STATE OF CONNECTICUT

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

Date: November 26, 2008

To: Potential Bidders for the Employment Services and Supported Education – Mental Health Programs Request for Proposals (RFP)

RE: AMENDMENT TO EMPLOYMENT SERVICES AND SUPPORTED EDUCATION – MENTAL HEALTH PROGRAMS RFP

The Department of Mental Health and Addiction Services (DMHAS) is providing written notice of the following amendment to the Employment Services and Supported Education—Mental Health Programs RFP released on November 17, 2008:

1. Inclusion of the following paragraph under section VIII. Award and Eligibility:

   Applicants must clearly identify the geographical service delivery location they are proposing to serve, e.g., CA 3, Region 2, etc. Applicants proposing to serve multiple geographical service delivery locations must submit separate applications for each proposed service site.

2. The following paragraph replaces paragraph #4 under section X. Evaluation Criteria/Selection Committee:

   As a result of this RFP, DMHAS intends to enter into contract negotiations with parties selected using this RFP. Applicants whose responses conform to the RFP requirements and whose bids present the greatest value to people served by DMHAS, when all evaluation criteria are considered, will be selected for final contract negotiations. The goal is to recommend proposals for award based on:

   1. **The strengths and weaknesses of the application as identified by Selection Committee;**
   2. **Consideration to equitable allocation of awards in terms of geographic distribution of target populations and program size/capacity;**
   3. **Applicant's responsiveness to client needs, including ensuring that services are accessible to individuals seeking care, i.e., geographic proximity, hours of operation, proximity to public transportation, etc.; and**
   4. **Availability of funds.**

3. Inclusion of the following under Attachment F:

DPAS Data Elements for Education

The following DPAS data or a designated subset of these data will be entered on a monthly basis:

• Date entered education services (when person first meets with education staff)
• Date ended education services (when person is discharged from education services)
• Name of education program
• Dates of enrollment into and discharge from the following activities:

1. **Education Preparation Activities, which include:**
    - **Educational counseling which may include academic counseling**
    - **Assistance with academic applications**
    - **Assistance and support with financial aid applications**
    - **Securing books and education supplies, transportation, purchasing bus passes, etc. when directly related to education**
    - **Advocacy**
    - **Facilitating tutoring**
    - **Implementing study skills and career exploration**
    - **Aptitude and achievement testing to assist in planning services**

2. **Education Programs where the individual is enrolled in a formal education or training program that is credit or non-credit bearing and leads to a degree, certificate or other recognized credential.**

3. **Courses may include: Adult Basic Education, General Equivalency Diploma (GED), ESL, work related secondary or post-secondary courses at private or public universities, community colleges and proprietary schools, WIA or Welfare-to-Work sponsored education and/or training, technical and other technical training school courses.**

This amendment has been incorporated into and made part of the RFP posted as of 11/26/2008. Questions in reference to this amendment should be directed to the contact person identified on the RFP.

STATE OF CONNECTICUT

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
REQUEST FOR PROPOSALS (RFP)

Employment Services and Supported Education – Mental Health Programs

The Connecticut Department of Mental Health and Addiction Services (hereafter referred to as DMHAS, or the Department), in its effort to successfully implement a person-centered, recovery-oriented, and value-driven system of care requests proposals from qualified private non-profit applicants to provide employment services and supported education services to people with psychiatric disorders, or co-occurring psychiatric and substance abuse disorders.

A Bidders' Conference will be held at 1:00 PM Local Time on Monday, December 1, 2008 in Lee Auditorium, Merritt Hall, Connecticut Valley Hospital, Middletown, CT.

Responses to this RFP must be received by the Department Program Contact Person (listed below) no later than 2:00 PM Local Time on Thursday, January 8, 2009. Any response(s) received after that date and time shall be returned, unopened to the applicant. The original and ten (10) exact (for total of 11), legible copies of the proposal must be submitted by the deadline to:

Department of Mental Health and Addiction Services
P.O. Box 341431
410 Capitol Avenue
Hartford, Connecticut 06134
ATTN: Betty McCants
Phone (860) 418-6890
Fax (860) 418-6698
E-mail: Betty.McCants@po.state.ct.us

QUESTIONS:

To avoid giving one applicant advantage over others, all questions regarding this RFP must be emailed no later than 2:00 PM Local Time on Wednesday, December 3, 2008 to the agency contact listed above. Responses to all questions will be posted on the DMHAS website, http://www.ct.gov/dmhas/rfp, no later than December 19, 2008.

This Request for Proposals is also available on the DMHAS Web Site at: http://www.ct.gov/dmhas/rfp

EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER
MINORITIES AND WOMEN ARE ENCOURAGED TO RESPOND

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I. Introduction

The Department of Mental Health and Addiction Services (DMHAS) is the state healthcare service agency responsible for health promotion, and the prevention and treatment of mental illness and substance abuse in Connecticut. The single overarching goal of DMHAS is promoting and achieving a quality-focused, culturally responsive, and recovery-oriented system of care. DMHAS has focused its efforts on greater involvement of persons in recovery in the planning and development of services, expanding system capacity through better care management of persons in treatment, promoting age, gender, sexual orientation, and culturally responsive services, and strengthening supportive community-based services. These efforts are captured in the Department's mission statement: "To improve the quality of life of the people of Connecticut by providing an integrated network of comprehensive, effective and efficient behavioral health services that foster self-sufficiency, dignity and respect."

DMHAS envisions a recovery-oriented system of behavioral health care that offers Connecticut's citizens an array of accessible services and recovery supports from which they will be able to choose those that are effective in addressing their particular behavioral health condition or combination of conditions. These services and supports will be culturally, age, and gender-responsive, build on personal, family, and community strengths, and have as their primary and explicit aim promotion of the person/family's resilience, recovery, and inclusion in community life. Finally, services and supports will be provided in an integrated and coordinated fashion in collaboration with the surrounding community, thereby ensuring continuity of care both over time and across agency boundaries, thus maximizing the person's opportunities for establishing, or reestablishing, a safe, dignified, and meaningful life in the community of his or her choice. Connecticut's vision is based on the following underlying values:

- The shared belief that *recovery* from behavioral health disorders is possible;
- An emphasis on the role of *positive relationships, family supports, and parenting* in maintaining recovery, achieving sobriety, and promoting personal growth and development;
- The *priority of an individual's or family's* goals in determining their pathway to recovery, stability, and self-sufficiency;
- The importance of *cultural capacity, cultural competence and age – and gender-responsiveness* in designing and delivering mental health services and recovery supports. Cultural capacity is defined as respectful and sensitive services that employ racial, cultural, age, gender, and sexual orientation consideration;
- The central role of *hope and empowerment* in changing the course of individuals' lives; and
- The necessity of *state agencies, community providers, and individuals in recovery, and recovery communities coming together* to develop and implement a comprehensive continuum of behavioral health promotion, prevention, early intervention, treatment, and rehabilitative services.

II. Statement of Intent

The purpose of this RFP is for DMHAS to solicit proposals for an array of recovery-oriented employment services and for supported education for persons with psychiatric disorders or co-occurring psychiatric and substance use disorders. Bidders should demonstrate how the proposed services will advance and promote the systems change efforts of the Department, articulating a guiding vision and measurable goals and objectives that frame employment and education as key clinical and rehabilitative services. Bidders will propose strategies that promote and actively support recovery, independent living, economic self-sufficiency, personal growth and fulfillment through employment and education. None of the dollars allocated through this RFP can be used for Transitional Employment Programs or other non-integrated, non-competitive employment activities (see Attachment E).

DMHAS subscribes to the work of Onken, Dumont, Ridgway, Dornan, & Ralph, 2002 that conceptualizes the three pillars of recovery as work, housing and relationships and is committed to assuring employment experiences as an integral component of recovery for consumers of mental health services (Kirsch, 2000;

Provencher, Gregg, Mead & Mueser, 2002). Lynde (2004) stressed that "competitive employment is inextricably linked to the recovery process for many people in recovery" and that the "establishment of meaningful roles and purpose beyond the limitations of a mental health diagnosis or disability, the opportunity to take a risk and fail, and the development of one's own life in the community" are imperative to an individual's recovery in. As one recipient of employment services so eloquently stated, "Recovery means that mental illness is not the center of my world" (cited in Lynde). The job "… now competes favorably with the psychiatric disorder for prominence within individuals' sense of conscious awareness, with symptoms and dysfunction no longer being the exclusive focus of their selective attention" (Maryland Mental Hygiene Administration Request for Expression of Interest, FY 2006). Furthermore, beyond offering a meaningful way to occupy one's time, employment creates a viable pathway through which people in recovery can leave behind the disabled role and the life of poverty that often accompanies it (Recovery-Oriented Employment Services, DMHAS, 2002).

III. Program Goals and Objectives

The overall intention of this RFP is to increase the DMHAS service delivery system's capacity to provide employment opportunities as well as supported education through the following goals:

- Maximize the number of individuals with psychiatric disorders or psychiatric and co-occurring substance use disorders who secure and retain competitive employment in integrated settings;
- Maximize the number of individuals with psychiatric disorders or psychiatric and co-occurring substance use disorders who successfully complete employment-related education and training programs that enable them to advance in their careers;
- Ensure that employment and career development are integral to the agency's recovery mission and service system in core functions such as planning, systems development, monitoring, evaluation and human resource development;
- Make available a flexible array of services and supports that assist individuals to obtain and retain part- or full-time integrated competitive employment and/or career-related education/training based on informed choice and the person's strengths and preferences; and
- Build regional employment partnerships with internal programs and external agencies and institutions including rehabilitation, clinical and housing providers, as well as business and employer communities to maximize resources and insure the continuity of service delivery.

The Department will prioritize these funds as follows:

1. Supported Education Services: Services will provide assistance, support and coaching needed to facilitate the access, participation and completion of academic or technical courses needed for employment in an array of educational situations including, but not limited to, community colleges, universities, adult education (e.g.., GED, ESL, computer literacy) and technical training schools.

   It is the intent of the Department to fund no more than one Supported Education program in each of the five behavioral health regions across the state. Each program should serve a capacity of 20 people and a minimum of 40 people per year with an annualized budget of no more than $125,000.

2. Employment Services: Services provided will result in part-time or full-time employment in integrated competitive jobs, i.e., in the general labor market in positions that are open and available to any qualified individual in the labor pool and not set aside or reserved for individuals with disabilities. Compensation for work must be at or above minimum wage and must be competitive with the prevailing wage for comparable positions within the community.

People placed through DMHAS-funded employment services must work in integrated work settings, i.e., with a majority of co-workers that are non-disabled, where their work performance must be comparable to that of their non-disabled co-workers. Individuals in competitive employment may require and have a legal right to request reasonable accommodations in order to meet performance expectations and to carry out the essential functions of the job.

It is the intent of the Department to fund Employment Services in each of the five behavioral health regions across the state. Dollars will be allocated across all five DMHAS regions with attention to proportional distribution. Applicants must indicate the geographical service delivery locations, e.g., CA 3 , Region 2, etc.

Proposals from private non-profit community providers that are not LMHAs should be tailored to and consistent with the services and priority areas outlined in their local LMHA Employment Plan (See DMHAS RFP Website). The Department will work with private-non-profit LMHAs to clearly define their role with potential service provider affiliates within their respective geographic service area. The Department will entertain both individual provider applications and collaborative applications from multiple providers. Collaborative proposals must describe the complementary roles the identified providers will fill and explain how these roles advance and execute the LMHA 2008 Employment Plan (plans are posted on the DMHAS web site). Both collaborative and individual bids must refer to the LMHA's Employment Plan and the specific roles their agency(s) will play in the execution of that plan. All bidders must incorporate into their service delivery proposals the required components listed below and are encouraged to address the desired components.

