Quality Improvement Services

An Office of the Department of Health and Human Services

John E. Baldacci, Governor Brenda M. Harvey, Commissioner

SUPPORTED EMPLOYMENT SERVICES IN MAINE:

EVALUATING FIDELITY, SERVICE USE AND OUTCOMES

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Maine Supported Employment Services Fidelity Review

The Office of Quality Improvement Services in collaboration with Office of Adult Mental Health Services, Department of Labor-Division of Rehabilitation Services, University of Southern Maine Muskie School of Public Service and the DHHS Evidence Based Practice Coordinating Committee conducted a fidelity evaluation of Supported Employment services to individuals with mental health challenges in Maine. The fidelity of an EBP treatment refers to the extent to which the delivery of the service is consistent with established practice guidelines. Since evidence based services are developed for specific groups of people and based on clear practice guidelines, it is essential that the delivery of an evidence based service follow as closely as possible established treatment guidelines in order to be effective and achieve desired outcomes. The fidelity evaluation examines the level of implementation of the evidence based service and the level to which service delivery is consistent with the established practice guidelines for the service.

Supported Employment Services

During the Spring of 2007, Department's Office of Quality Improvement Services undertook a fidelity assessment of community agencies providing supported employment services to adults with a primary mental health diagnosis. The Substance Abuse Mental Health Services Administration (SAMHSA) Implementation Kit along with the Dartmouth Supported Employment Services Treatment Scale served as a primary resource and guide to the Maine Supported Employment Services Fidelity Evaluation.

Supported employment as an evidence-based practice has been extensively studied and shown to be an effective treatment for adults experiencing serious and persistent mental

health challenges. NH-Dartmouth Psychiatric Research has consistently found that supported employment teams having higher levels of implementation of the Evidence-Based Practice have higher levels of competitive employment. In addition, Dartmouth research has not found that specific client factors predict better employment outcomes. Diagnosis, symptomatology, age, gender, disability status, prior hospitalization and education have been researched and none have proven to be strong or consistent predictors of employment. (Bond, Dietzen, McGrew, & Miller, 1995; Drake et al., 1999; Drake, McHugo, Becker, Anthony, & Clark, 1996).

Based on the results of effective research a fidelity assessment tool; the Dartmouth Supported Employment Treatment Scale (See Attachment 1)was developed and informed the development of the SAMHSA Supported Employment Implementation Resource Tool Kit. The SAMHSA tool kit along with the Dartmouth Supported Employment Services Treatment Scale served as a primary resource and guide to the Maine Supported Employment Services Fidelity Evaluation.

The Dartmouth Supported Employment Scale contains 15 implementation items which are divided into three fidelity domain areas to evaluate how closely a particular supported employment agency's structure and service delivery approach corresponds to the prescribed supported employment service guidelines. (Attachment 1) Table 1 outlines the three fidelity domains of the Supported Employment Fidelity Scale and describes the operational and service delivery elements that are measured in each domain.

Table 1: Supported Employment Fidelity Domain Areas		
Supported Employment Fidelity Domain	Definition of Domain	What is Domain Measuring
Staffing	Refers to the role and caseload size of the vocational service staff.	*Case load size *Services provided other than vocational services *Role of employment staff in different phases of vocational services
Organization	Refers to the structure and operations of employment staff and the extent teams formally interact with the mental health treatment team	*Integration with mental health treatment *Vocational Unit
Services	Refers to the way services are actually delivered to recipients of the supported employment services.	*Providing services in the community, including developing and maintaining community support *Rapid search for competitive employment *Follow-along supports

Core Principles of Supported Employment as an Evidence-Based Practice

Supported employment services as an evidence-based practice are based on a core set of principles that include:

- Eligibility is based on consumer choice. Supported employment services are offered to anyone who has expressed an interest in working. No one is excluded regardless of diagnosis, symptoms, or work history.
- Supported employment is integrated with mental health treatment. Supported employment specialists function as a member of the individual's mental health treatment team and participate regularly in team meetings.
- Competitive employment is the goal. Competitive jobs are jobs that 1) exist in the open labor market in settings where the individual is fully integrated with employees without disabilities and 2)pay at least minimum wage.
- Job search starts soon after an individual expresses interest in working. The focus is on rapid job search for competitive employment and is not delayed by pre-employment assessment, training or pre-vocational placement.
- Follow-along supports are continuous. Employment support is provided on a time-unlimited basis, allowing the individual to become

as independent as possible at the place of employment, while always remaining available for support and assistance.

- Consumer preferences are important. Obtaining employment that is satisfactory to the individual will lead to longer job tenure.

Methodology

Introduction of Maine's Supported Employment Fidelity Review

The DHHS Office of Adult Mental Health Services, and Office of Quality Improvement Services and Department of Labor Division of Vocational Rehabilitation (DVR) began meeting during the Summer of 2006 to discuss the need for a supported employment services evaluation and the necessity of a inter-departmental partnership to conduct such an evaluation. For many individuals with a mental health diagnosis in Maine, his or her exploration for employment starts with DVR. DVR has a critical role in providing employment assessment, job development and placement. Once an individual has secured employment, DHHS provides the job coaching or long-term employment support.

<u>It is important to note that although DVR supports individuals with mental health, cognitive and physical disabilities, the supported employment evaluation focused on those individuals with a primary mental health diagnosis and receiving services from DHHS Office of Adult Mental Health Services or DVR.</u>

Once it was determined that a supported employment evaluation would be beneficial for decision-making at the systemic level and that the SAMHSA Supported Employment Resource Kit would be utilized for the measurement tool, the supported employment evaluation was introduced to providers at the quarterly DVR Community Rehabilitation Meetings in Fall/Winter of 2006. This introduction to the supported employment evaluation outlined the purpose and timeframe of the evaluation and invited providers to participate in a facilitated dialogue to assist in developing the evaluation methodology.

The Muskie School of Public Service CHOICES Comprehensive Employment Opportunity (CEO) Project partnered with Maine's DHHS Office of Quality Improvement Services Data Infrastructure Grant to provide funding to support regionally facilitated dialogue sessions for supported employment providers. The Office of Quality Improvement Services and Office of Adult Mental Health Services worked with Ms. Gina Verne, an Evidence Based Practice consultant and trainer from New Jersey to develop the agenda for the Supported Employment Provider Dialogues. Ms. Verne facilitated the Supported Employment Provider Dialogues in Portland, Lewiston, Augusta, and Bangor during February 2006. The purpose of these discussions was to introduce supported employment providers to the SAMHSA Supported Employment Resource Kit, outline the core principles of supported employment as an Evidence Based Practice and to discuss the strengths and challenges in providing supported employment services. Information from the dialogue was recorded to be later used in the development of the evaluation methodology.

Data Collection

The Dartmouth fidelity scale, as part of the SAMHSA Supported Employment Implementation Resource Kit "Using Fidelity Scales for Evidence-Based Practices," was used as a guide for Maine's supported employment fidelity evaluation. The evaluation was conducted in two phases.

In Phase I the General Organizational Index (GOI) (Attachment 2) from the SAMHSA Supported Employment Implementation Resource Kit was utilized. The GOI is used as a companion assessment tool in a supported employment fidelity evaluation and measures such factors as program philosophy, training, supervision, and program monitoring. The purpose of collecting this information is to better assess an organization's capacity to implement and sustain an evidence-based practice.

The GOI information was collected by a telephone interview with the administrator of each supported employment agency serving at least one person with a primary diagnosis of mental health who was receiving long-term employment supports funded by DHHS in

February 2006. A total of twenty-five (25) supported employment agencies participated in the GOI interview.

