

**ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY**

**ADMINISTRATIVE PROCEDURE**

Date Issued **09/23**

Page 1

<b>CHAPTER</b> Service Delivery	<b>CHAPTER</b> 03	<b>SECTION</b> 003	<b>SUBJECT</b> 0060
<b>SECTION</b> Client Services	<b>SUBJECT</b> Michigan Department of Labor and Economic Growth / Michigan Rehabilitation Services (MDLEG / MRS)		
<b>WRITTEN BY</b> Debbie Johnson	<b>REVISED BY</b> Dorothy Molnar-MacAuley	<b>AUTHORIZED BY</b> Tracey Pingitore	

I. APPLICATION:

- SCCCMHA Board
- SCCCMHA Providers & Subcontractors
- Direct-Operated Programs
- Community Agency Contractors
- Residential Programs
- Specialized Foster Care

II. PURPOSE STATEMENT:

St. Clair County Community Mental Health Authority (SCCCMHA) shall refer open individuals for vocational habilitation [(i.e., supported employment)/rehabilitation (i.e., W-40 program)] when clinically indicated to Michigan Department of Labor & Economic Growth / Michigan Rehabilitation Services (MDLEG/MRS).

III. DEFINITIONS:

- A. SCCCMHA Liaison: Program Director or designee, responsible for overseeing the consortium agreement.
- B. Job Placement: MDLEG / MRS defines job placement as on the job training completed, individual independently working with minimal bi-weekly follow-up services.
- C. Michigan Department of Labor & Economic Growth / Michigan Rehabilitation Services (MDLEG /MRS): A state sponsored program designed to assist individuals with specialized training/support services to facilitate integrated community employment.
- D. MRS W-40 Program 1: A program which provides full scope of MRS services needed toward job placement for Community Mental Health referrals. Referrals must meet the following criteria:
  - 1. Mental health diagnosis and functional limitations to employment (as indicated by at least 2 items checked on the checklist listed on page 2 of the Mental Health Report) and
  - 2. A prognosis of fair to good for employability.
- E. Supported Employment: (For most severe SCCCMHA population who are interested in community employment of 10 – 40 hours, but will require job coaching and other supports to learn job tasks and maintain employment) - Paid employment which requires such interventions as work

<b>CHAPTER</b> Service Delivery	<b>CHAPTER</b> 03	<b>SECTION</b> 003	<b>SUBJECT</b> 0060
<b>SECTION</b> Client Services	<b>SUBJECT</b> Michigan Department of Labor and Economic Growth /Michigan Rehabilitation Services (MDLEG/MRS)		

assessments, work preparation, vocational counseling, transitional employment, job coaching, training to use bus system, and will require long-term follow-up to maintain the job.

IV. STANDARDS:

None Available

V. PROCEDURES:

A. Assessment and Referral (Exhibit A-2)

**Primary Case Holder**

1. Assesses feasibility of referral and discusses with individual/guardian. If appropriate, ensures appropriate release form is complete.
2. Explores any barriers to job placement, i.e., professional recommendations, medical issues, transportation, living arrangements, and impact of work on entitlement(s). Additionally, secures Treatment Authorization for assessments on W-40 and Supported Employment Services.
3. Completes Form RA 2738 (W-40 agreement) "Mental Health Report" (Exhibit C) and any disability related information. If diagnosis includes substance use disorder, please document their current status.
4. Compiles referral packets: For Supported Employment MDLEG / MRS (cc: to SCCCMHA and Community Enterprises liaisons -- see Exhibit B); any other relevant professional assessments; medication/medical history; physical (if applicable); psychological evaluation (if available); social security; birth certificate; income verification.
5. Gives completed packet including the Mental Health Report to the SCCCMHA designated Lead MRS staff. Designated lead MRS staff sends information packet to MRS.

**MDLEG / MRS Counselor**

6. Initiates intake, consults with referral source as necessary.
7. Obtains further information, i.e., psychological, medical, etc.
8. If Supported Employment, individual open for services will choose vendor they want to complete job search.
9. Develops Individual Written Rehabilitation Program (IWRP) #RA 2915 and forwards to CMH referring case holder.

