

Department of Health and Human Services Supported Employment Fidelity Response

CMHC:	Seacoast Mental Health Center
DHHS Response Date:	12/1/2016 2nd response 1/24/17

Executive Summary:

Seacoast Mental Health Center (SMHC) hired an outside expert, Mr. David Lynde, to conduct a Fidelity review of their Supported Employment (SE) service. Thank you for providing this SE Fidelity Report and for your ongoing efforts to provide high quality services to consumers with psychiatric disabilities.

The Center provided Mr. Lynde's report to DHHS without a plan for quality improvement or specific targets for improvement under fidelity items with low ratings. The Center will need to provide their self-fidelity assessment in the template provided by DHHS with specific plans for improvement that include specific targets and expected dates of completion. At that time, BMHS will review the plan and provide feedback. In this report, we have made comments on Mr. Lynde's suggestions.

Higher fidelity ratings for many items can be achieved by the development, and implementation of, different forms to track various activities. One of the more concerning lower fidelity items, O-6 "Zero Exclusion Criteria," can be addressed by staff training. DHHS would like to see if the training suggested by the consultant will be offered to staff and/or if there is a different plan to address this item.

We commend SMHC for providing a SE service with good fidelity, and note the experienced, enthusiastic SE Leader who has strong capacity to guide the program and further improve fidelity.

Please submit an updated Fidelity Review to Michele Harlan at BMHS by December 16, 2016.

DHHS greatly appreciates the thorough review and updated responses submitted on December 16, 2016. Upon review we have determined that SMHC is reasonably in compliance with the purpose and intent of the ACT self-fidelity process. We have updated the DHHS response herein accordingly.

SMHC has readily embraced the recommendation to provide more training on one of the key concepts of EBSE, Zero Exclusion. The agency also has embraced the recommendation around training for both staff and consumers about many of the myths about work and consumer benefits. A newsletter will be published quarterly for staff and consumers and will feature not only "success stories", but also some of the myths about SE. Finally, better tracking of contacts and regular reviews of eligible consumers will begin.

These prioritized Areas of Focus will be the basis for any technical assistance and follow-up activities with BMHS.

This CMHC self-review resulted in a Fidelity rating of: Good Fidelity

Out of a possible 125 points the CMHC reported a score of: 109		
Improvement Plan Required: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	No Further Action Needed.	Resubmit: Address items: O-6, O-7, S-3, S-4, S-6
Score Range	Fidelity Level	
<i>115 – 125</i>	<i>Exemplary Fidelity</i>	
<i>100 – 114</i>	<i>Good Fidelity</i>	
<i>74 – 99</i>	<i>Fair Fidelity</i>	
<i>73 and below</i>	<i>Not Supported Employment</i>	

Staffing

1. Caseload Size

Employment specialists have individual employment caseloads. The maximum caseload for any full-time employment specialist is 20 or fewer clients.	Rating = 5 out of 5
DHHS Response:	Acceptable recommendation

2. Vocational Services Staff

Employment specialists provide only employment services.	Rating = 5 out of 5
DHHS Response:	Acceptable recommendation

3. Vocational Generalists

Each employment specialist carries out all phases of employment services, including intake, engagement, assessment, job placement, job coaching, and follow along supports before step down to a less intensive employment support from another MH practitioner.	Rating = 5 out of 5
DHHS Response:	Acceptable recommendation

Organization

1. Integration of rehabilitation with mental health treatment through team assignment.

Employment specialists are part of up to 2 mental health treatment teams from which at least 90% of the employment specialist's caseload is comprised.	Rating = 4 out of 5
DHHS Response:	Acceptable recommendation