IV. Performance Measures

Supported Employment:

- A minimum of 55% of the unduplicated number of individuals receiving employment services annually will obtain integrated competitive employment (see Attachment E);

- A minimum of 60% of the unduplicated number of individuals who are placed in integrated competitive employment annually will retain employment for at least 90 days (see Attachment E);

- A minimum of 75% of individuals enrolled in employment services annually will indicate satisfaction with those services based on the DMHAS Consumer Satisfaction Survey or other employment-specific survey

Supported Education

- A minimum of 70% of the unduplicated number of individuals receiving supported education services annually will be enrolled in school and will remain in their educational program until the completion of their school term.

- A utilization rate for the program of at least 90% will be achieved.

- A minimum of 75% of individuals enrolled in employment services annually will indicate satisfaction with those services based on the DMHAS Consumer Satisfaction Survey or other employment-specific survey.

V. Required Components – ***Applicants must identify geographical service delivery locations.***

For Private Non-Profit Local Mental Health Agency (LMHA) Applicants

Proposals will incorporate the following recovery-oriented practices into the service design with special emphasis on elements reflected in their 2008 LMHA Employment Plan (available on the DMHAS web site):

- Strong agency oversight structure to guide employment and career enhancement practices and insure sustainability and quality improvement;
- Adherence to the DPAS requirements to report and monitor DMHAS employment and educational outcome data. Applicants will take a baseline measurement among all service recipients of the number working and/or attending school unless this has previously been completed, setting annual agency performance goals to "raise the bar";
- Process for measuring and improving the level of satisfaction of people in recovery with their jobs and the employment services provided including their inclusion in planning for and monitoring agency progress toward employment goals;
- Employment and/or educational goals in all agency treatment plans unless otherwise specified by the individual, along with protocols for addressing employment goals for all persons in recovery who are unemployed for over three months;
- Integrated service approach in which employment is embedded within the broader clinical treatment system, making employment "everyone's business" (see Attachment E). Employment services might be embedded within LMHA-, community-, shelter- and/or housing-based treatment teams;
- Protocols that require enrollment into employment services within 30 days from when an individual expresses interest in working;
- Protocols that ensure staff do not screen people out of employment services based on artificial work readiness criteria such as perceived job readiness, substance abuse, symptoms, cognitive impairments, treatment non-adherence and personal presentation;
- Flexible engagement strategies that address the fears of people in recovery regarding work and school, entitlements, and that emphasize choice;
- Job development protocols that build on consumer strengths and preferences and increase the number of employer contacts and job interviews obtained;
- Array of flexible employment services and supports, provided directly or leveraged from the community resources, including benefits counseling;
- Availability of the Supported Employment using the Evidence-Based Practice (EBP) approach (see Attachment E) within all catchment areas, as measured by Evidence-Based Supported Employment Fidelity Scale reviews (see Attachment H). Applicants must ensure that the infrastructure to sustain the evidence-based practice is in place including an initial EBP self-assessment followed by annual fidelity reviews arranged through the DMHAS Office of the Commissioner;
- Multiple strategies for promoting competitive work throughout the agency including the use of peer staff (see Attachment E) and activities that promote the visibility and viability of employment and education services;
- Continuous employment retention supports (see Attachment E) that mobilize and step down services as needed, including discharge from employment services;
- Provision of or linkages with educational services and supports to assist people in recovery to successfully advance in their careers and achieve their preferred employment outcomes;
- Supervisory support and a commitment to on-going staff capacity building;
- The promotion of local partnerships with the employer community and community organizations including agencies such as the Bureau of Rehabilitation Services, CT Works Centers, adult education, colleges and veterans' services to increase service coordination, expand career development options and resources, and improve employment and career-related educational outcomes for persons in recovery; and

- Facilitation of active stakeholder participation in the planning and implementation of the LMHA's annual employment planning process. LMHA applicants must attach their 2008 LMHA Employment Plan.

Non-LMHA Private Non-Profit Community-Based Provider Applicants

Proposals will incorporate the following recovery-oriented practices into the service system design with special emphasis on elements reflected as priorities in the LMHA Employment Plan (available on the DMHAS RFP Website):

- Strong agency oversight structure to guide employment and career enhancement practices and ensure sustainability and quality improvement;
- Adherence to the DPAS requirements to report and monitor DMHAS employment and educational outcome data;
- Process for measuring and improving the level of satisfaction of people in recovery with their jobs and the employment services provided;
- Commitment to partner with the LMHA and/or external clinical providers to embed employment services within the broader clinical treatment system, which might include LMHA-, community-, shelter- or housing-based clinical services;
- Enrollment into employment services within 15 days from when an individual expresses interest in working;
- Protocols that ensure staff do not screen people out of services based on such artificial work readiness criteria as perceived job readiness, substance abuse, symptoms, cognitive impairments, treatment non-adherence and personal presentation;
- Flexible engagement strategies that address the fears of people in recovery regarding work and school and emphasize choice;
- Job development protocols that build on consumer strengths and preferences and increase the number of employer contacts and job interviews obtained;
- Array of flexible employment services and supports, either provided directly or leveraged from the community, including benefits counseling;
- Implementation of key elements of the Evidence-Based Practice (EBP) Supported Employment approach (see Attachment E) as measured by the Supported Employment Fidelity Scale (see Attachment H) reviews. Applicants must insure that the infrastructure to sustain evidence-based practices is in place including an initial EBP self-assessment and periodic external fidelity reviews arranged through their local LMHA;
- Multiple strategies for promoting competitive work throughout the agency including the use of peer staff and activities that promote the visibility and viability of employment and education services;
- Continuous employment retention supports that mobilize and step down services as needed, including discharge from employment services;
- Strategies that assist people in recovery to successfully advance in their careers and achieve their preferred employment outcomes;
- Supervisory support and a commitment to on-going staff capacity building;
- Participation in local partnerships with the employer community and community organizations including such agencies as the Bureau of Rehabilitation Services, CT Works Centers, adult education, colleges and veterans' services to increase service coordination, expand career development options and resources, and improve employment and career-related educational outcomes for persons in recovery; and
- Participation in the planning and implementation of the LMHA's annual employment planning process.

VI. Desired Components

All Applicants:

- Providers who can demonstrate the ability to provide employment services to people who are deaf or hard of hearing.
- The integration of employment services within other evidence-based strategies and service delivery systems (e.g., person-centered planning, Integrated Dual Diagnosis Treatment, supportive housing, peer support networks, psychosocial programs, addictions treatment and recovery systems);
- Implementation of innovative employment resource development strategies; and
- Involvement in state and regional planning efforts such as statewide DMHAS committees, regional economic development and transportation planning efforts and regional education collaboratives.

VII. Other System Expectations

Services implemented through this RFP, which are aimed at improving quality of care, must build upon and compliment DMHAS' focus on developing a recovery-oriented system of care that is responsive to the needs of persons served. All applicants must specify how they will address the following system expectations within their response. Please refer to the websites listed below for guidance regarding implementation of these systems expectations.

- ***Cultural Competence (See Commissioner's Policy Statement #76: Policy on Cultural Competence:*** http://www.ct.gov/dmhas/cwp/view.asp?a=2907&q=334668)

Research and experience have shown that culture and society play pivotal roles in behavioral health, behavioral disorders, and the utilization and effectiveness of treatment services. Understanding the wide-ranging roles of culture and society enables the behavioral health field to design and deliver services that are more responsive to the needs of diverse racial and cultural groups. Currently, the DMHAS system serves many different populations and recognizes the significance culture as a factor affecting individual outcomes. In the coming decades, as Connecticut's demography continues to change, it will become increasingly important that we strengthen the cultural competence of our service system. In order to address this issue in the present RFP, the following requirements have been set:

- The successful applicant must have a Cultural Competency Plan approved by the DMHAS Office of Multicultural Affairs.
- The applicant must demonstrate an understanding of the demographic, racial, ethnic, socioeconomic, and religious characteristics of the population in its targeted service area.

- ***Recovery-Oriented Service System (See Commissioner's Policy Statement #83 Promoting a Recovery-Oriented Service System:*** http://www.ct.gov/dmhas/cwp/view.asp?a=2907&q=334672)

The purpose of this policy is to formally designate the concept of "recovery" as the overarching goal of the service system operated and funded by DMHAS. This action is consistent with the fact that DMHAS is a healthcare service agency. Thus, it is most appropriate that one should hope and expect that, as a result of active involvement with this healthcare system, they will be better able to manage their illness and improve the quality of their life.

- ***Co-Occurring Capability (See Commissioner's Policy Statement #84:*** http://ct.gov/dmhas/LIB/dmhas/CommissionersPolicies/policy84.pdf)

The single overarching goal of DMHAS, as a healthcare service agency, is promoting and achieving a quality-focused, culturally responsive, and recovery-oriented system of care. The full attainment of this goal is not possible if the service system design, delivery, and evaluation are not fully responsive to people with co-occurring mental health and substance use disorders. Given the high prevalence of co-occurring disorders, the high number of critical incidents involving individuals with these conditions, and the often poor outcomes associated with co-occurring disorders in the absence of integrated care, it is extremely important that we collectively improve our system in this area. There have been advances in research and practice related to co-occurring disorders and it is important that the system close the science to service gap. Through these and other related improvements, the citizens of the state can expect better processes of care and better outcomes for people with co-occurring disorders.

- ***Gender Responsive Care***

DMHAS' initiative for Gender Responsive Care is designed to enhance our current behavioral health service system for women in a way that is trauma-informed, gender-specific, and promotes self-determination. A best practice system of care for women, supported by system-level policies and standards and program-level practices is currently under development. The goal was to improve treatment outcomes and the quality of services for women receiving substance abuse treatment in Connecticut through participation in a recovery-oriented treatment system of care that incorporates current best practices in gender responsive and trauma-informed programming.

- ***Trauma Informed Care***

The primary goal of DMHAS' Trauma Informed Care initiative is to deliver behavioral health care that is sensitive and responsive to the needs of men and women who have experienced trauma. Trauma services are being developed based on the guiding principle that treatment must be informed by a sound scientific, clinical, culturally relevant, and humanistic understanding of the impact and impairment caused by traumatic stress.

- ***Person-centered Care (See CT Implementation of Person-Centered Care:*** http://www.ct.gov/dmhas/LIB/dmhas/Recovery/personcentered.pdf)

Commissioner's Policy Statement #83 formally designates the concept of "recovery" as the overarching goal of the service system operated and funded by DMHAS. DMHAS' mission to provide recovery-oriented care requires that services be maximally responsive to each individual's unique needs, values, and preferences. Emphasis on person-centered care is consistent with major advances that have already occurred throughout the DMHAS system, e.g., greater collaboration with advocacy and recovery groups and increased recognition of, and funding for, peer-based services.

- ***Concurrent Medication-assisted Treatment (MAT)***

Each program must have access to, or coordinate with other providers, services that address the needs of individuals they serve, including individuals whose recovery is supported and enhanced through the use of clinically appropriate medications. These include, but are not limited to, medications to address symptoms directly related to substance use disorders (e.g., methadone, buprenorphine/naloxone, naltrexone, disulfuram, etc.), psychiatric conditions (e.g., antidepressants, antianxiolytics, antipsychotics, etc.), physical conditions (e.g., insulin, analgesics for chronic pain management, medications for TB, HIV/STD, Hepatitis, antihypertensives, anti-cholesterol, etc.), and smoking cessations medications (e.g., varenicline, wellbutrin, over-the-counter (OTC) products, etc.). Programs are encouraged to facilitate and support general wellness, including through the use of effective medications.