<b>CHAPTER</b> Service Delivery	<b>CHAPTER</b> 03	<b>SECTION</b> 003	<b>SUBJECT</b> 0060
<b>SECTION</b> Client Services	<b>SUBJECT</b> Michigan Department of Labor and Economic Growth /Michigan Rehabilitation Services (MDLEG/MRS)		

**B. Vocational Placement Development for Supported Employment Only (Exhibit A-3)**

**Job Placement Vendor**

1. Coordinates pre-placement activities with community employer; schedules interview.
2. Calls MDLEG / MRS for site approval and forwards placement memo if individual is awarded position.

**SCCCMHA Primary Case Holder.**

3. Amends Individual Plan of Service as indicated.

**MDLEG / MRS Counselor**

4. Authorizes vendor for up to 100 hours "on the job services" (i.e. job coaching).

**Vendor**

5. Documents supports provided using the form provided and forwards to MDLEG / MRS and SCCCMHA primary case holder.
6. Contacts MDLEG / MRS and SCCCMHA primary case holder during final week of job coaching to discuss service continuation or follow-up plan.

**SCCCMHA Primary Case Holder**

7. Initiates payment of Extended Supports.

**C. Follow-Up**

**MDLEG / MRS Counselor**

1. Concludes Job placement and documents (status 22).
2. Provides 90 day follow-up and monitors support plan or continues follow-up as needed.
3. Closes case record (status 26).
4. Notifies SCCCMHA primary case holder in writing of case closure.

**VI. REFERENCES:**

None Available

<b>CHAPTER</b> Service Delivery	<b>CHAPTER</b> 03	<b>SECTION</b> 003	<b>SUBJECT</b> 0060
<b>SECTION</b> Client Services	<b>SUBJECT</b> Michigan Department of Labor and Economic Growth /Michigan Rehabilitation Services (MDLEG/MRS)		

VII. EXHIBITS:

- A. Policy for Persons with a Mental Illness
- A-1. Definition of Supported Employment
- A-2. MRS-CMH (step by step through the vocational rehabilitation process)
- A-3. Supported Employment (through the vocational rehabilitation process)
- B. MDLEG/MRS Supported Employment Referral - Sample Memorandum
- C. Mental Health Report (RA 2738)

VIII. REVISION HISTORY:

Dates issued 10/93, 03/97, 10/98, 10/00, 10/02, 04/05, 04/07, 04/09, 10/11, 03/13, 03/14, 09/15, 09/16, 11/17, 01/19, 01/20, 05/21, 09/21, 09/22.

Michigan Department of Labor & Economic Growth / Michigan Rehabilitation Services  
Port Huron District Office

**Policy for Persons with a Mental Illness**

Eligibility of persons with mental illness must be based on an evaluation by a psychiatrist, psychologist, or a psychologist with a limited license. Referral for services should be made through a licensed treatment program with the following information:

- Diagnosis
- Significant Findings
- History of the Disorder
- Limitations that impact employability
- Prognosis of Fair to Good
- Treatment Plan and evidence of stability in treatment

If medical or psychological evidence states that therapy or medication is necessary to participate in the rehabilitation program and obtain employment, the individual must remain in treatment as a condition of receiving agency services.

In the event of a State implementation of Order of Selection for Services, referrals will be evaluated and assigned a severity code according to the diagnosis provided by the therapist. Cases will be assigned from the waiting list to a counselor and opened according to Severity; with the most severe served first.