In Phase II the supported employment fidelity scale from the SAMHSA Supported Employment Resource Implementation Kit was used to implement the fidelity assessment. Because the evaluation was focused on supported employment services to those individuals with a primary of mental health diagnosis, the fidelity review was conducted with only those agencies reporting in the GOI interviews that 20% or more of the agency's employment services were being provided to individuals with a primary mental health diagnosis. This resulted in the selection of 12 supported employment agencies. Of the 12 agencies, 5 agencies had multiple sites, bringing the total to 17 supported employment sites were reviewed using the fidelity scale.

Due to the geographical distribution of supported employment providers across the state, telephone interviews were conducted. Data collection for the fidelity review included:

- Interview with an employment specialist at each site
- Interview with up to 5 individuals receiving supported employment services at each site

Site Evaluators

A total of eleven individuals representing the DHHS Office of Quality Improvement Services, the DHHS Adult Mental Health Services Office of Consumer Affairs, DOL Division of Vocational Rehabilitation, Community Support Specialist Program and individuals receiving services served as evaluators for the supported employment evaluation.

The Office of Quality Improvement Services provided approximately 40 hours of training to all site evaluators from March to April of 2007. Training included a review of supported employment principles, review and practice with the supported employment tool kit protocols, interviewing techniques and data collection procedures.

Inter-Rater Reliability

The data collection methodology included ongoing monitoring of inter-rater reliability to increase confidence, improve consistency, and minimize the subjectivity of fidelity ratings. Evaluators worked in teams of two with each evaluator separately assigning a fidelity rating based on the information obtained. Upon arriving at fidelity ratings for each item, the two evaluators then compared their scores and determined an agreed fidelity rating based on the evidence obtained during the site visit. Evaluators resolved differences by jointly reviewing evidence obtained from the evaluation. Evaluators were instructed to contact the Evaluation Team Leader in the Office of Quality Improvement Services in the event that they were unable to resolve scoring differences.

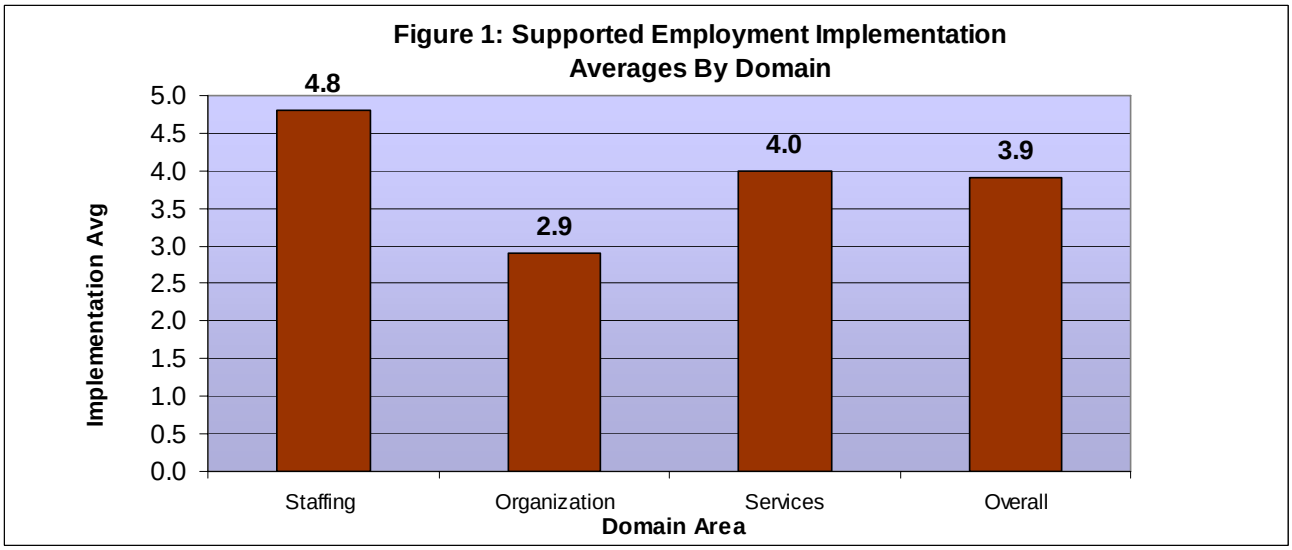
Preliminary Reporting to Supported Employment Teams

In Fall/Winter 2007, representatives of DHHS and DVR presented the supported employment preliminary fidelity findings at the regional Community Rehabilitation Provider Meetings. Providers were offered the opportunity to have provider specific data made available upon request to the DHHS Office of Adult Mental Health Services or Office of Quality Improvement Services.

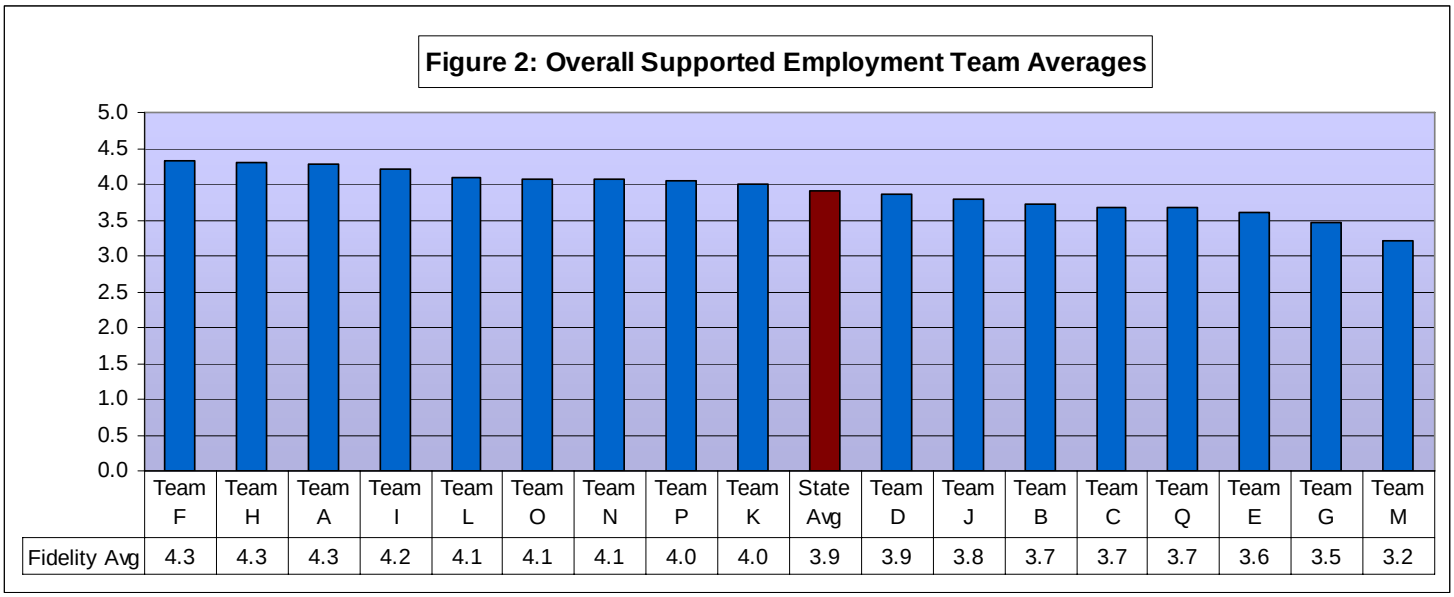
Summary of Fidelity Findings

Overall Fidelity Averages

Overall, the review of supported employment teams in Maine indicated a moderate level of implementation to the requirements of the supported employment model, yielding a statewide average score of 3.9 out of a maximum of 5 points (1 being the lowest level of implementation and 5 being the highest level of implementation). Figure 1 displays the average implementation ratings by Supported Employment Domain. As shown in the Figure, the Staffing Domain yielded, the highest statewide average with a 4.8, while the Organization Domain was rated the lowest at 2.9



