

SUPPORTED EMPLOYMENT (SE) FIDELITY REPORT

Date: June 12, 2017

To: Liz Smithhart, Executive Director of Programs and Operations

From: Jeni Serrano, BS
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AHCCCS Fidelity Reviewers

Method

On May 16, 2017 Jeni Serrano and TJ Eggsware completed a review of the Recovery Empowerment Network (REN) Supported Employment (SE) program. This review is intended to provide specific feedback in the development of your agency's SE services, in an effort to improve the overall quality of behavioral health services in Maricopa County. Supported Employment refers specifically to the evidence-based practice (EBP) of helping SMI members find and keep competitive jobs in the community based on their individual preferences, not those set aside for people with disabilities. Services are reviewed starting with the time an SMI participating member indicates an interest in obtaining competitive employment, and the review process continues through the provision of follow along supports for people who obtain competitive employment. In order to effectively review Supported Employment services in Maricopa County, the review process includes evaluating the working collaboration between each Supported Employment provider and referring clinics with whom they work to provide services. For the purposes of this review at REN, the referring clinics included West McDowell and Metro Center.

REN is located at 212 E. Osborn Rd. in Central Phoenix. REN is a Consumer Operated Service Agency staffed and governed by those who have lived experience with mental health challenges and recovery. In April 2016, REN began offering SE services to any person over the age of 18 who has a diagnosis categorized under the Seriously Mentally Ill (SMI) designation, and who receives services through Mercy Maricopa Integrated Care (MMIC). Existing REN members can join the SE program by making contact with SE staff, and members referred by clinic staff for SE services are required to complete the intake to be a REN member before they can officially begin services with the SE program.

The individuals served through the agency are referred to as *members* or *participants*, but for the purpose of this report, and for consistency across fidelity reviews, the term "member" will be used.

During the site visit, reviewers participated in the following activities:

- Individual interview with SE Team Lead;
- Individual interview with Employment Specialist (ES);
- Two group interviews with six total members receiving services;
- Observation of an SE team meeting;

- Individual interview with a Rehabilitation Specialist (RS) at the Terros 51st Avenue Recovery Center;
- Group interview with four RSs at the PIR Metro Center clinic;
- Review of ten records at REN, including some co-served member records from the 51st Avenue Recovery Center and Metro Center clinics;
- Review of the following: *REN Supported Employment Exit Protocol*, REN SE outreach closure letter, agency website, SE staff calendar, *RBHA and RSA/VR Referral Coordination Form*, *REN Supported Employment Orientation*, *REN Supported Employment Program Overview*, and clinic *Vocational Activity Profile*.

The review was conducted using the Substance Abuse and Mental Health Services Administration (SAMHSA) SE Fidelity Scale. This scale assesses how close in implementation a team is to the Supported Employment (SE) model using specific observational criteria. It is a 15-item scale that assesses the degree of fidelity to the SE model along 3 dimensions: Staffing, Organization and Services. The SE Fidelity Scale has 15 program-specific items. Each item is rated on a 5-point scale, ranging from 1 (meaning *not implemented*) to 5 (meaning *fully implemented*).

The SE Fidelity Scale was completed following the visit. A copy of the completed scale with comments is attached as part of this report.

Summary & Key Recommendations

The agency demonstrated strengths in the following program areas:

- Members interviewed generally reported they received helpful support from SE program staff.
- The Employment Specialist provides only vocational services and do not run psychoeducational groups, teach classes, or carry out case management responsibilities.
- Vocational Profiles are used, and are in the SE program electronic files.
- SE staff introduce members to the Disability Benefits 101 (DB101) resource.

The following are some areas that will benefit from focused quality improvement:

- Distinguish SE program services from general membership at REN. SE program services appear to be an extension of general peer support activities provided through the agency rather than a fully functioning SE program. Formalize mechanisms to track active SE program members, separate from involvement in REN center activities. Identify those REN members referred to other SE providers for services to ensure there is no duplication of efforts.
- REN SE staff would benefit from further guidance and training on the spectrum of SE services, including: engagement, competitive job development (e.g., using job development tracking logs, and tips on how to cultivate relationships with potential employers), individualized job placement strategies (e.g., how to align the job search with member goals), job coaching, and follow-along supports.
- Improve integration between clinic and SE program staff. It is preferable for the ES to be attached to one or more treatment teams and attend treatment team meetings at least weekly, providing input on member issues and participating in shared decision making. ESs should interact with the full team, including Psychiatrist, Nurse, etc. for the full duration of the meeting and not be limited to discussion of targeted members already referred or pending referral to SE services. . SE program staff should inform clinic staff if existing REN members join the SE program, leave the SE program, etc.
- Streamline the referral process, and eliminate redundancies to more effectively support members in their rapid search for competitive employment. For example, consider the process of requiring members to become a general member of REN to access SE services,

