

EVIDENCE-BASED  
PRACTICES

**KIT**

Knowledge Informing Transformation

# Evaluating Your Program

## Supported Education

---

A Promising Practice



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)





# Evaluating Your Program

## Supported Education

---

A Promising Practice

## Acknowledgments

This document was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) by Karen V. Unger, Ph.D., Rehabilitation Through Education, Portland, Oregon, under contract number P233200500802P and Westat under contract number 270-03-6005 with SAMHSA, U.S. Department of Health and Human Services (HHS). Marian Scheinholtz served as the SAMHSA Government Project Officer.

## Disclaimer

The views, opinions, and content of this publication are those of the authors and contributors and do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), SAMHSA, or HHS.

## Public Domain Notice

All material appearing in this document is in the public domain and may be reproduced or copied without permission from SAMHSA. Citation of the source is appreciated. However, this publication may not be reproduced or distributed for a fee without the specific, written authorization from the Office of Communications, SAMHSA, HHS.

## Electronic Access and Copies of Publication

This publication may be downloaded or ordered at <http://store.samhsa.gov>. Or, please call SAMHSA at **1-877-SAMHSA-7** (1-877-726-4727) (English and Español).

## Recommended Citation

Substance Abuse and Mental Health Services Administration. *Supported Education: Evaluating Your Program*. HHS Pub. No. SMA-11-4654, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2011.

### Originating Office

**Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Rockville, MD 20857**

HHS Publication No. SMA-11-4654  
Printed 2011

## Evaluating Your Program

*Evaluating Your Program* shows quality assurance team members how to evaluate the effectiveness of Supported Education. It includes the following:

- A Readiness Assessment;
- The Supported Education Fidelity Scale; and
- Outcome measures that are specific to Supported Education.

You will also find instructions for conducting assessments and tips on how to use the data to improve your program.

## Supported Education

---

A Promising Practice

This KIT is part of a series created by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

This booklet is part of the Supported Education KIT that includes a CD-ROM and seven booklets:

**How to Use the KITs**

**Getting Started with Evidence-Based  
and Promising Practices**

**Building Your Program**

**Training Frontline Staff**

**Evaluating Your Program**

**The Evidence**

**Using Multimedia to Introduce Your Promising Practice**

## What's in *Evaluating Your Program*

Why Evaluate Supported Education? .....	1
Conduct a Readiness Assessment .....	5
Conduct a Process Assessment .....	7
Monitor Outcomes .....	13
Use Data to Improve Supported Education .....	21
Appendix A: Cover Sheet—Supported Education Fidelity Scale .....	27
Appendix B: Supported Education Fidelity Scale and Scoresheet .....	31
Appendix C: Supported Education Fidelity Scale Protocol .....	43
Appendix D: Outcomes Report Form .....	73
Appendix E: Instructions for the Outcomes Report Form .....	77
Appendix F: Assessor Training and Work Performance Checklist .....	85

# Supported Education

---

A Promising Practice



## Evaluating Your Program

### Why Evaluate Supported Education?

Key stakeholders who implement Supported Education may find themselves asking two questions:

- **Has Supported Education been implemented as planned?**
- **Has Supported Education resulted in the expected outcomes?**

Asking these two questions and using the answers to help improve Supported Education are critical for ensuring the success of your program.

To answer the first question, collect process measures (by using the Supported Education Fidelity Scale).

Process measures capture how services are provided. To answer the second question, collect outcome measures. Outcome measures capture the results or achievements of your initiative.

As you prepare to implement Supported Education, we strongly recommend that you develop a quality assurance system using both process and outcome measures to monitor and improve the quality of your program beginning with the startup phase and continuing after that.

---

## Why Collect Process Measures

In general, process measures give you an objective, structured way to determine if you are implementing a practice in the way that the current research has shown will result in desired outcomes. Programs that adhere closely to an evidence-based model are more effective than those that do not follow the model. Adhering to the model is called *fidelity*.

Current research shows that Supported Education is a promising practice that warrants additional research to further validate and expand existing knowledge. Process measures also allow agencies to provide services in a standardized manner to facilitate building the evidence base for promising practices such as Supported Education.

Process measures give mental health authorities a comparative framework to evaluate the quality of Supported Education across the state. They allow mental health authorities to identify statewide trends and exceptions to those trends.

While the Supported Education Fidelity Scale captures the core elements of the practice that the current evidence shows are effective, more research is needed. It is likely that this scale will continue to evolve over the next few years.

You can help develop the evidence base for this practice by using the measures in this booklet. Once Supported Education reaches high fidelity, ongoing monitoring allows you to test local innovations while ensuring that your agency does not drift from the core principles of the Supported Education model.