2. Integration of rehabilitation with mental health treatment through frequent team contact.

<p>Employment specialists actively participate in weekly mental health treatment team meetings (not replaced by administrative meetings) that discuss individual clients and their employment goals with shared decision-making. Employment specialist’s office is in close proximity to (or shared with) their mental health treatment team members. Documentation of mental health treatment and employment services are integrated in a single client chart. Employment specialists help the team think about employment for people who haven’t yet been referred to supported employment services.</p>	<p>Rating = 4 out of 5</p>
<p>✓ if applicable <input type="checkbox"/></p>	<p>Employment specialist attends weekly mental health treatment team meetings.</p>
<p>✓ if applicable <input type="checkbox"/></p>	<p>Employment specialist participates actively in treatment team meetings with shared decision-making.</p>
<p>✓ if applicable <input type="checkbox"/></p>	<p>Employment services documentation (i.e., vocational assessment/profile, employment plan, progress notes) is integrated into client’s mental health treatment record.</p>
<p>✓ if applicable <input type="checkbox"/></p>	<p>Employment specialist’s office is in close proximity to (or shared with) his or her mental health treatment team members.</p>
<p>✓ if applicable <input type="checkbox"/></p>	<p>Employment specialist helps the team think about employment for people who haven’t yet been referred to supported employment services.</p>
<p>DHHS Response:</p>	<p>Acceptable recommendation</p>

3. Collaboration between employment specialists and Vocational Rehabilitation.

<p>Employment specialists and VR counselors have frequent contact for the purpose of discussing shared clients and identifying potential referrals.</p>	<p>Rating = 5 out of 5</p>
<p>DHHS Response:</p>	<p>Acceptable recommendation</p>

4. Vocational Unit.

<p>At least 2 full-time employment specialists and a team leader comprise the employment unit. They have weekly client-based group supervision based on the supported employment model in which strategies are identified and job leads are shared. They provide coverage for each other’s caseload when needed.</p>	<p>Rating = 5 out of 5</p>
<p>DHHS Response:</p>	<p>Acceptable recommendation</p>

5. Role of employment supervisor.

Supported employment unit is led by a supported employment team leader. Employment specialists' skills are developed and improved through outcome-based supervision. All five key roles of the employment supervisor are present.	Rating = 4 out of 5
✓ if applicable <input type="checkbox"/>	One full-time supervisor is responsible for no more than 10 employment specialists. The supervisor does not have other supervisory responsibilities. (Program leaders supervising fewer than 10 employment specialists may spend a percentage of time on other supervisor activities on a prorated basis.)
✓ if applicable <input type="checkbox"/>	Supervisor conducts weekly supported employment supervision designed to review client situations and identify new strategies and ideas to help clients in their work lives.
✓ if applicable <input type="checkbox"/>	Supervisor communicates with mental health treatment team leaders to ensure that services are integrated, to problem solve programmatic issues and to be a champion for the value of work. Attends a meeting for each mental health treatment team on a quarterly basis.
✓ if applicable <input type="checkbox"/>	Supervisor accompanies employment specialists who are new or having difficulty with job development, in the field monthly to improve skills by observing, modeling and giving feedback on skills, e.g., meeting employers for job development.
✓ if applicable <input type="checkbox"/>	Supervisor reviews current client outcomes with employment specialists and sets goals to improve program performance at least quarterly.
DHHS Response:	Acceptable recommendation

6. Zero exclusion criteria

All clients interested in working have access to supported employment services regardless of job readiness factors, substance abuse, symptoms, history of violent behavior, cognition impairments, treatment non-adherence, and personal presentation. These apply during supported employment services, too. Employment specialists offer to help with another job when one has ended regardless of the reason that the job ended or the number of jobs held. If VR has screening criteria, the mental health agency does not use them to exclude anybody. Clients are not screened out formally or informally.	Rating = 3 out of 5
DHHS Response:	<p>A recommendation was made by the consultant to contact the local Social Security office for training for staff on work incentive planning and “Medicaid for Employed Adults with Disabilities” training. The consultant also recommended having a SE Specialist regularly attend treatment team meetings. DHHS supports both of these, but it is unclear if SMHC plans to incorporate them and if so, when.</p> <p><i>SMHC has embraced the recommendations made by the consultant. The CMHC reports that SE staff already regularly attend treatment team meetings at both sites. They also report that the SE Leader is a certified Work Incentives Counselor who offers support and information to all staff and consumers (even those not referred to SE). Changes that will be made starting in January 2017 include: an Agency Orientation for all staff on EBSE with key concepts, such as Zero Exclusion, to be highlighted; a marketing concept to highlight Zero Exclusion to complement the referral processes in</i></p>

	<p><i>“referralpolooza”</i>; <i>Career Focus (the SE team) will have a standing agenda item in their treatment teams (frequency TBD) for training and education items for staff; conversations are underway with Granite State Independent Living (GSIL) to provide training to staff and consumers, as well as an “open” meeting for any questions or concerns to be brought forth. The estimated time for this to be implemented is March 2017.</i></p> <p><i>DHHS response: Acceptable recommendation.</i></p>
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7. Agency focus on competitive employment.

