EVIDENCE-BASED PRACTICES KIT

Knowledge Informing Transformation

Evaluating Your Program

Supported Employment

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

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Your Program

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U.S. Department of Health and Human Services
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Disclaimer

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Supported Employment

Evaluating Your Program

Evaluating Your Program shows quality assurance team members how to evaluate the effectiveness of your Supported Employment program. It includes the following:

- A readiness assessment;
- The Supported Employment Fidelity Scale;
- The General Organizational Index; and
- Outcome measures that are specific to your program.

You will also find instructions for conducting assessments and tips on how to use the data to improve your program.

For references, see the booklet *The Evidence*.

This KIT is part of a series of Evidence-Based Practices KITs created by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

This booklet is part of the Supported Employment KIT that includes a DVD, CD-ROM, and seven booklets:

How to Use the Evidence-Based Practices KITs

Getting Started with Evidence-Based Practices

Building Your Program

Training Frontline Staff

Evaluating Your Program

The Evidence

Using Multimedia to Introduce Your EBP

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Evaluating Your Program

Why Evaluate Your Supported Employment Program

Key stakeholders who are implementing Supported Employment (SE) programs may find themselves asking two questions:

- **Has SE been implemented as planned?**
- **Has SE resulted in the expected outcomes?**

Asking these two questions and using the answers to help improve your SE program are critical for ensuring the success of your SE program.

To answer the first question, collect process measures (by using the SE Fidelity Scale and General Organizational Index). Process measures capture how services are provided. To answer the second question, collect outcome measures. Outcome measures capture the results or achievements of your program.

As you prepare to implement SE, we strongly recommend that you develop a quality assurance system using both process and outcome measures to monitor and improve the quality of the program from the startup phase and continuing through the life of the program.

Why you should collect process measures

Process measures give you an objective, structured way to determine if you are delivering SE services in the way that research has shown will result in desired outcomes. Process measures allow agencies to understand whether they are providing services that are faithful to the evidence-based practice model. Programs that adhere closely to the SE model are more effective than those that do not follow the model. Adhering to the model is called *fidelity.*

Collecting process measures is an excellent way to diagnose program weaknesses while helping to clarify program strengths. Once SE programs reach high fidelity, ongoing monitoring allows you to test local innovations while ensuring that programs do not drift from the core principles of the evidence-based practice.

Process measures also give mental health authorities a comparative framework to evaluate the quality of SE programs across the state. They allow mental health authorities to identify statewide trends and exceptions to those trends.

Research Has Shown That You Can Expect These Outcomes

- Higher rates of competitive employment
- More work hours
- Higher wages
- Improved symptoms
- Improved self-esteem
- Increased consumer satisfaction with finances (Bond et al., 2001; Mueser et al., 1997)

Why you should collect outcome measures

While process measures capture how services are provided, outcome measures capture the program's results. Every mental health service intervention has both immediate and long-term consumer goals. In addition, consumers have goals for themselves, which they hope to attain by receiving mental health services. These goals translate into outcomes and the outcomes translate into specific measures.

Consumer outcomes are the bottom line for mental health services, like profit in business. No successful businessperson would assume that the business was profitable just because employees work hard.

Why develop a quality assurance system

In your mental health system, you should develop a quality assurance system that collects not only process measures, such as those on the SE Fidelity Scale and General Organizational Index, but also outcome measures such as those specified above to show the effect of SE. Developing a quality assurance system will help you do the following:

- Diagnose your program's strengths and weaknesses;
- Formulate action plans for improving your program;
- Help consumers achieve their goals for recovery; and
- Deliver mental health services both efficiently and effectively.

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Conduct a Readiness Assessment

Let's assume that administrators and SE leaders have read *Building Your Program.* Your new SE team has completed *Training Frontline Staff.* How do you know if you are ready to begin providing SE services to consumers?

The Readiness Assessment on the next page will help quality assurance team members, advisory group leaders, and SE leaders track the processes and administrative tasks required to develop an SE program.

Answering these questions will help you generate an ongoing to-do list (or implementation plan) to guide your steps in implementing SE. Your answers will also help you understand the components of SE services that are in place and the work that still remains.

Readiness Assessment

Check any areas that you feel you do NOT completely understand.

- ❑ Which practitioners will provide SE?
- ❑ Who will supervise employment specialists and direct the SE program?
- ❑ What are the roles of SE leader and employment specialists?
- ❑ Who will provide benefits counseling?
- ❑ What is the size of employment specialists' caseloads?
- ❑ What is the size of the SE leader's caseload?
- ❑ What is the SE supervisory structure (for example, how often does the SE leader meet with employment specialists and the agency director)?
- ❑ How will you supervise your employment specialists?
- ❑ What are the admission criteria for your program?
- ❑ What is your referral process?
- ❑ How will you generate SE referrals?
- ❑ How will you advertise SE to consumers, families, and others?
- ❑ What are your procedures for completing Vocational Profiles?
- ❑ What are your procedures for completing Individual Employment Plans?
- ❑ How will the SE team communicate with other treatment team members?
- ❑ How will families or other supporters be involved in SE?
- ❑ How does the SE team relate to advisory groups?
- ❑ How will you measure your program's fidelity to the SE model?
- ❑ How does the system for collecting consumer outcome data work?

Note areas where you still are unclear or have questions. Arrange to speak to an expert consultant or experienced SE leader.

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Conduct a Process Assessment

In addition to the Readiness Assessment, you should conduct your first process assessment before you begin providing any SE services. By doing so, you will determine whether your agency has core components of SE in place. During the first 2 years of implementing your program, plan to assess your program every 6 months.

After your program has matured and achieved high fidelity, you may choose to conduct assessments once a year. Agencies that have successfully implemented SE indicate that you must continue to evaluate the process to ensure that you do not revert to previous practice patterns.

Once your SE program has achieved high fidelity to the evidence-based model, employment specialists may tailor the program to meet individual needs of the community. If you continue to use process evaluations along with outcomes monitoring, you will be able to understand the extent to which your changes result in your program's departure from model fidelity and whether the changes positively or negatively affect consumers.

How to use process measures

Two tools have been developed to monitor how SE services are provided:

- The SE Fidelity Scale; and
- General Organizational Index.

You may administer both tools at the same time.

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 items assess whether the SE program is provided as the SE model prescribes.

The General Organizational Index is a second set of process measures that has been developed. In contrast to fidelity scales, which are specific to each evidence-based practice, the General Organizational Index can be used when implementing any evidence-based practice. It measures agency-wide operating procedures that have been found to affect agencies' overall capacity to implement and sustain any evidence-based practice.

For the SE Fidelity Scale and General Organizational Index, see *Appendices B* and *D.* You can also print these forms from the CD-ROM in the KIT.

Who can conduct process assessments?

We recommend enlisting two assessors to conduct your process assessment. Data collected by two assessors simultaneously increases the likelihood that information will be reliable and valid.

Agencies who have successfully implemented SE programs have taken different approaches to identify assessors. Some agencies train SE Advisory Committee members as assessors and rotate the responsibility of completing assessments. Others have pre-existing quality assurance teams and simply designate members of the team to complete the assessments. In other cases, the mental health authority has designated staff to conduct assessments.

Assessments can be conducted either internally by your agency or by an external review group. External review groups have a distinct advantage because they use assessors who are familiar with the SE model but, at the same time, are independent. The goal is to select objective and competent assessors.

Although we recommend using external assessors, agencies can also use fidelity scales to rate their own SE programs. The validity of these ratings (or any ratings, for that matter) depends on the following:

About the process measures that are included in the KIT

Quality assurance measures have been developed and are included in all Evidence-Based Practices KITs. The **SE Fidelity Scale** has one of the longest histories. Developed and described by Bond, Becker, Drake, and Vogler (1997), it was formerly known as the Individual Placement and Support (IPS) Fidelity Scale. It has demonstrated discriminant and predictive validity and has been widely adopted by many state and local agencies throughout the United States and internationally.

The scale has been found to differentiate between well-established programs following the SE model (or IPS) and other types of vocational programs (Bond et al., 2001). Regarding predictive validity, one study found a strong correlation (.76) between fidelity, as rated by the SE Fidelity Scale and competitive employment rates (Becker et al., 2001).

The **General Organizational Index,** developed by Robert Drake and Charlie Rapp, is a newly developed scale. This scale has undergone multiple revisions based on feedback gathered during the 3-year pilot testing of the KIT materials.

- The knowledge of the person making the ratings;
- Access to accurate information pertaining to the ratings; and
- The objectivity of the ratings.

If you do conduct your assessments using internal staff, beware of potential biases of raters who are invested in seeing the program look good or who do not fully understand the SE model. It is important for ratings to be made objectively and that they be based on hard evidence.

Circumstances will dictate decisions in this area, but we encourage agencies to choose a review process that fosters objectivity in ratings, for example, by involving a practitioner who is not centrally involved in providing SE services. Only people who have experience and training in interviewing and data collection procedures (including chart reviews) should conduct assessments. Additionally, assessors need to understand the nature and critical ingredients of the evidence-based model.

If your agency chooses to use a consultant or trainer to help implement your SE program, involving that person in the assessment process will enhance the technical assistance you receive. Whichever approach you choose, we encourage you to make these decisions early in the planning process. For a checklist to help evaluate assessors' training and work performance, see *Appendix H.*

How to conduct process assessments

A number of activities take place before, during, and after a process assessment. In general, assessments include the following:

- Interviewing administrators, the SE leader, employment specialists, benefits specialists, consumers, and families;
- Interviewing other agency staff (such as case managers, therapists, psychiatrists, or nurses);
- Shadowing employment specialists;
- Observing an SE treatment team and supervisory meeting; and
- Conducting a chart review.

Collecting information from multiples sources helps assessors more accurately capture how services are provided. A day-long site visit is the best way to learn this information.

The following suggestions outline steps in the assessment process.

Before the process assessment

Prepare your assessment questions

The SE Fidelity Guide in *Appendix C* provides questions that you may use to collect information during your assessment visit.

A detailed protocol has also been developed to help you understand each item on the General Organizational Index and the rationale for including it, guidelines for the types of information to collect, and instructions for completing your ratings. For the General Organizational Index Protocol, see *Appendix E.*

Use the SE Fidelity Guide and General Organizational Index protocol to help prepare the questions that you will ask during your assessment visit.

While we expect that quality assurance teams will select which outcome measures meet your agency's needs, you should use the SE Fidelity Scale and General Organizational Index in full. Collecting data for all the items on these scales will allow your agency to gain a comprehensive understanding of how closely your SE services resemble the evidence-based model.

Create a timeline for the assessment

List all the necessary activities leading up to and during the visit and create a timeline for completing each task. Carefully coordinating efforts, particularly if you have multiple assessors, will help you to complete your assessment in a timely fashion.

Establish a contact person

Have one key person in the SE program arrange your visit and communicate beforehand the purpose and scope of your assessment to people who will participate in interviews. Typically, this contact person will be the SE leader.

Exercise common courtesy and show respect for competing time demands by scheduling well in advance and making reminder calls to confirm interview dates and times.

Establish a shared understanding with the SE team

The most successful assessments are those in which assessors and the SE team share the goal of understanding how the program is progressing according to evidence-based principles. If administrators or employment specialists fear that they will lose funding or look bad if they don't score well, then the accuracy of the data may be compromised. The best agreement is one in which all parties are interested in learning the truth.

Indicate what you will need from respondents during your visit

In addition to the purpose of the assessment, briefly describe what information you need, who you must speak with, and how long each interview will take to complete. The visit will be most efficient if the SE leader gathers beforehand as much of the following information as possible:

- Roster of employment specialists—(roles, full-time equivalents [FTEs]);
- Roster of SE consumers for each employment specialist;
- Roster of SE consumers who have left the program in the past 6 months;
- Copy of the agency's SE brochure or mission statement; and
- Total number of consumers that the SE program served in the past 6 months.

Reassure the SE leader that you will be able to conduct the assessment, even if all of the requested information is unavailable. Indicate that some information is more critical (for example, number of employment specialists and SE consumers) than other information.

Tell the contact person that you must observe an SE treatment team meeting and group supervision meeting during your visit. These are important factors in determining when you should schedule your visit.

Alert your contact person that you will need to sample 10 charts

From an efficiency standpoint, it is preferable that the charts be drawn beforehand, using a random selection procedure. There may be a concern that the evaluation may be invalidated if employment specialists handpick charts or update them before the visit. If you both understand that the goal is to learn how the program is implementing services, this is less likely to occur.

Additionally, you can further ensure random selection by asking for 20 charts and randomly selecting 10 to review. Other options include asking the SE program for a de-identified list of consumers (that is, with names removed) and using the list to choose 10 charts to review.

If the program only has one employment specialist with fewer than five consumers on their caseload, then review the charts for all SE consumers.