---

## Why Collect Outcome Measures

While process measures capture how services are provided, outcome measures capture the program's results. Every mental health service intervention has both immediate and long-term consumer goals. In addition, consumers have goals for themselves, which they hope to attain by receiving mental health services. These goals translate into outcomes, and the outcomes translate into specific measures.

Monitoring outcomes in addition to process measures helps establish which components of the practice are most effective. Both types of measures are needed to further establish the evidence base and determine the effectiveness of your Supported Education program.

## Research has shown that you can expect these outcomes

- **More access to and participation in educational programs** (Unger, Pardee, & Shafer, 2000; Mowbray, Collins, & Bybee, 1999; Lieberman, Goldberg, & Jed, 1993; Hoffman, & Mastrianni, 1993; Cook & Solomon, 1993; Wolf & DiPietro, 1992; Dougherty, Hastie, Bernard, Broadhurst, & Marcus, 1992; Unger, Anthony, Sciarappa, & Rogers, 1991);
- **Increased competitive employment** (Unger, et al., 1991; Dougherty et al, 1992; Unger et al., 2000);
- **Improved self-esteem** (Unger et al., 1991; Cook & Solomon, 1993; Mowbray et al., 1999);
- **Reduced hospitalization** (Unger et al., 1991; Isenwater, Lanham, & Thornhill, 2002); and
- **Increased consumer satisfaction** (Cook & Solomon, 1993; Collins Bybee, & Mowbray, 1998).

## Why Develop a Quality Assurance System

In your mental health system, you should develop a quality assurance system that collects not only process measures, such as those on the Supported Education Fidelity Scale, but also outcome measures such as those specified above to show the effect of Supported Education.

Developing a quality assurance system will help you do the following:

- Diagnose your program's strengths and weaknesses;
- Formulate action plans for improving your Supported Education program;
- Help consumers achieve their goals for recovery; and
- Deliver services both efficiently and effectively.



## Evaluating Your Program

### Conduct a Readiness Assessment

Let's assume that administrators and program leaders have read *Building Your Program* in this KIT. How do you get started with putting Supported Education into place?

The Readiness Assessment on the next page will help quality assurance team members, advisory group leaders, and

program leaders track the processes and administrative tasks required to develop your Supported Education initiative.

Answering these questions will help you generate an ongoing to-do list (or implementation plan) to guide your steps in implementing Supported Education.

---

## Readiness Assessment

Check any areas that you feel you do NOT completely understand.

- Which practitioners will provide Supported Education?
- Who will supervise education specialists and direct the program?
- What are the roles of the program leader and education specialist?
- How much time will Supported Education staff dedicate to the program?
- What is the program's supervisory structure (for example, how often should the program leader meet with education specialists and the agency director)?
- How will Supported Education staff communicate with one another and other treatment team members?
- What are the admission criteria for your program?
- What is your referral process?
- How will you generate Supported Education referrals?
- How will you advertise Supported Education to consumers, families, and others?
- What are your procedures for completing educational assessments and educational plans?
- How will families and other supporters be involved in Supported Education?
- How will you measure fidelity to the Supported Education model?
- Who will participate on your Supported Education advisory committee or the group that will review your fidelity assessment results and develop your implementation plan?
- How will Supported Education staff relate to your advisory committee?
- How does the system for collecting consumer outcome data work?

---

**Note areas where you still are unclear or have questions.**

**Arrange to speak to an expert consultant or experienced Supported Education leader.**

## Evaluating Your Program

### Conduct a Process Assessment

In addition to the Readiness Assessment, conduct your first process assessment to determine whether your agency has core components of Supported Education in place. During the first 2 years of implementing Supported Education, conduct assessments every 6 months.

After your Supported Education initiative has matured and achieved high fidelity, you may choose to conduct assessments once a year. Agencies that have successfully implemented evidence-based and promising practices indicate that you

must continue to evaluate the process to ensure that you do not revert to previous practice patterns.

Once your agency has achieved high fidelity, Supported Education staff may tailor the program to meet individual needs of the community. If you continue to use process evaluations along with outcomes monitoring, you will be able to understand the extent to which your changes result in your agency's departure from model fidelity and whether the changes positively or negatively affect consumers.

## About the process measures that are included in the KIT

Quality assurance measures have been developed and are included in all Evidence-Based and Promising Practices KITs. The Supported Education Fidelity Scale was developed by a group of researchers at University of Kansas, School of Social Welfare, Center for Mental Health Research and Training. The standards used for establishing the anchors for the “fully implemented” ratings were determined through a variety of expert sources as well as through empirical research. The scale has undergone numerous drafts and review by many groups. Further testing is currently underway.

## How to Use Process Measures

The Supported Education Fidelity Scale has been developed to monitor how Supported Education services are provided. The Supported Education Fidelity Scale—developed by and printed with permission from the University of Kansas, School of Social Welfare, Center for Mental Health Research and Training—has 12 categories of program-specific items.

