

Cross-Site Program Measure

Employment Intervention Demonstration Program

Center for Mental Health Services
Substance Abuse & Mental Health Services Administration

Section I: Program and Respondent Information

This instrument is a measure of EIDP program characteristics for both experimental and control conditions at your site. Please see the Documentation Manual for instructions on completing this form, and then answer the following questions. THANK YOU!

Site: (circle one) AZ ME MD CT MA PA SC TX

Program Type: (circle one) Control Experimental Experimental #2

Official Name of Program: _____

Program Model Used (if any): _____

What month and year are you using to answer the following questions? (See Documentation Manual for instructions on selecting this time period.)

Month: _____ **Year:** _____

Your Name: _____

Your Title: _____

Please give a brief description of your job or role in the program you named above:

Your telephone number: _____ Your Email: _____

Section II: Vocational Program Staff

1) Please indicate the number of staff employed in the vocational program *at the time period you just chose*. Please report staff by total number of individuals and number of full-time equivalents (FTEs). See the Documentation Manual for definitions.

a. Vocational staff: _____ (total number) _____ (FTE)

b. Non-vocational staff: _____ (total number) _____ (FTE)

c. Support staff (i.e. secretaries, receptionists or administrative assistants) for vocational services : _____ (total number) _____ (FTE)

2) Use the key to Question #2 in the Documentation Manual to complete the following columns (items A-E) for each of the vocational staff in the vocational program (indicated in #1a, above). If it makes it easier to keep track, please feel free to put names or initials in the “staff person #” boxes below. If you have more than 25 people to report on, please copy the next page or contact UIC for additional pages.

<i>For each staff person identified to the right, please use the key in the manual to indicate:</i>	Vocational Staff Person #1	Vocational Staff Person #2	Vocational Staff Person #3	Vocational Staff Person #4	Vocational Staff Person #5
A. Race/ethnicity	a b c d e	a b c d e	a b c d e	a b c d e	a b c d e
B. Education level	a b c d e f g h i j	a b c d e f g h i j	a b c d e f g h i j	a b c d e f g h i j	a b c d e f g h i j
C. Prior VR work experience?	Yes No	Yes No	Yes No	Yes No	Yes No
D. Prior MH work experience?	Yes No	Yes No	Yes No	Yes No	Yes No
E. Activities performed in program (circle all that apply)	a b c d e f g h i j k l m n o p q r s t u v	a b c d e f g h i j k l m n o p q r s t u v	b c d e f g h i j k l m n o p q r s t u v	a b c d e f g h i j k l m n o p q r s t u v	a b c d e f g h i j k l m n o p q r s t u v

<i>For each staff person identified to the right, please use the key in the manual to indicate:</i>	Vocational Staff Person #6	Vocational Staff Person #7	Vocational Staff Person #8	Vocational Staff Person #9	Vocational Staff Person #10
A. Race/ethnicity	a b c d e	a b c d e	a b c d e	a b c d e	a b c d e
B. Education level	a b c d e f g h i j	a b c d e f g h i j	a b c d e f g h i j	a b c d e f g h i j	a b c d e f g h i j
C. Prior VR work experience?	Yes No	Yes No	Yes No	Yes No	Yes No
D. Prior MH work experience?	Yes No	Yes No	Yes No	Yes No	Yes No
E. Activities performed in program (circle all that apply)	a b c d e f g h i j k l m n o p q r s t u v	a b c d e f g h i j k l m n o p q r s t u v	b c d e f g h i j k l m n o p q r s t u v	a b c d e f g h i j k l m n o p q r s t u v	a b c d e f g h i j k l m n o p q r s t u v

<i>For each staff person identified to the right, please use the key in the manual to indicate:</i>	Vocational Staff Person #11	Vocational Staff Person #12	Vocational Staff Person #13	Vocational Staff Person #14	Vocational Staff Person #15
A. Race/ethnicity	a b c d e	a b c d e	a b c d e	a b c d e	a b c d e
B. Education level	a b c d e f g h i j	a b c d e f g h i j	a b c d e f g h i j	a b c d e f g h i j	a b c d e f g h i j
C. Prior VR work experience?	Yes No	Yes No	Yes No	Yes No	Yes No
D. Prior MH work experience?	Yes No	Yes No	Yes No	Yes No	Yes No
E. Activities performed in program (circle all that apply)	a b c d e f g h i j k l m n o p q r s t u v	a b c d e f g h i j k l m n o p q r s t u v	b c d e f g h i j k l m n o p q r s t u v	a b c d e f g h i j k l m n o p q r s t u v	a b c d e f g h i j k l m n o p q r s t u v

