

### Supported Employment

**Requirement:** The Office of Substance and Abuse and Mental Health (SAMH) Contract Specific Appropriation 364, GAA

**Frequency:** Ongoing

**Due Date:** Ongoing

Supported Employment: Supported employment services are evidence-based, community-based employment services in an integrated work setting which provides regular contact with non-disabled co-workers or the public. A job coach provides longer-term, ongoing support for as long as it is needed to enable the recipient to maintain employment.

This Incorporated Document (ID) also covers the best practice of a separate amount of service dollars issued by the State of Florida through Managing Entities under OCA MHEMP - ME MH Supported Employment Services. This funding stream is currently utilized by Mental Health Clubhouses in the LSFHS region. It is important to note, the Clubhouse providers may bill OCA MHEMP using the “Mental Health Clubhouse Services” covered service (code # 40) for this provision based on contract language. Providers, who are not regional Mental Health Clubhouse supported employment service providers utilizing OCA MHEMP, must use the “Supported Employment” covered service (code #25).

### Program Administration

#### A. Program Objectives

The goal is to provide supported employment services to individuals with mental health disorders as described in the Supported Employment covered service definition and following a Supported Employment best practice.

#### Best Practice Considerations:

*The separate State funded Supported Employment funding (MHEMP) for **Mental Health Clubhouse supported employment service providers** is intended to expand supported employment services within existing Clubhouses that are accredited by the International Center for Clubhouse Development (ICCD).*

Supported Employment funding through the State to LSFHS regional Mental Health Clubhouse supported employment services is not intended to be used for Independent Employment. Independent employment is a program of the Clubhouse through which members, when ready, are given help from the Clubhouse to apply for and acquire a job of their own. The Clubhouse then provides on-going support and encouragement for the members as long as they remain employed and request assistance. There is no on-site support at the place of business for members in independent employment. All of the support is at the Clubhouse.

The Best Practice models to be deployed are Transitional Employment & Individual Placement and Support (IPS).

Individual Placement and Support (IPS):

Individual Placement and Support (IPS) is a model of supported employment for people with serious mental illness (e.g., schizophrenia spectrum disorder, bipolar, depression). IPS supported employment helps people living with behavioral health conditions work at regular jobs of their choosing. Although variations of supported employment exist, IPS refers to the evidence-based practice of supported employment. Mainstream education and technical training are included as ways to advance career paths. <https://ipsworks.org/>

Transitional Employment (TEP):

Transitional Employment is a highly structured program for members returning to work in community-based business and industry. Transitional Employment placements are at the employer's place of business, are mostly part time (15-20 hours per week), and include a lot of on the job and off site support from Clubhouse/provider staff and often other Clubhouse members or Peer support. These placements generally last from six to nine months. Members then can try another placement or move on to independent employment. This program is specifically designed as a vocational rehabilitation program where a member can gain or re-gain the skills and confidence necessary to have a job while he or she is employed in a "real world" position. The only requirement from the member to participate in Transitional Employment is the expressed desire to work.

In addition, the TEP model meets the following basic criteria:

- a. The desire to work is the single most important factor determining placement opportunity.
- b. Placement opportunities will continue to be available regardless of the level of success in previous placements.
- c. Members work at the community employer's place of business (in the community).
- d. Members are paid the prevailing wage rate, but at least minimum wage, directly by the employer.
- e. Transitional Employment placements are drawn from a wide variety of job opportunities.
- f. Transitional Employment placements are part-time and time-limited, generally 15 to 20 hours per week and from six to nine months in duration.

- g. Selection and training of members on Transitional Employment is the responsibility of the Clubhouse (or provider), not the employer.
- h. Clubhouse (or provider) members and staff prepare reports on TE placements for all appropriate agencies dealing with members' benefits.
- i. Transitional Employment placements are managed by Clubhouse (or provider) staff.
- j. There are no TE placements within the Clubhouse (or provider). Transitional Employment placements at an auspice agency must be off site from the Clubhouse (or provider) and meet all of the above criteria.

[https://clubhouse-intl.org/wp-content/uploads/2019/03/standards\\_2018\\_eng.pdf](https://clubhouse-intl.org/wp-content/uploads/2019/03/standards_2018_eng.pdf)

*Providers, who are **not** regional Mental Health Clubhouse supported employment service providers using MHEMP funding OCA, are expected to also utilize best practices such as Transitional Employment or Individual Placement and Support (IPS). Providers, who are not regional Mental Health Clubhouse supported employment service providers will be utilizing the "Supported Employment" covered service (code #25).*

## **B. Admissions and Discharge**

All admissions are voluntary and require consent and participation.