The primary responsibility for treatment of serious and persistent mental disorders by a public agency is Community Mental Health. Other licensed private, non-profit organizations are available in each county but vary in regard to services, cost, and length of waiting list. Below are listed some of the resources knowledgeable about MDLEG / MRS and with which we have referral agreements:

St. Clair County

Blue Water Counseling .....(810) 985-5125  
St. Clair County Community Mental Health Access Line ..... (810) 987-6911 or 1-888-225-4997  
Catholic Charities of Southeast Michigan .....(810) 987-9100  
Professional Counseling Center .....(810) 984-4202

Lapeer County

Lapeer County Community Mental Health.....(810) 667-0500

Huron County

Huron County Community Mental Health .....1-800-356-5568

Sanilac County

Sanilac County Community Mental Health..... (810) 648-4327 or (810) 648-0330

The **DEFINITION of SUPPORTED EMPLOYMENT**, as defined by the 1986 Rehabilitation Act, Amendment (PL 90-506/Federal Register, 1992), is as follows:

- (i) Competitive work in an integrated work setting with ongoing services for individuals with severe handicaps for whom competitive employment-
  - (A) Has not traditionally occurred, or
  - (B) Has been interrupted or intermittent as a result of severe handicaps, or
- (ii) Transitional employment for individuals with chronic mental illness.

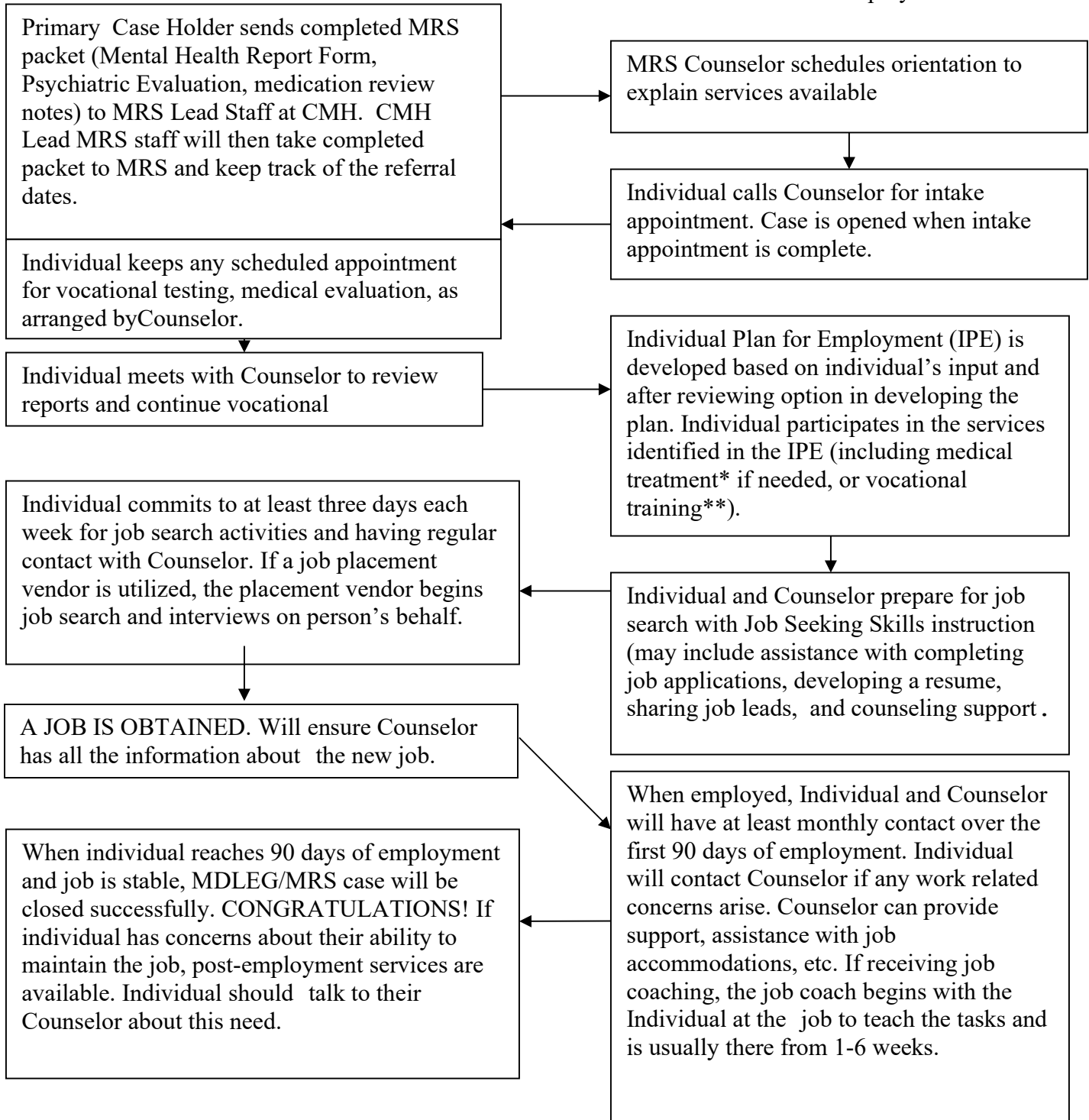
As used in the definition of *supported employment*:

- (i) “Competitive work” means work that is performed on a full-time basis or on a part-time basis.
- (ii) “Integrated work setting” means job sites where-
  - (A)(1) Most co-workers are not handicapped; and
  - (2) Individuals with handicaps are not part of a work group of other individuals with handicaps; or
  - (B)(1) Most co-workers are not handicapped; and
  - (2) If a job site described in paragraph (A)(2) of this definition is not possible, individuals with handicaps are part of a small work group of not more than eight individuals with handicaps; or
  - If there are no co-workers or the only co-workers are members of small work group of not more than eight individuals, all of who have handicaps, individuals with handicaps have regular contact with non-handicapped individuals, other than personnel providing support services, in the immediate work setting;
- (iii) “Ongoing support services” means continuous or periodic job skill training services provided at least twice monthly at the work site throughout the term of employment to enable the individual to perform the work. The term also includes other support services provided at or away from the work site, such as transportation, personal care services, and counseling to family members, if skills training services are also needed by, and provided to, that individual at the work site;
- (iv) “Transitional employment for individuals with chronic mental illness” means competitive work in an integrated work setting for individuals with chronic mental illness who may need support services (but not necessarily job skill training services) provided either at the work site or away from the work site to perform the work. The job placement may not necessarily be a permanent employment outcome for the individual; and
- (v) “Traditionally time-limited post-employment services” means services that are-
  - (A) Needed to support and maintain an individual with severe handicaps in employment;
  - (B) Based on an assessment by the State of the individual’s needs as specified in an individualized, written rehabilitation program; and
  - Provided for a period not to exceed 18 months before transition is made to extended services provided under a cooperative agreement pursuant to Section 363.50.

## Step by Step through the Vocational Rehabilitation Process

### MRS – CMH Program 1

The Mission of Michigan Rehabilitation Services (MRS) is to encourage the person with disabilities to make their own informed decisions that enable them to achieve and maintain employment.



