

**SUPPORTED EMPLOYMENT (SE)
FIDELITY REPORT**

Date: August 17, 2015

To: Karen Gardner, CEO/Director

From: T.J. Eggsware, BSW, MA, LAC
Jeni Serrano, BS
ADHS Fidelity Reviewers

Method

On July 27-29, 2015, T.J. Eggsware and Jeni Serrano completed a review of Focus Employment Services' 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 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 Focus, the referring clinics included Southwest Network (SWN) Hampton and Choices South Central.

Focus serves youth and adults with psychiatric, physical, learning, and developmental disabilities from diverse ethnic and socio-economic backgrounds. Focus employment services include: career counseling, work adjustment training (WAT), resume development, accommodations consultation, job development & placement (JD&P), employer diversity training, work exploration, vocational counseling, and supported employment (SE). Focus Career Counselors are co-located at 11 adult clinics where SMI members receive some type of employment service. The SE program is offered at only three of those 11 locations, providing services to a reported 32 members, with another 191 members receiving other types of vocational services (i.e., not part of SE services, may include non-competitive positions), per data as of June, 2015. Since last year's review, Focus has a new, separate SE program that has been implemented at three co-located settings. Though elements of SE services still appear to be present in other vocational programs provided by Focus, this year the reviewers evaluated the new SE program at the three co-located settings, which were identified by the agency as most closely aligning with the evidence-based Substance Abuse and Mental Health Service Administration (SAMHSA) model of SE. At the time of review, the SE Manager was on leave, so staff who provided coverage to the SE program were interviewed.

The individuals served through the agency are referred to as "clients." For the purpose of this report, and for consistency across fidelity reviews, the term "member" will be used. Although the program has staff positions identified as Employment Specialists, those staff members are not

listed as part of the SE program. The program classifies staff assigned to the SE program, as well as other co-located locations, as “Career Counselors”; that term will be used throughout the report.

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

- Interview with the covering SE program supervisor (Career Counselor) and Focus’ Operations Manager
- Record review of randomly selected member records; ten at Focus with eight of those members’ records reviewed at co-located clinics (six randomly selected member records at Choices South Central, and two randomly selected files at SWN Hampton)
- Group interview with the three program Career Counselors
- Observation of a supervisory meeting at Focus
- Group interview with two co-served members at SWN Hampton; three individual interviews with co-served members at Choices South Central
- Group interview with three Case Managers (CM) at SWN Hampton; group interview with two CM staff and one Rehabilitation Specialist (RS) at Choices South Central
- Observation of an integrated treatment team meeting at Choices South Central
- Review of member tracking logs and forms associated with the SE model
- No family members or external supports were identified by the program for interview

The review was conducted using the 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 report they are supported by staff at Focus, and staff are willing to help them explore job options based on their preferences.
- Career Counselor caseloads are within the preferred threshold for an SE program.
- The program uses the vocational profile, rather than standardized office-based tests, assessment tools, or required work samples as a requisite for SE services.

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

- Clinic staff and Focus staff should receive additional training on the evidence-based SE model.
 - Clinic staff report they were provided cursory training on the SE model. It is not clear if clinic staff is aware of how the SE model differs from other vocational services. Focus should work with partner clinics to market SE services through Focus, including highlighting the benefits of the SE model versus referral to time-limited and non-competitive WAT, Group Supported Employment

(GSE), or other pre-job activities. Also, recruit competitively employed members served through Focus to share their employment and recovery stories with clinic staff during team meetings, all-staff meetings, or site visits. It may be beneficial to expand the training beyond RS and CM staff to include clinic team psychiatrists, nurses, and supervisors who influence agency culture.

