SUPPORTED EMPLOYMENT (SE)
FIDELITY REPORT

Date: December 6, 2018

To: Nicole Cupp-Herring, Chief Clinical Officer
Jose Rojas, Program Manager, Rehabilitative Services
Daniel Zacharias, Employment Program Coordinator

From: Karen Voyer-Caravona, MA, LMSW
Thomas Eggsware, BSW, MA, LAC
AHCCCS Fidelity Reviewers

Method

On November 5 – 8, 2018, Karen Voyer-Caravona and Thomas Eggsware completed a review of the Lifewell Behavioral Wellness Supported Employment (SE) program. This review is intended to provide specific feedback in the development of your agency's SE services, in an effort to improve the overall quality of behavioral health services in Central Region of Arizona. Supported Employment refers specifically to the evidence-based practice (EBP) of helping SMI members find and keep competitive jobs in the community based on their individual preferences, not those set aside for people with disabilities. Services are reviewed starting with the time an SMI participating member indicates an interest in obtaining competitive employment, and the review process continues through the provision of follow along supports for people who obtain competitive employment. In order to effectively review Supported Employment services in the Central Region of Arizona, the review process includes evaluating the working collaboration between each Supported Employment provider and referring clinics with whom they work to provide services. For the purposes of this review at Lifewell, the referring clinics included LaFrontera-EMPACT Comunidad and Partners in Recovery East Valley Campus Integrated Health Home.

Lifewell Behavioral Wellness offers a range of services, including: outpatient services, vocational services, housing support, and clinic based adult behavioral health. Vocational rehabilitation services at Lifewell include: supported education, supported employment, peer certification training, culinary awareness and nutrition, and supported volunteering. SE services are open to members through referrals from other clinics and internally through staff at Lifewell Behavioral Wellness service hub locations. The SE program offers co-located services at La Frontera-EMPACT Comunidad and Terros' Priest Drive Recovery Center.

The individuals served through the agency are referred to as "clients", but for the purpose of this report, and for consistency across fidelity reviews, the term "member" will be used.

During the site visit, reviewers participated in the following activities:

- Observed an integrated team meeting at Comunidad on November 5, 2018;

- Observed an SE team supervisory meeting on November 8, 2018;
- Program overview with three agency Administrators, the Employment Program Coordinator (Supervisor), the Senior Director of Outpatient Services, and the Program Manager for Rehabilitation Services;
- Individual interview with Employment Program Coordinator (EPC);
- Group interview with two Employment Specialists (ES);
- Group interview with three members receiving services;
- Group interview with one Case Manager (CM) and one Rehabilitation Specialist (RS) at East Valley;
- Individual interview with one RS at Comunidad;
- Conducted a review of ten randomly selected member electronic records, including some co-served by Comunidad and East Valley; and
- Review of data provided by the agency including: program rosters, the *Lifewell Behavioral Wellness Outreach Checklist*, Lifewell Behavioral Wellness Support Employment Brochure, job development log spreadsheet, and copies of testaments to ES attendance to clinic team meetings.

The review was conducted using the Substance Abuse and Mental Health Services Administration (SAMHSA) SE Fidelity Scale. This scale assesses how close in implementation a team is to the Supported Employment (SE) model using specific observational criteria. It is a 15-item scale that assesses the degree of fidelity to the SE model along 3 dimensions: Staffing, Organization and Services. The SE Fidelity Scale has 15 program-specific items. Each item is rated on a 5-point scale, ranging from 1 (meaning *not implemented*) to 5 (meaning *fully implemented*).

The SE Fidelity Scale was completed following the visit. A copy of the completed scale with comments is attached as part of this report.

Summary & Key Recommendations

The agency demonstrated strengths in the following program areas:

- Vocational services staff: Employment Specialists at Lifewell maintain caseloads of 25 or fewer members. At the time of the review, the three SE staff had member caseloads of 18, 19, and 19.
- Individualized job search: Lifewell ESs help members with individualized job searches that focus on their specific career interests, as well as needs and preferences such as geographical location, transportation requirements, and work environment. Records reviewed showed ES flexibility when member job preferences and goals changed.
- Jobs as transitions: Member records showed that Lifewell ESs work with members to find new jobs when old jobs end. Staff interviewed said they do not withhold job development services from members for any reason.

