

## **SUPPORTED EMPLOYMENT (SE) FIDELITY REPORT**

Date: October 12, 2015

To: Jennifer Baier, Senior Program Manager for Vocational Services

From: Georgia Harris, MAEd  
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ADHS Fidelity Reviewers

### **Method**

On September 14 - 16, 2015, Georgia Harris and Karen Voyer-Caravona completed a review of the Valleylife 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 Valleylife, the referring clinics included Lifewell Midtown and Terros West McDowell.

Established in 1949 to provide residential and educational services to children with developmental disabilities (DD), Valleylife rebranded in 2009 and introduced new services such as adult day services, in-home respite and personal care support, and vocational training and assistance. In addition to serving children and adults with DD such as cognitive disabilities, cerebral palsy, Down syndrome, attention deficit/hyperactivity disorder, and mobility/hearing/visual impairments, the agency also provides services to adults with Alzheimer's disease, autism, traumatic brain injury, and serious mental illness. In 2014, the agency completed a Fidelity Review of its SE program, which at that point significantly overlapped with its pre-employment program that provided short-term, site-based, paid work activities, compromising fidelity to the evidence-based practice of SE. Numerous recommendations were made to move the agency toward higher fidelity, with an emphasis on firmly separating SE from the more traditional model, and re-evaluating the continued role of pre-employment activities at the agency and within the larger system.

The current review discussed in this report, focuses exclusively on Valleylife's stand-alone SE program and its evolution since the previous review.

The individuals served through the agency are referred to as "members", and for the purpose of this report, and for consistency across fidelity reviews, that term will be used. In the evidenced-based practice model of SE, the individuals providing all phases of vocational services are referred to as Employment Specialists (ES). However, Valleylife refers to these staff as "Job Developers"; for the purposes of this report, the term Job Developer (JD) will be used.

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

- Observe an integrated treatment team meeting at Terros West McDowell clinic;
- Observe an SE team meeting in the Valleylife administration building;
- Individual interviews with the Senior Program Manager for Vocational Services and the Program Manager for Vocational Services, who directly supervises the Job Developers;
- Group interview with three Job Developers;
- Group interview with nine members receiving services;
- Group interviews with one Case Manager (CM) and five Rehabilitation Specialists (RS);
- A review of agency documentation such as program description and marketing materials, Job Developer rosters, employer contact lists, fiscal year 2015 community employment performance indicators, and the agency website; and
- A review of 10 member clinic records and 10 member agency records.

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**

Valleylife's Vocational Services managers said the agency began undergoing a philosophical shift toward permanent, competitive employment in the community about five years ago because "employment empowers". The RBHA system's emphasis on employment outcomes and the findings from the previous year's review further pushed the agency forward. The SE program is now a stand-alone system completely separated from pre-employment programming, and employs four Job Developers. Although there has been some staff turnover, the most senior JD (identified as a potential mentor in the previous review) remains with the vocational unit and played a role in the selection of the newer JDs. Since the previous review, Valleylife has established co-located services at two clinics, each with an assigned JD serving approximately 50 members combined. The two other JDs are based out of Valleylife's main office but serve clinics through Metro Phoenix/Maricopa County. The Senior Program Manager oversees the entire Vocational Services Department and Employment Related Services, while the Program Manager oversees the SE program and supervises the JDs; she also provides oversight to some of the community-based paid training programs. JDs do not have pre-employment responsibilities; those tasks are carried about by program Case Managers. While the most junior JD has approximately eight members simultaneously enrolled in the pre-employment program, he is tasked with engaging them in discussions about moving to SE only, while the Case Manager works with them on pre-employment.