- ***DMHAS' Recovery Practice Guidelines (See Practice Guidelines for Recovery-Oriented Behavioral Health Care:***
  http://www.ct.gov/dmhas/lib/dmhas/publications/practiceguidelines.pdf

Wherever possible, programs must be guided by innovative, recovery-oriented, community-focused practice principles and guidelines, such as those outlined in the DMHAS' Practice Guidelines for Recovery-Oriented Behavioral Health Care. DMHAS' Guidelines emphasize the following principles: Participation, Promoting Access and Engagement, Continuity of Care, Strengths-Based Assessment, Individualized Recovery Planning, Functioning as a Recovery Guide, Community Mapping, Development, and Inclusion, and Identifying and Addressing Barriers to Recovery.

- ***Integration of Primary Health and Wellness***

Life expectancy for individuals with behavioral health disorders is 15 years shorter than the general population. Integration of and/or linkages between behavioral and primary health and wellness approaches must be addressed to improve health and quality of life and to enhance life expectancy for individuals served throughout the DMHAS service system.

- ***Institute of Medicine (IOM)***

The Institute of Medicine (IOM) issued two seminal reports—Crossing the Quality Chasm (2001) and Improving the Quality of Health Care for Mental and Substance Use Conditions (2006)—that inform the foundational qualities of recovery-oriented systems of care. IOM proposed six (6) goals to improving the health care system (2006). Health care should be:

1. Person-Centered—A highly individualized comprehensive approach to assessment and services used to understand each individual's and family's history, strengths, needs and vision of their own recovery including attention to the issues of culture, spirituality, trauma, and other factors. Service plans and outcomes are built upon respect for the unique preferences, strengths and dignity of each person.
2. Timely and Responsive—Goal-directed services are promptly provided in order to restore and sustain consumers/individuals in recovery and families integration into the community.
3. Effective—Up-to-date evidence-based services are provided in response to and respectful of individual/family choice and preference.
4. Efficient—Human and physical resources are managed in ways that minimize waste and optimize access to appropriate treatment.
5. Equitable—Assess and quality of care do not vary because of consumer/individual in recovery characteristics such as: race, ethnicity, age, gender, religion, sexual orientation, disability, diagnosis, geographic location, socioeconomic status or legal status.
6. Safe—Services are provided in an emotionally and physically safe, compassionate, trusting and caring treatment/working environment for all consumers/individuals in recovery, family members and staff.

DMHAS is currently working towards incorporating the above six goals within its existing performance and outcome indicators in order to more effectively measure successes in achieving a recovery-oriented system of care. Additional information will be forthcoming.

VIII. Award and Eligibility

A. ELIGIBLE APPLICANTS

Proposals may be submitted from private, non-profit agencies that can demonstrate experience and capacity to develop and implement services defined through this RFP within timeframes set forth by the Department. The Department will work with private-non-profit LMHAs to clearly define their role with

potential service provider affiliates within their respective geographic service area. Proposals from private non-profit community providers that are not LMHAs should be tailored to and consistent with the services and priority areas outlined in their local LMHA Employment Plan (available on DMHAS RFP Website).

B. FUNDING

The Department will fund no more than one Supported Education program per region. Each program should serve a capacity of 20 people and a minimum of 40 people annually on an annualized budget of $125,000.

It is the intent of the Department to fund Employment Services in each region. Dollars will be allocated across all five DMHAS regions with attention to proportional distribution. Applicants must indicate the geographical service delivery locations, e.g., CA 3, Region 2, etc.

Applicants must provide an annualized budget covering the period July 1, 2009 through June 30, 2010 as part of its proposal. Budget forms are provided in Attachment A.

Continued funding is contingent upon the ongoing availability of funds, satisfactory program performance, and demonstrated need for these services.

Applicants should note that any contracts developed as a result of this RFP are subject to the Department's contracting procedures that include approval by the Office of the Attorney General, as well as, compliance with OPM Cost Standards, and State Contracting Board and State Election Enforcement Commission (SEEC) requirements.

D. SCHEDULE

EVENT	DATE
Release of RFP	November 17, 2008
Bidders' Conference	December 1, 2008
Bid Deadline	January 8, 2009
Notice of Award (Begin Contract Negotiations)	March 19, 2009
Begin Implementation (Contract fully executed)	July 1, 2009

E. EX PARTE CONTACT PROHIBITED

Any form of ex parte contact regarding this RFP or any proposal being prepared or being considered under this RFP, whether directly or indirectly, is hereby strictly prohibited. This includes, but is not limited to, any contact with elected officials or other state employees asking them for advice, information, or support at any time when actual notification of results is made. Violations will result in outright rejection of any and all proposals submitted under this RFP by the respondent. Any inquiries or requests regarding the RFP must be submitted to the Program Contact (RFP Face Sheet).

F. EVALUATION AND SELECTION

It is the intent of DMHAS to conduct a comprehensive, fair and impartial evaluation of proposals received in response to this procurement. Only proposals found to be responsive to the RFP will be evaluated and scored. A responsive proposal must comply with all instructions listed in this RFP. <u>The original and ten exact, legible copies (total of 11) of the proposal must be submitted in a properly addressed package by the deadline.</u>

G. CONTRACT EXECUTION

The pursuant contract developed, as a result of this RFP, is subject to Department contracting procedures, which includes approval by the Office of the Attorney General. Please note that contracts are executory

and that no financial commitments can be made until, and unless, the contracts are approved by the Office of the Attorney General.

H. APPLICANT DEBRIEFING

The Department will notify all applicants of any award issued by it as a result of this RFP. Unsuccessful applicants may, within thirty (30) days of the signing of the resultant contract, request a meeting for debriefing and discussion of their proposal by making a written request to the DMHAS contact person identified on the cover page of is RFP. Debriefing will not include any comparisons of unsuccessful proposals with other proposals.

IX. Instructions for Completion of Proposal, Proposal Evaluation Criteria, and Scoring

Responses to this RFP shall include the following sections **IN THE ORDER SPECIFIED BELOW**. Please refer to the description of each section and its subcomponents, also shown below. The content of each section and the number of points used to evaluate the section (and its subcomponents) are provided. The maximum evaluation score is 100 points.

1. PROGRAM NARRATIVE (Up to 75 Points)

   The Program Narrative must be clear, concise and paginated, and must not exceed 10 single-spaced pages in length. The Program Narrative shall contain the following subcomponents:

   a. PROGRAM DESIGN AND SERVICE OBJECTIVES (35 POINTS)

   This Section should provide the reader a clear and specific description of each service required through this RFP.

   The proposal will state the unduplicated number of individuals that will be enrolled in employment-related activities at any point in time (Capacity), the number of unduplicated people to be served over the course of each fiscal year, and the number of people to obtain integrated competitive employment and retain integrated competitive employment for at least 90 days, and/or the number of people to enroll in employment-related education/training and successfully complete education/training programs

   The narrative will describe how the proposed program will promote recovery, career advancement and self-sufficiency for all persons who are enrolled.

   b. MANAGEMENT PLAN (10 POINTS)

   This section should provide the reader with a clear idea of who will direct and deliver services, how these services will be coordinated, hours of operation, where they will be delivered, and the time line for implementation of this proposal.

   1. Organizational Structure: Is there an organizational chart that depicts the total organizational structure and where this program would reside within that structure? 2. Roles and Responsibilities: Does the chart depict the roles, responsibilities and reporting relationships of key staff, service providers and any partners?

   3. Integration of Funding and Resources: Does the proposal provide a clear understanding of how funds will be spent and how they support the implementation of a program consistent with the vision, goals and objectives detailed in this RFP?

   4. Realistic Implementation Timeline. Does the proposal contain a detailed implementation plan? Does the implementation plan include realistic timelines?

c. DATA COLLECTION AND EVALUATION PLAN (10 POINTS)

This section should clearly and specifically describe the kinds of data that will be collected, how and when it will be collected, how it will be stored and managed, how it will be used by program staff and how it will be reported to DMHAS.

1. Data Collection and Management Plan: Does the applicant provide a specific, clear description of how it will collect and manage its data? Is the data information system described and does it explain how program data will be housed in that MIS? Does the applicant also describe the kind of outcome data to be collected regarding program participants, as well as service utilization data?

2. Utilization of Data: Does the applicant describe how program staff will utilize data to monitor and inform program management (including monitoring productivity) and quality management and improvement?

3. Reporting of Data: Does the applicant describe specifically how it will collect outcome data required by DMHAS and report it to DMHAS in a timely and accurate way?

d. AGENCY DESCRIPTION AND EXPERIENCE (20 POINTS)

This section should clearly and specifically describe the organizational and personnel capacity of the applicant in relation to service delivery, cultural capacity, and fiscal and program management. The section should also describe leadership from the applicant organization who will be responsible for the program's oversight, and the experience and expertise of individuals who will play a key role in the program and/or the kinds of qualities and expertise that will be sought from individuals who will perform key roles in the program.

1. Agency Service Capacity: Does the applicant provide a clear, detailed and compelling summary of its experience and expertise relevant to successful operation? Do the agency and its partners clearly have experience with the targeted population? Does the applicant have the requisite experience to implement the proposed service?

2. Agency Cultural Capacity: Does the applicant provide evidence of its cultural capacity and its experience and expertise in addressing the needs of individuals of different races, cultures, ages, genders, sexual identities and languages?

3. Agency Management Capacity: Does the applicant describe clearly its capacity for fiscal and program management of the proposed service? Does this description include examples of successful prior history in collecting, managing and reporting program participant and program data? Does the applicant show that it uses program information to make effective management decisions regarding the assessment and improvement of services?

4. Agency Personnel: Does the proposal describe the experience and expertise of personnel who would play leadership roles in the program? Are resumes of key personnel included? Has the applicant provided a detailed description of the qualities and experience of the program staff it plans to hire, and is there a clear plan and time line for the hiring process?

2. PROGRAM BUDGET (Up to 20 Points)

The Program Budget should clearly identify how funds will be used and how costs for expenditures were determined. It should be clear to the reviewer that the budget is sufficient, realistic and appropriate to the program.

- Complete the attached DMHAS Budget Forms and Narrative (See Attachment A). An annualized budget covering the period July 1, 2009 through June 30, 2010 should be submitted.
- Describe how applicant intends to maximize use of existing community resources and services, including utilizing Medicare, Medicaid, and/or other subsidized programs.
- The proposed budget should be consistent with the Connecticut Office of Policy and Management (OPM) Cost Standards, which can be found at the following OPM website: http://www.opm.state.ct.us/finance/pos_standards/coststandards.htm

3. APPENDICES (Up to 5 Points)

Only the following appendices may be included in the application. These appendices must not be used to extend or replace sections of the Program Narrative.

- Appendix 1: Biographical Sketches/Resumes for Existing Staff and/or Job Descriptions for New Positions
- Appendix 2: Letters of Support/Coordination/Commitment
- Appendix 3: Organizational Structure (Table of Organization) and for LMHA applicants only, the applicant's 2008 Employment Plan
- Appendix 4: Copy of Most Recent Financial Audit (If not a current DMHAS-funded agency)
- Appendix 5: Contractor/Prospective State Contractor Campaign Contribution and Solicitation Form (See Attachment B)
- Appendix 6: Consulting Agreement Affidavit (See Attachment C)
- Appendix 7: Affirmation of Receipt of Summary of State Ethics Law (See Attachment D)

X. Evaluation Criteria/Selection Committee

A Selection Committee (SC), including but not limited to DMHAS staff, one or more people in recovery from mental health, substance use, or co-occurring mental health and substance use disorders, and other parties with expertise or relevant experience in the RFP focus, will evaluate all proposals that meet qualification requirements set forth in this RFP. The SC will score proposals in accordance with the evaluation criteria set forth in this RFP. The evaluation of proposals shall be within the sole judgment and discretion of the SC. This will result in a recommendation to the Commissioner or his designee.

The applicant shall neither contact nor lobby DMHAS administration, staff, or evaluators during the evaluation process. Attempts by an applicant to contact and/or influence DMHAS administration, staff, or members of the SC may result in disqualification of the applicant.

