

HELPNET JOB JEOPARDY PROGRAM PROCEDURES

Corporate Office: 36 W. Manchester St., Battle Creek, MI 49037

Telephone: 800.969.6162 or Direct Number: 269.660.3900

FAX Job Jeopardy Forms To: 269.660.3899

HelpNet can support you in saving a valued employee who has reached the final stage of progressive discipline, or whose job performance is at an unacceptable level and without intervention, will lead to termination of employment. The Job Jeopardy Program is designed to offer the employee the opportunity to address personal problems that may be affecting job performance. The Job Jeopardy Program is serious and often time-consuming for all parties involved. It should not be used for routine discipline or minor work-related issues. When used appropriately, the Job Jeopardy Program offers employers a consistent, legal, ethical and humane approach in dealing with troubled employees. Job Jeopardy Form(s) and Client Release Authorization must be completed and signed by Employer/H.R. and the employee, then faxed to HelpNet prior to the 1st appointment. Failure to follow this procedure will result in HelpNet classifying the client's appointment as a **self-referral**.

Employer/H.R. Referral Process:

1. Identifies employee's performance problems/policy violation
2. Calls HelpNet's Account Manager to discuss referral and next steps and completes JJ Referral Form
3. Conducts face-to-face meeting with employee to review discipline
4. Employer/Employee sign **JJ Referral Form, Client Release Authorization** and call HelpNet for appointment.
5. JJ Form and Client Release Form are faxed to HelpNet at **269.660.3899 (Forms must be faxed/mailed prior to 1st intake appointment)**

HelpNet Obligations Upon Receipt of JJ Forms:

1. Provide intake/assessment to explain and educate JJ client of roles and responsibilities (and if appropriate, a referral to treatment provider)
2. Send communication to Employer/H.R. after initial intake/assessment appointment (only those listed on Client Release Authorization)
3. Provide confirmation of employee's attendance, acceptance of HelpNet recommendations, and if time off work for treatment is required
4. Send a monthly report to Employer/H.R. regarding client's status (see JJ Status Report – copy is sent to client)
5. Decide appropriate length of time to monitor the JJ on a case-by-case basis (with feedback and consultation from all relevant parties)
6. Documentation of client's success/failure in completing all requirements of the JJ program is sent to Employer/H.R.
7. Documentation of case being closed as unsuccessful if no feedback is received from Employer/H.R. and/or client who are notified of non-compliance

JJ Client Obligations:

1. Meet with Employer and sign JJ Forms and Client Release Authorization Form
2. Accept recommendations of HelpNet and/or designated provider and keep all scheduled appointments
3. Maintain contact/communication with HelpNet as deemed appropriate by HelpNet
4. Notify HelpNet if therapy process is disrupted/interrupted
5. Continue to meet all performance criteria in the workplace (involvement in HelpNet JJ Program does not supercede employer's rules/policies)

Note: Disciplinary actions related to client's non-compliance, unauthorized withdrawal from or unsuccessful completion of treatment is the sole responsibility of the Employer. HelpNet will not determine the consequences, if any, for the above situations.

HelpNet Job Jeopardy Referral Form

Please fax or mail Job Jeopardy forms, prior to your employee's scheduled appointment.

Fax: 269-660-3899 Phone: 800-969-6162

Mail: 36 W. Manchester, Battle Creek, Mi 49037

| | |
|--------------------------|---|
| Employee Name | Company Name |
| Employee Position | Safety/Security Sensitive (Circle one) Yes No |
| Employee Home Phone | Employee Work Phone |
| Appointment Day and Date | Appointment Time |