Most items are rated on a 5-point scale, ranging from 1 (meaning *not implemented*) to 5 (meaning *fully implemented*). The items capture the core elements of the Supported Education model.

For the Supported Education Cover Sheet and Fidelity Scale, see *Appendices A and B*. You can also print the forms from the CD-ROM in the KIT.

### Who can conduct process assessments?

We recommend enlisting two assessors to conduct your process assessment. Data collected by two assessors simultaneously increases the likelihood that the information will be reliable and valid.

Agencies that have successfully implemented evidence-based and promising practices have taken different approaches to identify assessors. Some agencies train advisory committee members as assessors and rotate the responsibility of

completing assessments. Others have pre-existing quality assurance teams and simply designate team members to complete the assessments. In other cases, the mental health authority has designated staff to conduct assessments.

Conduct assessments either internally through your agency or externally by a review group. External review groups have a distinct advantage because they use assessors who are familiar with the evidence-based or promising practice model but, at the same time, are independent. The goal is to select objective and competent assessors.

Although we recommend using external assessors, agencies can also use fidelity scales to rate their own Supported Education program. The validity of these ratings (or any ratings, for that matter) depends on the following:

- The knowledge of the person making the ratings;
- Access to accurate information pertaining to the ratings; and
- The objectivity of the ratings.

If you do conduct your assessments using internal staff, beware of potential biases of raters who are invested in seeing the agency look good or who do not fully understand the model. It is important that ratings are made objectively and that they are based on hard evidence.

Circumstances will dictate decisions in this area, but we encourage agencies to choose a review process that fosters objectivity in ratings, for example, by involving a practitioner who is not centrally involved in the Supported Education initiative. Only people who have experience and training in interviewing and data collection procedures (including chart reviews) should conduct assessments. Additionally, assessors must understand the nature and critical ingredients of the Supported Education model.

If your agency chooses to use a consultant or trainer to help implement Supported Education, involving that person in the assessment process will enhance the technical assistance you receive. Whichever approach you choose, we encourage you to make these decisions early in the planning process. For a checklist to help evaluate assessors' training and work performance, see *Appendix F*.

### How to conduct process assessments

A number of activities take place before, during, and after a process assessment. In general, assessments include the following:

- Interviewing administrators, the program leader, education specialists, consumers, and families;
- Interviewing other agency staff (such as intake specialists or treatment team members);
- Observing a treatment team and supervisory meeting; and
- Conducting a chart review.

Collecting information from multiple sources helps assessors more accurately capture how services are provided. A daylong site visit is the best way to learn this information. The following suggestions outline steps in the assessment process.

---

## Before the process assessment

### ■ ■ ■ Prepare your assessment questions

A detailed protocol has been developed to help you understand each item on the Supported Education Fidelity Scale and the rationale for including it, guidelines for the types of information to collect, and instructions for completing your ratings. Use these protocols to help you prepare the questions that you will ask during your assessment visit. For a copy of the protocols, see *Appendix C*.

While we expect that quality assurance teams will select which outcome measures meet your agency's needs, you should use the Supported Education Fidelity Scale in full. Collecting data for all the items on this scale will allow your agency to gain a comprehensive understanding of how closely your program resembles the Supported Education model.

### ■ ■ ■ Create a timeline for the assessment

List all the necessary activities leading up to and during the visit and create a timeline for completing each task. Carefully coordinating efforts, particularly if you have multiple assessors, will help you complete your assessment in a timely fashion.

### ■ ■ ■ Establish a contact person

Have one key person arrange your visit and communicate beforehand the purpose and scope of your assessment to people who will participate in interviews. Typically, this contact person will be the program leader.

Exercise common courtesy and show respect for competing time demands by scheduling well in advance and making reminder calls to confirm interview dates and times.

### ■ ■ ■ Establish a shared understanding with the Supported Education staff

The most successful assessments are those in which assessors and the Supported Education staff share the goal of understanding how the program is progressing according to Supported Education principles. If administrators or staff fear that they will lose funding or look bad if they don't score well, then the accuracy of the data may be compromised. The best agreement is one in which all parties are interested in learning the truth.

### ■ ■ ■ Indicate what you will need from respondents during your visit

In addition to the purpose of the assessment, briefly describe what information you need, with whom you must speak, and how long each interview will take to complete. The visit will be most efficient if the program leader gathers beforehand as much of the following information as possible:

- Roster of education specialists—(roles, full-time equivalents);
- Roster of Supported Education consumers for each education specialist;
- Roster of consumers who have left the Supported Education program in the past 6 months;
- Copy of the agency's Supported Education brochure, mission statement, or other marketing materials;

- Copy of Supported Education policies and procedures; and

- Total number of consumers that the Supported Education program served in the past 6 months.

