



Blomquist Hale **Operational Guide**

Version 2/5/2024

Blomquist Hale
SOLUTIONS



MISSION STATEMENT

The BH mission is to provide our client companies and their employees with problem solving resources that are unsurpassed in quality, cost effectiveness, responsiveness, and overall service.

VISION STATEMENT

As problem solvers we will work toward promoting and encouraging the process of growth and healing that exists within our clients. Our services will always be delivered with dedication to integrity, dependability, simplicity and professionalism. We will achieve and maintain exceptional levels of service through our commitment to our family of employees and our dedication to teamwork. Through teamwork we will always use the imaginations, creativity and keen foresight of each team member in establishing our direction and strategies. Therefore, as a company, BH will be financially successful by helping save lives and dollars for the business community and its greatest resource....
Its People

BH Blomquist Hale

Value Statements

Genuine Care

- ▶ A warm, encouraging response to those seeking help
- ▶ A willingness to care deeply about client's distress and show compassion
- ▶ Accept the awesome responsibility to genuinely help in the lives we touch
- ▶ Give reverence to a person's inherent worth and show genuine concern

Responsive Service

- ▶ Bend over backwards to be responsive and helpful
- ▶ Urgency to return phone calls and get back with people as promised
- ▶ Above all else - make sure that anyone who comes to Blomquist Hale (BH) is very glad they did

Earning Trust

- ▶ Trust – we give it and we live it
- ▶ Our actions are ethical and match what we say
- ▶ We are accountable for our commitments to our clinical clients, our client companies and each other

Professionalism

- ▶ Brief, solution-focused counseling with unsurpassed quality
- ▶ Maintain our reputation and deliver what our client companies expect:
 - Number of employees helped
 - Intensity of clinical service and responsiveness to requests
- ▶ All our services – counseling, consulting, training, crisis response etc. - are delivered to the highest professionalism standards
- ▶ Fully engage clients to develop and implement skills necessary to successfully address their life problems



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Value Statements

Supportive Environment

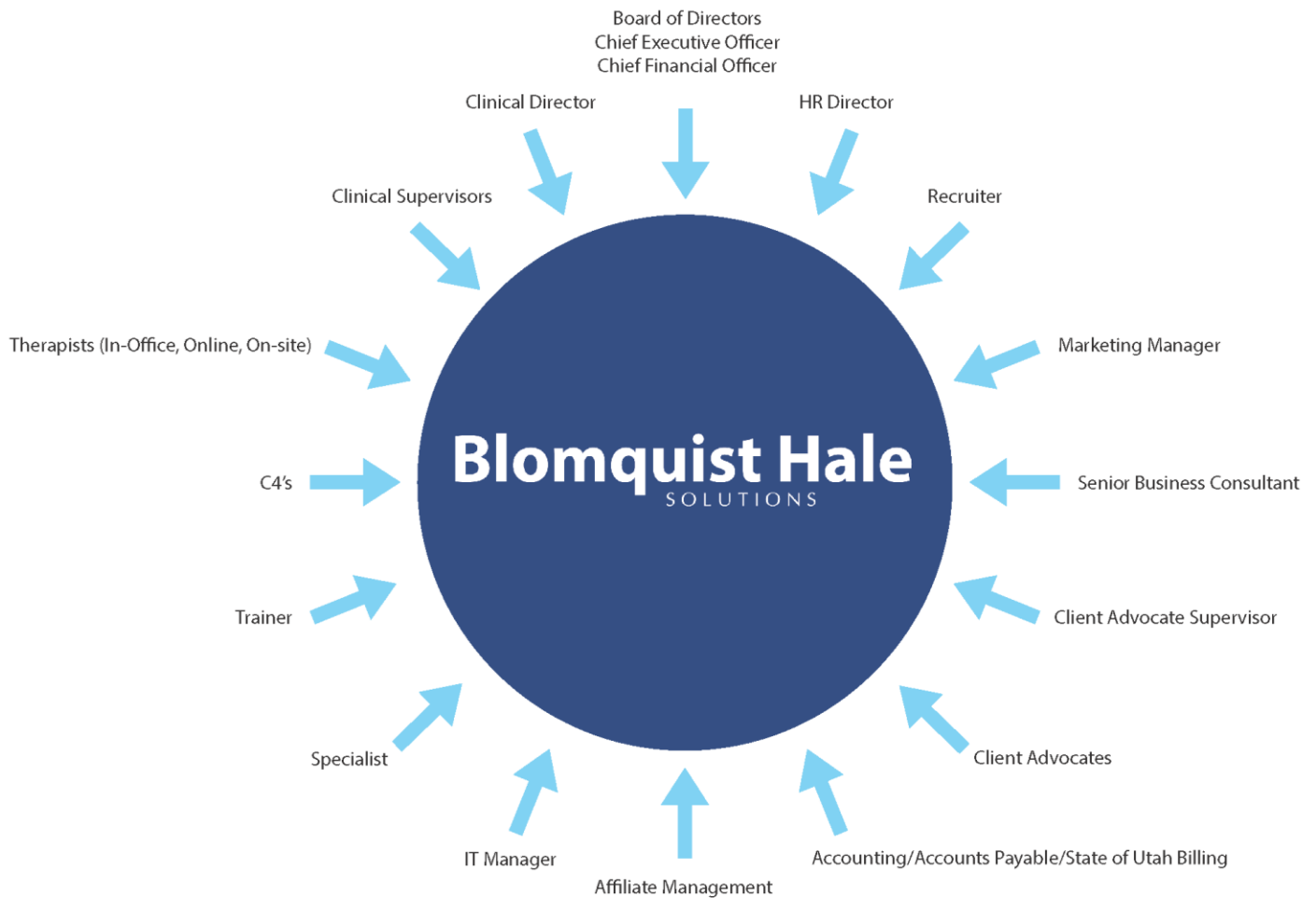
- ▶ Know and genuinely caring about each member of the BH team
- ▶ Compassionately support one another through our own distress and challenges
- ▶ A rewarding and fun work environment where sacrifices are acknowledged and successes celebrated
- ▶ A healthy work/life balance to avoid burnout and maintain the joy of service
- ▶ Flexibly help other team members be responsive to clients – even if outside normal duties

Future Driven

- ▶ Careful adherence to the clinical model embedded within the BH business model
- ▶ We work effectively and give a full measure of service for each hour
- ▶ Financially sound, well-organized and innovative
- ▶ Make it financially rewarding for client's to pay for services that are given to their employees
- ▶ Responsible freedom to each team member to achieve the stewardship outcomes for their position

TEAM OVERVIEW

Every Employee Impacts BHS - Including YOU!



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Board of Directors

Our BHS founders along with experienced community business leaders participate within this group keeping the overarching vision, mission moving forward. The check and balance system provides valuable feedback, oversight as well as guidance to enable continued business growth, community service and success for the BHS organization. Collaborate with the CEO.

Chief Executive Officer (CEO)

Executive Leadership delivered throughout the entire BHS organization. This role leads out in business development and growth, strategic direction, data and HIPAA safeguarding, culture oversight, client satisfaction, employee satisfaction as well as stakeholder interaction.

Chief Financial Officer (CFO)

Financial management, fiscal strategies, business health, reporting and year end. Accounts receivable/payable & payroll oversight. Operational goal achievement and fulfillment.

Clinical Director

Train, staff, execute clinical delivery across all locations locally and nationally for BHS. Ensure internal operational protocols are efficient, functional, and successful. Deliver communication, flexibility, and responsiveness while keeping the company values in utmost focus. Clinical legal, ethical and budget responsibilities critical while maintaining connectivity across all leaders in BHS organization ensuring successful client and employee satisfaction.

Clinical Supervisors

Deliver leadership for select staff & location in a meaningful productive, high engagement manner including staffing, training, communication. Excellence in crisis, client company management and session work. Administrative duties and physical office upkeep. Share ideas, input adding value to BHS organization with valuable boots on the ground.

Therapists

High level experience & education delivering short term solution focused therapy for ages 2-102. Skill includes ability to address a wide variety of clinical issues with sincere care and quality. Develop trusted relationships while moving clients towards a more stable happy life. Keeping BHS values and internal professional friendships in sight.

C4's - Crisis and Clinical Care Coordinators

C4s are the therapists with specialized training in triage and care management who provide crisis intervention and continuity of care services for employees and their family members of BHS Companies. They approve affiliate re-authorizations, facilitate the Support Now Program, orient community providers to the C4 Role, and coordinate referrals/authorizations with healthcare plans. C4s are a resource for BHS staff, management, affiliates, and companies to support the SFBT Model.

Trainer

Responsible for on-boarding, training existing staff, development of future programs adding strength and clout to the BHS organization. Frequent presentations delivered as well as on site emergent crisis care for any client company. Strong knowledge, intellect, development, and future planning are key abilities needed.

Specialists

Fully licensed & experienced therapists, who in addition to SFBT provide specific services to our companies and their employees. These include Drug-Free Workplace (DFW) assessments plus treatment recommendation and tracking for union members, Supervisor Referrals (usually for positive drug tests or workplace difficulties), Crisis (for anyone with the BH benefit needing crisis response or priority services), and First Responders (therapist assigned usually has history as or experience with a First Responder). Specialist appointments are generally available every day of the work week.

IT Manager

Responsible for all computer systems and development for individuals and clients 24/7. Development and implementation of data security, manage and protect system applications, HIPAA, equipment along with year round budgeting, project management, training & process solutions to maintain competitive business edge.

▶ Genuine Care

▶ Responsive Service

▶ Earning Trust

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▶ Professionalism

▶ Supportive Environment

▶ Future Driven

HR Director

Responsible for compliance with federal state local industry labor and safety laws. Oversee hiring, training, retention practices, benefit administration, develop strategies and best practices to support BHS values and growth. Participate on leadership committee, recognition committee, first responder committee, Olumo committee. Listen, act, fairly and deliver diversity, kindness, positive culture and knowledge in an ever pressured and changing environment.

Recruiter

Assertively attract, carefully evaluate, kindly engage, artfully bring in new staff to the organization. Must have full understanding of BHS. Develop trusted relationships with leaders and candidates. Deliver orientation and guide onboarding. Ensuring state and federal documents are in place and current. Audit, continue to support all areas of H.R. while participating in committees to bring continued positive engagement for BHS culture. Knowledge of laws, practices are vital.

Marketing Manager

Delivers new business proposals, develop cohesive BHS branded material in all mediums. Flexibility, creativity and responsiveness. Expert in Adobe Suite and managing all social media platforms. Providing client feedback directly and internally, provide competitive marketing communication edge. Handles community outreach and is responsive to a wide variety of challenges.

Senior Business Consultant

Key contact developing trusted relationships ensuring excellent service delivery. Maintenance, support, with all services in demand. Knowledge of marketplace. Periodic assessments, communications with all levels within BHS to accomplish success for individuals or large client groups. Self driven, high energy road warrior who understands the value of quality mental health care. Collaborates ideas and solutions with BHS internally and client companies externally with a smile.

Client Advocates Supervisor

This role ensures BHS has staff open, close and keep office flow moving in every location every single day. Manages an average 13 individuals. Communicate crisis needs and manage system challenges. Delivers Admin support, personalized service, coordinates projects serving internally and externally in a professional manner. Coordinates schedules for each therapist and works closely with IT. Ability to deliver excellent customer service for escalated clients or staff. Thinking on the fly and making sound business decisions are key.

Client Advocates

This first line of contact is responsible for receiving and communicating with clients, visitors, vendors and staff. This role valiantly works with confidential client information, uses independent judgment to fulfill business needs such as arranging appointments, cancellations, crisis and referral needs along with ensuring internal connection for legal and financial client appointments. High degree of flexibility, compassion, service knowledge, calmness and customer service are delivered consistently each day on every call.

Accounting

A wide variety of tasks needing high level of focus and accuracy. Manages incoming payments, processes BHS affiliate payments, W9 & 5500 management, processes payroll, keeping back up for all transactions. Builds journal entries, processes month end, maintains current business licenses in all locations. Manages business bank accounts. Business tax knowledge applied, works in quick books and excel majority of the day. Works with ever changing numbers requiring a high volume of detail. Collaborates with Accounts payable and State of Utah billing team members.

Accounts Payable & State of Utah Billing

Processes payments for Office rent/leases, supports internal expense monthly reconciliation, pays benefit plan premiums, compares and analyzes differences from month to month researching as needed. Responds to inquiries, sorts billings works within QuickBooks and excel very calendar due date driven. Ability to work in electrical and manual payment environment. Attention to detail is over the moon! Unique billing and processing requirements are performed so our business can be responsive and supportive of our State of Utah account. Effort and relationships built over a long period of time help BHS retain this special client. Focus, timeliness and knowledge and collaboration delivered in a trustworthy atmosphere.

Affiliate Manager

Responsible for finding and contracting with Affiliates (remote therapists) throughout the United States to provide our EAP services to employees for in-person sessions. Provide a current audit of all the affiliates and their current license and malpractice insurance. Renegotiate contracts, provide Affiliate Portal training to Affiliates and approve their billing submitted through the Portal. Send weekly affiliate payment requests to Accounts Payable.

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FOREWORD

Welcome

We're excited to have you on our team! There's a lot to know so we thought this Operational Guide would be helpful. We've all been "new", and we understand it can be overwhelming.

We encourage an open exchange of ideas between team members and think you will enjoy the supportive environment working at Blomquist Hale (BH). We are here to help each other out. Team members are encouraged to approach other members, supervisors, and our training coordinator with any concerns or feedback to facilitate direct, creative problem solving.

Purpose of this Manual

The Operational Guide is intended to be a helpful tool in performing the job duties of employees of Blomquist Hale. Everyone will have access to this Operational Guide on the Portal. As procedures change so does the Operational Guide, to be current with the latest information. Access the Portal for the most current copy. You can access the Operational Guide through the Portal on the upper right link on any page. The linked version will be kept up to date and we are each responsible for staying up to date.

BLOMQUIST HALE BUSINESS MODEL

Who We Are

First and foremost, our model is the fulfillment of our mission and the delivery of our core values to the companies who use our services. Yearly, we create a Strategic Plan, and all employees are vital to our success in meeting our goals. We are a service organization that is here to help and is willing to be responsive and flexible to the needs of our clients and businesses. We are different from other EAPs. We are a high engagement EAP. While most EAPs are competing on price and reducing services to allow for a lower cost, we are focused on the value that comes from the four key pillars:

1. **Higher Utilization:** Research indicates that as many as 25% of a given workforce are having significant life challenges. These challenges impact the ability of an employee to be as productive as they could be. They impact absenteeism and morale. The national average for EAP utilization is 4.9%. We double and almost triple that typically. We do this by being more visible, accessible and by our reputation for helping solve their challenges.
2. **Retention:** Fewer than 20% of our clients require referrals into more expensive treatment. People are less likely to follow through and get the care they need when required to go through their insurance. However, as you will see, connecting people to other services in the community and through their mental health plan is an essential function of an EAP therapist. We do this in a matter that helps them follow through and succeed.
3. **Direct care with no set limits:** Our model is designed to provide meaningful help in the way that helps the most: face to face, solution-focused counseling with no set limit on the number of

sessions. That isn't the same as to say "unlimited" as we use a treatment plan, short term approach. We seek to provide the help that is needed while avoiding a dependency model.

4. **Company partnership:** One of the ways we have higher utilization and provide other meaningful value to our companies is in how we directly interact with company leaders to solve their internal issues. We visit regularly with them, offer training and strategic problem solving for company culture and employee issues.

Solution Options for Client Companies

Our client companies fall within three models, with some adjustments and special circumstances for many of our companies:

Stand Alone EAP

The term "Stand Alone" is an internal term we use to describe the fundamental model that is included in all our options. For companies that do not purchase additional services, our EAP model stands alone as their benefit. It is a very rich benefit which includes more than what most EAPs offer. The four pillars (above) are included within their offering. Companies use different titles for the service we provide. They include: Family Assistance Program, Life Assistance Program and Student Assistance Program.

The other two service options fall under the category of Managed Care add-ons. In addition to the EAP offering, they include ways we coordinate with their other mental health insurance plan.

Managed Care/Continuity of Care

HMHI-BHN (Huntsman Mental Health Institute Behavioral Health Network)

In partnership with the University of Utah, a plan was created to help their members get better guidance and mental health care, and to help save money through a managed and continuity of care approach. This plan is sometimes also called the "Carveout" since their behavioral healthcare plan is separate from their medical insurance, much like you would see with a dental plan being a separate plan from the medical. Our role is to be the "gateway" where they come for services. The majority of the time, we assist through our short-term solution focused approach. In our assessment process, we determine if a higher level of care would be appropriate. If so, then we assist in providing a plan and coordinating with HMHI-BHN to get them established with a provider. See the Managed Care section covering HMHI-BHN.

The University of Utah is currently the only group on this plan. They are divided into two separate entities that have HMHI-BHN: Hospitals & Clinics and Campus.

Comprehensive Direct Care

Based on history and operational experience, BH has developed a comprehensive EAP model that promises dramatic results. Guided by our values, our commitment to stretching outside our comfort zones to provide excellent service, we have the Four Pillars as our service promises in addition to these commitments.

Deal With Any Type of Problem

We recognize that no one is immune to life stressors and that having support for any type and degree of problems is needed. People often have more than one problem and problems tend to be interrelated. By having the opportunity to deal with all problems, there is a greater likelihood the problem will be resolved. We focus on prevention when we can, and in doing so help address challenges before they become more disruptive and expensive. It is our role as therapists at BH to use our expertise to align our clients with the best care for their problems, both through our direct services and through properly connecting them to other services in the community. Every BH therapist works with whatever clinical issues are brought to them. If help is needed on a particular issue, he/she seeks help from a supervisor, the trainer or a colleague.

Both Employees and Dependents Served

Generally, problems impairing an employee affect the family. Families often need and are more willing to seek help than an employee. We make our service available to family members as well. Such family involvement in counseling promotes effective therapy and problem resolution. With most contracts anyone living in the home of an employee is considered to be family and is eligible for EAP services, as well as adult dependents who are still on their insurance plan.

Referrals From All Sources

The comprehensive EAP places emphasis on the treatment of problems, as well as prevention and early problem identification. This is accomplished through the promotion of self-referrals. This involves training supervisors, and employees concerning the use of the EAP. By emphasizing self-referrals, people are able to protect their privacy by not having to include supervisors or co-workers in their problem. History has demonstrated that when people ask for help themselves, they are more motivated to problem-solve. If a person does not request assistance, the EAP can be made available to that person by a referral. The referral can come from a friend, family member, neighbor, co-worker, supervisor, their union, the medical department, the court, a community agency or anyone else who is concerned about the person. The objective is to reach the person with the problem as early as possible.

Direct Care Approach

Traditional EAPs serve to assess and refer persons to outside resources. BH uses a direct care approach. This means we see, serve, and provide treatment without the need for a referral for at least 80% of the employees and dependents that use the EAP. Others gain service through our ability to connect them to appropriate referral services.

Community Connection

We provide a solution to the confusing and fragmented array of services available in the community. When services outside our direct care approach are helpful, we help create these connections. This means we stay very current on what is available and walk our clients through the process of utilizing those services.

Comprehensive EAP Contractual Agreement

When a company contracts with Blomquist Hale Group to provide a comprehensive EAP, the company is ensured of the following:

- A commitment to service excellence.
- Professional counselors trained and qualified to deal with a broad spectrum of problems. Each counselor is capable of providing on-going outpatient counseling on a short-term basis.
- 24 hour-a-day, seven day-a-week crisis availability of professional counselors.
- Printed material such as wallet cards, supervisor handbooks, and posters to encourage employee and dependent participation.
- Digital tools such as our website, www.blomquisthale.com, our webinars on YouTube.com and our App which can be found in the App Store or Google Play.
- Close association with community professionals and agencies to promote and sustain a high-quality, cost-efficient referral network.
- Off-work-site counseling offices conveniently located to ensure confidential accessibility to employees.
- Regular EAP publicity efforts directed to the employee population. Publicity efforts include, but are not limited to workshops, poster displays and on-site visits by the EAP staff.
- Effective integration of the EAP into the company's organizational structure and disciplinary system. These efforts include consultation on policy development and implementation, as well as ongoing consultation with management and unions.
- Regular supervisor and employee training sessions designed to facilitate use of the EAP by both supervisors and line personnel.
- Consultation with supervisors, managers, and personnel specialists regarding particular employee situations as they relate to work performance.
- Promotion of problem prevention through seminars and other educational efforts which involve the encouragement of employees to use the EAP for any problem no matter how insignificant the problem may appear.
- Quarterly statistical reports concerning EAP usage by employees. These reports include identification of types of problems and other statistical information requested by the company.
- Feedback surveys emailed to each EAP participant requesting their anonymous evaluation of the EAP service. This is done after the first session and after case closure.
- To be more than a benefit, to also be a partner with the company to provide needed services.
- Return phone calls, texts and emails promptly.
- Appropriate and helpful follow-up.

ETHICAL AND LEGAL POLICIES

This section contains ethical and legal policies regarding our clinical role. Other ethical and legal policies and procedures can be found in the Employee Handbook. In addition, see the Privacy Practice / HIPAA & HITECH Act Workforce Policy Awareness Form for official HIPAA policies and procedures. In terms of responsibility and accountability, that document is an extension of this guide.

Confidentiality

Health Insurance Portability and Accountability Act (HIPAA) and 42CFR Part 2

BH has developed a comprehensive confidentiality policy that provides specific guidelines to guide us as we deal with the many difficult situations as EAP providers. This policy has been reviewed by our attorney to ensure that it provides adequate instructions to keep us compliant with all state and federal guidelines, including the HIPAA regulations. Please refer to the privacy policy contained in the appendix for specific instructions on how confidentiality is handled at Blomquist Hale. Following the BH policy on complying with HIPAA, you will find several forms for you to sign at the time of being hired. This sheet will become part of your personnel file. Please be sure to sign and deliver this sheet to your supervisor. In order for participants to receive assistance in resolving problems which are presented to the EAP Counselor, they must be able to openly discuss their problems with the counselor.

Regarding Substance Abuse confidentiality, regulations pertaining to 42CFR Part 2 also apply. Please see the official website for more information.

If the nature of the problem could jeopardize job, marriage, and social status, the participant could be reluctant to utilize the EAP. For this reason, absolute confidentiality must be assured. This means that nobody should know the content of any conversations with the EAP counselor without expressed written permission of the participant. Furthermore, no staff shall seek to view records or other information about any client that is not directly related to their own caseload or job description.

Violations of confidentiality seriously damage the overall effectiveness of the EAP with both the individual involved and the employee population as a whole. The guarantee of confidentiality has a very favorable impact on utilization and problem resolution. Some cases may involve a "Release of Information" signed by the client.

The Security Officer for Blomquist Hale is the IT Director, Thomas Barfuss. The Privacy Director is the Clinical Operations Director, Darren Elkins. Each office has a Privacy Officer, the Clinical Supervisor for that office. Please see the HIPAA Appendix for more information about these roles.

Limits of Confidentiality / Reporting Policy

Although reporting abuse and "duty to warn" requirements vary between states and interdisciplinary licensing requirements, generally the following are true: Please talk with your Supervisor regarding any questions have on situations involving any of the issues below.

- When child abuse, neglect, endangerment, or domestic violence if children's' welfare is at risk is suspected it must be reported as soon as possible to either the Department of Family Services or the police. Report to Utah DCFS at 1-800-678-9399 or search for phone number of other states.
- In the case of suicidality with clear and present danger (the person may follow-through with a plan and has the means to do so); where the person is not willing to engage in a safety plan, it is appropriate to seek an inpatient (involuntary if necessary) admission. Evaluate how to best get the client to the appropriate (in-network psychiatric facility if possible) in the safest and most appropriate means. Additional resources might include using the HMHI Mobile Crisis service (801-587-3000), or contacting the police and requesting a CIT (Crisis Intervention Team) officer.
- In the case of planned/pre-meditated crimes against a person or property, Most states outline a "duty to warn" police and the affected third party as long as there exists:
 - Clear intent (plan rather than fantasy)
 - Means by which the person can follow-through with the plan.
 - The third party is a reasonably identifiable entity.
- Abuse of a vulnerable adult. Report to adult protective services Salt Lake County: 801-264-7669, Other counties in Utah 1-800-371-7897, or search for phone number of other states.

- HIV and other communicable diseases. Report to Health Dept.801-538-6191.

Ambiguous case law and interdisciplinary licensing complicates the development of hard, fast "rules" to follow in these situations. Whenever possible consult with your supervisor before taking action that may be construed as breaching confidentiality. Always discuss these cases with your supervisor following a report.

BH encourages clinicians to make clear at the beginning of the therapeutic relationship that confidentiality (as described in Confidentiality Section) is not breached unless legally required and if deemed necessary the counselor will notify the person that this will happen. In most cases it is desirable to encourage and negotiate with the person to make the necessary call or take the necessary steps; this promotes our facilitating his/her "breaching" confidentiality. Any situation that involves confidentiality questions must be well documented and communicated with your supervisor and if necessary, the Security Officer and/or Privacy Officer. Do not try to manage these situations alone.