The following are some areas that will benefit from focused quality improvement:

- Integration of rehabilitation with mental health services: Co-location of ESs with clinical teams appears to improve integration but, co-located ESs appear to have a limited voice, consigned primarily to providing status updates on their caseloads. Non-co-located SE staff attend far fewer clinical team meetings, and, communicating mostly via email or phone, seem to have little influence over treatment planning. Additionally, the resignations of three ESs in the last several months may have contributed to difficulties in achieving integration goals as attention is shifted to coverage needs. As the agency re-staffs, the system should redefine the role of the ES as an active participant and decision maker on clinical teams through weekly attendance at clinical treatment team meetings and regular

contact with treatment team via phone, email and staffings.

- Zero-exclusion: Some clinical team decision makers may not fully embrace competitive employment's role in recovery. Additionally, some Vocational Rehabilitation Services (VR) processes may serve to exclude members from competitive work in favor of sheltered or paid work activities. System partners should continue efforts to provide training and education to all clinical team members on the evidence based practice of supported employment, especially the role of regular follow along supports. Additionally, system partners should support collaboration and communication between clinical teams, VR, and supported employment programs.
- Community-based follow along services: Increase efforts to deliver follow along services in the community. Follow along services may be provided with the member present, such as discreet job site observations or through advocacy or education with current employers without the members present. Services should be clearly documented in the record to indicate where the service occurred, what happened and plans for further action.

SE FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
			Staffing	
1	Caseload:	1 – 5 5	At the time of the review, Lifewell identified 56 members receiving services. Staff said that the program policy is that caseloads should be no more than 25 members. Three full time staff: the Employment Program Coordinator (EPC) and two Employment Specialists (ES) were covering those members. The EPC, who is also the supervisor, carried a caseload of 19 members to which he provided retention services only. Of the two ESs, one ES, co-located at Terros Priest, managed a caseload of 18, while the other ES had a caseload of 19 members scattered across several clinics. Staff reported the SE team had lost three ESs in the last few months and that remaining staff covered those cases until those positions are filled.	
2	Vocational Services staff:	1 – 5 5	ESs at Lifewell provide vocational services only. Per interview with Lifewell and clinic staff, ESs have no clinical case management roles, nor do they conduct treatment or psychoeducation groups at clinics or Lifewell offices.	
3	Vocational generalists:	1 – 5 4	When fully or adequately staffed, ESs at Lifewell carry out many of the functions of supported employment, including intake and assessment to retention services, and on-site follow along support. It was not clear from record reviews how consistently ESs perform community based job development activities. Employer contact logs were provided for the past year but did not appear regularly updated for each ES, and level of detail provided for each contact varied considerably. Staff turnover may have contributed to a decrease in employer engagement activities as no contacts	• Maintain adequate staffing in order that ESs can effectively provide all phases of supported employment services. Consider factors that may contribute to high staff turnover; if not already in place, conduct exit interviews to gather feedback as to reasons for exiting employment. Staff surveys on reasons contributing to some staff retaining employment may be useful as well. • Employer contacts made on behalf of specific members should be documented in

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			were reported since August 2018 for one ES and past September 2018 for the other ES. Members and staff interviewed described significant use of job fairs that appear to target job seekers with disabilities, and some records reviewed showed only online job searches. Due to the recent loss of three ESs however, caseloads were reorganized for the purposes of coverage. The EPC assumed responsibility for covering all members receiving retention services only. Retention services provided by the EPC appeared to be mostly limited to over the phone check-ins. The EPC also assumed responsibility for covering treatment team meetings at Comunidad, a co-location site. Members receiving job placement and development services were transferred to the two remaining ESs. Staff said that if any members currently receiving only retention services decide to again engage in job search activities, their services would be transferred back to an ES.	member records and include detail as to outcome of contact and plans for follow up actions.
Organization				
1	Integration of rehabilitation with mental health treatment:	1 – 5 2	While co-location of SE service providers at provider clinics appears to support integration of rehabilitation and behavioral health services, factors such as staff turnover at both the agency and clinic level, as well as limitations imposed by individual contractual agreements present barriers to successful implementation. Lifewell staff reported that co-located ESs try to meet with each assigned clinical team once a week to deliver updates on their caseloads, as well as the status of any members receiving services from agency ESs not assigned to that clinic. One Lifewell staff described relationship building through regular attendance at clinical team meetings and frequent face-to-face contact with CMs and RSs to gain a	• ESs should attend full clinical team meetings weekly with the one or more assigned teams and participate as equal members of the treatment team. Rather than being consigned to updating the team on their caseloads alone, ESs should be expected to ask questions, provide input, and suggest SE services. • Evaluate whether ESs can be primarily assigned to up to two teams, with the majority of co-served members referred from those two teams. If ESs are assigned to more than two teams it may be difficult to fully participate in weekly meetings for

