

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

Date: December 1, 2017

To: Nicole Cupp-Herring, Chief Clinical Officer  
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AHCCCS Fidelity Reviewers

### **Method**

On October 30 – November 2, 2017, Karen Voyer-Caravona and T.J. Eggsware completed a review of the Lifewell Behavioral Wellness 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 Lifewell, the referring clinics included Partners in Recover East Valley and La Frontera-EMPACT Comunidad.

Lifewell Behavioral Wellness offers a range of services, including: outpatient services, vocational services, housing support, and services through adult clinics. According to the agency website, vocational rehabilitation services include: supported education, supported employment, peer certification training, culinary awareness and nutrition, and supported volunteering. SE services are open to members through referrals from other clinics and internally through staff at Lifewell Behavioral Wellness service hub locations. The SE program offers co-located services at La Frontera-EMPACT Comunidad and Terros Priest (formerly Enclave) clinics.

The individuals served through the agency are referred to as "clients" and "members", 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:

- Observation of an integrated team meeting at Comunidad clinic on October 31, 2017;
- Observation of an SE unit supervisory meeting on November 2, 2017;
- Group interviews with three Rehabilitation Specialists (RS) and one Case Manager (CM) at East Valley and three RSs at Comunidad;
- Program overview with three Lifewell administrators, the SE Program Coordinator (Supervisor), the Senior Director of Outpatient Services, and the Program Manager for Rehabilitation Services;
- Individual interview with the SE Program Coordinator;
- Group interview with five Employment Specialists (ES);
- Group interview with three members receiving SE services;
- Phone interview with one informal support of a member receiving SE services;
- Review of ten randomly selected member records at Lifewell, including some co-served at East Valley and Comunidad clinics; and
- Review of data provided by the agency including program rosters, the Lifewell Behavioral Wellness Outreach Checklist (Rehabilitation Services), Retention Protocol, and SE Engagement Protocol for Lifewell Co-location Team (3 – 5 Day Process)

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 reported implementing some changes based on recommendations from the previous year’s review. ESs can now transport members to improve productivity and community-based services. The job title of Job Developer was changed to Employment Specialist to more accurately reflect the range of employment services provided. Additional staff was added so that caseload sizes allowed ESs time to provide all phases of SE. A new program flyer was developed and distributed to referral sources, and staff reported increased training support and collaboration with the Regional Behavioral Health Authority (RBHA). In addition, the agency demonstrated strengths in the following program areas:

- Vocational services staff: Employment Specialists at Lifewell provide only vocational services; they do not conduct case management duties, facilitate groups, or teach classes.
- Supported Employment unit meeting: The SE unit meeting observed was well-structured and purposeful; ESs reviewed caseloads and provided details relating to job searches, new employment, and retention challenges. ESs appeared familiar with each other’s cases, asked each other questions, provided feedback, and shared information related to employers, industries, job leads, and effective employer engagement.
- Jobs as transitions: Evidence was found in records and interviews that ESs work with members to find new jobs when old jobs end and help members leave old jobs professionally.

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

- Treatment Integration: Co-location of ESs with clinical teams appears to improve integration but, according to Lifewell staff, provider clinics and/or the individual teams set those parameters. Co-located ESs attend weekly treatment team meetings but have a limited voice, only providing input on members currently on their caseloads, and may or may not be allowed to stay for the entire meeting. Non-co-located SE staff have little to no opportunity to shape services; they do not attend clinical treatment team meetings or meet regularly with CMs and RSs to staff cases. For services provided at both co-located and non-co-located clinics, monthly summaries were often generic and replicated information from the previous month. Additionally, some SE members are served by staff in other Lifewell service streams (counseling/psychotherapy, group and socialization activities), and evidence of coordinated services with SE staff was not located (other than documenting services in the same record).
- Community-based services: The SE program should increase community based delivery of services from 46% to 70%. Community-based services may include job development activities performed on behalf of specific members without the member present, such as on-site industry research or employer networking/relationship building activities. The SE team may benefit from technical assistance and in vivo mentoring to develop confidence and skills in this area.
- Assertive engagement and outreach: Remove formal time limits on engagement and outreach to members; continue outreach until members have reported that they no longer want services or are no longer interested in employment. Involving natural supports as allies throughout the Supported Employment journey may benefit outreach efforts.