Overall implementation scores for individual supported employment teams ranged from 3.2 to 4.3 showing variation across supported employment teams in their level of correspondence with the supported employment evidence-based practice guidelines. *(Figure 2)*



	Team F	Team H	Team A	Team I	Team L	Team O	Team N	Team P	Team K	State Avg	Team D	Team J	Team B	Team C	Team Q	Team E	Team G	Team M
Fidelity Avg	4.3	4.3	4.3	4.2	4.1	4.1	4.1	4.0	4.0	3.9	3.9	3.8	3.7	3.7	3.7	3.6	3.5	3.2

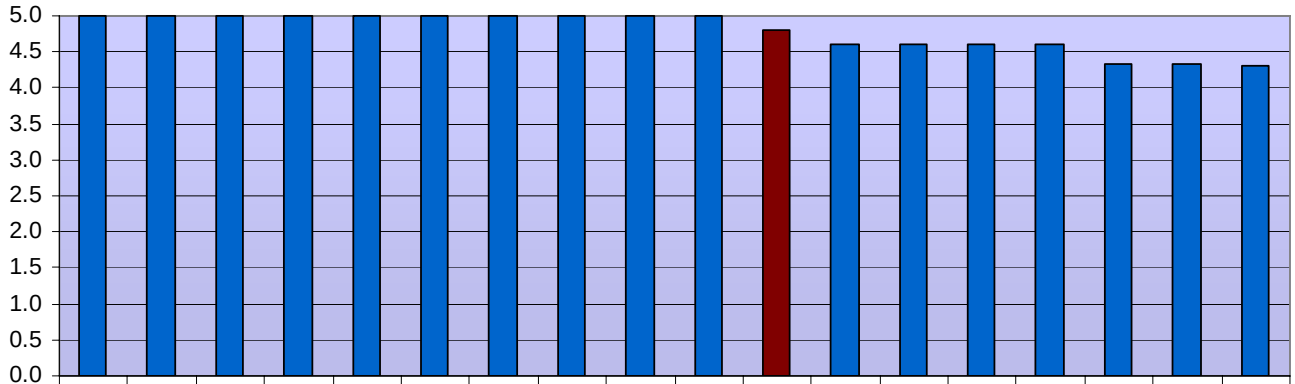
Supported Employment Implementation Domain Summary

Staffing Domain

The Staffing domain measures the caseload size and the role of the employment specialists. Individual supported employment teams showed strong adherence to the implementation requirements associated with the Staffing Domain with a statewide average rating of 4.8. This indicates that supported employment teams have adequate staff to individual ratios and that employment specialists are providing services with a concentration in vocational services.

As shown in Figure 3, supported employment teams scores ranged from a low of 4.3 to a high of 5.0.

Figure 3: Staffing Domain: Supported Employment Team Averages



	Team A	Team C	Team D	Team E	Team F	Team J	Team K	Team L	Team O	Team P	State Avg	Team G	Team M	Team N	Team Q	Team H	Team I	Team B
Fidelity Avg	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	4.8	4.6	4.6	4.6	4.6	4.3	4.3	4.3

The Staffing Domain contains three implementation items. Table 2 below, lists the statewide average for each of the six items.

Table 2: Staffing Domain Items	**State Average Implementation Scores**
1. Caseload Size: Employment specialists manage vocational caseloads of up to 25 individuals.	4.8
2. Vocational Services Staff: Employment specialists provide only vocational services.	4.7
3. Vocational Generalists: Each employment specialist carries out all phases of vocational service, including engagement, assessment, job placement, and follow-along supports.	4.9
Statewide Staffing Domain Average	4.78

Areas of Strength: All items in this domain received statewide implementation scores in the high 4 range.

- ***Caseload Size:*** *Full implementation requires a ratio of 25 or less individuals for each employment specialist.*

  Of the 17 supported employment sites evaluated, 14 teams had a rating of 5 on this item indicating ratios of 25 or less individuals per employment specialists. Three teams received a 4 rating indicating a caseload ratio of 26-40 individuals for each employment specialist.

- ***Vocational Services Staff:*** *Full implementation requires that employment specialists provide exclusively vocational services*

  Of the 17 supported employment sites, thirteen sites reported that supported employment specialists provide only vocational services resulting in a rating of 5. Three teams scored a 4, indicating that employment specialists provide nonvocational services 20% of the time and one team received a 3 indicating that employment specialists are providing non-vocational services 40% of the time. An example of non-vocational services would be case management services.

- ***Vocational Generalists:*** *Full implementation requires that employment specialists carry out all phases of vocational services (e.g. engagement, assessment, job development, job placement, job coaching, and follow-along supports).*

  Of the 17 supported employment sites, 15 sites received a score of 5 (full implementation). Employment specialists at these 15 sites were involved in all aspects of employment, including engagement, assessment, job placement and follow-along supports.

The results show that supported employment teams in Maine generally meet national guidelines for implementation in the staffing area. Generally, teams were found to have adequate staff to individual ratios and focused on employment services for individuals.

Organization Domain

The Organization Domain examines the structure and operations of employment staff and the extent teams formally interact with the mental health treatment team. Statewide, supported employment teams had minimal implementation in this domain area with a statewide average rating of 2.9.

As shown in Figure 4, individual teams ratings varied considerably in this area with implementation ratings ranging from a low of 1.5 to a high of 5.0.

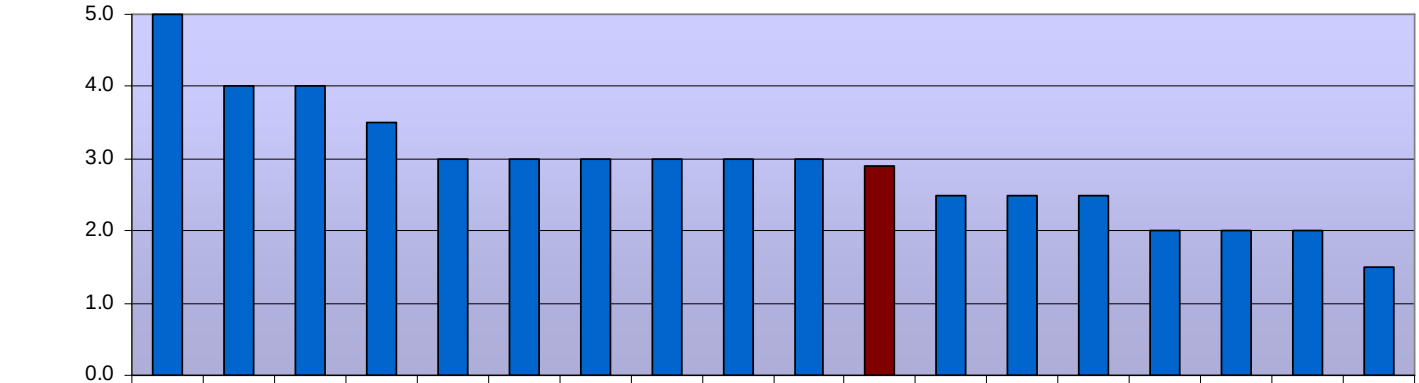


Figure 4: Organization Domain: Supported Employment Team Averages

	Team H	Team F	Team P	Team I	Team A	Team J	Team K	Team N	Team O	Team Q	State Avg	Team B	Team E	Team L	Team C	Team D	Team M	Team G
Fidelity Avg	5	4	4	3.5	3	3	3	3	3	3	2.9	2.5	2.5	2.5	2	2	2	1.5

The Organization Domain contains three items. Table 3 lists the statewide average for each implementation item. The evaluation methodology focused on interviews of individuals already receiving employment services. Information was not available to evaluate the characteristics and situational factors for those individuals who did not meet eligibility criteria. Due to limitations in the methodology, this evaluation did not rate supported employment teams on Zero Exclusion Criteria.

