COMMUNITY SUPPORT EVALUATION: SUPPORTED EMPLOYMENT
BIANNUAL PROGRAM INVENTORY (BPI)—SE VERSION

Description: This bi-annual survey is a cumulative inventory designed to catalogue grant supported infrastructure development and direct services offered as part of the supported employment program. Each administration of the inventory asks you to think back over the previous two-quarters of your grant funding. The BPI is designed to catalogue on a bi-annual basis: (1) State level planning and development, (2) State level infrastructure and activity implementation, (3) Local implementation site level planning and development, (4) Local implementation site level infrastructure and activity implementation, and (5) Local implementation site level job development and placement

This survey will be completed at the State program level. To complete Parts 4-6 you will need to get input from both of your local implementation sites. This inventory is estimated to take 45-60 minutes to complete after data has been collected for the first entry, and subsequent entries are estimated to take about 30 minutes.

Privacy: The information that you provide via this online inventory will be kept private except as otherwise required by law. No identifying information is requested as part of the inventory. The information that we report to SAMHSA will not contain any identifying information and your name will not be used in any reports about this evaluation.

Benefits: The research involves no prospect of direct benefit to individual respondents, but is likely to yield generalizable knowledge that could be relevant to the consumers of the supported employment program and in the field.

Risks: Completion of this inventory poses few, if any, risks to you. You may choose to cease input of information at any time or not answer a question, for whatever reason.

Contact information:

If you have any questions about this study, please contact:
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Instructions:
Please identify the type of infrastructure development and planning and activities you wish to add to the inventory. For each item you add you will be asked a series of follow up questions. If you have multiple entries under a category you will need to respond to the follow up questions separately for each entry. For example if you have 5 partnerships complete the follow up questions separately for each of these 5 partnerships.

For Parts 4-6 which address activities at the local implementation site level, you are asked to respond to the question at least once for each local implementation site.

Please enter only items that are completed or in an on-going phase. Do not enter items that are in a planning phase.

PLEASE CONFIRM THE NAMES OF YOUR TWO COMMUNITY IMPLEMENTATION SITES:

1)

2)

WHAT IS THE TITLE OF YOUR SAMHSA-FUNDED PROJECT?

1)

PARTS 1 and 2 to be completed by the state

PART 1: STATE LEVEL - PLANNING AND MONITORING

Please provide information on the activities of your Support Employment Coordinating Committee and the measures you use to demonstrate the effectiveness and cost-effectiveness of your supported employment project.

- **Supported Employment Coordinating Committee**

   The Supported Employment Coordinating Committee is the committee convened to coordinate activities across state departments and consult on statewide infrastructure measures.

   1. What do you call this committee?

   2. Please confirm the name, organization, and role, in their organization, of each member of your Supported Employment Coordinating Committee. *(For the first inventory, members will be pre-filled from the grantee's application.)*

NAME	ORGANIZATION	ROLE

   3. Has this committee completed the following activities:

      - Identify new and modify existing state policies that support [NAME OF PROJECT]

      - Identify and secure funding sources that will sustain [NAME OF PROJECT] services

      - Identify large business employers to participate in [NAME OF PROJECT] efforts

      - Provide performance standard and quality assurance process consultation

      - Provide training curricula and delivery consultation

      - Engage in workforce development activities to increase qualified providers of [NAME OF PROJECT] services and supports

      - Review evaluation process and outcome data from local community sites to recommend improvements to program quality and to apply lessons learned to training, policy, and other infrastructure activities across the state

- Other (please describe): _____

4. Was this component of your project implemented or utilized during the past two-quarter reporting period?

- Yes

- No

- **Demonstrating Effectiveness and Cost-Effectiveness of Supported Employment Services**

Please indicate the information you use as a state to demonstrate the effectiveness and cost-effectiveness of your supported employment project (e.g., "wages received in the past quarter by consumers who have obtained competitive employment" or "costs per client during the initial year of service").