Release of Information Procedure

It is best for the counselor to complete the release form for the participant. List the names of the people who are to receive the information. The specific information to be released should be listed. All information should be discussed with the participant. The counselor should date the document and endorse it as a witness. Allow the participant to read and sign the form. Self-referred cases will rarely require a release of information. Supervisor referrals will generally necessitate a release. If the client does not specify an expiration of the release of information indicate a date one year from the date of issuance.

Lawsuits and Conflict of Interest Situations

When an employee is involved in experiencing harassment of any kind, termination, blow-ups at work or other work related, potentially legal issues, try to position the EAP as a "problem solver" or mediator. We do not try to create legal confrontation and should try to handle such cases as pro-actively as possible. If asked to court, we will comply, but we discourage positioning ourselves as expert witnesses or an adversarial party. Do not encourage or suggest that an employee sue their company. Instead offer our services as a mediator. Contact your supervisor with these types of cases. Remember we have a relationship with the client and the client company. Be careful when the client is seeking legal advice that involves the company, this could be a conflict of interest.

GENERAL CLINICAL PROCEDURES

Treatment Modalities

Short-Term Brief Solution-Focused Therapy

Most of the problems that our clients bring to us can be addressed with our Short-Term Brief Therapy. We recognize that each of us may have different preferences in our therapeutic approaches. In order to be able to provide effective counseling at BH it is necessary to incorporate your clinical approach into the

brief model. When brief counseling is not an appropriate type of treatment, please follow the referral process as outlined later in the Operational Guide.

Most types of psychotherapy involve exploring feelings, being validated, finding explanations, exploring wishes and dreams, setting goals, and gaining clarity. Every therapist has unique ways of working with clients, based on his or her personality, training, and views of how people change.

A solution-focused therapist is likely to do the following:

1. Instead of going over past events and focusing on problems, the therapist helps you envision your future without today's problems.
2. During the course of therapy (often as few as 3 to 6 sessions), the therapist helps you discover solutions.
3. The therapist encourages you to identify and do more of what is already working.
4. The therapist guides you to identify what doesn't work and to focus on doing less of it.
5. The emphasis is on the future, not the past.
6. Solution-Focused Brief Therapy (SFBT) therapists believe that the client is the best expert about what it takes to change his or her life.
7. The therapist's role is to help you identify solutions that will remove the barriers to having the life you want.

Solution Focused Brief Solution-Focused Therapy is a process that helps people change by constructing solutions rather than dwelling on problems. This type of therapy tends to be shorter-term than traditional psychotherapy. The SFBT therapist helps the client identify elements of the desired solution, which are usually already present in the client's life. The client learns to build on these elements, which form the basis for ongoing change. Rather than searching for the causes of the problem, the focus is on defining the changes and making them a reality. The two key therapeutic issues are:

1. How the client wants his or her life to be different and
2. What it will take to make it happen.

Creating a detailed picture of what it will be like when life is better creates a feeling of hope, and this makes the solution seem possible. The therapist helps the client focus on the future and how it will be better when things change. It is important to develop a set of specific, detailed goals. These goals drive the therapy process and keep it focused and efficient.

Why SFBT is usually Short-Term.

SFBT therapists don't set out to artificially limit the number of sessions. Good brief therapists will not focus on limiting sessions or time, but rather on helping clients set goals and develop strategies to reach those goals. Rather than "end of the line" goals, SFBT aims at goals that reflect processes that are in place and progress being made. Focusing on the client's goals and the concrete steps needed to achieve them usually takes less time than traditional therapy, in which the client typically spends many sessions talking about the past and explores reasons and feelings. SFBT therapists aim to provide clients with the most effective treatment in the most efficient way possible so that, clients can achieve their goals and get on with their lives. As a result of this focus, the counseling process often requires as few as three to six sessions.

Types of Problems that SFBT Addresses

Solution-Focused Brief Therapy is an effective way of helping people solve many kinds of problems, including depression, anxiety, grief, relationship problems, and many other kinds of issues. Since it

focuses on the process of change rather than on dissecting the problem, more serious issues do not necessarily require different treatment. The SFBT therapist's job is to help clients transform troubling issues into specific goals and an action plan for achieving them.

Collaborative Therapy

BH has a clinical and business interest in being collaborative with our clients in setting up treatment modalities and in providing services. Rather than taking a very directive or passive approach we encourage therapists combine their own clinical expertise with the life experience expertise clients bring. In review of the feedback we have received, therapists who are successful have a high level of genuine care that comes through in how they listen, validate, and support the client. In addition, successful therapists offer very tangible tools to help the client explore and find solutions. Neither of those dimensions is enough on its own. We must be high in caring and in driving progress through offering clinical expertise.

Psychoeducational Groups

BH offers a broad range of educational groups and multi-week courses to help our clients. Please familiarize yourself with the content and scheduling of each of these courses. A current list of courses can be found on our website under the "Workshops" tab. Please help the client sign up while they are with you and document the referral in the "referred resources" tab on the case details page for your client. Select "in house referrals" and choose EAP group.

Work/Life Seminars and Webinars

One of the valuable services that BH offers to our companies is to provide onsite and virtual trainings on a wide variety of topics. These trainings help companies better educate employees and support our efforts to partner with them. These trainings also keep the BH EAP top of mind as a valuable benefit for employees to use in their time of need. As we have provided webinars, they have been recorded and stored on our YouTube page. You can find these by subscribing to Blomquist Hale on YouTube.com. These can be of valuable for your clients to watch.

Legal and Financial Consultations

We do not just see clients for mental health issues. We are here for all types of life issues. Among the many issues we may assist with, using our understanding of the change process and creating positive habits, is in financial and legal matters. SFST therapists seek to help people with challenges and connect them to other services when needed. As part of our service, clients are able to have a phone consultation with a lawyer or financial planner. Services that would be beyond the consultation would be discussed and a referral from our partners would be given. Please see Legal Section and Financial Section under Clinical issues for policies and procedures.

Crisis Care / Critical Incidents

One of the primary reasons that companies contract with us is to provide crisis care. Every member of our team is part of the crisis team in way or another. The Client Advocates provide an immediate caring person that helps connect the client to our clinical services. All of our therapists will see clients in crisis. For our Specialists, this often involves therapists going on location to talk with employees or others who have been through a traumatic event. The term "specialist" is a designation at BH that involves training in areas of expertise. But all therapists must be prepared to be called upon should there be a need. BH has a therapist available 24/7 for crisis situations. This is accessed by calling our regular phone numbers. More information on this process is found later in the Crisis section.

Support Now

Sometimes people may not necessarily be in “crisis” but seek an immediate answer to a challenge. Perhaps, it’s a rough interaction at work and they are seeking quick advice. It may be a parent seeking a way to deal with a specific interaction with their child. Through our company contact, clients are given our general phone number and a unique text phone number and email to contact us for immediate help. As we handle these, we offer our immediate quick assistance and recommend further services if applicable. The text line and email are generally monitored by the C4 team.

Clinical Issues

Couple and Relationship Counseling

A large proportion of BH cases are marital or relationship oriented. Couple counseling is most effective when both members are seeing the same therapist in joint sessions. Individual members of a couple should not be meeting with two different therapists if the focus of the sessions is the marriage or relationship. It is expected that if this situation occurs, the therapists will urge the clients to choose a single clinician that both can meet with to work on resolving issues in their relationship.

One of the courses offered at BH is a multi-week relationship course. This may provide the information the couple needs as a stand-alone course or in conjunction with therapy. If a couple is interested in the course, please go to our website www.blomquisthale.com and help sign them up for the course. Please help the client sign up while they are with you and document the referral in the “referred resources” tab on the case details page for your client. Select “in house referrals” and choose EAP group. This class is often offered in person and virtually.

Family Counseling

The BH bias is that there are few children’s problems that can be resolved without working with the parents. However, it is very important that the therapist adopt a collaborative approach to treatment planning. Much of short-term family counseling consists of helping the parents/guardians to help the children. We do not require clinicians to meet with every family member or to meet with the identified patient (usually the child) in every session. BH clinicians need to be comfortable working with parents/guardians to help them refine their parenting and self-control skills. Most work with children will be assessment oriented or family process oriented. Therapists should avoid splitting families between several therapists.

Minors

All BH therapists are proficient in providing short term solution focused therapy for minors of all ages. If you do not feel proficient in providing services for young children, please seek the assistance of a peer, the training coordinator or your supervisor to guide you through the case. In a short-term model with young children, the sessions are generally done with heavy involvement of the parents. In cases involving many children from one family, it is generally considered family therapy with one initial session being scheduled with a therapist to discuss further treatment planning.

If a parent/guardian calls to schedule multiple initial appointments with multiple children, please validate the client and let them know they can discuss those wishes with their therapist on the first visit. When therapists meet with the parents/guardians and develop a plan, it is generally best to keep the family on one case. If separate cases are needed due to some children needing extensive individual counseling,

then a separate case can be created. Please see a Client Advocate or refer to the section on creating a case.

It is the responsibility of the Client Advocates during the initial phone call, and the therapist's responsibility for clients they have already seen to educate families about children who will be participating in therapy or coming to wait in the lobby. If children are going to be participating or waiting in the lobby, then the following information needs to be shared by the Client Advocates.

"The majority of the initial session, if not all, will be the therapist meeting with the parents. Please make arrangements for young children to not come with you or to have a responsible person who can be with them in our lobby while you are in the session."

We need to be conscientious of any problems that may arise from young children being unsupervised in our lobby (walking the hall, leaving the lobby, etc.) If the client brings young children or older children who pose a problem in the lobby, the Client Advocates is to alert the therapist of the situation. The therapist will then work with the parents/guardians to resolve the problem. Therapists may need to end the current session and reschedule with the parents/guardians for another time when the children can be left at home. We are not and cannot be responsible for children left in the lobby.

During this session the BH clinician establishes and explores the structure of future visits and which persons will be involved. Limits of confidentiality are thoroughly explored especially if there are any plans for individual sessions with the minor. At least one custodial parent/guardian must sign the "consent to treat a minor" section on our intake. It is vital that the parents'/guardians' consent is documented if individual sessions are planned.

It is recommended that the parents/guardians are involved in treatment with the children as this will help to address how desired changes will be supported at home. We believe that working with parents/guardians to teach them tools to be effective with their children is more impactful than therapists teaching the tools outside of the parents'/guardians' involvement. This is not to say that sporadic individual sessions with the child are prohibited. Please coordinate your efforts with the parent/guardian to help them feel validated in what they are seeking. If individual treatment of a child is the chosen modality, the treating therapist should touch base with the parent(s)/guardian(s) on a regular basis. This contact may be by phone but must be person to person, not simply by leaving a phone message. The purpose of this contact is to obtain parental feedback on the child's mood, behavior, etc. This also reduces the opportunity for triangulation and dissatisfied, disgruntled parents.

Supervisor Referrals

All supervisor referrals should be coordinated by the appropriate company Business Consultant or with your supervisor. A Specialist is assigned to serve as a Business Consultant with each client company. The Company Page will indicate who the Business Consultant is for each organization. When dealing with a supervisor, be sure to keep the Business Consultant person informed and consult with them concerning the political, procedural issues that differ from company to company. Unless otherwise assigned by your supervisor, only Specialists staff handle supervisor referrals.

Non-English Speaking

Many of our clients prefer Spanish speaking therapists. We are committed to providing quality service to these individuals. Talk with the Client Advocates or your supervisor to find out who our Spanish speaking

therapists are. We have attempted to contract with Spanish speaking therapists in various geographical areas. If another language or other special accommodations are needed, please consult with your Supervisor. We have Client Advocates and other employees who may be able to assist and translate as needed. If we do need to use an outside service, there is a company called CommGap International Language Services, 1-801-944-4049 on occasion. Our Access number is CG10358.

Drug Free Workplace

Many companies have a policy which allows employees who have failed a drug screen to return to work through a procedure usually involving an assessment, treatment, and follow-up testing. Drug Free Workplace (DFW) policies range from informal to standardized procedures. We play a specific role in the process. For clients who have violated a DFW policy, some of our Specialists are trained on our process on these. Please talk with your supervisor if you are seeing a client that meets this criterion and you have not been managing DFW cases. The "Company Information" page on the Portal will contain information about the DFW policy and procedures for companies that have made those policies known to BH.

If the client has come seeking help regarding substance related issues and is clearly not involved in a DFW situation (i.e., was not referred by a supervisor or we have not received non-compliance paperwork on them), any qualified clinician may assist in assessment and referral. The SASSI is available for these assessments. All drug and alcohol assessments should include a verbal interview and the SASSI at a minimum. See the Appendix for more useful forms and information.

Be sure to discover if a SAP (Department of Transportation designated Substance Abuse Professional) is required. If so, please talk with your supervisor to transfer the case to one of the BH SAPs.

Court Ordered Treatment

Collaborate with the client to learn more about the nature of the court order and what is required. If you have questions, please consult with your supervisor. Here is a general guideline:

EAP In-House Treatment:

- Marital therapy – where there is no assault charge.
- Family therapy – where there is no assault charge and no requirement to give a professional opinion on custody, visitation or parental fitness.
- Court Reporting: We will verify attendance and completion of treatment or premature termination of treatment. We do not provide lengthy psychosocial evaluations for the court.
- Referral services for any of the below mentioned cases.

Referral to Other Treatment:

- Court ordered treatment for perpetrators of domestic violence, child abuse, rape or any assault.
- Court ordered treatment for persons charged with drug possession, DUI or any other crime committed while under the influence.
- Court ordered treatment for teens with a clear diagnosis of conduct disorder.
- Custody evaluations.

Blomquist Hale is not a court diversion program and takes no responsibility for satisfying court criteria for treatment. The client is solely responsible for coordinating with officers of the court to determine whether or not they will accept treatment delivered by Blomquist Hale.

Family Medical Leave

Most of our client companies are comfortable with us filling out the FMLA forms. Be sure to watch the green "Unique Company Information" bar on the "Appointment Detail" screen in the portal for companies who have special instructions about this and other matters. Unless otherwise specified on the company page, we can assist with FMLA in most cases. If in doubt, you can check with the company's HR. In the case of companies that request we do not get involved, they should be referred to their family physician or an outside therapist. EAP counselors are very vulnerable to manipulation by employees with this request. We can find ourselves on the wrong side of management when this manipulation occurs. Be sure to stay within your clinical expertise and only make statements you feel can be supported. Our role is to see if they meet diagnostic criteria. We simply provide a report of concerns the client has described, which can include a preliminary diagnosis. It is their HR that determines eligibility. Please talk to your Supervisor when you have an FMLA case to review it with him/her.

Bariatric Assessments

People who seek to improve their health through an intense surgical procedure will be referred to us to ensure that they are mentally and emotionally prepared. The medical provider and insurance company seek a letter from us with our opinion that the client is ready. In these, we cover their ability to handle the rigors of the surgery and the resultant lifestyle change. The paramount question is whether the client is ready to eat healthier, be active and handle the post-surgery challenges. The Appendix contains more information and the forms that we use when we complete this process.

Senior Care

Many of our clients have questions about care for themselves or aging parents. As therapists we are able to help with many of the issues they will bring to us. It is part of our role as BH therapists to familiarize ourselves with these issues and be able to help. For issues related to level of care, safety issues, resources, etc., we have a team of experts in-house that you may consult with. Please ask who currently fills this role in your office. Please consult with them or your supervisor to determine the best course of action.

Also, be aware of local services that you can refer to. Each County has an Aging Services that is extremely helpful for Caregivers and those seeking services for themselves. See the "Senior Care Services" section of the "Community Resources" spreadsheet for providers in your area.

The Senior Care Specialists (as noted above) have developed some additional handouts, seminars for companies, periodic classes at BH sites among other efforts to build a comprehensive service. It is the responsibility of all staff to be aware of these resources and fully utilize them where helpful.

Legal

Often, when people are dealing with a legal issue, it is accompanied with other personal challenges that EAP Therapists can assist with. Our service provides a free thorough consultation for legal issues and we always assess whether our other services such as counseling would be helpful. When a client calls seeking legal guidance, the Client Advocates will refer the client to the C4 team. Therapists who field these questions will need to coordinate with the C4 team in making a referral to the Legal Service as

outlined below. This service does not include free representation, court appearances, paperwork or the like.

Blomquist Hale Solutions has partnered with Scalley, Reading, Bates, Hansen, and Rasmussen (SRBH&R), a Utah firm, to handle our legal consultations. They offer legal consultations as part of the EAP benefit. Though they are based in Utah, they can give basic legal advice to clients around the country. When necessary, they will refer clients to appropriate legal counsel in other states. **IMPORTANT.** If the client has a legal complaint against the employer/company with whom they have the EAP benefit, then it would be a Conflict of Interest.

Setting up the Consultation

Be sure to click the "Save New Referral" box below after you have read the instructions:

If the client is physically in our office:

- The therapist will print and complete the Legal Consultation Referral Agreement for the client to sign. Make sure to fill out all sections.
- The therapist will let the client know that they will be contacted by the Law Office within 7-10 days to schedule an appointment.
- The therapist will send the completed form to the Care Coordination/C4 Team at care.coordinator@blomquisthale.com.
- The C4 Team will email the signed Legal Consultation Referral Agreement to Chelsea Boulard, Paralegal, at SRBH&R and document the referral in the client chart.

If the client is calling in:

- The Client Advocates will add the client's name to the C4 Call Log, and the C4 Team will contact the client and send them the Legal Consultation Referral Agreement to complete. When the client returns the completed form, the C4 Team will email it to Chelsea Boulard, Paralegal, at SRBH&R and document the referral in the client chart.
- SRBH&R will contact the client within 7-10 days to schedule the consultation.

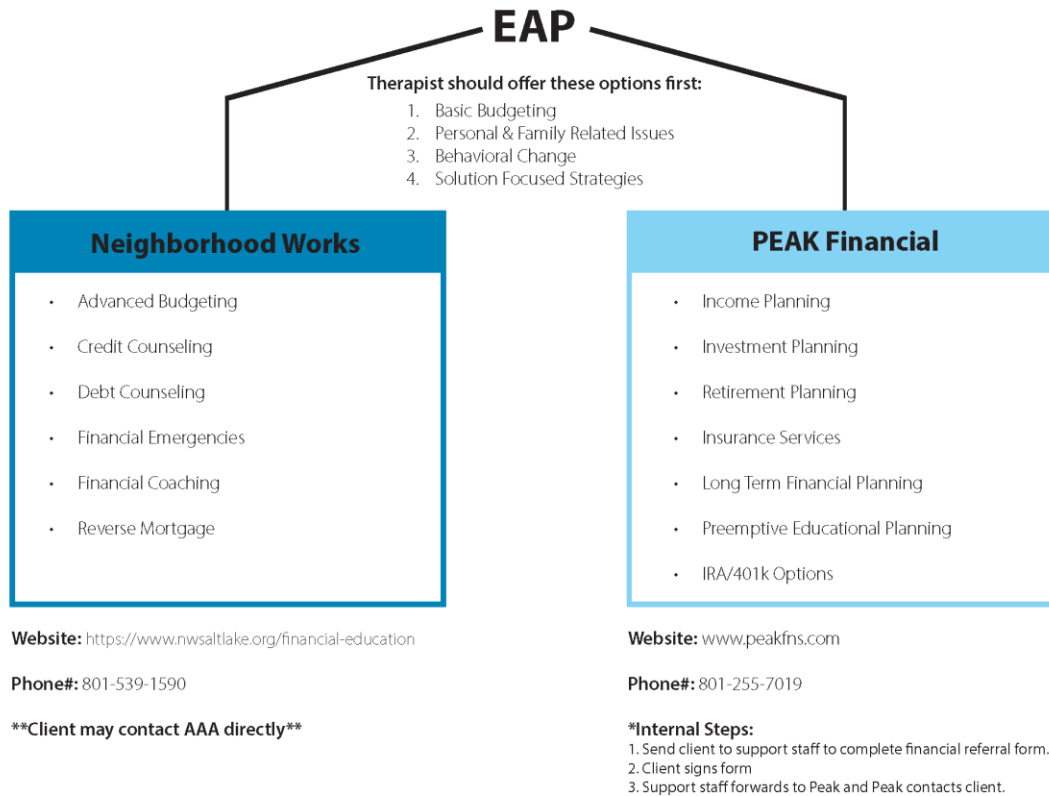
After the Consultation has been arranged:

The Therapist will continue to assist in ways that SFBT can benefit the client during their situation.

Financial

Counseling may often involve addressing financial issues. Our understanding of problem solving can benefit clients who have financial concerns. Financial counseling includes budgeting, credit and debt management and referrals to debt negotiators and lawyers who can provide bankruptcy information. We need to be clear that we are not accountants, licensed financial planners or attorneys. We should refer to these professionals when appropriate. If we refer to outside credit and debt negotiators or lawyers, the client should be prepared to pay for these services. For a listing of some of these services see below:

Financial Resources: Client Needs - Quick Guide



Daycare and Childcare Services

One of the services we offer is to provide clients with information in choosing daycare providers. Please help by using the resources we are aware of such as "211". The service is strictly information and referral.

Case Management

Effective case management is essential to our success in being truly responsive, providing genuine care and being professional. There are legal, ethical and professional consequences to poor management. In addition, it is proven that the well-being of the therapist is improved when he/she is organized and proficient in the details of handling cases.

Generally, it is encouraged that one therapist is to manage the therapy for the family at a given time. Generally, there should not be more than one open case nor more than one therapist per client. Please consult with your supervisor if you feel that having multiple therapists or open cases is necessary. We seek therapists who are comfortable dealing with most issues brought to them. As mentioned previously,

all BH therapists are expected to treat any of the issues brought to us. If you feel you need more training or supervision on a case, please discuss this with your supervisor or our trainer. Every situation in which we provide a clinical activity needs to have a case. Activity will be added to an existing case when we it has been less than 90 days since the last clinical activity, or the modality/clinical approach is different.

Transfer of Cases/Clients to another BH Therapist

A transfer to another therapist may occur occasionally, for example when the therapist is going on extended leave or the client has expressed interest in a transfer. Common courtesy and good clinical practice dictate that therapists communicate with any colleague they refer to. You must communicate with your supervisor and discuss the reasons for the transfer and gain permission to make the transfer. Transfer for clinical reasons necessitates a brief message sharing the clinical outline. Be sure to facilitate the transfer to the new therapist's case load. This is done automatically when scheduled with another therapist.

Crisis call and appointments or time related requests.

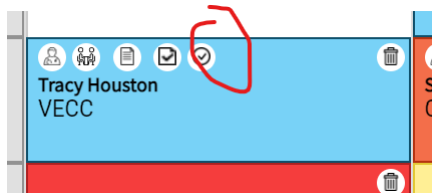
When a transfer has been authorized by your supervisor, please schedule the client with the new therapist. When an appointment is made under a new therapist, the Portal automatically assigns the new therapist to the case.

Case Assignment

Over time, BH has evolved and handled our needs in various ways. The balance we strike to find is between generalization and specialization. In terms of clinical issues, we have found that it is not possible to specialize to the extent of therapists picking and choosing the cases they want to handle. We are "generalists" with a flare of specialty. The Client Advocates collect information about therapist strengths so that clients seeking specific background and expertise can often be lined up with a good fit. We have developed a protocol for some specialized situations that need to be routed in the proper directions. The following are some guidelines for the Client Advocates, On-Call therapists, the C4s and others who find themselves in the position of guiding a client through the process of using our services.

Crisis Calls

- 1) Start with unused slots/cancellations/no shows. You can see if someone is available by the item that is circled below. If it is still a checkmark that means they have not been checked in yet and that person is available, assuming the client isn't just late. Start with the non-specialists, including the virtual team – those that do not have red appointment slots in their schedule. These therapists do not have as many non-clinical responsibilities.



- 2) Then go to the Specialist team with slots/cancellations/no shows. Do not include the Supervisors of the offices. Use the same logic to determine availability.

- 3) Then go to the C4 individual(s) assigned that day. You may even be able to interrupt a routine referral call if you use teams to let them know we have a crisis to handle.
- 4) Then go to the Supervisors and the Trainer.
- 5) Then go to Clinical Operations Director.
- 6) If for some reason you can't get anyone you can interrupt a session if it seems very urgent. Crisis calls should never end with "we'll have someone call you back".

Crisis Appointments

When people call for a crisis appointment, gently try to have them talk to a therapist and follow the crisis call routine. Often, we can help them on the phone, and we don't need a full hour for crisis.

Don't let them feel like we are avoiding helping them so if they are pretty clear they want a crisis appointment go ahead and schedule with this clear message: "The crisis therapist you see today will help you through what you are facing today. If you determine that further therapy is needed, they will assist you in scheduling you with another therapist to help with that". This helps deter people from using a crisis call just to avoid the delays of getting in and helps us navigate our caseloads more effectively.

- 1) When we need to schedule a crisis appointment use the same logic as with the calls.

Drug Free Workplace

- 1) Officially, Drug Free Workplace refers to the 3 groups we have a very special process with: Eighth District Electrical/NECA, Utah Pipe Fitters, and Utah Sheet Metal. These involve a lot of paperwork and can take longer for some therapists to conduct the session. They should almost always be in person. Please try to spread these out among the offices. Those that can do these have "DFW" as one of the types listed on the red appointments. They should be scheduled within 2 days when possible. Please keep me informed of the availability or lack of it that you are seeing on these.
- 2) If someone identifies as needing a "SAP" (Substance Abuse Professional) these have to be handled by people who have that certification.
- 3) All other companies or situations where substance use or addiction is involved can be treated as Supervisor Referrals – see below.