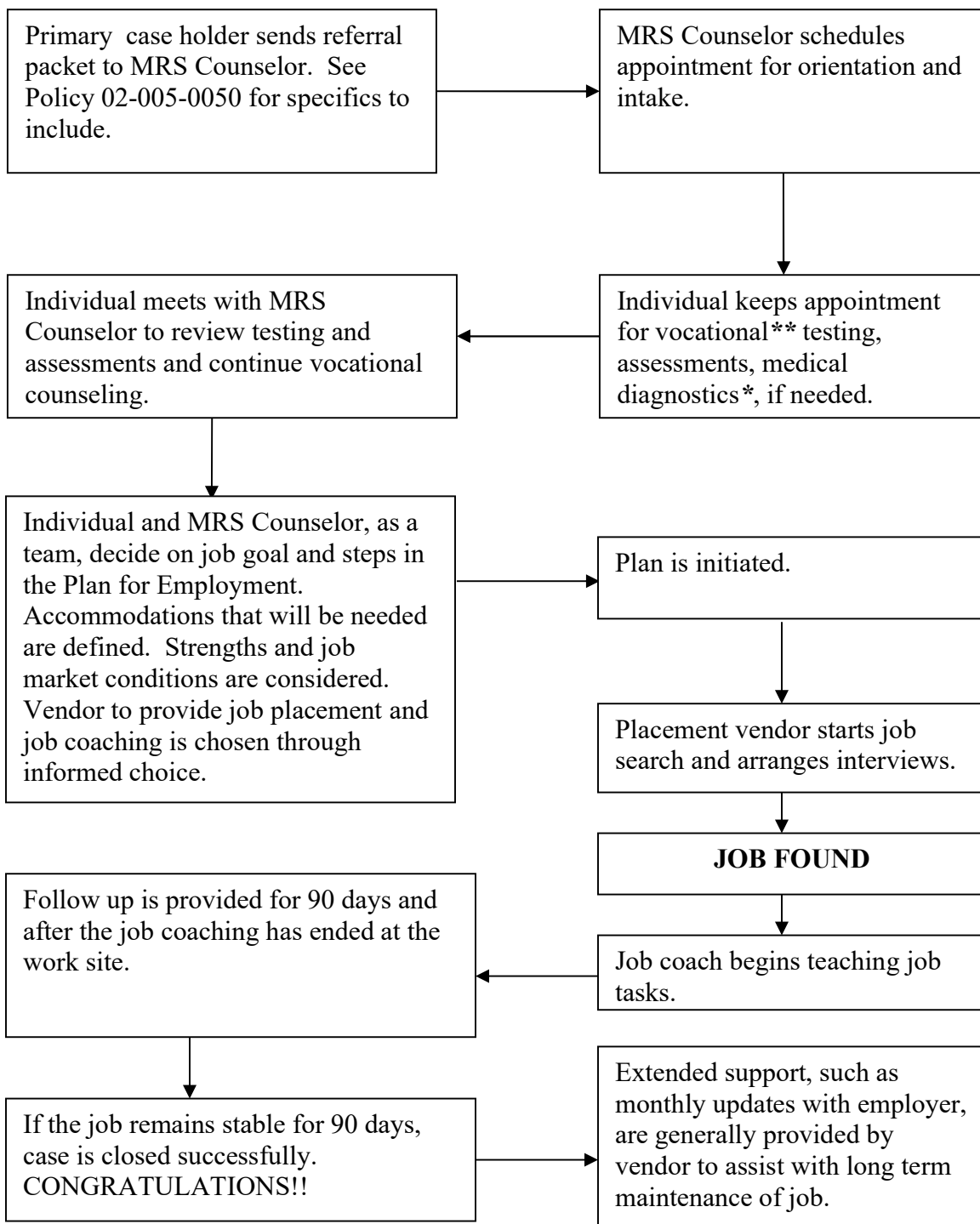
**Examples of Medical Treatment Services:** Medical evaluation and doctor appointments, physical, occupational and speech therapy, prosthesis and assistive devices, medication.

**Examples of Vocational Training Services:** Technical school training, college training, adult education, tutoring, interpreter services, Goodwill assessment, community work assessment, counseling.

## Step by Step Through the Vocational Rehabilitation Process

### Supported Employment

The mission of Michigan Rehabilitation Services (MRS) is to encourage the person with disabilities to make their own informed decisions that enable them to achieve and maintain employment.



**\*Examples of Medical Treatment Services:** Medical evaluation and doctor appointments, physical, occupational and speech therapy, prosthesis and assistance devices, medication.

**\*\*Examples of Vocational Training services:** Technical school training, college training, adult education, tutoring, interpreter services, Goodwill assessment, community work assessment, counseling.



ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH

PROGRAM NAME  
ADDRESS  
TELEPHONE NUMBER

**MEMORANDUM**

TO: MDLEG / MRS Voc Rehab Counselor

FROM: Referring Primary Case holder

DATE:

SUBJECT: MDLEG / MRS Supported Employment Referral: John Doe

---

At this time I am referring John Doe to MDLEG / MRS for Supported Employment (SE). Included with this referral packet please find a completed referral form which indicates all of the available assessments and dates of completion. A release authorizing shared information, signed by John (who is his own guardian) is attached. OR: A release authorizing shared information is signed by John's guardian (name, address, city, state, zip, phone number).