- Focus Career Counselors explain how being co-located at clinics helps them to collaborate with the clinic teams, which addresses integration with mental health treatment; however, they provide limited detail on other aspects of the SE model.
- Focus leadership report the SE model requires more documentation than other vocational services. The RBHA should work with the SE program to confirm what documents and steps are required by the RBHA. The RBHA should work with SE providers to determine what forms or processes consistent with the SAMHSA model are in place (e.g., vocational profile and Individual Employment Plan), and what forms and processes have been implemented by the RBHA. Collaborate to determine if alternatives or consolidation may be available to track or report data to the RBHA. The purpose of SE is to provide members with support to rapidly access competitive employment based on their individual preferences. Additional forms or processes outside of the model may inadvertently undermine staff efforts, but tracking member data is a component of providing SE according to fidelity. Training and educating staff on the purpose of the tracking forms may help staff understand their significance in context of the SE model.
- The program should work with the RBHA to develop a process to allow members with an interest in employment to self-refer for SE services. This will help to address concerns that members are pre-screened or excluded from accessing SE services. There were reported delays in first face-to-face contact with employers, some based on clinic team assessment to address other issues of concern prior to seeking employment, and delays compiling referral packets. Allowing members to self-refer may help to mitigate these factors.
- The program should align job titles and job descriptions with the SE model. Rather than Career Counselors, reclassify the positions as Employment Specialists. This may result in referral sources and members having a clearer understanding of the expectations of the SE program and the duties of staff.
- As noted above, no family members or outside supports were interviewed for this review. Focus leadership and Career Counselors report no members agreed to allow families to be interviewed. However, during interviews members with supports reported they would allow Focus staff to consult with their outside supports. Work with members to discuss the benefits of including supports; include their input on vocational profiles.

SE FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
Staffing				
1	Caseload:	1 – 5 (5)	<p>The three Career Counselors serve a total of 32 SE members per most recent data provided for June, 2015. However, Career Counselors report their current caseloads are 19, 15, and 21; caseloads are capped at 25. Based on these sources, the staff to member ratio is approximately between 1:11 and 1:18. Staff report the Regional Behavioral Health Authority (RBHA) requires tracking of member data, but there was confusion regarding what data to capture in those reports, which appears to have contributed to staff difficulty accurately reporting caseload information during this review.</p> <p>The SE program is new at Focus, and as a result the most senior of the three staff was hired December, 2014, and the two other Career Counselors began in the past six months.</p>	<ul style="list-style-type: none"> The program should seek clarification from the RBHA regarding what information is required as part of SE services. When tracking caseload figures, the agency should include all members currently being served by each Career Counselor.
2	Vocational Services staff:	1 – 5 (4)	<p>Program leadership reports the Career Counselors in the SE program do not provide services to members in other vocational tracks at Focus. They report if coverage is needed for another program (e.g. WAT) then other agency staff are enlisted. This appears to generally be accurate based on staff report and agency documentation. However, per staff report, one Career Counselor provides services to members outside of the identified SE program at least one day a week at another co-located clinic, and the Career Counselor occasionally provides services to members in the WAT program. The staff was a new hire and was reportedly covering other duties due to a low SE caseload initially.</p>	<ul style="list-style-type: none"> Employment specialists should provide only vocational services. If a new SE staff member is hired, consider allowing the staff member to spend more time with each member in the community for JD&P activities as they build their caseload, rather than covering other vocational services or WAT at the agency. Staff should be allowed time to make employer contacts and build relationships with employers, as part of job development activities.

Item #	Item	Rating	Rating Rationale	Recommendations
3	Vocational generalists:	1 – 5 (4)	<p>Career Counselors at the program carry out engagement activities, sometimes in conjunction with other clinical team efforts. Additionally, the Career Counselors conduct program intakes, assessment, job development, job placement, and over the phone or office based job coaching and follow-along supports at the request of members. However, if a member is assessed (by Career Counselors), or requests on-the-job support, the Career Counselors may refer to WAT. The Career Counselors report their schedule does not allow for them to provide on-the-job supports; on-the-job supports are not provided by Career Counselors.</p>	<ul style="list-style-type: none"> Focus Career Counselors should offer on-the-job support to members. As part of new staff development, the SE supervisor should provide field mentoring to staff, training staff on providing services in the field (e.g., initial intakes, engagement, how to make contacts with potential employers).
Organization				
1	Integration of rehabilitation with mental health treatment:	1 – 5 (3)	<p>The three Career Counselors who provide services under the SE program are co-located at clinics. Each Career Counselor is assigned to one or more teams. Per Career Counselor and clinic staff report, this arrangement allows the Career Counselors to interact with the clinic team staff more frequently than if they were located in another setting outside of the clinic. Career Counselors have more contact with clinic RS and CMs than Nurses or Psychiatrists; they also have some contact with Vocational Rehabilitation (VR) staff.</p> <p>The Career Counselors attend a portion of the treatment team meetings for each assigned teams at least weekly per team; this is when contact with psychiatrists usually occurs. During these brief interactions only those members assigned or pending assignment to the Career Counselors are discussed. Career Counselors report that access to member information varies by provider, and even by team in a provider clinic, with providers citing</p>	<ul style="list-style-type: none"> Leadership from Focus, clinic agencies, and the RBHA should coordinate to determine if Career Counselors can attend the entire team meeting. In order to achieve full integration, Career Counselors should attend the full team meetings and have shared decision making regarding members. Part of the job of the Career Counselors should be to suggest employment for those members that may have not been referred for employment services, to learn about how the team addresses challenges, and to learn about members who may consider employment in the future. If Career Counselors attend the entire meeting it may offer more opportunities to engage the teams to identify potential members who may benefit from employment. The program, clinic agencies, and RBHA