Supervisor Referrals

There are two types of supervisor referrals. Formal referrals and informal referrals

- Formal referrals:
 - Business Consultants should prioritize helping their business contacts (usually Human Resources) understand our Supervisor Referral Process. We have a Supervisor Guidebook we use in training them and their leadership team on best practices for recognizing when and how to refer to our services. This can be found in the Portal. We ask the company to call us prior to referring the employee so we can coordinate what is needed. They should call the BC, but may also speak to the Client Advocates if the BC is not available, and the C4 team can assist as well. We gather information about the employee and what the leadership is trying to accomplish.
 - We alert the Client Advocate leadership team of the individual that will be calling in. We also add an alert on the Company page in the "Special Notes" field. The Client Advocates can delete that information after the client has called in.

- When the client calls and indicates that they were referred by a supervisor or HR please check the company notes or other internal messaging to see if we have been contacted by the Supervisor. You will get calls from Supervisors wanting to refer people. These should be forwarded to the Business Consultant assigned to that company. If that person isn't available, you can have it go to a Supervisor or the Clinical Operations Director. We will enter a note or inform you that they will be calling. If you see a note about the client in the company information, please follow the guidance and then delete the note so it doesn't just take up space. Even if there is not a note, please ask if their supervisor has asked that we coordinate their care with the company in some way. If they say yes, then treat it as a formal referral.
 - Make sure to indicate supervisor referral on the intake under the type of access. Also write a good note about it in the comments of the appointment.
 - Schedule these within 2 days with those that have the red specialist slots with "Supervisor Referrals" as one of the types in the appointment. Some that are crisis situations will need more urgent care. Use good judgment on this.
 - If some additional coordination is needed, please reach out to the therapist directly to prepare him/her.
- Informal Referrals: If there are no notes or message about this client and the client indicates there is no need for ongoing coordination with their company or even some type of reporting, then just schedule it as a normal client. Still be sure to use "Supervisor Referral" as the access type as this helps us keep track of how well companies are referring people to care.

First Responders

These are scheduled under the specialist people that have First Responders listed as an option. You don't have to use the red appointments, but it should be with those people.

- Wellness checks. Please indicate if that is what they say they are calling about. Companies using this service will have a version of the company name as a separate company with "Wellness" after the name. Use that company for these wellness checks. Please write the following in the comment field of the appointment:
"Wellness checkup. If further sessions are needed, please copy the intake and open a new case under the company page that does not say Wellness".

Bariatric Evaluations

Use Specialist for these and treat them as supervisor referrals.

1-800 Contacts Financial Assistance

Use Specialists for these and treat them as supervisor referrals, gauge the urgency from the client.

Emotional Support Animals

If someone calls for a letter to their landlord or someone else needing an emotional support animal please let them know that our service does not do the type of assessments that would provide the kind of paperwork requiring others to allow them to use the animal. If they want to see a therapist and get a letter of support, the therapist may be able to provide that based on what they discuss. If they are looking for us to fill out forms requiring the acceptance of their support animal let them know their Physician can help them or have them talk to the C4 about referring them to a therapist that could do that for them.

There are of course a lot more special circumstances. Please use the specialist for many of these as they are the most trained on them. Use your judgment and if you feel more coordination is needed in knowing how to schedule, please don't hesitate to reach out to supervisors.

A letter of support for an ESA can be misinterpreted as a statement that a formal multidimensional evaluation with a diagnosis was completed, which BHS Therapists typically do not do.

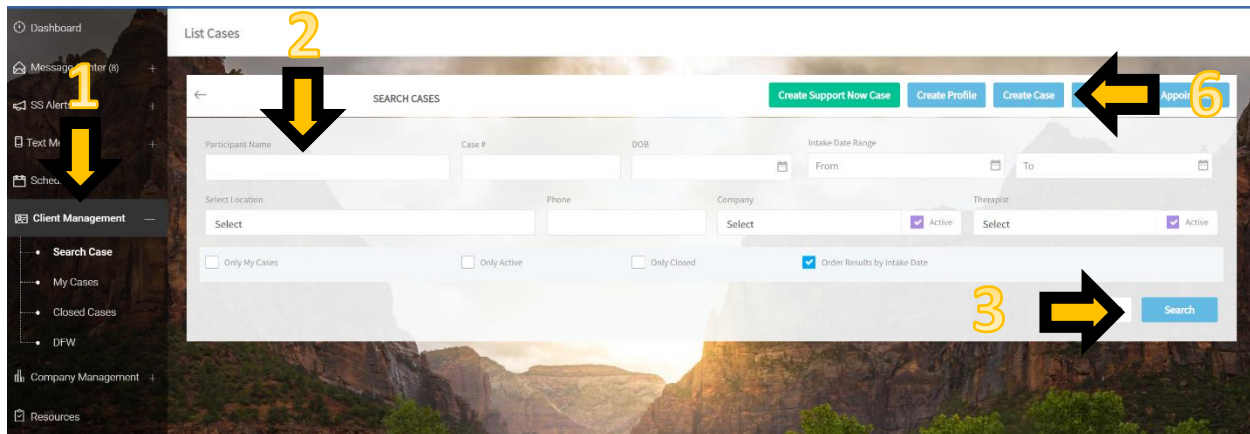
A full evaluation for an ESA (housing or airline) typically requires several elements to comply with federal laws. Here is a checklist of the elements that would be covered by an outside (Non-BHS) therapist, <https://nbf.net/resources/Documents/ESA%20Letter%20Checklist.pdf>.

The fastest and least expensive way for a client to obtain a full evaluation and letter for an ESA is by using an online service that guarantees a full refund if the client is not satisfied. Here are a few:

1. Emotional Pet Support, <https://www.emotionalpetsupport.com/>.
2. Support Pets, <https://www.supportpets.com/>.
3. Pettable, <https://pettable.com/>.

Intake Process

As stated above, all clinical activity needs to be documented. There are legal, ethical, and professional implications for having complete and accurate intake information. Generally, it is the Client Advocates who complete the intake at the time an appointment is scheduled. However, when a therapist is taking a crisis call or working with a supervisor referral, for example, he/she will need to be proficient in filling out the intake. The following steps will help you complete the intake process:



1. Even if the client does not recall attending counseling in the past, search for the client by clicking “Client Management” on the menu bar and selecting “Search Case”.
2. Enter the client’s name and/or other details to locate the client. Ensure proper spelling and, if struggling to find someone who should be in the system, try to shorten the characters by just searching the last name. Other fields are displayed which can refine your search.

- Click “Search” and you will see possible matches shown below the search field. If there are options that come up, be sure to line up information to be sure you have the correct person.
- If the client has a record and it is within 90 days of the last clinical service, click on the existing case and use it for scheduling and documentation, even if it is a new therapist. The exception would be if this is a new clinical situation or if other participants will be joining the client in a new round of care.
- If we have a prior case with the client with over 90 days since the last clinical activity, you can click on the existing case and copy the intake information to create a new case. This will populate many fields that would perhaps be the same and leave others blank. Verify all information to ensure accuracy and complete as described below.

Create Case

The screenshot shows the top portion of the 'Create Case' form. At the top left, there are three navigation buttons: 'back to Search Case', 'back to My Case', and 'Copy To new Case'. The 'Copy To new Case' button is circled in red. To the right of these buttons is a 'Select Therapist' dropdown menu. Below the navigation buttons are three input fields: 'Select Office' (with a dropdown menu showing 'DHHS Cannon'), 'Case Number' (with the value 'MU033182'), and 'Intake Date' (with the value '08/25/2022'). At the bottom of this section is a dark grey header for 'PARTICIPANT INFORMATION'.

- If we do not have this client in our database, click on “Create Case”. This will take you to a blank intake page.

Create Case

The screenshot shows the full 'Create Case' form with several fields highlighted by numbered yellow arrows. Arrow 7 points to the 'PARTICIPANT INFORMATION' section header. Arrow 8 points to the 'Gender' radio buttons (Male, Female, Other). Arrow 9 points to the 'CONTACT INFORMATION' section header. Arrow 10 points to the 'ORGANIZATION PROVIDING THIS BENEFIT' section header. The form includes a 'back to Search Case' button at the top left and a 'Select Therapist' dropdown at the top right. The 'PARTICIPANT INFORMATION' section contains fields for 'Enter First Name', 'Enter Last Name', 'Date of Birth' (mm/dd/yyyy), 'Gender', 'Enter Address', 'Zip' (with 'Enter Zipcode' sub-label), 'State' (dropdown menu showing 'UTAH'), and 'City'. Below this is the 'ADDITIONAL PERSONS WHO WILL PARTICIPATE' section with an '+ Add Participant' button. The 'CONTACT INFORMATION' section includes 'Preferred Phone' (with 'Enter Phone Number' sub-label), 'E-Mail' (with 'Enter your Email Address' sub-label), and 'Additional Phone Number' (with 'Contact Information' sub-label). There are also checkboxes for 'Ok to Text?', 'Ok to Call?', 'Ok to Leave message', and 'Ok to Email?'. The 'ORGANIZATION PROVIDING THIS BENEFIT' section includes 'Select Company' (dropdown menu), 'Fill From Participant' (dropdown menu showing 'None'), 'First Name Of Employee (or Individual)' (with 'Enter Name of Employee' sub-label), 'Last Name' (with 'Enter Last Name' sub-label), and 'Date of Birth' (mm/dd/yyyy).

- Complete all participant Information. The first participant should be a responsible adult. If the identified client is a minor, include the parent or legal guardian. In the case of a crisis call, collect

- as much information as possible without creating a barrier for the client. An address would be helpful for a wellness check if that is needed, but if the client resists giving any information, please proceed and try to gather that information when the client is calmer and trusting.
8. Click “Add Participant” if there will be more participants. Complete the information.
 9. Add the contact information. Be sure get as much information as possible. If the client resists providing a phone number or email, let them know this is how we send the intake form, appointment reminders, virtual session links and other necessary correspondence. We never share this information, and we don’t send junk mail.
 - a. Be sure to get permissions to text, call, leave a message and send email. Without those boxes checked we will not be sending them the appropriate information or be able to reach out to the client.
 10. Complete the Organization information. The providing organization should come be seen on the drop down. Sometimes the client will give a name that doesn’t appear in the drop down. Going to the company page (covered elsewhere) and entering the information as an alias will help you identify the proper organization.
 - a. If the employee that has access to our benefit is one of the participants, you can populate the employee field by clicking on which participant it is. If they are not one of the participants, complete the information in the proper boxes. This is important information for tracking how the benefit is accessed.
 - b. Departments: Some companies require that we gain further information about a sub-grouping of the employees. Be sure to ask and gain accurate information.

11. Complete the Case Information.
 - a. Type of Access: Most of the time is this is self-referral. Be sure to indicate when this is an individual who was referred to us by a supervisor at the organization. This is something we keep a close eye on for our companies. Use “DFW Referral” only if it one of the following groups: Eight District/ NECA, SMCNA/Sheet Metal or Utah Pipe Fitters. This triggers some specific tools and tracking for us. Any other groups doing a Drug and Alcohol referral would be under “Supervisor Referral”.
 - b. Location.
 - i. Local: If the client is calling to schedule in any of our offices.
 - ii. Remote: If the client is calling to schedule with an affiliate therapist in office.
 - iii. Phone Services Only: Client is calling to use to use a phone appointment or is calling in crisis and has not set up an appointment.

- iv. Video: For all virtual sessions.
- c. Visit Type.
 - i. Local face-to-face: If this is selected, a case number will not be generated until the client is schedule in an office. This allows us to have case numbers that are office specific (e.g., MU, OR, OG, VI etc.).
 - ii. Referral to remote affiliate: This will generate an affiliate case number and will be monitored under our affiliate program.
 - iii. Crisis/Care Coordinator: When the intake is saved a case number will be generated since it cannot be assumed we will be scheduling a session. This also triggers a different tracking method.
 - iv. Other: Similar to Crisis/Care Coordinator. A session may not be scheduled at this time, but a case should be generated.
- 12. Complete the Signatures section. This is like signing your name to the intake.
 - a. You gave reviewed informed consent with the client.
 - b. You are certifying that everything is accurate and complete.
- 13. Be sure to click "Submit". Our system does not auto-save anything. If you do not slick "submit" you will lose your work.

The First Session: Orienting the Participant

When first meeting a participant, it is important to clarify the EAP's role while building rapport. The First Session Checklist is available to review and can be found as a link in the "Appointment Detail".

[Intake Form](#)

[First Session Checklist](#)

[Back to My Cases](#)

The following must be covered by the therapist to orient each client during their first session. The First Session Sets the Tone. When first meeting a participant, it is important to clarify the benefit they have with Blomquist Hale Solutions and build the therapeutic relationship. The following must be covered by the therapist to orient each client during their first session.

Before the First Session:

1. Research for past or duplicate cases. If there are multiple cases for the client, consult with the other therapists involved and your supervisor.
2. Review the Appointment Detail screen. Take note of any information that needs to be gathered during the first session. From the schedule page you can quickly see other important information. Hovering over icons will explain what it means. Icons will change as events change for this appointment and case.

Example: 

- The first icon in the case above tells you the type of service: Therapy, DFW, Supervisor Referral or Crisis/Critical
- The second icon indicates the location: In office, Virtual or by Phone.
- On the example, the third icon can be clicked as a shortcut to add a session note.

- The fourth icon indicates the status of intake signatures (covered below).
 - The fifth icon is the status of their attendance (covered below).
3. Note the type of benefit the participant has (Stand Alone or Carveout) so that you are prepared to assist in a referral appropriately.
 4. Clicking the green “Unique Company Information” bar will give you any information about special handling for the paying organization.

At the Beginning of the First Session:

1. Be sure to check your client in on the Portal: This needs to be done at the beginning of the session, so Client Advocate and others are aware of your availability. The circled checkmark is where you click to do this. This is how others will know if you are in session or available.



2. Review the intake form and make sure that is it complete. The intake is completed by the Client Advocates at the time of the appointment being scheduled. It is reviewed and digitally signed by the client and the therapist. The link appears like this on the Appointment Detail page:



Some items to pay close attention to:

1. Incomplete fields. Sometimes clients will leave the email blank. Let them know we use this for courtesy reminders and our satisfaction survey.
2. Accuracy: Make sure that the type of access, location type and visit type are accurate
3. Check the box to sign the intake as the therapist: In the example below, you will see the box to check and receipt of the Client Advocate who filled out the intake as well as your “signature” on the intake.

PLEASE ANSWER ALL THE REQUIRED QUESTIONS BELOW

I have reviewed the Intake Form and Discussed Informed Consent with the client.

As a designated Intake reviewer I have reviewed and found to be complete and accurate

Signed by Client (10-12-2022 03:14 PM)

Update Print Cancel

Intake Reviewed By
Vanessa Berrett
10-07-2022 03:55 PM

Checklist Reviewed By
Darren Elkins, LMFT
10-20-2022 03:54 PM

4. Ensure that the client has signed the intake: This form is completed by the Client Advocate or other EAP professional who schedules the appointment. The client is sent the intake digitally and has the opportunity to make corrections before adding their digital signature. Resend it to them from the appointment detail if it has not been signed. It is essential that they sign the intake in order to have informed consent.
 - i. The schedule page has a visual reminder of the status of several things, including the intake form. An intake that has not been signed by the client will have the pink icon as seen below:



- ii. An intake that has been signed by neither the therapist nor client will be yellow as seen below:



- iii. An intake that has not been signed by the therapist will have the blue icon as seen below:



3. Discuss Confidentiality and exceptions (Child or Elder abuse, duty to warn, etc.)
4. Orient them to BLOMQUIST HALE SOLUTIONS and your role as their therapist. Explain we are here to help with ANY life problems and that our Brief Solution-Focused approach will usually be the best fit for their problems.

Let them know that occasionally there are issues that are appropriate for specialized or longer-term therapy (or other services) and if that situation arises you will assist them in finding whatever help is needed to find resolution to their problems. Avoid speaking in terms of a number of sessions.

5. Prepare them for a 50-minute session. The remaining time will allow you to stay on top of entering case notes. It is also proven to help avoid therapist burnout. Generally speaking, the 80/50 rule will help you. 80% of your cases should be completed at the 50-minute mark.

Assessment During the Intake Process

In a Short-Term Solution Focused model, the assessment is typically a “functional assessment” with the approach of starting to seek solutions from the very beginning while continuing to facilitate a nurturing and empathic assessment. If the counselor clinically judges the primary problem can be resolved using a brief therapy model, then the counselor should assist in resolving the problem. Creating a treatment plan and creating goals is a hallmark of effective therapy and helps keep things focused on the growth process for our clients.

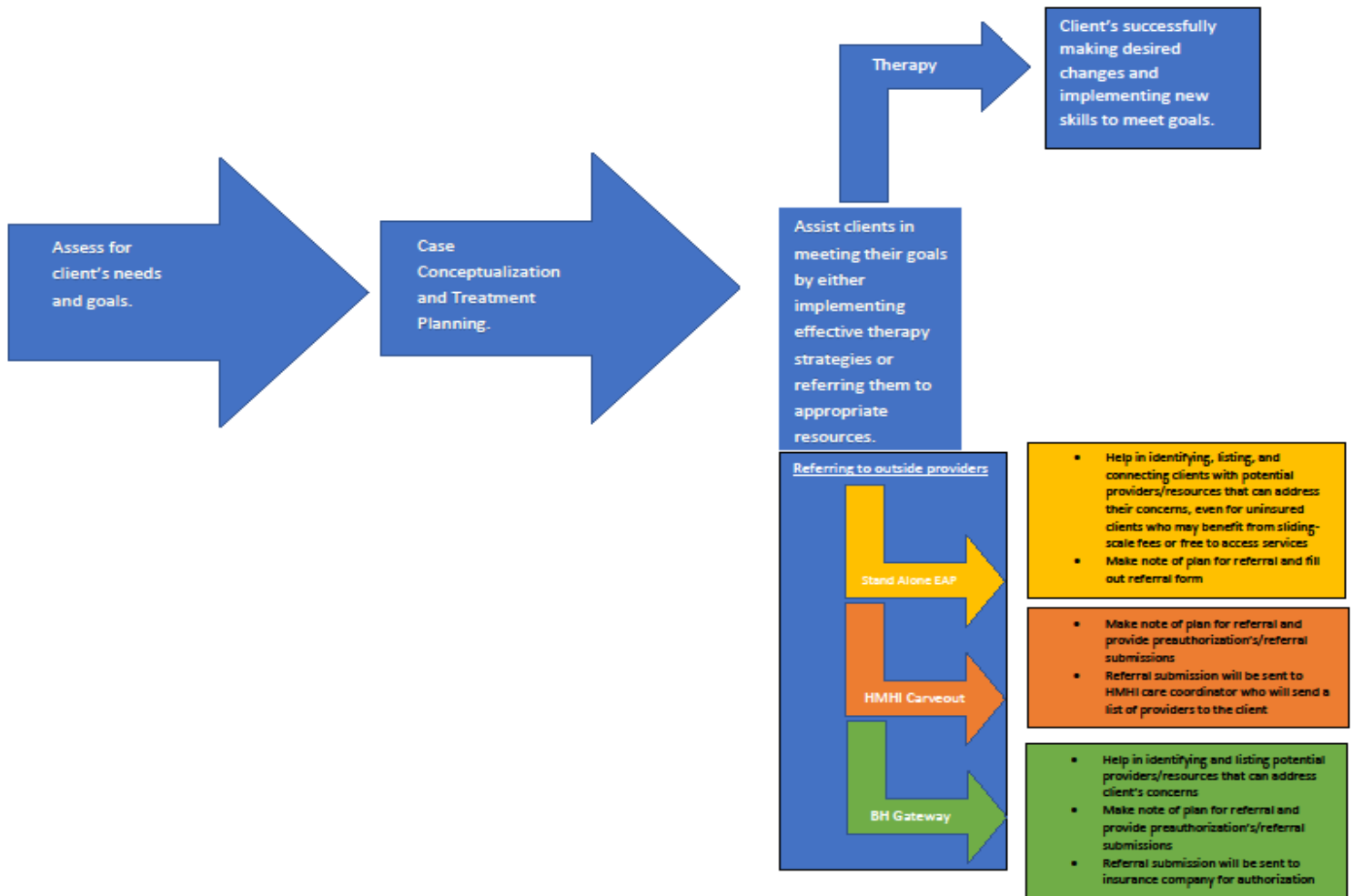
The challenge for BH therapists is to determine whether or not the client's issues are appropriate for short-term treatment. This decision is generally made during the first session. We have a VERY general definition of brief treatment. Please become comfortable talking about solution-focused therapy with your clients. Seeing a client a week after the initial session may be necessary to stabilize some acute but transitory state of reactivity (e.g., marital case where there has been a recent infidelity). However, for the most part, clients must be able to tolerate sessions scheduled two or more weeks apart. Individual sessions may be supplemented by attending one of our weekly courses. Specific number of sessions may vary from 1 or 2 to more than 10. This is determined on a case-by-case basis. A specific number of sessions should not be quoted in the initial session. BH therapists are evaluated to assure that brief treatment is the model being used. Looking at a case load, we would expect to see an average of 4 sessions per case.

If the counselor clinically judges the primary problem can be resolved using a brief therapy model, then the counselor should assist in resolving the problem. When problem resolution requires long-term counseling, a referral to an outside resource is appropriate. Deciding whether to refer outside our system or to treat within can be challenging. Guidelines for deciding when and how to make a referral are covered later.

Referrals

Our model is designed so that approximately 80 to 85% of the time we handle the case without the need for a referral. In the other 15 to 20% the service we provide is to assist our clients in getting into longer term or specialized care. The decision to refer should typically be made during this first session. This helps avoid the difficulty of making the transfer to other care and creating the feeling of "starting over" for the client. Clients are also more disgruntled and unhappy if we make a referral after multipole sessions. The following indicators can be guides to help assist in your decision as to when to refer.

The following graphic outlines the overall process of Case Management decision making:



As indicated previously, one of the first session tasks (and revisited throughout therapy) is the determination of a treatment plan. These indicators are evaluated together to get an overall impression of whether a referral to other services may be appropriate.

1. **Diagnosis:** There are a number of disorders (defined in the DSM) that are *usually* referred out. Of course, individuals and families who have these disorders may be seen if the objective is not directly related to the disorder. These disorders are:

- Bi-Polar Disorder

- Schizophrenia and other psychotic disorders
- Eating disorders
- Personality disorders
- Addictive disorders - alcohol dependence, substance dependence, sexual or pornography, gambling
- Domestic Violence
- Post Traumatic Stress Disorder

Our staff almost always retains other conditions. Some are as follows:

- Adjustment disorders
- Relational problems
- Bereavement
- Identity problems
- Phase-of-life problems
- Child or adolescent acting-out behavior

Extreme cases of the above may be referred out if the following are present:

- Suicidal or aggressive assault threat
- Loss of basic life functions in the area of work and self-care.

A large group of disorders are in a “gray zone.” Clients diagnosed as having these disorders are evaluated on a case-by-case basis. Here comes the subjective clinical judgment! These disorders include:

- Mood disorders
 - Anxiety disorders
2. Severity: The intensity of symptomology will be a considering factor in determining whether this is a good fit for a short-term model.
 3. Acuity: Generally, chronic issues are more likely to need longer term or specialized care.
 4. Prior Treatment: Extensive past treatment could be an indication that short term treatment may not be the appropriate fit. Even if the issues have been present for a long time, if there is a limited or absent history of treatment then it becomes more possible that short term may be an appropriate fit.

5. Readiness for Change: A client who is pre-contemplative will likely have a longer timeline for change compared to someone who is contemplative or in the action phase. Of course, this dynamic can sometimes change quickly when the client becomes motivated.

Assisting in a Referral (if necessary):

Blomquist Hale Solutions is a key part of the overall wellness and mental health plan. Typically, companies will offer healthcare plans and there are many wonderful community partners that are also part of the solution. We act as a first step and guide into the many ways that people can get help for their challenges. As noted, previously we are often (80-85% of the time) the only stop needed to help.

A referral may be necessary when a participant's problem goes beyond the scope of short-term. The first important task when a referral is needed is to assure whether a Managed Care referral is necessary.

If the client's company is listed as "Stand Alone EAP", the therapist provides direct care as well as referrals to community resources and/or longer-term care if needed and documents the referrals. Companies providing the "HMHI Carveout" benefit will require that you follow specific steps for conducting a Managed Care referral.

How the therapist handles the referral situation makes a big difference for the client. The overall message is "You did the right thing to come to me. I will be able to help you get just the right kind of care. That can be difficult and confusing. I am here to help that go well for you". That sounds better than "We can't help you. You will need to get help somewhere else...".