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			voice in treatment planning. Non-co-located staff reported attending one clinical team meeting monthly at two clinics. Staff said that a third provider clinic does not allow ESs to attend clinical team meetings due to HIPPA but they perform regular outreach to the members' CMs and RSs at that clinic. Similarly, monthly summaries for each client are faxed to all clinics, and other contact occurs by phone, email, or face-to-face staffings of individual members as needed. CMs and RSs interviewed at both co-located and non co-located clinics described recent turnover of ES staff as problematic. One clinic staff said that the past co-located ESs attended daily team meetings; sometimes staying for full meetings, and primarily reported on their caseloads; and had regular face-to-face contact with CMs and RSs. Staff at the non co-located clinic said a previous ES had engaged RSs in monthly phone staffings and faxed monthly summaries but that this dissipated over time. Staff said that Lifewell has not provided verbal or written updates in about six months. The record review showed that at co-located clinics, ESs attended clinical team meetings weekly or every other week. Records at non-co-located clinics showed few instances of ESs attending clinical team meetings or communicating with CMs or RSs in the 60 days preceding the review. Monthly summaries were present in the SE agency records and in some clinic records. The Reviewers observed a clinical team meeting covered by the EPC at Comunidad for the two vacant ES positions. The Clinical Coordinator,	each team. • System partners should explore opportunities for SE staff that are not co-located to have more participation and coordination for their co-served members. Optimally, SE staff should have access to clinic files. Ensure that monthly summaries provided to clinical teams clearly and accurately reflect services provided, member participation, progress toward employment goals, and plan for future action/needs. However, even with that level of detail, the summaries are not a replacement for integration. • Work with clinic staff to ensure ES staff have the opportunity to provide feedback for members facing difficulties as well as those members who do not require immediate attention. For example, in addition to reviewing members that require immediate attention, consider reviewing caseloads for specific staff or other approaches to ensure members are discussed. Clinic team meetings that focus primarily on members that require immediate attention may be a barrier to discussions of members who may benefit from SE services.

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			several CMs, an RS, and a Nurse attended the meeting; the Psychiatrist was not present. The EPC stayed for the full meeting and provided status updates on members receiving SE services. While the EPC contributed to discussions of a few members not receiving Lifewell SE services, a clear plan of action for SE engagement was not identified.	
2	Vocational Unit:	1 – 5 3	The ESs meet weekly with the EPC for group supervision. The supervision meeting observed by the Reviewers lasted for about 45 minutes. ESs reported briefly on cases, shared information on job fairs, and reported on employers who were hiring. There was no discussion of interventions, difficult cases, or interactions with clinical teams. The EPC also reviewed his retention caseload with the ESs. The EPC did not report on concerns brought to his attention by the clinical team in the integrated team meeting observed by the reviewers about a member's employment; it was not clear if the assigned ES had been made aware of those concerns. Although staff reported that they provide services for each other's cases, this appeared to consist primarily of covering for one another during time off or when the team is not fully staffed or providing transportation to job fairs. The reviewers saw no evidence in the record review of ESs providing services to each other's clients.	• Supervision meetings should be opportunities for learning and professional growth in service of members' employment outcomes. As the agency adds new ESs, consider structuring the meeting to include in depth presentations of challenging or successful cases that include an exploration of interventions applied, responses of members, resources obtained, and the involvement of the clinical team and other system partners. • As well as covering each other during vacations or periods of staff turnover, ESs should provide vocational services to each other's clients when it supports the desired employment outcome. Examples of services include an ES introducing a co-worker's client to an employer, conducting job site observations, role playing mock interviews, or providing transportation to and from a job interview. • Consider the benefits of the EPC carrying a small caseload (2 – 4 members) in which they are responsible for the full range of SE duties in order to continue to develop and refine their skills and allow time to mentor new ESs.