Clarify reporting procedures

With the appropriate people (agency administrators, the mental health authority, or the SE leader), clarify who should receive a report of the assessment results. Recipients may include the following:

- Agency administrators;
- Members of the agency's quality assurance team;
- Members of the SE Advisory Committee;
- The SE leader;
- Employment specialists; and
- Consumers and families.

Assessors should also clarify how the agency would like the report to be distributed. For example, assessors may mail or fax the report and follow up to discuss the results in a meeting or by conference call.

Organize your assessment materials

Three forms have been created to help you conduct your assessment:

- The first form is a cover sheet for the SE Fidelity Scale and General Organizational Index, which is intended to help you organize your process assessment. It captures general descriptive information about the agency, data collection, and community characteristics.
- The second and third forms are score sheets for the two scales. They help you compare assessment ratings from one time period to the next. They may also be useful if you are interested in graphing results to examine your progress over time.

For the SE Fidelity Scale and General Organizational Index instruments, cover sheet, and score sheets, see Appendices A, B, and D. You can also print these forms from the CD-ROM in the KIT.

During your assessment visit

Tailor your terminology

To avoid confusion during your interviews, tailor the terminology you use. For example, an SE program may use *member* for *consumer* or *clinician* for *practitioner*. Every agency has specific job titles for particular staff roles. By adopting the local terminology, you will improve communication.

Conduct your chart review

It is important that your chart review is conducted from a representative sample of charts. When you begin your chart review, note whether your sample reflects both consumers who are already working and those who are in the process of searching for a job. You should also note whether your sample includes consumer charts from each employment specialists' caseload. If your random sample is not representative in this manner, consider supplementing your sample with selected charts that will increase its representativeness.

Within each chart, examine the referral, Vocational Profile, and Individual Employment Plan. If more than one treatment plan exists (such as a clinical treatment plan and Individual Employment Plan), review both to see if similar vocational goals are reflected in each plan.

Review recent Progress Notes to understand the amount and type of contact employment specialists have with the consumers on their caseloads. If Progress Notes are not integrated into consumer charts, then ask if employment specialists have any additional files that you may review.

In some cases, a lag may exist between when a service is rendered and when it is documented in the consumer's chart. To get the most accurate representation of services rendered when you sample chart data, try to gather data from the most recent time period in which documentation is completed in full.

To ascertain the most up-to-date time period, ask the SE leader, employment specialists, or administrative staff. Avoid getting an inaccurate sampling of data where office-based services might be charted more quickly than services rendered in the field.

If discrepancies between sources occur, query the SE leader

The most common discrepancy is likely to occur when the SE leader's interview gives a more idealistic picture of the team's functioning than the chart and observational data. For example, on the SE Fidelity Scale, *Community-Based Services* (Item 8), assesses the amount of time employment specialists spend providing SE services in the community. The chart review may show that consumer contact occurs largely in the office, while the SE leader may indicate that employment specialists spend most of their time working in the community.

To understand and resolve this discrepancy, the assessor should ask the SE leader by saying:

> Our chart review shows 50 percent of consumer contact is office-based, but your estimate of community-based services is 75 percent. Would you help us understand the difference?

Often the SE leader can provide information that will resolve the discrepancy.

Before you leave, check for missing data

Fidelity scales should be completed in full, with no missing data on any items. Check in with the SE leader at the end of the visit to collect any additional information you may need.

After your assessment visit

Follow up

It is important to collect any missing data before completing your rating. If necessary, follow up on any missing data (for example, by calling or sending an e-mail). This would include discussing with the SE leader any discrepancies between data sources that you notice after you've completed the visit.

Score your scales

Use the SE Fidelity Guide and General Organizational Index Protocol in *Appendices C* and *E* to score the SE program. If you assess an agency for the first time to determine which components of SE the agency already has in place, some items may not apply. If an item cannot be rated, code the item as "1."

Complete scales independently

If you have two assessors, both should independently review the data collected and rate the scales. They should then compare their ratings, resolve any disagreements, and devise a consensus rating.

Complete the score sheets

Tally the item scores and determine which level of implementation was achieved.

EVIDENCE-BASED PRACTICES KIT

Knowledge Informing Transformation

Evaluating Your Program

Monitor Outcomes

Unlike process measures which must be used in full to comprehensively understand how services are provided, you must decide which outcome measures will be most informative for your SE program. Initially, your outcomes monitoring system should be simple to use and maintain. Complexity has doomed many well-intended attempts to collect and use outcome data.

One way to simplify is to limit the number of outcome measures used. Select your outcome measures based on the type of information that will be most useful to your agency. Based on the research literature, we suggest that you monitor a core set of outcomes such as the following:

- Competitive employment;
- Independent living;
- Educational involvement;
- Self-esteem; and
- Satisfaction with finances.

These few outcomes reflect the primary goals of SE. Specifically, goals of SE are to help consumers move forward in their process of recovery and become integrated in the community by obtaining competitive employment. For this reason, it is important for you to capture the outcome of competitive employment in a way that is most useful for your program.

What Is the Consumer Outcomes Monitoring Package?

Sponsored in part by the Substance Abuse and Mental Health Services Administration (SAMHSA), the Consumer Outcomes Monitoring Package (COMP) was designed by a team at the School of Social Welfare, University of Kansas. This computer application allows agencies to choose from a pre-established list of outcomes developed for each evidence-based practice. Data may be entered for the chosen outcomes, and reports can be generated quarterly or monthly. The COMP also allows agencies to view their outcomes data using a variety of tables and graphs.

The designers of COMP tried to make the computer application as easy and as flexible to use as possible. You may access COMP through the Web. Agencies can download the computer application and print out *Installation Instructions* and a *User Manual*, which provides definitions and forms.

To download COMP:

- Go to **http://research.socwel.ku.edu/ebp**
- Click on the link to the download page.
- Click the links to download the *Installation Instructions* and a *User Manual*.
- Follow the instructions to install the application.

For data to be useful, they must be valid. That is, the data must measure what they are supposed to measure. Thus, the outcomes must be few and concrete for employment specialists to focus on key outcomes, to understand them in a similar way, and to make their ratings in a consistent and error-free fashion.

To enhance validity, we recommend using simple ratings initially (such as, Did the consumer hold a competitive job in this quarter?), rather than more detailed ones (such as, How many hours during this quarter did the consumer work competitively?). Limiting your outcome measures to concrete measures will also allow you to collect data from employment specialists.

Develop procedures

Agencies may choose to develop the outcomes portion of their quality assurance system from scratch or use existing outcomes monitoring systems. A number of electronic evaluation programs are available to help you develop comprehensive, integrated, user-friendly outcome monitoring systems. Examples include the following:

- Publicly available tools such as the Consumer Outcomes Monitoring Package (see the next page), and Decision Support 2000+ Online **(www.ds2kplus.org)**; or
- Various commercially available products.

When deciding whether to use an existing outcomes monitoring package or to design your own, it is important to keep your organization's capabilities in mind. The system must not create undue burden for employment specialists, and it must provide information to them that is useful in their jobs.

The system should fit into the workflow of the organization, whether that means making ratings on paper, using the COMP computer application, or developing your own outcomes monitoring package. Start with whatever means are available and expand the system from there. In the beginning, you may collect data with a simple report form and you can report hand-tallied summaries to employment specialists.

Computer software that allows for data entry and manipulation (such as Microsoft Access, Excel, or Lotus) makes tabulating and graphing data easier than if it is done by hand. A computerized system for data entry and report generation presents a clear advantage and it may be the goal, but do not wait for it. Feedback does not have to come from a sophisticated computer system to be useful. It is more important that it is meaningful and frequent. For a sample Outcomes Report Form, which is an example of a simple, paper-based way to collect participation and outcome data regularly, see *Appendix F.* For instructions for using the Outcomes Report Form, see *Appendix G.*

Expanding Your Outcome Measures

Once you have established your core outcomes monitoring system, learned how to routinely collect data, and are accustomed to using it to improve your SE program, you will be ready to expand your outcomes measures. Consider adding other SE outcome measures such as the types of employment positions, number of hours worked per week, number of weeks worked, wages, place of employment, date job started/ended, and reason for job termination.

Furthermore, consider asking consumers and families for input on how to improve your SE program, both practically and clinically. Consumers and families are important informants for agencies that are seeking to improve outcomes. Agencies may want to know the following:

- If consumers and families are satisfied with their services;
- How services have affected their quality of life; and
- Whether consumers believe the services are helping them achieve their recovery goals.

While collecting data from consumers and families requires more staff time than the information that may be reported quickly by employment specialists, consumers and families can give employment specialists valuable feedback.

We recommend the following surveys for collecting information from consumers and families:

- The Mental Health Statistics Improvement Program (MHSIP) Consumer Satisfaction Survey at **www.mhsip.org**
- Recovery measurement instruments such as those described in *Measuring the Promise: A Compendium of Recovery Measures, Volume II,* available through **http://www.tecathsri.org**

It is difficult to obtain a representative sample of consumer and family respondents since mailed surveys are often not returned and interviews may only be done with people who are cooperative and easy to reach. Samples that are not representative may be biased.

Avoid bias in your consumer and family data by using a variety of mechanisms to conduct your assessments. For example, consider combining feedback collected through surveys with that obtained from focus groups. Another option is to hire a consultant to conduct qualitative interviews with a small group of consumers or families.

How often should you collect outcomes data?

Plan to monitor the outcomes for consumers in your SE program every 3 months and share the data with your SE team. Collecting data at regular and short intervals will enhance the reliability of your outcomes data. While we recommend that you design a system for collecting outcomes early in the implementation process, SE programs should not expect to see the desired results until the SE program is fully operational. Depending on resources available to your program, this may take anywhere from 6 to 18 months to accomplish.

How should you identify data collectors?

Agency administrators or mental health authorities may assign the responsibility for collecting outcomes data to the following:

- The SE leader;
- Members of the SE advisory committee;
- The quality assurance team;
- Independent consultants, including consumers and family members; and
- Other staff.

Unlike collecting process measures, collecting outcome measures does not require a daylong assessment process. Many standard outcome measures, such as competitive employment and educational involvement, will be information that employment specialists can report from their daily work with consumers.

It is important to develop a quick, easy, standardized approach to collect outcomes data. For example, create a simple form or computer database that employment specialists can routinely update.

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Using Data to Improve Your Program

As you develop a quality assurance system, SE leaders and employment specialists will weave it into the fabric of their daily routines. Process assessments will give you a window into the demanding work done every day. Outcome reports will give you tangible evidence of the use and value of services, and they will become a basis for decisionmaking and supervision.

At some point, your SE team members may wonder how they did their jobs without an information system as they come to view it as an essential ingredient of well-implemented evidence-based practices.

Create reports from your assessments

For your process data, in addition to completing the SE Fidelity Scale, General Organizational Index, and score sheets, assessors should write a report explaining their scores. The report should include the following:

- An interpretation of the results of the assessment;
- Strengths and weaknesses of the SE program; and
- Clear recommendations to help the SE program improve.

The report should be informative, factual, and constructive. Since some process measures assess adherence to the evidence-based model at both the agency and program staff levels, remember to target recommendations to administrators, SE leaders, and employment specialists.

When summarizing outcomes data, start with simple, easy-to-read reports. Then let experience determine what additional reports you need. You can design your reports to give information about individual consumers, a single employment specialist's caseload, or the program as a whole. For example, reports generated for individual consumers may track the consumer's participation in specific SE services and outcomes over time. You could enter these reports in consumers' charts and they could be the basis for discussions about consumers' progress.

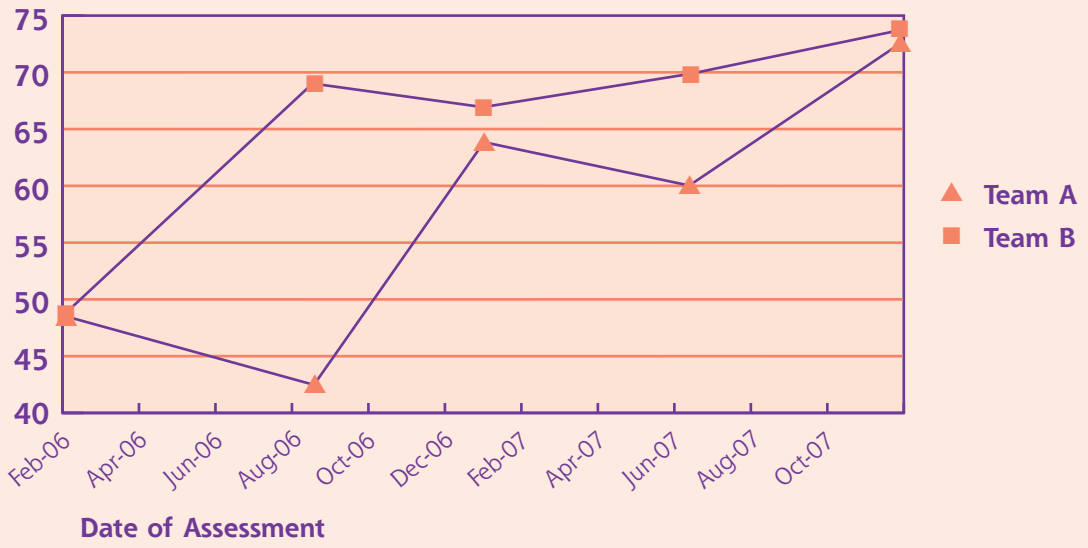
Use tables and graphs to understand your outcomes data

After the first process and outcomes assessments, it is often useful to provide a visual representation of a program's progress over time. We recommend that you use tables and graphs to report the results.

