

## SUPPORTED EMPLOYMENT (SE) FIDELITY REPORT

Date: March 28, 2019

To: Joyce Behrens, General Manager  
James Salmon, CEO

From: T.J. Eggsware, BSW, MA, LAC  
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AHCCCS Fidelity Reviewers

### **Method**

On March 4-7, 2019, T.J. Eggsware and Karen Voyer-Caravona completed a review of the WEDCO Employment Center, Inc. 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 the Central Region of Arizona. 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 the Central Region of Arizona, 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 WEDCO Employment Center Inc. (WEDCO), the referring providers included Southwest Network Estrella Vista and Terros 23<sup>rd</sup> Avenue Recovery Center.

WEDCO partners with Mercy Care, the Regional Behavioral Health Authority (RBHA) for the Central Region of Arizona, provider organizations and the Arizona Department of Economic Security Rehabilitation Services Administration (RSA) to provide employment related services. In the year since the last review the agency transitioned to an electronic file system. The reviewers were provided printed records for examination at WEDCO.

The individuals served through the agency are referred to as *clients*, but for the purpose of this report, and for consistency across fidelity reviews, the term "member" will be used to identify participants of the SE program diagnosed with a SMI. WEDCO SE staff are classified as *Senior Employment Specialists (SEs)* or *Employment Specialists (ESs)*. The positions are distinguished by SEs having more experience in the role.

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

- Individual interview with WEDCO's General Manager;
- Two telephonic individual interviews with members who receive WEDCO SE services;

- Group interview with three WEDCO SEs;
- Observation of a vocational unit meeting on March 4, 2019;
- Review of member records, including co-served SE members at Terros 23rd Avenue Recovery Center and SWN Estrella Vista clinic;
- Observation of a clinic team meeting attended by WEDCO staff at the Terros 23rd Avenue Recovery Center on March 6, 2019;
- Group interview with two Case Managers (CMs) at the Terros 23rd Avenue Recovery Center;
- Group interview with two Rehabilitation Specialists (RSs) and two CMs at the SWN Estrella Vista clinic; and,
- Review of the agency website, the SE member roster, recent WEDCO staff meeting minutes, WEDCO Employment Center *Notice of Action* letter, an example of a SE staff Activity Log/Timesheet, WEDCO's Policy & Procedure *Member Engagement, Outreach and Re-Engagement ENGAGEMENT*, and copies of verifications to SE staff attendance at co-located clinic team meetings.

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

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

### **Summary & Key Recommendations**

The agency demonstrated strengths in the following program areas:

- The members interviewed reported satisfaction with services through WEDCO. The members said that their assigned SE staff supports their employment search.
- The program engages members in benefit planning discussions. There was evidence in member records that members are introduced to Disability Benefits 101 (DB101).
- SE staff caseloads, on average, are less than 15 members per SE staff.
- The majority of members employed in the past year are with a diverse pool of employers. Most of those employed members are in diverse positions.
- The majority of members employed in the past year are in permanent and competitive positions.

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

- SE staff should engage in job development activities. Seek training opportunities that will help SE staff enhance their skills to conduct job development. SE staff should have employer contacts as part of job development activities and community-based services. Relying primarily on internet searches limits job development. The need to use the internet to *apply* for positions can be distinguished from job search and development activities which require a variety of tactics, including face-to-face employer engagement and relationship building. Employer contact logs with information such as the company, name of contact, information about the position/s, etc. are one way for SE staff to track and share job leads with the SE team.
- As part of job development, SE staff should meet with members in diverse locations, including: potential employers, work settings, libraries (where other job search resources may be available), various job centers, etc. Meeting at diverse locations can provide

opportunities for exposure and discussion about the range of employers and positions available. SE staff might support members during informal interactions with potential employers or employees in settings most closely aligned to the member's goal. SE staff might observe and provide feedback. Meeting with members in public locations to conduct online searches merely replaces the office with a remote office setting.