**SE FIDELITY SCALE**

Item #	Item	Rating	Rating Rationale	Recommendations
<b>Staffing</b>				
1	Caseload:	1 – 5 5	Caseload data for the five ESs, submitted to the reviewers prior to the review, showed a total of 61 members receiving SE services. At the time of the review, ESs reported caseloads ranging from nine to 20.	
2	Vocational Services staff:	1 – 5 5	Employment Specialists at Lifewell provide only vocational services; they do not conduct case management duties, facilitate groups, or teach classes.	
3	Vocational generalists:	1 – 5 4	ESs reported that they provide all phases of employment services: intake, engagement and assessment; job development and placement; follow along support; and retention services. Per the record review, it appeared that most job development was limited to on-line job searches with little evidence found of direct employer engagements. Although some progress notes showed that ESs referred members to job fairs, sometimes attending with them, most contained insufficient detail regarding specific employer contacts or plans for follow up action. During the SE unit meeting observed by the reviewers, one ES shared an enthusiasm for making “cold calls” (unscheduled engagement visits with potential employers for introductions and information gathering) but other ESs appeared unfamiliar with this practice. Likewise, it appeared that job coaching activities and follow along support were provided over the phone, office, or meetings at cafes, rather than shoulder-to-shoulder in vivo experiences designed to build skills and master new behaviors.	<ul style="list-style-type: none"> <li>ESs should regularly include community based employer engagement with or without members present in their job development activities. These activities can include interviewing employers regarding industry hiring trends, needs, and priorities; arranging for tours of potential employment settings; modeling interpersonal skills and behaviors for members visiting potential employers; and meeting with employers on behalf of specific job seekers.</li> </ul>

Item #	Item	Rating	Rating Rationale	Recommendations
<b>Organization</b>				
1	Integration of rehabilitation with mental health treatment:	1 – 5  2	<p>Co-located ESs attend one clinical meeting weekly for each team on which they have a caseload. While co-located ESs said they try to attend full meetings, the clinical teams dictate the terms of attendance and may ask them to leave early if discussion such as arrests or hospitalizations “does not pertain to them”. The two non-co-located ESs do not attend clinical team meetings; one ES ascribed this to Health Insurance Portability and Accountability ACT (HIPAA) rules.</p> <p>At the clinical meeting observed by the reviewers, it was not clear that CMs knew the ESs. The ESs both presented their caseloads at the beginning of the meeting. The clinical team appeared supportive of work goals, but the ESs did not participate in discussion regarding members not on their caseloads. Neither ES suggested work as a potential treatment goal, for members not already referred or identified by the team as a pending referral. The SE Supervisor, who was also present at the meeting, made a general pitch to offer SE services to a member interested in employment.</p> <p>Most co-located ESs said they try to meet with CMs and RSs two – three times weekly to staff individual members or follow up on concerns or member status. This was verified by interviewed RSs who described themselves as the conduit between the ESs and the CT. Co-located ESs have office space separate from clinical teams. RSs at the co-located site agreed that most coordination occurs face-to-face several times a week. One ES reported sharing office space with an ES from another agency also co-located at that clinic.</p>	<ul style="list-style-type: none"> <li>• In order to further the integration of supported employment with mental health services, ESs should attend full clinical team meetings weekly with the one or more assigned teams and participate as equal members of the treatment team. Rather than being consigned to updating the team on their caseloads alone, ESs should be expected to ask questions, provide input, and suggest SE services.</li> <li>• The RBHA, agency and clinics should explore opportunities for SE staff that are not co-located to have more participation and coordination for their co-served members.</li> <li>• The SE Supervisor should regularly review monthly summaries provided to clinical teams to ensure that they clearly and accurately reflect services provided, member participation, progress toward employment goals, and plan for future action/needs.</li> </ul>