The SC will evaluate each proposal to determine the extent to which it has met qualification requirements set forth in this RFP. The applicant should bear in mind that any proposal deemed by the SC to be unrealistic in terms of the technical or schedule commitments, or unrealistically high or low in cost, will be deemed reflective of a lack of technical competence or of a failure to comprehend the complexity and risk of the requirements as set forth in this RFP.

As a result of this RFP, DMHAS intends to enter into contract negotiations with parties selected using this RFP. Applicants whose responses conform to the RFP requirements and whose bids present the greatest value to people served by DMHAS, when all evaluation criteria are considered, will be selected for final contract negotiations. The goal is to recommend proposals for award based on the cumulative points scored using the evaluation criteria.

Specifications contained in this RFP should be considered as minimum requirements. Much of the material needed to present a comprehensive proposal can be placed into one of the sections listed.

Proposals will be rated using a point scoring system that assesses how well the applicant addressed requirements set forth in this RFP. The maximum score across all evaluation criteria is 100 points.

Program Narrative (75 Points), includes:

- PROGRAM DESIGN AND SERVICE OBJECTIVES (35 Points)
- MANAGEMENT PLAN (10 POINTS)
- DATA COLLECTION AND EVALUATION PLAN (10 POINTS)
- AGENCY DESCRIPTION AND EXPERIENCE (20 POINTS)

Program Budget (20 Points)
Appendices (5 Points)

XI. General Proposal Requirements

A. DISPOSITION OF PROPOSALS
DMHAS reserves the right to reject any and all proposals, or portions thereof, received as a result of this request or to negotiate separately any service in any manner necessary to serve the best interest of DMHAS. DMHAS reserves the right to contract for all or any portion of the scope of work contained within this RFP if it is determined that contracting for a portion of the work will best meet the needs of DMHAS.

B. CONDITIONS
Any prospective applicants must be willing to adhere to the following conditions and must positively state them in the proposals:

1. Conformance with Statutes: Any contract awarded as a result of this RFP must be in full conformance with statutory requirements of State of Connecticut and the Federal Government.
2. Ownership of Subsequent Product: Any product, whether acceptable or unacceptable, developed under a contract awarded, as a result of this RFP is to be sole property of the Department unless stated otherwise in the RFP or contract.
3. Timing and Sequence: Timing and sequence of events resulting from this RFP will ultimately be determined by DMHAS.
4. Oral Agreement: Any alleged oral agreement or arrangement made by an applicant with any agency or employee will be superseded by a written agreement.
5. Amending or Canceling Requests: DMHAS reserves the right to amend or cancel this RFP, prior to the due date and time, if it is in the best interest of DMHAS and the State.
6. Rejection for Default or Misrepresentation: DMHAS reserves the right to reject the proposal of any applicant that is in the default of any prior contract or for misrepresentation.
7. Department's Clerical Errors in Awards: DMHAS reserves the right to correct inaccurate awards resulting from its clerical errors.
8. Rejection of Qualified Proposals: Proposals are subject to rejection in whole or in part if they limit or modify any of the terms and conditions and/or specifications of the RFP.
9. Applicant Presentation of Supporting Evidence: An applicant, if requested, must be prepared to present evidence of experience, ability, service facilities, data reporting capabilities, and financial standing necessary to satisfactorily meet the requirements set forth or implied in the proposal.
10. Changes to Proposal: No additions or changes to the original proposal will be allowed after submittal. While changes are not permitted, clarification at the request of DMHAS may be required at the applicant's expense.

11. Collusion: By responding, the applicant implicitly states that they are submitting a response to this RFP that in all respects is fair and without collusion or fraud. It is further implied that the applicant did not participate in the RFP development process, had no knowledge of the specific contents of the RFP prior to its issuance, and that no employee of DMHAS participated directly or indirectly in the applicant's proposal preparation.

C. PROPOSAL PREPARATION EXPENSE

The State of Connecticut and DMHAS assume no liability for payment of expenses incurred by applicants in preparing and submitting proposals in response to this solicitation.

D. RESPONSE DATE AND TIME

In order to be considered for selection, the Department must receive proposals by 2:00 P.M. Local Time on January 8, 2009. Postmark date will not be considered the basis for meeting any submission deadline. Any applicant's response, which is received after the deadline, will not be accepted. Receipt of a proposal after the closing date and time as stated herein shall not be construed as acceptance of the proposal. If delivery of the proposal is not made by courier or in person, the use of Certified or Registered mail is suggested. All RFP communications, including proposals, should be addressed to the RFP Program Contact (Reference RFP page 1). Please confirm receipt of your submission by email or phone with the RFP Program Contact.

E. INCURRING COSTS

DMHAS is not liable for any costs incurred by the applicant prior to the effective date of a contract.

F. FREEDOM OF INFORMATION

Due regard will be given to the protection of proprietary information contained in all proposals received. However, applicants should be aware that all materials associated with this RFP are subject to the terms of the Freedom of Information Act, the Privacy Act, and all rules, regulations and interpretations resulting there from. It will not be sufficient for applicants to merely state generally that the proposal is proprietary in nature and not therefore subject to release to third parties. Those particular pages or sections, which an applicant believes to be proprietary, must be specifically identified as such. Convincing explanation and rationale sufficient to justify each exception from release consistent with Section 1-210 of the Connecticut General Statues must accompany the proposal. The rationale and explanation must be stated in terms of the prospective harm to the competitive position of the Applicant that would result if the identified material were to be released and the reasons why the materials are legally exempt from release pursuant to the above-cited Statute. In any case, the narrative portion of the proposal may not be exempt from release. Between the applicant and DMHAS, the final administrative authority to release or exempt any or all material so identified rests with DMHAS.

H. CONFIDENTIALITY

The successful applicant shall comply with all applicable state and federal laws and regulations pertaining to the confidentiality of proprietary information, data and other confidential or personal information concerning the medical, personal or business affairs of program participants acquired in the course of providing services under this RFP. The successful applicant shall keep confidential all financial, operating, proprietary or business information of DMHAS relating to the provision of services under this RFP which is not otherwise public information, along with all information, not described above, but specified in writing by DMHAS as confidential information. The successful applicant shall also cause each of its agents, employees, or subcontractors and other persons and organizations involved in doing business with or controlled by it from disclosing or transmitting to any person or legal entity any of the described information. The successful applicant shall ensure that the appropriate qualified service organization agreements are in place pursuant to federal confidentiality regulations.

I. AFFIRMATIVE ACTION

Regulations of Connecticut State Agencies Section 46a68j-3(10) require agencies to consider the following factors when awarding a contract that is subject to contract compliance requirements:

i. the applicant's success in implementing an affirmative action plan;

ii. the applicant's success in developing an apprenticeship program complying with Section 46a-68-1 to 46a-68-17 of the Connecticut General Statutes, inclusive;

iii. the applicant's promise to develop and implement a successful affirmative action plan;

iv. the applicant's submission of EEO-1 data indicating that the composition of its work force is at or near parity when compared to the racial and sexual composition of the work force in the relevant labor market area; and

v. the applicant's promise to set aside a portion of the contract for legitimate small contractors and minority business enterprises. (See CGS 4a-60).

REQUEST FOR PROPOSALS (Service Type) – _____

PROPOSAL FACE SHEET

<table>
<tr><td>1</td><td colspan="2">RESPONDING AGENCY (Legal name and address of organization as filed with the Secretary of State):

LEGAL NAME: _
STREET ADDRESS: _
TOWN/CITY/STATE/ZIP: _

FEIN: _</td><td colspan="2">SERVICES TO BE PROVIDED (Check applicable box[es])

Mental Health Services ☐

Addiction Services ☐</td></tr>
<tr><td rowspan="2">2</td><td colspan="2">AGENCY DIRECTOR/CEO
NAME:</td><td>TELEPHONE NO:</td><td>FAX NO:</td></tr>
<tr><td>TITLE:</td><td colspan="3">E-MAIL:</td></tr>
<tr><td rowspan="2">3</td><td colspan="2">CONTACT PERSON
NAME:</td><td>TELEPHONE NO:</td><td>FAX NO:</td></tr>
<tr><td>TITLE:</td><td colspan="3">E-MAIL:</td></tr>
<tr><td>4</td><td colspan="4">AREA SERVED (Select One): MUST BE COMPLETED

STATEWIDE CATCHMENT AREAS (List) TOWNS (List) REGIONS (List)</td></tr>
</table>

ATTACHMENT A: DMHAS BUDGET & NARRATIVE FORMS

Applicant Name: _____

	Programs / Cost Centers				
Program Name:					
DPAS/MDS Code:	**N/A**				
	Budget				
INCOME					
DMHAS Funds (this contract) SID					
1. State Funds					
2. State Funds					
3. State Funds					
4. State Funds					
5. State Funds					
6. Federal Funds					
7. Federal Funds					
8. Federal Funds					
9. Federal Funds					
10. Federal Funds					
11. **SUBTOTAL DMHAS FUNDS (this contract)**	$ -	$ -	$ -	$ -	$ -
Other DMHAS Funds					
12. General Assistance Payments Received under DMHAS GA Provider Agreement					
13. Project SAFE Payments Received from Advanced Behavioral Health (ABH)					
14. Other (Identify)					
15. **SUBTOTAL OTHER DMHAS FUNDS**	$ -	$ -	$ -	$ -	$ -
Non-DMHAS Funds					
16. Client/Participant Fees					
17. Medicaid (Title XIX)					
18. Medicare (XVIII)					
19. Court Support Services Division (CSSD)					
20. Other State Agency (Identify)					
21. Other State Agency (Identify)					
22. Other (Identify)					
23. **SUBTOTAL Non-DMHAS FUNDS**	$ -	$ -	$ -	$ -	$ -
24. **TOTAL ALL INCOME**	$ -	$ -	$ -	$ -	$ -
EXPENSES					
1. Salary					
2. Fringe Benefits					
3. Direct Program Operating Expenses					
4. Administrative and General (A & G)					
5. Capital Expenses					
6. Other (Identify)					
7. **TOTAL EXPENSES**	$ -	$ -	$ -	$ -	$ -

TOTAL INCOME	$ -	$ -	$ -	$ -	$ -
TOTAL EXPENSES	$ -	$ -	$ -	$ -	$ -
DIFFERENCE	$ -	$ -	$ -	$ -	$ -

Applicant Name:										
				Program/Cost Center				Administrative & General (A & G)	
Program Name:										
Program Code:				N/A						
				Budget						
Name and Position:	Annual Salary	Rate Per Hour	Total Hours Per Wk	% of Time	$	% of Time	$	% of Time	$
Other Personnel Costs									
Pools / Overtime									
Total Personnel Costs					**$ -**		**$ -**		**$ -**

EXPENSE DETAIL			
PROGRAM / COST CENTER NAME:			
LINE ITEM	**EXPENSE CATEGORY**	**AMOUNT**	**EXPLANATION**
3. Direct Program Operating Expenses	Contracted Services		
	Rent		
	Utilities		
	Equipment		
	Telephone		
	Insurance		
	Legal and Accounting		
	Materials and Supplies		
	Staff Travel		
	Advertising		
	Education and Training		
	Client Support		
	Food		
	Client Travel		
	Laboratory and Medical		
	Total	$0	
5. Capital Expenses			
6. Other			

INCOME DETAIL

PROGRAM / COST CENTER NAME: _____

INCOME LINE ITEM	AMOUNT	EXPLANATION

PERSONNEL EXPENSE DETAIL

PROGRAM / COST CENTER NAME: _____

PERSONNEL LINE ITEM	AMOUNT	EXPLANATION

ADMINISTRATIVE AND GENERAL EXPENSE DETAIL

LINE ITEM	AMOUNT	EXPLANATION

ATTACHMENT B: NOTICE TO EXECUTIVE BRANCH STATE CONTRACTORS AND PROSPECTIVE STATE CONTRACTORS OF CAMPAIGN CONTRIBUTION AND SOLICITATION BAN

This notice is provided under the authority of Connecticut General Statutes 9-612(g)(2), as amended by P.A. 07-1, and is for the purpose of informing state contractors and prospective state contractors of the following law (italicized words are defined on page 2):

Campaign Contribution and Solicitation Ban

No *state contractor*, *prospective state contractor*, *principal of a state contractor or principal of a prospective state contractor*, with regard to a *state contract or state contract solicitation* with or from a state agency in the executive branch or a quasi-public agency or a holder, or principal of a holder of a valid pre-qualification certificate, shall make a contribution to, or *solicit* contributions on behalf of (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of Governor, Lieutenant Governor, Attorney General, State Comptroller, Secretary of the State or State Treasurer, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee;

In addition, no holder or principal of a holder of a valid pre-qualification certificate, shall make a contribution to, or solicit contributions on behalf of (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of State senator or State representative, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee.