- SE staff should increase contact with clinic staff. WEDCO staff and system partners should work together to improve integration and collaboration. With separate providers, there are inherent barriers to successful integration. These include providers maintaining separate intake processes and records. Clinic providers allow varying levels of SE staff access and participation to the full clinic team. WEDCO staff does not have full control whether other providers invite SE staff to attend clinic meetings. However, WEDCO staff does have control over the services they provide, such as the responsibility to maintain frequent contact with clinic staff.
- System partners, including clinic staff, should collaborate to ensure members are engaged to consider employment, and that members are not delayed in receiving support to pursue employment. Furthermore, system partners should seek to ensure members who express employment goals are not directed into other programs, such as Work Adjustment Training (WAT).
- Ensure timely face-to-face employer contact. Employer contacts should be individualized, including elements such as: job interviews, job site tours to learn about a particular industry, interviews of industry employers to learn about skills and qualities desired in a candidate, and job fairs. As SE staff begins to increase job development activity, they can capitalize on relationships they cultivate to facilitate timely member face-to-face interactions with potential employers that meet the needs and goals of each member.
- Consider revising the agency brochure for SE to clearly delineate SE from other pre-vocational programs at the agency. If possible, seek input from SE staff and clinic staff regarding what information would be useful to describe WEDCO SE services in the brochure and agency website. Consider including member employment data and testimonials from employed members. The current brochure is titled Supported Employment Services. It includes a summary of elements of SE, but also highlights programs not traditionally associated with SE, such as WAT.

**SE FIDELITY SCALE**

Item #	Item	Rating	Rating Rationale	Recommendations
<b>Staffing</b>				
1	Caseload:	1 – 5  5	SE staff caseloads ranged from two to 23 with an average caseload of less than 15 members for the eight identified SE staff. SEs carry higher caseloads than ESs. The General Manager does not carry a caseload. Based on the sum member data provided, 116 clients are served by SE staff. Data was provided for 98 SE members. The discrepancy is due to a portion of two staffs' caseloads not falling under the scope of this review. One staff is transitioning from a different WEDCO unit. A second SE staff's caseload includes clients not affiliated with a clinic.	
2	Vocational Services staff:	1 – 5  5	WEDCO staff attested that SEs and ESs of the SE program provide only SE vocational services. They do not facilitate groups, WAT or other activities.	
3	Vocational generalists:	1 – 5  4	<p>SE staff reported they complete all phases of vocational services and members do not have to change between SE staff. However, it was reported by staff at a clinic that members may occasionally need to switch SE staff due to changes of the primary funding source (i.e., the RBHA versus Vocational Rehabilitation).</p> <p>Based on records reviewed, SE staff primarily documented assisting members with online job searches. It is not clear if SE staff engage in the full scope of job development activities. A tracking log in member records combined a list of applications submitted by date, nearly all online, and dates of phone interactions with members. No recent examples of SE staff interacting with potential</p>	<ul style="list-style-type: none"> <li>• Ideally each SE staff should carry out all phases of vocational service for a member. If applicable, eliminate the need for members to change SE staff.</li> <li>• SE staff should have frequent direct employer contacts (e.g., optimally six or more per week). Aspects of job development should include learning what qualities employers seek in potential employees, building relationships with employers over the course of multiple visits and treating the employer as a potential customer. This can occur with members and without members present. Meeting with members in one or two public settings for online job searches is insufficient as job</li> </ul>