John has indicated a strong interest in working in the community. Currently he is at Community Enterprises full time and is "work only." He is a "good worker" and works independently at his tasks assigned him with the plastic pail project.

John resides at home with his parents and they are in support of this referral. Transportation will not be a problem as John has his driver's license and has a vehicle available.

If you have any other additional comments, please do not hesitate to contact me.

cc: Applicable Sites Currently Open

Enclosures: OT Assessment  
Medical Assessment  
Plan of Service  
Etc.

Developed cooperatively between  
Michigan Rehabilitation Services,  
Community Mental Health and  
Michigan Commission for the Blind

Please Send Report To:

MICHIGAN DEPARTMENT OF HUMAN SERVICES  
MICHIGAN REHABILITATION SERVICES (MRS)/  
MICHIGAN COMMISSION FOR THE BLIND (MCB)  
**MENTAL HEALTH REPORT**

**PRACTITIONER:** Vocational Rehabilitation agencies help people prepare for, find, and maintain jobs. A person must have physical or mental limitations to receive services. Your report of findings will help determine eligibility and will be used to help this patient select a job compatible with his/her abilities and limitations.  
Please complete this form and attach any supporting documents you may have about diagnostic treatment.

(District Office Name and Address)  
  
(Referring Counselor)  
  
(Area Code & Telephone Number)

**I. CUSTOMER/PATIENT IDENTIFICATION (To be completed by referring MRS/MCB counselor)**

Customer/Patient Name	Birthdate
-----------------------	-----------

**II. FINDINGS (To be completed by practitioner; e.g. case manager, supports coordinator, social worker, therapist, employment specialist)**

Diagnosis	
Prognosis	
Diagnosis was made by: <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Licensed Psychologist <input type="checkbox"/> Other Practitioner (LLP, LPC, ASCW)	
Practitioner's Name	Title
History of Illness	
Mental Status ( <i>tangential/confused speech, attends to tasks, able to follow simple instructions, etc. </i> )	
Mental health services being provided Type of therapy: Frequency of appointments: Adherence to treatment <input type="checkbox"/> Yes <input type="checkbox"/> No  Medication being provided, dosage and side effects: Adherence to taking medication <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this treatment necessary for the customer to successfully participate in a vocational rehabilitation program and obtain employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date first seen at your facility	Date last seen at your facility

(over)

Check the box(es) which describe(s) this person's general behavior

RA-2738 (Rev. 4.2012)

**Personal Behaviors:**

- Adapts well to change  Yes  No
- Deals appropriately with conflict  Yes  No
- Response to stress does not interfere with work performance  Yes  No
- Please describe any personal behavior supports needed:

**Job Seeking Behavior:**

- Explains ideas and skills clearly  Yes  No
- Exhibits appropriate non-verbal expressions  Yes  No
- Appropriate levels of initiative and energy to independently look for work  Yes  No
- Exhibits tolerance for rejection during job seeking  Yes  No
- Please describe any job seeking behavior supports needed:

**Work Environment Behavior:**

- Can maintain satisfactory relationship with co-workers, peers  Yes  No
- Can relate appropriately to supervisor and authority figures  Yes  No
- Will accurately anticipate when to ask for assistance  Yes  No
- Will accurately perform tasks that require speed  Yes  No
- Will function successfully in a competitive work environment  Yes  No
- Will have no problems making simple, work-related decisions  Yes  No
- Please describe any work environment supports needed:

**If Visually Impaired:**

- Customer is able to travel independently  Yes  No
- Customer requires a mobility aid such as a white cane or guide dog  Yes  No
- How does the customer communicate?  Braille  Large Print  Electronic Format

Describe other potential job adjustment issues: \_\_\_\_\_

Has a physician in your facility examined the patient's major body systems in the last 12 months?  
 No  Yes (Describe significant findings): \_\_\_\_\_

Name of physician who performed this examination	Date of examination
--	---------------------

Signature of person completing this form	Name of person completing this form <i>(type or print)</i>		
Title of person completing this form		Date form completed	
Agency Name		Area Code & Telephone Number	
Address <i>(Number and Street)</i>	City	State	Zip Code