Duty to Inform
State contractors and prospective state contractors are required to inform their principals of the above prohibitions, as applicable, and the possible penalties and other consequences of any violation thereof.

Penalties for Violations
Contributions or solicitations of contributions made in violation of the above prohibitions may result in the following civil and criminal penalties:
Civil penalties--$2000 or twice the amount of the prohibited contribution, whichever is greater, against a principal or a contractor. Any state contractor or prospective state contractor which fails to make reasonable efforts to comply with the provisions requiring notice to its principals of these prohibitions and the possible consequences of their violations may also be subject to civil penalties of $2000 or twice the amount of the prohibited contributions made by their principals.
Criminal penalties—Any knowing and willful violation of the prohibition is a Class D felony, which may subject the violator to imprisonment of not more than 5 years, or $5000 in fines, or both.

Contract Consequences
Contributions made or solicited in violation of the above prohibitions may result, in the case of a state contractor, in the contract being voided.

Contributions made or solicited in violation of the above prohibitions, in the case of a prospective state contractor, shall result in the contract described in the state contract solicitation not being awarded to the prospective state contractor, unless the State Elections Enforcement Commission determines that mitigating circumstances exist concerning such violation.

The state will not award any other state contract to anyone found in violation of the above prohibitions for a period of one year after the election for which such contribution is made or solicited, unless the State Elections Enforcement Commission determines that mitigating circumstances exist concerning such violation.

Receipt acknowledged:_____ _____
(Signature) (Date)
Print name:_____ Title:_____

Company Name:_____

Additional information and the entire text of P.A 07-1 may be found on the website of the State Elections Enforcement Commission, www.ct.gov/seec. Click on the link to "State Contractor Contribution Ban"

Definitions:
"State contractor" means a person, business entity or nonprofit organization that enters into a state contract. Such person, business entity or nonprofit organization shall be deemed to be a state contractor until December thirty-first of the year in which such contract terminates. "State contractor" does not include a municipality or any other political subdivision of the state, including any entities or associations duly created by the municipality or political subdivision exclusively amongst themselves to further any purpose authorized by statute or charter, or an employee in the executive or legislative branch of state government or a quasi-public agency, whether in the classified or unclassified service and full or part-time, and only in such person's capacity as a state or quasi-public agency employee.

"Prospective state contractor" means a person, business entity or nonprofit organization that (i) submits a response to a state contract solicitation by the state, a state agency or a quasi-public agency, or a proposal in response to a request for proposals by the state, a state agency or a quasi-public agency, until the contract has been entered into, or (ii) holds a valid pre-qualification certificate issued by the Commissioner of Administrative Services under section 4a-100.

"Prospective state contractor" does not include a municipality or any other political subdivision of the state, including any entities or associations duly created by the municipality or political subdivision exclusively amongst themselves to further any purpose authorized by

statute or charter, or an employee in the executive or legislative branch of state government or a quasi-public agency, whether in the classified or unclassified service and full or part-time, and only in such person's capacity as a state or quasi-public agency employee.

"Principal of a state contractor or prospective state contractor" means (i) any individual who is a member of the board of directors of, or has an ownership interest of five per cent or more in, a state contractor or prospective state contractor, which is a business entity, except for an individual who is a member of the board of directors of a nonprofit organization**,** (ii) an individual who is employed by a state contractor or prospective state contractor, which is a business entity, as president, treasurer or executive vice president, (iii) an individual who is the chief executive officer of a state contractor or prospective state contractor, which is not a business entity, or if a state contractor or prospective state contractor has no such officer, then the officer who duly possesses comparable powers and duties, (iv) an officer or an employee of any state contractor or prospective state contractor who has managerial or discretionary responsibilities with respect to a state contract, (v) the spouse or a dependent child who is eighteen years of age or older of an individual described in this subparagraph, or (vi) a political committee established or controlled by an individual described in this subparagraph or the business entity or nonprofit organization that is the state contractor or prospective state contractor.

"State contract" means an agreement or contract with the state or any state agency or any quasi-public agency, let through a procurement process or otherwise, having a value of fifty thousand dollars or more, or a combination or series of such agreements or contracts having a value of one hundred thousand dollars or more in a calendar year, for (i) the rendition of services, (ii) the furnishing of any goods, material, supplies, equipment or any items of any kind, (iii) the construction, alteration or repair of any public building or public work, (iv) the acquisition, sale or lease of any land or building, (v) a licensing arrangement, or (vi) a grant, loan or loan guarantee. "State contract" does not include any agreement or contract with the state, any state agency or any quasi-public agency that is exclusively federally funded, an education loan or a loan to an individual for other than commercial purposes.

"State contract solicitation" means a request by a state agency or quasi-public agency, in whatever form issued, including, but not limited to, an invitation to bid, request for proposals, request for information or request for quotes, inviting bids, quotes or other types of submittals, through a competitive procurement process or another process authorized by law waiving competitive procurement.

“Managerial or discretionary responsibilities with respect to a state contract” means having direct, extensive and substantive responsibilities with respect to the negotiation of the state contract and not peripheral, clerical or ministerial responsibilities.

“Dependent child” means a child residing in an individual’s household who may legally be claimed as a dependent on the federal income tax of such individual.

“Solicit” means (A) requesting that a contribution be made, (B) participating in any fund-raising activities for a candidate committee, exploratory committee, political committee or party committee, including, but not limited to, forwarding tickets to potential contributors, receiving contributions for transmission to any such committee or bundling contributions, (C) serving as chairperson, treasurer or deputy treasurer of any such committee, or (D) establishing a political committee for the sole purpose of soliciting or receiving contributions for any committee. Solicit does not include: (i) making a contribution that is otherwise permitted by Chapter 155 of the Connecticut General Statutes; (ii) informing any person of a position taken by a candidate for public office or a public official, (iii) notifying the person of any activities of, or contact information for, any candidate for public office; or (IV) serving as a member in any party committee or as an officer of such committee that is not otherwise prohibited in this section.

STATE OF CONNECTICUT
GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

Certification to accompany a State contract with a value of $50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Paragraph 8, and No. 7C, Paragraph 10; and Connecticut General Statutes §§ 9-612(g)(1) and 9-612(g)(2), as amended by Public Act 07-1

INSTRUCTIONS:

Complete all sections of the form. Attach additional copies of this certification, if necessary, to provide full disclosure about any gifts made to any public official or employee of the awarding State agency. Sign and date form in the presence of a Commissioner of the Superior Court or Notary Public. Submit completed form to the awarding State agency at the time of contract execution.

CHECK ONE:

☐ Initial gift and campaign contribution certification.
☐ Annual update of initial gift and campaign contribution certification. (Multi-year contracts only.)

CERTIFICATION: [Number of Certifications Sworn and Subscribed On This Day: _____]

I, the undersigned, am the official authorized to execute the attached contract on behalf of the contractor (named below). I hereby certify that no gifts were made, as described in Connecticut General Statutes § 4-252(c)(1), between the date (indicated below) that the awarding State agency began planning the project, services, procurement, lease or licensing arrangement covered by this contract and the execution date of this contract, except for the gift(s) listed below:

Date of Gift	Name of Gift Giver	Name of Recipient	Value	Gift Description

I further certify that neither I, nor any principals or key personnel of the contractor (named below), nor any agents of such contractor, know of any action by such contractor to circumvent the prohibition on **gifts** by providing for any other principals, key personnel, officials, employees or agents of such contractor to provide a gift to any public official or employee of the awarding State agency.

I further certify that neither I, nor any principals or key personnel of the contractor (named below), nor any agents of such contractor, made a contribution to, or solicited a contribution on behalf of, any **campaigns** of candidates for statewide public office or the General Assembly.

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

_____	_____	_____
Printed Contractor Name	**Signature of Authorized Official**	**Date**
_____	_____	
Federal Employer ID Number (FEIN) or Social Security Number (SSN)	Printed Name of Authorized Official	
_____	_____	_____
Awarding State Agency	Start Date of Agency Planning	Contract Execution Date

Sworn and subscribed before me on this _____ day of _____, 200__.

_____
Commissioner of the Superior Court or Notary Public

ATTACHMENT C: CONSULTING AGREEMENT AFFIDAVIT

Complete and return the following form.

STATE OF CONNECTICUT
CONSULTING AGREEMENT AFFIDAVIT

Affidavit to accompany a State contract for the purchase of goods and services with a value of $50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§ 4a-81(a) and 4a-81(b)

INSTRUCTIONS:

If the bidder or vendor has entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1): Complete all sections of the form. If the bidder or vender has entered into more than one such consulting agreement, use a separate form for each agreement. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public. **If the bidder or vendor has not entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1):** Complete only the shaded section of the form. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public.

Submit completed form to the awarding State agency with bid or proposal. For a sole source award, submit completed form to the awarding State agency at the time of contract execution.

This affidavit must be amended if the contractor enters into any new consulting agreement(s) during the term of the State contract.

AFFIDAVIT: [Number of Affidavits Sworn and Subscribed On This Day: _____]

I, the undersigned, hereby swear that I am the chief official of the bidder or vendor awarded a contract, as described in Connecticut General Statutes § 4a-81(a), or that I am the individual awarded such a contract who is authorized to execute such contract. I further swear that I have not entered into any consulting agreement in connection with such contract, **except for the agreement listed below**:

_____ _____
Consultant's Name and Title — Name of Firm (if applicable)

_____ _____ _____
Start Date — End Date — Cost

Description of Services Provided: _____

_____

_____

Is the consultant a former State employee or former public official? ☐ YES ☐ NO

If YES: _____ _____
Name of Former State Agency — Termination Date of Employment

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

_____ _____ _____
Printed Name of Bidder or Vendor — **Signature of Chief Official or Individual** — **Date**

_____ _____ _____
Federal Employer ID No. (FEIN) or Social Security Number (SSN) — Printed Name (of above) — Awarding State Agency

Sworn and subscribed before me on this _____ day of _____, 200__.

_____
Commissioner of the Superior Court or Notary Public

ATTACHMENT D: AFFIRMATION OF RECEIPT OF SUMMARY OF STATE ETHICS LAW

Complete and return the following form.

STATE OF CONNECTICUT

AFFIRMATION OF RECEIPT OF STATE ETHICS LAWS SUMMARY

Affirmation to accompany a large State construction or procurement contract, having a cost of more than $500,000, pursuant to Connecticut General Statutes §§ 1-101mm and 1-101qq

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INSTRUCTIONS:

Complete all sections of the form. Submit completed form to the awarding State agency or contractor, as directed below.

CHECK ONE:

☐ I am a person seeking a large State construction or procurement contract. I am submitting this affirmation to the awarding State agency with my bid or proposal. [Check this box if the contract will be awarded through a competitive process.]

☐ I am a contractor who has been awarded a large State construction or procurement contract. I am submitting this affirmation to the awarding State agency at the time of contract execution. [Check this box if the contract was a sole source award.]