Respond to this question for each major measure you collect to demonstrate the effectiveness and cost-effectiveness of supported employment services under [NAME OF PROJECT]. This question is open ended so grantees can indicate what data they are collecting to demonstrate effectiveness and cost-effectiveness; there are no prescribed measures. You do not need to enter measures reported through the Common Data Platform (CDP).

1. What is the name of this measure? (give it a two to three word title)

2. How do you define this measure? (i.e., what are you counting? what is the unit of measure?)

3. What was the most recent result reported for this measure?

4. What was the date of this reported result?

PART 2: STATE LEVEL – INFRASTRUCTURE AND ACTIVITY IMPLEMENTATION

For each item, enter the number of activities you have implemented and complete the follow up questions for each activity. For example if you have worked to achieve 5 policy changes, you are asked to complete the set of questions 5 times (once for each change).

- **Development of State-Level Policies, Procedures, and Processes to Support Service System Improvements**

Enter any policies/procedures/processes that you have worked to change at the state-level.

1. What is the name of the state-level policy/procedure/process development or change?

2. Was this a legislative or non-legislative change?

3. Was this a new policy or modification to existing?

4. Please describe the modification and the expected impacts of this modification.

5. Was this component of your project implemented or utilized during the past two-quarter reporting period?

- Yes

- No

- **Funding for Sustainability (planned and secured)**

We want to understand all possible funding streams you are exploring. Please include funding that has been secured and funding that you are currently developing/pursuing.

1. What is the name of the source of this funding stream?

2. What is the source of this funding?

3. Please describe how you plan to secure and maintain this funding stream?

4. Was this funding authorized/secured during the past two-quarter reporting period?

   - Yes

   - No

- **Statewide Supported Employment Workforce Development**

Enter all state-level workforce development activities that have been implemented due to this grant.

During your first inventory you will enter the number who participated in this activity, during each subsequent inventory you will need to update these numbers to the include participants to-date.

2. What is the name of the statewide workforce development activity?

3. Please categorize this activity:

   - In-person training

   - Virtual training (i.e. webinar)

   - Web-based training

   - On-going coaching

   - Support for credentialing or accreditation

   - Other (please describe): _____

4. Who participates in this workforce development activity? (select all that apply)

   - Employment specialists

   - Peer support staff

   - Benefits counselors

   - Job coaches

   - Occupational therapists

   - Trainers

   - Job developers

   - Behavioral health service providers

   - Employers

   - Other (please describe): _____

5. To-date how many people have participated in this statewide workforce development activity?

6. Is this a permanent training program?

   - Yes

- No

7. How else has the state developed a statewide supported employment workforce under [NAME OF PROJECT]?

8. Was this component of your project implemented or utilized during the past two-quarter reporting period?

   - Yes

   - No

- **State-level Cross-System Activities to Support or Enhance Supported Employment Services**

Enter all cross-system activities (e.g., a cross-training coordinated with the state Department of Corrections) implemented statewide that were intended to support or enhance supported employment services. These activities may have appeared in your initial strategic sustainability plan or been added later.

During your first inventory you will enter the number who participated in this activity, during each subsequent inventory you will need to update these numbers to the include participants to-date.

1. What is the name of the activity?

2. Please describe this activity:

3. Who participates in this activity? (select all that apply)

   - State Department of Mental Health & Addiction Services/local affiliated public agencies (including Local Mental Health Agencies)