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3	Zero-exclusion criteria:	1 – 5 3	Clinic staff interviewed said members are ready to work when they express an interest in working and did not think substance use or homelessness should exclude members from employment. One clinic staff said that prescribers sometimes view work as a possible detriment to treatment, and another said that Vocational Rehabilitation Services (VR) does testing and assessments, sometimes determining a member is more suitable for work adjustment training (WAT). One member interviewed reported that prior to the referral to Lifewell, VR referred her to a WAT in order to learn job skills. The member said the WAT was unrelated to her employment goal and was not helpful. A member also reported that VR staff was very focused on the member's employment barriers as opposed to strengths and building confidence. All members interviewed however spoke very highly of Lifewell ESs for giving them hope and encouragement in their job search. Members described feeling supported and listened to, reporting no efforts to screen them out of work, delay their job search, or discourage them from their employment goal.	• Given the high turnover experienced by most clinical teams, system partners, including Lifewell, should regularly provide all members of the clinical team education and training in the evidence-based practice of Supported Employment, as well as its role in supporting recovery. • The system should make efforts to improve collaboration between clinical teams, VR, and supported employment programs with an emphasis on identifying differences in goals and philosophies, as well as areas of agreement respecting members' potential outcomes.
Services				
1	Ongoing, work – based vocational assessment:	1 – 5 4	Lifewell staff reported they use Vocational Profiles (VP) on an ongoing basis to learn about member needs and preferences, and guide job searches, although they were not located in most member records reviewed. Evidence was found in one record with progress notes showing shifts in the member's needs as well as an updated Lifewell treatment plan with a new job goal. Members interviewed expressed being very supported by Lifewell ESs in their employment goals, and	• Increase use of in vivo or environmental assessments that can be performed at all phases of the SE process. For example, an ES might accompany, support, and observe a member in a variety of work settings or interacting with potential employers. Some community assessment may vary according to the member's comfort with employer disclosure but could include: direct work place assistance to a newly employed

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			described receiving advocacy, guidance, and direct hands on assistance with resume writing, coaching for interviews, online job search, support at job fairs and assistance with connecting with potential employers in the community. Members interviewed described ESs are positive influences, who helped them build confidence, and learn how to articulate strengths in order to overcome employment challenges. However, one member reported feeling discouraged by a VR Counselor who only focused on the difficulty in finding employment given numerous personal barriers. The ember also indicated that clinic staff believed the member was too old to work.	member who is struggling to learn an unfamiliar task, obtaining feedback from a supervisor, or observing the member at work from a discreet distance. • Ensure the Vocational Profile is updated as members' statuses change.
2	Rapid search for competitive jobs:	1 – 5 4	Some clinic and agency staff interviewed noted the importance of engaging members in job search quickly in order to capitalize on their enthusiasm and maintain their motivation for finding employment. One agency staff said that clinic RSs can refer directly to Lifewell for SE, and when this happens ESs can assist members in beginning job search immediately. However, staff said that when members are first referred to VR, that agency's processes can create delays, as well as divert members into WAT programs. Further, one ES said that many clinical staff perceive that VR services are system mandated, leading to unnecessary delays in job search. Per a review of data provided by the agency on current members referred for job development and placement in the 12 months preceding the review, the average number of days between the SE program intake and first face-to-face employer contact was 44 days. One member made first face-to-face employer contact in as little as 4 days, while at the high end, one member had first employer contact	• Job search should begin "when the iron is hot"; this is usually when members first state they want employment. System partners should identify and reduce processes that delay engagement in competitive job search. Stakeholders at every system level should reinforce motivation and enthusiasm for work by focusing on member strengths, abilities, past accomplishments (including overcoming of barriers and hardship), and the positive outcomes associated with attaining competitive work.

