing participants or managers.

**2. Grief Debriefing:** Group discussion designed to educate and alleviate grief reactions that can potentially arise due to the loss of a co-worker. This type of intervention is more appropriate for non-traumatic incidents.

- a) The use of handouts is recommended and IEAP expects that providers have their own materials reflecting the content of their presentation. If the provider wishes to hand out IEAP pamphlets, arrangements can be made to have these sent to the provider's office, or to the onsite contact.
- b) After the debriefing is completed, the provider must contact a Care Coordinator to provide a verbal report, which must include the following information:
  1. Number of employees who attended,
  2. Number of hours spent on site and for travel, and
  3. Recommendations for follow up including any attendees who were referred to IEAP for individual therapy, any suggestions made to management etc, any feedback received from debriefing participants or managers.

**B. Wellness Seminars:** Group meetings arranged to discuss topics requested by the employer to address employees regarding a specified topic. There is a wide range of topics that are requested and each topic is tailored to the needs of the employees.

- a) The employer will contact IEAP and request a Wellness Seminar of his/her desired choice.
- b) A few days after the seminar, IEAP will contact the employer and discuss how the group received the seminar and obtain feedback.

# SUPERVISORY REFERRALS

IEAP offers formal employer directed referrals, or supervisory referrals, as an alternative to addressing problems that interfere with employee productivity.

A supervisor may formally direct an employee to seek an assessment through IEAP, for a job performance issue or as a result of a positive drug test. IEAP will require that the participant sign a Supervisory Release of Information form to allow IEAP to speak with the participant's supervisor regarding his/her contact and compliance. IEAP acts as the liaison between the employer and the provider, reporting only compliance with recommendations and work performance related information back to the supervisor. This allows the employer to help their employee without becoming overly involved in any underlying personal issues that may be impacting behavior in the work place. It also protects the provider from potential liability associated with releasing information to the employer.

## **A. Behavioral/Work performance referrals**

Typically IEAP recommends that the EAP be offered as a tool for employees with a good job performance history, but have suffered a recent decline in performance. IEAP suggests that a referral to the EAP be offered in lieu of any final disciplinary action that may be taken as a "last chance." The emphasis is placed on improvement in work performance, not necessarily compliance with treatment; however non-compliance may be taken as a sign of the employee's lack of commitment to change and may result in disciplinary action. Supervisory referral processes are outlined as follows:

1. Authorizations proceed as usual depending on the type of account (*see authorization process for EAP only and EAP/MHC accounts*). Any treatment not covered through the EAP or not meeting criteria for authorization under insurance will be the employee's responsibility.
2. The provider must notify IEAP when the first appointment is scheduled.
3. IEAP will fax a "Supervisory Referral Update Form" to the provider on the day of each appointment; this must be completed and faxed back to IEAP before a compliance report is submitted to the employer.
4. Compliance is monitored on behavioral referrals either through the duration of the EAP sessions, or for 6 total visits, whichever is less.

## **B. Drug/Alcohol related referrals resulting from a company policy violation**

Many organizations are implementing internal drug/alcohol policies involving routine testing of employees. The EAP is viewed as a tool to help identify and address any potential substance abuse issues, and to educate employees in this area. The employer determines the employee's work status during this process (e.g. unpaid leave, suspensions etc), when the employee can return to work, and what conditions (if any) may be placed on the employee thereafter, although the EAP provider's recommendations may be taken into account. Steps for the referral process are outlined as follows:

## **SUPERVISORY REFERRALS**

1. Authorizations proceed as usual depending on the type of account (see authorization process for EAP only and EAP/MHC accounts). Any recommended treatment not covered through the EAP or not meeting criteria for authorization under insurance will be the employee's responsibility.
2. The provider must notify IEAP when the first appointment is scheduled.
3. IEAP will fax a "Supervisory Referral Update Form" to the provider on the day of each appointment; this must be completed and faxed back to IEAP before a compliance report is submitted to the employer.
4. Compliance is monitored through the end of the EAP sessions, or completion of the recommended treatment plan if treatment is provided under insurance.

### **C. Drug/Alcohol referrals resulting from positive Department of Transportation (DOT) drug screen**

Employees who fall under Department of Transportation (DOT) guidelines must undergo routine drug/alcohol screenings as dictated by federal law. IEAP coordinates referrals to trained Substance Abuse Professionals (SAPs) that meet SAP qualification requirements under DOT, 49 CFR, Part 40. IEAP also monitors compliance with any aftercare recommendations the SAP may make for those employers who request this service. The referral process for SAP/DOT referrals is as follows:

1. IEAP will only use providers who have received training and who are knowledgeable in the Department of Transportation procedures. IEAP requires documentation of SAP qualification training that includes the nine required components laid out in Section 281 (c) of Part 40, followed by an examination given by a nationally recognized professional or training organization that covers all of the elements required for the qualification training.
2. There are two payment arrangements for this service.
  - a. The employee pays: The employee will be quoted the contracted SAP rate at the time the referral is made and will be responsible for paying the entire amount up front at the first visit.
  - b. The employer/IEAP pays: IEAP will send an authorization letter approving the contracted SAP rate. This letter will also serve as a billing form.
3. Aftercare:

If the SAP recommends continuing aftercare beyond the follow up evaluation, the employer may consider participation in aftercare mandatory, and may have an agreement with IEAP to follow up on compliance with these recommendations. Non-compliance may result in disciplinary action.