GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF MENTAL HEALTH



MHRS Bulletin

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Termination Date:

SUPPORTED EMPLOYMENT WAITING LIST PROTOCOL

The waiting list protocol established December 1, 2011 has been revised to expedite the referral and movement of consumers into supported employment services. Core Service Agencies that are not certified to provide Supported Employment services will refer all consumers who indicate they are interested in the service to the DMH Director of Supported Employment. The protocol is based on a four step process:

Step 1: CSA's will send supported employment referrals to the DMH Director of Supported Employment. A copy of the supported employment referral form is attached. Complete the form for each consumer and send to the DMH Director of Supported Employment.

Step 2: The DMH Director of Supported Employment will maintain a centralized list of referrals and assign consumers on a first-come, first-served basis to available slots.

Step 3: The DMH Director of Supported Employment will monitor the capacity of the six certified supported employment programs weekly for open slots and forward referrals to the Supported Employment provider within three business days via e-mail.

Step 4: The DMH Director of Supported Employment will monitor the referral process weekly to insure that referrals are made by CSA's as indicated on the Performance Event Screen and received by supported employment programs.

The protocol will start February 1, 2013 with revisions and adjustments made as needed. If you have questions contact Steven Baker, Director of Supported Employment at (202) 673-7597 or steven.baker@dc.gov.



D.C. Department of Mental Health Adult Services Division Supported Employment Program Supported Employment Wait List Referral Form

Please complete the referral form and email to Steven Baker, DMH Supported Employment Program Manager at Steven.baker@dc.gov. Once the completed form has been received by DMH, you will be sent confirmation that the consumer has been placed on the waiting list. You will also receive periodic updates on the Consumer's waiting list status. If you have questions regarding this form contact Mr. Baker at (202) 673-7597. Application Date: _____ DMH Received Date: Applicant Name: ______ Ecura ID: _____ Date of Birth: _____ _____ Female Male Gender : Ethnicity: _____ Hispanic _____ Latino ____ Asian Race: _____ Alaska Native Black or African American _____ White or Caucasian Native Hawaiian or Other Pacific Islander Some Other Race English is Second Language: ____ Yes ____ No Primary Language: _____ Non-U.S. Citizen: ____ Yes ____ No Referring CSA /Program: _____ Person Making Referral: ______ Phone Number:_____ Email: _____ Consumer Supported Employment Program Preference:_______

(If there is no preference please indicate with N/A)