   - State Office of Rehabilitation/local affiliated public agencies

   - State Department of Health/local affiliated public agencies

   - Hospitals/local health and behavioral health providers

   - State Department of Social Services/local affiliated public agencies

   - State Department of Corrections/local affiliated public agencies

   - State Department/Board of Education

   - Education & training providers

   - State Department of Workforce Services/local affiliated public agencies

   - Business and industry associations, including employers

   - State Department of Commerce/local affiliated public agencies

   - State Veterans Administration/local affiliated public agencies

   - Advocacy/consumer-run organizations

   - Other (Please specify):
     _____

4. How many people have participated in this activity?

5. Is it in-person or virtual? Or both?

   - In-person

- Virtual

6. Please list at least one indicator that this activity has been successful

7. Was this component of your project implemented or utilized during the past two-quarter reporting period?

   - Yes

   - No

PART 3: STATE LEVEL - IMPLEMENTATION SITE SUPPORT AND MONITORING

- **Support for Community Implementation Sites**

Enter each of the support activities you (at the state level) have provided to your community implementation sites to assist implementation of their supported employment program.

1. What is the name of this support activity?

2. Please categorize this activity:

   - Develop training curricula

   - Deliver training curricula

   - Technical assistance

   - Connect sites to existing training/consultant

   - Fidelity checks

   - Ongoing guidance

   - Other (please describe): _____

3. Was this component of your project implemented or utilized during the past two-quarter reporting period?

   - Yes

   - No

- **Quality Assurance at Local Implementation Sites**

Enter and describe the quality assurance activities for delivery of supported employment services that you require for each local implementation site.

1. What is the name of the quality assurance activity?

2. What performance standard does this activity address?

   - Fidelity to evidence-based supported employment model (i.e., the IPS model)

   - Adherence to state expectations for the project

   - Involvement of culturally and linguistically diverse persons with lived experience in the local implementation sites' service planning, delivery, and evaluation

   - Other (please describe): _____

4. Please describe this quality assurance activity.

5. Was this component of your project implemented or utilized during the past two-quarter reporting period?

    - Yes

    - No

PARTS 4-6 to be completed with information from the implementation sites.

THIS SECTION WILL BE PROGRAMMED TO REPEAT FOR EACH PARTNER.

PART 4: IMPLEMENTATION [NAME OF PARTNER] - PLANNING AND DEVELOPMENT

- **Increase in Local Site Staff to Implement Supported Employment Project (including peers)**

Report any increase in staff due specifically to the supported employment project. During your first inventory you will enter the number already hired, during each subsequent inventory you will need to update the number to include those hired placed to-date.

1. Did the staffing level increase specifically for the implementation of [NAME OF PROJECT]?

    - Yes

    - No

2. If yes, by how many FTE?

3. Was this component of your project implemented or utilized during the past two-quarter reporting period?

    - Yes

    - No

- **Involvement of Persons with Lived Experience**

Describe the ways in which you have involved culturally and linguistically diverse persons with lived experience. Explain how you have ensured that they have been involved in all phases of service planning, delivery, and evaluation.

1. Who are you involving? (select all that apply)

    - Consumers/Peers/People in recovery

    - Family members

2. What are they involved with?

    - Program/service design/development/planning

    - Implementation

    - Evaluation

    - Delivery Employment Services

3. Was this component of your project implemented or utilized during the past two-quarter reporting period?

    - Yes

- No

PART 5: IMPLEMENTATION SITE LEVEL - INFRASTRUCTURE AND ACTIVITY IMPLEMENTATION

- **Recruitment**

Report how many consumers have been enrolled in the program. During your first inventory you will enter the number already enrolled, during each subsequent inventory you will need to update the number to include those enrolled to-date.

1. How many consumers to date have been enrolled in the [name of proejct]?

- **Outreach and Engagement of Potential Participants**

Report the outreach and engagement activities you have implemented to enroll consumers at sites. Include the products you have developed and events you attend or organize in order to meet and bring in new program participants.

1. What is the name of the outreach and engagement strategy?

2. What outreach and engagement are you implementing to bring consumers to the program?

    - Products, describe:

    - Events, describe:

3. Was this component of your project implemented or utilized during the past two-quarter reporting period?

    - Yes

    - No

- **Staff Training/Coaching on Work and Supported Employment**

Describe the trainings/coaching you have completed with your staff.