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			<p>employers as part of job development activities were found. During the SE team meeting, job leads were presented by an agency administrator rather than the SE staff each reporting on their contacts with employers or sharing job leads.</p>	<p>development.</p> <ul style="list-style-type: none"> <li>SE staff should make unique contacts with new employers on a regular basis. The SE supervisor should monitor, mentor and accompany SE staff in the field if they are struggling with job development. Assigning job development primarily to one staff, or marketer, may inhibit other SE staff from developing those skills.</li> <li>Consider separating employer contact logs from phone call logs.</li> </ul>
<b>Organization</b>				
1	Integration of rehabilitation with mental health treatment:	1 – 5  1	<p>SE and clinic staff are not integrated. One SE staff is co-located at a clinic and documentation showed frequent contact with clinic RS staff. SE staff said that the co-located staff attends four clinic team meetings weekly. SE staff provided forms in an effort to demonstrate attendance and integration with clinic teams. The forms were not found to be reliable evidence of integration. The forms include three primary functions with check boxes for clinic staff to attest the SE staff completed each function. WEDCO pre-populates the boxes with check marks before they are presented to clinic staff for their signature.</p> <p>One of the items on the attestation form addresses whether SE staff discussed the potential for employment of members not engaged in SE. During the meeting observed, employment was not discussed for members not currently engaged in SE. Staff discussed co-served members and referrals near the conclusion of the meeting. Interviewees reported SE staff usually discusses members referred or pending referral. Depending</p>	<ul style="list-style-type: none"> <li>SE staff should Increase contact with clinic staff. SE staff should have multiple contacts weekly with clinic staff, not only team RSs. Teams experience turnover at the RS position. WEDCO staff has control over their role in maintaining frequent contact with clinic staff.</li> <li>As a step toward improved integration, assigning SE staff to one or two teams may improve coordination. At clinics with no co-located WEDCO staff, and a significant number of co-served members, consider assigning one or two SE staff to the location. That step may improve communication.</li> <li>SE staff should attend weekly treatment team meetings with full teams (i.e., usually comprised of Psychiatrist, Case Mangers, Rehabilitation Specialist, Nurse) They should stay for the entire meeting duration. SE staff should discuss members already referred and prompt clinical teams to think about employment for specific members</li> </ul>

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			<p>on the SE staff's schedule, they may not stay for the entire meeting.</p> <p>SE staff that is not co-located said they usually attend two clinic meetings per month per member. Evidence of SE staff attendance in team meetings was not found in any of the sample records reviewed. SE staff that are not co-located documented occasional contacts with clinic staff. Interviewees at one clinic said they would like to have more contact with SE staff. In one WEDCO record there was an email from clinic staff responding to SE staff and the clinic staff requested more contact from SE staff. Some interviewees said it would be helpful if specific SE staff worked with specific clinics. It would make it easier for clinic staff to track SE staff assigned to members.</p> <p>Multiple providers can lead to confusion over the tracking of referrals and intakes at brokered providers. An example was found of a member who received SE from WEDCO and a comparable provider concurrently. It appeared the member was in a WAT through the other agency while enrolled with SE at WEDCO.</p> <p>Based on documentation and interviews, SE staff coordinates with RSs unless a team has none. Then, they might coordinate with a CM or another team's RS. If not co-located, SE staff does not interact with the Psychiatrist or Nurse. SE staff said one provider does not allow them to attend team meetings. Clinics and WEDCO maintain separate files and may not regularly share documents.</p>	<p>not already referred. Due to separate providers of healthcare and employment services it may be difficult to achieve integration. Nonetheless, system partners should collaborate to resolve barriers to full integration.</p> <ul style="list-style-type: none"> <li>• The SE supervisor should communicate with clinic leadership to resolve barriers to integrated services and to address service delays. Sporadically accompany SE staff at treatment team meetings to support integration efforts.</li> <li>• If an integrated file is not possible, system partners should work collaboratively to allow for easier sharing of information between agencies. SE staff should have access to clinical records. As a first step, SE staff should ensure Vocational Profiles and employment plans, at a minimum, are shared with clinic staff.</li> </ul>
2	Vocational Unit:	1 – 5	The SE staff is supervised by WEDCO's General	<ul style="list-style-type: none"> <li>• SE program meetings should be client-</li> </ul>

