

MEMORANDUM OF UNDERSTANDING

TO: Community Mental Health Centers
DRS District Offices
SBVI District Offices

FROM: Terrance L. Dosch, Executive Director
South Dakota Council of Mental Health Centers, Inc.

Grady Kickul, Director
Division of Rehabilitation Services (DRS)
South Dakota Department of Human Services

Gaye Mattke, Director
Division of Service to the Blind and Visually Impaired (SBVI)
South Dakota Department of Human Services

DATE: February 1, 2011

RE: MEMORANDUM OF UNDERSTANDING (MOU) – Vocational
Rehabilitation/Mental Health Referral and Integrated Services Procedures

I. PREAMBLE:

Employment serves as a vehicle for individuals with severe mental illness to move forward in the process of recovery. It helps to reduce social isolation, discrimination, and stigma while improving feelings of self-worth. Employment alongside others who do not have disabilities is one of the most important ways that individuals with severe mental illness can become truly integrated into their communities. Coordination of services should begin prior to employment with pre-employment skill building to long-term ongoing supports that an individual needs to maintain employment. The purpose of this memorandum is to establish the basis for partnership relations between community-based mental health providers and the South Dakota Vocational Rehabilitation Programs to best and most efficiently meet the supported employment needs of individuals diagnosed with severe mental illness. This memorandum complements and supports the implementation of the attached “Memorandum of Services and Funding” for individuals with severe mental illness. (Attachment 1)

II. SCOPE:

This memorandum has been mutually resolved and adopted by the South Dakota Council of Mental Health Centers, Inc., hereinafter referred to as the “Council”, and the Divisions of Rehabilitation Services and Service to the Blind and Visually Impaired under the South Dakota Department of Human Services, hereinafter referred to as “Vocational Rehabilitation” or “VR”. It sets forth the understanding between the two aforementioned organizations regarding the

following: 1) procedures for transacting standardized referrals for mental health services between Vocational Rehabilitation and the South Dakota community mental health centers referred to as “Council providers”; 2) practices for minimizing missed appointments among individual/family referents; and, 3) principles for assuring effective integration of effort between the Vocational Rehabilitation Programs and the Council.

The specific provisions included in these areas of understanding follow:

- A. **Standardized Referrals:** Standardization of referral processes is critical to the efficient management of any given case. Procedures associated with the referrals between Vocational Rehabilitation staff and Council providers are intended to achieve the following goals –
- Provide the recipient of the referral with pertinent background information to assist in the needs assessment process.
 - Identify specific needs which require treatment and/or supports to include employment related supports.
 - Define the respective responsibilities of Vocational Rehabilitation staff, Council providers, and individual referents, to include a detailed understanding of issues surrounding the confidentiality of information obtained in the course of providing services and arrangements for the sharing of such information between Vocational Rehabilitation staff and Council providers.
 - Preclude the outcome of an individual referent failing to receive services secondary to mishandling of the referral by either the Vocational Rehabilitation staff or the Council provider.
1. Given these considerations, the following procedures will be utilized when transacting a referral of an individual by a Council provider to Vocational Rehabilitation:
- a. At the time of application, the individual and the Council Provider shall provide records on existing disability, vocational, educational, Social Security, or other related information that will expedite the process of determining eligibility for VR services and assist in developing the scope of VR services. The typical records provided by the Council provider will consist of psychological/psychiatric evaluations with diagnosis, recent medication management notes/summary, and psychological/psychiatric progress notes. A release of information signed by the applicant is required to release these records. Psychotherapy notes and CARE progress notes will require a separate release. A standardized release form [Attachment 2] may be used by all the Vocational Rehabilitation Offices and Council providers to expedite the VR application.

If the Council provider has provided copies of records at the time of application, the Vocational Rehabilitation staff will issue an authorization for payment of these records provided. Payment is based on the current fee rate for copies of records.