resulting in intake meetings with two different REN staff; consider streamlining the intake for SE program referrals from clinics to be conducted by SE program staff. Evaluate the amount of paperwork required prior to beginning SE services, and therefore, the job search.

- REN should consider updating the program's web page, with clear descriptions of SE services offered by the agency, contact information for referrals, etc. If outcome data is collected, consider incorporating the information on the website so referral sources and members have an indicator of program performance. The agency website has a blog entry related to SE services, but does not otherwise provide information regarding SE services at the agency.

SE FIDELITY SCALE

| Item # | Item | Rating | Rating Rationale | Recommendations |
|-----------------|----------------------------|------------|---|--|
| Staffing | | | | |
| 1 | Caseload: | 1 – 5 4 | REN has two staff identified in the SE program, one is the Team Lead (TL) and the second is an ES. Based on data provided, the SE program serves 48 members. Factoring in the maximum TL caseload (i.e., 14 members), the resulting ES to member ratio is 1:34. After 90 days of not attending REN center activities members are listed as inactive. When members open with Vocational Rehabilitation (VR), members are removed from the SE caseload. These factors appeared to contribute to inconsistent data regarding SE program members and presented challenges for reviewers to calculate exact caseload size. | <ul style="list-style-type: none"> • The agency should continue to monitor the caseload size for Employment Specialists, with the goal of maintaining caseloads of 25 members or less. Hiring additional ES staff may be necessary as the program grows. • Reduce the SE program leader caseload. In SE, if a team leader carries a caseload it is optimally fewer than 15 members and preferably temporary until the ES positions are filled. The ability of the SE program leader to function in a leadership or mentoring role may be hindered by carrying a full caseload. • Formalize mechanisms to track active SE program members, separate from involvement in REN center activities. |
| 2 | Vocational Services staff: | 1 – 5 5 | SE staff provide vocational services only, primarily related to completion of the Vocational Profile and assisting members in initial job search activities, including: creating resumes, visiting job fairs, and online employment applications. Other than occasionally presenting SE services at the agency Peer Support Training (PST), SE staff do not teach classes, facilitate psychoeducational groups or provide case management services. However, on the agency website the TL is identified as a contact for the agency supported volunteering activity, and in documentation the TL title is listed as Supported Volunteering Manager. | <ul style="list-style-type: none"> • Consider updating the agency website to remove the ES supervisor as the supported volunteering contact, and update his title in electronic records. |
| 3 | Vocational generalists: | 1 – 5 3 | SE program staff completes the Vocational Profile as the first step of SE services. However, other | <ul style="list-style-type: none"> • An important principle of Supported Employment is that members are |

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| | | | <p>than assessment, it does not appear that SE staff carries out all other phases of vocational service. Members are required to go through the REN membership intake prior to accessing SE services by staff who are not part of the SE program. There was limited evidence SE staff engage members in SE services. Clinic staff makes referrals to SE services, or members of REN approach SE staff to inquire about SE services. If members do not follow up with SE services, it was not clear if outreach consistently occurred. It was reported that members are also referred to another local SE provider for benefit support and tracking. It is not clear if that agency provides overlapping SE services to members. ES assists members to make contact with employers, but after first contact, staff often default to online job searches, with limited evidence of other job development activities. However, ES cited one example of developing a relationship with an employer. Staff interviewed reported that they provide follow along supports for members employed; however, reviewers did not find supporting evidence during records reviewed. Also, it did not appear that ES made consistent contact with members after employed. Based on member discussions in the vocational unit meeting observed, if members were working, it was noted they were happy or were doing well, but discussion lacked specificity of actual supports provided.</p> | <p>connected right away with their ES, who then performs all phases of vocational services, including engagement, assessment, job development, job placement, job coaching and follow along supports. Ensure SE staff are trained and supported to provide the full spectrum of SE services. For example, consider streamlining REN SE intakes to be completed by the SE staff, and eliminate the need for SE members to join as a REN member first. Ensure SE staff engage and track job development activities outside of job fairs and online searches. Meeting with employers also offers SE staff an opportunity to discuss what the SE program can offer the employer.</p> |
| Organization | | | | |
| 1 | Integration of rehabilitation with mental health treatment: | 1 – 5 1 | REN SE staff reported that they are not attached to specific clinics or treatment teams and do not participate in integrated team meetings. It does not appear coordination between REN and clinic staff consistently occurs. Clinic staff reported they do not receive communication from REN staff, and neither clinic nor REN staff reported they | <ul style="list-style-type: none"> Educate clinic staff that SE services are available at REN. As a first step, update the RBHA and RSA/VR Referral Coordination Form to correctly identify REN as an employment service provider. SE staff should increase direct contact with |

