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Signature: 	Date: 12-18-19

I. POLICY

It is the policy of the ACCESS Community Health and Research Center (ACCESS CHRC) to provide an array of services of sufficient scope as to meet the needs of the community it serves. This includes, Supported Employment.

II. PURPOSE

The purpose of this policy is to define and detail the program standards maintained by the ACCESS CHRC Supported Employment (SE) Staff.

III. APPLICATIONS

This policy applies to all ACCESS Hope House employees, interns and volunteers who provide support and treatment on behalf of the ACCESS CHRC.

IV. DEFINITIONS

Supported Employment is an evidence-based practice that is focused on maximizing client strengths and directing them toward maintaining recovery. Practitioners collaborate with vocational rehabilitation systems using a multidisciplinary team approach. Practitioners are active in supporting all areas of job searching and ongoing job performance. Services are individualized and continuous for a long period.

I. PROCEDURES

A. Intent of Program

- a. ACCESS will ensure that consumers have access to a competitive job in the community. Individuals with serious mental illnesses differ from one another in terms of the types of work they prefer, the nature of the support they want, and the decision about whether to disclose their mental illness to employers or coworkers. ACCESS' SE program respect these individual preferences and tailor their vocational services accordingly.
- b. SE programs are based on a core set of practice principles:
 - i. Eligibility is based on consumer choice
 - ii. SE services are integrated with comprehensive mental health treatment
 - iii. Competitive employment is the goal
 - iv. Personalized benefits counseling is important
 - v. Job search starts soon after consumers express interest in working
 - vi. Follow-along supports are continuous
 - vii. Consumer preferences are important



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B. Program Components

- a. Admission – Referral of SMI consumers from the Mental Health Service Providers
 - i. Consumers should not be excluded from SE services because of substance abuse or cognitive impairments or because they are not “ready to work.”
 - ii. **All consumers who want to work are eligible—no one is excluded**
 - iii. Employment specialists and consumers meet within one week after the referral.
 - iv. Engaging consumers in SE services quickly has been found to be a key component in providing effective SE services
- b. Staffing – Bachelor level staff will be provided the appropriate trainings to mirror the QMHA credentialed staff
 - i. The Coordinator
 1. Accepts SE referrals and assigns employment specialists to work one-on-one with consumers
 2. Supervises SE team weekly using case examples and following SE principles and procedures
 3. Individually supervises employment specialists as needed
 4. Acts as liaison to other department coordinators in the mental health agency
 5. Monitors and ensures the integration of the employment specialists with treatment teams
 6. Provides SE services to small caseload (e.g., fewer than 15 people)
 - ii. The Employment Specialist
 1. Engages consumers and establishes trusting, collaborative relationships directed toward the goal of competitive employment in integrated job settings
 2. Assesses consumers’ vocational functioning on ongoing basis
 3. Following SE principles and procedures, helps consumers in job development and job search activities directed toward positions that are consistent with consumers’ needs and interests
 4. Provides individualized, time-unlimited, follow-along services to help consumers sustain employment
 5. Based on agreement with consumers, provides education and support to employers, which may include negotiating job accommodations and follow-along contact with employers
 6. Provides outreach services to consumers, as necessary, when they appear to disengage from SE services. If necessary, maintains some contact with consumers even without a vocational focus to sustain engagement
 - o Meets regularly with treatment team members to coordinate and integrate vocational services into mental health treatment
 - o Draws up individual employment plans with consumers, case managers, and other treatment team providers and updates the plans quarterly
 - o Spends at least 60 percent of direct service time in the community to engage and support consumers, family members, and employers
 - o Carries out other duties as assigned

C. Service components

- a. Engagement with community employment opportunities



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- b. Development of employment plans on an individual level
- c. Development of job searching, interviewing, resume writing skills
- d. Engagement of consumers and the mental health team in the process
- D. Assessment and treatment planning
 - a. The Integrated BioPsychosocial Assessment drives the referral process
 - b. Once referral is accepted, a
 - i. Vocational Profile and a
 - ii. Individual Employment Plan are completed
- E. Consumer medical records
 - a. Records for each consumer with the referral packet are available for staff in the program.
 - b. There are safeguard against loss, tampering, and unauthorized use
 - i. Please review Case Records Maintenance Review and Retention Policy
- F. Consumer rights
 - a. Employment specialists will listen to, believe in, and understand consumers' perspectives and take into account consumers' reasons for "noncompliance."
 - b. Employment specialists will focus on consumer-defined needs and preferences and accept consumer choice in service delivery
- G. Supervision and program evaluation
 - a. Ongoing evaluation of staff and program takes place on a monthly basis
 - i. Monthly reporting to the program managers of CHRC
 - ii. Monthly reporting at the Case Conference and Staff meeting
 - iii. Staff performance evaluation on an annual basis.
- H. Discharge
 - a. A consumer may choose to end their voluntary involvement at any time. Personal reasons may include their re-location to a different area and is now unable to travel or be transported to the location.
 - b. Their participation may be denied per the decision of the interdisciplinary treatment team for the following reasons:
 - i. The consumer is engaged in substance abuse to the point when his/her behavior interferes with utilization of program services, or they become a threat to the safety of others.
 - ii. The consumer exhibits on one or more occasions an instance of physically threatening behavior, with or without a weapon, toward staff, visitors, program participants, or others while on ACCESS premises or on the job.
 - iii. The consumer no longer requires the level of intervention of the SE program, and is not benefitting from this mode of rehabilitation.
 - iv. The consumer does not have a current IPOS with a relevant Employment goal. If the person re-establishes services with their case manager or therapist and develops a current plan they will become eligible again for participation.
 - v. If a consumer does not attend re-engage for 90 days they will be sent a letter stating their services will be reduced, but they will be eligible again once they re-establish a current plan.



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I. COMPLIANCE WITH ALL APPLICABLE LAWS

ACCESS CHRC employees, interns and volunteers are bound by all applicable local, state, and federal laws, rules, regulations, and policies, all federal waiver requirements, state, and county contractual requirements, policies, and administrative directives in effect and as amended.

J. LEGAL AUTHORITY AND REFERENCES

Michigan Department of Community Health, Medicaid Provider Manual, Version October 1, 2014, Section 5.

Detroit Wayne Mental Health Authority, Peer Delivered and Operated Supports FY 13