The agency demonstrated strengths in the following program areas:

- Strengths and qualifications of the Job Developers/Vocational Unit: Job Developers at Valleylife exhibit a high degree of professionalism, optimism and enthusiasm for assisting people with disabilities in finding and sustaining permanent, competitive employment in the community. Interviewed JDs possess specific experience, skills and interpersonal traits requisite to the task of providing evidence-based supported employment services. Each take ownership of their role in SE but also demonstrated a sincere belief in the capacity of people challenged by an SMI to contribute and find recovery through meaningful work in integrated settings.
- On-going work-based assessment: Evidence was found that JDs visit work-sites and obtain feedback from employers on job performance in order to assist members in such tasks as learning new skills, requesting work accommodations, and resolving potential workplace conflicts.
- Jobs as transitions: JDs support members in leaving jobs that do not align with their needs and preferences, and they encourage members to reflect upon lessons learned when leaving a job to pursue new opportunities.
- Community-based services: JDs provide services in the community, where the jobs are, at least 67.5% of the time.
- Assertive engagement and outreach: JDs not only use phone calls and emails to make contact with members who have missed appointments or are lacking in contact, but they also offer to pick members up from their homes and other frequented places (such as clinics) where they think they might find them. JDs make inquiries with clinical teams and support networks to assist them in making contact or obtaining information about member status.

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

- Integration of rehabilitation with mental health treatment: While the co-located Job Developers appear to be very well integrated with the treatment teams, members whose JDs are not co-located do not receive the same level of service because their JDs are not afforded the same opportunities to collaborate on their behalf. Both the SE agency and clinic staff describe co-location as the most conducive for integration of rehabilitation and mental health treatment.
- Zero-exclusion criteria: Valleylife practices zero-exclusion and takes steps to make sure members referred for pre-employment by clinics or Vocational Rehabilitation (VR) are given the option to seek competitive employment through the SE program if that is their true preference. Though the SE agency embraces zero-exclusion, the referral sources, namely behavioral health clinics and VR, still screen members for work readiness. The entire system should embrace a shared commitment to the evidenced-based practice of SE as the default option when members voice an interest in work. Co-located services and the presence of a Rehabilitation Specialist on each clinical team may mediate the risk of exclusion, but the use of pre-employment activities have been found to interfere with the attainment of work goals, by delaying the competitive job search during the time when the individual is optimally motivated and interested in working.
- Vocational Generalists: It is recommended that the agency, in order to more closely align with the evidence-based SE model, change JD title to Employment Specialist, reflecting the complete role of the position to include all phases of SE services, not just the job development function.

## SE FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
<b>Staffing</b>				
1	Caseload:	1 – 5  5	High fidelity SE programs have ratios of 25 or fewer consumers per Job Developer. Valleylife provided rosters reflecting a total of 70 active members. The program manager said that caseloads should not exceed 25. Job Developers (JD) at Valleylife carry discreet caseloads of between nine and 24 members. The three JDs interviewed have caseloads of between 18 – 24 members. The newest JD, with the agency for four months, is in the process of building a caseload and carried 13 members at the time of the review.	<ul style="list-style-type: none"> <li>As the program grows the agency should be cautious of larger caseloads that include GMH or other members, which could detract JD time spent serving SMI members (for which SE is intended).</li> </ul>
2	Vocational Services staff:	1 – 5  5	Valleylife JDs only provide vocational services. They do not lead groups or classes. Co-located JDs may be invited by clinic Rehabilitation Specialists (RSs) to employment groups to give presentations on Supported Employment (SE) services.	
3	Vocational generalists:	1 – 5  5	Job Developers carry out all phases of SE services, from intake to follow along support and new job searches. The senior most JD, with a caseload of 24, provides services to primarily members diagnosed with an SMI and referred by the RBHA and VR. A few of the VR referrals do not carry an SMI diagnosis, but instead may be classified as a GMH client or diagnosed with some other disability. The most junior JD provides some services to developmentally disabled adults, currently receiving pre-employment services from a Case Manager, and who are transitioning to the SE program.	
<b>Organization</b>				
1	Integration of rehabilitation with	1 – 5	Job Developers co-located at clinics are well-integrated into their assigned treatment teams.	<ul style="list-style-type: none"> <li>Co-located JDs and clinical teams should continue their present efforts at</li> </ul>

