



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

VOCATIONAL ASSESSMENT

Effective Date: November 25, 2015

Policy #: RTS-05

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- I. PURPOSE:** To provide procedural guidelines governing the provision of vocational assessments and integration of the results into treatment, discharge, and aftercare plans for patients at Montana State Hospital (MSH).
- II. POLICY:**
 - A. Vocational staff will be organized under the Rehabilitation Department and supervised by the Rehabilitation Program Manager.
 - B. A vocational assessment will be initiated by a Licensed Independent Practitioner (LIP) referral and order when indicated to clarify the patient's vocational functioning, identify deficits/disabilities, identify strengths, and obtain vocational rehabilitation recommendations.
 - C. Vocational assessments will adhere to vocational assessment standards and include written reports of patient strengths, abilities, needs, preferences, as well as recommended treatment in the vocational domain.
 - D. A patient at MSH may not be required to perform labor but may voluntarily engage in therapeutic labor or therapeutic tasks.
- III. DEFINITIONS:**
 - A. Vocational assessment – A structured assessment of a person's vocational history, interests, functioning, and needs/disabilities.
- IV. RESPONSIBILITIES:**
 - A. Rehabilitation Program Manager – Develop a standard vocational assessment protocol; ensure staff providing vocational assessments are appropriately trained; supervise staff who provide vocational assessments; and monitor the vocational assessment service system. Collaborate with the Director of Quality Improvement in the development and implementation of a quality assurance and improvement program for vocational assessments.
 - B. Vocational Specialist – Understand and adhere to professional standards for conducting vocational assessments. Receive referrals; review records; consult with LIP about the referral; and develop a plan for the assessment. Interview the patient; collect collateral information as indicated; complete the assessment; and produce a report of the results in a timely manner. The Vocational Specialist will consult with the patient and their treatment team on assessment recommendations, monitor the

vocational care plan, provide documentation toward treatment objectives, and administer an assessment at times of significant change in the course of treatment, upon request from treatment team.

V. PROCEDURES:

- A. The LIP will consider the multidisciplinary admission assessment results, including basic information related to vocational history and functioning. If indicated, the LIP will request a vocational assessment to clarify the patient's strengths, deficits, needs and preferences. The LIP will initiate a referral for vocational assessment using the Request for Special Consultation, Evaluation, or Treatment form (Attachment A).
- B. At any period in the patient's hospitalization, an LIP may determine that a vocational assessment or re-assessment is indicated, and make a referral for the service.
- C. The vocational specialist will respond to the referral in a timely manner. The specialist will consult with the treatment team about the request, clarify the referral question, assess the patient's readiness to participate in a vocational assessment, and review the patient's available records.
- D. The vocational specialist will seek informed consent for the vocational assessment from the patient or guardian. The vocational specialist will thoroughly describe the purpose of the assessment, assessment procedures, and potential uses of the assessment results. The specialist will respect a patient's right to refuse assessment procedures.
- E. If the patient consents to the vocational assessment, the vocational specialist will follow the protocol and standard of evaluation for the vocational assessment. Any deviations from the standard evaluation will be noted in the evaluation report.
- F. The vocational specialist will report the results of the assessment to the patient, LIP, and treatment team in a timely manner. The result will be documented in a written or electronic vocational assessment report, which will become part of the patient's medical record.
- G. The vocational assessment report will include information including but not limited to:
 - 1. Patient strengths, preferences, needs, abilities
 - 2. Recommendations for treatment in the vocational domain.
 - 3. Recommended behavioral goals, corresponding measurable objectives, assigned interventions, and the name of the individual responsible for providing the intervention.
- H. The vocational specialist will consult with the LIP and treatment team on the vocational assessment findings and recommendations. After this consultation, the vocational specialist will include the vocational goals, objectives and interventions in the treatment plan, and implement the vocational services plan.

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- I. The vocational specialist will monitor the patient’s progress towards the vocational goals, document progress in the medical record, and document any recommended revisions in the treatment plan. Documentation will be completed on an ongoing basis and will include, at a minimum; weekly progress notes for the first two months of treatment and monthly progress notes thereafter.
- J. The vocational specialist will consult with the patient and treatment team during periodic treatment progress reviews, and report their perception of the patient’s progress, barriers to progress, or other needed interventions. Revisions will be made to the vocational goals and interventions as indicated. Any revision to the treatment plan will be documented in the medical record.
- K. The vocational specialist will offer recommended vocational interventions or vocational rehabilitation resources to the patient’s social worker, which may be included in the patient’s Discharge and Aftercare Plan.
- VI. **REFERENCES:** Federal standards: 42 CFR 482.56; 42 CFR 482.61; 42 CFR 482.62; State standards: §53-7-101; §53-7-102; §53-7-105; §53-7-108; §53-7-109; §53-7-202; §53-7-205; and §53-21-167
- VII. **COLLABORATED WITH:** Director of Clinical Services, Medical Director, Hospital Administrator, Rehabilitation Program Manager, Vocational Specialists.
- VIII. **RESCISSIONS:** #RTS-05, *Vocational Assessment* dated August 11, 2015; #RTS-05, *Vocational Assessment* dated May 19, 2010.
- IX. **DISTRIBUTION:** All Hospital Policy Manuals
- X. **ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- XI. **FOLLOW-UP RESPONSIBILITY:** Director of Clinical Services
- XII. **ATTACHMENTS:**
 - A. Request for Special Consultation, Evaluation, or Treatment
 - B. Vocational Services Assessment