<i>For each staff person identified to the right, please use the key in the manual to indicate:</i>	Vocational Staff Person #16	Vocational Staff Person #17	Vocational Staff Person #18	Vocational Staff Person #19	Vocational Staff Person #20
A. Race/ethnicity	a b c d e	a b c d e	a b c d e	a b c d e	a b c d e
B. Education level	a b c d e f g h i j	a b c d e f g h i j	a b c d e f g h i j	a b c d e f g h i j	a b c d e f g h i j
C. Prior VR work experience?	Yes No	Yes No	Yes No	Yes No	Yes No
D. Prior MH work experience?	Yes No	Yes No	Yes No	Yes No	Yes No
E. Activities performed in program (circle all that apply)	a b c d e f g h i j k l m n o p q r s t u v	a b c d e f g h i j k l m n o p q r s t u v	b c d e f g h i j k l m n o p q r s t u v	a b c d e f g h i j k l m n o p q r s t u v	a b c d e f g h i j k l m n o p q r s t u v

<i>For each staff person identified to the right, please use the key in the manual to indicate:</i>	Vocational Staff Person #21	Vocational Staff Person #22	Vocational Staff Person #23	Vocational Staff Person #24	Vocational Staff Person #25
A. Race/ethnicity	a b c d e	a b c d e	a b c d e	a b c d e	a b c d e
B. Education level	a b c d e f g h i j	a b c d e f g h i j	a b c d e f g h i j	a b c d e f g h i j	a b c d e f g h i j
C. Prior VR work experience?	Yes No	Yes No	Yes No	Yes No	Yes No
D. Prior MH work experience?	Yes No	Yes No	Yes No	Yes No	Yes No
E. Activities performed in program (circle all that apply)	a b c d e f g h i j k l m n o p q r s t u v	a b c d e f g h i j k l m n o p q r s t u v	b c d e f g h i j k l m n o p q r s t u v	a b c d e f g h i j k l m n o p q r s t u v	a b c d e f g h i j k l m n o p q r s t u v

- 3) Think of all the staff hired in each year of the vocational program’s operation, and complete the following table. ***Please note this question is an exception in that it does not refer to the single month time period used in other questions.***

In the vocational program...	Year 1		Year 2		Year 3		Year 4	
	Full time	Part time	Full time	Part time	Full time	Part time	Full time	Part time
A. How many vocational staff people were already employed at the start of each year								
B. How many vocational staff did you hire (each year)								
C. Subtotal (A+B) here								
D. How many vocational staff left the program (each year)								
E. How many non-vocational staff people were already employed at the start of each year								
F. How many non-vocational staff did you hire (each year)								
G. Subtotal (E+F) here								
H. How many non-vocational staff left the program (each year)								

- 4) Please estimate the racial/ethnic breakdown of all the staff (both vocational and non-vocational) who have ever worked for this vocational program (from program start to finish or current time). ***Please note that this question is an exception in that it does not refer to the single month time period used in other questions.***

	Estimate Percent
(a) African American	
(b) Latino/a or Hispanic	
(c) White, non-Hispanic	
(d) Asian, Pacific Islander	
(e) Other	
Total	100%

8) How frequently do vocational staff in this vocational program meet with each other?

(choose one)

- a. no regularly scheduled meetings
- b. meetings are scheduled to be held less than once a month
- c. meetings are scheduled to be held once a month
- d. meetings are scheduled to be held more than once a month, but not every week
- e. meetings are scheduled to be held weekly
- f. meetings are scheduled to be held more than once a week, but not every day
- g. meetings are scheduled to be held daily or more often

Section III: Vocational Program Characteristics

9) Does this vocational program include staff who are certified, licensed or specially trained to perform any of the following roles? Be sure to read the Documentation Manual section on this question before completing it in order to understand what is meant here by “on staff”.

Does your vocational program have a...	(circle one)	
a) Psychiatrist on staff?	Yes	No
b) Nurse on staff?	Yes	No
c) Clinical psychologist on staff?	Yes	No
d) Occupational therapist on staff?	Yes	No
e) Case worker or case manager on staff?	Yes	No
f) Substance abuse specialist on staff?	Yes	No
g) Consumer aide on staff?	Yes	No
h) Rehabilitation professional on staff?	Yes	No
i) Other direct service staff (e.g. generalists)? If yes, please specify their role(s) here:	Yes	No
	↻	
j) Other? If yes, please specify their role(s) here:	Yes	No
	↻	

10) Typically, how many hours per week are vocational services available to clients in this vocational program, Monday through Friday?