By graphing your SE fidelity score, you have a visual representation of how your SE program has changed over time. For an example, see Figure 1. For your process data, you may simply graph the results using a spreadsheet and include this in your report.

When your program shows greater fidelity over time, the graph will display it and reinforce your efforts. Additionally, as you can see in Figure 1, the graph allows you to quickly compare one team to another. In this example, Team A struggled in the first 6 months. Understanding Team A's progress compared to Team B's allowed the teams to partner and share strategies.

Figure 1. SE Fidelity Over Time



Note:	66 – 75	=	good implementation
	56 – 64	=	fair implementation
	55 and below	=	not evidence-based practice

Consequently, Team A improved dramatically over the next 6-month period.

Another feature of graphing assessment scores is to examine the cutoff score for *fair* (56) or *good* (66) implementation. Your program can use these scores as targets.

Here are three examples of tables and graphs that can help you understand and use your outcomes data.

Example 1: Periodic summary tables

Periodic summary tables summarize your outcomes data each quarter and address these kinds of questions:

- How many consumers participated in our SE program during the last quarter?
- How many consumers worked competitively during the last quarter?
- How did the hospitalization rate for those participating in SE compare to the rate for consumers in standard treatment?

Agencies often use this type of table to understand consumer participation or to compare actual results with agency targets or goals. These tables are also frequently used to describe agencies' services in annual reports or for external community presentations.

Table 1: Sample Periodic Summary Table of Enrollment in Evidence-Based Practices

	Not eligible	Eligible but NOT in EBP service	Enrolled	Percent of eligible consumers enrolled
Supported Employment	0	30	60	67
Assertive Community Treatment	30	25	90	78

This agency provides both Supported Employment (SE) and Assertive Community Treatment (ACT). The SE team identified 90 consumers for the program. Of those, 60 receive SE, while 30 consumers are eligible but receive another service. Consequently, 67 percent of consumers who are eligible for the SE program currently participate in the program.

Example 2: Movement tables

Tables that track changes in consumer characteristics (called movement tables) can give you a quick reference for determining service effectiveness. For example, Table 2 compares consumers' employment status between two quarters.

Table 2: Sample Movement Table

		To FY '06 Qtr 3			
		Unemployed	Part-time employment	Full-time employment	Total
From: FY '01 Qtr: 2	Unemployed	2	1	3	6
	Part-time employment	3	8	3	14
	Full-time employment	1	3	100	104
	Totals	6	12	106	124

	Above the diagonal
	Below the diagonal
	Within the diagonal

To create this table, the data were collapsed into the three broad categories. The vertical data cells reflect the employment status for consumers for the beginning quarter. The horizontal data cells reflect the most recent quarterly information. The employment status categories are then ordered from the least desirable *(unemployed)* to the most desirable *(full-time employment)*.

The data in this table are presented in three colors. The purple cells are those above the diagonal, the pink cells are those below the diagonal, and the white cells are those within the diagonal. The data cells above the diagonal represent consumers who moved into a more desirable employment status between quarters. As you can see, one consumer moved from unemployed to part-time employment, three consumers moved from unemployed to full-time employment and three consumers moved from part-time to full-time employment. These seven consumers (6 percent of the 124 consumers in the program) moved to a more desirable employment status between quarters.

The data reported in the diagonal cells ranging from the upper left quadrant to the lower right reflect consumers who remained in the same employment status between quarters. As you can see, two consumers were unemployed for both quarters of this report, eight consumers remained in part-time employment, and 100 remained in full-time employment. These 110 consumers (89 percent of the 124 consumers in the program) remained stable between quarters.

The cells below the diagonal line represent consumers who moved into a less desirable employment status between quarters. Three consumers moved from part-time employment to unemployed, one moved from full-time employment to unemployed and three moved from full-time employment to part-time employment. These seven consumers (6 percent of the 124 consumers in the program) experienced some setbacks between quarters. The column totals show the number of consumers in a given employment status for the current quarter, and the row totals show the prior quarter.

You can use movement tables to portray changes in outcomes that are important to consumers, supervisors, and policymakers. The data may stimulate discussion around the progress that consumers are making or the challenges with which they are presented.

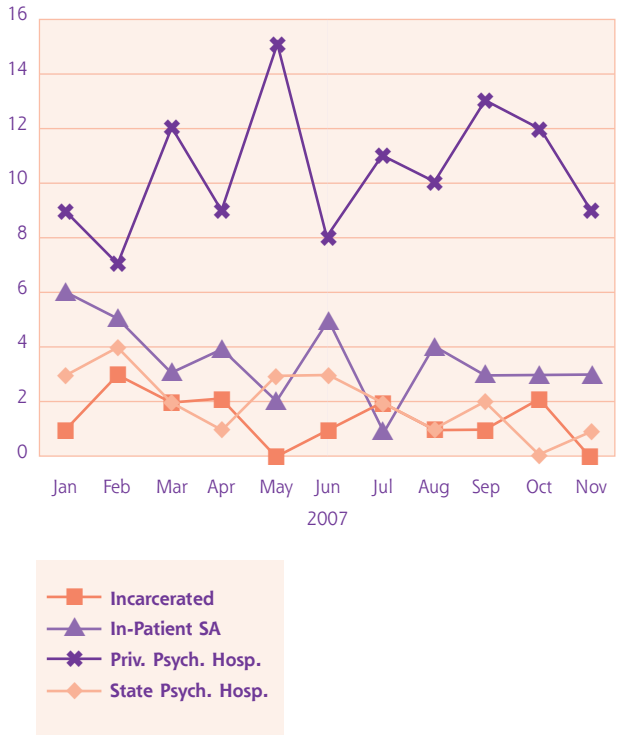
Example 3: Longitudinal plots

A longitudinal plot is an efficient and informative way to display participation or outcome data for more than two successive periods. The goal is to view performance in the long term. You can use a longitudinal plot for a consumer, a caseload, a specific EBP, or an entire program. A single plot can also contain longitudinal data for multiple consumers, caseloads, or programs for comparison. Figure 2 presents an example of a longitudinal plot comparing critical incidents for one SE team over an 11-month period.

This plot reveals that with the exception of private psychiatric hospitalizations, all other critical incidents appear to be going in a positive direction (that is, there is a reduction in incidence).

Longitudinal plots are powerful feedback tools because they permit a longer range perspective on participation and outcome, whether for a single consumer or a group of consumers. They enable a meaningful evaluation of the success of a program, and they provide a basis for setting goals for future performance.

Figure 2. Sample Longitudinal Plot for Monthly Frequency of Negative Incidents for Consumers



Share your results

The single factor that will most likely determine the success of an information system is its ability to give useful and timely feedback to key stakeholders. It is fine to worry about what to enter into an information system, but ultimately its worth is in converting data into meaningful information. For example, the data may show that 20 consumers worked in a competitive job during the past quarter, but it is more informative to know that this represents only 10 percent of the consumers in the SE program.

For information to influence practice, it must be understandable and meaningful, and it must be delivered in a timely way. In addition, the quality assurance system must tailor the information to suit the needs of various users and to answer their questions.

Sharing results with employment specialists

After each assessment, dedicate time during a supervisory meeting to discuss the results. Numbers that reflect above average or exceptional performance should trigger recognition, compliments, or other rewards. Data that reflect below average performance should provoke a search for underlying reasons and should generate strategies that offer the promise of improvement. By doing this regularly, SE leaders will create a learning organization characterized by adaptive responses to information that aim to improve consumer outcomes.

Sharing results with your SE Advisory Committee or quality assurance team

You may also use this information to keep external stakeholders engaged. Sharing information with vested members of the community, staff from your mental health authority, and consumers and family advocates can be valuable. Through these channels, you may develop support for the SE program, increase consumer participation, and raise private funds for your agency.

Sharing results internally

Agencies may distribute reports during all staff and manager-level meetings to keep staff across the agency informed and engaged in the process of implementing SE. Agencies with successful SE programs highlight the importance of developing an understanding and support for the evidence-based model across the agency.

Additionally, integrating consumer-specific reports into clinical charts may help you monitor consumers' progress over time. Reporting consumer-specific outcomes information at the treatment team meetings also helps keep the team focused on consumers' vocational goals.

Sharing results with consumers and families

Agencies may highlight assessment results in consumer and family meetings. Increasing consumers' and families' understanding of the SE program may motivate them to participate in the treatment process and build trust in the consumer-provider relationship.

Also, sharing results may create hope and enthusiasm for your SE program. Sharing information motivates people and stimulates changes in behavior. Sharing the results of your assessments with a variety of stakeholders is the key to improving your program.

EVIDENCE-BASED PRACTICES KIT

Knowledge Informing Transformation

Evaluating Your Program

Appendix A: Cover Sheet— Supported Employment Fidelity Scale and General Organizational Index

Cover Sheet: Supported Employment Fidelity Scale and General Organizational Index

Assessors' names: _____ Today's date: _____/___/_____

_____

_____

Program name (or program code): _____

Agency name: _____

Agency address: _____
Street

_____
City State ZIP code

SE leader or contact person: _____

Names of the employment specialists: _____

Telephone: (___) _____–_____ E-mail: _____

Sources used for assessments:

- ❑ Chart review: Number reviewed: _____
- ❑ SE treatment team observation
- ❑ SE supervisory meeting observation
- ❑ SE leader interview
- ❑ Employment specialist interviews: Number interviewed: ____
- ❑ Consumer interviews: Number interviewed: ____
- ❑ Family member interviews: Number interviewed: ____
- ❑ Other staff interviews: Number interviewed: ____
- ❑ Brochure review
- ❑ Other _____

Number of employment specialists: _____

Number of current SE consumers: _____

Number of SE consumers who left the program in the past 6 months: _____

Number of consumers served in the past 6 months: _____

Funding source: _____

Agency location:
- ❑ Urban
- ❑ Rural

Date program was started: _____/_____/_____

Contact with local or state Vocational Rehabilitation agencies:
- ❑ None
- ❑ Minimal
- ❑ Regular

EVIDENCE-BASED PRACTICES KIT

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Appendix B: Supported Employment Fidelity Scale and Score Sheet

Supported Employment Fidelity Scale

Criteria		Ratings / Anchors 1	2	3	4	5
Staffing						
1.	**Caseload:** Employment specialists manage caseloads of up to 25 consumers.	A ratio of 81 or more consumers per employment specialist, or Cannot rate due to no fit	A ratio of 61 to 80 consumers per employment specialist	A ratio of 41 to 60 consumers per employment specialist	A ratio of 26 to 40 consumers per employment specialist	A ratio of 25 or fewer consumers per employment specialist
2.	**Vocational services staff:** Employment specialists provide only vocational services.	Employment specialists provide nonvocational services such as case management 80% or more of the time, or Cannot rate due to no fit	Employment specialists provide nonvocational services such as case management about 60% of the time	Employment specialists provide nonvocational services such as case management about 40% of the time	Employment specialists provide nonvocational services such as case management about 20% of the time	Employment specialists provide only vocational services
3.	**Vocational generalists:** Each employment specialist carries out all phases of vocational service including engagement, assessment, job development, job placement, job coaching, and follow-along supports.	Employment specialists provide only vocational referrals to other vendors or programs, or Cannot rate due to no fit	Employment specialists maintain caseloads but refer consumers to other programs for vocational service	Employment specialists provide 1 aspect of the vocational service	Employment specialists provide 2 or more phases of vocational service but not the entire service	Employment specialists carry out all phases of vocational service
Organization						
1.	**Integration of rehabilitation with mental health treatment:** Employment specialists are part of the mental health treatment teams with shared decisionmaking. They attend regular treatment team meetings (not replaced by administrative meetings) and have frequent contact with treatment team members.	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 1 face-to-face contact per month, or Cannot rate due to no fit	Employment specialists attend treatment team meetings once per month	Employment specialists have several contacts with treatment team members each month and attend 1 treatment team meeting per month	Employment specialists are attached to 1 or more case management treatment teams with shared decisionmaking; attend weekly treatment team meetings	Employment specialists are attached to 1 or more case management treatment teams with shared decisionmaking; attend 1 or more treatment team meetings per week and have at least 3 consumer-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.	Employment specialists are not part of a vocational unit, or Cannot rate due to no fit	Employment specialists have the same supervisor but do not meet as a group	Employment specialists have the same supervisor and discuss cases between each other; they do not provide services for each other's cases	Employment specialists form a vocational unit and discuss cases between each other; they provide services for each other's cases	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