Item #	Item	Rating	Rating Rationale	Recommendations
			<p>restrictions under the Health Insurance Portability and Accountability Act (HIPPA). It is not clear why the interpretation of HIPPA guidelines varies across providers, clinics, and teams. This appears to inhibit full integration between the treatment team and the Career Counselors. Although there is evidence of coordination, it is not clear if full integration is achieved with shared decision making.</p> <p>Focus leadership and Career Counselors report there are benefits and drawbacks to having SE Career Counselors sit in the same open space as clinic staff. The ability to interact more frequently is the main benefit to co-located offices. Although, Focus Leadership report if a Career Counselor meets with a co-served member, and a clinic staff person has a brief interaction with the member during the same timeframe, the SE program has had service claims rejected due to the overlapping service when the clinic staff enters a progress note before the SE staff.</p> <p>The SE program and clinic files are not integrated. Though some information (e.g., summaries) may be present in both record sets, neither has all the information for co-served members based on the files reviewed. Key documents, such as the vocational profile, are located only in the SE program file. There is some evidence of duplication of documents and efforts (e.g., multiple documents of Career Counselor and clinic staff interactions, multiple staff discussing outreaching members). Focus Leadership reported Career Counselors were asked to submit additional paperwork to document discussions with the clinic</p>	<p>should coordinate to determine options to integrate the service files.</p> <ul style="list-style-type: none"> • The RBHA should work with SE agencies to discuss and attempt to resolve issues with co-located services to optimize member services without damaging rapport between clinic providers and SE programs. The clinic staff may benefit from education regarding how SE program claims are impacted if clinic staff document a brief interaction with a member (i.e., saying hello and asking how the person is doing) during their more extensive contact with Career Counselors.

Item #	Item	Rating	Rating Rationale	Recommendations
			<p>teams for co-served members, even though the Career Counselors document this information in their separate service record. It was reported the contact claim can be submitted by clinics but not the SE program.</p>	
2	Vocational Unit:	1 – 5 (3)	<p>The vocational unit (i.e., SE supervisor/covering staff and Career Counselors) meets once a week, and the meeting usually includes training (e.g., how to do resume), and offers time for Career Counselors to discuss challenging cases. During the meeting observation there were no challenging cases initially identified by the Career Counselors, but as the meeting progressed members were discussed. Other topics discussed included: surviving clinic culture, which related to how newer Career Counselors can build relationships with clinic staff; clinic updates, job fairs, resources in the community, Focus employee health insurance cards, and an open forum.</p> <p>The Career Counselors do not provide cross-coverage; Focus leadership report this is due primarily to the distance between clinic locations. As a result, if staff are not available or out of the office they move appointments to the next week, but some records included notes that the Career Counselor was on paid time off (PTO) and for the week period there was no contact by Focus staff with clinic teams or members. Focus staff who are not part of the specific SE program provide coverage for SE members when needed.</p>	<ul style="list-style-type: none"> The vocational unit meeting can include brief review of administrative tasks, but the majority should be focused on discussing members, and sharing job leads. Since the SE program is new, consider reviewing new intakes, or discussing a few members from each Career Counselor caseload on a rotating basis. Cross-coverage for each other’s caseloads should be provided by other Career Counselors and may be more effective if staff are aware of members served, not only those discussed due to challenging issues.
3	Zero-exclusion criteria:	1 – 5 (2)	<p>Focus leadership and Career Counselors report members wanting to work is the only criteria to be eligible to receive SE services; program staff report they do not screen out members due to substance use, history of violent behavior, minimal</p>	<ul style="list-style-type: none"> The RBHA and agency should provide training to clinic staff regarding the benefits of employment over WAT or other pre-job training. Although skill building may be of