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	mental health treatment:	3	<p>They attend at least one weekly clinical team meeting for each assigned team, either the entire meeting or only a portion of the meeting to present their caseload, depending on their schedule for the day. Co-located JDs are assigned between two and three clinical teams. They staff each member of their caseload with the RS and/or CM every 30 days. In addition, communication also occurs via phone, email, monthly summaries and daily progress notes.</p> <p>At the clinical teams (CT) meeting observed by the reviewers, the JD presented a caseload review. The JD and the CT, including the team Psychiatrist, exchanged information, including suggestions and feedback about members receiving SE services. The team Psychiatrist values the JD's contributions to the clinical team, saying co-locating JDs facilitated an efficient referral process and got members into services quickly, while they were excited about work. Clinic staff and JDs said co-location provides the opportunity for a relationship based on mutual understanding, respect and trust. One team said they would like a second JD at the clinic.</p> <p>Non co-located JDs generally do not attend clinical team meetings, unless specially requested. Travel between clinics and meetings with members is a significant constraint. One JD described constant communication over phone or email. The JD said that she strives to conduct staffings with each member every 30 days with RSs and/or CMs, and that she meets this goal 30% of the time. JDs stressed the importance of taking the initiative to provide regular outreach to clinic staff to keep</p>	<p>integration. Expansion of co-located services to other clinics would present a great opportunity to improve the level of integration between mental health treatment and rehabilitation. Additionally, the regular presence of a JD at clinical team meetings may increase many teams' knowledge and understanding of the EBP of SE and its role in recovery, while decreasing use of pre-employment and WAT activities which have been shown to have lesser outcomes.</p> <ul style="list-style-type: none"> <li>• The SE agency should continue to outreach clinics where members are enrolled that do not have co-located services. Find opportunities to educate them on the benefits of integrated meetings, with the goal of getting JDs into treatment team meetings. Consider discussing requesting assistance from the RBHA in this matter.</li> </ul>

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			<p>them abreast of changes in member status or needs. Evidence was found in agency records that JDs initiate communications with clinical team related to missed appointments, lack of contact, and new information about member functioning that may present a barrier to finding and sustaining employment.</p>	
2	Vocational Unit:	1 – 5  5	<p>Valleylife JDs share a supervisor and meet weekly for group supervision and other business lasting one – two hours. Staff schedules may dictate how long they meet, but the meeting is kept on the same day and time each week. In the meeting observed by the reviewers, JDs were all actively engaged in review of caseloads, sharing successes and challenges, offering suggestions, seeking feedback and exchanging information about job leads, upcoming job fairs and community meetings related to employment trends and economic outlook, and professional trainings and networking opportunities. JDs reported that they provide coverage for one another during vacations or other absences, as well as assist each other with transporting members to job fairs and interviews when there are scheduling conflicts.</p>	
3	Zero-exclusion criteria:	1 – 5  3	<p>Job Developers accept anyone who is referred for SE services. Drug and alcohol abuse will not result in exclusion, although JDs counsels members on the adverse effects it may have on the job search, such as failing a drug screen. JDs reported, and evidence was found in clinic records, that exclusion can occur at the clinic and VR level when members are first referred to paid work or work adjustment activities (WAT). Possibly due to the presence of co-located JDs, most clinic staff interviewed said they refer any member for SE who desires to work. One RS said that she will</p>	<ul style="list-style-type: none"> <li>Valleylife’s SE program staff should continue efforts through relationship building and education/marketing about the range of SE services with clinical teams (including team Psychiatrists and Nurses) and VR. The focus of such efforts should be on zero-exclusion, follow along support services and the relationship between work and recovery. If possible, consider co-facilitating presentations with members who have been successful in the SE</li> </ul>