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		3	<p>Manager. SE program staff said they meet weekly as a group. Administrative logistics seemed to be the focus of the team meeting based on observation and meeting notes. The General Manager said she meets with three SE staff individually weekly. The remaining SE staff meets with another administrative staff that monitors the services they provide.</p> <p>During the vocational unit meeting observed, few members were discussed. One SE staff asked about leads for a new member. One staff shared a story about taking a member to a community event in January 2019. An agency staff shared general job lead information recently obtained and job fairs. There was little sharing of leads from SES or ES staff job development activities.</p> <p>Staff reported they provide cross-coverage. One recent example was found in a reviewed record. An ES accompanied a member to an interview. The topic of cross-coverage was discussed with WEDCO staff per an agency document. There it was noted that a different SES could work with a member for different ideas. It didn't appear the topic is revisited unless planning for coverage when staff is out or on vacation. Staff said that the ES staff generally fill-in for SESs when they are overbooked, for vacation, etc. It does not appear staff shares a fully conceptualized understanding of cross-coverage.</p>	<p>focused. The meeting is intended for group discussion among the specific SE staff providing services, to support each other, share successes, to share job lead information from job development activities, address challenges, etc. Due to the WEDCO SE program size, consider rotating caseload reviews as a first-step. Another option is for each SE staff to review a few members each week. Minimize the administrative task focus.</p> <ul style="list-style-type: none"> <li>SE staff should provide vocational services to each other's members to support desired employment outcomes. The intent of staff cross-coverage is not only to fill-in or as a service bridge. Examples include one staff introducing a co-worker's member to an employer, conducting job site observations, role playing mock interviews, or providing transportation to and from a job interview. There may be more opportunities for this type of cross-coverage as SE staff conducts job development activities.</li> <li>Review the current individual supervision approach at WEDCO to ensure the focus is not only on administrative tracking of services rendered. Client centered supervision can include the SE supervisor accompanying SE staff into the field to observe, mentor, etc.</li> </ul>
3	Zero-exclusion criteria:	1 – 5  2	WEDCO staff reported that a member wanting to work is the only criteria for SE services. Clinic staff reported that if members express an interest in employment they are referred to WEDCO or a	<ul style="list-style-type: none"> <li>Regularly train clinic staff on SE, with a focus on the principle of zero-exclusion. This is an area that referral sources can directly influence. Avoid intermingling</li> </ul>

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			<p>similar provider of member choice. Staff reported members tend to bring up the employment goals.</p> <p>At the clinic level, it does not appear members are regularly encouraged or engaged to consider employment. During the clinic meeting observed, clinic staff was not encouraged to consider employment for members discussed. Only members referred or co-served were discussed. A member's eligibility was discussed as a barrier to starting WEDCO SE service.</p> <p>One interviewee said a member had to go through the VR orientation before their referral to WEDCO. Clinic staff gave varying views on their approaches supporting members' employment goals. One affirmed the principle of zero-exclusion. Another said the decision to refer members to SE may be influenced by Vocational Rehabilitation (VR) assessment of a member's ability to work. A subgroup of clinic staff said there are members who may not be ready to pursue employment. For those members, other staff on the team may be involved in the decision of what service to pursue. Though it appears clinic staff approach the assessment in an effort to be protective of members, it does not appear all clinic staff has a shared understanding and application of zero-exclusion. Clinic staff at one location reported no training in the last year regarding zero-exclusion, but said WEDCO staff provided a general review of WEDCO programs.</p>	<p>training on SE with other programs (e.g., WAT) unless highlighting the benefits of SE in comparison. Regularly orienting clinic staff on zero-exclusion may empower them to more faithfully align their services to the SE model. Steering members from competitive employment should be discouraged, regardless whether it occurs at referring clinics, WEDCO, or by system partners.</p> <ul style="list-style-type: none"> <li>• Ensure members are regularly encouraged to consider employment. Multiple member engagement avenues should exist, including direct contact with SE or clinic staff, or integrated team meetings where SE staff can prompt clinical teams to think about employment for specific members as they are discussed. Employed members may serve as envoys to keep clinic staff up-to-date on the benefits of SE services.</li> <li>• Seek opportunities for VR, SE and clinic staff to collaborate to support members' competitive employment goals. Identify differences in goals and philosophies, as well as areas of agreement respecting members' potential outcomes. SE programs should support members with their competitive employment goals.</li> </ul>
<b>Services</b>				
1	Ongoing, work – based vocational	1 – 5	Per WEDCO staff, the Vocational Profile is started at intake and can be adjusted as new information	<ul style="list-style-type: none"> <li>• Revise the Vocational Profile as new</li> </ul>