☐ I am a subcontractor or consultant of a contractor who has been awarded a large State construction or procurement contract. I am submitting this affirmation to the contractor.

IMPORTANT NOTE:

Contractors shall submit the affirmations of their subcontractors and consultants to the awarding State agency. Failure to submit such affirmations in a timely manner shall be cause for termination of the large State construction or procurement contract.

AFFIRMATION:

I, the undersigned person, contractor, subcontractor, consultant, or the duly authorized representative thereof, affirm (1) receipt of the summary of State ethics laws* developed by the Office of State Ethics pursuant to Connecticut General Statutes § 1-81b and (2) that key employees of such person, contractor, subcontractor, or consultant have read and understand the summary and agree to comply with its provisions.

* The summary of State ethics laws is available on the State of Connecticut's Office of State Ethics website at http://www.ct.gov/ethics/lib/ethics/contractors_guide_final2.pdf

_____ _____
Signature Date

_____ _____
Printed Name Title

_____
Firm or Corporation (if applicable)

_____ _____ ____ ____
Street Address City State Zip

_____ _____
Federal Employer ID Number (FEIN) or Social Security Number (SSN) Awarding State Agency

ATTACHMENT E: DEFINITIONS

- **"Obtained integrated competitive employment"** is defined as securing part-time or full-time employment in the general labor market in positions that are open and available to any qualified individual in the labor pool (i.e., not set aside or reserved for individuals with disabilities). At a minimum, compensation must be at or above minimum wage and must be competitive with the prevailing wage for comparable positions within that community. Individuals working integrated competitive employment pay taxes or report income to the IRS.

Individuals are integrated into a workforce that is at least 75% non-disabled with the expectation that performance will be comparable to that of non-disabled co-workers. They "own" the job, meaning they are hired directly by the management of the business where they work and keep the job beyond a period of time set by the provider agency. Individuals in competitive employment may require and have a legal right to request reasonable accommodations in order to meet performance expectations and to carry out the essential functions of the job.

Integrated competitive employment may include seasonal and temporary jobs, work-for-a-day, formal contracted apprenticeships, the military, paid on-the-job training, self-employment, and peer-run businesses where non-disabled staff are also hired in proportion to their numbers in the community.

- **"Retained in integrated competitive employment"** is defined as continuing to hold a [specific] job in an integrated competitive environment for at least 90 days. Job retention services include a flexible array of services and supports that are delivered on and/or off the job site to assist the employee to maintain a specific job. Retention services should be made available on a time-unlimited basis and should vary in intensity and focus based on the employee's expressed preferences and evolving needs.

- **"Work preparation activities"** is defined as participation in services that prepare the individual to seek and retain employment. Employment-related activities might include such services as engagement, facilitation of service acquisition from other employment agencies such as BRS, assessment of employment needs and interests, and enrollment in job clubs or work readiness training. Activities of Daily Living are only included where they pertain to such activities as securing work clothes, travel training, purchasing bus passes, etc. that directly relate to employment.

- **"Career-related education" or "education related to employment prospects"** includes enrollment in courses that develop skills and credentials that are necessary to achieve an individual's employment goals. Career-related education may be provided at schools, colleges or universities, through community agencies, and in apprenticeships or on-the-job training situations. Examples of career-related education would include Associate Degrees, training that results in a commercial drivers license or Nurses Aide certification, GED preparation courses, literacy training, English as a Second Language classes and computer literacy instruction.

- **"Evidence-based Supported Employment practices"** include the following elements:
  - *Eligibility is based on choice*: employment services are available at the point an individual expresses interest in competitive employment; no one is screened out of employment services based on artificial work readiness criteria such as perceived job readiness factors, substance abuse, symptoms, cognitive impairments, treatment non-adherence and personal presentation,
  - *Integration of clinical and employment services*: employment services are integrated within the broader treatment system; Employment Specialists participate actively in treatment team meetings with shared decision-making; all members of the multidisciplinary treatment team (including the case manager, rehabilitation counselor, therapist, psychiatrist and other involved parties) are engaged in employment planning and ongoing supports,
  - *Rapid job search*: the job search begins as soon as the individual is referred to employment services and the frequency, intensity and pace of job development is determined by the individual; face-to-face contact with an employer occurs within 30 days after program entry; each Employment Specialist makes at least six face-to-face employer contacts per week on behalf of clients seeking work;

Employment Specialists build relationships with employers through multiple visits with numerous employers; assessment is continuous and is conducted at the job site,
  - *Caseloads*: Employment Specialists carry individual employment caseloads of no more than 20 clients and provide all phases of employment services,
  - *Community-based services*: Employment services such as engagement, job finding and follow-along supports are provided in natural community settings; Employment Specialists spend 65% or more of their total scheduled hours in the community,
  - *Honoring job preferences*: staff promote job opportunities that are consistent with the strengths, capacities and interests of the individual job seeker and that maximize his/her potential and lead toward self-sufficiency,
  - *Continuous follow-along supports*: follow-along supports that focus on assisting individuals to attain, maintain and advance in their careers are time-unlimited and flexible as determined by the individual's needs and desires; protocols are in place for mobilizing or stepping down service levels (including discharge from employment services and natural supports) as appropriate, and
  - *Benefits counseling*: individualized benefits counseling is provided through internal or external staff and work incentives are used to maximize consumer hours worked and earned income.

- **"Volunteer work"** is defined as work in a mental health facility or in the community for which the individual does not receive payment, pay taxes or report income to the IRS.

- **"Paid non-competitive work"** refers to part-time or full-time work for which the individual is not required to compete with applicants from the general public, is not hired directly by management of the business where the person works, and/or does not keep the job beyond a period of time specified by the provider agency. It is generally work that is set aside or reserved for individuals with disabilities as part of their work preparation experience. Paid non-competitive jobs include transitional employment placements (TEP), work that pays only a stipend such as agency internship, enclaves, agency work crews, and paid work assessment.

- **"Other non-paid but work-related activity"** might include unpaid agency internships, job shadowing and unpaid work (situational) assessment.

- **Agency employment "oversight structure"** refers to an internal process that guides the agency's employment and educational practices and insures a recovery-orientation, sustainability and continuous quality improvement. Typically an employment stakeholder advisory group made up of agency leadership and community stakeholders is established to guide the implementation of effective employment and education services. Activities include facilitating (LMHAs) or participating in (community providers) the LMHA employment planning process that establishes annual goals for the agency's/region's employment system and monitors progress toward those goals; promoting a recovery orientation in the implementation and operation of services; and insuring information sharing, collaboration and coordination among employment service provider and other key stakeholders.

- **"Making employment everyone's business"** might involve increasing the number of Employment Specialists who are integrated within clinical treatment teams, including those of external providers; articulating roles for all staff that promote the vision of employment as a critical component of recovery and support the achievement of individual employment and educational goals; and adopting treatment protocols that promote regular interdisciplinary collaboration and communication regarding employment and educational issues and outcomes.

- **"Innovative employment resource development strategies"** might include leveraging such resources as Ticket to Work reimbursements, tax incentives and grants. It may involve assisting individuals to maximize resources through tax credits, Access to Recovery services, PASS/IRWE programs, Individual Training Accounts and Individual Development Accounts.

- **"Peer support systems"** are an evidence-based practice that features the giving and receiving of support, information and guidance based on shared responsibility, mutual respect and shared lived experiences. Peers support employment goals through positive role modeling, using personal experiences of work and overcoming hurdles, modeling, "If you can do it so can I"; building social skills in the community that enhance job acquisition and tenure; and meaningful engagement in relationships that lead toward positive steps in investigating employment interests, leads and acquisition.

- **"Supported education"** is a preferred practice that provides the assistance, support and coaching needed to facilitate access, participation and successful completion of the academic or technical courses needed for employment and/or career advancement. Supported education is typically provided in an array of educational settings including, but not limited to, adult education programs (for GED preparation, English as a Second Language courses), post-secondary institutions, and specialized technical training schools. Preference is given for supported education activities pursued in conjunction with competitive employment where such activities are consistent with the individual's career goals.

- "**Micro-enterprise**" refers to small business models that support the acquisition of new work skills, integrate learning and provide mentoring through the successful employment experiences. Through micro-enterprise ventures individuals create products and/or services to be sold, in most cases within the community. A small business model is not intended to operate in a segregated setting (i.e., a sheltered workshop). It may not be long-term unless it is an individually operated business owned by the person in recovery. Small business models where agencies assist in connecting the person in recovery with a business in a "shared business model" offer another beneficial opportunity.

ATTACHMENT F: DPAS DATA ELEMENTS

The following DPAS data or a designated subset of these data will be entered on a monthly basis:

- Date entered employment services (when person first meets with employment staff)
- Date ended employment services (when person is discharged from employment services)
- Job title
- Dates of enrollment into and discharge from the following activities:
  1. Integrated competitive employment:
     - person "owns" the job, meaning s/he is hired directly by the management of the
     - business where the person works and keeps the job beyond a period of time
     - set by the provider agency, and
     - paid at a rate equal to or greater than the minimum wage, and
     - working in an environment where 75% or more of the co-workers do not have disabilities, and
     - paying taxes or reporting income to IRS, or
     - working in a consumer-run business, paid work-study, apprenticeship, on-the-job training, or temporary agency, if all the above criteria are met
  2. Volunteer employment
  3. Work preparation activities (job clubs, CT Works workshops, job shadowing, on-the-job career exploration, job tryouts). Note this only includes Activities of Daily Living such as securing work clothes, travel training, purchasing bus passes, etc. when directly related to employment
  4. Self-employment
  5. Paid non-competitive employment (transitional employment, work that pays only a stipend, agency internships, sheltered workshops, paid work assessment)
  6. Other non-paid employment (non-paid work assessment)
  7. Career advancement during the measurement period including:
     - increased hours worked per week by 5 or more
     - increased number or days worked per month
     - increased job responsibilities
     - increased pay rate

ATTACHMENT G: EMPLOYMENT SERVICE FACILITATORS & CONTACTS

(Updated 7/08)

Southwest Connecticut Mental Health System

- **F. S. DuBois Center, 780 Summer Street, Stamford**
- **Greater Bridgeport Community Mental Health, 1635 Central Avenue, Bridgeport**

Celeste Crimen-Endes (acting rehabilitation services director): 203-551-7504
Celeste.Crimen.Endes@po.state.ct.us
Joanne Butler, Supervisor
Joanne.T.Butler@po.state.ct.us

Valley Mental Health Center, 435 East Main Street, Ansonia
Ralph Despres (recovery services director): 203-736-2601
rdepres@bghealth.org
John Yeager (employment coordinator): 203-736-8407
jyeager@bghealth.org

Bridges, 949 Bridgeport Avenue, Milford
Dawn Silver-DeAngelis (community services director): 203-878-6365 X 338
dsilver@bridgesmilford.org
Cynthia Dodd (employment coordinator): 203-878-6365 X 338
CDODD@Bridgesmilford.org

Connecticut Mental Health Center, 34 Park Street, New Haven
Kyle Pedersen (employment coordinator): 203-764-6331
Kyle.Pedersen@yale.edu

Harbor Health Services, Inc., 14 Sycamore Way, Branford
Patrice Watson (community services manager): 203-483-2645 X 200
pwatson@harborhealthservices.org

Rushford Center, 883 Paddock Avenue, Meriden
Monica Pagnam: 203-630-5241
mpagnam@rushford.org
Kelley Whittaker (employment coordinator, Kuhn)
KWhitta@rushford.org

River Valley Services, Leak Hall, Connecticut Valley Hospital, Middletown
Tim Griffin (Assoc. Director for Managed Service Systems Operations): 860-262-5353
Timothy.Griffin@po.state.ct.us
Ellen Econs (Vocational Rehabilitation Coordinator): 860-262-5200
Ellen.Econs@po.state.ct.us