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			<p>refer members for SE despite abusing drugs or alcohol but substance abuse counseling will also be offered. Some clinic staff reported that some VR Counselors assess hard-to-place members as not ready for work, and this limits the availability of certain accommodations or resources that only VR can provide.</p> <p>Since Valleylife’s shift away from work readiness programs for SMI and dually diagnosed members, when members are referred for Paid Work Activities (PWAs) and Work Adjustment Trainings (WATs), the Program Manager engages them in a discussion about their reasons for selecting those options. Some members describe their true motivation as seeking an alternative to self-harm or a focus on something other than symptoms. Through what they describe as the <i>informed choice</i> process they also present the SE program option and its benefits. If members state they want a job, then staff will suggest they first try SE. Staff do not need permission of the clinical team to start members in SE services. If VR made the referral for WAT, staff will advocate with VR for the SE option.</p>	<p>program or partners in the peer run community.</p> <ul style="list-style-type: none"> <li>• The RBHA and providers should continue efforts at providing education and training in the evidenced-based model of SE to clinical teams. Consider the feasibility of expanding co-location to other clinics so that JDs can be more accessible to clinical teams and members in order to promote the effectiveness of the model.</li> <li>• All stakeholders across the system (agencies, provider clinics, VR and ADHS/DBHS decisions makers) should have a shared understanding and commitment to SE as the default option for employment rather than one requiring benchmarks for attainment. Members are ready to work when they say they are, and are provided supports and necessary resources when barriers exist. As one JD said “SE is about <i>doing whatever it takes to make sure the clients are successful in achieving their work goals</i>, through good time and bad.”</li> </ul>
<b>Services</b>				
1	Ongoing, work – based vocational assessment:	1 – 5 5	Job Developers do not use testing, trial work periods or screening tools to assess for work readiness. Upon member intake, JDs begin working with members on their vocational profile in order to gather information about work goals, values, interests, needs and preferences. The process includes a gathering of previously acquired skills, education and work history, and	



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			<p>identification of additional training or accommodations that a member might need in order to fulfill a work goal. Data gathered during this process has revealed that the JDs were able to provide direct assistance or referral in fulfilling member needs such as bus training, permanent resident alien status, certification in a particular job skill or computer training.</p> <p>Job Developers provide on-going assessment, both during the job search and after the acquisition of employment, through direct observation and feedback from the member and (with the member's permission) from the employer or potential employer. Evidence was found in member records that JDs talk with members about how they perceive themselves at work, their comfort with co-workers, tasks or the particular work culture, and whether or not they want to consider a new job search.</p>	
2	Rapid search for competitive jobs:	1 – 5 4	<p>Whenever possible, competitive job searches begin on the first meeting with members with the goal of making face-to-face contact with a potential employer within 30 days. Most first employer contacts appear to occur within the 30 day goal; however documentation did not consistently clearly identify whether that contact was face-to-face or not. Valleylife staff reported that when members miss appointments or are difficult to locate, first direct employer contacts may occur in 60 days.</p> <p>The most junior of the four Job Developers, carries a caseload made up of primarily members also receiving pre-employment services. The JD is not providing those services but is instead tasked with</p>	<ul style="list-style-type: none"> <li>• The agency should look at mechanisms for tracking and documenting first and subsequent face-to-face contacts with potential employers, including the date, location, employer, context of contact, and any other pertinent information relevant to the job search. The RBHA should provide guidance in this area based on tracking tools used by other agencies that have scored well in this area.</li> <li>• Because Valleylife acknowledges that members can get “stuck” in pre-employment, the agency should seek additional consultation, technical assistance and training to facilitate moving</li> </ul>

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			<p>engaging them in transitioning to the SE program while he builds up his caseload.</p>	<p>members still enrolled in those activities into the SE program.</p> <ul style="list-style-type: none"> <li>• JDs should use an employer tracking log to track all employer contacts made on behalf of members, including the date, name of contact, type of contact and location, and pertinent information gathered. Examples of employer contact logs can be found of the <a href="#">Dartmouth Psychiatric Research Center website</a>.</li> </ul>
3	Individualized job search:	1 – 5 4	<p>Member voice drives job searches, and this was reflected in staff and member interviews and within Vocational Profiles. Said one JD, “We encourage them to look for whatever type of job will make them happy to go to work every day.” Member goals and interests are identified on the member Vocational Profile, which guides the job search. Valleylife PMs said that JDs are still working on keeping up to date amendments and other revisions to the Vocational Profile, although evidence was found within progress notes of members’ evolving needs and preferences. Members interviewed stated they felt their preferences were being prioritized. Program leadership said that approximately 65% of members are getting the type of job they wanted. Of ten agency member records reviewed, 80% showed evidence of job searches that aligned with members’ stated job goals on Vocational Profiles.</p> <p>Valleylife staff said that the improving job market has allowed for more individualized job searches, although members with felony convictions face more limited options. JDs use relationships and contacts in the business community to support individualized job searches. For example, one JD</p>	<ul style="list-style-type: none"> <li>• Valleylife JDs should continue to use the Vocational Profile as a record of the member’s interests, needs, preferences, skills, hobbies, education and long-range career goals. Because the vocational profile should be treated as a living document, the agency should find solutions to timely recording of amendments, job ends, job starts, and other updates that could guide and enhance current and future job searches.</li> <li>• JDs should continue to focus on building relationships with area employers, promoting the benefits of working with SE professionals.</li> <li>• Agencies, clinics, the RBHA and VR should commit to a shared understanding honoring member voice and providing all available necessary supports, referrals, resources, and training required for an individualized, competitive job search. These provisions should not be confused with pre-employment activities such as WAT, trial work assignment, or employment enclaves.</li> </ul>