Table 3: Organization Domain Items	**State Average Fidelity Scores**
1. Integration of Rehabilitation with Mental Health Treatment Team: Employment specialists are part of the mental health treatment teams with shared decision-making. They attend regular treatment team meetings (not replaced by administrative meetings) and have frequent contact with treatment team members.	1.5
2. Vocational Unit: Employment specialists function as a unit rather than a group of practitioners. They have group supervision, share information, and help each other with cases.	4.1
3. Zero Exclusion Criteria: No eligibility requirements such as job readiness, lack of substance abuse, no history of violent behavior, minimal intellectual functioning, and mild symptoms.	Did not Score
Statewide Average Organization Domain	2.9

Areas of Strength:

- ***Vocational Unit:*** *Full implementation requires that employment specialists form a vocational unit with group supervision at least weekly. Provide services for each other's case and backup and support for each other.*

  Of the 17 supported employment sites, 15 were found to have full implementation on this item and received a score of 5. Two teams scored a 4, indicating that employment specialist form a unit and discuss cases between each other. These employment specialists also provide services for each other's cases but no evidence of group supervision was reported.

Area of Need:

- ***Integration of Rehabilitation with Mental Health Treatment Team:*** *Full implementation requires that employment specialists are attached to one or more case management treatment teams with shared decision making. Attend one or more treatment team meetings per week and have at least three individual-related case manager contacts per week.*

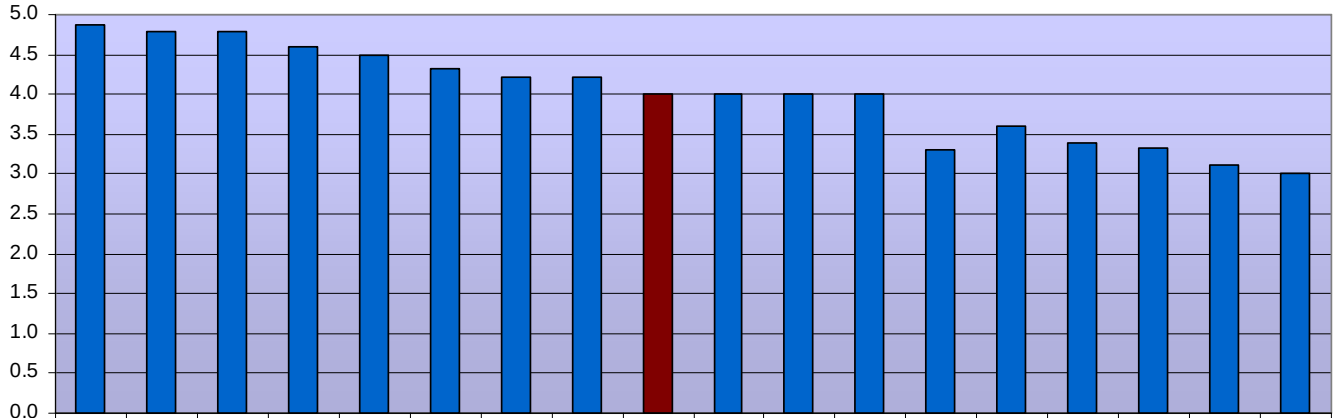
  Supported Employment Team scores ranged from 1.0 to 4.0 on the Integration of Rehabilitation with Mental Health Treatment Team. A statewide average of 1.5, indicates that supported employment services are not integrated with the mental health treatment team and that, generally, supported employment specialists are part of a vocational program, separate from the mental health treatment team.

Services Domain

The Services domain evaluates how the supported employment teams deliver services to individuals receiving employment services. Examples of this would be 1) how quickly the job search is started 2) the extent to which the job search is based on individual preferences and 3) whether job options have permanent status rather than being temporary or time-limited.

Implementation ratings for this domain were quite variable across supported employment teams yielding a statewide implementation average of 4.0. As shown in figure 5, supported employment team scores ranged from 3.0 to 4.9.

Figure 5: Services Domain: Supported Employment Team Averages



	Team A	Team I	Team L	Team D	Team N	Team B	Team G	Team O	State Avg	Team C	Team F	Team K	Team Q	Team H	Team J	Team E	Team P	Team M
Fidelity Avg	4.9	4.8	4.8	4.6	4.5	4.3	4.2	4.2	4.0	4.0	4.0	4.0	3.3	3.6	3.4	3.3	3.1	3.0

The Services domain contains nine items as illustrated in Table 5. As shown in the table, statewide average ratings for each item ranged from 2.1 to 4.3.

Table 5: Services Domain Items	**State Average Fidelity Scores**
1. Ongoing, Work-Based Vocational Assessment: Vocational assessment is an ongoing process based on work experiences in competitive jobs.	3.4
2. Rapid Search for Competitive Jobs: The search for competitive jobs occurs rapidly after program entry.	4.0
3. Individualized Job Search: Employer contacts are based on individuals' job preferences (relating to what they enjoy and their personal goals) and needs (including experience, ability, symptomotology, and health, etc., and how they affect a good job and setting match) rather than the job market (i.e. what jobs are readily available)	4.4
4. Diversity of Jobs Developed: Employment specialists provide job options that are and are in different settings.	3.9
5. Permanence of Jobs Developed: Employment specialists provide competitive job options that have permanent status rather than temporary or time-limited status, e.g., TEPs.	3.9
6. Jobs as Transitions: All jobs are viewed as positive experiences on the path of vocational growth and development. Employment specialists help individuals end jobs when appropriate and then find new jobs.	4.1
7. Follow-Along Supports: Individualized follow-along supports are provided to employer and individual on a time-unlimited basis. Employer supports may include education and guidance. Individual supports may include crisis intervention, job coaching, job counseling, job support groups, transportation, treatment changes (medication), networked supports (friends/family).	4.5
8. Community-Based Services: Vocational Services such as engagement, job finding and follow-along supports are provided in natural community settings.	4.4
9. Assertive Engagement and Outreach: Assertive engagement and outreach (telephone, mail, community visit) are conducted as needed.	3.6
Statewide Average Services Domain	4.0

Area of Strength:

- ***Follow-Along Supports:*** *Full implementation requires that most working individuals are provided flexible follow-along supports that are individualized and ongoing. Employer supports may include education and guidance. Supports may include crisis intervention, job coaching, job counseling, job support groups, transportation, treatment changes (medication), networked supports (friends/family).*

  The statewide implementation average score of 4.5 demonstrates that most supported employment teams reported providing ongoing follow-along supports. The most frequently reported follow-along supports were job coaching and job counseling.

Twelve of the seventeen supported employment teams reported evidence that follow-along supports are flexible and individualized based on consumer's needs. Two teams fell significantly below the statewide implementation average. These two teams received an implementation score of 2 indicating that follow-along supports were time-limited and provided to less than half of the working individuals.

- ***Community-Based Services***: *Full implementation requires that employment specialists spend 70% or more time in the community.*

  A statewide implementation average of 4.4 indicate that employment specialists spend 60% or more of their time providing services in community locations. Three of the seventeen supported employment teams fell below the statewide implementation average of 4.4. Employment specialists on these teams reported that 40% or less of their time was spent in the community.