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	assessment:	4	<p>is learned. Vocational Profiles were located in WEDCO files reviewed. Though, it did not appear that the Vocational Profile is commonly used as a living document that can be updated as new information is learned or goals change.</p> <p>Staff said no paperwork or other assessment was required before beginning the job search. However, it appears having a resume and completed master application are prioritized during early SE contacts. Some information on the master application was similar to information collected in the Vocational Profile. It was not clear if staff provide on-the job assessment. The nature of online job searches limits the ability of SE staff to provide direct assessment during the job search.</p> <p>Examples of members directed to WAT were found in a WEDCO and clinic file. Additionally, documents provided at WEDCO implied the SE program relies on clinic staff to inform members of all program options prior to intake. It was noted that in some cases members may be candidates for WAT, but are referred for employment.</p>	<p>information is learned or goals change. Consider eliminating redundancies on the master application form if that information is listed on the Vocational Profile.</p> <ul style="list-style-type: none"> <li>• Increase use of in vivo or environmental assessment. These can be performed at all phases of the SE process. For example, accompany members to observe their interactions with potential employers. Community assessment might vary according to the member's comfort with employer disclosure. Discuss with members the benefit of having SE staff present to observe and provide immediate feedback. Other examples may include: work place assistance to a newly employed member who is struggling to learn a new task, obtaining feedback from a supervisor, or discreetly observing the member at work. There may be more opportunities for these types of interactions as SE staff increases their job development activities.</li> </ul>
2	Rapid search for competitive jobs:	1 – 5 4	<p>Referrals are usually made by clinic RSs but CMs or other clinic RSs complete referrals on teams without an RS. Some members experience delays between when they first express an interest in employment and intake with WEDCO. Examples were found in records of members waiting a month or more after expressing an interest in employment before SE program intake. Staff at a clinic indicated there may be delays processing record requests. In the scope of this review it is difficult to determine if members experience added delays due to readiness assessments or</p>	<ul style="list-style-type: none"> <li>• At clinics it may be possible to expedite referrals by allowing/requiring the first staff (e.g., CM or RS) to whom members voice an employment goal to make the referral for SE services. Resolve delays to paperwork processing. Avoid screening or educating members about alternative employment activities. Support speedier employer interactions.</li> <li>• Preferably, first face-to-face contact with a competitive employer occurs within 30</li> </ul>

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			<p>encouragement to participate in alternate activities (e.g., clinic groups, WAT, VR orientation).</p> <p>WEDCO staff reported first face-to-face contact with an employer should occur within 30 days after intake, but on average it can be 30-45 days if members are on hold due to physical illness, hospitalization or other significant event. Based on data provided for members referred in the prior year, there was an average of about 63 days before first face-to-face employer contact after program intake. Eight members with the SE program for more than 30 days had no employer contact. Additionally, for one SES, 50% of their SE caseload had a first employer contact at a fast-food establishment.</p>	<p>days of when a member first expresses an interest in employment. Consider accompanying members to interact with potential employers during their first SE contact. For example, once a member identifies an area of interest, SE staff can go with the member to the employer to talk with a manager or other staff, to ask what the position entails.</p> <ul style="list-style-type: none"> <li>At WEDCO, evaluate why some members experience a delay before first face-to-face employer contact.</li> </ul>
3	Individualized job search:	1 – 5  4	<p>WEDCO staff work with members to identify employment interests. All interviewees reported that SE staff assists with individualized job searches based on members' preferences. A review of selected records indicated that SE staff usually assists members with individualized searches. However, SE staff mostly use online resources.</p> <p>Examples were found in records of SE staff not addressing specific member goals. For example, one member identified a specific business chain on their Vocational Profile employment goal, but it wasn't clear if the option was actively pursued. In some cases, the job search seemed broad for member identified goals. An example was found in a record of SE staff encouraging a member to talk with a manager about employment at a location where staff met with the member. The setting didn't fully align the member's employment goal.</p>	<ul style="list-style-type: none"> <li>Support member employment goals. Revise the Vocational Profile as new information is learned, a member's status changes, or as goals evolve.</li> <li>Optimally, contacts occur with potential employers that align with the member's employment goal. If staff meets with a person at a public location, encouraging the member to interact with the manager may not yield a positive result if the member does not want the job.</li> </ul>