_____ (hours per week)

11) Typically, how many hours per month are vocational services available in this vocational program, on weekends (Saturday and/or Sunday)?

_____ (hours per month)

12) Is it the policy of the vocational program to have staff who are able to address vocational issues (not necessarily vocational staff) available or on-call to clients 24 hours per day, 7 days per week?

1. Yes 2. No

13) How often do regularly scheduled meetings occur between individual vocational staff and their supervisor(s) (one-on-one) in which the focus is on the care and vocational treatment of clients?

(choose one)

- a) daily (5 times a week)
- b) 2-4 times a week
- c) weekly
- d) less than once a week

14) How often do regularly scheduled meetings occur between groups of vocational staff and their supervisor(s) in which the focus is on the care and vocational treatment of clients?

(choose one)

- a) daily (5 times a week)
- b) 2-4 times a week
- c) weekly
- d) less than once a week

15) Does this vocational program have peer-to-peer (peer controlled) services that deal explicitly with vocational issues?

1. Yes 2. No

16) If yes to #15, which of the following describe these services? *(circle all that apply)*

- | | |
|---|--|
| a) services provided by peers
in paid positions | b) services provided by peers
in unpaid positions |
| c) scheduled (e.g. consumer-run support
group or peer counselor session) | d) not scheduled |
| e) one-on-one | f) group |

17) Does this program have peer-to-peer (peer controlled) services that deal with general (non-vocational) issues?

1. Yes 2. No

18) If yes to #17, which of the following describe these services? *(circle all that apply)*

- | | |
|---|--|
| a) services provided by peers
in paid positions | b) services provided by peers
in unpaid positions |
| c) scheduled (e.g. consumer-run support
group or peer counselor session) | d) not scheduled |
| e) one-on-one | f) group |

19) Does this vocational program use a standardized vocational assessment package or any standardized instruments in vocational assessment prior to job seeking activities?

1. Yes 2. No

20) Which of the following most closely describes the vocational program's usual vocational procedure in its actual work with clients? *(choose one)*

- a) strong efforts for immediate job placement
- b) standardized, vocationally related needs or skills assessment (including cognitive assessment), then job placement
- c) skills training, then job placement
- d) prevocational activities, then job placement
- e) job in program, then job in community
- f) temporary work, then permanent work

21) Considering all the priorities of the vocational program, what is the relative importance of the encouragement of family involvement in your vocational program's actual work with clients? (choose one)

- a) primary importance
- b) moderate importance
- c) lesser importance

22) Considering all the priorities of the vocational program, what is the relative importance of the enhancement of natural social support (other than family)? (choose one)

- a) primary importance
- b) moderate importance
- c) lesser importance

23) Which of the following best describes how much (if at all) state vocational rehabilitation (VR) counselors are involved with this vocational program? (choose one)

- a) the VR counselor has no contact with the vocational staff OR the agency does not refer consumers to State VR
- b) program refers clients to VR and monitors clients' status in the VR system
- c) the VR counselor attends regularly scheduled meetings to get updates on client progress but is not involved in treatment planning, decision-making, or referrals
- d) the VR counselor is involved in treatment planning, attends team meetings, involved in decision-making, and makes referral recommendations

24) What proportion of clients are open VR cases at the same time as being participants in the EIDP vocational program being described?

_____ % (estimate a percent)

25) Does VR purchase services from this vocational program?

1. Yes 2. No

26) How often is consumer work absence coverage provided by this vocational program?

- a) routinely b) sometimes c) rarely/never

27) If you answered “routinely” or “sometimes” to #26, who usually provides this coverage?
(circle all that apply)

- a) other clients/program consumers
- b) staff
- c) other (specify): _____

28) For each of the following strategies, please indicate whether it is used routinely, sometimes, or rarely/never with clients who have disengaged from the vocational program without positive outcomes, for the purpose of re-engaging clients in the vocational program or vocational services.

(Place a checkmark or X in the appropriate box)

Type of Strategy	Routinely	Sometimes	Rarely/Never
Mail			
Telephone calls with staff			
Telephone calls with program consumers			
Community visits with staff			
Community visits with program consumers			
No strategy is used			
Other strategy: (specify)			

29) Which of the following best describes how long the vocational program intends (or intended) to serve each consumer who enrolls?

- a) time unlimited (for as long as the client wants services and the program is in operation, the client will always be served, regardless of their service needs or vocational status (working or not)) → skip to Question #31
- b) time limited

30) If you answered b in #29 (time limited), please describe the nature of the limitation (e.g., a specified time period, job placement, transition to another program, etc.):

31) For which of the following reasons can a vocational program client's case be closed regardless of his/her wishes (meaning that if a client expressed a wish regarding their case status, it would be disregarded)?