- ***Individualized Job Search:*** *Full implementation requires that most employer contacts are based on job choices which reflect individual preferences, strengths, symptoms, etc., rather than the job market.*

  Statewide implementation average of 4.4 in this area indicates that, on average, 75% employer contacts are based on job choices which reflect individual choices, strengths, symptoms, etc., rather than the job market. Two supported employment sites fell below the statewide implementation average with a score of 1, indicating that employer contacts are based on decisions made unilaterally by the employment specialists and are usually driven by the nature of the job market.

Area of Need**:** Evaluators were challenged in the collection of evidence to support many items in the Service Domain. For determination of level of implementation, it was critical for supported employment providers to demonstrate that job development and placement was focused on competitive employment. Competitive employment as a core principle of supported employment is defined as a labor market job paying at least minimum wage. Supported employment providers were varied in competitive employment definitions and included on-site work enclaves, and wage payment by provider vs. employer as competitive employment. Variations on the definition and expectations of competitive employment likely contributed to the lower implementation scores on the following items.

- ***Ongoing, Work-Based Vocational Assessment:*** *Full implementation requires that vocation assessment is ongoing. Occurs in community jobs rather than through a battery of tests. Minimal testing may occur but not as a prerequisite to the job search. Aims at problem solving using environmental assessments and consideration of reasonable accommodations.*

  Supported employment teams had a statewide implementation average of 3.4. This indicates that, on average, employment assessment occurs in a sheltered setting where individuals carry out work for pay.

- ***Rapid Search for Competitive Job:*** *Full implementation requires that first contact with an employer about a competitive job is typically within one month after program entry.*

  Supported employment teams received a statewide implementation average of 4.0. This score indicates that on average, first contact with an employer regarding a competitive job is typically more than six months and within nine months after entry into the program. Three supported employment sites fell below the statewide implementation with scores of 1 or 2. A 1 or 2 implementation level

indicates that first contact with an employer about a competitive job is typically at more than nine months after program entry.

- ***Diversity of Jobs:*** *Full implementation requires that employment specialists provide options for either the same types of jobs, e.g. janitorial, or jobs at the same work settings less than 10% of the time*. This item evaluates the extent to which employment specialists are providing individualized job placements based on the number of job sites and various job settings where individuals are employed.

  Diversity of Jobs received a statewide implementation average of 3.9, indicating that, on average, employment specialists provide options for either the same types of jobs or jobs at the same work settings about 25% of the time. Four of the seventeen supported employment sites, fell below the statewide average with an implementation score of 1 or 2, indicating that employment specialists are providing options for either the same types of jobs or jobs at the same work setting 75% or more of the time.

- ***Permanence of Jobs:*** *Full implementation requires that virtually all of the competitive jobs offered by employment specialists are permanent.*

  Permanence of Jobs received a statewide implementation average of 3.9, indicating that employment specialists are providing options for permanent, competitive jobs about 75% of the time. Four supported employment sites fell below the statewide implementation average of 3.9.

Results From Supported Employment Services

Implementation to Outcomes

The Office of Quality Improvement Services reviewed outcome data was from the DHHS Office of Adult Mental Health Services Long Term Support Coordination Database to analyze the relationship between high and low level of implementation scores with individual rate of pay and hours worked per month. A total of 265 individuals from 13 supported employment teams were analyzed. Four supported employment teams did not appear in the database as having any individuals with a mental health diagnosis receiving follow-along supports for the time period reviewed (January 1, 2006 to July 1, 2007).

Preliminary findings showed that those individuals receiving employment services from teams maintaining higher consistency to the national practice guidelines produced better outcomes (worked more hours per month and had higher monthly wages).

Figure 6 shows that of the 265 individuals receiving Long-term Employment Supports between January 1, 2006 and July 7, 2007, 77% of the individuals employed were receiving services from those supported employment teams having the highest levels of implementation. Where as, only 23% of individuals employed were receiving services from a team having lower levels of implementation.

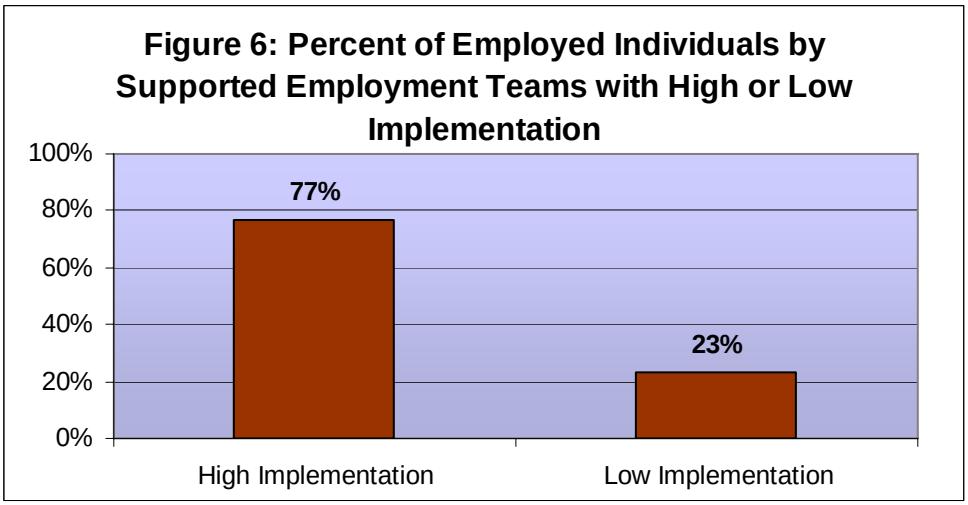


Figure 7 illustrates that individuals receiving services from a supported employment team with higher levels of implementation were earning an average of $8.57/hour while those individuals receiving services from teams with lower fidelity were earning $7.73/hour.