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			<p>used an employment contact to help a member achieve a long-held goal of working for the Diamondbacks organization. When members cannot identify a job type or interest, JDs conduct career exploration activities with members that include job fairs, visits to diverse work environments, and discussion about types of jobs that other members have enjoyed.</p>	
4	Diversity of jobs developed:	1 – 5  4	<p>Valleylife staff reported of the most jobs developed can be found in three areas: customer service, retail, and general labor but have expanded beyond those industries with the improved labor market. The majority of positions remain entry level, but Valleylife staff reported that members present with a range of interests, skills and capabilities. Of 24 individuals currently employed active Valleylife members, members found work in food service (3), janitorial, customer service (3), and general labor (3), landscaping (1), hotel attendant, sales (2), call centers (1), assembly (1), behavioral health (2), and retail (2).</p> <p>The reviewers saw little evidence that any particular job setting or employer dominated where members were hired, although Goodwill, Walmart, Fry’s Food, Aramark, Peckham and behavioral health organizations were identified in interviews with agency and clinic staff as employers where many members have found supportive and successful work environments. JDs said the employers and the business community need more education in recognizing the abilities and potential of people living with disabilities, and agree relationship building is essential.</p>	<ul style="list-style-type: none"> <li>• Valleylife should continue efforts to build relationships with community employers and promote the benefits of hiring individuals who receive follow along support and job coaching.</li> <li>• JDs should periodically discuss with members the pros and cons of employer disclosure, especially as it relates to communicating with employers about work accommodations, effective communication, and understanding and responding to the needs of people who are managing symptoms or other behavioral health concerns.</li> </ul>
5	Permanence of jobs developed:	1 – 5	<p>Job Developers encourage members to pursue permanent, competitive jobs in integrated</p>	<ul style="list-style-type: none"> <li>• To the greatest extent possible, JD should</li> </ul>

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		4	<p>community settings. However, permanence of jobs is difficult to verify because JDs acknowledged that many employers practice temp-to-hire for most positions. One JD described this as akin to standard probationary periods, but said they sometimes result in short term assignments. One clinic RS said that seven out of ten recent referrals are in permanent positions but that Shutterfly, Aramark and AutoZone are among those who practice temp-to-hire.</p> <p>Valleylife staff said pre-employment referrals can be barriers to finding permanent work, especially if they go on beyond four months. They also noted that more education is needed for clinical teams and VR about the SE model and the connection between work and recovery. Some clinic staff said that some VR counselors write off competitive employment for people who are hard to place. One member interviewed reported he chose to do a work adjustment assignment in order to establish a current work history and references because his felony record had proved a significant barrier to competitive work.</p> <p>While JDs appear to be committed to focusing members on competitive job searches, it is unclear how many of those jobs actually are competitive. At least one employer, Peckham, though offering permanent work that pays well above minimum wage, fills positions set aside for people with disabilities. Several clinic staff believe that some employers do set aside positions for people with disabilities.</p>	<p>encourage members to focus on locating permanent, competitive jobs in integrated community settings. If temporary or seasonal jobs are explored, JDs should clearly document the reason for the member’s preference, as well as provide evidence that the position is open to anyone seeking employment and not just for the disabled population.</p> <ul style="list-style-type: none"> <li>• JDs should avoid suggesting employers that demonstrate a pattern of exploiting temp-to-hire practices and do not often result in offers of permanent work.</li> <li>• Continue efforts to collaborate with clinics and VR regarding the benefits of SE and how it promotes recovery. See also recommendation in item O3.</li> </ul>
6	Jobs as transitions:	1 – 5	Job Developers encourage members to view jobs	