Supported Employment Fidelity Scale

Criteria		Ratings / Anchors 1	2	3	4	5
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	Consumers are screened out based on formal or informal eligibility requirements, or Case managers first screen referrals, or Cannot rate due to no fit	Some eligibility criteria, or Vocational staff who make consumer referrals to other vocational programs screen referrals	Some eligibility criteria, or Vocational staff who provide the vocational service screen referrals	All consumers are eligible and services are voluntary. Referral sources are limited	All consumers are encouraged to participate, and Several sources (self-referral, family members, self-help groups, etc.) solicit referrals
Services						
1.	**Ongoing, work-based vocational assessment:** Vocational assessment is an ongoing process based on work experiences in competitive jobs.	Vocational evaluation is conducted before job placement with emphasis on office-based assessments, standardized tests, intelligence tests, and work samples, or Cannot rate due to no fit	Consumer participates in a prevocational assessment at the program site (e.g. work units in a day program)	Assessment occurs in a sheltered setting where consumers carry out work for pay	Most of the assessment is based on brief, temporary job experiences in the community that are set up with the employer	Vocational assessment is ongoing and occurs in community jobs. Minimal testing may occur but not as a prerequisite to the job search. Aims at problem-solving using environmental assessments and considering reasonable accommodations
2.	**Rapid search for competitive jobs:** The search for competitive jobs occurs rapidly after program entry.	First contact with an employer about a competitive job is typically more than 1 year after program entry, or Cannot rate due to no fit	First contact with an employer about a competitive job is typically at more than 9 months and within 1 year after program entry	First contact with an employer about a competitive job is typically at more than 6 months and within 9 months after program entry	First contact with an employer about a competitive job is typically at more than 1 month and within 6 months after program entry	First contact with an employer about a competitive job is typically within 1 month after program entry
3.	**Individualized job search:** Employer contacts are based on consumers' job preferences (relating to what they enjoy and their personal goals) and needs (including experience, ability, how they affect a good job and setting match) rather than the job market (that is, what jobs are readily available).	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	About 25% of employer contacts are based on job choices which reflect consumers' preferences and needs rather than the job market	About 50% of employer contacts are based on job choices which reflect consumers' preferences and needs rather than the job market	About 75% of employer contacts are based on job choices which reflect consumers' preferences and needs rather than the job market	Most employer contacts are based on job choices, which reflect consumers' preferences and needs rather than the job market
4.	**Diversity of jobs developed:** Employment specialists provide job options that are in different settings.	Employment specialists provide options for either the same types of jobs for most consumers, e.g., janitorial, or jobs at the same settings, or Cannot rate due to no fit	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	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	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	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

Supported Employment Fidelity Scale

Criteria		Ratings / Anchors 1	2	3	4	5
5.	**Permanence of jobs developed:** Employment specialists provide competitive job options that have permanent status rather than temporary or time-limited status.	Employment specialists usually do not provide options for permanent, competitive jobs, or Cannot rate due to no fit	Employment specialists provide options for permanent, competitive jobs about 25% of the time	Employment specialists provide options for permanent, competitive jobs about 50% of the time	Employment specialists provide options for permanent, competitive jobs about 75% of the time	Virtually all 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 consumers end jobs when appropriate and then find new jobs.	Employment specialists prepare consumers for a single lasting job, and if it ends, will not necessarily help them find another one, or Cannot rate due to no fit	Employment specialists help consumers find another job 25% of the time	Employment specialists help consumers find another job 50% of the time	Employment specialists help consumers find another job 75% of the time	Employment specialists help consumers 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 consumer on a time-unlimited basis. Employer supports may include education and guidance. Consumer supports may include crisis intervention, job coaching, job counseling, job support groups, transportation, treatment changes (medication), and supportive networks (friends and family).	Follow-along supports are nonexistent, or Cannot rate due to no fit	Follow-along supports are time-limited and provided to less than half of the working consumers	Follow-along supports are time-limited and provided to most working consumers	Follow-along supports are ongoing and provided to less than half the working consumers	Most working consumers are provided flexible, follow-along supports that are individualized and ongoing
8.	**Community-based services:** Vocational services such as engagement, job finding, and follow-along supports are provided in community settings.	Employment specialists spend 10% of time or less in the community, or Cannot rate due to no fit	Employment specialists spend 11–39% of time in community	Employment specialists spend 40–59% of time in community	Employment specialists spend 60–69% of time in community	Employment specialists spend 70% or more of time in community
9.	**Assertive engagement and outreach:** Assertive engagement and outreach (telephone, mail, community visits) are conducted as needed.	Employment specialists do not provide outreach to consumers as part of initial engagement or to those who stop attending the vocational service, or Cannot rate due to no fit	Employment specialists make 1 contact to consumers as part of initial engagement or to those who stop attending the vocational service	Employment specialists make 1 or 2 contacts as part of initial engagement or within 1 month when consumers stop attending the vocational service	Employment specialists make multiple contacts as part of initial engagement and at least every 2 months on a time-limited basis when consumers stop attending the vocational service	Employment specialists make multiple contacts as part of initial engagement and at least monthly on a time-unlimited basis when consumers stop attending the vocational service, and Employment specialists demonstrate tolerance of different levels of readiness using gentle encouragement

Score Sheet: Supported Employment Fidelity Scale

Agency name: _____ **Today's date:** _____/___/_____

Assessors' names: _____

_____

		Assessor 1	Assessor 2	Consensus	Data Source Circle the data sources used
Staffing					
1	Caseload				VL, MIS, DOC, INT
2	Vocational services staff				MIS, DOC, INT
3	Vocational generalists				VL, MIS, DOC, INT
Organization					
1	Integration of rehabilitation with mental health treatment				VL, MIS, DOC, INT
2	Vocational unit				MIS, INT
3	Zero-exclusion criteria				DOC, INT
Services					
1	Ongoing work-based assessment				DOC, INT
2	Rapid search for competitive jobs				DOC, INT, ISP
3	Individualized job search				DOC, INT, ISP
4	Diversity of jobs developed				DOC, INT, ISP
5	Permanence of jobs developed				DOC, INT, ISP
6	Jobs as transitions				VL, DOC, INT, ISP
7	Follow-along supports				VL, DOC, INT
8	Community-based services				VL, MIS, DOC, INT
9	Assertive engagement and outreach				VL, MIS, DOC, INT
	Total score				
Items not rated due to insufficient data					

66-75 = Good implementation
56-65 = Fair implementation
55 and below = Not SE

VL = Vocational Logs (Employer logs or other SE files)
MIS = Management Information System
DOC = Document review: chart review, agency policy and procedures
INT = Interviews with consumers, families, employment specialists, other staff
ISP = Individualized Service Plan (Individualized Employment Plan)

EVIDENCE-BASED PRACTICES KIT

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Appendix C: Supported Employment Fidelity Guide

Supported Employment Fidelity Guide

Discussion guide for interviewing SE leaders, employment specialists, and other agency staff

Ask questions such as the ones suggested below to collect information that you may use to rate the items on the SE Fidelity Scale. The questions are not meant to be used as a structured interview, so feel free to put them into your own words and to ask them in any order. The goal is to collect accurate information that reflects the daily practice in the SE program.

Staffing

Caseload size

- Does each employment specialist have a discreet caseload?
- How many consumers does each employment specialist (full-time equivalent) have on his or her caseload?
- How often does the employment specialist meet with each person on the caseload?
- Approximately how long do consumers stay on the caseload? When is a consumer removed from the caseload?

Vocational services staff

- Do any employment specialists provide services other than vocational, such as case management, day programming, or residential services?
- For how much of their time do they provide nonvocational services?

Vocational generalists

- Do different employment specialists provide different aspects of the vocational service? For example, one employment specialist does only job development or one does only job support. Which aspect of the vocational process does each provide?

Integration of rehabilitation with mental health treatment

- Do employment specialists interact with case managers about their mutual consumers?
- In what situations do they interact and how regularly? Do they meet in person or by telephone?
- Are employment specialists assigned to work with specific case managers or case management teams?
- Do they participate in shared decisionmaking about consumer services? Who (staff) makes the final decision?
- Where are case managers' offices located in relation to the Supported Employment office?

Vocational unit

- Do employment specialists have the same supervisor?
- Do employment specialists meet as a group for supervision? If so, how often?
- Do employment specialists provide services for one another's consumers?

Zero-exclusion criteria

- What are the criteria to be eligible to receive Supported Employment services?
- Who makes referrals?
- Who conducts the screening?
- Do provisions exist to make sure no one is excluded?
- What is the rate of referral?

Ongoing, work-based vocational assessment

- Does the program include vocational evaluation procedures?
- What type of assessment procedures do you use and in which settings?
- Must certain assessment procedures be completed before getting a competitive job, such as, testing, prevocational work adjustment?
- How much preplacement assessment is done?
- How much time is spent on vocational assessment?

Rapid search for competitive job

- What is the average length of time between when a consumer begins the program and the first contact with a competitive employer? What is the range of time?
- What is the program's philosophy about when to start the job search? Must consumers take any steps in the program before starting to look for a job?

Individualized job search

- How is it decided which jobs are identified in the job search? Who makes these decisions? What information is it based on?
- How has the nature of the job market affected the type of jobs consumers have obtained?

Diversity of jobs developed

- Do employment specialists ever suggest to consumers that they work at the same job setting as other consumers? What percentage of consumers work in the same job settings?
- Do employment specialists ever suggest to consumers that they obtain the same type of job as other consumers? What percentage of consumers have the same type of work?

Permanence of jobs developed

- What percentage of the jobs that employment specialists suggest to consumers are permanent, competitive jobs?
- Do employment specialists ever suggest jobs that are temporary, time-limited, or volunteer? If so, how often?

Jobs as transitions

- Do employment specialists help consumers find another job when one ends?
- What percentage of consumers who have ended jobs have been provided help in finding another job?
- What are reasons an employment specialist would not help a consumer find another job when one has ended? (for example, consumer was fired due to poor attendance, problems with substance abuse.)

Follow-along supports

- Do employment specialists provide follow-along supports to consumers and employers? What kind of supports?
- What percentage of working consumers has follow-along supports provided?
- Is there a time limit for providing supports?

Community-based services

- Where do employment specialists spend most of their time?
- What percentage of their time is spent outside of the mental health facility? (Ask the employment specialist to review how he or she spent time over the last couple of days to determine location of services.)

Assertive engagement and outreach

- Do employment specialists provide any outreach if consumers do not engage or drop out of services?
- What kinds of outreach are provided? How often are outreach attempts made? Is there a time limit to providing outreach if a consumer stops attending? If so, what is the time limit?

Discussion guide for interviewing consumers and family members

The interviews with consumers and family members should take an informal, conversational tone. Use the questions below to guide the conversation. You don't have to read the questions verbatim. If the respondent has difficulty understanding the questions, then reword them as needed.

In the wording of the questions below, we use *you/your family member* to indicate the different wording that you might use depending on the participant. When you speak with family members, feel free to use the consumer's first name or the relationship to the respondent (for example, your son) instead of the phrase, *your family member*. Also, make any necessary grammatical changes.

Beginning the conversation

Thank you for taking the time to meet with me today.

My name is _____ (YOUR NAME) and I work for _____ (YOUR AGENCY NAME).

We're working with _____ (NAME OF SE PROGRAM) to learn more about how it provides services for consumers who are interested in working.

We will use the information to help provide better employment services to people in this program. We'll meet for about 15 to 30 minutes to talk about the services (*you/your family member*) have received and what you've thought of them.

Your participation in the interview is voluntary; you don't have to do this if you don't want to. Your decision to participate will not affect the services (*you/your family member*) receive(s).

Also, what we talk about today is confidential and anonymous. That means that we will not collect any information that could identify you and we will not include any identifying information about you in the results of our review. The only exception to this is if you report an incident of child abuse during our conversation or if you indicate that you may be about to hurt yourself or someone else. In these cases, we'll discuss the situation and I may be required by law to report it.

The risk to participating is that you might feel uncomfortable with some of the questions. If there's a question you don't want to answer, you don't have to answer it, and we can stop at any time. The benefit to participating is that the information you provide can help us improve employment services offered by this agency.

Do you have any questions before we begin?

- Please tell me about the _____ (NAME OF SE PROGRAM).

  What kinds of services have *(you/your family member)* received from them? What kinds of things have they helped (*you/your family member*) with?

  How long have (*you/your family member*) been involved in this program?

- What is the name of the person (*you/your family member*) meet(s) with most often to talk about your interest in working? _____

  (Note to Interviewer: Note first name and insert for "EMPLOYMENT SPECIALIST NAME" as indicated below.)