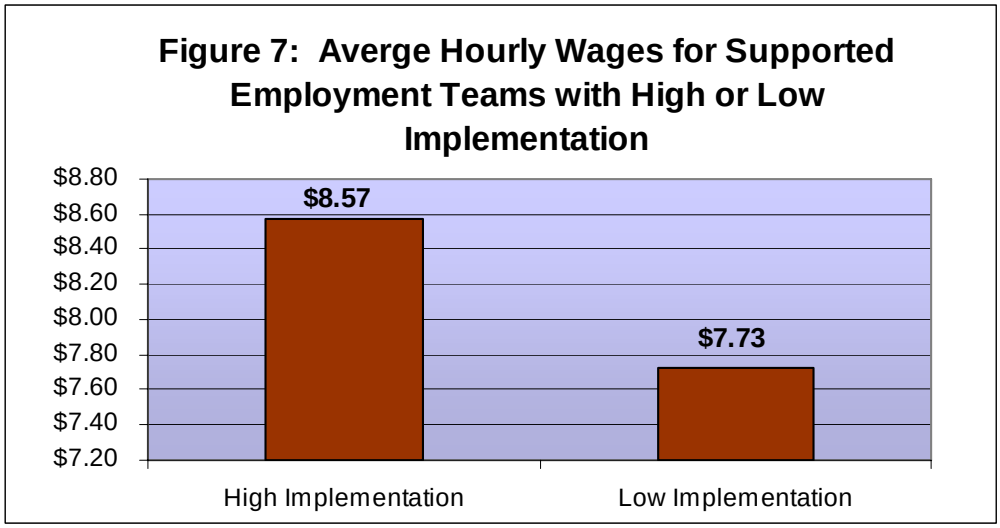
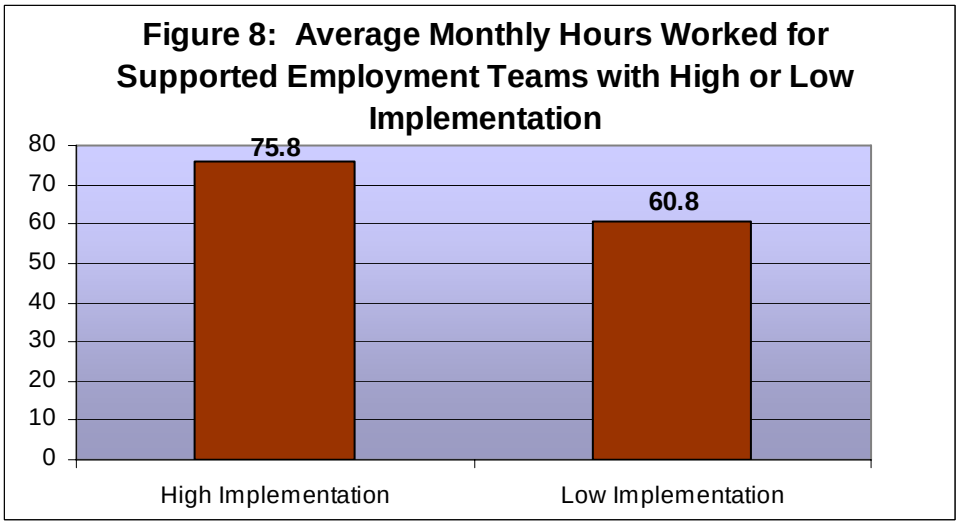


Figure 8 shows that individuals receiving services from supported employment teams with high levels of implementation, on average, worked more hours each month (75.8 hours) than those individuals receiving employment services from teams with lower levels of implementation (60.8 hours per month).



Further examination of the relationships between each implementation item and preferred outcomes identified several supported employment implementation items that contributed significantly to individuals receiving higher wages and/or working more hours. Theses included:

- ***Integration of rehabilitation with mental health treatment team*:** From the organization domain area, employment specialists are part of the mental health treatment teams with shared decision making. Employment specialists attend regular treatment team meetings and have frequent contact with treatment team members.
- ***Ongoing, work-based vocational assessment**:* From the service domain area, vocational assessment is an ongoing process based on work experiences in competitive jobs. This item aims at problem solving using environmental assessments and consideration of reasonable accommodations.
- ***Diversity of jobs developed**:* From the service domain area, employment specialists provide job options that are in different settings.
- ***Community-based services:*** From the service domain area, vocational services such as engagement, job finding and follow-along supports are provided in natural community settings.

Next Steps

The Office of Quality Improvement Services is continuing to evaluate the relationship between supported employment team fidelity scores and individual outcomes. Further work is planned to explore the relationship between General Organization Index scores and level of implementation by supported employment team. This work will also involve further collaboration with Division of Vocational Rehabilitation to determine what can be learned from this evaluation for individuals with cognitive and physical disabilities receiving supported employment services.

Conclusion

The purpose of this review was to evaluate 1) the nature of supported employment service delivery and practice in Maine and to examine the extent to which supported employment services adhere to established practice standards and 2) to examine whether level of implementation (fidelity) is related to improved outcomes for individuals receiving supported employment services. The following summary of key findings highlight both strengths and weaknesses of supported employment services in Maine and provide a starting point for improving the quality and consistency of supported employment services:

Strengths

- *Supported employment teams have adequate personnel and staff ratios to provide supported employment services*
- *Supported employment teams are primarily focused on vocational activities.*
- *Supported employment teams are providing community-based employment services.*
- *Supported employment teams are providing follow-along supports that are individualized and flexible.*

Need

- *Supported employment teams are not fully integrated with the mental health treatment teams.*
- *Supported employment teams have various definition of competitive employment that results in challenges for measuring areas such as:*
    - *Ongoing, Work-Based Assessment*
    - *Rapid Search for Competitive Job*
    - *Diversity of Jobs Developed*

APPENDICES

ATTACHMENT 1- Supported Employment Fidelity Treatment Scale

STAFFING		
Criterion	***Data Source*****	***Anchor- Low(1)Implementation -High Implementation(5)***
1. Caseload size: Employment specialists manage vocational caseloads of up to 25 clients.	VL, MIS, DOC, INT	**1** = Ratio of 81 or more clients/employment specialist. Or Cannot rate due to no fit. **2** = Ratio of 61-80 clients/employment specialist. **3** = Ratio of 41-60 clients/employment specialist. **4** = Ratio of 26-40 clients/employment specialist. **5** = Ratio of 25 or less clients/employment specialist
2. Vocational services staff: Employment specialists provide only vocational services.	MIS, DOC, INT	**1** = Employment specialists provide nonvocational services such as case management 80% of the time or more. Or Cannot rate due to no fit. **2** = Employment specialists provide nonvocational services such as case management about 60% time. **3** = Employment specialists provide nonvocational services such as case management about 40% time. **4** = Employment specialists provide nonvocational services such as case management about 20% time. **5** = Employment specialists provide only vocational services.
3. Vocational generalists: Each employment specialist carries out all phases of vocational service, including engagement, assessment, job placement, and follow-along supports.	VL, MIS, DOC, INT	**1** = Employment specialist only provides vocational referral service to vendors and other programs. Or Cannot rate due to no fit. **2** = Employment specialist maintains caseload but refers clients to other programs for vocational service. **3** = Employment specialist provides one aspect of the vocational service (e.g. engagement, assessment, job development, job placement, job coaching, and follow-along supports). **4** = Employment specialist provides two or more phases of vocational service but not the entire service. **5** = Employment specialist carries out all phases of vocational service (e.g. engagement, assessment, job development, job placement, job coaching, and follow-along supports).
* Formerly called IPS Model Fidelity Scale ** See end of document for key		
ORGANIZATION		
Criterion	***Data Source***	***Anchor***
1. Integration of rehabilitation with mental health treatment: Employment specialists are part of the mental health treatment teams with shared decision making. They attend regular treatment team meetings (not replaced by administrative meetings) and have	VL, MIS, DOC, INT	**1** = Employment specialists are part of a vocational program, separate from the mental health treatment. No regular direct contact with mental health staff, only telephone or one face to face contact per month. Or Cannot rate due to no fit. **2** = Employment specialists attend treatment team meetings once per month. **3** = Employment specialists have several contacts with treatment team members each month and attend one treatment team meeting per month. **4** = Employment specialists are attached to one or more case management treatment teams with shared decision making.