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			The member declined to approach the manager. There was an example of a member who experienced a change in their health. It wasn't clear if SE staff discussed how it impacted the member's individualized job search.	
4	Diversity of jobs developed:	1 – 5 5	Of the 28 members who started jobs in the past year, there was 100% diversity of employers. There was 88% diversity in job type, with three positions that more than one member is classified.	
5	Permanence of jobs developed:	1 – 5 5	Data provided showed that nearly all members employed in the prior year secured permanent, competitive positions. Staff at one clinic reported a co-served member was employed with an employer with positions set aside for individuals with disabilities. However, data from WEDCO staff did not show that the member was employed.	
6	Jobs as transitions:	1 – 5 5	SE staff reported that they assist members with job transitions. Clinic and SE staff said there were no circumstances where WEDCO would not assist during an employment transition. Examples were provided during interviews and found in records of SE staff assisting members with job transitions.	
7	Follow-along supports:	1 – 5 5	Staff reported that all active employed members receive time unlimited follow-along supports. SE staff reported that once employed, some members withdraw from SE, have less frequent contact, or prefer telephonic check-ins. SE staff reported they maintain contact with members by phone, or in the community, but members rarely request on-the-job support. No member records reviewed showed evidence of on-the-job support to members or employers. In a record there was a gap in contact with an employed member.	<ul style="list-style-type: none"> <li>Ensure members and employers (to the extent allowable based on member preference) are aware that on-the-job support is available. Document all follow along supports offered to members.</li> </ul>
8	Community-based services:	1 – 5	WEDCO staff unanimously reported that SE staff spends 98% of their time in the community. Based	<ul style="list-style-type: none"> <li>Monitor and prioritize quality interactions with members in the community that align</li> </ul>

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		5	on records reviewed, most SE staff meets with members in the community, often weekly, to conduct online job searches. Members often met with staff at the same location, varying for each member, and the locations did not always align with the members' employment goals.	with employment goals.
9	Assertive engagement and outreach:	1 – 5 3	<p>Outreach is time-limited at WEDCO. SE staff said at least three outreach efforts occur a month for three months. Staff provided the <i>WEDCO Policy &amp; Procedure Member Engagement, Outreach and Re-Engagement ENGAGEMENT</i>. The document does not list specific timeframes or frequency; instead it outlines expectations regarding the engagement and outreach philosophy. In records reviewed, there were examples of gaps in outreach followed by emails to clinic staff to ask about members.</p> <p>Some clinic staff were uncertain how long outreach occurs before members are closed from SE services. Clinic staff affirmed that if members are not in contact with WEDCO, SE staff will check-in with clinic staff on the member's status. One clinic staff said that they may inform SE staff that the member can be closed after a period of no contact by clinic or WEDCO staff.</p>	<ul style="list-style-type: none"> <li>• Adjust the approach to outreach so that members are not closed until they reengage or they inform staff they no longer desire services. Otherwise, optimally, outreach and engagement should be time unlimited.</li> <li>• It may be beneficial to update the WEDCO policy with agency specific expectations and frequencies of outreach so all SE staff provide comparable services. The outreach policy was last revised April 2014 based on the date on the document.</li> <li>• Ensure outreach occurs and is documented.</li> </ul>
<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	1
2. Vocational unit	1 - 5	3
3. Zero-exclusion criteria	1 - 5	2
<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	5
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	5
9. Assertive engagement and outreach	1 - 5	3
<b>Total Score</b>		<b>60</b>
<b>Total Possible Score</b>		<b>75</b>