(circle all that apply)

- a) Non-participation/no program contact
- b) Refusal of recommended vocational services
- c) Refusal of recommended clinical services (including medications)
- d) Substance abuse
- e) Threatening/assaultive behavior
- f) Uncooperative behavior
- g) Lengthy hospitalization
- h) Lengthy incarceration
- i) Serious illness/physical incapacity
- j) Severe psychiatric symptomatology
- k) Severe cognitive impairment
- l) Receipt of duplicative services elsewhere
- m) Client's language not spoken by staff
- n) Client has expressed desire not to work
- o) Other (specify): _____

32) In this vocational program, how is consumer satisfaction assessed (not including the EIDP Common Protocol measure of Consumer Satisfaction):

(check all that apply)

- a) formally
- b) informally
- c) not assessed

33) Does the vocational program have a continuous quality improvement (CQI) team or program?

1. Yes 2. No

Please answer the following questions (#34-40) about the auspice agency identified in Chart A in the Documentation Manual.

34) Does the vocational program you are describing have an auspice agency (anything larger than your EIDP program) indicated in the second column of Chart A in the Documentation Manual?

1. Yes 2. No (*skip to Question #41*)

35) Please indicate the size of this auspice agency in terms of:

- c) Number of clients served per year _____
c) Number of staff _____
c) Annual budget _____

36) From each of the following pairs of descriptions, choose the item that best describes this auspice agency:

(choose one item from each pair)

- a) free-standing or not free-standing (*circle one*)
b) $\geq 50\%$ government funded or $< 50\%$ government funded (*circle one*)
c) university affiliated or not university affiliated (*circle one*)
d) hospital affiliated or not hospital affiliated (*circle one*)
e) non-profit agency or for-profit agency (*circle one*)

43) Which of the following forms of governance, if any, best describe this decision-making entity for the vocational program? If none, please indicate "other" and give a brief description or the entity's actual name (only after checking with your site's research staff).

(circle one)

- a) governing board or board of directors (self-explanatory)
- b) executive committee (perhaps composed of all managers or senior staff, etc.)
- c) planning committee or team (sometimes includes representatives from all levels of the organization)
- d) continuous quality improvement team (self-explanatory)
- e) consumer/client council (typically a body of clients who elect representatives (to a higher governing body)) who may influence policy
- f) steering committee
- g) community advisory committee or board
- h) Clubhouse Member policy meetings
- i) Other (specify): _____

44) Please indicate whether this entity has any influence over decision-making in each of the following areas of the vocational program:

(Answer Yes or No to each item)

- | | | |
|------------------------------------|--------|-------|
| a) How money is spent | 1. Yes | 2. No |
| b) Programming/services offered | 1. Yes | 2. No |
| c) Hiring staff | 1. Yes | 2. No |
| d) Program evaluation | 1. Yes | 2. No |
| e) Agency organizational structure | 1. Yes | 2. No |

45) Please describe the composition of this vocational program decision-making entity, in terms of numbers of people in each of the following categories, or by percent if you need to estimate (people can fit into more than one category, so these are not exclusive):

	Number	Approximate percent
a) Total number of people		100%
b) Number of consumer(s)/survivor(s)		
c) Number of family members of consumers served by this vocational program		
d) Number of family members of consumers not served by this vocational program		

46) What was the vocational program staff’s understanding of how long the program would last beyond the period of CMHS funding **during the reference month that you’ve been answering most questions about** (even if it turned out to be inaccurate)? Did the staff of this vocational program think that it would continue to serve clients beyond the period of CMHS funding?

(choose one)

- a) Yes, with no modifications
- b) Yes, but with modifications
- ⇓
- ⇓
- d) No, did not think program would continue past CMHS funding
- e) staff were not told anything/staff had no clear understanding
- f) Don’t know

46a) If you answered b to #45 (“Yes, but with modifications”), please describe how your program was going to change after CMHS funding ended. Please be sure to mention changes in type of clients served, type of services offered, and/or vocational staff:

47) Now, **thinking about today** (the day you are completing this questionnaire), is your EIDP vocational program currently serving clients beyond the period of CMHS funding, or is it planning to do so?

(choose one)

a) Yes, with no modifications

c) No

b) Yes, but with modifications

d) Still under negotiation/being decided



e) Don't know



47a) If you answered b to #47 (“Yes, but with modifications”), please describe how your program will change, or has already changed. Please be sure to mention changes in type of clients served, type of services offered, and/or vocational staff:

Your Signature: _____

Today's Date: ____/____/____