- How often do (*you/your family member*) meet with _____ (EMPLOYMENT SPECIALIST NAME)?

  How long do (*you/your family member*) usually meet with _____ (EMPLOYMENT SPECIALIST NAME)? How much time do *(you/your family member)* usually spend together?

- What do (*you/your family member*) do with _____ (EMPLOYMENT SPECIALIST NAME) when (*you/your family member*) are together?

- Is _____ (EMPLOYMENT SPECIALIST NAME) helpful? If so, how? If not, how not?

- In general, is the program helpful to (*you/your family member*)? If so, how? If not, why not?

  Are there ways that the program could better help (*you/your family member*)?

- Have (*you/your family member*) gotten a job since (*you/your family member*) entered the program? How many jobs?

- What has been most helpful to (*you/your family member*) about this program? What has been least helpful?

- How did (*you/your family member*) find out about the _____ (NAME OF SE PROGRAM) program?

Integration of rehabilitation with mental health treatment

- Do (*you/your family member*) talk about (*your/his/her*) interest in working with other staff at this agency?

- Do (*you/your family member*) meet with a mental health worker or other practitioner? A psychiatrist? Anyone else?

- How have they helped (*you/your family member*) in terms of (*your/his/her*) interest in working?

- Does _____ (EMPLOYMENT SPECIALIST NAME) talk with these other staff members about *(your/his/her)* interest in working? Tell me about that.

- Does _____ (EMPLOYMENT SPECIALIST NAME) talk with other professionals outside of this agency, such as Vocational Rehabilitation, about *(your/his/her)* interest in working or going to school?

Zero-exclusion criteria

- When (*you/your family member*) first told them that (*you/your family member*) were interested in the program, were (*you/your family member*) able to get into the program as soon as (*you/your family member*) wanted?

  How long was that?

  If *(you/your family member)* couldn't get in when *(you/your family member)* wanted, why did *(you/your family member)* have to wait?

- Did staff members encourage you to think about working or going to school even before you expressed an interest in work or school?

Ongoing, work-based vocational assessment

- When (*you/your family member*) entered the program, did (*you/your family member*) need to take any tests before (*you/your family member*) could look for a job? If so, tell me about them.
- When (*you/your family member*) entered the program, did (you/your family member) have to take a job (*you/your family member*) didn't want in order to "get ready" for the type of job (you/your family member) did want?

  If so, tell me about that.

  Were you asked to work in the day program or sheltered workshop before being helped to find a regular job?

Rapid search for competitive job

- Once (*you/your family member*) told someone in the program that *(you/your family member)* wanted to work, how long was it before (*you/your family member*) started meeting with _____ (EMPLOYMENT SPECIALIST NAME) or another staff person to talk about working?
- Once (*you/your family member*) started meeting with _____ (EMPLOYMENT SPECIALIST NAME) to talk about working, how long was it before (*you/your family member*) actually started looking for a job?

Individualized job search

- When (*you/your family member*) began meeting with _____ (EMPLOYMENT SPECIALIST NAME), how did the two of you decide which jobs to search for?

  Did *(you/your family member)* like the way that decisions were made? Why or why not?

  Were other people who know you, like other family members or other staff workers, asked about jobs that you might like?

  Did (*you/your family member*) make the final decision about which jobs to apply for?

Diversity of jobs developed

- Have the jobs (*you/your family member*) have gotten been at the same place that other people receiving Supported Employment services are working? If so, tell me about that.
- Do people who receive services from this program end up getting the same types of jobs or do they get different types of jobs? Tell me about that.

Permanence of jobs developed

- When (*you/your family member*) worked with _____ (EMPLOYMENT SPECIALIST NAME) to get a job, did (*you/your family member*) work toward jobs that were—
  - **Permanent,** so (*you/your family member*) could stay as long as (*you/your family member*) wanted? Tell me about that.
  - **Temporary,** so that (*you/your family member*) had to leave the job at some point? Tell me about that.
  - **In a competitive workplace** where non-mental health consumers also worked? Tell me about that.
  - **Part of a sheltered workshop or agency work program** so that (*you or your family member*) were supervised by a mental health staff person? Tell me about that.
  - **Volunteer work,** that is, work that (*you/your family member*) didn't get paid for? Tell me about that.

Community-based services

- Where do (*you/your family member*) and _____ (EMPLOYMENT SPECIALIST NAME) usually meet?
- Where else have (*you/your family member*) met and how often?

Assertive engagement and outreach

- Have (*you/your family member*) ever decided that (*you/your family member*) didn't want to be in the Supported Employment program anymore?
- Did (*you/your family member*) tell staff? What happened then?

  (Note to Interviewer: Ask only of consumers who report having more than one job.)

Jobs as transitions

- When (*you/your family member*) had a job that ended, did _____ (EMPLOYMENT SPECIALIST NAME) or other staff help (*you/your family member*) find a new job?

  If so, how did he or she help (*you/your family member*)?

  If not, why didn't he or she help (*you/your family member*)?

- Did (*you/your family member*) like the jobs that (*you/he/she*) got? Why or why not?

  If (*you/your family member*) did not like a job, did (*you/your family member*) tell _____ (EMPLOYMENT SPECIALIST NAME)?

  What happened then?

Follow-along supports

- Once (*you/your family member*) got a job, did _____ (EMPLOYMENT SPECIALIST NAME) or other staff members still help (*you/your family member*)? How?
- Did he or she help (*you/your family member*) with the job or help (*you/your family member*) keep the job?
- What kinds of things did he or she do to help (*you/your family member*) keep the job?
- Was _____ (EMPLOYMENT SPECIALIST NAME) or other staff member able to help (*you/your family member*) as long as (*you/your family member*) wanted, or, once (*you/your family member*) got a job, could he or she only keep helping (*you/your family member*) for a certain period of time? Tell me about that.

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Appendix D: General Organizational Index and Score Sheet

General Organizational Index

	1	2	3	4	5
G1. Program philosophy Committed to clearly articulated philosophy consistent with specific evidence-based model, based on these 5 sources: ■ SE leader ■ Senior staff (for example, executive director, psychiatrist) ■ Team members providing the EBP ■ Consumers and families receiving EBP ■ Written materials (such as, brochures)	No more than 1 of 5 sources shows clear understanding of program philosophy	2 of 5 sources show clear understanding of program philosophy	3 of 5 sources show clear understanding of program philosophy	4 of 5 sources show clear understanding of program philosophy	All 5 sources show clear understanding and commitment to program philosophy for specific EBP
	OR	OR	OR	OR	
	All sources have numerous major areas of discrepancy	All sources have several major areas of discrepancy	Sources mostly aligned to program philosophy, but have 1 major area of discrepancy	Sources mostly aligned to program philosophy, but have 1 or 2 minor areas of discrepancy	
***G2. Eligibility or consumer identification** All consumers with serious mental illnesses in the community support program; crisis consumers, and institutionalized consumers are screened to determine if they qualify for EBP using standardized tools or admission criteria consistent with EBP. Also, agency systematically tracks number of eligible consumers.	20% of consumers receive standardized screening and/or agency DOES NOT systematically track eligibility	21–40% of consumers receive standardized screening and agency systematically tracks eligibility	41–60% of consumers receive standardized screening and agency systematically tracks eligibility	61–80% of consumers receive standardized screening and agency systematically tracks eligibility	More than 80% of consumers receive standardized screening and agency systematically tracks eligibility
***G3. Penetration** Maximum number of eligible consumers served by EBP, as defined by the ratio: $\frac{\text{Number of consumers receiving EBP}}{\text{Number of consumers eligible for EBP}}$	Ratio .20	Ratio .21 – .40	Ratio .41 – .60	Ratio .61 – .80	Ratio > .80

* These two items coded based on all consumers with serious mental illnesses at the site or sites where EBP is being implemented; all other items refer specifically to those receiving the EBP.

	Total number of consumers in target population
	Total number of consumers eligible for EBP
	Total number of consumers receiving EBP

%	% eligible:
	Penetration rate

	1	2	3	4	5
G4. Assessment Full standardized assessment of all consumers 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 ■ Evaluation of biopsychosocial risk factors	Assessments are completely absent or completely non-standardized	Pervasive deficiencies in 2 of the following: ■ Standardization ■ Quality of assessments ■ Timeliness ■ Comprehen-siveness	Pervasive deficiencies in 1 of the following: ■ Standardization ■ Quality of assessments ■ Timeliness ■ Comprehen-siveness	61%-80% of consumers receive standardized, high-quality assessments at least annually OR Information is deficient for 1 or 2 assessment domains	More than 80% of consumers 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 consumers, an explicit, individualized treatment plan exists *related to the EBP* that is consistent with assessment and updated every 3 months	20% of consumers EBP serves have explicit individualized treatment plans, *related to EBP*, updated every 3 months	21–40% of consumers EBP serves have explicit individualized treatment plans, *related to EBP*, updated every 3 months	41–60% of consumers EBP serves have explicit individualized treatment plans, *related to EBP*, updated every 3 months OR Individualized treatment plan updated every 6 months for all consumers	61–80% of consumers EBP serves have explicit individualized treatment plans, *related to EBP*, updated every 3 months	More than 80% of consumers EBP serves have explicit individualized treatment plans *related to EBP*, updated every 3 months
G6. Individualized treatment All EBP consumers receive individualized treatment meeting goals of EBP	20% of consumers EBP serves receive individualized services meeting goals of EBP	21–40% of consumers EBP serves receive individualized services meeting goals of EBP	41–60% of consumers EBP serves receive individualized services meeting goals of EBP	61–80% of consumers EBP serves receive individualized services meeting goals of EBP	More than 80% of consumers EBP serves receive individualized services meeting goals of EBP
G7. Training All new team members receive standardized training in EBP (at least a 2-day workshop or equivalent) *within 2 months after hiring*. Existing team members receive annual refresher training (at least 1-day workshop or equivalent).	20% of program staff receive standardized training annually	21–40% of program staff receive standardized training annually	41–60% of program staff receive standardized training annually	61–80% of program staff receive standardized training annually	More than 80% of program staff receive standardized training annually
G8. Supervision SE team members receive structured, weekly supervision (group or individual format) from a team member experienced in particular EBP. Supervision should be consumer-centered and explicitly address EBP model and its application *to specific consumer situations*.	20% of EBP practitioners receive supervision	21–40% of EBP practitioners receive weekly structured, consumer-centered supervision OR All EBP practitioners receive informal supervision	41–60% of EBP practitioners receive weekly structured, consumer-centered supervision OR All EBP practitioners receive monthly supervision	61–80% of EBP practitioners receive weekly structured, consumer-centered supervision OR All EBP practitioners receive supervision 2 times a month	More than 80% of EBP practitioners receive structured weekly supervision, focusing on specific consumers, in sessions *that explicitly address EBP model and its application*

	1	2	3	4	5
G9. Process monitoring Supervisors and SE leaders monitor process of implementing EBP every 6 months and use the data to improve program. Monitoring involves a standardized approach, for example, using fidelity scale or other comprehensive set of process indicators.	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: ■ Comprehensive and standardized ■ Completed every 6 months ■ Used to guide program improvements OR Standardized monitoring done annually only	Process monitoring is deficient on 1 of these 3 criteria: ■ Comprehensive and standardized ■ Completed every 6 months ■ Used to guide program improvements	Standardized comprehensive process monitoring occurs at least every 6 months and is used to guide program improvements
G10. Outcome monitoring Supervisors and program leaders monitor outcomes for EBP consumers every 3 months and share data with EBP team members. Monitoring involves standardized approach to assessing a key outcome related to EBP, such as, psychiatric admissions, substance abuse treatment scale, or employment rate.	No outcome monitoring occurs	Outcome monitoring occurs at least 1 time a year, but results are not shared with team members	Standardized outcome monitoring occurs at least 1 time a year. Results are shared with team members	Standardized outcome monitoring occurs at least 2 times a year. Results are shared with team members	Standardized outcome monitoring occurs quarterly. Results are shared with EBP members
G11. Quality Assurance (QA) Agency has QA committee or implementation steering committee with an explicit plan to review 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 occurs every 6 months by QA group or steering committee for EBP
G12. Consumer choice about service provision All consumers receiving EBP services are offered choices; EBP team members consider and abide by consumer preferences for treatment when offering and providing services.	Consumer-centered services are absent (or practitioners make all EBP decisions)	Few sources agree that type and frequency of EBP services reflect consumer choice	Half of the sources agree that type and frequency of EBP services reflect consumer choice	Most sources agree that type and frequency of EBP services reflect consumer choice OR Agency fully embraces consumer choice with one exception	All sources agree that type and frequency of EBP services reflect consumer choice

Score Sheet: General Organizational Index

Agency name: _____ **Today's date:** _____/___/_____

Assessors' names: _____

_____

		Assessor 1	Assessor 2	Consensus
G1	Program philosophy			
G2	Eligibility or consumer identification			
G3	Penetration			
G4	Assessment			
G5	Individualized treatment plan			
G6	Individualized treatment			
G7	Training			
G8	Supervision			
G9	Process monitoring			
G10	Outcome monitoring			
G11	Quality Assurance (QA)			
G12	Consumer choice regarding service provision			
Total mean score				

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Appendix E: General Organizational Index Protocol

General Organizational Index Protocol

The General Organizational Index Protocol explains how to rate each item of the index. In particular, it provides the following:

- A definition and rationale for each item; and
- A list of data sources most appropriate for each fidelity item (for example, chart review, program leader, practitioners, consumers, and family interviews).

When it is appropriate, a set of probe questions is provided to help you elicit the critical information needed to score the fidelity item. These probe questions were specifically generated to help you collect information from respondents that is relatively free from bias, such as social desirability.

Decision rules will help you score each item correctly. As you collect information from various sources, these rules will help you determine the specific rating to give for each item.

G1. Program Philosophy

Definition: The program is committed to a clearly articulated philosophy consistent with the specific evidence-based practice (EBP), based on the following five sources:

- SE leader;
- Senior staff (such as executive director, psychiatrists);
- Employment specialist;
- Consumers and family members; and
- Written materials (such as brochures).

Rationale: In psychiatric rehabilitation programs that truly endorse EBPs, staff members at all levels embrace the program philosophy and practice it in their daily work.

Sources of information:

Overview: During the site visit, be alert to indicators of program philosophy consistent with or inconsistent with the EBP, including observations from casual conversations, staff and consumer activities, etc. Statements that suggest misconceptions or reservations about the practice are negative indicators, while statements that show enthusiasm for and understanding of the practice are positive indicators.

The intent of this item is to gauge the understanding of and commitment toward the practice. It is not necessary that every element of the practice is currently in place (this is gauged by the SE Fidelity Scale), but rather whether all those who are involved are committed to implementing high fidelity SE.

The employment specialists rated for this item are limited to those implementing this practice. Similarly, the consumers rated are those receiving the practice.

1. **SE leader, senior staff, and employment specialist interviews**
   - Ask interviewees to briefly describe the program.
   - "What are the critical ingredients or principles of your services?"
   - "What is the goal of your program?"
   - "How do you define SE?"
2. **Consumer interview**
   - "What kind of services do you receive from this program?"
   - Using a layperson's language, describe to the consumer or family the principles of SE. Probe if the program offers services that reflect each principle.
   - "Do you feel that employment specialists are competent and help you address your problems?
3. **Written material review**
   - Does the site have written materials on SE?
   - Does the written material articulate program philosophy consistent with SE?

Item response coding: The goal of this item is not to quiz every employment specialist to determine if they can recite every critical ingredient. Rather, the goal is to gauge whether the understanding is generally accurate and not contrary to the EBP. For example, if a senior staff member says, "Most of our consumers are not work-ready," then that would be a red flag for the practice of Supported Employment.

If all sources show evidence that they clearly understand the program philosophy, code the item as "5." For a source type that is based on more than one person (for example, team member interviews) determine the majority opinion when rating that source as endorsing or not endorsing a clear program philosophy. *Note*: If no written material, then count that source as *unsatisfactory*.

Difference between a major and minor area of discrepancy (needed to distinguish between a score of "4" and "3"): An example of a *minor* source of discrepancy for Assertive Community Treatment (ACT) might be larger caseload sizes (such as 20 to 1) or some brokering of services. An example of a *major* discrepancy would be if the team seldom made home visits or if the psychiatrist was uninvolved in the treatment team meetings.

G2. Eligibility/Consumer Identification

Definition: For EBPs implemented in a mental health center: All consumers in the community support program, crisis consumers, and institutionalized consumers are screened using standardized tools or admission criteria that are consistent with the EBP.

For EBPs implemented in a service area: All consumers within the jurisdiction of the service area are screened using standardized tools or admission criteria that are consistent with the EBP. For example, in New York, county mental health administrations are responsible for identifying consumers who will be served by Assertive Community Treatment (ACT) programs.

The target population refers to all adults with serious mental illnesses (SMI) served by the provider agency or service area. If the agency serves consumers at multiple sites, then assessment is limited to the site or sites that are targeted for the EBP.

If the target population is served in discrete programs (such as case management, residential, or day treatment), then ordinarily all adults with serious mental illnesses are included in this definition.

Screening will vary according to the EBP. The intent is to identify all who could benefit from the EBP. Although the program is intended to be offered to consumers at the point they express interest in working, all consumers are presumed to be eligible and should be invited to receive SE services.

In every case, the agency should have an explicit, systematic method for identifying the eligibility of every consumer. Screening typically occurs at admission; programs that are newly adopting an EBP should have a plan for systematically reviewing consumers who are already active in the agency.

Rationale: Accurately identifying consumers who would benefit most from the EBP requires routine review for eligibility, based on criteria consistent with the EBP.

Sources of information:

1. **SE leader, senior staff, and employment specialist interviews**
   - "Describe the eligibility criteria for your program."
   - "How are consumers referred to your program? How does the agency identify consumers who would benefit from your program? Do all new consumers receive screening for substance abuse or SMI diagnosis?"
   - "What about crisis (or institutionalized) consumers?"
   - Request a copy of the screening instrument used by the agency.

2. **Chart review:** Review documentation of screening process and results.

3. **County mental health administrators (where applicable):** If eligibility is determined at the service-area level (such as the New York example), then interview the people responsible for this screening.

Item response coding: This item refers to all consumers with SMI in the community support program or its equivalent at the sites where the EBP is being implemented; it is not limited to consumers who receive EBP services only. Calculate this percentage and record it on the fidelity rating scale in the space provided. If 80 percent or more of these consumers receive standardized screening, code the item as "5."

G3. Penetration

Definition: *Penetration* is defined as the percentage of consumers who have access to an EBP as measured against the total number of consumers who could benefit from the EBP. Numerically, this proportion is defined by:

$$\frac{\text{Number of consumers receiving an EBP}}{\text{Number of consumers eligible for the EBP}}$$

As in the preceding item, the numbers used in this calculation are specific to the site or sites where the EBP is being implemented.

Rationale: Surveys have repeatedly shown that people with SMI often have a limited access to EBPs. The goal of EBP dissemination is not simply to create small exclusive programs, but to make these practices easily accessible within the public mental health system.

Sources of information:

The calculation of the penetration rate depends on the availability of the two statistics defining this rate.

Numerator: The number receiving the service is based on a roster of names that the SE leader maintains. Ideally, this total should be corroborated with service contact sheets and other supporting evidence that the identified consumers are actively receiving treatment. As a practical matter, agencies have many conventions for defining *active consumers* and *dropouts*, so that it may be difficult to standardize the definition for this item. Use the best estimate of the number actively receiving treatment.

Denominator: If the agency systematically tracks eligibility, then use this number in the denominator. (See the rules listed in G2 to determine the target population before using estimates below.) If the agency doesn't track eligibility, then estimate the denominator by multiplying the total target population by the corresponding percentage based on the literature for each EBP.

According to the literature, the estimates for EBP KITs available at this writing should be as follows:

- Supported Employment — 60%;
- Integrated Treatment for Co-Occurring Disorders — 40%;
- Illness Management and Recovery — 100%;
- Family Psychoeducation — 100% (some kind of significant other); and
- Assertive Community Treatment — 20%.

Example for calculating denominator:

Suppose you don't know how many consumers are eligible for Supported Employment (that is, the community support program has not surveyed consumers to determine those who are interested). Let's say the community support program has 120 consumers. Then you would estimate the denominator to:

$$120 \times .6 = 72$$

Item response coding: Calculate this ratio and record it on the Fidelity Scale in the space provided. If the program serves more than 80 percent of eligible consumers, code the item as "5."

G4. Assessment

Definition: All EBP consumers receive standardized, high-quality, comprehensive, and timely assessments.

Standardization refers to a reporting format that is easily interpreted and consistent across consumers.

High quality refers to assessments that provide concrete, specific information that differentiates between consumers. If most consumers are assessed using identical words or if the assessment consists of broad, noninformative checklists, then this would be considered low quality.

Comprehensive assessments include the following:

- History and treatment of medical, psychiatric, and substance use disorders;
- Current stages of all existing disorders;
- Vocational history;
- Any existing support network; and
- Evaluation of biopsychosocial risk factors.

Timely assessments are those updated at least annually.

Rationale: Comprehensive assessment or re-assessment is indispensable in identifying target domains of functioning that may need intervention, in addition to consumers' progress toward recovery.

Sources of information:

1. **Program leader, senior staff, and employment specialist interviews**
   - "Do you give a comprehensive assessment to new consumers? What are the components that you assess?"
   - Ask for a copy of the standardized assessment form, if available, and have practitioners go through the form.
   - "How often do you re-assess consumers?"
2. **Chart review**
   - Look for comprehensiveness of assessment by looking at multiple completed assessments to see if they address each component of the comprehensive assessment every time an assessment is performed.
   - "Is the assessment updated at least yearly?"

Item response coding: If more than 80 percent of consumers receive standardized, high-quality, comprehensive, and timely assessments, code the item as "5."

G5. Individualized Treatment Plan

Definition: For all EBP consumers, an explicit, individualized treatment plan exists (even if it is not called this) related to the EBP that is consistent with assessment and updated every 3 months.

Individualized means that goals, steps to reaching the goals, services and interventions, and intensity of involvement are unique to this consumer. Plans that are the same or similar across consumers are not individualized. One test is to place a treatment plan without identifying information in front of supervisors to see if they can identify the consumer.

Rationale: Core values of EBP include individualizing services and supporting consumers' pursuit of their goals and progress in their recovery at their own pace. Therefore, treatment plans need ongoing evaluation and modification.

Sources of information:

Note: Assess this item and the next together; that is, followup questions about specific treatment plans with questions about the treatment.

1. Chart review (treatment plan)

Using the same charts as examined during the EBP-specific fidelity assessment, look for documentation of specific goals and consumer-based, goal-setting process:

- "Are the treatment recommendations consistent with assessment?"
- "What evidence is used for a quarterly review?"

2. SE leader interview

"Describe the process of developing a treatment plan. What are the critical components of a typical treatment plan and how are they documented?"

3. Employment specialist interview

- When feasible, use the specific charts selected above. Ask practitioners to go over a sample treatment plan.
- "How do you come up with consumer goals?" [Listen for consumer involvement and individualization of goals.]
- "How often do you review (or follow up on) the treatment plan?"

4. Consumer interview

- "What are your goals in this program? How did you set these goals?"
- "Do you and your employment specialist together review your progress toward achieving your goals?" [If *yes*, "How often? Please describe the review process."]

5. Team meeting and supervision observation, if available

Observe how the treatment plan is developed. Listen especially for discussion of assessment, consumer preferences, and individualization of treatment. Do they review treatment plans?

Item response coding: If more than 80 percent of EBP consumers have an explicit individualized treatment plan that is updated every three months, code the item as "5." If the treatment plan is individualized but updated only every 6 months, code the item as "3."

G6. Individualized Treatment

Definition: All EBP consumers receive individualized treatment meeting the goals of the EBP.

Individualized treatment means that steps, strategies, services, interventions, and intensity of involvement are focused on specific consumer goals and are unique for each consumer. Progress Notes are often a good source of what really goes on. Treatment could be highly individualized, despite the presence of generic treatment plans.

An example for a low score on this item for Assertive Community Treatment (ACT):

If most of the Progress Notes are written by day treatment staff who see consumers 3 to 4 days per week, while the ACT team sees consumers only about once per week to issue their checks.

Rationale: The key to the success of an EBP is implementing a plan that is individualized and meets the goals for the EBP for each consumer.

Sources of information:

1. Chart review (treatment plan)

Using the same charts as examined during the EBP-specific fidelity assessment, examine the treatment provided. Limit the focus to a recent treatment plan related to the EBP. Judge whether an appropriate treatment occurred during the time frame indicated by the treatment plan.

2. Employment specialist interview

When feasible, use the specific charts selected above. Ask practitioners to go over a sample treatment plan and treatment.

3. Consumer interview

"Tell me about how this program is helping you meet your goals."

Item response coding: If more than 80 percent of EBP consumers receive treatment that is consistent with the goals of the EBP, code the item as "5."

G7. Training

Definition: All new employment specialists receive standardized training in the EBP (at least a 2-day workshop or its equivalent) within 2 months after they are hired. Existing employment specialists receive annual refresher training (at least a 1-day workshop or its equivalent).

Rationale: Practitioner training and retraining are warranted to ensure that evidence-based services are provided in a standardized manner, across employment specialists and over time.

Sources of information:

1. **SE leader, senior staff, and employment specialist interviews**

   - "Do you provide new employment specialists with systematic training for SE?" [If *yes*, probe for specifics: Mandatory or optional? Length? Frequency? Content? Group or individual format? Who trains? In-house or outside training?]
   - "Do employment specialists receive refresher trainings?" [If *yes*, probe for specifics.]

2. **Review training curriculum and schedule, if available**

Does the curriculum appropriately cover the critical ingredients for [EBP area]?

3. **Team member interview**

   - "When you first started in this program, did you receive a systematic and formal training for SE?" [If *yes*, probe for specifics: Mandatory or optional? Length? Frequency? Content? Group or individual format? Who trains? In-house or outside training?]
   - "Do you receive refresher trainings?" [If *yes*, probe for specifics.]

Item response coding: If more than 80 percent of SE team members receive at least yearly, standardized training for SE, code the item as "5."

G8. Supervision

Definition: Employment specialists receive structured, weekly supervision from practitioners experienced in the particular EBP. The supervision can be either group or individual, but CANNOT be peers-only supervision without a supervisor. The supervision should be consumer-centered and explicitly address the EBP model and how it applies to specific consumer situations. Administrative meetings and meetings that are not specifically devoted to the EBP do not fit the criteria for this item. The consumer-specific EBP supervision should be at least 1 hour long each week.

Rationale: Regular supervision is critical not only for individualizing treatment, but also for ensuring the standardized provision of evidence-based services.

Sources of information:

1. **SE leader, senior staff, and employment specialists interviews**

Probe for logistics of supervision: length, frequency, group size, etc.

   - "Describe what a typical supervision session looks like."
   - "How does the supervision help your work?"

2. **Team meeting and supervision observation, if available**

Listen for discussion of [EBP area] in each case reviewed.

3. **Supervision logs documenting frequency of meetings**

Item response coding: If >80 percent of emplyment specialists receive weekly supervision, code the item as "5."

G9. Process Monitoring

Definition: Supervisors and SE leaders monitor the process of implementing the EBP every 6 months and use the data to improve the program. Process monitoring involves a standardized approach, for example, using a fidelity scale or other comprehensive set of process indicators.

An example of a process indicator would be systematic measurement of how much time case managers spend in the community instead of in the office. Process indicators could include items related to training or supervision. The underlying principle is that whatever is being measured is related to implementing the EBP and is not being measured to track billing or productivity.

Rationale: Systematic and regular collection of process data is imperative in evaluating program fidelity to EBP.

Sources of information:

1. **SE leader, senior staff, and employment specialist interviews**
   - "Does your program collect process data regularly?" [If *yes*, probe for specifics. Frequency? Who? How (using SE fidelity scale vs. other scales)? etc.]
   - "Does your program collect data on consumer service use and treatment attendance?"
   - "Have the process data affected how your services are provided?
2. **Review of internal reports and documentation, if available**

Item response coding: If evidence exists that standardized process monitoring occurs at least every 6 months, code the item as "5."

G10. Outcome Monitoring

Definition: Program leaders and administrators monitor the outcomes of EBP consumers every 3 months and share the data with employment specialists in an effort to improve services. Outcome monitoring involves a standardized approach to assessing consumers.

Rationale: Systematic and regular collection of outcome data is imperative in evaluating program effectiveness. Effective programs also analyze such data to ascertain what is working and what is not working and use the results to improve the quality of services they provide.

Key outcome indicators for each EBP are discussed in the EBP KITs. A provisional list is as follows:

- Supported Employment —competitive employment rate;
- Integrated Treatment for Co-Occurring Disorders—substance use (such as the Stages of Treatment Scale);
- Illness Management and Recovery—hospitalization rates, relapse prevention plans, medication compliance rates;
- Family Psychoeducation —hospitalization and family burden; and
- Assertive Community Treatment—hospitalization and housing.

Sources of information:

1. **SE leader, senior staff, and practitioner interviews**
   - "Does your program have a systematic method for tracking outcome data?" [If *yes*, probe for specifics: How (computerized vs. chart only)? How often? Type of outcome variables? Who collects data?]
   - "Do you use any checklist or scale to monitor consumer outcome (such as the Substance Abuse Treatment Scale)?"

- "What do you do with the outcome data? Do your employment specialists review the data regularly?" [If *yes*, "How is the review done (for example, cumulative graph)?"]
- "Have the outcome data affected how your services are provided?" [If *yes*, "How?"]

2. Review of internal reports and documentation, if available

Item response coding: If standardized outcome monitoring occurs quarterly and results are shared with SE team, code the item as "5."

G11. Quality Assurance

Definition: The agency's quality assurance (QA) committee has an explicit plan to review the EBP or components of the program every 6 months. The steering committee for the EBP can serve this function.

Good QA committees help the agency in important decisions, such as penetration goals, placement of the EBP within the agency, and hiring and staffing needs. QA committees also help guide and sustain the implementation by—

- Reviewing fidelity to the EBP model;
- Making recommendations for improvement;
- Advocating and promoting the EBP within the agency and in the community; and
- Deciding on and keeping track of key outcomes relevant to the EBP.

Rationale: Research has shown that programs that most successfully implement EBPs have better outcomes. Again, systematically and regularly collecting process and outcome data is imperative in evaluating program effectiveness.

Sources of information:

1. SE leader interview

- "Does your agency have an established team or committee that is in charge of reviewing the components of your [EBP area] program?" [If *yes*, probe for specifics. *who, how, when,* etc.]

2. QA committee member interview

- "Please describe the tasks and responsibilities of the QA committee." Probe for specifics: *purpose, who, how, when,* etc.
- "How do you use your reviews to improve the program's services?"

Item response coding: If the agency has an established QA group or steering committee that reviews the EBP or components of the program every 6 months, code the item as "5."

G12. Consumer Choice About Service Provision

Definition: All consumers who receive EBP services are offered a reasonable range of choices consistent with the EBP; employment specialists consider and abide by consumer preferences for treatment when they offer and provide services.

Choice is defined narrowly in this item to refer to services provided. This item does not address broader issues of consumer choice such as choosing to engage in self-destructive behaviors.

To score high on this item, it is not sufficient that a program offers choices. The choices must be consonant with EBP. So, for example, a program implementing Supported Employment would score low if the only employment choices it offered were sheltered workshops.

A reasonable range of choices means that employment specialists offer realistic options to consumers rather than

prescribing only one or a couple of choices or dictating a fixed sequence or prescribing conditions that a consumer must complete before becoming eligible for a service.

Examples of relevant choices by EBPs *(current at this writing)*

Supported Employment

- Type of occupation
- Type of work setting
- Schedules of work and number of hours
- Whether to disclose
- Nature of accommodations
- Type and frequency of followup supports

Integrated Treatment for Co-Occurring Disorders

- Group or individual counseling sessions
- Frequency of dual disorders treatment
- Specific self-management goals

Family Psychoeducation

- Consumer readiness for involving family
- Whom to involve
- Choice of problems and issues to address

Illness Management and Recovery

- Selection of significant others to be involved
- Specific self-management goals
- Nature of behavioral tailoring
- Skills to be taught

Assertive Community Treatment

- Type and location of housing
- Nature of health promotion
- Nature of assistance with financial management
- Specific goals
- Daily living skills to be taught
- Nature of medication support
- Nature of substance abuse treatment

Rationale: A major premise of EBP is that consumers are capable of playing a vital role in managing their illnesses and in making progress towards achieving their goals. Providers accept the responsibility for getting information to consumers so that they can more effectively participate in treatment.

Sources of information:

1. **SE leader interview**
   - "Tell us what your program philosophy is about consumer choice. How do you incorporate consumers' preferences in the services you provide?"
   - "What options exist for your services? Give examples."
2. **Employment specialist interview**
   - "What do you do when a disagreement occurs between what you think is the best treatment for consumers and what they want?"
   - "Describe a time when you were unable to abide by a consumer's preferences."
3. **Consumer interview**
   - "Does the program give you options for the services you receive?"
   - Are you receiving the services you want?"
4. **Team meeting and supervision observation**

Look for discussion of service options and consumer preferences.

5. **Chart review (especially treatment plan)**

Look for documentation of consumer preferences and choices.

Item response coding: If all sources support that type and frequency of EBP services always reflect consumer choice, code the item as "5." If the agency embraces consumer choice fully, except in one area (for example, requiring the agency to assume representative payeeships for all consumers), then code the item as "4."

Note: Ratings for both scales are based on current behavior and activities, not planned or intended behavior.

The standards used for establishing the anchors for the *fully implemented* ratings were determined through a variety of expert sources as well as empirical research.

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Appendix F: Outcomes Report Form

Outcomes Report Form

Quarter ❑ January, February, March **Year** _____

❑ April, May, June

❑ July, August, September

❑ October, November, December

Reported by _____

Agency _____ **Team** _____

About the consumer

Consumer ID _____ **Discharge date** ___/___/___ **Date of birth** ___/___/___

❑ Male **Ethnicity** _____

❑ Female **Primary diagnosis** _____

What was the consumer's evidence-based service status on the last day of the quarter?

	Unknown	Not Eligible	Eligible	Enrolled
Integrated Treatment for Co-Occurring Disorders	❑	❑	❑	❑
Supported Employment	❑	❑	❑	❑
Assertive Community Treatment	❑	❑	❑	❑
Illness Management and Recovery	❑	❑	❑	❑
Family Psychoeducation	❑	❑	❑	❑

In the past 3 months, how often has the consumer...	Number of days	Number of incidents
Been homeless?		
Been incarcerated?		
Been in a state psychiatric hospital?		
Been in a private psychiatric hospital?		
Been hospitalized for substance abuse reasons?		

In the past 3 months, how many days was the consumer competitively employed? (Use 0 if the consumer has not been competitively employed.)

_____ Days

Was the consumer competitively employed on the last day of the reporting period?

- ❑ Yes
- ❑ No

What was the consumer's stage of substance abuse treatment on the last day of the quarter? *Check one.*

- ❑ Not applicable
- ❑ Pre-engagement
- ❑ Engagement
- ❑ Early persuasion
- ❑ Late persuasion
- ❑ Early active treatment
- ❑ Late active treatment
- ❑ Relapse prevention
- ❑ In remission or recovery

What was the consumer's living arrangement on the last day of the quarter? *Check one.*

- ❑ Not applicable or unknown
- ❑ Psychiatric hospital
- ❑ Substance abuse hospitalization
- ❑ General hospital psychiatric ward
- ❑ Nursing home
- ❑ Family care home
- ❑ Living with relatives (heavily dependent for personal care)
- ❑ Group home
- ❑ Boarding house
- ❑ Supervised apartment program
- ❑ Living with relatives (but is largely independent)
- ❑ Living independently
- ❑ Homeless
- ❑ Emergency shelter
- ❑ Other (specify) _____

_____

What was the consumer's educational status on the last day of the quarter? *Check one.*

- ❑ Not applicable or unknown
- ❑ No educational participation
- ❑ A vocational/educational involvement
- ❑ Pre-educational explorations
- ❑ Working on GED
- ❑ Working on English as Second Language
- ❑ Basic educational skills
- ❑ Attending vocational school, vocational program, apprenticeship, or high school
- ❑ Attending college: 1-6 hours
- ❑ Attending college: 7 or more hours
- ❑ Other (specify) _____

What is the consumer's highest level of education? *Check one.*

- ❑ No high school
- ❑ High school diploma or GED
- ❑ Some college
- ❑ Associates degree
- ❑ Vocational training certificate
- ❑ Bachelor of Arts or Bachelor of Science
- ❑ Master's degree or Ph.D.

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Appendix G: Instructions for the Outcomes Report Form

Instructions for the Outcomes Report Form

Before you fill out the *Outcomes Report Form*, become familiar with the definitions of the data elements to provide consistency among reporters.

General data

Quarter: Check the time frame for the reporting period.

Year: Fill in the current year.

Reported by: Fill in the name and title of the person who completed the form.

Agency: Identify the agency name.

Team: Write the team name or number.

About the consumer

Consumer ID: Write the consumer ID that is used at your agency, usually a name or an identifying number. This information will be accessible only to the agency providing the service.

Discharge date: If the consumer has been discharged during this report period, fill in the discharge date.

Date of birth: Fill in the consumer's date of birth (example: 09/22/1950).

Gender: Check the appropriate box.

Ethnicity: Fill in the consumer's ethnicity.

Primary diagnosis: Write the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) diagnosis
.

Evidence-based service status

What was the consumer's evidence-based service status on the last day of the quarter? Check the appropriate boxes according to these definitions:

Eligible: Does the consumer meet the participation criteria for a specific EBP? Each EBP has criteria for program participation that should be used to determine eligibility.

Enrolled: Is the consumer participating in a particular EBP service or has the consumer participated in the EBP in the past period? *Note*: Aggregate data about eligibility and enrollment can be used to determine the percentage of eligible consumers who received services.