Item #	Item	Rating	Rating Rationale	Recommendations
			<p>intellectual functioning, and/or symptoms. Based on records reviewed and interviews, the program works with members with wide ranging strengths and challenges, including members with substance use and other challenges.</p> <p>Referrals to the program are from staff at the clinics. Clinic staff report if a member voices a desire to pursue employment then a referral to vocational rehabilitation (VR) and employment support services is made.</p> <p>There is evidence some members are referred to WAT or other pre-job skill building activities by the clinic and possibly through direction from VR. Clinic staff report on a case-by-case basis a referral to employment support services will likely be made, though members may be put on hold to address other issues such as substance use; some members are strongly encouraged to seek treatment for co-occurring issues before pursuing employment. Some clinic staff suggest if members are unable to attend appointments at the clinic on time they are likely to have issues going to work on time. Other staff note the employment search is best done in steps, with skill building (sometimes through WATs) working toward the eventual search for employment, noting the teams do not want members to fail. There was some confusion whether members who are not eligible for Arizona Health Care Cost Containment System (AHCCCS) can be referred to SE services.</p>	<p>benefit to members depending on their job search, those activities should not take the place of assisting members (who want to work) to pursue competitive employment.</p> <ul style="list-style-type: none"> • Clinic staff appear receptive to training regarding the SE model; training should be provided to all clinic staff who influence treatment decisions, including psychiatrists, CMs and RSs.
Services				
1	Ongoing, work – based vocational	1 – 5 (5)	The program does not require standardized work-based vocational assessments. There are standard	<ul style="list-style-type: none"> • The SE program supervisor should ensure

Item #	Item	Rating	Rating Rationale	Recommendations
	assessment:		<p>steps cited by Focus leadership and Career Counselors which includes intake, resume development, and gathering information for a master application. There are individualized activities depending on the type of job the member wants to pursue, and may include typing tests or consulting Occupational Information Network (O*NET) online.</p> <p>Although covering Focus leadership was unsure if vocational profiles are used, vocational profiles were located in most records reviewed and Career Counselors confirm they use the profile. There is an addendum to the profile to be used by Career Counselors if necessary, but evidence of updates were not located in files reviewed.</p>	<p>the vocational profile is completed with all members; ensure revisions are made as member status changes occur to reflect all work experiences. Rotating review of members during the vocational unit meeting may offer opportunities to the supervisor to prompt Career Counselors to update the profiles with members.</p> <ul style="list-style-type: none"> • Focus should engage members in discussions regarding allowing coordination with their supports; work with support systems to gather information to incorporate into the vocational profile and the information can be useful in guiding the job search. • The program should review whether the master application process is necessary, or if the information can be captured effectively using the vocational profile in an effort to minimize paperwork for the SE program. Due to the Focus staff perception that the SE model requires additional steps or paperwork, the program should evaluate whether any agency specific forms or processes are necessary in accordance to the SAMHSA SE model.
2	Rapid search for competitive jobs:	1 – 5 (4)	Focus leadership and Career Counselors report the first face-to-face contact with an employer usually occurs in about 30 days after program entry. There is some delay in the first employer contact due to the referral process, which is outside of the SE program control. Depending on the clinic, if a person voices interest in employment then the clinical team CM may directly refer members to co-located Career Counselors, or based on team	<ul style="list-style-type: none"> • The RBHA should collaborate with SE providers and clinics to clarify the minimum documents or information required to refer members to SE services. The key documents cited as necessary by Focus leadership included fewer items than clinic staff report are included in a standard referral packet; a streamlined referral packet may result in more timely referrals.

Item #	Item	Rating	Rating Rationale	Recommendations
			<p>assessment, may refer to other vocational programs (e.g., WAT). If clinics have RS staff, it is likely the CM refers the person directly to the RS staff to make the referral to the SE program.</p> <p>A referral packet with various forms and progress notes is requested by clinic staff through their medical records office. Per some staff report, this packet can take some time to put together, causing a delay in the referral to Focus services. After a member is referred, the Career Counselors usually have weekly hour-long contact; in the first one to two sessions the intake documents are completed, in the second and third sessions the resume is generally developed; online employment searches may occur over that timeframe but the first face-to-face contacts with employers may not occur until around four weeks after program entry. Some members experience even additional delays before they first start making contacts with employers. Based on this information and data provided, most members appear to have face-to-face contact with an employer more than one month, but within six months after they express an interest in employment.</p> <p>Clinic staff and members report they wish the employment search process moved faster, stating that they have seen people discouraged from all the paperwork and appointments prior to job searching.</p>	<ul style="list-style-type: none"> The program should work with the RBHA to develop a process to allow members with an interest in employment to self-refer for SE services; if a member wants to work they would be able to directly contact an SE program and start the service rather than having to go through a series of steps through the clinical team prior to referral. This will help to address concerns members are pre-screened or excluded from accessing SE services, and possibly eliminate delays from when a person first requests employment support at a clinic to actual date of referral for SE services.
3	Individualized job search:	1 – 5 (3)	Based on limited documentation available for employed members and interviews, job searches appear to be based on member preferences. There was some variety in job options explored, though	<ul style="list-style-type: none"> As Career Counselors gain experience, they should engage in job development activities to expand options they can offer to members.