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			<p>Neither non-co-located ESs keep offices in the clinics and reported that they stay in touch with RSs, and sometimes CMs, by phone, email, and monthly summaries. One ES reported having a monthly scheduled staffing with a clinic RS over the phone.</p> <p>Evidence of SE Monthly Summaries was found in some clinic records. Some monthly summaries were more individualized than others; one ES appeared to copy and paste the same status report back to the team month after month. The SE program maintains copies of clinic service plans but does not share the Lifewell service plan with the clinic. The reviewers noted little, if any, communication between the ES and other Lifewell staff whose program services were also listed on agency treatment plans.</p>	
2	Vocational Unit:	1 – 5  3	<p>The SE team meets weekly, rotating SE supervision one week and supervisory consultation from an agency clinician the other. The meeting observed by the reviewers was focused on SE supervision and attended by all the ESs and the SE Supervisor. Although the Supervisor directed the agenda, the discussion was ES driven. ESs each presented status updates on their entire caseloads. ESs shared information on phase of SE service, member participation and response to services, challenges to job searches and retention, as well as specific strengths and unique solutions to challenges. ESs appeared familiar with each other's cases, asked questions, and provided feedback. The Supervisor gave occasional direction usually related to collaboration with clinical teams. ESs shared job leads and resources, and discussed employment barriers such as lack of</p>	<ul style="list-style-type: none"> <li>• ESs should provide cross-coverage to each other in order to prevent gaps in services, maintain momentum and enthusiasm for job searches, and provide emergency support for workplace issues that could threaten job retention. Other services could include providing back up transportation for job interviews, conducting job site observations if approved by members, and helping with mock interviews.</li> <li>• While the clinical supervision meeting is likely beneficial, consider increasing the SE supervision from biweekly to weekly. Weekly group supervision focused on employment provides ESs with more regular access to the most up-to-date</li> </ul>

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			<p>transportation, inattention to grooming and hygiene, criminal history, and disclosure. One ES shared knowledge about the <i>cold call</i> job development approach.</p> <p>While the Supervisor and ESs reported they provide services to each other's caseloads, this appeared to be limited to coverage during vacation or sick time. No evidence was provided or found in the record review that ESs provide each other with assistance such as mock interviews, providing employer introductions, or providing transportation to a job interview.</p>	<p>information and resources on employers and job leads, as well as more opportunities for support, problem solving, and skill development.</p>
3	Zero-exclusion criteria:	1 – 5  4	<p>Most members receiving Lifewell SE services are referred by their clinical teams, but some referrals are generated internally by staff in other Lifewell programs. Clinic staff reported that if interested, members are referred, but it was not clear if all members are actively engaged to consider employment.</p> <p>The SE program does not exclude members from participating in services on the basis of symptoms, current substance use, or background issues. In the SE team meeting observed by the reviewers, an ES discussed concerns by other agency program staff about the ES providing transportation to a member with a history of sexual offending. The Supervisor advised that the member be staffed with the clinical team to gather further information on potential risk but at no time did staff discuss refusing services.</p> <p>Although the reviewers did not find evidence of exclusionary practices at the clinic and agency level, members receiving SE services from Lifewell</p>	<ul style="list-style-type: none"> <li>• The agency and the system should consider options for facilitating referral sources beyond that of clinical teams, to include family member, self-referral, peer run agencies, and self-help or faith-based organizations.</li> <li>• System partners should collaborate to ensure members are actively engaged in discussions on the positive benefits of employment.</li> </ul>