Southeastern Mental Health Authority, 401 Thames Street, Building 301, Norwich
Janet Mundle (vocational rehabilitation counseling coordinator): 860-859-4406
Janet.Mundle@po.state.ct.us
Caryl Horner: 860-859-4500
Caryl.Horner@po.state.ct.us

United Services, 132 Mansfield Avenue, Willimantic
Sue Lovely (employment manager): 860-928-6130 / 860-457-4767
slovely@USMHS.org
David Schreiter (employment coordinator): 860-423-7791 X 224
Carole Powell (supervisor)

Community Health Resources

- **Genesis Center, 330 Broad Street, Manchester**
  Debra Macht (employment coordinator): 860-646-1222 X 3888
  Dmacht@echn.org
  Malika Jonas
  mjonas@chrhealth.org
- North Central Counseling Services, Inc., 47 Palomba Drive, Enfield
  Pat Treloar (psychosocial coordinator): 860-253-5031
  Ptreloar@chrhealth.org
  Michele Fontaine (Employment Services Director): 860-253-5020 X 233
  mfontaine@chrhealth.org

Inter-Community Mental Health Group, 281 Main Street, East Hartford
Mike Nappi (community support services director): 860-569-5901
michaelnappi@icmhg.org
Robin Abraham (employment coordinator): 860-569-5901
robinabraham@icmhg.org

Capitol Region Mental Health Center, 500 Vine Street, Hartford
Gayle Gagliardo (community network coordinator): 860-297-0842
Gayle.Gagliardo@po.state.ct.us
Judy Goldberg (employment coordinator)
Judy.Goldberg@po.state.ct.us

Community Mental Health Affiliates, 300 Main Street, Bristol
Jennifer Fields (community support services manager): 860-826-4985 X 266
jfields@cmhacc.org

Western Connecticut Mental Health Network
Betty Lazariel (Behavioral Health Program Manager): 203-805-6414
Elizabeth. Lazariel@po.state.ct.us

- **Waterbury Mental Health Authority, 95 Thomaston Avenue, Waterbury**
  Donna Christensen (QI & Utilization Manager): 203-805-5349
  Donna.Christensen@po.state.ct.us
- **Danbury Mental Health Authority, 64 West Street, Danbury**
  Cindy Carloni (community service coordinator): 203-778-1640
  Cynthia.Carloni@po.state.ct.us
- **Northwest Mental Health Authority, 240 Winsted Road, Torrington**
  Steve Bistran (employment coordinator): 860-496-3700
  Steve.Bistran@po.state.ct.us

ATTACHMENT H: EVIDENCE-BASED SUPPORTED EMPLOYMENT FIDELITY SCALE

SUPPORTED EMPLOYMENT FIDELITY SCALE * - 1/7/08

Rater: **Site:** **Date:** **Total Score:**

Directions: Circle one anchor number for each criterion.

Criterion	Data Source**	Anchor
Staffing		
1. Caseload size: Employment specialists have individual employment caseloads. The maximum caseload for any full-time employment specialist is 20 or fewer clients.	MIS, DOC, INT	1= Ratio of 41 or more clients per employment specialist. 2= Ratio of 31-40 clients per employment specialist. 3= Ratio of 26-30 clients per employment specialist. 4= Ratio of 21-25 clients per employment specialist. 5= Ratio of 20 or fewer clients per employment specialist.
2. Employment services staff: Employment specialists provide only employment services.	MIS, DOC INT	1= Employment specialists provide employment services less than 60% of the time. 2= Employment specialists provide employment services 60 - 74% of the time. 3= Employment specialists provide employment services 75 - 89% of the time. 4= Employment specialists provide employment services 90 - 95% of the time. 5= Employment specialists provide employment services 96% or more of the time.

3. Vocational generalists: Each employment specialist carries out all phases of employment service, including intake, engagement, assessment, job placement, job coaching, and follow-along supports before step down to less intensive employment support from another MH practitioner. (Note: It is not expected that each employment specialist will provide benefits counseling to their clients. Referrals to a highly trained benefits counselor are in keeping with high fidelity, see Item # 1 in "Services".)	MIS, DOC, INT, OBS	1= Employment specialist only provides vocational referral service to vendors and other programs. 2= Employment specialist maintains caseload but refers clients to other programs for vocational services. 3= Employment specialist provides one to four phases of the employment service (e.g. intake, engagement, assessment, job development, job placement, job coaching, and follow along supports). 4= Employment specialist provides five phases of employment service but not the entire service. 5= Employment specialist carries out all six phases of employment service (e.g. program intake, engagement, assessment, job development/job placement, job coaching, and follow-along supports).

ORGANIZATION

1. Integration of rehabilitation with mental health treatment thru 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.	MIS, DOC, INT, OBS	1= Employment specialists are part of a vocational program that functions separately from the mental health treatment. 2= Employment specialists are attached to three or more mental health treatment teams. OR Clients are served by individual mental health practitioners who are not organized into teams. OR Employment specialists are attached to one or two teams from which less than 50% of the employment specialist's caseload is comprised. 3= Employment specialists are attached to one or two mental health treatment teams, from which at least 50 - 74% of the employment specialist's caseload is comprised. 4= Employment specialists are attached to one or two mental health treatment teams, from which at least 75 - 89% of the employment specialist's caseload is comprised. 5= Employment specialists are attached to one or two mental health treatment teams, from which 90 - 100% of the employment specialist's caseload is comprised.

2. <u>Integration of rehabilitation with mental health treatment thru frequent team member contact</u>: 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.	MIS, DOC INT, OBS	1= One or none is present. 2= Two are present 3= Three are present. 4= Four are present. 5= Five are present. <u>All five key components are present.</u> • Employment specialist attends weekly mental health treatment team meetings. • Employment specialist participates actively in treatment team meetings with shared decision-making. • Employment services documentation (i.e., vocational assessment/profile, employment plan, progress notes) is integrated into client's mental health treatment record. • Employment specialist's office is in close proximity to (or shared with) their mental health treatment team members. • Employment specialist helps the team think about employment for people who haven't yet been referred to supported employment services.
3. <u>Collaboration between employment specialists and Vocational Rehabilitation counselors</u>: The employment specialists and VR counselors have frequent contact for the purpose of discussing shared clients and identifying potential referrals.	DOC, INT OBS, ISP	1= Employment specialists and VR counselors have client-related contacts (phone, e-mail, in person) less than quarterly to discuss shared clients and referrals. <u>OR</u> Employment specialists and VR counselors do not communicate. 2= Employment specialists and VR counselors have client-related contacts (phone, e-mail, in person) at least quarterly to discuss shared clients and referrals. 3= Employment specialists and VR counselors have client-related contacts (phone, e-mail, in-person) monthly to discuss shared clients and referrals. 4= Employment specialists and VR counselors have scheduled, face-to-face meetings at least quarterly, <u>OR</u> have client-related contacts (phone, e-mail, in person) weekly to discuss shared clients and referrals.

		5= Employment specialists and VR counselors have scheduled, face-to-face meetings at least monthly and have client-related contacts (phone, e-mail, in person) weekly to discuss shared clients and referrals.
4. Vocational unit: At least 2 full-time employment specialists and a team leader comprise the employment unit. They have weekly client-based group supervision following the supported employment model in which strategies are identified and job leads are shared. They provide coverage for each other's caseload when needed.	MIS, INT, OBS	1= Employment specialists are not part of a vocational unit. 2= Employment specialists have the same supervisor but do not meet as a group. They do not provide back-up services for each other's caseload. 3= Employment specialists have the same supervisor and discuss clients between each other on a weekly basis. They provide back-up services for each other's caseloads as needed. OR, If a program is in a rural area where employment specialists are geographically separate with one employment specialist at each site, the employment specialists meet 2-3 times monthly with their supervisor by teleconference. 4= At least 2 employment specialists and a team leader form an employment unit with 2-3 regularly scheduled meetings per month for client-based group supervision in which strategies are identified and job leads are shared and discuss clients between each other. They provide coverage for each other's caseloads when needed. OR, If a program is in a rural area where employment specialists are geographically separate with one employment specialist at each site, the employment specialists meet 2-3 times per month with their supervisor in person or by teleconference and mental health practitioners are available to help the employment specialist with activities such as taking someone to work or picking up job applications. 5= At least 2 full-time employment specialists and a team leader form an employment unit with 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 caseloads when needed.
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.	MIS, INT, DOC, OBS	1= One or none is present. 2= Two are present. 3= Three are present. 4= Four are present. 5= Five are present.

		Five key roles of the employment supervisor: • One full-time equivalent (FTE) supervisor is responsible for no more than 10 employment specialists. The supervisor does not have other supervisory responsibilities. (Program leaders supervising fewer than ten employment specialists may spend a percentage of time on other supervisory activities on a prorated basis. For example, an employment supervisor responsible for 4 employment specialists may be devoted to SE supervision half time.) • Supervisor conducts weekly supported employment supervision designed to review client situations and identify new strategies and ideas to help clients in their work lives. • Supervisor communicates with mental health treatment team leaders to ensure that services are integrated, to problem solve programmatic issues (such as referral process, or transfer of follow-along to mental health workers) and to be a champion for the value of work. Attends a meeting for each mental health treatment team on a quarterly basis. • 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. • Supervisor reviews current client outcomes with employment specialists and sets goals to improve program performance at least quarterly.
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 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.	DOC, INT OBS	1= There is a formal policy to exclude clients due to lack of job readiness (e.g., substance abuse, history of violence, low level of functioning, etc.) by employment staff, case managers, or other practitioners. 2= Most clients are unable to access supported employment services due to perceived lack of job readiness (e.g., substance abuse, history of violence, low level of functioning, etc.). 3= Some clients are unable to access supported employment services due to perceived lack of job readiness (e.g., substance abuse, history of violence, low level of functioning, etc.). 4= No evidence of exclusion, formal or informal. Referrals are not solicited by a wide variety of sources. Employment specialists offer to help with another job when one has ended, regardless of the reason that the job ended or number of jobs held.

		5= All clients interested in working have access to supported employment services. Mental health practitioners encourage clients to consider employment, and referrals for supported employment are solicited by many sources. Employment specialists offer to help with another job when one has ended, regardless of the reason that the job ended or number of jobs held.
7. <u>Agency focus on competitive employment</u>: Agency promotes competitive work through multiple strategies. Agency intake includes questions about interest in 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 leadership and staff.	DOC, INT, OBS	1= One or none is present. 2= Two are present. 3= Three are present. 4= Four are present. 5= Five are present. Agency promotes competitive work through multiple strategies: • Agency intake includes questions about interest in employment. • Agency includes questions about interest in employment on all annual (or semi-annual) assessment or treatment plan reviews. • Agency displays written postings (e.g., brochures, bulletin boards, posters) about working and supported employment services, in lobby and other waiting areas. • 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. • Agency measures rate of competitive employment on at least a quarterly basis and shares outcomes with agency leadership and staff.
8. <u>Executive team support for SE</u>: 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 support are present.	DOC, INT, OBS	1= One is present. 2= Two are present. 3= Three are present. 4= Four are present.

5= Five are present.

- Executive Director and Clinical Director demonstrate knowledge regarding the principles of evidence-based supported employment.

- Agency QA process includes an explicit review of the 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 SE implementation and sustainability.

- At least one member of the executive team actively participates at SE leadership team meetings (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.

- The agency CEO/Executive Director communicates how 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.

- 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.

SERVICES

1. Work incentives planning: All clients are offered assistance in obtaining comprehensive, individualized work incentives 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

DOC, INT OBS, ISP

1= Work incentives planning is not readily available or easily accessible to most clients served by the agency.

2= Employment specialist gives client contact information about where to access information about work incentives planning.

3= Employment specialist discusses with each client changes in benefits based on work status.