It is the responsibility of the EAP counselor to know the referral sources in their community. We have a few tools to help track providers in the community. The tab entitled "Resources" is found in the Portal. Using the "Community Resources" Category will take you to a listing of providers and programs that help with specific issues you are seeing. It is a compilation of what our therapists have recommended. This information allows us to provide expert guidance and recommendations to clients that we must refer outside our office. In addition, the "Clinical" distribution list by email is a way to quickly ask other therapists about recommended resources. It is unacceptable to simply print out a client's PPO list and advise them to choose a provider. When possible, assist the client in making calls. We must make specific recommendations based on our information of specialties of practice. Your supervisor can provide you with training on utilization of these resources. If a participant's problem is presented for which there is no known referral source, the EAP counselor must research the community. The development of a resource network requires time, energy and a commitment to service and quality assurance.

One major goal of the EAP is to reduce insurance costs through appropriate referral and service monitoring. The EAP counselor should assist the client in making sense of their insurance coverage as it relates to the referral. Preferred providers should be utilized whenever feasible.

When a referral is made, it is important for the EAP counselor to take the time to generally explain to the participants what they may expect in the therapeutic experience. Whenever feasible the EAP counselor should assist in making the call to the outside provider during the session and set their first appointment.

It is important that whenever we make a referral we let them know that provider information we give is based on our latest information. Also, make sure they understand that we are not aware of the details of their particular insurance benefits. The following is the disclaimer given on all Managed Care Referrals:

“Our referral does not guarantee that you will have insurance coverage. Only your insurance company can verify coverage. Please call them and verify that coverage will be available for your condition and for the specific provider you have chosen. If you do not know the phone number to your insurance company, we can provide it for you.”

After you have assisted in the referral, let the client know you will be following up to ensure that they are getting the help they need. Take full advantage of the session and help the client understand what they may expect going forward. For example, if you are referring to addiction treatment you can help start the process by discussing what treatment will look like and start the process by discussing what we know about addiction, what the research tells us about the best ways to approach treatment, etc.

Stand Alone EAP Referral Procedure

After following the above guidelines you will need to document the referral on the Portal. For Stand Alone groups it is not as crucial to do this with the client present. But is it essential that you document your referral after the session.

Go to the client’s “Case Details” page, click on “add referral” and follow the guided steps to complete the referral.

- Go to client's case details screen and select the Referred Resources tab.

PARTICIPANT INFORMATION Intake Form Schedule Print

Participant	Gender	Relationship To Employee	Date Of Birth	Problem
1-Julie Test	♀	Employee	01/01/2000	Family Problems

ADD NOTE CASE HISTORY REFERRED RESOURCES CASE ACTION

REFERRAL SECTION

Inhouse Referrals (For referrals to BHC associated professionals such as Affiliates, Attorney, Classes and Groups, Senior Care Advisers etc)

Referrals to outside providers. This company utilizes the **Stand Alone EAP** benefit.

1. Select participant seeking referral

1 → Julie Test (555) 555-5555 ← 2

2. Document the referral. Be sure to complete all sections.

3 → Referred to: Outpatient Mental Health 4 → Recommended Treatment: Outpatient Therapy 5 → F Codes: Major depressive disorder, recurrent, mo

6 → Referral Date: 05/25/2022 7 → Provider/Facility: The best possible therapist 8 → Title: LCSW, CMHC, LMFT 9 → Preferred: Yes

3. Did you help your client get setup with your recommended Service and Providers?

- Fill in the information details to complete the referral form.
 - Drop down menu that provides any listed participants from the intake form as options to select. Simply select who the actual client is that is seeking the referral.
 - Preferred phone number for contacting the client. Will autofill from the phone number listed in the intake form.
 - Drop down menu to select the level of care that the client is being referred to. We most often refer clients to more long-term and frequent outpatient mental health services.
 - Recommendations for type of treatment to be provided. This can be broadened to outpatient or inpatient therapy, typed in.
 - Provide a billable primary diagnosis. After you start typing the diagnosis, a drop-down menu of selectable diagnoses will appear, and you can select the appropriate option.
 - Select the date the referral is being made.

7. Type in the therapist or clinic that the client has decided to be transferred to.
8. Title or license of the therapist that the client is being referred to.
9. Is the therapist a preferred provider for the client's insurance? This is something the client will need to call their insurance company to find out before the referral is made.

Organization Information +

Paying Organization Admin

Department ii

BHC Service Type Stand Alone EAP

Insurance Plan -

Insurance ID Number -

Case Information +

Release Of Information +

Documents

Referred to: None

Recommended Treatment: []

F Codes: []

Referral Date: []

Provider/Facility: []

Title: []

Preferred: Yes

3. Did you help your client get setup with your recommended Service and Providers?

Yes No

If Yes, What is the policy / ID number?

[]

A plan has not been selected for this participant. Please indicate the correct insurance plan.

Change Plan to:

Select

4. Did you help your client connect with In-Network Resources?

Yes No

5. Click below if referral is complete and ready to process: (note: if more referrals are needed at this time, click on "add referral and complete the process again)

Make sure that you have indicated information about the nature of the referral in the case notes. The rest of the referral process will be completed by the support staff.

Please do NOT close the case at this time. Doing so would prohibit the referral from being processed. If this was a phone referral conducted by the Crisis & Referral expert, you may close the case when it appears on your follow-up report in one week

Save Referral Copy

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10. Selecting yes indicates that you helped in identifying and getting clients linked to an outside provider. No typically means the client already had a therapist that they wanted to go to.
11. This is where we put in the client's insurance ID number.
12. Drop-down menu for selecting their specific insurance plan.
13. We select yes after a client has confirmed with their insurance that an outside provider is covered by their insurance.
14. Clicking this will save the referral in the client's case history tab in their case details.

Managed Care

The Managed Care process is one of the most important services BH offers to its companies. With it we can directly attack the rapidly escalating costs of psychiatric, drug and alcohol treatment. The Managed Care option helps companies by encouraging use of the EAP before employees utilize insurance benefits. Our role is to determine as precisely as possible what clinical services and modalities are needed and facilitate the client access to those services using the benefits that are available. The point is to provide what is needed; no more - no less. In general, we must work within the structure of the client's benefit plan. At times we have the luxury of creating "flex plans" that benefit client and company. Talk with your supervisor about these before making suggestions to clients. As a managed care gateway, we do not look for excuses to deny benefit. Our role is to assess and determine clinical necessity and appropriateness for desired treatments or to help refer clients to the most appropriate level of treatment when they seek our expertise. We look for ways to use the benefit appropriately, effectively and efficiently.

Often when a company chooses the Managed Care option, they modify their health insurance plan to include two levels of mental health benefits. This is called a "two-tiered benefit". If employees want to receive their full benefit, they are required to:

- First seek help through the EAP
- Second, if an outside referral is deemed necessary, obtain a referral from the EAP for that service. If these steps are not taken, the client receives the lower benefit. In other words, the client will pay a higher co-payment or percentage.

Managed Care referrals generally come about in one of two ways.

- 1) The client is seeking some type of treatment outside the EAP and comes to us to receive a referral. These clients are usually helped by our Crisis and Clinical Care Coordinators (a.k.a. "C4").
- 2) The client comes to our offices seeking treatment and it is determined by the therapist that a referral would be appropriate. Every therapist needs to be capable of making referrals through the managed care process.

When a client from a company with Managed Care wants a psychological evaluation and treatment, they are required to make an appointment to see one of our therapists or call our office prior to receiving treatment elsewhere. At this time the therapist will assess the client and determine if a short-term, solution-focused therapy approach will help the client. We find the brief model can be helpful in at least 85 percent of cases. Meeting with the client face to face, we make a bigger impact in problem solving. We "grab" the opportunity because it allows us to perform the Managed Care function designed to save the company money and helps the client avoid co-pays and other charges. It also avoids unnecessary services. Utilization of healthcare plans can automatically decrease with our intervention.

In approximately 15% of the clientele we see, a referral to an outside provider is necessary. The therapist determines if more intensive long-term therapy or hospitalization is needed. Referrals should be made (when possible), within the client's PPO network. This is advisable since the clients will receive a higher benefit. If a referral is necessary, the therapist is obliged to seek the most appropriate and cost-effective level of treatment available. Always state the Managed Care Disclaimer and document in the case notes.

Remember – we are guardians of the benefits and must balance our allegiance to the client (providing what is needed) with our duty to the employer (keeping treatment cost-effective).

It is important to have some basic understanding of how healthcare plans operate. Remember that we do not represent the company that manages the healthcare plan and do not have specifics about the client's coverage.

We do not have the right to promise a benefit. We can talk about general benefits, but it is the client's responsibility to make sure this benefit exists. Therefore, when a referral is necessary, follow the specific process for each company.

Sometimes, the Managed Care process is more complex than a "standard" referral when a client requests a "single case agreement, an exchange of benefits, or an exception to benefits". Such requests are facilitated through a referral under atypical and limited circumstances and only at the request of a client. These are requests only, not authorizations. Contact a supervisor and a C4 before completing these types of referrals.

Referrals for Medication

Clinicians must be aware of a difficult situation in our area. There is a chronic and dramatic shortage of psychiatrists. The wait time can be very long. Many psychiatrists have closed their practices to new clients and more will do so in the future. Finding a psychiatrist and setting a first appointment is a very frustrating and draining experience for patients. Many times, a primary care physician or APRN Specialist in this area are a preferred referral for getting an appointment soon.

Backdating Referrals

A request for a backdated referral or authorization may be completed if any of the criteria below apply:

- 1) An EAP referral was completed but was not submitted in a timely manner due to an error on the part of a BH staff member.
- 2) Emergency services for inpatient psychiatric treatment at a hospital were accessed by a client who was incapable of notifying us at the time.
- 3) A client who has had no prior contact with us accessed clinically appropriate treatment (which we cannot provide). Due to HIPAA, direct permission to complete a referral or authorization is required from a client who is an adult or from a parent/guardian of a client who is a minor. The only exceptions: requests for referrals or authorizations by providers due to a crisis, inpatient psychiatric admission at a hospital (does not include provider from facilities for sub-acute detox, residential, day treatment or IOP).

All backdated referrals or authorizations must have prior approval by a supervisor or a C4.

Managed Care Disclaimer

The following is the essence of the message we need to portray regarding our role in the process of any managed care referral:

"Our referral does not guarantee that you will have insurance coverage. Only your insurance company can verify coverage. Please call them and verify that coverage will be available for your condition and for the specific provider you have chosen. If you do not know the phone number to your insurance company, we can provide it for you."

Types of Managed Care

Blomquist Hale
SOLUTIONS

Under the umbrella of managed care, we have the HMHI-BHN “Carveout” Program. The Case Detail and Appointment Detail page indicate the Service type. It is very important to be aware of the policies and procedures for this program. Every therapist must remain vigilant in staying current with updates and seeking help when there are questions about any policies or procedures. Look to the resources in the Portal to guide you through the referral process.

The Portal has a step-by-step process to walk you through making a referral for clients. Under the “Managed Care” tab, choose “referrals to outside providers” and follow the steps. The steps are relevant to the client’s healthcare benefit which makes it easy to navigate. Important: If a parent/guardian requests a referral for a child, select the name of the child under “participant seeking referral”, not the name of the parent/guardian. Use this resource during a session when discussing a referral with a client to be sure that you have covered everything.

HMHI-BHN “Carve Out”

Most members of the U of U have two separate plans, Regence Blue Cross Blue Shield for medical conditions only and HMHI-BHN for behavioral health conditions only. The University of Utah and BH have teamed up to manage the mental health coverage. Our role is to assess for clinical necessity and determine the appropriate type of level or care. Then the HMHI BHN coordinators send a curated list of best fit providers with availability to the client via phone or email. Mental Health providers are contracted through the HMHI BHN group. All mental health referrals are handled by the HMHI BHN coordinators. Only the HMHI BHN coordinators can determine which providers will be covered. They can even assure that patients with severe symptoms are scheduled to see a psychiatrist quickly. Our role is as follows:

1. We determine the clinical necessity of the treatment we are referring the client into. This requires that we report a DSM-5-TR or ICD-10-CM preliminary diagnosis that is covered under the HMHI-BHN plan (see ICD-10 Codes under Companies, U of U).
2. We complete a referral process on the Portal with the client present. At the conclusion of that process, the completed referral is sent via secure email through the Portal to the HMHI-BHN Coordinators.

After the referral is sent, the HMHI-BHN coordinator will contact the client by phone or email and provide a curated list of best fit providers. This generally takes about 7 days. Only the HMHI-BHN coordinators can determine which providers will be covered and will coordinate with providers for the client to be seen as soon as possible.

One exception to the requirement for a referral is if the client is seeking Outpatient Therapy or Psychiatric Treatment services with specific providers that are in-network with HMHI-BHN (not Psychological Evaluations, IOP, Day/PHP, RTC, or Inpatient Treatment) In that case we can verify (but not suggest) that the provider requested is in-network with HMHI-BHN (list in Portal under Company Management). The link to that network is found as you fill out the referral process.

The Portal has a step-by-step guide to processing a referral for HMHI-BHN Carveout clients. This process is covered below. After the referral is submitted, the role of the therapist is to follow-up and provide any other clinical work that may be involved outside of the referral.

HMHI-BHN Inpatient Hospitalization Procedure:

The Huntsman Mental Health Institute (HMHI) is the preferred hospital through HMHI-BHN and most times it can be arranged to have the client sent there. If a bed is not available, send the client to the University Hospital ER. If the ER is too far away, send them to the nearest ER that is part of the

IHC/Select Health network. In cases where HMHI cannot take them in a reasonable time the next choice would be any IHC hospital.

1. Call HMHI at (801) 583-2500
2. Identify yourself as a Blomquist Hale EAP therapist with a patient covered by HMHI Behavioral Health who needs to be hospitalized.
3. If a bed is available, give clinical information and coordinate arrival of client at HMHI.
4. Complete the intake Portal process. Be sure to choose Inpatient Mental Health or Inpatient Detox under Type of Care so that the referral goes to the proper HHI-BHN Coordinator.

Additional information about the HMHI-BHN Carveout benefits, and the plan design can be found on the U of U Campus and U of U Hospitals pages under Company Management in the Portal. Please talk with your supervisor if you have any questions.

HMHI Carveout Referral Procedure

It is not enough to know how to conduct a Managed Care referral. It is important that you familiarize yourself with the purpose and scope of the HMHI BHN plan. As you determine that a referral is appropriate and you have had the discussion with the client as detailed previously, you will process the referral with the client present to ensure that you obtain the information you need, ensure timely processing and address any challenges and questions that arise.

- Go to client's case details screen and select the Managed Care tab again and fill out referral details.

The screenshot displays the 'Managed Care' tab in the 'REFERRAL SECTION'. The form contains the following elements:

- 1:** A dropdown menu for selecting a participant, currently showing 'Fake Case'.
- 2:** A text input field for a phone number, currently showing '(222) 222-2222'.
- 3:** Radio buttons for 'Yes' (selected) and 'No' to confirm insurance benefits.
- 4:** A text input field for the 'Insurance ID Number'.
- 5:** A blue button labeled 'UNI-Carve-out Benefit'.
- 6:** A dropdown menu for 'Change Plan to:', currently showing 'Utah Basic'.

Other visible form elements include a 'First Session Checklist' button and a section for 'DSM-5 diagnosis'.

- Drop down menu that provides any listed participants from the intake form as options to select. Simply select who the actual client is that is seeking a referral.
- Preferred phone number for contacting the client. Will autofill from the phone number listed in the intake form.
- Click yes to confirm that client is getting their Blomquist Hale benefit and insurance from the U of U or by the same company.
- This is where we put in the client's insurance ID number.
- Click to see an explanation of the HMHI Carveout benefit.
- Drop down menu to select the specific insurance plan.

Case Information +

Release Of Information +

Documents +

7 →

8 →

guidance in this area.

First Session Checklist

5. Ensure there is a **DSM-5 diagnosis** that will be covered by the insurance. Note the symptoms so you can pass them along to the UNI Coordinator. Click here for a list of excluded diagnoses and treatments:

Limitations and Exclusions

F Codes

Major depressive disorder, recurrent, moderate - F33.1

Please list a few of the symptoms and other information about the situation for the UNI-BHN Coordinators as they review this.

Client reported that they have been struggling with depression for the past five years. They reported that they have suicidal thoughts about every other day and that "Some

6. In the process of your assessment develop a plan for the appropriate type of treatment needed. Please be specific. For example, determine the level of substance abuse treatment (IOP, Outpatient, Detox). Please see the above Limitations and Exclusions for excluded treatments. Here are some specific information related to their benefit:

QUESTIONS ABOUT BENEFITS

If a client or provider's office calls for information about benefits without seeking a referral, encourage them to allow us to start the pre? authorization so that their referral can be handled. If you determine that information about their benefits are needed before you can continue, these questions can be handled by Sue 801-587-6480 option 3

RESIDENTIAL TREATMENT

The University of Utah does not have a residential treatment benefit. We need to conduct a thorough assessment to provide a treatment plan that will best help the client with reasonable cost to the client.

COURT ORDERED TREATMENT

This plan does not cover treatment for the purposes of filling a court order. If a client in this situation calls, we will conduct a thorough assessment as usual. If a referral is appropriate due to a clinical need we can still pass this information along as usual.

REQUESTS FOR EVALUATIONS

Often, clients will call for the purposes of following up a suggestion for an evaluation or psychological testing. Our role is to assess the client and make some determinations about treatment planning. If you determine that further testing would be necessary (e.g. autism, ADHD etc) then you may make a referral. This referral will not a provisional diagnosis, not just a request for an evaluation

7. Provide a billable primary diagnosis. After you start typing the diagnosis, a drop-down menu of selectable diagnoses will appear, and you can select the appropriate option.
8. Describe client's reported concerns and symptoms that support their request or need for being referred to an outside provider. Please include:
 - City, State where the client lives.
 - Current Symptoms and brief relevant history of condition or treatment.
 - Preferences (gender of therapist, in-person or virtual sessions, specific training – EMDR, DBT, DBT, IFS, ERP, A.R.T, etc)

The screenshot shows a web form for a referral request. The form includes the following elements:

- 9:** A dropdown menu for "Type of Care" with "Outpatient Mental Health" selected.
- 10:** A dropdown menu for "Recommended Treatment" with "Outpatient Therapy" selected.
- 11:** A date field for "Referral Date" with "06/07/2022" entered.
- 7:** A text block with instructions: "7. If the client is requesting a specific provider you may see if they are covered by UNI-BHN here. Do not get involved in requesting providers if they do not have someone in mind. If they seek treatment with an out of network provider and they are in the State of Utah then a referral will not be needed because out of network benefits do not change with a referral." Below this is a blue button labeled "Click for UNI-BHN Providers" and the text "Client requests a specific provider on the Panel".
- NOTE:** A red text block: "NOTE: Only select Yes if you've confirmed that the requested provider is on the panel. If there are extenuating circumstances such as Single Case Agreements, Out of State Providers, etc, or you are unsure, Choose No."
- 12:** Radio buttons for "Yes" (unselected) and "No" (selected).
- 8:** Text: "8. If the client does not have a specific provider in mind then they will be contacted by a UNI-BHN Care Coordinator. Based on the information you provided this would be:" followed by the phone number "(801) 585-1678".
- 13:** A checkbox labeled "Urgent flags email" which is currently unchecked.
- 9:** Text: "9. Inform the client that they will hear from the UNI-BHN coordinator to review their situation and complete their referral. Share the Informed Managed Care Disclaimer:" followed by a "Managed Care Disclaimer" text block: ("Our referral does not guarantee that you will have insurance coverage. Only your insurance company can verify coverage. Please call them and verify that coverage will be available for your condition and for the specific provider you have chosen. if you do not know the phone number to your insurance company, we can provide it for you.")
- 14:** A text input field containing "Contact client after 1600 on weekdays."
- 15:** Two buttons at the bottom: a green "Review" button and a red "Copy" button.

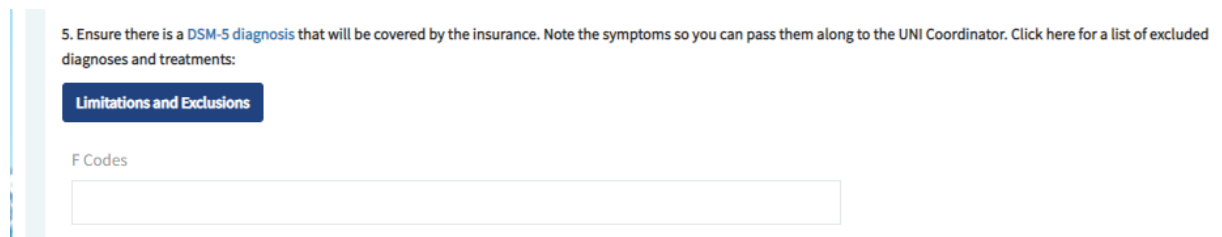
9. Drop down menu to select the level of care that the client is being referred to. We most often refer clients to more long-term and frequent outpatient mental health services.
10. Recommendations for type of treatment to be provided. This can be broadened to outpatient or inpatient therapy, typed in.
11. Put in the date the referral is being submitted.
12. Click yes to signify that the client has an outside provider that they would like to be referred to and they have confirmed with their insurance that the provider is covered by their insurance. Click no to signify that they need help finding an outside provider and would like recommendations from their care coordinators.
13. Click this to signify that getting the client referred is an urgent matter so that they can expedite the process.
14. Provide any additional information about contacting the client or parent if needed.
15. Clicking review will pull up a new window that displays the referral document that gets sent to the U of U care coordinators. Review information to make sure it is accurate. Click print if you would

like to keep a physical copy of the referral (must be kept in a protected location with other PHI). Clicking send will send it to the HMHI care coordinators.

16. Educate the client about the process and offer assistance through the process of getting connected to the provider. Follow-up as appropriate.

Limitations and Excluded Conditions

The Referral Dialogue has a blue box on Step #5 called “Limitations and Exclusions” (shown below). This is updated periodically. If you are recommending a treatment approach or covering a diagnosis that you are unsure of, check this document and the HMHI_BHN Covered ICD-10-CM Code Sheet for verification. If you are still unsure, you can consult with the C4s or call the HMHI-BHN Coordinators. Do not complete a referral for an excluded condition, because treatment will not be covered by the plan. Instead, help the client make an alternate plan to seek treatment without utilizing their healthcare plan. Private pay, low-cost public agencies, or no cost support groups are options.



Documentation

It is our goal to document our services in an accurate and concise manner. We do not want to impede service delivery by bogging down clinicians with excessive paperwork. Progress notes are to be maintained on a daily basis. All session notes must be entered within 24 hours of the session. The following steps will help you complete the session documentation:

Access the Client Detail page

1. Through the Calendar. If you just completed a session, just click on the “add session note” icon that is on the top bar of the appointment:



2. Through Client Management. If you don't have an easy appointment at hand to access, or if you are reviewing your cases in the Case Management for follow-up, you can access the clinical notes there.
 - a. On the Main Menu bar in the Portal click “Client Management” and select “My cases” or “Search case”.
 - i. “My cases” will give you the listing of your cases and you can find the client by scrolling.
 - ii. “Search case” will bring up a search feature (see intake process for more information).
 - b. Click on the green “Add Note” bar.

ADD NOTE

CASE HISTORY

REFERRED RESOURCES

CASE ACTION

Enter Clinical Notes

1. Complete Boxes:

1. Therapist name: This is auto populated to the login of the person on the portal, regardless of case assignment.
2. Add date note: This is auto populated to today's date. This is the date the note is written.
3. Date: This is the date of the session or other activity that is being documented. It is auto populated if you went through the calendar. If you are late completing the note, be sure the date is correct.
4. Participants: Using the drop down, select all who attended the session.
5. Time: The first box is the number of hours. The second box is the number of minutes rounded by 15. A 50-minute session is a full clinical hour.
6. Type of Session: Be sure to accurately represent the session type.
 1. Therapy: For regular clinical sessions.
 2. Critical/ Priority: Use this for crisis sessions and phone calls. Also, Supervisor referrals or appointments using our specially reserved slots.
 3. Follow-Up: This is for calls made, emails and other communications with the client or others. The lowest time indicated would be 15 minutes. Be sure to document all interactions.
 4. No- Show: You can enter a no show here or you can use the short-cut on the appointment detail page. A no-show is one hour.
 5. Group: This is for classes and groups with multiple participants.
 6. Processing: Reserved for administrative functions such as releasing records.
 7. Clinical Management: Reserved for things such as supervision notes and supervisor involvement. Can be used for time the therapist spent on things not related to corresponding with the client.
 8. C4 Time on Cases: This is reserved for the specific role of our designated Crisis and Care Coordination experts.
 9. Support Now: Generally completed by C4s and others responding to our text Support Now offering.
7. Referral Needed?: This is a reminder box to help direct you to documenting a referral if one was made.

2. Note format. BH provides flexibility for the therapist to use different styles of note keeping, provided it is done within the ethical and professional guidelines of our industry and as outlined below. There are many formats. We encourage the SIRP format.