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| | | | <p>collaborate in treatment planning.</p> <p>In member records reviewed at REN and partner clinics, there was limited evidence of coordinated services. If existing REN members start SE services at REN, REN staff may not inform clinic staff of the change in status. Some clinic staff were unaware members received SE services through REN. Per report, certain REN SE members were referred to other SE providers for assistance achieving their employment goal, some apparently while also receiving SE services through REN. A <i>RBHA and RSA/VR Referral Coordination Form</i> is used to refer members to employment services, but REN is not listed as one of the employment service providers. There was no evidence of documentation sharing other than information provided by clinic staff at the initial referral. The clinic staff completes a Vocational Activity Profile (VAP), but it does not appear this form is shared with REN. Vocational Activity Profiles were located in records at one clinic.</p> | <p>clinic staff, preferably by attending weekly integrated team meetings.</p> <ul style="list-style-type: none"> SE and clinic staff should seek to increase collaboration and communication. For example, clinic staff reported monthly summaries showing other SE provider services, but they did not include REN. If an integrated file is not possible, system partners should work collaboratively to allow for easier sharing of information between agencies. SE staff should have access to clinical records. SE program staff should ensure Vocational Profiles and employment plans, at a minimum, are shared with clinic staff. Identify and explore solutions to eliminate redundant processes, such as clinic staff completing a VAP that contains similar information captured on the Vocational Profile completed at REN. |
| 2 | Vocational Unit: | 1 – 5 4 | <p>The SE Team Lead and the ES meets together informally every day and discuss daily schedules and tasks. The Team Lead reported that he and the ES meet monthly to discuss SE members in more detail to assess who needs outreach and clinical team follow up. Both staff reported they provide cross-coverage, and documentation in ten member records indicated the TL and ES serve all members. During the staff meeting observed both SE staff reported daily schedules, tasks for coverage and brief updates, identifying the need for some outreach and clinical follow up on more than ten members. The meeting seemed to be steered to the collecting information to update a tracking form that is sent to the RBHA monthly. Reviewers were provided with copies of daily</p> | <ul style="list-style-type: none"> The TL and ES should meet at least weekly. Due to the number of members not in contact with the team, consider discussing all members, review specific outreach activities that occurred or are planned, share job leads, discuss challenging cases in detail, and share employment resources. The SE staff should also consider professional development trainings to acquire more information to improve their practice of supported employment. |

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| | | | calendars that listed members name brief descriptions of tasks and locations of ES. | |
| 3 | Zero-exclusion criteria: | 1 – 5 2 | It does not appear all members are engaged to consider employment. Members may experience screening at multiple points. Clinic staff report if a member says they want to work, they are not excluded. However, there is discrepancy in the understanding of zero-exclusion. At one clinic, staff reported the doctor may determine a member was not ready to work. In some cases clinic staff makes referrals to specific SE programs based on their assessment of what will be the best fit for a member, possibly including Work Adjustment Training (WAT). While clinic staff provide a brief description of the other SE providers with members who express an interest in employment, certain providers may be recommended over others due to being co-located at the clinic. Per report of staff at one clinic, they were instructed by RBHA staff to first offer the co-located provider, and if a member declines, then to offer other SE agencies. In documentation at REN, one member’s parent was not in support of the member seeking employment. Rather than engaging the parent in discussion of the benefits of employment, SE staff directed the member toward the program’s supported volunteering activity and noted volunteering would look good on a resume. | <ul style="list-style-type: none"> It is recommended that training and education is provided to anyone who influences a member’s decision to seek employment, including all levels of the agency, clinic staff (e.g., Psychiatrists), and informal supports regarding the key principles of evidence-based SE and the role it plays in recovery. Support materials can be found on the SAMHSA website and through the IPS Employment Center. |
| Services | | | | |
| 1 | Ongoing, work – based vocational assessment: | 1 – 5 4 | ES report that during intake they complete the Vocational Profile; staff amend the profile when goals change. Vocational Profiles were present in REN records reviewed, but updates to the Vocational Profile were not located in most member files. Additionally, the VAP completed at the clinic is similar to the Vocational Profile | <ul style="list-style-type: none"> SE is designed as a straight-to-work employment program to assist members to learn about the world of work while in competitive jobs. A Vocational Profile that is updated with each new job experience is preferred over other various assessment |