John W. Glueckert
Hospital Administrator

Date/Time

Thomas Gray, MD
Medical Director

Date/Time

Request for Special Consultation, Evaluation, or Treatment

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I. Identifying Information

Patient name: _____ ID #: _____ Unit: _____
Guardian's name: _____ Guardian's phone: _____

II. Request

Date of request: _____ Requested by (print): _____
LIP signature authorizing request: _____
Priority of request: Emergency (call the contact) Urgent Routine

III. Requested from (department/service)

| | <u>Contact:</u> | <u>Number:</u> |
|---|-----------------|----------------|
| <input type="checkbox"/> Psychology (evaluation, testing, psychotherapy) | Sarah DeBois | 7093 |
| <input type="checkbox"/> Counseling (mental health counseling) | Sarah DeBois | 7093 |
| <input type="checkbox"/> Chemical Dependency (evaluation, CD counseling) | Sarah DeBois | 7093 |
| <input type="checkbox"/> Social Work (social services, disability benefits) | Sherri Bell | 7005 |
| <input type="checkbox"/> Group Homes (screenings, placement) | Sherri Bell | 7005 |
| <input type="checkbox"/> Peer Support (peer counseling and support) | Beth Eastman | 7145 |
| <input type="checkbox"/> Rehabilitation (evaluation, placement) | Beth Eastman | 7145 |
| <input type="checkbox"/> Religious/Spiritual (evaluation, counseling) | Beth Eastman | 7145 |
| <input type="checkbox"/> Vocational (evaluation, counseling, placement) | Beth Eastman | 7145 |
| <input type="checkbox"/> Other: _____ | | |

IV. Requested Service

- Consultation (list specific request or referral question): _____

- Evaluation (list specific request or referral question): _____

- Treatment (list specific request): _____

V. Request Received and Assigned (completed by receiving department)

Received by (print name): _____ Date: _____
Assigned to (print name): _____ Date: _____
Note: _____

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Vocational Services Assessment

Patient Name:

MSH #:

Unit:

SSN:

DOB:

Assessment Date:

Education:

SKILLS, STRENGTHS, & LIMITATIONS

Vocational Skills and Work Strengths:

Vocational Limitations and Work Limitations:

EMPLOYMENT GOALS

Are you interested in Unit Based Employment, Campus Based or Competitive Employment and if so why?:

Are you interested in Vocational Educational Services besides employment and if so, why?:

What is your long term work goal?:

What is your short term work goal?:

VOCATIONAL EDUCATIONAL SERVICES

Specifically are you interested in the following Vocational Groups? (Orient to groups):

- Exploring Volunteerism Group
- Windows Computer Training Group
- Workplace Readiness Group
- Skills & Abilities in the Workplace
- Entrepreneurial Group

Group Recommendations:

VOCATIONAL INFORMATION

Employment History:

Longest duration of Job:

Last time you were employed in the community?:

What factors contribute to your employment/work/career/volunteer success?:

Describe a job that was rewarding to you: What made it rewarding to you?:

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Vocational Services Assessment

Describe a job that was unrewarding to you: What made it unrewarding to you?:

Volunteer History:

What has prevented you from getting or keep a job in the past?:

- Medical/Health:**
- Mental Health:**
- Physical Abilities:**
- Substance Use:**

Specific Barriers to Employment:

Past Employment Related Accommodations?:

Primary Sources of Support in the community:

- Housing:**
- Finances/SSI or SSDI:**
- Social/Community:**

SUMMARY and Vocational Plan

Identified Vocational Strengths:

Identified Vocational Weakness:

Other relevant information:

VOCATIONAL TREATMENT PLAN

Vocational Recommendations:

Vocational issues related to Problem Area _:

Long Term Vocational Goal:

Vocational Interventions:

Vocational Staff Assigned:

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Vocational Services Assessment

The objective of Vocational Services is to assist you with work and enable you to gain the highest level of independence and community intergration as possible. By signing this assessment, you are choosing to begin Vocational Services. We look forward to working with you and appreciate the opportunity to serve you.

Vocational Therapist/Treatment Specialist:

Date/Time:

Patient:

Date/Time:
