STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH
129 PLEASANT STREET, CONCORD, NH 03301

Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

603-271-5000 1-800-852-3345 Ext. 5000
Fax: 603-271-5040 TDD Access: 1-800-735-2964

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IPS Supported Employment Fidelity Report

SE Fidelity Review Date: July 6 and 8, 2016

To: The Mental Health Center of Greater Manchester: William Rider, Chief Executive Officer (CEO); Jane Guilmette, VP Quality Assurance (QA) and Compliance; Kristen Krunelis, Director of QA; Pete Costa, Director of Community Support Services (CSS); Edward Bailey, Supported Employment Coordinator; Jen Boudreau, Supported Employment Team Leader.

From: New Hampshire Department of Health and Human Services (DHHS), Division for Behavioral Health Services (DBH), Bureau of Mental Health Services (BMHS), Supported Employment Fidelity Review Team (SE Fidelity Review Team) : Team Lead - Elizabeth Fenner-Lukaitis, Acute Care Services Coordinator; Sheila Acheson, Quality Assurance and Improvement Specialist; Fidelity Report Primary Author - Karl Boisvert, Administrator of Community Mental Health.

Overview:

This report describes Individual Placement and Support/ Supported Employment (IPS/SE) services at The Mental Health Center of Greater Manchester (MHCGM). The fidelity review is considered an integral component to complement and validate self-fidelity measures and is intended to promote and assure fidelity to the Dartmouth IPS model and compliance with the Community Mental Health Agreement (CMHA).

"The Mental Health Center of Greater Manchester provides a wide range of mental health services to individuals and families. We offer programs to people of all ages, aimed at restoring health and improving quality of life. Our comprehensive system of service enables consumers to access care to meet their changing needs. We feature an experienced staff of well-qualified, mental health professionals with training in a wide variety of specialty areas." (http://www.mhcgm.org/services)

The MHCGM's Community Support Services department is responsible for the treatment of adults aged 18 and older with serious and persistent mental illness and who require a range of intensive community-based services that include Psychiatric, Psychotherapeutic, Case Management, Residential, Assertive Community Treatment (ACT), Continuous Treatment Team (CTT), Individualized Resiliency and Recovery Oriented Services (IROS), Functional Support Services (FSS) and IPS/SE.

Executive Summary:

The reviewers were pleased with the openness and cooperation exhibited from all levels at the MHCGM in terms of preparation, scheduling, coordination of the activities and access to records, staff, and consumers for this fidelity review. It was a tight time frame and we appreciate the effort on the part of the MHCGM staff and administration to make this happen.

The outcome of this review for the MHCGM is the achievement of an "Exemplary Fidelity" rating with a score of 118 out of a possible 125 points.

Highlights:

Agency Support - MHCGM has been implementing Supported Employment for about 20 years. The Fidelity Team observed that the idea that competitive employment can further recovery for people with SMI was deeply engrained in the organizational culture. The reviewers were positively impressed with the involvement and commitment of the CEO and others in Senior Management in promoting and disseminating SE values agency-wide. This is evidenced by the CEO chairing a quarterly Evidenced Based Practice (EBP) steering committee, the provision of regular board education, the inclusion of SE leadership in management team meetings, foundational participation in SE/IPS research, consistent and thorough orientation and training programs for staff, the informative IPS promotional display in the CSS consumer waiting room featuring updated SE consumer testimonials, and the regular documentation of systematic efforts to asses and inventory consumer interest in obtaining competitive employment. The general awareness and involvement of MHCGM staff and consumers in SE services is obvious and genuine.

Staff Training and Orientation - All agency staff receive orientation to SE services. New SE staff is provided orientation and training that include shadowing of other specialists, ample community-based supervision, exposure to other parts of the agency and to skills training like Dialectical Behavioral Therapy (DBT) and Motivational Interviewing. The agency has SE training offerings for all levels and includes "Train the Trainers". The MHCGM staff provides training and consultation to other agencies in New Hampshire, as well as nationally and internationally.

SE Staff Motivation - The reviewers were impressed with the observed collaboration and involvement of SE specialists within the SE Unit meeting as well as on the CTT/ACT team. The SE staff appeared to be highly motivated, well trained, fully supported, integrated and dedicated to working with consumers and teams.

SE Leadership - SE leaders were fluent in the language and constructs important to SE fidelity and attentive to providing high fidelity program services. The Fidelity team appreciated the structure of the

SE unit meeting, the consistency of the SE documentation elements, the reliability and steadiness of the supervisory structures, and the clarity the staff had about their roles. SE supervisors provide appropriate levels of supervision when and where needed and are seen and respected by staff and consumers as central to the quality of the services delivered.

Areas of focus:

Transition from Paper to Electronic Medical Records (EMR): The Fidelity team wonders if improvements in EMR and paper record integration will provide additional efficiencies. The reviewers saw the potential for better integration through the development of the EMR to include the 5 part "Job Assessment" document and further evolution of the electronic "Job Development" log.

The SE service notes lacked individuality and were clearly menu driven and formulaic. Reading across several notes in different records it was apparent the format helps assure consistent data recording, but made it difficult to clearly identify what was happening for the individual at any particular point in time. For example, to understand the "when, where, and how" a person found a particular job requires pulling information from the paper record, running job development reports, and EMR EBSE notes.

Recommendations: 1. Develop a complete SE documentation set in the EMR. 2. Consider including the ability/option to enter narrative data on service notes.

Job Development tracking forms or systems: The Fidelity team felt the recently created job development tracking form in the EMR is helpful but could be expanded. Staff and supervisors may benefit from additional functions like tracking job development by employers, allowing SE specialists to see what their co-workers have been focusing on with specific employers. This could help SE workers avoid duplication of effort or potential missteps caused by having multiple staff working at cross purposes with a single prospective employer.

Recommendation: Consider development of tracking employer specific job development data.

Work incentives planning: Staff and supervisors exhibit confidence in providing benefit counseling and work incentive planning to consumers. The Fidelity team understands that phone consultations and supervisory liaison connections, and well as in-service training, occurs from agencies like Vocational Rehabilitation (VR) and the Social Security Administration (SSA), but the ability to refer a consumer for an individualized benefit impact assessment with benefit specialist is not readily available. The Fidelity team understands this service used to be provided by Granite State Independent Living (GSIL) through contract or referral arrangement.

Recommendation: Explore development of opportunities to contract or arrange referrals to benefit specialists for individualized comprehensive consumer benefit impact assessment.

Sustainability: Senior management referred to SE as a "Loss Leader" in that expenses are greater than revenue. This puts emphasis on the SE managers to be highly aware of, and skillful in, navigating through this territory with significant implications relative to staff retention and program fidelity. For example, with caseload size and job focus: It appears that caseload size is generally manageable and staff is largely able to maintain good fidelity SE, and that caseload size and SE specialists' duties are closely monitored and deftly managed by a highly skilled and experienced coordinator in order to achieve a balance between quality service delivery and financial sustainability. The Fidelity team believes that MHCGM has a good system to bring up talent, but the learning curve for new SE managers may be daunting.

Recommendations: 1. Agency leadership continues to advocate for improvements to support the financial sustainability of SE services. 2. SE management succession planning, mentoring and grooming to function at a high level in this area.

Method:

On July 6th and 8th 2016, the SE Fidelity Review Team conducted on site IPS/SE fidelity review visits which consisted of:

1. SE Team Meeting Observation (1 hour) – Jen Boudreau, SE team leader and 9 SE specialists comprising the SE Unit.
2. SE Specialists Group Interview (1 hour) – Nine SE staff - no supervisors.
3. SE Team Leader Interview (1 hour) – Ed Bailey, SE Coordinator (telephonic) & Jen Boudreau.
4. Executive Team Interview (1hour) – Bill Rider, CEO; Jane Guilmette, Chief of QA; Kristen Kraunelis, QA Director; Peter Costa, Director of Community Support Services.
5. Consumer Interviews (1 hour) – 5 IPS enrolled consumers (2 unemployed and 3 employed).
6. Community Based SE Services Observations (1 hour and 30 minutes) – SE staff were observed providing a variety of SE Services in vivo including: Follow-along supports, Job Development; Job Coaching.
7. Record review (started July 6 and concluded July 8th). Twenty records were identified from which 10 were selected for review.
8. Concluded the record review on July 8th.
9. ACT Team (1.5 hours) - observational - On July 8th.

The Supported Employment Fidelity Scale was completed following the visit by each member of the SE Fidelity Review Team independently and a subsequent meeting was held in order to develop a consensus scoring result. The scale is divided into three sections, including staffing, organization, and services.

Each item is rated on a 5-point response format, ranging from 1 = no implementation to 5 = full implementation, with intermediate numbers representing progressively greater degrees of implementation. Agencies that fully implement IPS supported employment according to the scale criteria have shown to have higher competitive employment rates than those that do not. The following section addresses the three areas based on the visit.

I. Staffing

1. Caseload size:	**SCORE = 4 out of 5**

Reports and interviews support that SE specialists' caseloads range between 21-25 consumers. The newest staff member had only 3 cases assigned at the time of the review and was considered an outlier for this element.

2. Employment services staff:	**SCORE = 5 out of 5**

Records reviewed, interviews with staff, supervisors, and consumers as well as observations revealed that SE specialist provides employment related services at least 96% of the time. Staffs at all levels are aware and supportive of SE specialists need to focus on delivery of SE services.

3. Vocational generalists:	**SCORE = 5 out of 5**

Records reviewed, interviews with staff, supervisors and consumers, as well as observations, revealed that SE specialists carry out all six phases of employment services program intake, engagement, assessment, job development/placement, job coaching, and follow-along supports.

II. Organization

1. Integration of rehabilitation with mental health treatment thru team assignment:	**SCORE = 5 out of 5.**

Records reviewed, interviews with staff, supervisors, and consumers as well as observations revealed that SE specialists are attached to one or two treatment teams, from which 90-100% of the SE specialist's caseload is comprised.

2. Integration of rehabilitation with mental health treatment thru frequent team member contact:	**SCORE = 4 out of 5**

The Fidelity team found that four of the five components were clearly and consistently present. However, the complete treatment record is currently divided between a paper chart and an EMR and some important SE source documents, such as the vocational assessment, are not currently available in the EMR. The Fidelity team understands that ultimately the MHCGM will transition to a comprehensive EMR that will provide a single point of access to SE documents, assessments, updates, and services notes.

3. Collaboration between employment specialists and Vocational Rehabilitation counselors:	**SCORE = 4 out of 5**

The Fidelity team found that SE staff and VR have regular consumer–related contacts, principally by phone or e-mail on a weekly basis, or as often as needed. However, SE staff does not have regularly scheduled monthly face to face meetings. The Fidelity team understands that SE staff and supervisors believe that face to face contact with VR would be desirable, but it is unfortunately not currently feasible given resource limitations primarily from VR. The Fidelity team believes that the SE supervisor provides an important linkage to VR through regular liaison type meetings in support of MHCGM SE specialists and shared consumers.

4. Vocational unit:	**SCORE = 5 out of 5**

The MHCGM appears to have a robust SE vocational unit comprised of about nine staff and two supervisors. The SE unit meets at least weekly and demonstrates a well-developed structure to review cases, share leads, and strategize for job development activity and consumer coverage needs across caseloads. The Fidelity team was impressed by the enthusiasm exhibited by members of the SE team - a lot of sharing and support to the benefit of improving SE service to consumers served.

5. Role of the employment supervisor:	**SCORE = 5 out of 5**

The MHCGM SE team supervisors appear to meet all of the five key elements required for good fidelity. This was evident through all sources of data, staff, executive and consumer interviews, record reviews and observations. Individual and group supervision is structured and outcome based performance measures are refined and used regularly. Field Observation forms were precise and helpful for staff. Supervisors appear to routinely support SE specialists in the

community in all aspects of the development of SE specialist's job skills. Training and orientation programs for new SE staff and new staff generally are rich and well integrated.

6. Zero exclusion criteria:	**SCORE = 5 out of 5**

The evidence the Fidelity team was able to examine through consumer, staff and executive management interviews, chart reviews and observations supported that all consumers interested in work have access to supported employment services. Mental health practitioners in the clinical team observed were apparently very aware, involved in and supportive of high fidelity SE processes.

7. Agency focus on competitive employment:	**SCORE = 5 out of 5**

Reviewers found evidence that the agency has a keen focus on competitive employment as evidenced by a prominent up-to-date display featuring SE consumer testimonials in the CSS waiting room, the buy-in and support by the CEO, Senior QA, and clinical management, ongoing board education and interest in involvement, and inclusion of the SE unit in the EBP Steering Committee that meets at least quarterly. The MHCGM commitment to SE fidelity is reflected in 20 year involvement in offering these services and participation in primary research.

8. Executive support for Supported Employment:	**SCORE = 5 out of 5**

Reviewers found that the executive team support for IPS/SE services appears to be very high. While it is remarked that SE services are a "loss leader" essentially meaning that delivering high fidelity SE services cost more than is recovered, the executive team and CEO clearly have a solid and long standing commitment to improvement of SE services within the agency and promotion of the IPS/SE model fidelity in a much wider realm including state-wide, nationally and internationally. The CEO chairs the quarterly Evidenced Based Practice Steering committee, and QA is represented and has the structural authority to direct impact for the development of data reports at the request of SE supervisors. The SE coordinator regularly reports out to the members of the MHCGM Board of Directors and Senior Management. MHCGM has developed dash boards and reports on SE performance measures that are well beyond the minimum required for fidelity and compliance with CMHA specifications.

III. Services

1. Work incentives planning:	**SCORE = 4 out of 5**

The Fidelity team found that SE specialists receive good quality, consistent and current training relative to work incentives planning, update that consumer level information at least annually, and provide work incentive planning services consistently to consumers. They lack the ability to refer consumers to either an internal benefits specialist, or to an outside agency with this specialized focus. Apparently GSIL previously provided these comprehensive benefit impact/work incentive analysis services to consumers of MHCGM either through contract or agreement, but that is no longer available – it is unclear why. While supervisors and staff appear to have good knowledge in this specialized and complicated area of expertise, the Fidelity team believes that it is consistent with good fidelity to have referral access to a dedicated professional or agency for work incentive planning.

2. Disclosure:	**SCORE = 5 out of 5**

The Fidelity team found consistent support in interviews, observations and records that all four of the elements necessary for good fidelity in this area were routinely and consistently present. The decision balance worksheet is updated at least annually and staff clearly has ongoing discussions with consumers in this regard. SE staff demonstrates a fundamental respect for consumer choice.

3. Ongoing work-based vocational assessment:	**SCORE = 5 out of 5**

Reviewers found consistent data through consumer interviews, treatment team observations and clinical record reviews to support that MHCGM SE unit vocational assessments met good fidelity requirements in that they appear to be completed over 2-3 sessions, documented in the vocational profile, inclusive of strengths, preferences, experiences, skills, and current situation. The profile is used to identify job types and environments and is updated regularly, at least annually, and more often with each new job experience. SE specialists help consumers and the teams to learn from job loss experiences, and to work with the consumer and team to improve strategies to improve job retention and performance going forward.

4. Rapid job search for competitive job:	**SCORE = 4 out of 5**

While this information was not easily gleaned from a review of the consumer records or reports available at the time of our review, staff and consumer interviews agreed and supported that this occurs. It was not easy to see exactly when or where consumers started and stopped employment in the EMR or paper record. The Fidelity team believes that when the fully integrated EMR is updated it should help. Other systems may be examined and developed to track and report on this element for optimal fidelity.

5. Individualized job search:	**SCORE = 5 out of 5**

The chart reviews and the consumer and staff interviews support that individualized job searches based on consumer's choice, preference, strengths, clinical factors, and prior employment experience occurs more than 90% of the time.

One outlier interview and subsequent record review showed a consumer consistently expressing an interest/desire in operating heavy equipment, but he was repeatedly placed in a dishwashing job. While the consumer described being satisfied with his current position, and recognized that he wasn't quite ready with his concentration in order to operate heavy equipment, there was no evidence that was real a consideration, or that working in a construction related field was explored.

6. Job development – Frequent employer contact:	**SCORE = 4 out of 5**

Job development appears to be a well-accepted and developed SE specialist job expectation, however a consistently used job development tracking form or system would be helpful for optimal fidelity.

7. Job development – Quality of employer contact:	**SCORE = 4 out of 5**

As in the previous item, the Fidelity team feels this area would be improved by the implementation of some type of systematized job development tracking and data reporting. Staff interviews provided support for this, however there was no apparent consistent documentation that could be easily accessed.

8. Diversity of job types:	**SCORE = 5 out of 5**

A review of the job titles reported, as well as interviews, observation and record reviews, allowed the team to conclude that SE specialists were able to assist consumers to obtain different types of

job over 85% of the time. The Fidelity team noted that even while some of the more "creative" job titles had seemingly closely related fundamental elements there was agreement that there was a good diversity of jobs represented and consistent with good SE fidelity.

9. Diversity of employers:	**SCORE = 5 out of 5**

An analysis of the employer's report, as well as interviews, observation and record reviews, allowed the Fidelity team to conclude that SE specialists were assisting consumers to obtain jobs with different employers over 85% of the time.

10. Competitive jobs:	**SCORE = 5 out of 5**

The data reports, as well as interviews, observation and record reviews support that consumers are placed in competitive jobs that are permanent in nature at least 95% of the time.

11. Individualized follow-along supports:	**SCORE = 5 out of 5**

The chart reviews, the consumer and staff interviews supports, and clinical team observation reveals that consumers are provided with different types of supports based on the job preferences, job history, and individual needs. SE staff strives to help consumers get into more preferable jobs and support additional training or schools for employment programs. SE staff provide employer with support, education, and accommodations, with consumer informed consent. The coordination between SE staff and clinical teams staff is apparent and at a high level of integration.

12. Time-unlimited follow-along supports:	**SCORE = 5 out of 5**

Chart reviews and consumer and staff interviews confirm that follow-along supports are provided in high fidelity manner where face to face contact is delivered or offered shortly before starting a job, three times weekly during the first week, at least monthly thereafter and titrate down, with consumer discussion and agreement, and eventually stabilized and with supports transferred to non-SE staff when appropriate

13. Community-based services:	**SCORE = 5 out of 5**

Analysis of SE unit service reports with location codes, as well as staff, consumer and supervisor interviews and sampling of SE staff schedules, support that SE Staff provide community based services at least 65% of the time.

14. Assertive engagement and outreach by integrated treatment team:	**SCORE = 5 out of 5**

Ample evidence exists through interviews, chart reviews, and observation that all the necessary 6 strategies for high fidelity in regard to assertive outreach by integrated treatment teams are in place consistently. SE staffs are integrated treatment team members and their work is supported at a high level both on the SE unit by SE Specialist colleagues and SE supervisors, and by the member of the clinical team to which they report.

IPS SE Fidelity Scale Results:

TOTAL Score = 118 – Exemplary Fidelity