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| | | | <p>completed at the SE program, so members experience the same process with staff at two different agencies. Per report, on one occasion members who wanted to work in a warehouse or be a driver were enlisted by SE staff to participate in REN supported volunteering to pick up and deliver food boxes to give the members an opportunity to see what it would look like to work in a warehouse or be a delivery driver. As noted earlier, another member was encouraged to consider the agency supported volunteering activity. Also, documentation in a record showed that in order for members to apply to one non-competitive employer, they attended a three-day training prior to submitting their resume.</p> | <p>processes. It will be difficult for REN to achieve fidelity when they continue to offer volunteer tasks as a primary means to assess ability and interest. Assessments should be ongoing and gained through real work experiences in competitive settings. REN should seek technical assistance from in transitioning more fully toward the evidence based Supported Employment model.</p> |
| 2 | Rapid search for competitive jobs: | 1 – 5 3 | <p>Rapid search for competitive jobs may be impeded at multiple points during the referral process. Members who inform clinic Case Management staff of their interest in employment are usually referred to the team RS (if one is assigned) to make an appointment (usually at the clinic per records reviewed). The RS completes the VAP if the member has no VAP. After the VAP, the RS refers to an SE program. In one case, over seven weeks lapsed between referral submission by an RS and the member’s SE program intake.</p> <p>Members who are referred to REN’s SE program must first attend REN’s Consumer Operated Services (COS) program intake with the center’s intake staff. Members are offered all member services and must become a REN member in order to participate in the SE program. This process involves submission of a referral packet and other required documents by the clinic. Once a member has completed all requirements to become a member of the COS center, the member then completes a separate intake with the REN SE.</p> | <ul style="list-style-type: none"> • Resolve impediments to the rapid job search, such as delays in paperwork, needing to meet with a clinic RS to process a referral to SE services, redundant process (similar Vocational Profile information collected at clinics and SE agency, but not shared), the need for members to join REN as a member before receiving SE services, etc. • REN Employment Specialists should maintain employment search logs that include employer outreach contacts, and for whom they were made, to ensure timely and individualized job searches. The log should include the name of the employer, date of contact, form of contact (phone, face-to-face), and the response. The SE Team Leader should regularly monitor and review the logs as part of supervision. • The RBHA should consider consolidating tracking SE program outcomes for rapid job |

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| | | | <p>REN SE staff report that the search for competitive employment begins immediately and that some members apply for and obtain employment the day of intake into the SE program. SE staff said that members usually make first face-to-face contact with competitive employers by the third appointment with SE staff, but at least within 30 days. However, it appears some jobs REN identified as competitive are not truly competitive. In data provided, roughly 8% of members' first employer contact was with a non-competitive employer. One member's reported first contact with a competitive employer was with another SE agency where the member appears to also receive services. Of the members with reported contacts with competitive employers, approximately 67% had contact within 30 days of SE intake. For other members, the date of SE intake reported was prior to program inception. Discrepancies in data and delays in the referral process impact scoring.</p> | <p>search, starting at the date the member first identifies an interest in employment (usually at the clinic), through the member's first face-to-face contact with a potential competitive employer that optimally aligns with the member's individualized employment goal.</p> |
| 3 | Individualized job search: | 1 – 5 3 | <p>REN ES staff reported that the jobs explored are based on member preferences, and they use the Vocational Profile to identify employment goals; however, in records there was evidence that members were applying and interviewing at agencies not aligned with their identified employment goal. This includes one member who applied at a non-competitive employer that did not align with their documented employment goal. Another member was assisted to apply for a temporary position, and later a Peer Support Specialist position; neither aligned with the member's employment goal. SE staff attended job fairs with members, and it was not clear if those activities always aligned with member's employment goal. In addition, a review of agency and clinic records revealed that some ISPs did not</p> | <ul style="list-style-type: none"> • In the evidence based practice of SE, individualized job searches are based on member choice and reflect needs and preferences. As is common with job seekers in general, members may choose to accept jobs that are readily available due to immediate needs or changing job trends. When this occurs, the Employment Specialists should assist members in identifying available options that reflect members' values, interests and experiences. • REN Employment Specialists should maintain employment search logs that include employer outreach contacts, and for whom they were made, to ensure timely and individualized job searches. The |