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		5	as opportunities for vocational learning and increasing self-knowledge about work needs and preferences. JDs will work with members to end jobs and find new jobs. Evidence found in one record showed that a JD assisted the member across multiple job transitions, helping identify issues that lead to the end of jobs and providing counseling on how to leave jobs appropriately. New job searches are started as soon as the member is ready, often immediately.	
7	Follow-along supports:	1 – 5 4	<p>Job Developers provide a wide range of follow along supports including off and on-site job coaching, job counseling, assistance with transportation, and advocating on behalf of members with employers for such things as workplace accommodations, schedule changes or help with managing conflicts with co-workers. Valleylife JDs also will help members with transportation needs through the use of agency vans. Follow along supports are provided as long as members need them.</p> <p>According to agency provided performance data, of the 168 members served year-to-date (as per the September 14, 2015 report) 47 (29%) of members received either brief or long-term follow along support services.</p>	<ul style="list-style-type: none"> <li>Job Developers, with the assistance of clinical teams and informal support networks, should strive to provide a variety of supports to most (&gt;50%) members receiving SE services. Since employer guidance and education is a form of follow along services, it is advised that JDs make efforts to periodically revisit the benefits of employer disclosure with members.</li> </ul>
8	Community-based services:	1 – 5 4	<p>A review of ten agency member records found that Job Developers at Valleylife of 80 member contacts, 54 (67.5%) took place in the community. Contacts took place in a variety of contexts such as meeting members at coffee shops to complete vocational profiles and submit on-line job applications, taking members to locations where they can observe different types of work, or accompanying them to potential employers for</p>	<ul style="list-style-type: none"> <li>Job Developers should consistently document the location of contacts with members or other community-based contacts made on their behalf. JDs should strive to provide at least 70% of services in the community.</li> </ul>

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			<p>career exploration activities and job interviews. One JD provided a member with in vivo training in how to use the Valley Metro bus service to navigate the community. JDs interviewed estimate that they provide 80 – 90% of contacts in the community; however, some progress notes did not indicate whether the contact was in the community or at the clinic.</p>	
9	Assertive engagement and outreach:	1 – 5  5	<p>Interviews with clinic staff and members and agency member records provide evidence that Job Developers make good use of assertive engagement and outreach when members miss appointments or stop attending. JDs call and send emails to members, look for them during times when they are scheduled to be at the clinic, and contact clinical teams to inquire about member status or whereabouts. Once contact is established JDs will offer to pick them up wherever they are in an agency vehicle or meet them anywhere in the community.</p> <p>Job Developers will put members on hold if members need to take a break from the job search in order to focus on other immediate priorities such as family caregiving, school or physical health. They also put members on hold for psychiatric hospitalizations and will check-in and reopen the case when the member is ready. JDs stated that they prefer to keep cases open until specifically told by the member or CT to close the case.</p>	
<b>Total Score:</b>		<b>65</b>		

**SE FIDELITY SCALE SCORE SHEET**

<b>Staffing</b>	<b>Rating Range</b>	<b>Score</b>
1. Caseload	1 - 5	5
2. Vocational services staff	1 - 5	5
3. Vocational generalists	1 - 5	5
<b>Organizational</b>	<b>Rating Range</b>	<b>Score</b>
1. Integration of rehabilitation with mental health treatment	1 - 5	3
2. Vocational unit	1 - 5	5
3. Zero-exclusion criteria	1 - 5	3
<b>Services</b>	<b>Rating Range</b>	<b>Score</b>
1. Ongoing work-based assessment	1 - 5	5
2. Rapid search for competitive jobs	1 - 5	4
3. Individual job search	1 - 5	4
4. Diversity of jobs developed	1 - 5	4
5. Permanence of jobs developed	1 - 5	4
6. Jobs as transitions	1 - 5	5
7. Follow-along supports	1 - 5	4
8. Community-based services	1 - 5	4
9. Assertive engagement and outreach	1 - 5	5
<b>Total Score</b>		<b>65</b>
<b>Total Possible Score</b>		<b>75</b>