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			at 197 days. When members are referred to VR or agency skills training (i.e.: culinary program, computer classes) competitive job search can be delayed several months. When asked by the reviewers how ESs helped them engage with employers face-to-face, members reported that this occurred at job fairs. Data provided on cases closed in the last six months showed that several that did not have a first employer contact, also did not have contact nor had little contact with the ES after the intake. Two members who did not have a first employer contact closed services in order to focus on completing a WAT program. Another case was closed about two months after intake with data indicating the member had declined three job fairs offered by the ES.	
3	Individualized job search:	1 – 5 5	Per a review of ten randomly selected member records and member interviews, Lifewell ESs support members in conducting job searches that reflect their stated preferences and needs. Some member job searches reflected an intention to find employment related to previous educational attainment or employment experience. For example, one member realized her goal of obtaining professional employment in an educational setting, while others found positions associated with earned vocational credentials such as a commercial drivers license or peer support certification. Other member job searches were less focused on a specific job type than on factors such as the environment/work setting or walking proximity to home or a public transportation route. A record showed that ESs will help members find employment in their areas of interest even when background issues present barriers to specific positions.	

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4	Diversity of jobs developed:	1 – 5 4	Of the 56 members currently enrolled in Lifewell SE services, eight were working in competitive positions developed in the last 12 months. One member appeared to be in a non-competitive position. Agency data listed two members at the same employer, reflecting just under 88% employer diversity. Job types included warehouse packing, food service worker, salesman, and teacher. Four jobs were found in behavioral health setting, and while peer support certification may have played a role in hiring, the job titles suggest variation of roles and responsibilities. For example, one member found a job as an Art Studio Assistance while another found a position as a Housing Specialist.	• Continue efforts to provide employment diversity for members, so that jobs types and employers are replicated less than 10% of the time.
5	Permanence of jobs developed:	1 – 5 5	Though employment data indicated that one member was working in a competitive, permanent job at a behavioral health provider, review of the member's record showed the member was actually involved in a WAT. Other records showed an ES offering members opportunities to apply for positions carved out specifically for people with disabilities. One staff interviewed indicated openness to suggesting seasonal work as a stepping stone to more permanent opportunities and to help clarify employment goals. One record showed that a recent past ES had suggested that a member apply for seasonal work through a temporary agency.	• Ensure that all jobs developed at Lifewell are permanent, competitive positions. • Avoid suggesting members apply for temporary or seasonal employment unless it is specifically requested by the member.
6	Jobs as transitions:	1 – 5 5	A review of member records showed that Lifewell ESs assist members with finding new job when old jobs end. They will also work with currently employed members to find new jobs. Staff interviewed said there is no reason why they would refuse to assist a member with finding a new job.	

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7	Follow-along supports:	1 – 5 4	Due to the program being short-staffed by three ESs, unless also engaged in a search for a new job, members receiving retention services were reassigned to the EPC. Records reviewed showed that in the past year ESs provided off-work site follow along support, meeting members at restaurants or the library, usually to provide support, encouragement, and problem solving. One record showed that an ES had contact with an employer related to job performance. Currently, it appears that less than half of members in retention receive follow along support. Some records showed check-in phone calls to members more than 30 days after the last contact made by a past ES. One clinic staff interviewed stated that ESs tended to focus on resume development and online job search and may not be trained to provide follow-along support, adding that ESs appeared to refer follow-along advocacy related duties back to the RS.	• ESs should be providing employed members with follow along supports. ESs should be checking in with working members at least monthly to assess needs and offer necessary services that support job retention. • Follow-along supports should be provided based on the member's preference. Ensure staff are revisiting whether members elect to disclose to employers, so that ESs can offer on-the-job support. Follow-along supports also includes supports to employers.
8	Community-based services:	1 – 5 4	Per the record review, vocational services were provided in the community just under 61% of the time. One ES provided the majority of services in the community while the other provided about half. Most of those community-based activities took the form of engagement and online job searches. ES typically met with members at restaurants or coffee shops, the library, or peer run agencies. Some ESs met with members at agency satellite locations, referred to as Hubs, but those were not counted as community locations. Staff and members interviewed also described some instances of ES taking them to job fairs, as well as ESs going to retail centers without them to inquire about positions on their behalf. Although, reviewers saw tables at the end of progress notes	• Lifewell ES should continue efforts to provide vocational services in the community at least 70% of the time. Rather than relying on quotas to guide location selection, community locations should have relevance to and enhance the job search. For example, an ES might meet with a member seeking a position in a professional office setting at the library to set up an email account and learn to use resources offered there. The next meeting might occur at a coffee shop or food court within an office plaza in order to observe professional dress and etiquette and perhaps interact with people who work there.