Consumers shall be discharged when they are able to maintain employment without support and has met the specialized job training goals and completed the tailored supervision.

The Network Service Provider shall maintain the following clinical documentation for individuals served in the program:

## **C. Intake Documentation Requirements**

The file contains basic demographic information, which includes; (1) Consumer's name, (2) address, (3) telephone number, (4) marital status, (5) sex, (6) legal status, (7) race, (8) date of birth, (9) guardian contact information for minors, (10) referral source and (11) staff name of who has responsibility of the consumer.

The file contains, if applicable, a time-specific statement authorizing release of confidential information, signed and dated by the consumer or guardian, which designates the agency to receive the information, purpose of the disclosure, how much and what kind of information to be disclosed, statement that the consent is subject to revocation at any time and date which consent will expire if not revoked before.

## **D. Assessments/Examination Documentation Requirements**

The assessment is completed within 30 days after intake and includes the following with consumer input: (1) presenting problem, (2) current and potential strengths and problems, (3) relationship with family

members and significant others, (4) service agencies with whom the consumer has been involved and involvement or need for involvement in social support systems, (diagnosis)

#### **E. Service/Treatment Planning**

The service/treatment plan is completed 30 days after intake with the following goals and objectives with consumer input: (1) Achievable observable measurable, (2) reasonable timeframe, (3) actions needed to attain the goals and staff responsible, (4) incorporate needs and strengths from the assessment and (5) goals for each identified issue.

#### **F. Progress Notes Requirements**

Progress notes shall be prepared at least monthly for consumers having a service/treatment plan unless documented otherwise.

Progress notes contain the (1) consumer's name, (2) consumer identification number, (3) staff name, (4) service date, (5) service duration, (6) a description of the service provided, (7) progress, or lack thereof, relative to the service/treatment plan or modified service/treatment plan from changes in consumer's needs, resources or findings

Progress note content address supported employment activities such as the following: (1) a situational assessment to determine a person's employment goals, preferences and skills (2) job matching (3) job adaptation (2) systemic on-the-job training focused on building skills needed to meet employer productivity (4) ongoing systematic contacts with supported employees to determine the need, intensity and frequency of supports needed to maintain productivity, social inclusion and maintain employment (5) remedial on-the-job training to meet productivity expectations, consultation and refinement of natural supports or other elements importation to maintaining employment (6) related work supports such as accessing transportation and other supports necessary for the consumer to maintain a job.

#### **G. Discharge/Termination Requirements**

If no contact over 90 days, file must be closed, unless service/treatment plan indicates less frequent contact. The reason for the discharge/termination must be included.

Discharge/Termination report must be in the consumer record within 4 weeks after the termination of services.

Discharge/Termination report shall include the following: Evaluation of impact of agency's services on consumer's goals/objectives, date and signature of individual preparing report, if there is a referral and a reason for the referral must be noted.

#### **H. Outcomes and Performance Measures**

The Network Service Provider shall demonstrate satisfactory delivery of minimum levels of service through submission of the Persons Served and Performance Measure Report.

**I. Required Reporting for Mental Health Clubhouse supported employment service providers who utilize the separate State funded Supported Employment funding (MHEMP)**

Supported Employment Tracking Sheet: A monthly report, submitted on the 10<sup>th</sup> of each month to the Network Manager and Regional Director of the Department of Housing and Community Inclusion, to capture consumer specific data pertaining to employment that is not collected in the LSF Health Systems Data System. The Template for this report is incorporated herein.

**Data Reporting Procedures are set forth by the DCF guidance document entitled: Supported Employment Data Reporting Procedures or latest version thereof. The most recent version of the document is incorporated herein.**

Table 1. Reporting Schedule		
Report Title	Report Due Date(s)	Report Recipient(s)
Supported Employment Tracking Sheet	10 <sup>th</sup> of each month following the month of service provision	LSF Health Systems Network Manager and Regional Director of the Department of Housing and Community Inclusion

For all providers required to following this ID - Ad Hoc and additional reporting may be required as determined necessary by LSF Health Systems or the Department of Children and Families.

**Documentation**

**A. Services Rendered**

The Network Service Provider shall maintain records documenting the total number of consumers and names to whom services were rendered and the date(s) on which services were provided. The Network Service Provider shall make such information available to LSF Health Systems upon request and during monitoring of the program administration.

The provider is required to enter actual services provided, using the covered services listed in Exhibit L of the Lutheran Services Florida Standard Contract, into the LSF Health Systems Data System as required by the contract.

**B. Consumer Charts**

Consumer Charts shall be maintained in accordance with the applicable parameters established by 65E-4, F.A.C. Audit documentation shall be in accordance with 65E-14.021, F.A.C.