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			must be RBHA enrolled and referred through their clinical team, Vocational Rehabilitation (VR), or another Lifewell service provider. There is no mechanism for individuals to self-refer.	
<b>Services</b>				
1	Ongoing, work – based vocational assessment:	1 – 5 4	ESs interviewed described vocational assessment as continual, beginning at intake with questions about their employment interests and facilitated by completion of the Vocation Profile (VP). While assessments may identify challenges and potential barriers to employment goals, they do not appear to be used in any way to screen out or limit members’ job searches. Staff said that the VP was now in the electronic record system, and was used as a guide to identify interests, education, skills, work history, priorities such as desired income, proximity to bus stops or residence, and potential barriers to employment such as felony convictions, lack of transportation, physical limitations, or language barriers. Some staff may use ONET, an online tool, for helping members identify skills needed or already acquired for specific job interests. Reviewers found evidence of the use of VPs. However, it was not clear that they were regularly updated, and VPs could not be located in all records examined. Some progress notes showed that assessment was largely derived from member self-report, member response to suggestions and offered services, and observation at job fairs. However, these examples did contribute to valuable discussion during the SE team meeting attended by the reviewers. No examples of on-the-job, work-site observations were found in documentation.	<ul style="list-style-type: none"> <li>• Increase use of in vivo or environmental assessments that can be performed at all phases of the SE process. For example, when working with members with undefined career interests, the ES might accompany, support, and observe the member in a variety of work settings or interacting with potential employers. Some community assessment may vary according to the member’s comfort with employer disclosure but could include: direct work place assistance to a newly employed member who is struggling to learn an unfamiliar task, obtaining feedback from a supervisor, or observing the member at work from a discreet distance.</li> </ul>

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			<p>It was unclear how closely VR and Lifewell collaborate and coordinate their vocational assessments toward member work goals. One agency record showed that the VR Counselor (VRC) recommended a vocational goal entirely different from the one pursued in the Lifewell record with no resolution indicated later in the notes.</p>	
2	Rapid search for competitive jobs:	1 – 5  4	<p>Some clinic records showed delays between the time members reported an interest in working and service referrals. Per interview and records reviewed, in most cases it appears that once the referral is received the ES makes efforts to schedule with the member in the next week or two; however, one record showed a delay of nearly two months after the referral was received.</p> <p>SE staff reported that their goal is for first face-to-face employer contact to occur for members within 30 days of intake. Based on data provided to the reviewers, first face-to-face employer contacts appear to occur between one to six months from when the member begins the program. Some of those contacts were identified as staffing agencies, which cannot be classified as permanent. Also, some other contacts could not be verified in the record or they occurred at job fairs and did not specify the employer.</p> <p>Based on job logs that were copied into individual progress notes, which offered little detail, it was difficult to discern whether or not employer engagements were done face-to-face or merely reflect submission of on-line applications.</p>	<ul style="list-style-type: none"> <li>• SE staff should collaborate to identify any unnecessary/duplicative paperwork or administrative tasks that distract or do not contribute to getting member in front of employers as soon as possible.</li> <li>• ESs should maintain employer contact job logs that can be easily tracked by the SE Supervisor and include the specific location of the contacted, purpose of the contact, and any plan for follow up or action.</li> <li>• Consider using reminder prompts and tracking of first employer contacts in staff electronic calendars.</li> </ul>
3	Individualized job search:	1 – 5	<p>It was not clear to reviewers how individualized job searches are tracked by the SE Supervisor, as</p>	<ul style="list-style-type: none"> <li>• Clearly identify changes to members</li> </ul>