1. **Situation:** The presenting issues and circumstances. Detailed enough to be useful but not telling long stories and including information that may be harmful to the client if released.
 2. **Intervention:** What are the clinical actions and applied solutions for the client?
 3. **Response:** How did the client respond to the session and the therapist's intervention?
 4. **Plan:** After collaboration with the client, what is the treatment plan, homework and other planned activities?
- b. **Session Information.** Include enough basic information that another clinician would generally understand what is going on in treatment. Since we do not have to justify treatment with diagnosis and treatment planning, our notes can be briefer than you would find in other clinical settings. We do not, therefore, provide a lot of time for documentation. It is unnecessary to have long notes.
1. Clinical jargon is okay. Avoid abbreviations and jargon that may not be recognized by another reader.
 2. Two to three sentences summarizing content and assignments given and focus for next appointment tends to work well for most cases.
 3. Avoid speculative statements about the client.
 4. In a few cases, more extensive documentation is required. When possible, use clear and specific terms to accurately document interactions and clinical goals; this is especially important in cases where there may be child abuse, suicidality, homicidality, or a situation where an employee is threatening litigation (either toward client company or BH). Include specific quotes from the client, details about the safety planning and other treatment plans that are made. Detail the steps that will be taken following the session, and any follow up with the client and other providers.
- c. **Psychotherapy notes.** If you choose to keep them, these must be kept confidentially and are not part of the clinical file. They must be kept in a secure location and are to be shredded at the conclusion of therapy. If a client is working from home, this means that the notes are to be kept behind two locks: a locked door and cabinet for example.
- d. **Attaching Documents to the Record:** Things like letters, Psychometric tests, Release of Information forms, and other documents can be added to the clinical record. Be sure to only attach items that will be considered an official part of the record. Here are the steps to adding the document to the case:
1. Scan the document to your computer. Be sure to only save these to a password-protected secure location.
 2. As shown below, go to the "Case Details" page and open the "Documents" section by clicking the "+" sign.
 3. Complete the "File description" field with a name for the document.
 4. Click "Choose File" and find the document that was uploaded.
 5. Click "Upload"
 6. Since, the document is stored on the case, you can shred paperwork and delete it from the computer. Confirm that it was successfully uploaded first.

- e. Managed Care Documentation: Since the documentation happens in the session with the client, this is covered in detail in the Managed Care section.

No Shows and Late Cancellations

When a client does not show up for their appointment, the clinician has two responsibilities? 1) call and ask the client if they wish to reschedule or leave a message to that effect, and 2) record the “no-show”. Also, cancellations that were within 24 hours of the appointment are recorded. You can record the no-show hour on the clinical notes if the client has seen you before and has a current open case. Clicking the “No Show/Late Cancel” grey box on the appointment detail screen will automatically record the session as a no-show. A note in the comments field is required in order to save the no-show. All no-shows must be recorded. If you are calling a first-time no-show, be sure we have permission to call and leave a message. Be careful not to identify yourself as a therapist.

Time Off Procedure (See Handbook for more information)

Taking time off can be an important part of self-care and is an essential aspect of providing a Supportive Environment. We also balance in our value of genuine care to find a healthy work/life schedule. In order to provide a way to have needed time off and ensure continued genuine quality care for our clients the following guidelines are followed:

Vacation Leave and Holidays

- Provide enough notice to your Supervisor that you would like time enough so that we aren't needing to reschedule any existing appointment with clients.
- Requests may be denied or encouraged to be modified in extreme circumstances. For example, if an excess of clinicians are out at the same time or if we don't have people to cover that job function. For this reason, it is encouraged that offices and teams coordinate a way to ensure that vacation time around Holidays is handles so that people are taking turns working around major holidays.
- Therapists who request time off are encouraged to find days within a week prior to and/or following their time off to have time slots to schedule their existing clients in. We would not open those times up for new clients but would use those spots to schedule existing clients.

- Office availability for doing this needs to be coordinated with your Supervisor in advance of scheduling those clients.
- To schedule a client outside your regular time schedule you just click on the time slot as you would for an “available” appointment time and paste the appointment information in there.

Sick and Emergency Time-Off

We understand that there will be times when due to illness or emergency you will need to miss work. In the event of this we want to make sure you are well cared for and that our clients receive the best care possible. In order for this to happen, the therapist will need to know he/she is responsible for making sure that clients are being consulted with, to resolve and reschedule. It remains the therapists’ responsibility until he/she has had a discussion with Client Advocates or supervisor to ensure a hand-off. The following guidelines are paramount:

- Therapists seek to add additional times to reschedule clients that will be missed that day.
- If the sickness and/or emergency will allow for it, the therapist is to call to reschedule all existing clients affected. The therapist has the best understanding of their own availability and the client’s needs in terms of rescheduling.
- Client Advocates will call all initial session clients to reschedule. They will try to meet the needs of the client in the possible transfer or rescheduling.
- If the sickness and/or emergency do NOT allow for the therapist to call the clients, then they will inform the Client Advocates of this.
- Therapists are to be as proactive as possible. Do not delay in addressing this. Contact your Supervisor **and** the Client Advocates immediately. If at all possible, make this call yourself rather than delegating it to someone in your family.
 - If it is the evening before you work and you know you will be sick the following day, reach out as outlined above, that evening. If you are calling in sick prior to our office hours you must call your own clients, even those that are initial appointments. In the event that this isn’t possible directly contact a supervisor.
- If you wake up ill, immediately call your first clients with at least two hours’ notice.
- In all cases, the therapist is in charge of their clients being handled until they have had a discussion with the Client Advocates or Supervisor. Do not send a message and assume it is handled.

Handling Appointment Conflicts

Every effort to avoid incomplete or inaccurate scheduling information is important for our success. Whether by our mistake or by the client’s, it is important that we handle double bookings or instances when the client comes at the wrong time for an appointment. These are the times that define a company’s Customer Service environment. Any company can be nice when there aren’t challenges. We are unsurpassed when we go out of our way to find a satisfying solution to a difficult challenge. In these circumstances, the Client Advocates, the Therapist involved, the Supervisor (if available) and the client should work together to find a solution. If the clients are open to seeing another therapist at that time (particularly if the client is here for a first visit) then use that therapist to help. Unused appointments with therapists, the C4, and Supervisors (in that order) can step in. Some guidelines:

- Take responsibility and apologize when we have made a mistake.
- If it is not clear where the mistake was made, express empathy for the situation and avoid getting too caught up in “getting to the bottom of things” until after the problem has been solved. Then, it is important to assess where the breakdown occurred so we can prevent further problems.

- Give the client options. Show that we are willing to make ourselves available in unusual ways if necessary.
- Follow-up to make sure the solution worked out for the client.
- Supervisors can get involved before, during and after to show that we are proactive in their care.

Follow-Up

Following up with clients and providers that we have referred clients to is an important part of the great care we want to provide. Follow-up is generally required before transferring a case to "closed status". Follow-up calls also serve as a quality control component of the EAP. Timely follow-up activities help promote problem resolution and participant satisfaction. The counselor should contact participants, family members, supervisors, service providers, and others when appropriate. Issues of confidentiality should be observed when making follow-up contacts. The functions of follow-up contacts are to:

- Nurture within the client the sense of being cared about.
- Assure participant is receiving necessary and intended services.
- Provide firsthand information about the quality of service delivered by providers.
- Motivate providers to provide quality service.
- Facilitate identification of insurance overcharges, abuses, and unethical practices.
- Assess participants' satisfaction with EAP.
- Verify EAP counselor and participant have identified the actual primary problem(s).
- Motivate the participant to follow-through.

Follow-up calls must be made in careful compliance with the client's instructions and permission for contact. Permission is recorded on the intake and in each appointment detail. Please be sure you check this information before you call. Messages may be left on voice mail or message machine if the client approved this method. Messages may not be left with family members unless they are active case participants.

Making follow-up calls to your clients is a vital function at BH and is a primary tool to communicate that you care about their success.

- The BH intake has been modified to allow our clients to tell us whether we have their permission to leave message. You can see on the Intake page or Case Detail Page on the "Permissions received" tab on the left:

The screenshot displays a software interface with two main panels. The left panel, titled "Permissions Received", contains a list of contact information and communication preferences:

Phone	(801) 620-0961
Alternate Phone	-
E-mail	thomas@gols.co
City	
State	
Zip	
To Text	Yes
To Email	Yes
To Call	No
Leave Message	No

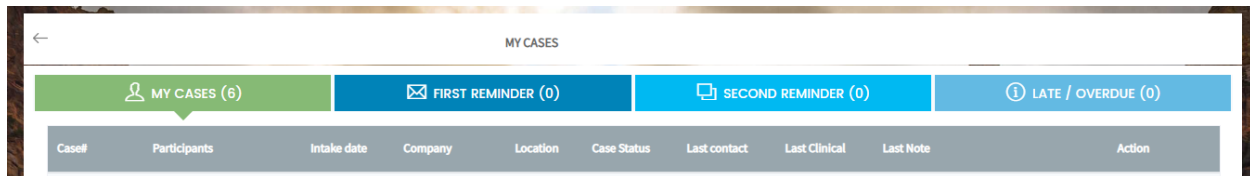
The right panel, titled "ADD NOTE", contains a form for entering a note:

- A green "ADD NOTE" button with a pencil icon.
- A "Therapist" dropdown menu with "Darren Elkins" selected.
- A "Date" field with a calendar icon and the placeholder "mm/dd/yyyy".
- A "Participants" dropdown menu with "None selec" selected.
- A large empty text area for the note content.

- Whenever “no contact” or “no messages” is selected by the client, explain the potential difficulties that might create if you need to cancel an appointment and cannot call them to inform them. Suggest that they call to verify each appointment prior to coming to the office.
- When you are making follow-up phone calls to close the case, it is vital that you honor the privacy requests made by our clients. Therefore, if they request “no contact”, do not contact them. If they request “no messages be left”, do not leave messages.
- The follow-up report has been modified to notify you if your client has requested either a “do not call” or a “do not leave messages” status. Please check the client’s intake screen, or the short-cut on the case detail sheet before you place a follow-up call to ensure that it is OK to do so.
- If the client gives permission to leave messages, you may leave a message on a voice mail. Please be very careful about the information you leave in case someone other than the client picks up the message.
- Even if you have permission to leave messages, do not leave a message with anyone other than a participant in the case.

Follow-Up Report

Follow-up contacts are most effective when made in a timely manner. The “follow-up report” refers to the details found on your “My Cases” page. Selecting “Client Management” and the sub-tab called “My Cases” will reveal the following information:



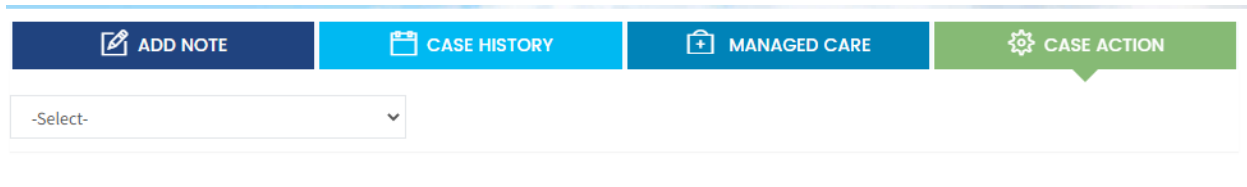
The green tab, if selected, will reveal an alphabetical listing (which can be sorted by other categories by clicking on the category title) includes all of the cases assigned to you. The system looks to see if there is an appointment scheduled with this case number. If there is one scheduled, then that case will not populate on any of the reminders. If you need a reminder for this client (e.g., calling a couple days after the appointment to follow-up on a referral or an assignment) you can use the “Reminder” feature which is covered later. If there is not an appointment scheduled it will look at the last activity on the case and populate the reminders accordingly as shown below.

- First Reminder: When selected, this will reveal clients assigned to you that fall under the following criteria:
 - No appointment scheduled currently.
 - If the last activity was therapy, it will populate 3 weeks after the last session.
 - If the last activity was anything else (including a crisis) then it will populate 1 week after that activity.
- Second Reminder: Clicking this will reveal clients for whom:
 - No appointment is scheduled currently.
 - All of the criteria for the First Reminder plus one week: 4 weeks since the last session and 2 weeks since other activity.
- Late/Overdue Reminder: Clicking this will reveal clients for whom:

- No appointment is scheduled currently.
- All of the criteria for the First Reminder plus two weeks: 5 weeks since the last session and 3 weeks since other activity.

The standard is to complete all follow-up while it is the “First Reminder” period. Allowing clients to consistently enter into the “Late/Overdue” category shows lack of responsiveness and genuine care. Failure to perform this vital function jeopardizes our reputation, our utilization, and the accuracy of our management reports. Performance in this area will be closely monitored by your supervisor. Generally, two attempts must be made (on different days) before a case can be closed without contacting the client. The only times we do not make follow-up appointments are 1) no permission is given, 2) our contact with the client was a phone referral authorization and no clinical relationship is formed and no pressing safety concerns exist, 3) follow-up may harm the client, 4) you feel that follow-up with a client who no-shows often will continue to encourage more missed appointment and 5) you feel that follow-up happened already through a session. If follow-up is not attempted, you will need to document the reason when closing the case.

When updates are made to the clinical record, the follow-up will automatically be updated and not include that case. In some situations, such as clients with extended vacations you will want to delay the case to remove them from the report until the time you can make contact again. You can do this by checking selecting “Case Action” (as shown below) and the “Delay Case” option on the drop-down list. It is not acceptable to delay the case simply to remove them from the follow-up report.



The Message Center

One of the tools that was designed to help you exhibit professionalism through being organized is the Message Center. This is found immediately under the Dashboard menu item. Automated reminders about overdue cases, reminders (see below), missing case notes, etc. can be found here. All staff need to stay on top of watching these messages. Old message cause clutter and can be deleted.

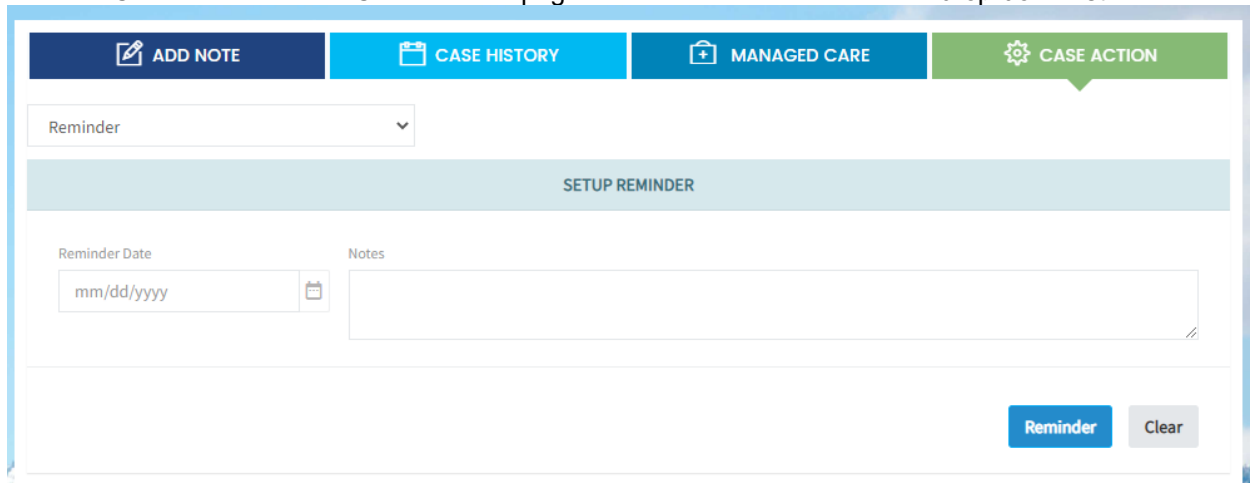
You will see message from “Administrator” on there. Those are automated messages that come from the following triggers in the system:

- “Case Note Missing”. This means it has been over 24 hours since your appointment and you have not entered a note for that case. It even provides a shortcut to the case so you can go in and enter your note. The goal is to never see this message.
- “Late or Overdue Follow-Up”. This means that a case assigned to you currently does not have a scheduled appointment and it has been over 5 weeks since the last clinical activity, or 3 weeks since any other activity. Again, the goal is to never see this and address this when it became a first reminder on your case management page.
- “Reminder” This means you set up a reminder for yourself in the case detail for a client. It’s a nice way to remind yourself to call a client or do any activity and you can choose when to be reminded.
- “Cancellation Notices” You also receive notices for cancelled appointments via message center so you know if an appointment is cancelled outside of 24 hours since those appointments just become available again on the schedule.

There could also be a direct message from another staff member here. Because this feature is limited in its functionality (no ability to “reply” for example), it is scarcely used but available.

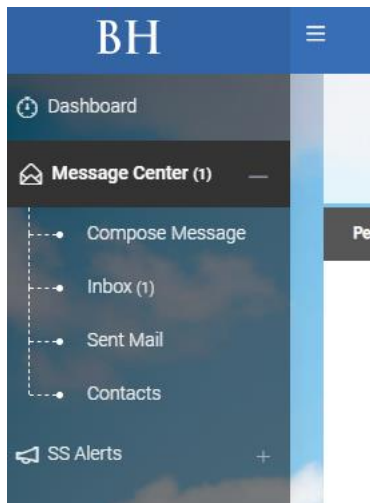
Reminders

The Portal has a tool that will help you stay organized and provide timely follow-up calls and other case activities. As discussed in the Follow-Up section we have automatic reminders that come about. If you want a more specific reminder on a case, the “Reminder” feature will be very helpful. To use this tool, click on “Case Action” in the “Case Details” page and select “Reminder” on the drop-down list.



The screenshot shows a software interface with a top navigation bar containing four tabs: 'ADD NOTE' (dark blue), 'CASE HISTORY' (light blue), 'MANAGED CARE' (medium blue), and 'CASE ACTION' (green). The 'CASE ACTION' tab is active and has a dropdown menu open showing 'Reminder'. Below the navigation bar is a form titled 'SETUP REMINDER'. The form has two main sections: 'Reminder Date' with a text input field containing 'mm/dd/yyyy' and a calendar icon, and 'Notes' with a large text area. At the bottom right of the form are two buttons: a blue 'Reminder' button and a grey 'Clear' button.

As seen above, this will open up the “Setup Reminder” page. Choose the date you want to be reminded and a note about the reminder. For example, if you want to call the client in two days to follow-up on a homework assignment, indicate the date you want to call him/her and write “find out how homework assignment is going” in the note field. Then click the blue “Reminder” button and it will be saved. If you have already used this feature on this case, the next time you will need to use the “Clear” button to remove the previous entry. The reminder will be seen in the “Message Center” under the “Inbox” sub-tab as shown below. As you can see, when you have unread messages, the number of messages will be displayed next to “Message Center” and the “Inbox”.



Case Close Out

After follow-up has been completed, close a case by clicking on the “Case Action” tab (as shown above) and selecting “Close Case” link on the drop-down list. You will be asked the date of case closure. That is usually the date you decided to close the case, NOT the day of the last session. Allowing cases to linger un-closed with no activity will create a lot of clutter on the follow-up report and is an indicator of poor case management. Be sure to leave enough time for good follow-up, and then close the case after a successful follow-up or a couple of unsuccessful attempts. Also, accurately choose the “Reason for Case Closure” and answer the questions about follow-up (see Follow-Up above for more about appropriate follow-up). Closing the case will generate the client satisfaction email. If there are changes in permission be sure to change permissions on the intake page, not just the appointment detail, before closing.

Virtual/Online Services

In the modern world is essential that we provide as many ways as we can to reach people. Many will not consider going to a therapist but would read articles, attend a webinar, watch a recorded training or meet with a therapist virtually. We strive to provide these services to keep utilization strong and help in as many ways as we can. Many of our client companies emphasize these services. Our value of being Future Driven has kept us in constant development of providing online tools and virtual services.

Webinars

Therapists and other staff who are interested may help us in our continual offering of live webinars. These webinars are advertised to our client companies and recorded for our YouTube channel. This can be found by searching for Blomquist Hale on YouTube or going to:
<https://www.youtube.com/@BlomquistHale>.

BH App

Blomquist Hale has an app that can be found in the App Store or Play Store. This provides information about our Workshops, articles and brochures, calendar items like webinars, contact information and even a way to ask for an appointment (this is completed with a call-back from us).

Virtual Counseling

We have offered virtual counseling through the Zoom platform for years with very little interest until Covid 19 came about. Therapists and clients discovered that virtual therapy can be effective. It does pose challenges in creating engagement and connection. But these challenges are offset by the convenience and increased options provided by this platform. People in smaller communities, with travel restraints, social anxieties and other concerns benefit from this service. DFW sessions should still be in person whenever possible.

Regardless of the client's location, if they seek virtual therapy, they can be scheduled with any of our therapists. These should be scheduled with our Virtual team whenever possible and only scheduled with therapists who are In-Office as a last resort.

Scheduling an Appointment

Follow all the same steps for creating an intake and setting up an appointment as with our in-person appointments. Here are some adjustments to make:

- In the Appointment Detail page select "Video" in the "Appointment Venue" drop-down list (see below).

Appt Category Appt Type Appt Venue

Initial Case * Therapy Video

(Choose Appt Types that apply)

- After you complete filling out the rest of the information and click "Save" the client (and therapist) will be emailed a zoom invitation (along with the intake link as well).
- When you click "Save" a unique Video ID link will be generated and sent to the Therapist via the therapist's Blomquist Hale email and to the client either via Email or Text, or both, depending on the permissions we have received from the client on the appointment.
- The client will receive the following text (if permission was given):

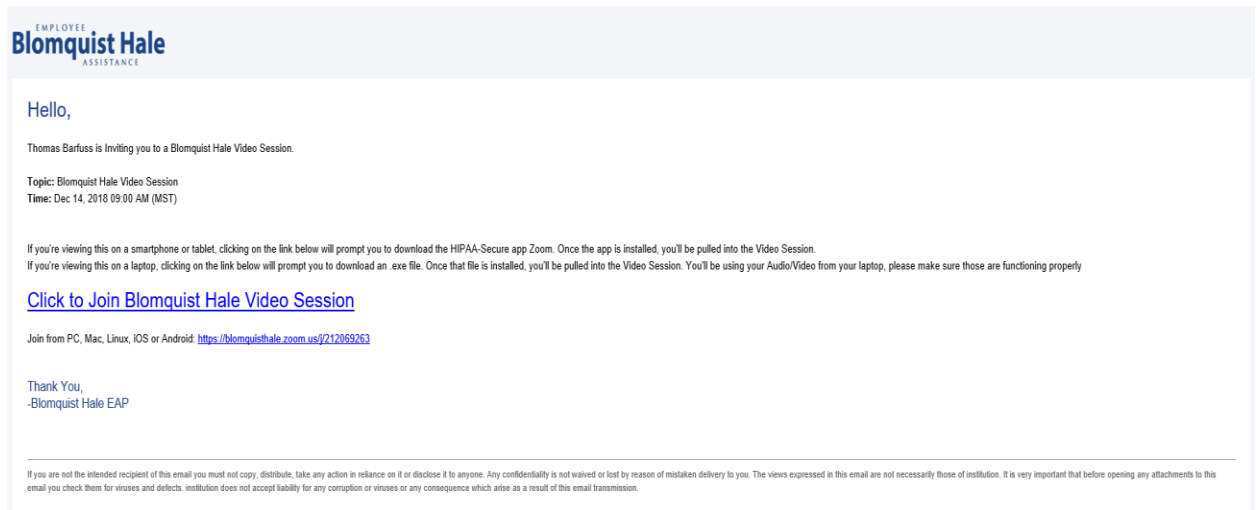
Today 7:34 AM

video Test has an appt with Blomquist Hale on Dec 14th at 09:00 AM. Txt Yes to confirm, No to Cancel or call [801-262-9619](tel:801-262-9619) to reschedule. To stop Msgs, reply STOP

Click on the link to download the HIPAA-secure video app ZOOM and join the BH Video Session. Once the app is installed, you'll be pulled into the Video Session. Link:<http://bit.ly/2SIQDEE>



- Here is the email the client will receive:



- Here it the email the therapist will receive:



- Inform the client that they need to click the link and virtually sign the intake form with informed consent prior to our ability to have a session.
- Let the client know that the email contains instructions on using zoom. They will need to download an app to use the service.
- Let the client know it would be a good idea to log on for their appointment early and get accustomed to Zoom. Inform him/her they can call if they need help prior to the appointment.

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- Inform the client that if the therapist is not yet in the session when they log in to wait and the therapist will be with him/her.

Preparing for the Session

- Notice that the appointment will now have a button that says, “Click to Join Zoom Meeting” and “Resend Zoom Invite”. These are quick access buttons for your convenience.

Appt Category: Existing Case (dropdown)
 Appt Type: Therapy (text input)
 Appt Venue: Video (dropdown)
 Buttons: Click to Join Zoom Meeting, Resend Zoom Invite

- An automatic message will be sent to the therapist the day prior to the appointment with the following message:
“Case number [X]. You have a video session on [date]. Please be sure you are prepared with the audio/visual equipment and are prepared for this. Refer to the email sent to you to get into the Zoom video session.”

Session Protocols

The therapist will need to work extra hard to create engagement in virtual therapy. The tendency for most people in video meetings is to be easily distracted, engage in “off screen” functions, multi-task and not fully invest in the conversation. This can be overcome with the work of focusing intently and helping the client do the same. Therapist: Check the comment field for any specific instructions. In most cases, if we have not received the intake, we will proceed with the session but encourage the client to sign and submit the intake so we can continue with further sessions.