ORGANIZATION Continued		
Criterion	***Data Source*****	***Anchor- Low(1)Implementation -High Implementation(5)***
frequent contact with treatment team members.		Attend weekly treatment team meetings. **5** = Employment specialists are attached to one or more case management treatment teams with shared decision making. Attend one or more treatment team meetings per week and have at least three client-related case manager contacts per week.
2. Vocational unit: Employment specialists function as a unit rather than a group of practitioners. They have group supervision, share information, and help each other with cases.	MIS, INT	**1** = Employment specialists are not part of a vocational unit. Or Cannot rate due to no fit. **2** = Employment specialists have the same supervisor but do not meet as a group. **3** = Employment specialists have the same supervisor and discuss cases between each other. They do not provide services for each other's cases. **4** = Employment specialists form a vocational unit and discuss cases between each other. They provide services for each other's cases. **5** = Employment specialists form a vocational unit with group supervision at least weekly. Provide services for each other's cases and backup and support for each other.
3. Zero exclusion criteria: No eligibility requirements such as job readiness, lack of substance abuse, no history of violent behavior, minimal intellectual functioning, and mild symptoms.	DOC, INT	**1** = Clients are screened out on the basis of job readiness, substance use, history of violence, low level of functioning, etc. Referrals first screened by case managers. Or Cannot rate due to no fit. **2** = Some eligibility criteria. Screened by vocational staff who make client referrals to other vocational programs. **3** = Some eligibility criteria. Screened by vocational staff of the program that will provide the vocational service. **4** = All adult clients with severe mental disorders are eligible, including dual disorders of substance abuse and mental illness. Services are voluntary. **5** = All clients are encouraged to participate. Referrals solicited by several sources (self-referral, family members, self-help groups, etc.).
SERVICES		
Criterion	***Data Source***	***Anchor***
1. Ongoing, work-based vocational assessment: Vocational assessment is an ongoing process based on work experiences in competitive jobs.	DOC, INT	**1** = Vocational evaluation is conducted prior to job placement with emphasis on office-based assessments, standardized tests, intelligence tests, work samples. Or Cannot rate due to no fit. **2** = Client participates in a prevocational assessment at the program site (e.g. work units in a day program). **3** = Assessment occurs in a sheltered setting where clients carry out work for pay. **4** = Most of the assessment is based on brief, temporary job experiences in the community that are set up with the employer.

SERVICES Continued		
Criterion	***Data Source*****	***Anchor- Low(1)Implementation -High Implementation(5)***
		5 = Vocational assessment is ongoing. Occurs in community jobs rather than through a battery of tests. Minimal testing may occur but not as a prerequisite to the job search. Aims at problem solving using environmental assessments and consideration of reasonable accommodations.
2. Rapid search for competitive job: The search for competitive jobs occurs rapidly after program entry.	DOC, INT, ISP	**1** = First contact with an employer about a competitive job is typically more than one year after program entry. Or Cannot rate due to no fit. **2** = First contact with an employer about a competitive job is typically at more than nine months and within one year after program entry. **3** = First contact with an employer about a competitive job is typically at more than six months and within nine months after program entry. **4** = First contact with an employer about a competitive job is typically at more than one month and within six months after program entry. **5** = First contact with an employer about a competitive job is typically within one month after program entry.
3. Individualized job search: Employer contacts are based on clients' job preferences (relating to what they enjoy and their personal goals) and needs (including experience, ability, health, etc., and how they affect a good job and setting match) rather than the job market (i.e., what jobs are readily available).	DOC, INT, ISP	**1** = Employer contacts are based on decisions made unilaterally by the employment specialist. These decisions are usually driven by the nature of the job market. Or Cannot rate due to no fit. **2** = About 25% employer contacts are based on job choices which symptomotology, and reflect client's preferences, strengths, symptoms, etc., rather than the job market. **3** = About 50% employer contacts are based on job choices which reflect client's preferences, strengths, symptoms, etc., rather than the job market. **4** = About 75% employer contacts are based on job choices which reflect client's preferences, strengths, symptoms, etc., rather than the job market. **5** = Most employer contacts are based on job choices which reflect client's preferences, strengths, symptoms, etc., rather than the job market.
4. Diversity of jobs developed: Employment specialists provide job options that are different settings.	DOC, INT, ISP	**1** = Employment specialists provide options for either the same types of jobs for most clients, e.g., janitorial, or jobs at the same diverse and are in work settings most of the time. Or Cannot rate due to no fit. **2** = Employment specialists provide options for either the same types of jobs, e.g., janitorial, or jobs at the same work settings about 75% of the time. **3** = Employment specialists provide options for either the same types of jobs, e.g., janitorial, or jobs at the same work settings about 50% of the time. **4** = Employment specialists provide options for either the same types of jobs, e.g., janitorial, or jobs at the same work settings about 25% of the time.

SERVICES Continued		
Criterion	***Data Source*****	***Anchor- Low(1)Implementation -High Implementation(5)***
		5 = Employment specialists provide options for either the same types of jobs, e.g., janitorial, or jobs at the same work settings less than 10% time.
5. Permanence of jobs developed: Employment specialists provide competitive job options that have permanent status rather than temporary or time-limited status, e.g., TEPs.	DOC, INT, ISP	**1** = Employment specialists usually do not provide options for permanent, competitive jobs. Or Cannot rate due to no fit. **2** = Employment specialists provide options for permanent, competitive jobs about 25% of the time. **3** = Employment specialists provide options for permanent, competitive jobs about 50% of the time. **4** = Employment specialists provide options for permanent, competitive jobs about 75% of the time. **5** = Virtually all of the competitive jobs offered by employment specialists are permanent.
6. Jobs as transitions: All jobs are viewed as positive experiences on the path of vocational growth and development. Employment specialists help clients end jobs when appropriate and then find new jobs.	VL, DOC, INT, ISP	**1** = Employment specialists prepare clients for a single lasting job, and if it ends, will not necessarily help them find another one. Or Cannot rate due to no fit. **2** = Employment specialists help clients find another job 25% time. **3** = Employment specialists help clients find another job 50% time. **4** = Employment specialists help clients find another job 75% time. **5** = Employment specialists help clients end jobs when appropriate and offer to help them all find another job.
7. Follow-along supports: Individualized follow-along supports are provided to employer and client on a time-unlimited basis. Employer supports may include education and guidance. Client supports may include crisis intervention, job coaching, job counseling, job support groups, transportation, treatment changes (medication), networked supports (friends/family).	VL, DOC, INT	**1** = Follow-along supports are nonexistent. Or Cannot rate due to no fit. **2** = Follow-along supports are time-limited and provided to less than half of the working clients. **3** = Follow-along supports are time-limited and provided to most working clients. **4** = Follow-along supports are ongoing and provided to less than half the working clients. **5** = Most working clients are provided flexible follow-along supports that are individualized and ongoing. Employer supports may include education and guidance. Client supports may include crisis intervention, job coaching, job counseling, job support groups, transportation, treatment changes (medication), networked supports (friends/family).
8. Community-based services: Vocational services such as engagement, job finding and follow-along supports are provided in natural community settings.	VL, MIS,DOC, INT	**1** = Employment specialist spends 10% time or less in the community. Or Cannot rate due to no fit. **2** = Employment specialist spends 11-39% time in community. **3** = Employment specialist spends 40-59% time in community. **4** = Employment specialist spends 60-69% time in community. **5** = Employment specialist spends 70% or more time in community.

SERVICES Continued		
Criterion	***Data Source*****	***Anchor- Low(1)Implementation -High Implementation(5)***
Assertive engagement and outreach: assertive engagement and outreach (telephone, mail, community visit) are conducted as needed.	VL, MIS, DOC, INT	**1** = Employment specialists do not provide outreach to clients as part of initial engagement or to those who stop attending the vocational service. Or Cannot rate due to no fit. **2** = Employment specialists make one telephone or mail contact to clients as part of initial engagement or to those who stop attending the vocational service. **3** = Employment specialist makes one or two outreach attempts (telephone, mail, community visit) as part of initial engagement and also within one month that client stops attending the vocational service. **4** = Employment specialist makes outreach attempts (telephone, mail, community visit) as part of initial engagement and at least every two months on a time limited basis when client stops attending. **5** = Employment specialists provide outreach (telephone, mail, community visit) as part of initial engagement and at least monthly on a time unlimited basis when clients stop attending the vocational service. Staff demonstrate tolerance of different levels of readiness using gentle encouragement.