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| | | | include vocational goals, or if present, lacked specificity on the type of job or interests. | log should include the name of the employer, date of contact, form of contact (phone, face-to-face), and the response. The SE Team Leader should regularly monitor and review the logs as part of supervision. At the clinic level, it is recommended that the treatment team document specific job/career goals, preferences and needs in the member's Individual Service Plan (ISP) and subsequent updates rather than simply noting that the member would like to find a job. |
| 4 | Diversity of jobs developed: | 1 – 5 4 | Per data provided, there was just under 92% diversity in employer type; some members are employed at the same non-competitive employer. There was less diversity in job type. Many employed members work in healthcare, peer support, caregivers or agencies that support healthcare activities. As a result, there was approximately 64% diversity in job type. | <ul style="list-style-type: none"> • Employment Specialists are encouraged to keep job development logs noting employers that are contacted and on behalf of what member. • The agency should ensure that the SE team meeting is used as a forum to exchange information about jobs explored, share job leads, and challenge each other to expand job searches. |
| 5 | Permanence of jobs developed: | 1 – 5 4 | REN SE staff appear committed to the overarching goal of permanent, competitive employment and state that the types of jobs applied for is driven by member choice. However, based on records, they occasionally suggest that members accept volunteer work as an opportunity to acclimate to work settings, increase skills for a new area of employment, and gain work experience to add to their resume. Additionally, members were assisted to apply to non-competitive employment and temporary positions that did not appear to align with member vocational goals. About 14% of members are in non-competitive positions. | <ul style="list-style-type: none"> • The goal of evidence-based Supported Employment is to find members permanent, competitive jobs in the community, and ESs should focus their job development efforts on this. • If members state their desire to pursue volunteering or temporary employment, ensure they receive continued support in their competitive employment search. |
| 6 | Jobs as transitions: | 1 – 5 3 | There was a limited pool of members who held jobs and then transitioned to new jobs. ES staff | <ul style="list-style-type: none"> • Discussions during vocational unit meetings should include review of members who |

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| | | | <p>reported that they help members find new employment when they end a job and stated there is no reason they would not help them get a new job. Per record review and the vocational unit meeting observed, it did not appear that staff maintain regular contact with all members. SE program staff appears to have sporadic contact with members who do not attend activities at the REN center. For example, one member left a job in January 2017, and SE staff did not learn of the change until April 2017. SE staff did not maintain contact with another employed member, and when data was updated during the review, listed the member as inactive.</p> | <p>voice a desire to change positions, review of information gathered through the update of Vocational Profiles, and collaboration regarding job search opportunities to pursue with members. Track last SE staff program contact with members, develop mechanisms to outreach or maintain contact with all members. Do not rely on members going to the REN center to receive SE services as an element of other center involvement.</p> |
| 7 | Follow-along supports: | 1 – 5 2 | <p>REN SE staff reported that they provide follow along supports to all members who accept the services, stating that some members decrease engagement once employed.</p> <p>During the vocational unit meeting observed, SE staff provided brief updates, such as, “person working doesn’t need anything, hasn’t needed support, no contact, member was happy they are working, or member quit the job without notifying the ES”. Based on records reviewed, it does not appear follow-along supports are provided to all employed members; there was sporadic SE program staff contact with multiple members.</p> | <ul style="list-style-type: none"> • In good fidelity SE programs, follow-along supports are provided to members who obtain community-based competitive employment to help them successfully retain their jobs. SE staff should promote the benefits of individualized follow-along supports as proactive services to assist members in developing skills in finding and keeping jobs, and transitioning to new opportunities. • It is recommended that Employment Specialists collaborate with treatment teams and members to develop written follow-along support plans that reference the member’s Vocational Profile, and whenever possible, support networks that are invested in the member’s success, such as friends, family, coworkers and the treatment team. • Follow-along supports should be available to members and employers. |