<p>Agency promotes work through multiple strategies. Agency intake includes questions about interest in competitive employment. Agency displays written postings (e.g., brochures, bulletin boards, posters) about employment and supported employment services. The focus should be with the agency programs that provide services to adults with severe mental illness. Agency supports ways for clients to share work stories with other clients and staff. Agency measures rate of competitive employment and shares this information with agency leaders and staff.</p>	<p>Rating = 3 out of 5</p>
<p>✓ if applicable <input type="checkbox"/> Agency intake includes questions about interest in employment</p>	
<p>✓ if applicable <input type="checkbox"/> Agency includes questions about interest in employment on all annual (or semi-annual) assessment or treatment plan reviews.</p>	
<p>✓ if applicable <input type="checkbox"/> Agency displays written postings (e.g., brochures, bulletin boards, posters) about working and supported employment services, in lobby and other waiting areas</p>	
<p>✓ if applicable <input type="checkbox"/> Agency supports ways for clients to share work stories with other clients and staff (e.g., agency-wide employment recognition events, in-service training, peer support groups, agency newsletter articles, invited speakers at client treatment groups, etc.) at least twice a year.</p>	
<p>✓ if applicable <input type="checkbox"/> Agency measures rate of competitive employment on at least a quarterly basis and shares outcomes with agency leadership and staff.</p>	
<p>DHHS Response:</p>	<p>The consultant recommended that the Center consider creating a newsletter for staff and consumers regarding employment and to have a more accurate census regarding employment. The adoption of these is something that DHHS would support; it is unclear if the Center plans to undertake these recommendations, and if so, when.</p> <p><i>SMHC will implement the following additions in January 2017: review all eligible consumers quarterly for employment status; begin a newsletter to be published quarterly, highlighting not only “success stories” of employed consumers, but also other areas of SE and myth debunking.</i></p> <p><i>DHHS response: Acceptable recommendation.</i></p>

8. Executive Team Support for Supported Employment

<p>Agency executive team members (e.g., CEO/Executive Director, Chief Operating Officer, QA Director, Chief Financial Officer, Clinical director, Medical Director, Human Resource Director) assist with supported employment implementation and sustainability. All five key components of executive team are present.</p>	<p>Rating = 5 out of 5</p>
<p>✓ if applicable <input type="checkbox"/></p>	<p>Executive Director and Clinical Director demonstrate knowledge regarding the principles of evidence-based supported employment.</p>
<p>✓ if applicable <input type="checkbox"/></p>	<p>Agency QA process includes an explicit review of the IPS SE program, or components of the program, at least every 6 months through the use of the Supported Employment Fidelity Scale, or until achieving high fidelity, and at least yearly thereafter. Agency QA process uses the results of the fidelity assessment to improve IPS SE implementation and sustainability.</p>
<p>if applicable <input type="checkbox"/></p>	<p>At least one member of the executive team actively participates at IPS SE leadership team (steering committee) meetings that occur at least every six months for high fidelity programs and at least quarterly for programs that have not yet achieved high fidelity. Steering committee is defined as a diverse group of stakeholders charged with reviewing fidelity, program implementation, and the service delivery system. Committee develops written action plans aimed at developing or sustaining high fidelity services.</p>
<p>if applicable <input type="checkbox"/></p>	<p>The agency CEO/Executive Director communicates how IPS SE services support the mission of the agency and articulates clear and specific goals for SE and/or competitive employment to all agency staff during the first six months and at least annually (i.e., SE kickoff, all-agency meetings, agency newsletters, etc.). This item is not delegated to another administrator.</p>
<p>✓ if applicable <input type="checkbox"/></p>	<p>SE program leader shares information about EBP barriers and facilitators with the executive team (including the CEO) at least twice each year. The executive team helps the program leader identify and implement solutions to barriers.</p>
<p>DHHS Response:</p>	<p>Acceptable recommendation</p>

Services

1. Work incentives planning

<p>All clients are offered assistance in obtaining comprehensive individualized work incentives planning (benefits planning) before starting a new job and assistance accessing work incentives planning thereafter when making decisions about changes in work hours and pay. Work incentives planning includes SSA benefits, medical benefits, medication subsidies, housing subsidies, food stamps, spouse and dependent children benefits, past job retirement benefits and any other source of income. Clients are provided information and assistance about reporting earnings to SSA, housing programs, VA programs, etc., depending on the person's benefits</p>	<p>Rating = 3 out of 5</p>
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DHHS Response:	<p>The recommendations made in “Organization-6” would address the issues leading to a rating of 3. It is unclear if the Center plans to adopt the recommendations, and the estimated time frame for doing so.</p> <p><i>Effectively addressed in the response to DHHS concerns in “Organization-6”.</i></p> <p><i>DHHS response: Acceptable</i></p>
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2. Disclosure

Employment specialists provide clients with accurate information and assist with evaluating their choices to make an informed decision regarding what is revealed to the employer about having a disability.	Rating = 5 out of 5
✓ if applicable <input type="checkbox"/>	Employment specialists do not require all clients to disclose their psychiatric disability at the work site in order to receive services.
✓ if applicable <input type="checkbox"/>	Employment specialists offer to discuss with clients the possible costs and benefits (pros and cons) of disclosure at the work site in advance of clients disclosing at the work site. Employment specialists describe how disclosure relates to requesting accommodations and the employment specialist’s role communicating with the employer.
✓ if applicable <input type="checkbox"/>	Employment specialists discuss specific information to be disclosed (e.g., disclose receiving mental health treatment, or presence of a psychiatric disability, or difficulty with anxiety, etc.) and offers examples of what could be said to employers.
✓ if applicable <input type="checkbox"/>	Employment specialists discuss disclosure on more than one occasion (e.g., if clients have not found employment after 2 months or if clients report difficulties on the job).
DHHS Response:	Acceptable recommendation

3. Ongoing, work-based vocational assessment

Initial vocational assessment occurs over 2-3 sessions and is updated with information from work experiences in competitive jobs. A vocational profile form that includes information about preferences, experiences, skills, current adjustment, strengths, personal contacts, etc. is filed in the client’s clinical chart and is updated with each new job experience. Aims at problem solving using environmental assessments and consideration of reasonable accommodations. Sources of information include client, treatment team, clinical records, and with the client’s permission, from family members and previous employers.	Rating =5 out of 5
DHHS Response:	Acceptable recommendation

4. Rapid search for competitive job.

<p>Initial employment assessment and first face-to-face employer contact by the client or the employment specialist about a competitive job occurs within 30 days (one month) after program entry.</p>	<p>Rating = 3 out of 5</p>
<p>DHHS Response:</p>	<p>The consultant found that the average amount of time for contact was 74 days. The consultant made a recommendation for the Center to develop a tracking tool that addresses this item and to use it in supervision. DHHS would support this development. It is unclear if the Center plans to follow the recommendation and the timeframe for the form to be implemented. DHHS requests the time range for initial contacts be included in future reports.</p> <p><i>The EBP Steering Committee at SMHC will begin to manually track this item in January 2017 while awaiting the implementation of a database to be incorporated into the agency “dashboard” to electronically track this area.</i></p> <p><i>DHHS response: Acceptable plan</i></p>

5. Individualized job search

<p>Employment specialists make employer contacts are aimed at making a good job match based on clients’ preferences (relating to what each person enjoys and their personal goals) and needs (including experience, ability, symptomatology, health, etc.) rather than the job market (i.e., those jobs that are readily available). An individualized job search plan is developed and updated with information from the vocational assessment/profile form and new job/educational experiences.</p>	<p>Rating = 5 out of 5</p>
<p>DHHS Response:</p>	<p>Acceptable recommendation</p>

6. Job development-Frequent employer contact

<p>Each employment specialist makes at least 6 face-to-face employer contacts per week on behalf of clients looking for work. (Rate for each then calculate average and use the closest scale point.) An employer contact is counted even when an employment specialist meets an employer twice in one week, and when the client is present or not present. Client specific and generic contacts are included. Employment specialists use a weekly tracking form to document employer contacts and the form is reviewed by the supervisor on a weekly basis.</p>	<p>Rating = 2 out of 5</p>
<p>DHHS Response:</p>	<p>The consultant suggested the development of an employer contact log. The consultant also recommended that the Center address the financial challenges for job development on behalf of consumers when the consumer isn't present. DHHS supports these recommendations, but it is unclear if the Center plans to adopt them and if so, the timelines involved.</p> <p><i>SMHC will begin, starting in January 2017, to implement the following: the re-implementation of Job Development logs, including input into an Access database; and ongoing, internal and external, review of Job Development issues.</i></p> <p><i>DHHS response: Acceptable plan</i></p>

7. Job development-Quality of employer contact

<p>Employment specialists build relationships with employers through multiple visits in person that are planned to learn the needs of the employer, convey what the SE program offers to the employer, and describe client's strengths that are a good match for the employer.</p>	<p>Rating = 5 out of 5</p>
<p>DHHS Response:</p>	<p>Acceptable recommendation</p>

8. Diversity of jobs developed.

<p>Employment specialists assist clients in obtaining different types of jobs.</p>	<p>Rating = 4 out of 5</p>
<p>DHHS Response:</p>	<p>Acceptable recommendation</p>

9. Diversity of employers.

<p>Employment specialists assist clients in obtaining jobs with different employers.</p>	<p>Rating = 4 out of 5</p>
<p>DHHS Response:</p>	<p>Acceptable recommendation</p>

10. Competitive jobs.

Employment specialists provide competitive jobs options that have permanent status rather than temporary or time-limited status, (e.g., transitional employment positions). Competitive jobs pay at least minimum wage, are jobs that anyone can apply for and are not set aside for people with disabilities. (Seasonal jobs and jobs from temporary agencies that other community members use are counted as competitive jobs.)	Rating = 5 out of 5
DHHS Response:	Acceptable recommendation

11. Individualized follow-along supports

Clients receive different types of support for working a job that are based on the job, client preferences, work history, needs, etc. Supports are provided by a variety of people including treatment team members (i.e., medication changes, social skills training, encouragement), family, friends, co-workers (i.e., natural supports) and employment specialist. Employment specialist also provides employer support (e.g., educational information, job accommodations) at client's request. Employment specialists offer help with career development, i.e., assistance with education, a more desirable job, or more preferred job duties.	Rating = 5 out of 5
DHHS Response:	Acceptable recommendation

12. Follow-along supports – Time unlimited

Employment Specialists have face-to-face contact within 1 week before starting a job, within 3 days after starting a job, weekly for the first month, and at least monthly for a year or more, on average, after working steadily and desired by clients. Clients are transitioned to step down job supports from a mental health worker following steady employment. Employment specialists contact clients within 3 days of learning about a job loss.	Rating = 5 out of 5
DHHS Response:	Acceptable recommendation

13. Community-based services

Employment services such as engagement, job finding and follow-along supports are provided in natural community settings by all employment specialists. (Rate each employment specialist based upon their total weekly scheduled work hours then calculate the average and use the closest scale point.).	Rating = 5 out of 5
DHHS Response:	Acceptable recommendation

14. Assertive engagement and outreach by integrated team.

<p>Service termination is not based on missed appointments or fixed time limits. Systematic documentation of outreach attempts. Engagement and outreach attempts made by integrated team members. Multiple home/community visits. Coordinated visits by employment specialist with integrated team member. Connect with family, when applicable. Once it is clear that the client no longer wants to work or continue in SE services, the team stops outreach.</p>	<p>Rating = 5 out of 5</p>
<p>DHHS Response:</p>	<p>Acceptable recommendation</p>