Item #	Item	Rating	Rating Rationale	Recommendations
			<p>the program does appear to rely primarily on online job searches, job fairs as well as some exploration of locations known to hire individuals with disabilities. Vocational profiles were located in nine of the ten records reviewed.</p> <p>There is limited data with three members competitively employed, but the three members are involved in three different types of employment. However, two other SE members are involved with Focus' WAT program, and one had just recently been referred to the WAT program.</p>	<ul style="list-style-type: none"> • The SE supervisor should require Career Counselors to track job development activities using tracking logs, including employer contacts made on behalf of members. All Career Counselors should conduct job development activities in the community. The SE supervisor should meet with Career Counselors periodically, review job development activities for members as well as job logs with employer contact activity. • Career Counselors should use the vocational profiles to match job search with the individualized goal of the members.
4	Diversity of jobs developed:	1 – 5 (4)	<p>There was limited data available for which members obtained employment; three members were employed in positions that appeared to be competitive. However, other members were employed through Focus WATs. Based on data provided, it appears Career Counselors provide options for positions in the same settings about 25-40% of the time.</p> <p>Some members report they would like for the Career Counselors to have more options for employment.</p>	<ul style="list-style-type: none"> • All direct SE employment service staff should conduct job development activities in the community to develop relationships with employer and identify job opportunities; these resources can be shared with the vocational unit. • Focus should determine if the Individual Employment Plan from the SAMHSA SE model can be incorporated into the agency electronic health record (EHR). This may allow the SE supervisor easier access to those documents to track completion, and whether jobs were pursued based on member goals.
5	Permanence of jobs developed:	1 – 5 (3)	<p>Staff report they do not generally direct members to positions set aside for individuals with disabilities and most jobs explored are competitive. During the vocational unit meeting companies with competitive positions were discussed, as were companies with positions set aside for individuals with disabilities. These</p>	<ul style="list-style-type: none"> • During vocational unit meetings, dedicate more time to discussing members served, jobs explored, discuss alternative options, share job leads, and challenge each other to expand competitive employment searches. • The SE supervisor should review job search

Item #	Item	Rating	Rating Rationale	Recommendations
			<p>included a warehouse setting where people with disabilities could be hired with reduced quota expectations (or hired with same quota expectations as other staff), and a thrift store where people could apply directly or do job searches.</p> <p>A data sheet was provided to the agency prior to the review as part of the preparation; some of the requested data fields were left blank by Focus staff. Based on limited data, some members obtained competitive employment (three of 32 current members). One of these members was employed through a family member. Other members are involved in WAT, and Career Counselors report they referred or are in the process of referring members to WAT to gain skills or build a resume. It appears about 50% of members who worked were involved with WAT, with some offered volunteer activities based on member report.</p>	<p>tracking logs during supervision with staff. Potential trends of same employers or types of positions searched can be identified, and the SE supervisor can support the staff to expand their searches.</p> <ul style="list-style-type: none"> All job searches should be focused on competitive jobs in the community, not those set aside for people with disabilities, paid work training, or volunteer positions.
6	Jobs as transitions:	1 – 5 (5)	Focus leadership and Career Counselors report they will provide support to members to find a new job if one ends. The program has a limited number of employed members; Focus staff are unable to provide many examples of supports to members transitioning from jobs.	
7	Follow-along supports:	1 – 5 (4)	As noted above, if on-the-job supports are requested or determined appropriate by Career Counselors, members may be referred to WAT, and Career Counselors provide support while the member completes WAT. The Career Counselors offer phone and in-office support for employed members. This support can be provided as long as the members desire per report of the Career Counselors. Career Counselors do not provide on-	<ul style="list-style-type: none"> The program should work with Career Counselors to allow them to provide on-the-job or other community-based follow along supports in addition to office appointments or phone support. See comment above under Staffing item three, Vocational generalists, regarding on-the-job supports.