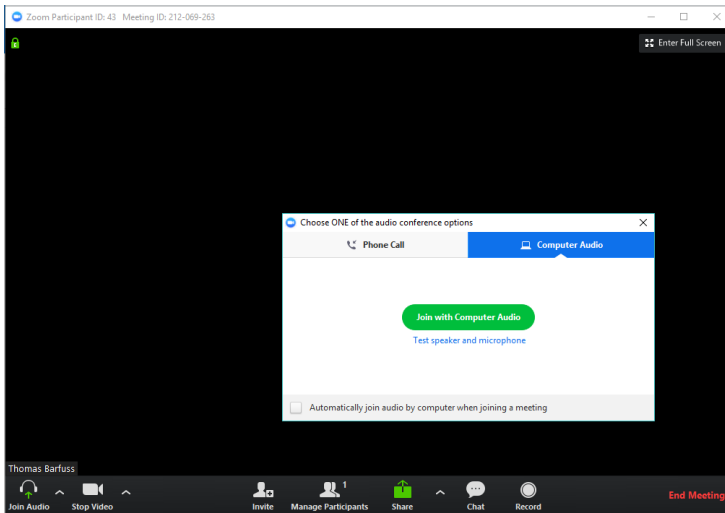
- There are three ways to access the zoom meeting for the therapist.
 1. Refer to the before mentioned email and click “Start Blomquist Hale Meeting” to open and begin the video session.
 2. From the Zoom app, click on your meetings and select the current meeting
 3. From the Appointment Detail page, click on “Click to Join Zoom Meeting” as shown below.

Appt Category: Existing Case (dropdown)
 Appt Type: Therapy (text input)
 Appt Venue: Video (dropdown)
 Buttons: Click to Join Zoom Meeting, Resend Zoom Invite

- You will see this box pop up:

Open Zoom Meetings?
 Always open these types of links in the associated app
 Buttons: Open Zoom Meetings, Cancel

- Check the “Always open these types of links in the associated app” and click “Open Zoom Meetings”.
- The Zoom Meeting will then open and ask you which audio you’d like to use. Select “Join with Computer Audio”



- When the client joins the session, you’ll hear a “Bing” noise and then see the client, or it is possible that the client may already be in the session when you join.
- Your Video will begin, and you’ll be in the session. Once the client joins, you’ll see their video feed in the screen and your video feed will be smaller in the upper right-hand corner of the meeting screen.
- If you have challenges with the audio / visual please reach out for help from the IT Director or your Supervisor.
- When the session is completed and you are ready to schedule again, remember to click “video” and “therapy” in the “appt type” box. This will initiate the process of emailing a link to the client and yourself for your next session. Be sure that the appointment type is changed to “existing” so that the client does not receive the intake portion again.
- Complete your documentation as usual.

Virtual Session Etiquette and Ethics

- Be conscious of where you are looking. Generally, “eye contact” in video session is perceived by just looking at the client on the screen. Our brains adjust and see it as eye contact.
- Avoid typing or making other sounds. These can come across loudly on the other end.
- Be conscious of the background that the client can see. Pay attention to lighting. Too much in the background is distracting. Have a clean, orderly and simple background.
- Frame your head close to the center of the frame and avoid being too close or too far away. This is commonly overlooked. Take a look at yourself in the corner and notice how you appear to the client.
- Though what you will see is more limited than in-person therapy, watch closely for non-verbal and environmental cues that will help you understand the client.
- If you want to share a handout or something on your screen, learn how to use the “share” feature on Zoom.
- Avoid downplaying the Video experience within yourself or to the client. This is a valid and growing treatment mode. Let’s embrace it!

- Use your motivational interviewing and other clinical skills to address challenges on the client's end. Ensure that you know who is in the room and in hearing distance from them. Encourage them to avoid distractions. If they insist on driving or other activities, we don't take a hard stance but work to help the client see the benefits of being more invested and safe.

Specialized Services

Some of the clinical issues and populations we serve have needed special training and attention. In many cases, we have therapists who are designated experts to handle these. Client Advocates need to be aware of these and ensure that a proper assignment is made. A couple examples of this are found here.

First Responders

We have learned that a therapist can be wonderful and not necessarily prepared to handle the clinical, cultural, and other issues involved with first responders. Therefore, we have developed a specialized program. Only those with "First Responder" in their red specialist appointments are scheduled with these clients unless the client requests someone in particular.

Wellness Checks

The State of Utah has required that First Responder agencies provide a "regular screening" of each of them. Our groups generally do these annually, but others have opted for more regular wellness checks. We have staff specially trained to provide these. Client advocates need to ask a first responder if they are calling to complete their wellness check. Organizations that have opted to do these through us have a separate company set up with "Wellness" in the title. In the case that the client is calling to set up their wellness check, the case is to be opened under the Wellness company version. The therapist will conduct the wellness session. In the course of the session, if it is determined that further sessions would be helpful, the therapist is to open a new case under the company version that does not say "Wellness". The elements of a good Wellness session contain the following:

- Creating a connection. First Responders will often be reluctant. In the event of a future need, the hope is that the positive connection created will encourage them to reach out.
- Check in on the areas of their life; including work, home and personal. Assess how they have managed the issues of hypervigilance, trauma and general coping.
- Provide training. This is advertised as a service to help them prepare for the mental and emotional elements of their job. First Responders respond to training. It is what makes them feel able to run into buildings that others are running out of. Providing tools such as Mind shield and Breathing strategies can help them manage the stress of their professions.

Drug Free Workplace

Client companies may have a policy that allows employees who have failed a drug test to complete a process to allow them to rehabilitate and remain employed or within a Union. For most of our companies this is done by handling it as we would any Supervisor Referral. We find out what they are dealing with and provide an assessment and potential referral to addiction treatment programs. We also continue to follow up as they go treatment and coordinate their compliance with the company. The Portal has updated checklists and other forms that are to be used when we help clients through the DFW program. In addition, see the Appendix for sample forms and aids.

Official DFW groups

There are three groups that use a more specific program with guidelines. These are NECA/Eight District Benefit Fund, SMCNA/Utah Sheet Metal and Utah Pipe Fitters. They all use the same Third-Party

Administrator and have similar policies and procedures. There are differences and it is important that we handle these consistently, promptly and with empathic professionalism. Guidelines can be found in the Appendix and on the Portal. These are handled by those with “DFW” in their red appointments.

SAP Department of Transportation

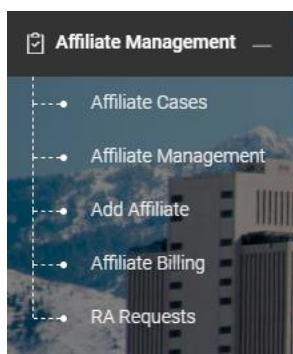
The Department of Transportation has very specific guidelines and requires a special certification for these. We have limited therapists who provide these. Client Advocates and Business Consultants need to be sure that we set these up with therapists who have this certification. Sometimes, company contacts will ask for a SAP because they think that is needed but is not. If there is any doubt, consult with a Clinical Supervisor.

Treatment through the Affiliate Program

While the majority of our client companies do business along the Wasatch front, we serve employees scattered across the U.S. The caller is oriented to our service and then referred to a remote contracted counselor for face-to-face counseling or may choose to see any of our therapists on the virtual platform. These clients represent a real challenge for our system since each one must negotiate the additional step of connecting with the therapist whose name and number we will provide. This process can be extremely frustrating and discouraging to clients who are already feeling overwhelmed. Studies show that over 50% of those who place a call for help will fail to make a second call if the help they desire is not obtained as a result of the first call. The protocol that follows is designed to provide the additional support and follow-up needed to reduce the huge dropout rate generally experienced with clients in this situation. These calls will generally be handled by key Client Advocates, until and unless they are managed care referrals. In this case they will be handed off to the C4 team.

Remote Therapists

Our remote, or “affiliate” therapists, are contracted with us. They provide only in-person services. Our remote therapists are listed in the Portal by clicking “Affiliate Management” and choosing the sub-category of “Affiliate Management” (show below). All are paid on a fee for service basis. Their listings allow you to see important contact information and information about their practice.



BH has a special role called the Affiliate Director who oversees this program, in coordination with the Client Advocates and Clinical Team. As noted above, the Client Advocates or the Affiliate Director typically manage the process of setting up these cases and establishing care. The C4 also may be called on to do this and should be aware of the process.

More detail about setting up cases and managing cases with our Affiliate Providers can be found in the Client Advocate Guidebook. Guidelines such as how long to keep a case open and the overall SFST model apply. The procedures are where we see the adjustments. One of those procedural differences is that we initially authorize three sessions in most cases. The therapist (not the client) reaches out to us to


staff the case and ensure that the case is still a fit for our model. If not, they will be guided into helping the client get a referral for care through their insurance. As with our other clients, there is no specific session limit, and we aim to average the same four sessions per case.

Reauthorizations for Affiliate Cases

The Crisis and Clinical Care Coordinators (C4s) have the specific role of reauthorizing these affiliate requests. The steps below show the process:

1. C4 receives an email notification that there is a reauthorization request. When you open the email, it looks like this:

Re-Authorization Request



Case ID	AF002628
Participants	Test Auth @
Date Referred	03/23/2021
Session Requested	3
Sub/Affiliate Name And ID	Thomas Test (2500)
Phone	(111) 111-1111
Email	thomas@hexagonitsolutions.com
Treatment Goals	Test
Treatment Tools	Test
Treatment Interventions	Test
Anticipated plan	Test
Additional Notes	Test

[Click Here to Approve the Request](#)

2. You then click on the tab "Click Here to Approve the Request."
3. When you click on the link in the email or the message, it will take you directly to the case (shown below). Be sure to review the prior sessions' notes and other notes from C4s, the Affiliate Director or the Client Advocate Team to determine how the case is progressing and anything you might need to be aware of. Determine if the affiliate is staying within the number of sessions to maintain the SFBT model before approving more sessions.

← PARTICIPANT INFORMATION Intake Form Schedule Print Delete

Participant	Gender	Relationship To Employee	Date Of Birth	Problem
1-Test Affiliate Auth	♂	Employee	01/01/2000	Drug & Alcohol Marital/Relationships

ADD NOTE CASE HISTORY REFERRED RESOURCES CASE ACTION

CASE HISTORY FOR AF002625



APPOINTMENT INFORMATION

TEXT MESSAGES

REFERRALS TO SERVICES BEYOND BHC - THIS IS A STAND ALONE EAP REFERRAL

INHOUSE REFERRALS

RE-AUTHORIZATION REQUEST

Participants	Date Referred	Session Requested	Sub/Affiliate Name And ID	Phone	Email	Action
Test Affiliate Auth	03/23/2021	3	Thomas Test (AF1933)	(111) 111-1111	thomas@hexagonitsolutions.com	 

< 1 >

4. If you determine that more sessions can be authorized, please enter a session note as to how many sessions you are authorizing. If it is authorization for sessions 7, 8, 9, indicate that these will be the final authorization to complete treatment or transition the client to long term care.
5. You will then scroll down to the bottom of the case and select the tab “Re-Authorization Requests”. You should see the request sent by the Affiliate and an “hourglass” image to the far right. You can click on that image, and it will automatically authorize how many sessions the affiliate requested (which is typically 3), and it will also automatically send an email to the affiliate notifying them that the request has been approved.
6. If you determine that the client is falling outside our SFBT model, you can approve 1-3 more sessions for the affiliate to meet with the client and design a plan for long-term care outside the EAP. If you are authorizing just 1 or 2 more sessions, do not click on the “hourglass” as this only lets you approve the number of sessions they requested, which is typically 3 sessions. Instead, you will need to go into the case and manually process a referral through the Managed Care tab and select the number of sessions you are authorizing. Please make sure you enter a note to indicate why you are just approving one or two sessions and send a message/email to the affiliate as to why you are not approving all the sessions they requested.
7. If you determine that no more sessions should be authorized, please enter a note as to why and send a message to the Affiliate through the Portal as to why their sessions are being denied. The affiliates can only see their notes.
8. You can call/email the affiliates when needed to discuss the client’s long-term plan.
9. If you receive a re-authorization on a case and you notice that the last note entered was over 90 days, then a new case needs to be created. You can create the new case yourself or email the

Affiliate Coordinator the case number to follow up on this and do the authorization. Do not approve more authorizations on old cases.

De-escalation Protocol

This policy applies to all situations, whether on the phone, virtual or in person. Above all, trust your training, your team and be sure to address your own mental and emotional state. You will be at your best when you remain calm and hopeful. We are fortunate that we do not face volatile situations very often but that means we have to review our approach periodically, so we are prepared in the event of a critical situation.

Quick Summary

Prevention and Preparation – Use the PLEASED model.

Assess - Be aware of the when you are in a critical situation.

Non-defensive response. De-escalate through empathy and non-confrontation.

Next-level handling. Get assistance before it becomes too difficult. Can't escape? GREEN

Debrief – Review and document.

Preparation and Prevention

Be fully aware of this policy now and don't depend on review at the time of need. Your readiness will determine your success in handling the situation.

- Avoid confrontational approaches to problem situations – use the PLEASED model.
 - **P**ersonally respond to the client.
 - **L**isten to the client, giving 100% of your attention.
 - **E**mpathize with the client about the issue.
 - **A**pologize to the client for the situation.
 - **S**olve the problem.
 - **E**liminate the problem.
 - **D**ocument the situation.
- Discuss any safety concerns with your Supervisor.
- Make sure exits are known and not blocked.
- Have phone numbers easily available for the Client Advocates, your Supervisor, The Clinical Operations Director and the CEO.
- If working alone in any location it is important be mindful of safety concerns for you and your client(s). If there are client(s) on your schedule that may not be safe to see without other staff available, it is appropriate to staff these concerns with your supervisor and/or leadership to ensure that you are adequately supported. If you are usually working with a staff member and will be off early or not in that day which would leave that staff member working by themselves, it is professional and helps ensure safety to let the staff members know that this is the case.

Assessing the Situation

When working with a client that becomes highly agitated, it is important that we utilize our best clinical skills and work as a team to ensure a safe outcome. The following behaviors are some examples of potentially critical situations:

- Threatening therapist or another person that is in the office.
- Sensory hallucinations
- Failing the orientation X4 assessment or mental status exam
- Posturing and highly manipulative behavior leading to safety concerns
- Imminently suicidal and uncooperative about safety planning
- Homicidal threats

- Client is at risk of harm from an outside entity or does not have a safe place to go, especially if they are considered a vulnerable person.
- Uncontrolled anger
- Weapons inappropriately displayed or referred to
- Becoming physical during session
- Other behaviors that raise concerns about mental health or emotional stability
- Be on the alert for issues in the office, concerning messages from other staff or other red flags you see in general.
- Prevent upset customers through good service. For example, if your session may run over, please alert the client or the Client Advocates so your waiting client is aware of your situation.

Non- Defensive Calming

For all staff, implementing a non-defensive empathic approach can de-escalate the client.

- If the client seems immediately and severely triggered do not hesitate to skip to next level handling and get help
- Avoid direct confrontation.
- Give your full attention to the client and allow him/her to express their frustrations.
- When it is appropriate to ask the client to speak more quietly or refrain from insults, frame the request in a way that helps the client see it as a way to help resolve their concern rather than a criticism of their behavior.
- Avoid making statements that will create defensiveness or cornering the client.
- Reinforce a sense of hope.
- When the client is escalated into the less rational and highly emotional state, make efforts to create a cool-down by redirection.

Next- Level Handling

When your efforts to calm appear to not be having an effect follow the steps below:

- Look out for each other. Listen and watch for other staff in a potentially troublesome situation. Knock on the door and ask if you can assist if it gets loud. If the situation is in the lobby, approach and ask how you can assist.
- Try to involve your supervisor or other staff. Sharing with the client you would like some assistance in helping with their problem is more effective than pointing to their behavior as the purpose for consultation. Reaching out for assistance is not an indication of your inability to resolve the situation. Rather it is an effective use of providing balance through additional support. There is no shame in asking for help.
- If your efforts to de-escalate are not working and the client is continuing to increase in aggression, make every effort to get away from the client so that you can get assistance or call the police if needed.
- Green Protocol: If you determine that there is a safety concern and are unable to break away from the client: Say to the client, "I would like to help you further, let me arrange my schedule to make extra time for you."
 - Staff makes a call to Client Advocates saying: "Please call Mr. Green and cancel our next appointment" (*Note: If you work alone in the office, there will always be Client Advocates at the Murray Office. Just introduce yourself with "This is ____ from the ____ Office")
 - Client Advocates will immediately call 911 and alert the authorities that an internal protocol has been activated and immediate assistance is needed. There is a safety concern. Give them the appropriate information.
 - Client Advocates will alert managers and other therapists who are in the office.
 - Client Advocates will immediately and politely move any clients in the lobby to a neutral area, away from potential threat.

- Client Advocates and/or the on-site leaders will always call the Clinical Operations Director immediately, anytime to get assistance and notify him/her of the situation.
- Staff are to remain calm and factual. Only provide accurate (rather than escalated) information.

Debrief and Document

- Leadership who was not involved during the incident needs to be immediately notified.
- Therapists will make sure to document the situation.
- Give self-care.

Crisis On-Call

Each office has a different procedure for handling the Crisis On-Call function. It is crucial that the On-Call therapist is available immediately to respond to phone calls. During the week, the on-call therapist's cell phone must be always carried on your person or placed nearby within hearing range. The on-call counselor must make every effort to receive the call. If the call is missed, he or she should call answering service within 5 minutes. The therapist will be given the client's number and can then call and help. Most calls require only a brief telephone intervention with encouragement to call and schedule an appointment during office hours. The answering service has been instructed to ask callers: "Is this urgent or an emergency?" The caller chooses whether or not the crisis counselor will be called.

A call from any Human Resource Manager with a request for after-hours services must be treated as if it were a clinical crisis. Do not refuse to travel to a company site if requested to do so!

If you wish to take leave time on a week that you are scheduled to be on-call you are responsible for trading with a colleague. If you need to trade a week with someone, staff is open to this practice, and someone can usually accommodate you.

Managing your own well-being is essential. In order to help manage self care during the week of your on-call shift, you are allowed to take up to four hours of time off of your schedule. Here are the guidelines"

- This is not additional PTO and is not reported as PTO. It is a self-care allotment.
- Time is to be scheduled well in advance of your On-Call shift. It is not permissible to cancel clients or meetings for this time.
- Time can be taken from the Monday prior to your Wednesday start day up until the Friday following your last day on call (2 week period of time)
- Time should be marked as a yellow admin appointment with the words "On-Call Adjustment" as the type of appointment.
- Time can be broken up into individual hours or as a block.

On-Call Guidelines:

- An on-call week begins on Wednesday evening at 5 pm and ends the following Wednesday at 9 am.
- You are responsible for all crisis calls between the hours of 5 pm and 9 am the next morning for a full week on days in which the office is open. The responsibility is for the entire day on days in which we do not have therapists in office that are scheduled to take these calls.
- You are also responsible and need to have transportation available to go out on a crisis incident. These on-site situations usually involve UTA, but it could also be another business who needs a therapist on site. All of our companies have access to on-site crisis care.

- If you are unable to take a call, meet with a client or go to a crisis incident during your on-call week, it is your responsibility to, in advance, get another therapist to cover this crisis.
 - It is not the Client Advocate team's, your Supervisor or the answering service's job to find a replacement for you.
- If you work in the evening at Blomquist Hale or somewhere else, or if you have plans at any time of your on-call week; it is your responsibility to cover your on-call hours.
 - Please work with other on-call therapists to make these trades.
 - Please notify the Client Advocate Director or the Client Advocate team, and the answering service of any trades or changes.
- If you trade your on-call week, please notify the On-Call Coordinator of the change and she/he will make the change on the on-call schedule.
- The on-call schedule will be emailed to you when there is an update. You can also find the on-call schedule on the resources tab.
- Anser-Fone Contact information:
 - Email: anserfoneinc@gmail.com
 - Phone: 801-483-4016

Handling the Call

Our goal when we receive a call is stabilization and treatment planning. Unlike other services that may screen for safety and only handle suicidal/homicidal clients, we provide a service to help people in all kinds of situations in which they may need immediate assistance. These calls are not a counseling session in the traditional sense. We will have some clients that are in a crisis that needs a longer phone call to help with the crisis. Some of these clients in crisis will need to be directed to HMHI or a local Hospital. These longer phone calls happen the minority of the time.

- After the client has been calmed and stabilized, then it is often good practice to help get the client set up for an hour session with one of the BH therapists.
- Make every effort to schedule the client with someone rather than putting it off until later. If needed, our client advocate can get these clients set up with an appointment. They will need to know the clients name and number. Please give the client advocates this information the next business day. It is optimal if you call the client yourself since you will want to follow-up.
- Please complete a note for each crisis call you take. These notes can be done the next day.
- Important information to get from client advocates or answering service.
 - Name of client, clients phone number, and company they work for.
 - What location is the client currently at?
- Most crisis calls are about relationship issues, work issues, panic attacks, and family issues. Having some quick skills in these areas can be helpful to our clients.
- You may have clients call that are suicidal. In most of these cases these clients will need to go to the hospital or UNI. Safety planning and effective measures to eliminate the threat of harm are essential clinical skills.
- You may get a call from a UTA supervisor after one of the bus or train operators have been in an accident. Depending on what the UTA operator needs we will either go on site to meet with the operator or we can talk to them over the phone. Please consult the document "What to do after a UTA incident" for more information on how to handle UTA incidents.

On-Call Box Checklist

- On Call Introduction
- On Call Policy
- HMHI Crisis line and Lifeline crisis resources & Hospital Numbers
- BH Office numbers and address
- Trauma Handouts
- Safety Plan documents – English and Spanish
- On call List – Numbers of all on call employees
- Depression, anxiety, and stress documents
- Crisis Assessment document
- BH cards
- **UTA Documents**
 - UTA Release of Information
 - UTA HR List
 - UTA Ready to return to work doc
 - UTA Not Ready to return to work doc
 - Grief & Trauma Document
 - UTA After an incident document

Important Contact Information

Lifeline/Crisis Resources Here are some lifeline/crisis resources:

- HMHI Lifeline (24/7/365): 801-587-3000, <https://healthcare.utah.edu/hmhi/programs/crisis-diversion/>.
- HMHI Warmline: (8:00 am to 11:00 pm) 801-587-1055.
- HMHI Receiving Center and Safe Space: 801-583-2500, <https://healthcare.utah.edu/locations/hmhi/>.
- National Alliance for Mental Illness (NAMI) UT: <https://namiut.org/>, including FREE advocacy, education classes, and support groups, <https://namiut.org/our-programs>.
- National Lifeline 1-800-273-8255 <https://suicidepreventionlifeline.org/> and Chat <https://suicidepreventionlifeline.org/chat/>.
- Dialing 988 accesses a National Suicide Hotline

Free apps that can be downloaded to a smartphone for crisis support, safety planning, and stress reduction.

- SAFE-UT: <https://safeut.org/>.
- My 3 Safety Plan: <https://www.mysafetyplan.org/>.

UNI Carve-Out Psych Hospitals (In order of preference)

1. HMHI (801) 583-2500
2. IHC Hospitals (Select Health Options)
 - LDS 801-408-1180
 - McKayDee (Ogden) - 1-801-387-3569
 - Utah Valley (Provo) - 1-801-357-7850
 - Logan Regional - 1-435-716-5465
 - Dixie Regional (St. George) - 1-435-251-1000
3. Other Hospitals with Psych Services
 - Lakeview - 801-299-2200
 - Hyland Ridge - 801-569-2153
 - Mountain View - 1-801-465-7071

- Ogden Regional - 1-801-479-2250
- SL Behavioral Health - 801-264-6000
- Davis Hospital - 1-801-964-3564 (Crisis Work) 1-801-807-7924 (Psych Unit)

On-Site Group Protocol

One of the main reasons organizations sign up for our service is for us to be there for them in their time of crisis. In addition to the individual services we provide for employees and their families, we also are there for these organizations to bring a reassuring, calming and healing presence when faced with situations such as workplace accidents and deaths, the sudden and traumatic loss of beloved employees, concerning news about company changes such as layoffs and many other situations. Our offering is that of immediate assistance to partner with their Human Resources and leadership to work through this difficult time. This guide does not serve as an exhaustive training on all that is needed to provide a good experience in this situation. It is imperative that our employees get trained on effective CISD (Critical Incident Stress Debriefing) and the best practices for On-Site services.

Business Consultants play a primary role in educating their company contacts as we onboard and review or services with the company about this service. Creating a relationship of trust in our responsiveness and competence precludes the tragedy, so when the time comes they know they can call and get our professional assistance. In addition, as we work together to watch things as they take place in the community, we can reach out and offer our help.

Making Contact

The outreach from us to them or from them to us starts the process and the first phone call is critical. When people are feeling frazzled in these situations, talking with a caring and calm person can start the process of feeling the support they need. Seeing us jump quickly into action is also very important. If the call comes to our Client Advocate team, the CA will take down the information and immediately refer this call to the Business Consultant if they are available. If they are not immediately available, the call should go to the Crisis and Clinical Care Coordinators (C4), the local Supervisor or the Director of Clinical Operations. Information should be shared through calls and texts to avoid the delays that come with emailing. The CA should make sure that it is has been handed off and it is being handled immediately. If you do not hear back then don't delay in going onto the next person to get assistance.