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		4	<p>VPs appear to be embedded in individual notes. Member data provided to the reviewers listed the date of VP completion but not subsequent updates or amendments.</p> <p>While Lifewell service plans were easy to locate and referenced SE goals, those tended to be standardized across member records rather than individualized to specific employment needs and preferences. SE progress notes and discussion during the SE team meeting showed that ESs make efforts to align job searches with members' employment goals. However, some jobs explored appeared unrelated to members' stated job interests and preferences. In one record for example, a member with an expressed interest in woodworking applied for positions at a health club and pet supply store; discussion in the SE team meeting suggested this may be due to limited employment opportunities in the member's community.</p> <p>A review of records of currently employed members indicated that job searches were individualized approximately 70% of the time. One member accepted a job where it was not clear if it aligned with his desire to sit on the job. For another, the reviewers could not determine why a member, whose employment goal was a position in which he would use his social work education and his peer support certification, accepted a job in the food service industry.</p>	<p>employment goals in jobs search plans and amendments to Vocational Profiles. Note when changes to job goals reflect new priorities or values such as proximity to home, need for immediate income, hours and shift, or work environment rather than previous goals based on education or work history.</p> <ul style="list-style-type: none"> <li>• With permission from the member, engage other people who know the member well such as family, friends, Case Managers, and former employers, as sources of information that might expand the list of good job matches.</li> </ul>
4	Diversity of jobs developed:	1 – 5  4	Caseload data showed that out of a total of 61 members receiving SE services, 23 were employed at the time of the review. Of those members 19 are in jobs developed while receiving SE services at	<ul style="list-style-type: none"> <li>• Ensure employment diversity for members, so that jobs types and employers are replicated less than 10% of the time.</li> </ul>

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			Lifewell. Data showed 17 job types with 15 (88%) being unique. Likewise, data showed 18 employers with one replicated employer, for 95% diversity. The replicated employer was a behavioral health provider, and that job was aligned with the member's employment goal. Two other currently employed members, referred for retention services only, were employed by this same employer at the time of the review.	
5	Permanence of jobs developed:	1 – 5 5	Although some progress notes indicated that some members accepted temporary or seasonal jobs, it should be noted one resulting employer follows a temp-to-hire model and applicants must go through its contracted staffing agency. Another member found employment himself through a staffing agency and ultimately determined he preferred that arrangement. Of the 19 currently employed members in jobs created by Lifewell ESs, it appeared that all were permanent positions.	
6	Jobs as transitions:	1 – 5 5	Per interviews, evidence found in member records, and the observation of the SE team meeting, ESs at Lifewell assist members to appropriately transition to new jobs. They will help members find new jobs while still employed at a current job, and will work with them to find new employment when they leave or are terminated from current positions.	
7	Follow-along supports:	1 – 5 5	Evidence in member records and the observation of the SE team meeting indicates that ESs regularly provide follow along support to most members. Examples of follow along support found in member records were advising members on professional appearance and dress, helping members with using effective coping, stress management, and communication skills at work,	<ul style="list-style-type: none"> <li>Periodically revisit the benefits of employer disclosure so that members can have the opportunity to receive follow along supports at work sites. Employers, who are vested in retaining workers, can be partners in follow along supports when making workplace accommodations, collaborating to carved out job duties, and</li> </ul>

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			<p>providing guidance on making employer requests for schedule changes, providing counseling for attainment of long-term career goals, identifying resources to support needed training and education, and assisting with transportation.</p> <p>There was limited evidence that ESs provide follow-along supports to employers or on-the-job supports to members, which ESs cited was due to member choice. However, some employed members expressed during interviews that they were open to disclosure per their VP. Some members prefer phone and others prefer face-to-face follow-along support.</p>	<p>providing evaluation and feedback about strengths and areas for improvement.</p>
8	Community-based services:	1 – 5  3	<p>Although the SE Supervisor said that the SE team has increased community based services by 400% since the last review period, he acknowledged the team had not yet attained the goal of 70% service delivery in the community. Per a review of member agency records, roughly 46% of Employment Specialists’ time was spent working in the community. Locations were primarily coffee shops, public library branches convenient to members, and job fairs. The reviewers saw three contacts that occurred at locations relevant to job searches; these were usually occasions where the ES met and supported members following up on applications or before and after job interviews.</p> <p>-Outside of job fairs, there was no evidence of ESs supporting members in visiting and networking with potential employers, although one ES, with considerable enthusiasm, described doing so at the SE team meeting.</p> <p>Records indicate that some ESs may be more</p>	<ul style="list-style-type: none"> <li>• Community-based contacts should be located in settings that are relevant to individualized job searches. These may include visiting a business with a member to learn about a typical work environment or to an industry representative for coffee. A range of follow-along supports can be provided in the community, including: travel training to learn a new bus route; helping a member find a place to exercise to manage job stress; or meeting a member over lunch to discuss anxiety about asking for a change in work schedule.</li> <li>• ESs should maintain employer contact job logs that can be easily tracked by the SE Supervisor and include the specific location of the contact.</li> <li>• The ES who conducts community-based employer engagement may be able to share tactics or approaches with other ESs that she utilizes to approach potential</li> </ul>