Item #	Item	Rating	Rating Rationale	Recommendations
			<p>the-job supports to members, and appear to primarily offer in-office or phone support to employed members. It is not clear if supports to employers are available since on-the-job support is not offered.</p> <p>Based on data provided, two of three Career Counselors identified no members who elected to disclose to employers, but one Career Counselor engaged approximately 57% of members to allow disclosure.</p>	<ul style="list-style-type: none"> The program should engage members regularly to review the pros and cons of disclosure, which may result in opportunities to provide on-the-job coaching support to members, as well as follow along support to employers. As part of new staff training and development, the vocational unit can conduct role plays to practice talking about disclosure with members. The SE supervisor should shadow staff when they talk with some members about disclosure. Focus staff with more members who chose to disclose should provide guidance to other staff.
8	Community-based services:	1 – 5 (2)	<p>Overall, the SE staff appear to rely primarily on job fairs and online applications with members at the clinics to conduct job searches. Outside of job fairs, some contacts at libraries and one staff assisting a member to obtain vital documents and then price clothing, most services are provided in clinic settings per records reviewed. Staff estimate activities in the community at 20 – 60% of the time across the three Career Counselors, an average of approximately 33%, with newer staff citing they spend more time in the clinics conducting intakes. Based on member interviews, interview with Career Counselors, and records reviewed, it is estimated Career Counselors are in the community less than 39% of the time.</p>	<ul style="list-style-type: none"> The program should explore opportunities for Career Counselors to meet with members more frequently in the community. Job fairs or contacts at local libraries are two options, but contact with members in the community should be expanded to include more emphasis on contacts with employers. Also, meeting in community locations helps members identify and become more comfortable in various work settings.
9	Assertive engagement and outreach:	1 – 5 (4)	<p>Based on records reviewed and staff interview, there is evidence Career Counselors do attempt to outreach members by phone to engage them in SE services, and at least monthly when members stop attending services. Career Counselors do not complete home visits as part of engagement and</p>	<ul style="list-style-type: none"> Discuss potential closures in the vocational unit meeting to discuss outreach efforts and brainstorm other outreach methods and coordinate with clinic staff. Focus should implement a policy that outlines expectations for outreach and

Item #	Item	Rating	Rating Rationale	Recommendations
			<p>outreach efforts.</p> <p>Outreach is time-limited, and with initial engagement and a 30 day outreach letter it appears the process can take about 90 days. Focus leadership confirmed there is no timeline to keeping members open, but they reference the same 90 day timeframe, adding that the program is flexible when re-opening former members. Some members may remain open longer, or on hold for SE services (e.g., for medical reasons). However, the agency has no protocol and relies on Career Counselors to determine when it is appropriate to close someone from services. The decision to close or keep a member open in SE services is often made with input from clinical team staff that may or may not be in contact with members at time of closure from SE services. Documentation in one member's file reviewed referenced the person was out of touch with the SE program, but the clinic staff made contact with the person and confirmed the person wanted to work. However, a closure letter was sent by the Career Counselor.</p> <p>The program does not keep rosters of former members; once they have been reported closed they are deleted from program rosters. Information for 14 members closed in the past six months was not available for review.</p>	<p>engagement. Preferably, multiple outreach efforts occur initially, with at least monthly engagement efforts on a time-unlimited basis.</p>
Total Score:		55		

SE FIDELITY SCALE SCORE SHEET		
Staffing	Rating Range	Score
1. Caseload	1 - 5	5
2. Vocational services staff	1 - 5	4
3. Vocational generalists	1 - 5	4
Organizational	Rating Range	Score
1. Integration of rehabilitation with mental health treatment	1 - 5	3
2. Vocational unit	1 - 5	3
3. Zero-exclusion criteria	1 - 5	2
Services	Rating Range	Score
1. Ongoing work-based assessment	1 - 5	5
2. Rapid search for competitive jobs	1 - 5	4
3. Individual job search	1 - 5	3
4. Diversity of jobs developed	1 - 5	4
5. Permanence of jobs developed	1 - 5	3
6. Jobs as transitions	1 - 5	5
7. Follow-along supports	1 - 5	4
8. Community-based services	1 - 5	2
9. Assertive engagement and outreach	1 - 5	4
Total Score		55
Total Possible Score		75