- b. If medical, school, or other records are required from an agency other than the Council provider for the Vocational Rehabilitation application, the Vocational Rehabilitation staff will obtain a release of information with the applicant's signature to request these records.
- c. Expediting the application process and Vocational Rehabilitation services for individuals with severe mental illness is a critical factor for them to obtain successful employment. Best practices for expediting Vocational Rehabilitation services include:
 - (1) Vocational Rehabilitation staff meeting with applicant at Community Mental Health Center when appropriate for convenience of applicant;
 - (2) Responsive communication between the Vocational Rehabilitation staff and the Council provider;
 - (3) Providing the applicant an informed choice in decisions related to the provision of assessment services;
 - (4) Coordination of services between the Vocational Rehabilitation staff and the Council provider;
 - (5) Presumptive eligibility for individuals who have verification of Social Security benefits due to their disability; and
 - (6) When appropriate, the individual or Council provider can complete the Intake Form (DHS-VR-300) [Attachment 3] prior to application meeting.
- d. When individuals apply for Vocational Rehabilitation services, they will be given a consumer portfolio. The portfolio contains a core document that provides key information and a description of Vocational Rehabilitation services. The Vocational Rehabilitation staff will review the information contained within the portfolio with the applicant or his/her representative during the application process. At the time of application, this portfolio packet will include, at a minimum, the following items:
 - (1) Release of Information Form [Attachment 2];
 - (2) Intake Form (DHS-VR-300) [Attachment 3];
 - (3) Voter Registration Form [Attachment 4];

- (4) Application for vocational rehabilitation services (DHS-302) [Attachment 5]; and
- (5) Counselor or Counselor Aide's business card.

The portfolio is not only a tool to provide the applicant information to make informed choices, but it is also a tool to assist the applicant to help organize information regarding his/her Vocational Rehabilitation program. Applicants/eligible consumers should be encouraged to bring the portfolio with them each time they visit the Vocational Rehabilitation office.

2. Vocational Rehabilitation Staff are encouraged to refer clients to Council providers when they deem the client could benefit from mental health treatment/services. Situations warranting such referral include disclosures of mental health concerns from Vocational Rehabilitation applicants which, if diagnosed, could present a primary or secondary disability resulting in eligibility for Vocational Rehabilitation services; awareness by Vocational Rehabilitation staff that an applicant may have a severe mental illness that may qualify for state-supported mental health services; or, Vocational Rehabilitation staff determine that an individual already eligible for state-supported mental health services could benefit from additional supports or services. To transact a referral to a Council provider, the Vocational Rehabilitation staff should use the following procedures:
 - a. Contact the respective Council provider and provide documentation regarding the findings, along with a specific request for services. Documentation should include any relevant records, as well as any assessed needs of the client.
 - b. Information should be relayed by courier, U.S. Mail, e-mail or FAX. To the degree that privacy and security standards established by the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996 and related regulations allowed.
 3. The party receiving the referral (VR or Council provider) shall confirm to the other party that they have received the referral documentation. The confirmation shall include the estimated date/time of the applicant's first appointment. Notification of confirmation may be provided by return FAX, telephone, or other means consistent with HIPAA regulations. When feasible, person-to-person meetings involving respective applicant, Vocational Rehabilitation staff, and Council providers may be used to facilitate referrals, assessments, and care planning. In such cases, related referral information may be exchanged and confirmed in person.
- B. **Reduction of Missed Appointments:** Measures aimed at reducing missed appointments for Vocational Rehabilitation and/or mental health services are important towards economizing and assuring the overall availability of such care and support. Missed appointment reduction measures are intended to –

- Eliminate lost time and effort connected to services delivery.
- Help reduce or eliminate unnecessary delays for services resulting from inefficient use of services delivery resources.
- Maximize the cost effectiveness of referred behavioral health care.
- Ensure up-front treatment success and set the stage for effective integrated care of referred individuals.
- Expedite processes which result in positive and successful supported employment outcomes.

Vocational Rehabilitation and the Council providers shall institute the following practices to minimize the number of service-related missed appointments –

1. Vocational Rehabilitation staff and Council providers shall give timely notice to each other of instances of missed appointments and should work collaboratively to remedy issues contributing to scheduling problems.
2. Vocational Rehabilitation staff and Council providers shall provide each other with timely feedback regarding any changes in the referent's status which may affect the provision of services (e.g. referent moving out of area, hospitalization, etc.).
3. Meetings shall be conducted, as necessary, in which the individual, Vocational Rehabilitation staff, and Council provider are present to ensure accountability of each party relating to scheduled appointments and progress within the care plan.