4= Employment specialist or other MH practitioner offer clients assistance in obtaining comprehensive, individualized work incentives planning by a person

benefits.		trained in work incentives planning prior to client starting a job. 5= Employment specialist or other MH practitioner offer clients assistance in obtaining comprehensive, individualized work incentives planning by a specially trained work incentives planner prior to starting a job. They also facilitate access to work incentives planning when clients need to make decisions about changes in work hours and pay. Clients are provided information and assistance about reporting earnings to SSA, housing programs, etc., depending on the person's benefits.
2. <u>Disclosure</u>: 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.	DOC, INT OBS	1= None is present. 2= One is present. 3= Two are present. 4= Three are present. 5= Four are present. • Employment specialists do not require all clients to disclose their psychiatric disability at the work site in order to receive services. • 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. • 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, or unemployed for a period of time, etc.) and offers examples of what could be said to employers. • Employment specialists discuss disclosure on more than one occasion (e.g., if clients have not found employment after two months or if clients report difficulties on the job.)
3. <u>Ongoing, work-based vocational assessment</u>: Initial vocational assessment occurs over 2-3 sessions and is updated with information from work experiences in competitive jobs. A	DOC, INT, OBS, ISP	1= Vocational evaluation is conducted prior to job placement with emphasis on office-based assessments, standardized tests, intelligence tests, work samples.

vocational profile form that includes information about preferences, experiences, skills, current adjustment, strengths, personal contacts, etc, is updated with each new job experience. Aims at problem solving using environmental assessments and consideration of reasonable accommodations. Sources of information include the client, treatment team, clinical records, and with the client's permission, from family members and previous employers.		2= Vocational assessment may occur through a stepwise approach that includes: prevocational work experiences (e.g., work units in a day program), volunteer jobs, or set aside jobs (e.g., NISH jobs agency-run businesses, sheltered workshop jobs, affirmative businesses, enclaves). 3= Employment specialists assist clients in finding competitive jobs directly without systematically reviewing interests, experiences, strengths, etc. and do not routinely analyze job loss (or job problems) for lessons learned. 4= Initial vocational assessment occurs over 2-3 sessions in which interests and strengths are explored. Employment specialists help clients learn from each job experience and also work with the treatment team to analyze job loss, job problems and job successes. They do not document these lessons learned in the vocational profile, <u>OR</u> The vocational profile is not updated on a regular basis. 5= Initial vocational assessment occurs over 2-3 sessions and information is documented on a vocational profile form that includes preferences, experiences, skills, current adjustment, strengths, personal contacts, etc. The vocational profile form is used to identify job types and work environments. It is updated with each new job experience. Aims at problem solving using environmental assessments and consideration of reasonable accommodations. Sources of information include the client, treatment team, clinical records, and with the client's permission, from family members and previous employers. Employment specialists help clients learn from each job experience and also work with the treatment team to analyze job loss, job problems and job successes.
4. <u>Rapid job search for competitive job</u>: 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.	DOC, INT, OBS, ISP	1= First face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average 271 days or more (> 9 mos.) after program entry. 2= First face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average between 151 and 270 days (5-9 mos.) after program entry. 3= First face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average between 61 and 150 days (2-5 mos.) after program entry. 4= First face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average between 31 and 60 days (1-2 mos.) after program entry.

		5= The program tracks employer contacts and the first face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average within 30 days (one month) after program entry.
5. <u>Individualized job search</u>: Employment specialists make employer contacts 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.	DOC, INT OBS, ISP	1= Less than 25% of employer contacts by the employment specialist are based on job choices which reflect client's preferences, strengths, symptoms, etc. rather than the job market. 2= 25-49% of employer contacts by the employment specialist are based on job choices which reflect client's preferences, strengths, symptoms, etc., rather than the job market. 3= 50-74% of employer contacts by the employment specialist are based on job choices which reflect client's preferences, strengths, symptoms, etc., rather than the job market. 4= 75-89% of employer contacts by the employment specialist are based on job choices which reflect client's preferences, strengths, symptoms, etc., rather than the job market and are consistent with the current employment plan. 5= Employment specialist makes employer contacts based on job choices which reflect client's preferences, strengths, symptoms, lessons learned from previous jobs etc., 90-100% of the time rather than the job market and are consistent with the current employment/job search plan. When clients have limited work experience, employment specialists provide information about a range of job options in the community.
6. <u>Job development - Frequent employer contact</u>: 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 the same employer more than one time in a 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.	DOC, INT	1= Employment specialist makes less than 2 face-to-face employer contacts that are client-specific per week. 2= Employment specialist makes 2 face-to-face employer contacts per week that are client-specific, <u>OR</u> Does not have a process for tracking. 3= Employment specialist makes 4 face-to-face employer contacts per week that are client-specific, and uses a tracking form that is reviewed by the SE supervisor on a monthly basis. 4= Employment specialist makes 5 face-to-face employer contacts per week that are client-specific, and uses a tracking form that is reviewed by the SE supervisor on a weekly basis. 5= Employment specialist makes 6 or more face-to-face employer contacts

		per week that are client specific, or 2 employer contacts times the number of people looking for work when there are less than 3 people looking for work on their caseload (e.g., new program). In addition, employment specialist uses a tracking form that is reviewed by the SE supervisor on a weekly basis.
7. Job development - Quality of employer contact: 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, describe client strengths that are a good match for the employer. (Rate for each employment specialist, then calculate average and use the closest scale point.)	DOC, INT, OBS	1= Employment specialist meets employer when helping client to turn in job applications, OR Employment specialist rarely makes employer contacts. 2= Employment specialist contacts employers to ask about job openings and then shares these "leads" with clients. 3= Employment specialist follows up on advertised job openings by introducing self, describing program, and asking employer to interview client. 4= Employment specialist meets with employers in person whether or not there is a job opening, advocates for clients by describing strengths and asks employers to interview clients. 5= Employment specialist builds 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, describe client strengths that are a good match for the employer.
8. Diversity of job types: Employment specialists assist clients in obtaining different types of jobs.	DOC, INT, OBS, ISP	1= Employment specialists assist clients obtain different types of jobs less than 50% of the time. 2= Employment specialists assist clients obtain different types of jobs 50-59% of the time. 3= Employment specialists assist clients obtain different types of jobs 60-69% of the time. 4= Employment specialists assist clients obtain different types of jobs70-84% of the time. 5= Employment specialists assist clients obtain different types of jobs 85-100% of the time.

9. Diversity of employers: Employment specialists assist clients in obtaining jobs with different employers.	DOC, INT, OBS, ISP	1= Employment specialists assist clients obtain jobs with the different employers less than 50% of the time. 2= Employment specialists assist clients obtain jobs with the same employers 50-59% of the time. 3= Employment specialists assist clients obtain jobs with different employers 60-69% of the time. 4= Employment specialists assist clients obtain jobs with different employers 70-84% of the time. 5= Employment specialists assist clients obtain jobs with different employers 85-100% of the time.
10. Competitive jobs: Employment specialists provide competitive job options that have permanent status rather than temporary or time-limited status, e.g., TE (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.)	DOC, INT, OBS, ISP	1= Employment specialists provide options for permanent, competitive jobs less than 64% of the time, OR There are fewer than 10 current jobs. 2= Employment specialists provide options for permanent, competitive jobs about 65- 74% of the time. 3= Employment specialists provide options for permanent competitive jobs about 75-84%% of the time. 4= Employment specialists provide options for permanent competitive jobs about 85-94% of the time. 5= 95% or more competitive jobs held by clients are permanent.
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 (e.g., 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	DOC, INT, OBS, ISP	1= Most clients do not receive supports after starting a job. 2= About half of the working clients receive a narrow range of supports provided primarily by the employment specialist. 3= Most working clients receive a narrow range of supports that are provided primarily by the employment specialist. 4= Clients receive different types of support for working a job that are based on the job, client preferences, work history, needs, etc. Employment specialists provide employer supports at the client's request.

specialist offers help with career development, i.e., assistance with education, a more desirable job, or more preferred job duties.		5= Clients receive different types of support for working a job that are based on the job, client preferences, work history, needs, etc. Employment specialist also provides employer support (e.g., educational information, job accommodations) at client's request. The employment specialist helps people move onto more preferable jobs and also helps people with school or certified training programs. The site provides examples of different types of support including enhanced supports by treatment team members.
12. Time-unlimited follow-along supports: 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 the job loss.	DOC, INT, OBS, ISP	1= Employment specialist does not meet face-to-face with the client after the first month of starting a job. 2= Employment specialist has face-to-face contact with less than half of the working clients for at least 4 months after starting a job. 3= Employment specialist has face-to-face contact with at least half of the working clients for at least 4 months after starting a job. 4= Employment specialist has face-to-face contact with working clients weekly for the first month after starting a job, and at least monthly for a year or more, on average, after working steadily, and desired by clients. 5= Employment specialist has 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 clients. Clients are transitioned to step down job supports from a mental health worker following steady employment. Employment specialist contacts clients within 3 days of hearing about the job loss.
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.)	DOC, INT OBS	1= Employment specialist spends 30% time or less in the scheduled work hours in the community. 2= Employment specialist spends 30 - 39% time of total scheduled work hours in the community. 3= Employment specialist spends 40 -49% of total scheduled work hours in the then community. 4= Employment specialist spends 50 - 64% of total scheduled work hours in the community.

		5= Employment specialist spends 65% or more of total scheduled work hours in the community.
14. <u>Assertive engagement and outreach by integrated treatment team</u>: 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 SE services, the team stops outreach.	MIS, DOC, INT, OBS	1= Evidence that 2 or less strategies for engagement and outreach are used. 2= Evidence that 3 strategies for engagement and outreach are used. 3= Evidence that 4 strategies for engagement and outreach are used. 4= Evidence that 5 strategies for engagement and outreach are used. 5= Evidence that all 6 strategies for engagement and outreach are used: i) Service termination is not based on missed appointments or fixed time limits. ii) Systematic documentation of outreach attempts. iii) Engagement and outreach attempts made by integrated team members. iv) Multiple home/community visits. v) Coordinated visits by employment specialist with integrated team member. vi) Connect with family, when applicable.

*Data sources:

MIS	Management Information System
DOC	Document review: clinical records, agency policy and procedures
INT	Interviews with clients, employment specialists, mental health staff, VR counselors, families, employers
OBS	Observation (e.g., team meeting, shadowing employment specialists)
ISP	Individualized Service Plan

2/14/96
6/20/01, Updated
1/7/08, Revised

Supported Employment Fidelity Scale Score Sheet

115 – 125 = Exemplary Fidelity
100 - 114 = Good Fidelity
74 – 99 = Fair Fidelity
73 and below = Not Supported Employment

Staffing		
1.	Caseload size	Score:
2.	Employment services staff	Score:
3.	Vocational generalists	Score:
Organization		
1.	Integration of rehabilitation with mental health thru team assignment	Score:
2.	Integration of rehabilitation with mental health thru frequent team member contact	Score:
3.	Collaboration between employment specialists and Vocational Rehabilitation counselors	Score:
4.	Vocational unit	Score:
5.	Role of employment supervisor	Score:
6.	Zero exclusion criteria	Score:
7.	Agency focus on competitive employment	Score:
8.	Executive team support for SE	Score:
Services		
1.	Work incentives planning	Score:
2.	Disclosure	Score:
3.	Ongoing, work-based vocational assessment	Score:
4.	Rapid search for competitive job	Score:
5.	Individualized job search	Score:
6.	Job development—Frequent employer contact	Score:
7.	Job development—Quality of employer contact	Score:
8.	Diversity of job types	Score:
9.	Diversity of employers	Score:
10.	Competitive jobs	Score:
11.	Individualized follow-along supports	Score:
12.	Time-unlimited follow-along supports	Score:
13.	Community-based services	Score:
14.	Assertive engagement and outreach by integrated treatment team	Score:
	Total:	