ATTACHMENT 2- Evidence Based-Practice General Organization Index

	Low Implementation (1) ⟷ High Implementation (5)				
	1	**2**	**3**	**4**	**5**
G1. Program Philosophy. The program is committed to a clearly articulated philosophy consistent with the specific evidence-based model, based on the following 5 sources: • Program leader • Senior staff (e.g., executive director, psychiatrist) • Practitioners providing the EBP • Clients and/or families receiving EBP • Written materials (e.g., brochures)	No more than 1 of the 5 sources shows clear understanding of the program philosophy **OR** All sources have numerous major areas of discrepancy	2 of the 5 sources show clear understanding of the program philosophy **OR** All sources have several major areas of discrepancy	3 of the 5 sources show clear understanding of the program philosophy **OR** Sources mostly aligned to program philosophy, but have one major area of discrepancy	4 of the 5 sources show clear understanding of the program philosophy **OR** Sources mostly aligned to program philosophy, but have one or two minor areas of discrepancy	All 5 sources display a clear understanding and commitment to the program philosophy for the specific EBP
***G2. Eligibility/Client Identification.** All clients with severe mental illness in the community support program, crisis clients, and institutionalized clients are screened to determine whether they qualify for the EBP using standardized tools or admission criteria consistent with the EBP. Also, the agency tracks the number of eligible clients in a systematic fashion.	20% of clients receive standardized screening and/or agency DOES NOT systematically track eligibility	21%-40% of clients receive standardized screening and agency systematically tracks eligibility	41%-60% of clients receive standardized screening and agency systematically tracks eligibility	61%-80% of clients receive standardized screening and agency systematically tracks eligibility	>80% of clients receive standardized screening and agency systematically tracks eligibility

	Low Implementation (1) ↔ High Implementation (5)				
	1	2	3	4	5
***G3. Penetration.** The maximum number of eligible clients are served by the EBP, as defined by the ratio: **<u># clients receiving EBP</u>** **# clients eligible for EBP**	Ratio ≤ .20	Ratio between .21 and .40	Ratio between .41 and .60	Ratio between .61 and .80	Ratio > .80
*These two items coded based on all clients with SMI at the site or sites where the EBP is being implemented; all other items refer specifically to those receiving the EBP.					
G4. Assessment. Full standardized assessment of all clients who receive EBP services. Assessment includes history and treatment of medical/psychiatric/ substance use disorders, current stages of all existing disorders, vocational history, any existing support network, and evaluation of biopsychosocial risk factors.	Assessments are completely absent or completely non-standardized	Pervasive deficiencies in two of the following: Standardization , Quality of assessments, Timeliness, Comprehensive -ness	Pervasive deficiencies in one of the following: Standardization , Quality of assessments, Timeliness, Comprehensive -ness	61%-80% of clients receive standardized, high quality assessments at least annually OR Information is deficient for one or two assessment domains	>80% of clients receive standardized, high quality assessments, the information is comprehensive across all assessment domains, and updated at least annually
G5. Individualized Treatment Plan. For all EBP clients, there is an explicit, individualized treatment plan related to the EBP that is consistent with assessment and updated every 3 months.	20% of clients served by EBP have an explicit individualized treatment plan, related to the EBP, updated every 3 mos.	20% of clients served by EBP have an explicit individualized treatment plan, related to the EBP, updated every 3 mos.	41%-60% of clients served by EBP have an explicit individualized treatment plan, related to the EBP, updated every 3 mos. **OR** Individualized treatment plan is updated every 6 mos. for all clients	61%-80% of clients served by EBP have an explicit individualized treatment plan, related to the EBP, updated every 3 mos.	>80% of clients served by EBP have an explicit individualized treatment plan related to the EBP, updated every 3 mos.

	Low Implementation (1) ↔ High Implementation (5)				
	1	2	3	4	5
G6. Individualized Treatment. All EBP clients receive individualized treatment meeting the goals of the EBP.	20% of clients served by EBP receive individualized services meeting the goals of the EBP	21%-40% of clients served by EBP receive individualized services meeting the goals of the EBP	41%-60% of clients served by EBP receive individualized services meeting the goals of the EBP	61% - 80% of clients served by EBP receive individualized services meeting the goals of the EBP	>80% of clients served by EBP receive individualized services meeting the goals of the EBP
G7. Training. All new practitioners receive standardized training in the EBP (at least a 2-day workshop or its equivalent) within 2 months of hiring. Existing practitioners receive annual refresher training (at least 1-day workshop or its equivalent).	20% of practitioners receive standardized training annually	21%-40% of practitioners receive standardized training annually	41%-60% of practitioners receive standardized training annually	61%-80% of practitioners receive standardized training annually	>80% of practitioners receive standardized training annually
G8. Supervision. EBP practitioners receive structured, weekly supervision (group or individual format) from a practitioner experienced in the particular EBP. The supervision should be client-centered and explicitly address the EBP model and its application to specific client situations.	20% of practitioners receive supervision	21% - 40% of practitioners receive weekly structured client-centered supervision OR All EBP practitioners receive supervision on an informal basis	41%-60% of practitioners receive weekly structured client-centered supervision OR All EBP practitioners receive supervision monthly	61%-80% of EBP practitioners receive weekly structured client-centered supervision OR All EBP practitioners receive supervision twice a month	>80% of EBP practitioners receive structured weekly supervision, focusing on specific clients, in sessions that explicitly address the EBP model and its application
G9. Process Monitoring. Supervisors and program leaders monitor the process of implementing the EBP every 6 months and use the data to improve the program. Monitoring involves a standardized	No attempt at monitoring process is made	Informal process monitoring is used at least annually	Process monitoring is deficient on 2 of these 3 criteria: (1) Comprehensive & standardized;	Process monitoring is deficient on one of these three criteria: (1) Comprehensive and standardized;	Standardized comprehensive process monitoring occurs at least every 6 mos. and is used to guide program

G9 Continued	1	2	3	4	5
approach, e.g., use of a fidelity scale or other comprehensive set of process indicators.			(2) Completed every 6 mos.; (3) Used to guide program improvements OR Standardized monitoring done annually only	(2) Completed every 6 months; (3) Used to guide program improvements	improvements
G10. Outcome Monitoring. Supervisors/program leaders monitor the outcomes for EBP clients every 3 months and share the data with EBP practitioners. Monitoring involves a standardized approach to assessing a key outcome related to the EBP, e.g., psychiatric admissions, substance abuse treatment scale, or employment rate.	No outcome monitoring occurs	Outcome monitoring occurs at least once a year, but results are not shared with practitioners	Standardized outcome monitoring occurs at least once a year and results are shared with practitioners	Standardized outcome monitoring occurs at least twice a year and results are shared with practitioners	Standardized outcome monitoring occurs quarterly and results are shared with EBP practitioners
G11. Quality Assurance (QA). The agency has a QA Committee or implementation steering committee with an explicit plan to review the EBP, or components of the program, every 6 months.	No review or no committee	QA committee has been formed, but no reviews have been completed	Explicit QA review occurs less than annually OR QA review is superficial	Explicit QA review occurs annually	Explicit review every 6 months by a QA group *or steering committee for the EBP*
G12. Client Choice Regarding Service Provision. All clients receiving EBP services are offered choices; the EBP practitioners consider and abide by client preferences for treatment when offering and providing services.	Client-centered services are absent (or all EBP decisions are made by staff)	Few sources agree that type and frequency of EBP services reflect client choice	Half sources agree that type and frequency of EBP services reflect client choice	Most sources agree that type and frequency of EBP services reflect client choice OR Agency fully embraces client choice with one exception	All sources agree that type and frequency of EBP services reflect client choice

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