C. **Principles for Assuring Effective Integration of Effort Between Vocational Rehabilitation Staff and Council Providers:** It is recognized that Vocational Rehabilitation staff and Council providers have different roles and responsibilities to fulfill in regard to serving individuals who are seeking employment. At the same time, these organizations share a common interest in the welfare of the client and his/her family as well as the larger social good. It is also understood that the greatest opportunity for success exists when there is active partnership between the Vocational Rehabilitation staff, Council provider and individual referent so that goals, care plans, responsibilities, and timelines are agreed upon and clearly communicated to all involved in the support of the referent. The role of Vocational Rehabilitation is to assist individuals with disabilities to obtain employment. The role of the Council provider is to provide comprehensive community-based mental health services to individuals identified with severe mental illness, including those with co-occurring conditions. Engaging these respective roles and responsibilities is critical to the success of any recovery effort. It is recognized that outcomes are enhanced when all parties are cognizant of the client's individual plan for treatment, rehabilitation and support, as well as unique case issues, and work towards a common goal. The following procedures are intended to address these matters:

1. Treatment shall be strength-based and client-driven to meet the specific needs which constitute the basis for the referral, to achieve and sustain successful employment, and to generally promote recovery of the client.
2. The client, Vocational Rehabilitation staff, and Council providers shall communicate regarding the status of referrals on at least a monthly basis. The purpose of such communications is to share timely information regarding:
 - timelines and treatment planning goals,
 - progress of the applicant/client,
 - progress of client's VR training and services,
 - progress of client obtaining employment,
 - progress and supports needed for client to maintain employment, and
 - make necessary adjustments to treatment planning goals and action plans.

The format for these communications (i.e. written updates, face-to-face meetings, teleconferences, etc.) is flexible and may be established upon the mutual agreement, and within the reasonable discretion, of the respective client, Vocational Rehabilitation staff and Council providers.

3. Within the bounds of prudent clinical practice, and in observance of legitimate requirements for client confidentiality, Council providers shall use Vocational Rehabilitation staff as proactive members of the client's service team to move them beyond hindrances to care.
4. Whenever possible, Vocational Rehabilitation staff and Council providers shall utilize integrated models and best practices for extending services/support to clients requesting supported employment services. This may entail, but is not limited to, promoting opportunities for Vocational Rehabilitation staff to meet with clients and provide services on-site at Community Mental Health Centers.
5. The Rehabilitation Act requires the Vocational Rehabilitation Program to ensure that applicants and eligible individuals have full participation, based on informed choice, throughout the Vocational Rehabilitation process. Vocational Rehabilitation must provide eligible individuals with the information necessary to make an informed choice in the development of their Individualized Plan for Employment including, but not limited to, employment outcome, vocational services needed to obtain an employment outcome, and choosing providers of services.
6. Vocational Rehabilitation staff and Council providers should adopt a mutual philosophy of working together to develop careers for individuals, versus merely obtaining "jobs". A variety of Vocational Rehabilitation services are available to assist clients to choose a career path and obtain employment in their chosen field (i.e. Vocational Rehabilitation counseling, benefits specialists services for Social Security beneficiaries, on-the-job training programs and paid work experiences, job site

assessments, self-employment training, post-secondary training, or other training opportunities that will lead to career employment.

III. SUMMARY OF UNDERSTANDING:

It is hereby agreed that the preceding provisions shall be uniformly followed, on a statewide basis, by all Vocational Rehabilitation staff and by all Council providers when managing referrals for supported employment services and mental health care. It is further agreed that these provisions shall remain in effect until otherwise changed, modified, or rescinded. The contents of this memorandum may only be changed, modified or rescinded upon receipt of written notice by the authorized representative of either organization, which is party to this understanding. The parties to this agreement will mutually strive to review and update this memorandum on an annual basis.

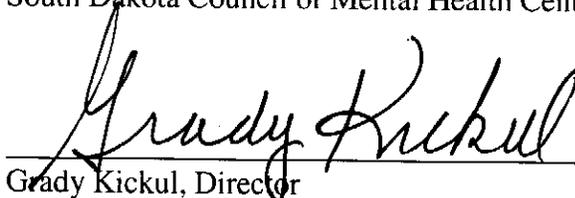
With respect to the foregoing understanding, the following do hereby attest their full support and agreement:



Terrance L. Dosch, Executive Director
South Dakota Council of Mental Health Centers, Inc.

2-1-2011

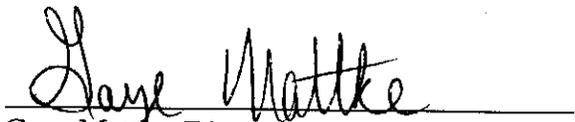
Date



Grady Kickul, Director
Division of Rehabilitation Services
South Dakota Department of Human Services

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Date



Gaye Mattke, Director
Division of Service to the Blind and Visually Impaired
South Dakota Department of Human Services

2/1/11

Date