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| 8 | Community-based services: | 1 – 5 2 | <p>The amount of time spent in the community varies by employment service staff. The ES estimated she spends 60% of her time in the community. The SE Team Lead estimated he spends 40% of his time in the community, stating that he is more restricted due to supervisory tasks; additionally, the agency only provides one company vehicle to share between the two staff. Based on documentation in ten records, the majority of time spent with members appears to be in an office setting such as the REN COS center. For example, per the record review, during the most recent three months of service, some members had one or zero community-based contacts. Vocational Profiles were always completed during office-based contact. After the first effort to assist members in applying for jobs in the community, search activities ceased, defaulted to online searches, or fell to the member to perform without evidence of direct SE program staff assistance in the community.</p> | <ul style="list-style-type: none"> • It is recommended that the SE staff spend more time in the community engaged in job development activities such as: on-site research about an industry or business; meeting with potential employers about ideal job candidate or the application/hiring process; and attending networking events with the business community to stay abreast of hiring trends and new job leads. Employment Specialists are also encouraged to meet with members in the community to help them become more comfortable in work-type settings, as well as interacting with employers (outside of job fairs). • It might be helpful to do a time study to identify the barriers to Employment Specialists spending more time in the community doing SE work. |
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| 9 | Assertive engagement and outreach: | 1 – 5 2 | <p>REN SE program staff report they attempt outreach when a member is not in contact. Staff provided the REN Supported Employment Exit Protocol for review, which lists three progressive steps if there is no contact with a member: (1) one to two phone outreach efforts; (2) contact with Case Manager (CM) to assist with outreach, SE program letter sent, and attempted home visit; (3) after the preceding steps are completed, the member is placed on inactive status and removed from the SE program after 90 days. The SE program letter indicates that if the member does not make contact in 14 calendar days their SE file is closed. As a result, it appears the timeframe for outreach may be limited to 14 days. The record review showed limited evidence of SE program staff making contact with clinic staff to discuss members who had lapses in contact with SE program staff. Some members had no documented outreach or contact with SE program staff for weeks or more. During the vocational unit meeting, members were reviewed, but for many members, SE staff voiced that there had been no contact. Their reported outreach efforts often consisted of a call to the clinical team, but there was often no mention of SE program staff outreach directed toward the member. SE program staff did not outline a specific outreach plan consistent with the SE Exit Protocol, or reference past attempts. Additionally, members are reportedly closed from REN SE services if they open with VR.</p> | <ul style="list-style-type: none"> • It is recommended that the agency review creative and effective strategies to solicit CM and RS support in encouraging active engagement on the part of members in the SE program for as long as possible, collaborating so both clinic staff and SE program staff engage in outreach. Outreach should not be limited to a few phone contacts, a closure letter, and a home visit. • Employment Specialists should avoid placing arbitrary limits (e.g., 90 days) on continued outreach and assertive engagement efforts with members. Ideally, Employment Specialists would continue engagement efforts until members indicate they are no longer interested in services. • Review and resolve barriers to members continuing SE services with REN if they enroll with VR. |
| Total Score: | | 46 | | |

| SE FIDELITY SCALE SCORE SHEET | | |
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| Staffing | Rating Range | Score |
| 1. Caseload | 1 - 5 | 4 |
| 2. Vocational services staff | 1 - 5 | 5 |
| 3. Vocational generalists | 1 - 5 | 3 |
| Organizational | Rating Range | Score |
| 1. Integration of rehabilitation with mental health treatment | 1 - 5 | 1 |
| 2. Vocational unit | 1 - 5 | 4 |
| 3. Zero-exclusion criteria | 1 - 5 | 2 |
| Services | Rating Range | Score |
| 1. Ongoing work-based assessment | 1 - 5 | 4 |
| 2. Rapid search for competitive jobs | 1 - 5 | 3 |
| 3. Individual job search | 1 - 5 | 3 |
| 4. Diversity of jobs developed | 1 - 5 | 4 |
| 5. Permanence of jobs developed | 1 - 5 | 4 |
| 6. Jobs as transitions | 1 - 5 | 3 |
| 7. Follow-along supports | 1 - 5 | 2 |
| 8. Community-based services | 1 - 5 | 2 |
| 9. Assertive engagement and outreach | 1 - 5 | 2 |
| Total Score | | 46 |
| Total Possible Score | | 75 |