Supervisor's evaluation of employee's behavior and work performance based on the criteria listed below. Circle the response from (N/A) to (5) which most appropriately describes your level of concern. **For any concerns rated 3 or higher, specific examples of problem behaviors are required.**

| | | | Little Concern | | Moderate Concern | | Serious Concern |
|--------------------------------------|---|------------------------------|----------------|---|------------------------------|---|-----------------|
| 1 | Absenteeism (Specify Frequency, Intensity, Duration) Describe | N/A | 1 | 2 | 3 | 4 | 5 |
| 2 | Tardiness and/or Leaving Early (Specify Frequency, Intensity, Duration) Describe | N/A | 1 | 2 | 3 | 4 | 5 |
| 3 | Observance of Work Hours Lunch, Breaks, Vacation, Sick leave (Specify Frequency, Intensity, Duration) Describe | N/A | 1 | 2 | 3 | 4 | 5 |
| 4 | Quality of Work Describe | N/A | 1 | 2 | 3 | 4 | 5 |
| 5 | Quantity of Work Describe | N/A | 1 | 2 | 3 | 4 | 5 |
| 6 | Safety Record on the Job Accidents, Injuries Describe (Specify Frequency, Intensity, Duration) | N/A | 1 | 2 | 3 | 4 | 5 |
| 7 | Erratic Disruptive Behavior Excessive Complaining, Aggressive Behavior, Actions Disturbing Other Employees, Rule Violations, Etc. Describe (Specify Frequency, Intensity, Duration) | N/A | 1 | 2 | 3 | 4 | 5 |
| 8 | Acceptance of Supervision Willingness to Follow Instructions, Attitude, Insubordination, Etc. Describe (Specify Frequency, Intensity, Duration) | N/A | 1 | 2 | 3 | 4 | 5 |
| 9 | Personal Presentation Appearance, Impression Given to Public, Communication Skills, Etc. Describe (Specify Frequency, Intensity, Duration) | N/A | 1 | 2 | 3 | 4 | 5 |
| 10 | Other Behavior Unique to Employee Illness, Off-the-Job Injuries, Garnishments, Anything not Previously Covered Describe | N/A | 1 | 2 | 3 | 4 | 5 |
| Previous Disciplinary History | | | | | | | |
| Date of Discipline | | Verbal/Written/Termed | | | Reason for Discipline | | |

What behavioral changes/improvements do you expect from this employee in the future?

If needed, please attach additional sheets to describe the situation in greater detail.

| | |
|--------------------------------|----------------------------|
| Employer/H.R. Signature | Date |
| Employer/H.R. Phone # | Employer/H.R. Fax # |

I certify that I have reviewed the content of this referral form, and that I accept a referral to the EAP.

| | |
|------------------------------|-----------------------------------|
| Signature of Employee | Signature of Employer/H.R. |
|------------------------------|-----------------------------------|

HelpNet Employee Assistance Program Job Jeopardy Client Release Authorization

I, _____, hereby authorize HelpNet Employee Assistance Program, its clinical director or designee,
(Client's Name Printed)
 _____, to obtain and/or release information in my client records to the individual or
(Designee: Printed)
 organizations listed and only under the conditions listed below:

1) Name of person(s) or organization(s) to whom disclosure is to be made:

2) Specific type(s) of information to be disclosed:

| | Yes | No | | Yes | No |
|-----------------|----------|----------|-----------------------|----------|----------|
| Assessment | ___ | <u>X</u> | Progress | <u>X</u> | ___ |
| Attendance | <u>X</u> | ___ | Diagnosis | ___ | <u>X</u> |
| Client Status | <u>X</u> | ___ | Insurance Information | ___ | <u>X</u> |
| Referral | ___ | <u>X</u> | Prognosis | ___ | <u>X</u> |
| Testing Results | ___ | <u>X</u> | | | |

Other: _____

3) The purpose and need for such disclosure:

- ___ Coordination of Services
X Attendance And Compliance For Job Jeopardy Agreement

4) I hereby consent to the release of any medical information, which may include the following: PSYCHIATRIC, ALCOHOL and/or DRUG ABUSE RECORDS, AIDS, AIDS-RELATED COMPLEX (ARC) and HIV INFECTION.

5) This patient consent form is in accordance with Public Act 56 1973 and in compliance with Title 42 of Federal Regulation Part II. It is also in accordance with Public Act 174.

6) A photocopy or fax of this signed consent form shall have the same force and effect as the client's original signature.

7) I understand that this authorization may be withdrawn by me at any time with written notice. Revocation of this authorization will not affect any information already released. This authorization shall expire without express revocation one year (12 months) from the date written below.

8) I understand that if the person or entity that receives the information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be re-disclosed and no longer protected by these regulations.

 Client Date

 Parent/Guardian Date

 Witness Date

 Relationship to Client