1. What is the name of the activity?

2. Please describe this training/coaching

3. Who is being trained/coached? (select all that apply)

    - Employment specialists/ Job coaches

    - Employment Supervisors

    - Peer support staff

    - Benefits counselors

    - Occupational therapists

    - Trainers

    - Job developers

    - Behavioral health service providers

    - Employers

- Other local agencies

- Other (please describe): _____

4. How many people have been trained/coached through this activity?

5. Is it in-person or virtual? Or both?

6. Was this component of your project implemented or utilized during the past two-quarter reporting period?

  - Yes

  - No

- **Integration of Supported Employment with Other Behavioral Health Services**

Report ways in with you have integrated supported employment services with other behavioral health services, such as cognitive remediation therapy and other forms of treatment that support recovery and resiliency.

1. What is the name of the integration strategy?

2. What behavioral health service does this strategy integrate supported employment services with?

3. Please describe this strategy

4. Please list at least one indicator that this strategy has been successful (i.e., a change you have observed that was an intended consequence of the integration strategy)

5. Was this component of your project implemented or utilized during the past two-quarter reporting period?

  - Yes

  - No

PART 6: IMPLEMENTATION SITE LEVEL - JOB DEVELOPMENT/PLACEMENT

Please enter/update the number of consumers that have obtained competitive employment. During your first inventory you will enter the number placed, during each subsequent inventory you will need to update these numbers to the include persons placed to-date.

- **Job Development/Employment**

1. To-date how many unique consumers were seen by employment specialists?

2. To-date how many unique consumers have obtained competitive employment (at least one placement) as a result of [NAME OF PROJECT]?

3. To-date how many unique employers have you matched a consumer with as a result of [NAME OF PROJECT]?

4. What are the industries of this employers? [Select all that apply]

  - Natural resources and mining

  - Construction

  - Manufacturing

  - Trade, transportation, and utilities (including retail)

- Information services

- Financial services

- Professional and business services

- Education and health services

- Leisure and hospitality (including food service

- Public administration

- Other (please describe): _____

5. What types of jobs have the consumers obtained? [Select all that apply]

- Management (e.g. operations managers, social service managers, emergency management directors)

- Business and financial operations (e.g. claims adjuster, human resource worker, budget analyst)

- Computer and mathematical (e.g. computer and information analyst, statisticians, computer support)

- Architecture and Engineering (e.g. engineer, drafter, surveyor)

- Life, physical, and social science (e.g. forester, chemist, psychologist, nuclear technician)

- Community and social service (e.g. counselors, social work, clergy, community health work)

- Legal (e.g. lawyer, court reporter, paralegal)

- Education, training, and library (e.g. teacher, adult education instructor/trainer, librarian)

- Arts, design, entertainment, sports, and media (e.g. designer, athlete, musician, writer, photographer)

- Healthcare practitioners and technical (e.g. physical therapist, nurse, dental hygienist)

- Healthcare support (e.g. home health aide, medical assistant, pharmacy aides)

- Protective service (e.g. firefighters, corrections officers, lifeguard, security guard)

- Food preparation and serving (e.g. cook, dishwasher, host/hostess, food prep)

- Building and grounds cleaning and maintenance (e.g. janitor, landscaping, grounds maintenance)

- Personal care and service (e.g. usher, barber, manicurist, bellhop, personal care, child care worker)

- Sales and related (e.g. cashier, retail sales, telemarketer)

- Office and administrative support (e.g. telephone operator, payroll/timekeeping clerk, dispatchers)

- Farming, fishing, and forestry (e.g. agricultural equipment operator, conservation worker)

- Construction and extraction (e.g. carpenter, construction laborer)

- Installation, maintenance, and repair (e.g. auto body repair, machine mechanics, commercial driver)

- Production (e.g. baker, assembler/fabricator, machinist)

- Transportation and material moving (e.g. bus driver, flight attendant, crane operator)