Incident reporting

For the following outcomes, record the number of days and number of incidents that the consumer spent in each category during the reporting period.

Categories:

Been homeless: Number of days that the consumer was homeless and how many times the consumer was homeless during the reporting period. *Homeless* refers to consumers who lack a fixed, regular, and adequate nighttime residence.

Been incarcerated: Number of days and incidents that the consumer spent incarcerated in jails or in other criminal justice lock-ups.

Been in a state psychiatric hospital: Number of days and incidents that the consumer spent hospitalized primarily for treatment of psychiatric disorders in a state psychiatric hospital.

Been in a private psychiatric hospital	Number of days and incidents that the consumer spent hospitalized primarily for treatment of psychiatric disorders in a private psychiatric hospital
Been hospitalized for substance abuse reasons:	Number of days and incidents that the consumer spent hospitalized primarily for treatment of substance-use disorders, including both public and private hospitals whose primary function is treating substance-use disorders.

Competitive employment

In the past 3 months, how many days was the consumer competitively employed? *Competitive employment* means working in a paid position (almost always outside the mental health center) that would be open to all community members to apply. *Competitive employment* excludes consumers working in sheltered workshops, transitional employment positions, or volunteering. It may include consumers who are self-employed but only if the consumer works regularly and is paid for the work.

Stage of substance abuse treatment

What was the consumer's stage of substance abuse treatment on the last day of the quarter? Record the consumer's stage of substance abuse recovery, according to the following nine categories:

- **Not applicable:** No history of substance abuse disorder.
- **Pre-engagement:** No contacts with a case manager, mental health counselor, or substance abuse counselor.
- **Engagement:** Contact with an assigned case manager or counselor, but does not have regular contacts. The lack of regular contact implies lack of a working alliance.
- **Early persuasion:** Regular contacts with a case manager or counselor, but has not reduced substance use for more than a month. Regular contacts imply having a working alliance and a relationship in which substance abuse can be discussed.
- **Late persuasion:** Engaged in a relationship with a case manager or counselor, is discussing substance use or attending a group, and shows evidence of reducing use for at least one month (fewer drugs, smaller quantities, or both). External controls (such as Antabuse) may be involved in reduction.
- **Early active treatment:** Engaged in treatment, is discussing substance use or attending a group, has reduced use for at least one month, and is working toward abstinence (or controlled use without associated problems) as a goal, even though consumer may still be abusing.
- **Late active treatment:** Engaged in treatment, has acknowledged that substance abuse is a problem, and has achieved abstinence (or controlled use without associated problems) but for less than 6 months.
- **Relapse prevention:** Engaged in treatment, has acknowledged that substance abuse is a problem, and has achieved abstinence (or controlled use without associated problems) for at least 6 months. Occasional lapses, not days of problematic use, are allowed.
- **In remission or recovery:** No problems related to substance use for more than one year and is no longer in any type of substance abuse treatment.

Living arrangement

What was the consumer's living arrangement on the last day of the quarter? These data give your agency an ongoing record of the consumer's residential status.

- **Not applicable or unknown**
- **Psychiatric hospital:** Those hospitals, both public and private, whose primary function is treating mental disorders. This includes state hospitals and other freestanding psychiatric hospitals.
- **Substance-use hospitalization:** Those hospitals, both public and private, whose primary function is treating substance use disorders.
- **General hospital psychiatric ward:** Psychiatric wards located in general medical centers that provide short-term, acute crisis care.
- **Nursing home:** Facilities that are responsible for the medical and physical care of consumers and have been licensed as such by the state.
- **Family care home:** Consumers live in single-family dwellings with nonrelatives who provide substantial care. *Substantial care* is determined by the degree to which nonrelatives are responsible for the daily care of consumers. Such things as medication management, transportation, cooking, cleaning, restrictions on leaving the home, and money management are considered. Nonrelatives may have guardianship responsibilities. If consumers are unable to do most daily living tasks without the aid of caretakers, consider caretakers to be providing substantial care.
- **Lives with relatives (heavily dependent for personal care):** Consult consumers and relatives about how much family members are responsible for the daily care of consumers. An important distinction between this status and *supervised apartment program* is to ask, "If the family were not involved, would the consumer be living in a more restrictive setting?" In assessing the extent to which family members provide substantial care, consider such things as taking medication, using transportation, cooking, cleaning, having control of leaving the home, and managing money. If consumers are unable to independently perform most daily living functions, consider family members to be providing substantial care.
- **Group home:** A residence that is run by staff who provide many functions (shopping, meal preparation, laundry, etc.) that are essential to living independently.
- **Boarding house:** A facility that provides a place to sleep and meals, but it is not seen as an extension of a mental health agency nor is it staffed with mental health personnel. These facilities are largely privately run and consumers have a high degree of autonomy.
- **Supervised apartment program:** Consumers live (fairly independently) in an apartment sponsored by a mental health agency. In determining whether someone fits this category, look at the extent to which mental health staff have control over key aspects of the living arrangements. Example characteristics of control include the following:
  - The mental health agency signs the lease.
  - The mental health agency has keys to the house or apartment.
  - Mental health agency staff provides onsite day or evening coverage.
  - The mental health agency mandates that consumers participate in certain mental health services—medication clinic, day program, etc., to live in the house or apartment.

Note: Consumers who receive only case management support or financial aid are NOT included in this category; they are considered to be living independently.

- **Lives with relatives (but is largely independent):** An assignment to this category requires having information from consumers and families. The key consideration relates to the degree to which consumers can perform most tasks essential to daily living without being supervised by family members.
- **Living independently:** Consumers who live independently and are capable of self-care, including those who live independently with case management support. This category also includes consumers who are largely independent and choose to live with others for reasons unrelated to mental illness. They may live with friends, a spouse, or other family members. The reasons for shared housing could include personal choice related to culture or financial considerations.
- **Homeless:** Consumers who lack a fixed, regular, and adequate nighttime residence.
- **Emergency shelter:** Temporary arrangements due to a crisis or misfortune that are not specifically related to a recurrence of the consumer's illness. While many emergency shelters provide emotional support, the need for emergency shelter is due to an immediate crisis unrelated to the consumer's mental illness.
- **Other:** Those who complete the form should clearly define this status in the space provided.

Educational status

What was the consumer's educational status on the last day of the quarter? These data provide your agency with an ongoing record of the consumer's educational status.

- **Not applicable or unknown**
- **No educational participation:** Consumer is not participating in educational activities.
- **Avocational/educational involvement:** These are organized classes in which consumers enroll consistently and expect to take part for the purpose of life enrichment, hobbies, recreation, etc. These classes must be community based, not run by the mental health center. Classes are those in which anyone could participate, not just consumers. If any of these activities involve college enrollment, use the categories below.
- **Pre-educational explorations:** Consumers in this status are engaged in educational activities with the specific purpose of working toward an educational goal. This includes consumers who attend a college orientation class with the goal of enrolling, meet with the financial aid office to apply for scholarships, or apply for admission to enroll. This status also includes consumers who attend a mental health center-sponsored activity focusing on an educational goal (for example, campus visits with a case manager to survey the location of classrooms; meetings with the case manager and college staff to secure entitlements).
- **Working on General Educational Develpoment (GED):** Consumers who are taking classes to obtain their GED dilpoma.

- **Working on English as Second Language:** Consumers who are taking classes in English as a Second Language in a community setting.
- **Basic educational skills:** Consumers who are taking adult educational classes focused on basic skills, such as math and reading.
- **Attending vocational school or apprenticeship, vocational program or high school:** Consumers who are –
  - Participating in community-based vocational schools;
  - Learning skills through an apprenticeship, internship, or in a practicum setting;
  - Involved in on-the-job training to acquire more advanced skills;
  - Participating in correspondence courses which lead to job certification; and
  - Young adults attending high school.
- **Attending college: 1 to 6 hours.** Consumers who attend college for 6 hours or less per term. This status continues over breaks, etc., if consumers plan to continue enrollment. This status suggests that consumers regularly attend college and includes correspondence, TV, or video courses for college credit.
- **Attending college: 7 or more hours.** Consumers who attend college for more than 7 hours per term. This status continues over breaks, etc., if consumers plan to continue enrollment.

  Regular attendance with expectations of completing course work is essential for assignment to this status.
- **Other:** Those who complete the form should clearly define this status in the space provided.

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Appendix H: Assessor Training and Work Performance Checklist

Assessor Training and Work Performance Checklist

Assessment date ____/____/____

Assessor's name _____ _____
First Middle Initial Last Title

Agency visited _____

Agency address _____
Street

_____
City State ZIP code

EBP assessed _____

Assessor qualifications	
Yes	
❑	1a. **Data collection and skills:** Assessor's skills are evidenced by his or her prior work experience, credentials, or supervisor's observations.
❑	1b. **EBP knowledge:** Assessor's knowledge is evidenced by his or her prior work experience, credentials, or passing a knowledge test on a specific EBP.
❑	1c. **Training:** Assessors receive at least 8 hours of systematic training on chart review, interviewing techniques, and process assessment.
❑	1d. **Shadowing:** Assessors complete at least 1 assessment with an experienced assessor before the first official process assessment.
❑	1e. **Practice rating:** Assessors co-rate as practice before being official assessors and agree exactly with an experienced assessor on ratings for at least 80 percent of items.

_____/5 **Subtotal**

Data Collection

- ❑ 2a. **Contact and scheduling:** With contact person, assessors identify a date convenient to site, explain purpose of the assessment, identify information to be assembled ahead of time, and develop specific schedule of interviews and assessment activities.
- ❑ 2b. **Number of assessors:** Two or more assessors are present during the assessment visit and independently rate all items. If agency is working with a consultant, assessor may join with consultant to conduct assessments.
- ❑ 2c. **Time management:** Sufficient time is allotted and all necessary materials reviewed (2 days for 2 assessors).
- ❑ 2d. **Interviewing:** Interview all the sources stipulated in the protocol (for example, interviews with the program leader, team members, and consumers).
- ❑ 2e. **Completion of documents:** Complete score sheet, cover sheet, and any other supplemental documents relating to the agency.
- ❑ 2f. **Documentation supporting rating:** Each assessor provides written documentation for evidence supporting the rating for each item (such as marginal notes).
- ❑ 2g. **Chart selection and documentation:** Chart selection follows guidelines provided in the protocol (for example, appropriate type and number of charts). Assessors note discrepancies (such as chart unavailability).
- ❑ 2h. **Chart review:** Both assessors review all charts and rate them independently.
- ❑ 2i. **Resolution of discrepancies:** When a discrepancy exists between sources (such as charts and SE team members), assessors follow up with an appropriate informant (typically the SE leader or relevant staff members).
- ❑ 2j. **Independent ratings:** No later than 1 day after the assessment, assessors independently complete scales before discussing ratings.

_____/10 **Subtotal**

Post-assessment visit

- ❑ 3a. **Timely consensus:** Within 5 working days after the assessment, assessors discuss their ratings to determine consensus ratings, identifying any followup information needed. A third assessor (for example, supervisor) may be consulted to resolve difficult ratings.
- ❑ 3b. **Inter-rater reliability:** Raters agree exactly on ratings for at least 80 percent of the items. Sources of unreliability are discussed with supervisor and strategies developed to reduce future unreliability.
- ❑ 3c. **Follow up on missing data:** If followup calls are needed to complete an item, information obtained within 3 working days.

_____/3 **Subtotal**

Comprehensive report writing

- ❑ 4a. **Documentation of background information:**
  - List recipients of report in the header (usually the agency director and SE leader; add others by mutual agreement).
    - Summarize time, place, and method.
    - Provide background about scale.
- ❑ 4b. **Site and normative fidelity data:** Provide a table with item-level (consensus) scores, along with normative data (if available). Normative data include both national and state norms. In this table, provide comparative site data from prior assessments. On second and later assessments, provide a graph of global fidelity ratings over time for the site (trend line).
- ❑ 4c. **Quantitative summary:** Provide narrative summary of quantitative data. List strengths and weaknesses.
- ❑ 4d. **Score interpretations:**
  - Interpret overall score
    - Include other pertinent observations
    - Provide overall summary
    - Provide opportunity for site to comment and clarify
- ❑ 4e. **Report editing:** If agency is working with a consultant, consultant may write report. Assessor and supervisor review draft of the report before it is submitted to the agency.

_____/5 **Subtotal**

Report submission and followup

- ❑ 5a. **Timely report:** Report sent to agency director within 2 weeks of visit.
- ❑ 5b. **Follow up on report:** If agency is working with a consultant, consultant discusses report with designated agency staff within 1 month of assessment.

_____/2 **Subtotal**

Quality control

- ❑ 6. **Quality control:** Supervisor reviews assessments and gives feedback, as necessary, to assessors. Depending on skill level of assessors, supervisor periodically accompanies assessors on assessment for quality assurance purposes.

_____/1 **Subtotal**

_____/27 **Total —** Add the subtotals.

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