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			comfortable meeting with members in office locations rather than in the community.	<p>employers.</p> <ul style="list-style-type: none"> <li>• Rather than confining the vocational assessment process to the clinic, hub, or coffee shop where most employers <i>aren't</i>, take the process to where the employers <i>are</i>. This strategy gives job seekers a chance to interact with potential employers while at the same time giving both the ES and the member a valuable opportunity to fine tune job search needs and preference.</li> </ul>
9	Assertive engagement and outreach:	1 – 5  3	<p>The SE Supervisor reports that ESs call members to remind them of next-day appointments, and the day after missed appointments. Ideally, members receiving job development and placement services (JD&amp;P) are seen weekly to biweekly; however, members receiving retention services might prefer to be only seen every 30 – 60 days, or as needed.</p> <p>The SE Supervisor reports that after four missed appointments phone outreach begins. Some staff said outreach lasts between 30 – 45 days. One staff outlined a timeframe of about two months for individuals in job search. The agency provided the reviewers with a written protocol, <i>Outreach Checklist – Rehabilitative Services</i> that specifies four weeks of activities. Outreach is as follows: Week 1, the ES calls the member and sends a <i>missed appointment card</i>; Week 2, the ES calls the member, sends the missed appointment card, and, if the ES is unable to leave a phone message, outreaches the clinical team; Week 3, the ES outreaches the clinical team; and Week 4, send out the Notice of Action letter. The SE Supervisor said, however, that the actual closure date</p>	<ul style="list-style-type: none"> <li>• Rather than imposing formal time limits on outreach, ESs should continue efforts to engage until such time as members have declined to begin or continue services, or confirmed that they are no longer interested in employment.</li> <li>• ESs should use community-based engagement and outreach efforts; consider scheduling home visits, visits to day programs, and other community outreach with CMs or RSs. Outreach in the community may yield important information related to barriers to employment such as psychiatric or medical emergencies, housing instability, conflicts in family relationships, or loss of usual means of transportation.</li> <li>• Periodically engage members in discussion about the benefits of involving informal supports in follow along support efforts. Informal supports can assist in outreach since they may know where to locate members or why they are missing</li> </ul>

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			<p>depends on the member's stated direction and/or input from the clinical team. One record showed that when a member who found temporary employment on his own and reported being satisfied with this arrangement, the ES offered to close the case and reopen if the members elected at a later time; the member chose to close. One member interviewed said the assigned ES called after missed appointments.</p> <p>Reviewers found examples of ESs following up by phone after missed appointments, and ESs placing reminder phone calls the day before scheduled appointments. Although, this did not appear typical, one progress note showed that an ES went to a member's residence to make contact.</p>	appointments.
<b>Total Score:</b>		<b>60</b>		

SE FIDELITY SCALE SCORE SHEET		
<b>Staffing</b>	Rating Range	Score
1. Caseload	1 - 5	5
2. Vocational services staff	1 - 5	5
3. Vocational generalists	1 - 5	4
<b>Organizational</b>	Rating Range	Score
1. Integration of rehabilitation with mental health treatment	1 - 5	2
2. Vocational unit	1 - 5	3
3. Zero-exclusion criteria	1 - 5	4
<b>Services</b>	Rating Range	Score
1. Ongoing work-based assessment	1 - 5	4
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	5
6. Jobs as transitions	1 - 5	5
7. Follow-along supports	1 - 5	5
8. Community-based services	1 - 5	3
9. Assertive engagement and outreach	1 - 5	3
<b>Total Score</b>		<b>60</b>
<b>Total Possible Score</b>		<b>75</b>