The Individual handling the situation (Business Consultant, C4, Supervisor, or Clinical Director) will talk with the company representative and learn about the circumstances of the situation. Our initial effort includes:

- Providing immediate comfort to the person we speak with
- Learning what has taken place and anything that would be helpful for us to know. Be sure to learn the name of the people involved and use the name to show a personal connection.
- Ask for what they are doing to address the situation, and consistent with the Resiliency Crisis Model, validate the good efforts and handling that you see.
- Encourage the 3 essentials of company handling:
 - Support – being there for employees, listening and allowing people to handle their grief or stress in their own ways.
 - Flexibility – when possible changing works schedules and expectations, and generally flexible in other ways.
 - Food – comfort food can show employees you care
- Educate them a little about the nature of crises and trauma. For example, share that in the first 24 hours or so, people will primarily need psychological first aid (like the warm blanket offered as they come out of the scene of the trauma). This isn't a time for processing, but for calming the

system as it deals with the immediate trauma. Then a day or two later, we can talk about processing.

- With this in mind, as we offer our services, we can be there for the initial trauma and help with the PFA and/or assist a day or two later with processing.
- Get a sense of their preferences and what they are looking for and bring your expertise into it to form a healthy conversation about a plan. Don't be rigid about what we would do, nor just take their request and do what is asked. Use your clinical skills to formulate a plan. Sometimes, they will ask for seemingly lofty things such as spending hours and hours or days in their office. Don't outright reject this, but validate the request as showing concern. And then educate about our experience with people not typically wanting to spend very much time in those first days with a counselor and normalize that. Sometimes it is best to take a "let's be flexible with the needs as we see them develop" approach.
- The plan will likely include a combination of some group time and making ourselves available privately at their location to meet with individuals.
 - Individual meetings are generally done through just having a room provided and people coming in as they feel they would like to. However, identifying key people they are concerned with and strongly encouraging them to see us can be wise. Handling a crisis with an individual is covered above.
 - Groups are an important part of a critical incident response and are covered below.
- As you conclude the initial call, offer to send some of our most useful handouts so they can be used right away.
- Make sure to stay in close contact and frequently ask for their feedback on how things are going.
- As with all company contacts, be sure to document the contact on the Company Page using "Crisis" as the type of service.
- Be sure to share with Client Advocates, the Business Consultant and others so our staff are aware of possible calls we will receive related to the incident.

Group Work

One of the key discoveries about CISD work is that it can be harmful to expose people to information they didn't have, such as events that happened during an accident. So, identifying who should participate in groups and what those groups cover are important. You can conduct a smaller group with those that witnessed a traumatic event and larger groups with those who were affected but did not witness it. Even in those smaller groups, be careful in how you allow the emphasis to be on graphic details. Again, we need to be trained in models such as CISD and the Resiliency Crisis Model.

Have a member of the leadership or HR team of the company introduce the critical incident and why the group is being held.

Orientation:

- Introduce yourself and let the group know your role in meeting with them.
- Share brief information about Blomquist Hale and how EAP's can help during critical incidents.
- For smaller groups, if it would be helpful, you can have those attending introduce themselves and briefly share their role in the company.
- Orient group towards the purpose of the meeting and offer multiple options that can help them achieve that purpose.
- Provide an agenda if applicable.
- Set group limits if needed as well. This could include staff speaking freely about the situation, whether HR or leadership will be attending the group, and if details of the situation should be shared or kept private.

Psychoeducation:

- General considerations for psychoeducation and processing:
 - During psychoeducation and processing, be aware of and adapt to the needs of the group.
 - Be aware of “tactical debriefs” versus a processing debrief and make sure the conversation is appropriate for the time and acuity of the incident.
- Provide education and/or information on relevant topics linked to the incident.
- Provide appropriate interventions, resources, and skills that focus support stabilization.

Processing/Connecting:

- Discussing how individuals are currently feeling about the incident.
- Look for examples of resilience and build upon what is going well.
- Bring up concerns or worries they have about the situation or the impact of the situation.
- Promote that members of the group support each other through empathic statements and suggestions on how they are coping.
- Promote sharing positive memories and characteristics of the deceased if the incident involves someone's death.

Closing a Group:

- Inquire about unaddressed concerns or needs.
- Identify if anyone else may benefit from a therapist reaching out to them.
- Help facilitate transition conversations as needed.
- Briefly outline resources available for potential concerns after the group, especially highlighting how Blomquist Hale can help.

Follow-Up:

- Reach out to the company's business consultant to let them know of the incident.
- Follow-up with the on-site contact to see if there are any other concerns or ways we can help.
- Coordinate contacting any individuals that were identified during the group as potentially benefiting from BH reaching out to them.
- Document your time spent on the Company page as “Crisis” and coordinate with others within BH as needed.

General Considerations when working with first responders:

- Avoid using “mushy/feel good” lingo or trying to “draw out” their emotions.
- Ask leadership beforehand if they are ok with you offering anyone that is uncomfortable to leave the group, and then let the group know of that option if their leadership approves of that option.
- Offer simple psychoeducation on coping and resiliency and frame it as skills or tools to assist them through difficulties.
- Be genuine and confident in what you know, your background and experience, and the care and concern you have for the first responders you are working with.

Individual Work

As discussed about, group work can be psychoeducational and only deal with deeper issues in less intensive ways. Many times, people will be triggered by these events that may bring up past issues or compound already existing distress. In an individual setting we can dig a little deeper into their coping and

symptoms. See Crisis work above for more detail. Crisis work is a very important part of our role and ongoing training is essential.

Typically, companies will give us a room after the group time. Please help make sure the room has as much privacy as possible. Our guidance to the HR team is to encourage participation but not make it mandatory except in extreme circumstances where there is real concern about someone's safety.

Proactive and Responsive Communication

One of the best ways to reduce mistakes, avoid frustration and promote a positive work culture is to effectively communicate with each other and our clients. We seek an environment in which all feel safe to raise concerns and offer solutions. This should be done through the company hierarchy. Gossip is not tolerated and can destroy a company culture. Bring your concerns to your Supervisor. If this isn't possible, talk with the Clinical Operations Director if you are a therapist. If you are a Client Advocate talk with the Client Advocate Director. All staff can speak with our Human Resource representative if needed or our CEO. But skipping steps in the chain is discouraged whenever possible.

Returning Calls and Emails

Therapists must check their emails frequently, at least a few times a day. This is our primary method of communication within the office. Read messages thoroughly and practice our value of being responsive. Some staff members are given a Blomquist Hale email address. Others use a shared Blomquist Hale email address. This allows us to share that email with clients and should be the only email address you use to communicate with clients.

Generally, texting and calling each other is best for more time sensitive and urgent issues. Your voicemail should be set up and checked frequently. When staff is given a message to return a client's call for help, that clinician must do everything they can to contact that client and offer assistance on the same day the call was made. It may mean repeated attempts and searching for alternate phone numbers. We must do whatever it takes to let the client know we care and are ready to help.

Coordinating with Employers

Assuming you have the appropriate authorization to release information to the clients' employer:

- You may leave messages on the voice mail of supervisors when coordinating supervisory referrals etc.
- Do not leave a message with a supervisor's secretary that in any way reveals any client information (including the clients name).

Records Requests

The Client Advocate Team member will complete the following steps:

1. Complete this form. It is found in the Portal.
2. Research all applicable cases and print records for the Records Manager to review.
3. Obtain a signed Release of Information form. *Please be sure that all adult participants in therapy have signed the release, and that signatures of proper guardians are obtained.*
4. Upon completion, please let the client know we will address this as soon as possible.
5. Give the Records Request Form to the Records Manager along with any records you have found.

The Records Manager will then:

1. Ensure we have all the information we need to fulfill the request:
 - a. Proper signatures of all adult participants and legal guardians of minors. There are no exceptions to this rule. When we do not have the signatures of ALL participants that attended, we cannot use the name of the person that attended. But we can use general language such as reiterating that we need all participants to sign the authorization.
 - b. Pay attention to authorized date ranges.
 - c. Ensure that we have the proper method of delivering the records and we are clear on where to send the records.
2. Review the records:
 - a. Line up Birth dates with individuals to be sure you have the correct records.
 - b. You can correct spelling errors but cannot not change other things in the case. If you see areas of concern in the notes, please inform the Clinical Operations Director.
3. Consult with the Clinical Operations Director (Darren Elkins) on the following cases:
 - a. Subpoenas.
 - b. Clients who are being difficult and not accepting the conditions of the records process.
 - c. Situations in which you have reason to believe there is something unclear or inappropriate taking place.
4. Save the records request and the records we will be sending. Use the case number to save the records. Only save in a secure folder on our server, not on the computer.
5. Upload the records request to the case.
6. Send the records to the authorized parties. Be sure to write “PHI Confidential” on the email heading, envelope or fax cover sheet. Also, be sure you email has the BH Confidentiality disclosure under your signature.
 - a. When sending records by email click on the attachment to confirm you added the proper records.
7. Document the sending of the records in the case file. Use “processing’ as the session type.
8. In many cases, we can be reimbursed for submitting records. If information is included in the request about how we may bill for the request, follow the instructions and involve Wendy to help with the billing.

Working with Client Companies

As previously mentioned, one of the “Four Pillars” that sets us apart from other services is the way we work directly with our client companies to provide solutions to their challenges. If done with dedication and expertise, they will look to us as more than a “counseling agency” and see us a partner in their mission. This is accomplished by all of our staff, in their own way, contributing to providing an excellent experience for them.

Company Business Consultant

Each client company is assigned a BH staff member to serve as their account representative or “Business Consultant”. This is a role critical to our overall success. The Business Consultant is responsible for creating and managing the relationship between BH and the client company. Obviously, the purpose of this role is the long-term maintenance of the account

- Maintaining utilization. 100% of their employees should be fully aware of who we are and what we provide. We seek to surpass the 4.9% average EAP utilization by double or triple.
- Helping the client company to clearly see the value of our program. Many techniques and strategies go into achieving the above-mentioned goals. A few of them would include:
 1. The “selling” of our philosophy of solving problems proactively or “upstream”
 2. Promoting our role as trainer and consultant to the management of the company as a whole; overcoming objections to reorienting staff to promote utilization; defending our program and its pricing as compared to our competitors.
 3. Using the quarterly reports and their data as a means to keep management amazed and delighted with what we are doing for them. Business Consultants should receive training in these techniques and more from their immediate supervisors.

The Business Consultant is also our resident expert on the client company, its politics, personalities, and policies. The Business Consultant is essentially held accountable for coordinating all activities and services needed to maintain the account. This includes:

- Updating BH references on insurance coverage, change of address, change of personnel, and change of policies.
- Coordinating supervisor referrals.
- Coordinating training.
- Monitoring utilization and scheduling reorientations and other promotional activities as needed.
- Coordinating services to client company branches (even if these locations are in the catchment area of another BH office).
- Responding to critical feedback from clients or the company’s management.
- Presenting quarterly reports.
- The individual serving as a company Business Consultant is responsible for assuring quarterly reports are accurate and timely. The clinician should work closely with the office manager and supervisor to assure this happens.

Protocol for New Accounts

Sale and Marketing

At BH, we feel that all can help spread the good word of what we provide. You may have contacts and useful skills in helping us continue to grow. Talk with your Supervisor or the CEO if you have interest in helping us bring on new business. There is a commission paid for new business that is brought on.

Adding a New Company

Generally, the Sales Director, CEO and Marketing Director work together on the details of proposals and other sales activity. The Sales Director fills out the new company form and turns in the form to the BH bookkeeper. The Sales Director completes then assigns a Business Consultant under the direction of the CEO. This is dispersed to the proper people and the company is set up in the Portal. The signed contract is kept on file and uploaded to the company page.

The CEO is then responsible to communicate the good news to staff, and to send a copy of the new company form to **all** other supervisors. Supervisors receiving the good news will then communicate to their staff.

Having a complete and accurate record on the Company Page is essential to our success. Our newsletters and other communications are sent using the contacts and emails listed on the Company Page.

A start-up meeting should be scheduled ASAP by the Business Consultant. In this meeting, the Business Consultant is responsible for scheduling orientations, supervisor trainings, delivering posters, video, and wallet cards, sharing “sample letters” for mailings to the home. The Business Consultant must also begin to establish a relationship with the contact person (and the company broker where appropriate). Marketers should allow clinicians to fill out the insurance form, since this data must meet the needs of the clinical staff.

It is appropriate for the “concerned marketer” to participate in start-up activities if they so desire. The purpose of this participation is the smooth transition of responsibility from the marketer to the Business Consultant. The goal is to develop a trusting relationship between the Business Consultant and the company, freeing the marketer to market. It is also important that the client quickly identify the Business Consultant as the point of contact with BH for service and problem resolution.

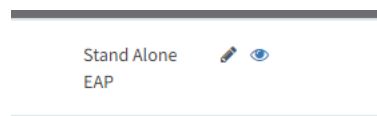
Supervisor Referrals

The Business works hard to solicit Supervisor Referrals. This is one of the indicators of a cemented relationship with them. Most of our client companies prefer that these come from one or two personnel in their office (usually Human Resources). We can work within their preferences but want our contacts to understand the best approach. Rather than just having the employee “cold-call” us, it is best to hear first from the company contact and gather the following information:

- What are the specific performance problems?
- Has disciplinary action been taken? What kind?
- Explain that we release no data to the boss without a release of information from the client.
- Inform him/her that we will be asking the client to sign a Release of Information form and will be prepared to share attendance and progress once that is done. At this time, let him/her know that we would not be able to share information if a) the client does not attend or 2) they refuse to sign the form. Refusing to sign would be very unlikely so they can assume the client did not attend most often. The release form needs to be scanned and uploaded to the client case.

After speaking with the supervisor:

- Add a company note (see below). If you are not the Business Consultant, immediately involve him/her. Email, or call if it is more urgent, the Client Advocate Director to inform her of the details for her staff. Also, add a note on the company page as follows:
 - Click on the “Company Management” menu item and select “Company List”
 - Search for the company and select the edit “pen” icon as seen below.



- Add the Supervisor Referral information, including the name of the client and the nature of the referral in the “Special Notes” box.

 A screenshot of a text input field with the label 'Special Notes' at the top left. The field is empty and has a light blue border.

- Immediately consult with the therapist who saw the client and together work on the plan for ongoing care and coordination. It is essential that the Supervisor is immediately notified of the session and the plan that has been instituted.
- Continue to coordinate with the Supervisor and follow at a later date to make sure we were helpful.

Presentations and Team Meetings

One of the ways we are called up on is to provide seminars for our companies. These can be in person or done virtually. When we get a request, rather than just offering up a buffet of seminars or classes, please talk with the company representative about the purpose for their request. If a company seeks a communication class because one individual is creating conflict, discuss a more targeted approach with the business contact. Our role is to strategize the best solutions.

All Power Point presentations need to be branded with current BH material. All new Power Points and other material should be approved through the Marketing Director. This person can save you some time by making your material look good. You can just provide the content. Good presentations should take into account the following:

- The Power Point is not the presentation. You are. Think of the Power Point as an aid in the background. Avoid staring at it and making it a central focus.
- Avoid too any bullet points and lists.
- Make your presentation interactive and dig into the issues with the audience.
- Do not promote services you or others may provide outside of the BH benefit.
- Others at BH may have material for a presentation you are asked to provide. See the Portal and OneDrive shared folders. Also, use the Clinical Email distribution to ask for help.

Under the direction of the Trainer and Marketing Director, BH provides regular webinars on various topics. These are made known to our companies by email using the names we have as company contacts in the Portal. After the live webinar, they are posted to our page on YouTube.

Leadership Audits

When our client companies identify that a leader in their company is struggling with their team and is not responding to their attempts to make improvements, we have a tool that was created to help. It is very involved process and can really help identify the challenges and create positive movement. For more information on this consult with the Clinical Operations Director.

On-Site Critical Incident Response

It cannot be overemphasized the importance of this role. Some of our client companies see this as a primary reason for having our service. When companies experience a death or other trauma they need to be aware that we are able to talk with them immediately. The Business Consultant needs to make sure regularly remind their contacts of this benefit. When the company contact calls for assistance, we lean on our training to respond with competent empathy. We can stabilize a situation that is scary for them. This section is not an exhaustive overview of the process. Our On-Call team, Specialists and all therapists need to be ready to handle these situations. Our Client Advocates and Business Consultants need to be aware and well trained in their roles as well. See the Crisis/ Critical section in the Clinical section for more information.

The traditional CISM (Critical Incident Stress Model) has quality components but has been proven to emphasize trauma over resilience, thus sometimes introducing more anxiety than it can remove. In

addition, it has been known to introduce more trauma by exposing gruesome details to those that were not involved in the incident.

BH has adopted the best of CISM and added the Resilience Model. In this model, we recognize and enhance the natural behaviors and reactions that are resilient. By noticing and highlighting these we follow the Solution Focused principle of building on what is working.

Group meetings should be carefully planned. The conversation with the company contact should be a thorough discussion about who was impacted and how we will care for them. Groups with those who may have witnessed the event should only include those individuals if any details may be discussed. Groups with staff who did not experience the event should focus on helping them connect to their ability to process and cope. This has an educational component of what they can expect and normalizes the process of grief.

Those that need to discuss the details of the traumatic event, should have this made available to them, typically immediately following the group experience.

Resilience Assessment and Response

Gather information:

Overarching question is 'how can we promote a resilient response?'

Creating a narrative for the company.

Introducing a reframe for that resilient narrative.

Setting up leaders to lead.

Meet with the management or leadership team, share a summary with the group, co-constructing a narrative of resilience and confidence.

Who is your contact in the company?

What is their role?

What happened?

Who has been affected?

What has the company done since the crisis? (called Blomquist Hale, initiated other resources, checked in with their employees, etc.)

What is the company looking for?

Who is the Blomquist Hale Contact and when do you alert them of the need in the company?

People tend to find what they are looking for...how can we look for resilience?

Resilience: The capacity to respond and adapt to difficult situations.

Notice/Highlight those adaptive responses by the company and individuals.

Normalize intense emotions/responses.

Documenting Company Contacts:

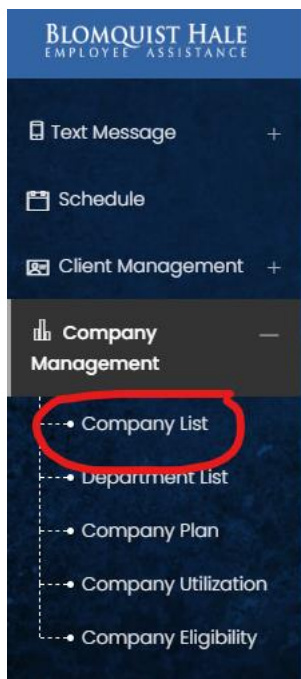
We set ourselves apart in the EAP industry because we partner with our client companies to help them through their challenges. We work with company leaders to strategize solutions and be there for them in their time of need.

In order to effectively coordinate with them, we need to be sure that we are documenting our activities. This helps the Business Consultant and others stay current with what is taking place. For example, when a Business Consultant is preparing to attend a quarterly review with a company, he/she can review the notes and see that we consulted about an employee in crisis, provided a seminar, or provided some marketing materials.

The general rule is that anything that would be documented on a clinical note does not need to be documented in the company contacts. For example, if you consulted with a supervisor about the client that was referred to us you would enter that on the client's record. Be sure the intake is appropriately labeled as a Supervisor referral. That will assist the Business Consultant in researching the case if needed and will help us to provide accurate information with the company.

It is important for all staff, whatever role we are in, to document our contacts on the company page. This can be done by following these steps:

- 1) Open the "Company Management" menu on the left sidebar and click on "Company List".



- 2) Find the company you are looking for in the search bar or scroll through the companies. Click on the name of the company.

ID	Company Name ^	Effective Date ⇅	Business Consultant ⇅
10627	Andrus Transportation	10/01/2020	Darren Elkins - A286
1063	Beaver City	01/01/2021	Darren Elkins - A286

- 3) Scroll down to “Add Company Notes” and fill in all of the relevant boxes. In the example below, the Business Consultant met with the HR rep for 30 minutes, did a seminar and a supervisor training. Travel time and preparation were also logged. Notice the venue and detailed notes that are included.

ADD COMPANY NOTES

Date (Required) Site Contact Name (Required)

DETAILS

Type	Time	In Person	Phone	Video	Email
<input checked="" type="checkbox"/> Consult/Report/Coordinate	0 Hr 30 Min	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Crisis/Critical	Hr Min	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> Seminar	1 Hr Min	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Orientation	Hr Min	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> Supervisor Training	1 Hr Min	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Benefit/ Health Fair	Hr Min	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Other	Hr Min	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> Preparation/Travel	4 Hr Min	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Notes

Met with Stacey to review utilization and address company issues. They are seeing higher utilization and are seeing some issues with employees not engaging in their goals. After our meeting, we had a seminar on "Making the Most of your Job" and a Supervisor training on "Motivating Others to Engage".

4) Clicking “Save Company Contact” will populate the notes. For employees with certain Portal access, such as Business Consultants, there is a shortcut on your calendar.

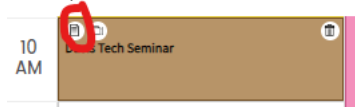
- 1) For notes to be entered when there is not an appointment on the calendar simply click on the document icon as shown below (next to your name).



- 2) This will take you to a generic "Company Time" page where you can enter the details of the contact.

If you had a company appointment on your calendar, there is a much quicker way to enter notes about that meeting or event.

- 1) Click on the icon in the upper left corner of the appointment:



- 2) Since you have already entered some information about this event, it will be populated for you, making the note much easier to enter.

Professional Development

As in any professional, when we don't grow, we flounder. It requires grit and humility to continue to push ourselves. At BH, we don't accept the status quo and seek to improve ourselves, teams and the overall organization. Meetings, activities, funds and other services are provided by BH. You provide your own determination and help us all improve.

Staff Meetings

We have meetings on different levels; as teams, individually with your Supervisor and as a whole team. It is expected that we attend these regularly and consult with your Supervisor if you are not able to be there. Important items are covered, and all are expected to remain up to date with policies and procedures. Please come and participate.

Case Discussion Meetings

Case consultation is provided weekly, and it is strongly encouraged that therapists attend regularly to share their knowledge and learn new skills from others.

CEUs and Other Training

We strive to bring free excellent training to our staff. If there are topics that you would like to see covered, talk with the Trainer.

Certification Program

BH has a program for helping therapists develop skills and experience in the areas of focus that are needed. Under the guidance of the Trainer and Clinical Operations Director, therapists have the opportunity to become internally certified in these areas.

Objectives:

- 1) Ensure proficiency in clinical expertise and practice in the essential clinical dimensions for all BH therapists.
- 2) Promote proficiency in clinical expertise and practice in the specialized clinical dimensions for a sufficient number of BH therapists.
- 3) Build an internal system for validating expertise and effectiveness and creating a way to connect services to those best suited in each area of expertise.

- 4) Provide an attractive program for therapists seeking professional development through training and supervision thus improving hiring and retention.
- 5) Improve overall service delivery and reputation among our clients and client companies through an organized certification program.

Program Management:

Clinical Operations Director: Oversees the direction of the program and validates key decisions.

- Works with Certification Director primarily
- Awards Certification through Staff meetings to successful candidates

Certification Director: Appointed by Clinical Operations Director to oversee the development and implementation across the organization.

- Reports to COD the major workings of the program.
- Creates the overall template of the program.
- Chooses and works with Program Managers to build and operate each area of Clinical Proficiency Certification
- Reviews candidates that are recommended by the Program Managers for Certification
- Forwards all successful candidates to COD for awarding.

Program Managers: Using the overall template, under the direction of the Certification Director, builds and operates a specific Clinical Proficiency Certification.

- Chosen as someone with extensive training, experience, passion for and positive feedback in a specific clinical dimension.
- Recognized as a Program Manager among peers and in the community, building a resume and career building experience. Provides leadership opportunities.
- BH considers some type of other compensation for their willingness to serve in this area.
- Takes candidates through the process by overseeing the program requirements. Provides supervision as part of the process.
- Recommends candidates to the Certification Director for Certification.

Candidates: BH therapists are required to certify in the essential areas of practice and encouraged to choose areas of expertise among the specialized areas.

Certifications:

Required:

- “Blomquist Hale Therapist”: understanding our model, policies and tools.
 - Program Manager: Director or Supervisor who trains the candidate.
- “Solution Focused Therapy”:
- “Crisis Services”:
- “Coordinating Care”: emphasizes referrals and community coordination.
 - Program Manager likely a C4 expert

Specialized:

- “First Responders”
- “Substance Abuse and Addiction”: includes sex addiction.
- “Financial Counseling”
- “Senior Care”
- “Trauma and Grief”
- “Marriage and Relationships”:
- “Children, Youth and Parenting”: we combine this because our model typically involves working with children through their parents.