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			listing contacts with employers, most appeared to be online applications. As mentioned in Staffing 3, Vocational Generalist, the agency provided logs listing employer contacts, however they did not show employer contacts for the 30 and 60 days prior to the review for the current ESs. Reviewers only saw one note showing a community based employer contact by an ES, but that position was noncompetitive. The reviewers noted that in one record the ES referenced having a quota as to the number of community contacts that can occur in any one location. SE staff provided data for how the program tracks the percent of time ESs spend in the community. However, the data was based on 26 hours of available time, excluding activities such as meetings or time for ESs to enter notes, and not the total hours ESs worked. The EPC appeared to provide few, if any, services in the community.	• ES should clearly document community locations. Employer contacts in the community, with or without the member present, should be documented in the record to reflect what happened, who was engaged, and any next steps for follow up.
9	Assertive engagement and outreach:	1 – 5 3	SE staff reported 57 members were closed from SE services in the six months prior to review. About 40% of closures occurred between mid-September and November 1. Some data indicated that closures were upon clinical team recommendation due to psychosis or hospitalizations rather than member request. Lifewell staff reported that outreach begins after a couple of weeks of no contact/missed appointments with members. Staff said that outreach usually last about four weeks. According to the checklist provided by the agency, outreach begins with phone calls and missed appointment cards to the member during Weeks 1 and 2. If the member's phone is active or goes straight to voice mail, the ES outreaches the clinical team. The ES outreaches the clinical team again on Week 3, and, if no contact occurs, a	• Rather than imposing formal time limits on outreach, ESs should continue efforts to engage until such time as members have declined to begin or continue services or confirmed that they are no longer interested in employment. • ESs should use community-based engagement and outreach efforts; consider scheduling home visits, visits to day programs, and other community outreach with CMs or RSs. Outreach in the community may yield important information related to barriers to employment such as psychiatric or medical emergencies, housing instability, conflicts in family relationships, or loss of usual

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			Notice of Action letter is sent seven days later during Week 4. One staff member reported possibly delaying outreach if aware the member was going through a hard time. The record review showed that some ESs included texting a member and emails to the clinical teams in their outreach efforts as well as engaging one member's assigned foreign language interpreter. Although, one staff said they go by the member's house, the reviewers saw no evidence of this level of direct community based member outreach. Staff said they might outreach longer than four weeks if they know something about the client such as illness or if their phone is not working. In one case outreach efforts continued for just over two months after the last face to face contact with the member. However, in another record, no evidence was found of any outreach for nearly seven weeks after the last kept appointment. One record reviewed showed delays in contact with a member in retention of over 30 days. Some clinic staff interviewed said that turnover of Lifewell SE staff in the last several months seemed to affect communication between providers about member status.	means of transportation. • Periodically engage members in discussion about the benefits of involving informal supports in follow along support efforts. Informal supports can assist in outreach since they may know where to locate members or why they are missing appointments.
Total Score:		**60**		

SE FIDELITY SCALE SCORE SHEET		
Staffing	Rating Range	Score
1. Caseload	1 - 5	5
2. Vocational services staff	1 - 5	5
3. Vocational generalists	1 - 5	4
Organizational	Rating Range	Score
1. Integration of rehabilitation with mental health treatment	1 - 5	2
2. Vocational unit	1 - 5	3
3. Zero-exclusion criteria	1 - 5	3
Services	Rating Range	Score
1. Ongoing work-based assessment	1 - 5	4
2. Rapid search for competitive jobs	1 - 5	4
3. Individual job search	1 - 5	5
4. Diversity of jobs developed	1 - 5	4
5. Permanence of jobs developed	1 - 5	5
6. Jobs as transitions	1 - 5	5
7. Follow-along supports	1 - 5	4
8. Community-based services	1 - 5	4
9. Assertive engagement and outreach	1 - 5	3
Total Score		**60**
Total Possible Score		**75**