- “Health and Wellness”
- “Medical and Legal Professionals”

Program Elements:

Areas of Proficiency:

Area One: Clinical Proficiency

Area Two: Care Coordination (Referral Services and Follow-Up)

Area Three: Certified Educator (Optional)

Area Four: Committee Member (Optional)

Core Attributes: Within each of the Areas there will be three attributes.

- Knowledge:
 - BH Certified Therapist demonstrates:
 1. Problem Understanding: Understanding of the issues involved in this area.
 2. Clinical Expertise: Providing Solution Focused treatment for this area.
 - This is accomplished through:
 1. Training time:
 2. Demonstrated knowledge.
- Experience:
 - BH Certified Therapist demonstrates:
 1. Clinical experience related to the clinical and referral services we provide.
 2. Supervised discussions about cases involving issues specific to this area.
 - This is accomplished through:
 1. Documented clinical time.
 2. Supervision time
- Contribution:
 - BH Certified Therapist contributes to development through:
 1. Submitting research for the BH library
 2. Submit client tools for the BH library
 3. Providing a class or other service for BH clients

Paid Training

Staying updated on training and best practices is important for Therapists. For our practice of Brief Solution-Focused Therapy there are many areas we can gain training. Requesting funds for training from Blomquist Hale should take into consideration the following:

- Training topics should be relevant to our therapeutic model. Topics that are more relevant to longer term or specialized care that we would typically refer to outside services will not be reimbursed through this program.
- Amount of funds available to you is dependent on the job responsibilities you have. Talk to your Supervisor about the funds available to you.
- If approved, these funds will be dispersed to you to cover the direct expense of the training. Travel, accommodations, food and other expenses are not covered. The time you spend at the training is also not covered. Do not report hours on your timecard for time you attend the training.
- It is important that you plan any time off needed in advance to avoid cancelling appointments. Time off needs to be approved through Paycom.

We are happy you are taking advantage of this program and are being proactive in your professional development. Each of our values (Genuine Care, Professionalism, Earning Trust, Supportive Environment and Future Driven) are enhanced as you seek continued growth.

APPENDIX A – BARIATRIC ASSESSMENTS

Clients seeking Bariatric Assessments need the assessment to meet the requirements of their healthcare plan (PEHP) prior to receiving bariatric surgery. The appointment is for an assessment only (see attached Bariatric Assessment Form). The form is also in the Portal under Resources (see screenshot).

The screenshot shows a web interface titled 'RESOURCES'. At the top, there are several filter buttons: 'All categories', 'Community Resources', 'Books and Media', 'Professional Development', 'Operations', 'Clinical Materials', and 'Presentations'. Below these is a search form with three input fields: 'Name' (containing 'bariatric'), 'Category' (a dropdown menu with '-Select-' selected), and 'Sub Category' (a dropdown menu with '-Select-' selected). To the right of these fields are 'Search' and 'Reset' buttons. Below the search form is a table with the following data:

File Name	Category	Sub Category	Type	Tags	Publish	Control
Bariatric Assessment Form	Operations (new)	Bariatric	Document	Bariatric,Assessment, Mental, Health		

The Client will need to complete an ROI for the assessment to be sent to PEHP. Completed assessments and signed ROIs are sent to Richard Andelin, Medical, Health, and Wellness Coach, PEHP, Phone 801-366-7300, richard.andelin@pehp.org via encrypted email through Cisco (create an account at <https://res.cisco.com/websafe/root>) or through your Blomquist Hale email via secure e-fax at 8012457755@1wfax.com (easiest, HIPPA compliant method).

The following two examples of forms can be found in the Portal. Please see the Operational Guide section on the Bariatric procedure for more information.

Mental Health Assessment for Bariatric Surgery

This form makes it simple and is generally accepted by providers that need to review our recommendations:

Demographic Information:

Name:

Age:

Gender:

Summary Statement and Initial comments:

Reasons for Seeking Surgery:

(Most reasons describe include desire to lose weight to improve current medical problems, enhance mobility and energy, and promote health and longevity. Discussion should happen if there is an overemphasis on physical appearance, and unrealistic ideas regarding changes that will come following the weight loss)

Weight and Diet History:

(Use a timeline to highlight associated life events, when weight first became a problem, types of diets tried, outcomes with previous efforts, factors that contribute to regaining weight, and family history of obesity)

Current Eating behaviors:

(It is Important to review to examine motivation, need for behavior modification, and possible eating disorders. Motivation and attitude about a lifestyle change are evident in eating and exercise behaviors before surgery).

Understanding of the surgery and lifestyle changes:

(Make sure they have a thorough understanding of what they are agreeing to. Have client describe what surgery entails, risks, potential outcomes, and lifestyle changes required.

Social Supports:

(Who is their support system, what are the eating habits and weight issues of people around them. Have them consider and examine the social consequences of having the surgery, such as not being able to eat or drink like others).

Psychiatric Symptoms:

(Determine the presence of psychiatric conditions that would impair ability to handle surgery. Assess for depression, anxiety, mania, psychosis, suicidal ideation, substance abuse, etc.)

[enter name and credentials]

[enter your email address]

(801) 262-9619

Letter Format

If the provider prefers a letter of explanation, this is a sample letter than you can use.

_____ came to Blomquist Hale Employee Assistance on _____, for a mental health assessment regarding pursuing bariatric surgery. The assessment consisted of a clinical interview reviewing his reasons for seeking surgery, weight and diet history, current eating behaviors, understanding of the surgery and associated lifestyle changes, social support, and mental health history.

_____’s primary concern for seeking bariatric is his family history of diabetes due to weight. He reported that he has two brothers that have this procedure and a father who passed away from complications with obesity and diabetes. He reported that he felt that getting the surgery would improve his mobility and overall enjoyment of life. He also reported that he has had previous accidents from work that led to him having permanent disabilities because of back injuries. Because of these injuries, _____ has felt like he has had a harder time maintaining a healthy weight. _____ also reported that he has been engaged in physical therapy services to help with strength and flexibility.

Concerning his weight and diet history, he reported that these concerns started back in 1989 with his first back surgery. He had an industrial accident while working as an electrician. He had to eventually change jobs to work in maintenance instead of construction. He has tried Phentermine before that worked well to control his appetite and helped him lose 50 lbs. He reported that he had to stop that trial and he started gaining his weight back. He also reported that he had to change jobs going from maintenance to management, which led to a more sedentary job. To help manage stress, _____ is currently trying to develop patterns of eating that added to weight gain. _____ reported that his family has a history of weight problems and diabetes going back to his grandfather.

When asked about his current behaviors for eating, he reported that he has been focused on changing his eating to the recommendations provided by his primary care physician. His breakfast has been a chicken sandwich, or a peanut-butter and jam sandwich most mornings. He also reported that he tries to eat dinner before six in the evening. For lunch, he usually tries to eat a sandwich or salad. _____ reported that his main motivation comes from his role to set a healthy example for his family. He is also motivated by wanting to feel better and reduce the medication he is using for wight and other health concerns. _____ reported that he wants to lose weight so that he improves his mobility again. He plans to increase his physical activity as well after his surgery to maintain physical health.

When discussing his understanding of the surgery and lifestyle changes, he reported that he has talked with others about the changes he will have to make and feels like he understands their experiences that relate with this surgery. He reported that he understands that he will have to change to a clear liquid diet immediately after the surgery and gradually build up to eating solid food again. He also reported that he

knows that he will not be able to go back to his same eating behaviors that he had prior to the surgery. He reported that he is currently trying to maintain appropriate eating.

behaviors now so that he is ready for changes to his diet after the surgery. He understands that there will be a reduction in the amount of food he can eat as well as various side effects from the surgery. He also reported that he understands that not following through on his doctor's recommendations can lead to fatal risks.

_____ reported that his wife is currently retired and can help with a lot of his post-surgery needs. He also reported that she is supportive emotionally as well. He also reported that his children and brother are great supports as well. He reported that his brother has gone through the procedure before and can help _____ work through some of the potential struggles. _____ reported that he does not eat out with friends and that he does not have any concerns about these post-surgery changes impacting his social life. He also reported that he does not drink alcohol and he does not smoke.

In discussing psychiatric concerns, _____ reported that he has not had a history of anxiety or depression. He also reported that he has never had any concerns with suicidal ideation. He also reported that he has never had any other concerns for mental health disorders and that he does not have a family history of mental health disorders. He reported that he does not have any substance use disorders. _____ reported that he has healthy coping skills now including lists for task management to reduce stress, writing in a journal, talking with family and friends, and listening to inspirational talks and conferences.

As evidenced by the information gathered in this clinical assessment, it appears appropriate for _____ to continue seeking out bariatric surgery from a psychological perspective. If you have any further questions, please feel free to contact me.

Sincerely,

APPENDIX B – General DFW Evaluations

The following is useful for conducting a Substance Use assessment. For our DFW groups see the official forms which are updated on their company page. The following forms can also be found in the Portal by searching for “Generic bundle” in the Resources page.

Drug and Alcohol Evaluations Checklist (For Therapist)

For all Companies not part of BH DFW Program

(Refer the following to the Director: NECA, Utah Sheet Metal, Utah Pipe Fitters)

Please check items as you complete them and keep this form with the clinical records.

Important Contacts:

Name	Organization	Title/Role	Email	Phone
Supervisor(s):		<u>Designated Representative(s)</u> from company that need to be kept informed		

Prior to the Assessment

- If this is a Supervisor Referral: Review any documentation or other correspondence from the Supervisor. Discuss with the referring Supervisor their expectations. Some will want a lot of coordination with formal treatment plans and follow-up testing recommendations. Others will want less involvement and perhaps just some guidance. Inform them of the treatment plan form we can provide and our continued coordination with the employee, providers and Supervisor(s).
- If this is a Supervisor Referral: Coordinate with the assigned Business Consultant assigned to the company.
- If this is a Supervisor Referral: Always inform your Director of this Referral.
- Research prior cases / violations involving the employee.
- Prepare all of the necessary forms. The “**Generic D&A Bundle**” can be found in the Tools Menu in Counselors Corner.

During the Session

- Orient the Employee to the process. Clearly explain each party’s role, including the client’s.
- If this is a Supervisor Referral: Complete the “**Release of Information**” form and make sure that the Supervisor(s), Medical Review Officer (MRO, if applicable), and other requested participants are included.
- In the course of the session, complete the “**Substance Evaluation**” form. Be sure to complete all sections.
- Administer and score the “**SASSI 3**” form.
- Discuss the SASSI score results and summarize your assessment and recommendations with the client.
- Determine treatment level needed. Use the “**Treatment Recommendation Guidelines**” form.

- If this is a Supervisor Referral: Depending on the needs of the employer you can use the **“Assessment and Treatment Plan”**.
- If IOP is recommended, be sure to include an aftercare plan of generally one year.
 - Make sure that you and the employee sign the form. The supervisor will sign when it is sent to him/her.
 - Follow-Up Testing Section: Use the following table to guide your recommendations. These are approximations. Use your clinical judgment. Help him/her understand the primary purpose of follow-up is to help avoid further D&A use through accountability, not as a punishment. There MUST be a minimum of 6 tests in the first year. Factor motivation, resources for positive results, level of denial and prior violations.

Reason for failed test	Level of Care Starting Pt.			Adjustments		
	Year 1	Year 2	Year 3	Multiple Violations	DEF SASSI	Maximum
Someone else's RX	6-8	0-4	0-2	+ 2 for each	+/-2	10 (yr 1), 6 (yr 2), 4 (yr 3)
Cocaine, Meth, Alcohol, other	8-10	2-6	0-2	+ 2 for each	+/-2	12 (yr 1), 8 (yr 2), 6 (yr 3)
Marijuana	6-8	0-6	0-2	+ 2 for each	+/-2	10 (yr 1), 6 (yr 2), 4 (yr 3)
Refusal to test	8-10	2-6	0-2	+ 2 for each	+/-2	12 (yr 1), 8 (yr 2), 6 (yr 3)

- Recommend appropriate specific providers. Confirm insurance benefits. If this is Managed Care, be sure to follow the Referral Steps in Counselors Corner. If possible, assist the client in making the first appointment. If Detox is needed, assist the client in arrangements to immediately go to an appropriate Detox provider. If the client does not have insurance, do not downgrade the level of treatment. Rather, assist in finding low cost services appropriate for level of care recommendations.
- If this is a Supervisor Referral: Educate the employee about the Return to Work drug testing process. If the Employer would like our input on the appropriate date to be tested, tailor the recommended RTW test date according to their last use. Coordinate with the Medical Review Officer if needed. Be sure to indicate the alcohol breath test if there is a potential for alcohol issues even if the violation was not for alcohol. Always include the offending category (alcohol or drugs). See the **“CTS”** form to learn how long it takes for each substance to leave the system.
- If this is a Supervisor Referral: Make sure he/she understands that in order to return he/she must 1) Begin the treatment process and 2) Submit a negative RTW test.
- Inform the employee of your continued involvement in follow-up and coordination of care.
- If this is a Supervisor Referral: Help him/her understand that in order to stay in compliance and continue to work, he/she must provide documentation of participation and keep you informed.
- Make copies of **“Assessment and Treatment Plan”** and send the client with a copy.

Immediately Following the Session

- If this is a Supervisor Referral: Scan and Email (preferred), or fax the **“Assessment and Treatment Plan”** to the Supervisor(s).
- Write a detailed session note, including your communication with the various parties.
- If this is a Supervisor Referral: Submit all of the paperwork to your Director for review (rather than the typical procedure of submitting paperwork in the yellow intake folder).

Ongoing Activities

- Continue to coordinate with the treatment providers and employee about their participation in treatment. When the client is struggling in attendance and/or participation encourage him/her and remind them of the importance of compliance.
- Keep the case open until the entire plan is complete, including aftercare. During the aftercare phase, you may delay the case through Counselors Corner for one-month periods.

Non-Compliance (if applicable)

An employee is considered non-compliant if he/she has not responded to reasonable attempts to help him/her begin treatment, stay in treatment, meet expectations of the treatment program, or communicate with you. Make reasonable attempts to help him/her get back on track before going through the non-compliance process. However, do not delay if progress is not made.

- Consult with your Director.
- If this is a Supervisor Referral: Consult with the Supervisor and provide a letter document non-compliance if requested.

Completion of the Program

- After the treatment plan has been completed, close the case.

ASSESSMENT AND TREATMENT PLAN_____
Name of Employee_____
Last Four Digits of SSN_____
Employer_____
Date of Evaluation

This individual was assessed by a licensed Therapist and evaluated with the SASSI 4 testing instrument. The following recommendations have been made and reviewed with the employee. The EAP therapist will coordinate continued care with the employee, treatment providers and the designated Employer Representative.

TREATMENT PLAN

____	1. Education	Date _____	Time _____
____	2. EAP Counseling	Notes: _____	
____	3. Treatment	Type: _____	
____	4. Aftercare	Duration: _____	

FOLLOW-UP TEST RECOMMENDATIONS

The EAP Therapist recommends that this employee be subject to unannounced follow-up testing: ____ drug (urine 9 panel with alcohol) and/or ____ alcohol testing (breath alcohol) for the following period of time _____. During that period of time, it is recommended that there be a minimum of ____ tests conducted.

Number of follow-up tests in the first year: _____

Number of follow-up tests in the second year: _____

Number of follow-up tests in the third year: _____

Follow-up testing can start on the first day of _____, 201__.

EMPLOYEE'S AGREEMENT WITH TREATMENT RECOMMENDATIONS

I understand that should I choose to discontinue treatment or testing for any reason that I will be listed as non-compliant with this policy. I also acknowledge I must successfully take and pass with a negative result all the required follow-up tests.

Employee Signature_____
Date_____
EAP Professional/Witness Signature_____
EAP Professional/Witness Print

Substance Evaluation

This form can be used with all Substance Evaluations to aid in the assessment process. Be sure to also use the checklist appropriate for DFW and SAP evaluations.

Client Name: _____

Case Number: _____

Company: _____

DOB: ___/___/___

Last 4 digits of SSN: _____

Date of Assessment: _____

___/___/___

Evaluation Type:

- SAP** – Violation of Department of Transportation policy – SAP Certification needed.
 DFW - Utah Sheet Metal, NECA/IBEW, Utah Pipe Fitters violation of Union policy.
 Supervisor Referral – All employer referrals not included in above DFW or SAP descriptions.
 Self-Referral – Not formally referred by the organization providing EAP benefit.

Reason for Assessment:**Type of Test Failed (if applicable):** Positive Test Date: _____ Random Selection Post Accident Self-Referral Reasonable Suspicion Follow Up DWI/DUI Return to Duty Pre-Employment**SAP Industry Type (if applicable):** FMCSA FAA FRA FTA USCG RSPA Non-Transportation

Job Position: _____

Description of identified problem: Check as many as apply: Alcohol Opiates Ketamine Tranquilizers

Amphetamines

 PCP GHB Hallucinogens Cocaine

Inhalants

 Cannabis Ecstasy Prescription

Drugs: _____

 Other: _____**History and Pattern:****Alcohol:** _____ First Use: _____ Quantity / Money Spent: _____

_____ Longest Interval w/o: _____ Last Use: _____

Frequency: _____

Drug: _____ First Use: _____ Quantity / Money Spent: _____

_____ Longest Interval w/o: _____ Last Use: _____

Frequency: _____

Drug: _____ First Use: _____ Quantity / Money Spent: _____

_____ Longest Interval w/o: _____ Last Use: _____

Frequency: _____

Other

Drugs: _____

Positive Tests: _____

DWI/DUIs: _____

Prior Substance abuse treatment: Yes No

Explain: _____

Session Presentation:

Intoxicated: Yes No Orientation
(x3): _____
Describe Physical Presentation, Behavior and Affect:

Other Addictions: Check all that apply

Nicotine Spending Gambling Sexual Behaviors Eating Other
Comments: _____

Level of acknowledgement of substance abuse from client / Denial present: _____

Substance Related Diagnosis: Check all that apply

- | | |
|---|--|
| <input type="checkbox"/> 303.9 Alcohol Dependence | <input type="checkbox"/> 305.0 Alcohol Abuse |
| <input type="checkbox"/> 304.4 Amphetamine Dependence | <input type="checkbox"/> 305.7 Amphetamine Abuse |
| <input type="checkbox"/> 304.3 Cannabis Dependence | <input type="checkbox"/> 305.2 Cannabis Abuse |
| <input type="checkbox"/> 304.2 Cocaine Dependence | <input type="checkbox"/> 305.6 Cocaine Abuse |
| <input type="checkbox"/> 304.5 Hallucinogen Dependence | <input type="checkbox"/> 305.3 Hallucinogen Abuse |
| <input type="checkbox"/> 304.6 Inhalant Dependence | <input type="checkbox"/> 305.9 Inhalant Abuse |
| <input type="checkbox"/> 304.0 Opioid Dependence | <input type="checkbox"/> 305.5 Opioid Abuse |
| <input type="checkbox"/> 304.9 PCP Dependence | <input type="checkbox"/> 305.9 PCP Abuse |
| <input type="checkbox"/> 304.1 Sedative / Hypnotic Dependence | <input type="checkbox"/> 305.4 Sedative / Hypnotic Abuse |
| <input type="checkbox"/> 304.8 Polysubstance Dependence | <input type="checkbox"/> Other: |

Mental Health Diagnostic Impressions:

Suicidal or Homicidal Ideation: Yes No Plans Means
 History

Explanation: _____

Relevant Psychiatric Treatment History: _____

Relevant Psychiatric Medication History: _____

Relevant Counseling History: _____

Relevant Current Prescribed Medications: _____

Medical / Health Problems: Yes No

If yes, explain: _____

Medications (Include Doctor information): _____

Legal Problems: __Yes __No

If yes, explain: _____

Financial Problems: __Yes __No

If yes, explain: _____

Insurance available for treatment: _____

Work Related Issues: __Yes __No

If yes, explain: _____

Significant Losses: __Yes __No

If yes, explain: _____

Genetic Predisposition to Dependence: __Yes __No

If yes, explain: _____

Support System:

What kind of problems and protective factors are evident in the client's support system?:

SASSI scores and comments:

More Assessment Tools:

Online Guided assessment tool for professionals and patients: <http://www.drugabuse.gov/nmassist/>

Free Alcohol Assessment Tool – The AUDIT: www.niaaa.nih.gov/guide

Free Online Assessment Tool (Registration Required): <http://www.freeassessmentform.eccentex.org>

Treatment Recommendation Guidelines

Make a treatment recommendation for the client taking into account 1) Your Substance Evaluation interview, 2) The SASSI 3 score and 3) the following ASAM criteria.

Assessment Dimensions

1. Acute Intoxication and/or Withdrawal Potential:

- What risk is associated with the patient's current level of acute intoxication?
- Is there significant risk of severe withdrawal symptoms or seizures, based on the patient's previous withdrawal history, amount, frequency, chronicity and recency of discontinuation or significant reduction of alcohol or other drug use?
- Are there current signs of withdrawal?
- Does the patient have supports to assist in ambulatory detoxification, if medically safe?

2. Biomedical conditions and complications:

- Are there current physical illnesses, other than withdrawal, that need to be addressed?
- Are there chronic conditions that affect treatment?

3. Emotional/Behavioral/Cognitive conditions:

- Are there current or chronic psychiatric illnesses or psychological, behavioral, emotional or cognitive problems that need to be addressed because they create risk or complicate treatment?
- Do any emotional, behavioral or cognitive problems appear to be an expected part of addictive disorder or do they appear to be autonomous?
- Even if connected to the addiction, are they severe enough to warrant specific mental health treatment?
- Is the patient able to manage the activities of daily living?
- Can he or she cope with any emotional, behavioral or cognitive problems?

4. Readiness to Change:

- What is the individual's emotional and cognitive awareness of and commitment level to change?
- What is or has been his or her degree of cooperation with treatment?
- What is his or her awareness of the relationship of alcohol or other drugs use to negative consequences?

5. Relapse/Continued Use/Continued Problem potential:

- Is the patient in immediate danger of continued severe mental health distress and or alcohol or drug use?
- Does the patient have any recognition of, understanding of, or skills with which to cope with his or her addictive or mental disorder in order to prevent relapse, continued use or continued problems?
- How severe are the problems and further distress that may continue or reappear?
- How aware is the patient of relapse triggers, ways to cope with cravings to use, and skills to control impulses to use or impulses to harm self or others?

6. Recovery Environment:

- Do any significant people in his or her life pose a threat to the patient's engagement in treatment?
- Does the patient have supportive friendships, financial resources, or other resources?
- Are there legal, vocational, social service agency or criminal justice mandates that may enhance the patient's motivation for engagement in treatment?
- Are there transportation, child care, housing or employment issues that need to be addressed?

Rating of Severity/Function:

Using assessment protocols that address all six dimensions, assign a severity rating of 0 to 4 for each dimension that best reflects the client's functioning and severity. Remember, each case is different – the rating is merely a general guideline for rating the client based on your opinion of the client and the assessment data. Place a check mark in the appropriate box for each dimension.

Risk Ratings	Intensity of Service Need	Dimensions				
		1.	2.	3.	4.	5.
(0) No Risk or Stable – Current risk absent. Any acute or chronic problem mostly stabilized.	No immediate services needed.					
(1) Mild - Minimal, current difficulty or impairment. Minimal or mild signs and symptoms. Any acute or chronic problems soon able to be stabilized and functioning restored with minimal difficulty.	Low intensity of services needed for this Dimension. Treatment strategies usually able to be delivered in outpatient settings.					
(2) Moderate - Moderate difficulty or impairment. Moderate signs and symptoms. Some difficulty coping or understanding, but able to function with clinical and other support services and assistance.	Moderate intensity of services, skills training, or supports needed for this level of risk. Treatment strategies may require intensive levels of outpatient care.					
(3) Significant – Serious difficulties or impairment. Substantial difficulty coping or understanding and being	Moderately high intensity of services, skills training, or supports needed. May be in, or near imminent danger.					

able to function even with clinical support.							
(4) Severe - Severe difficulty or impairment. Serious, gross or persistent signs and symptoms. Very poor ability to tolerate and cope with problems. Is in imminent danger.	High intensity of services, skills training, or supports needed. More immediate, urgent services may require inpatient or residential settings; or closely monitored case management services at a frequency greater than daily.						

Addressing Immediate Needs:

If Dimension 1 Scores High, Immediate Medical Detox may be necessary

If Dimension 2 Scores High, Immediate Medical Attention may be necessary

If Dimension 3 Scores High, Immediate Psychiatric Attention may be necessary

ASAM Levels of Care	Level	Risk Ratings	Description of Treatment
Early Intervention	.5	0 -1	Education programs for at risk individuals who do not meet diagnostic criteria for Substance-Related Disorder. Possible need for other types of Counseling.
Outpatient Services	I	2	Less than 9 hours of service/week (adults); less than 6 hours/week (adolescents) for recovery or motivational enhancement therapies/strategies.
Intensive Outpatient (IOP)	II.1	3	9 or more hours of service/week (adults); 6 or more hours/week (adolescents) to treat multidimensional instability.
<i>Partial Hospitalization / Residential Services</i>	11.5	4	<i>This level of treatment is rarely covered by insurance and only appropriate in extreme circumstances. Consult your Director if you feel appropriate.</i>