Reassure the contact person that you will be able to conduct the assessment, even if all the information you requested is unavailable.

Tell the contact person that you must observe a treatment team meeting and group supervision meeting during your visit. These are important factors in determining when you should schedule your visit.

### ■ ■ ■ Alert your contact person that you will need to sample 10 charts

From an efficiency standpoint, it is preferable that the charts be drawn beforehand, using a random selection procedure. A concern may arise that the evaluation may be invalidated if Supported Education staff members handpick charts or update them before the visit. If you both understand that the goal is to learn how the program implements services, this is less likely to occur.

Additionally, you can further ensure random selection by asking for 20 charts and randomly selecting 10 to review. Other options include asking the program leader for a de-identified list of consumers (that is, with names removed) and using the list to choose 10 charts to review.

### ■ ■ ■ Clarify reporting procedures

With the appropriate people (agency administrators, the mental health authority, or the program leader), clarify who should receive a report of the assessment results. Recipients may include the following:

- Agency administrators;
- Members of the agency's quality assurance team;
- Members of the Supported Education advisory committee;
- The program leader;
- Education specialists; and
- Consumers and families.

Assessors should also clarify how the agency would like the report to be distributed. For example, assessors may mail or fax the report and follow up to discuss the results in a meeting or by conference call.

### ■ ■ ■ Organize your assessment materials

Two forms have been created to help you conduct your assessment:

- The first form is a cover sheet for the Supported Education Fidelity Scale, which is intended to help you organize your process assessment. It captures general descriptive information about the agency and data collection.
- The second form is a scoresheet for the scale. It helps you compare assessment ratings from one time period to the next. It may also be useful if you are interested in graphing results to examine your progress over time.

For the Supported Education Fidelity Scale instrument, cover sheet, and scoresheet, see *Appendices A and B*. You can also print these forms from the CD-ROM in the KIT.

---

## During your assessment visit

### ■ ■ ■ Tailor your terminology

To avoid confusion during your interviews, tailor the terminology you use. For example, an agency may use *member* for *consumer* or *clinician* for *practitioner*. Every agency has specific job titles for particular staff roles. By adopting the local terminology, you will improve communication.

### ■ ■ ■ Conduct your chart review

It is important that your chart review is conducted from a representative sample of charts. When you begin your chart review, note whether your sample includes consumer charts from each education specialist's caseload. If your random sample is not representative in this manner, consider supplementing your sample with selected charts that will increase its representativeness.

Within each chart, examine the referral, educational assessment, and educational plan. If more than one treatment plan exists (such as a clinical treatment plan and educational plan), review both to see if similar educational goals are reflected in each plan.

Review recent Progress Notes to understand the amount and type of contact education specialists have with the consumers on their caseloads. If Progress Notes are not integrated into consumer charts, then ask if educational specialists have any additional files that you may review.

In some cases, a lag may exist between when a service is rendered and when it is documented in consumers' charts. To get the most accurate representation of services rendered when you sample chart data, try to gather data from the most recent time period in which documentation was completed in full.

To ascertain the most up-to-date time period, ask the program leader, educational specialists, or administrative staff. Avoid getting an inaccurate sampling of data where office-based services might be charted more quickly than services rendered in the field.

■ ■ ■ **If discrepancies between sources occur, query the program leader**

The most common discrepancy is likely to occur when the program leader's interview gives a more idealistic picture of the team's functioning than the chart and observational data. For example, on the Supported Education Fidelity Scale, *Supported Education Program Philosophy* (Item 1A) assesses whether marketing materials are highly visible and available in multiple locations. Your observations may show that little information is available, while education specialists may relay otherwise.

To understand and resolve this discrepancy, the assessor could ask the program leader the following:

Our observations show that materials are developed but not displayed yet we are hearing otherwise from the Supported Education team. Would you help us understand this discrepancy?

Often the program leader can provide information that was not apparent.

■ ■ ■ **Before you leave, check for missing data**

Fidelity scales should be completed in full, with no missing data on any items. Check with the program leader at the end of the visit to collect any additional information you may need.

---

## After your assessment visit

■ ■ ■ **Follow up**

It is important to collect any missing data before completing your rating. If necessary, follow up on any missing data (for example, by calling or sending an e-mail). This would include discussing with the program leader any discrepancies between data sources that you notice after you've completed the visit.

■ ■ ■ **Score your scales**

Use the Supported Education protocol in *Appendix C* to score your Supported Education program. The Supported Education scale has 12 categories of program-specific items. Average each item to determine a score for each category. The total score for the scale is the sum of those averages.

If you assess an agency for the first time to determine which components of Supported Education the agency already has in place, some items may not apply. If an item cannot be rated, code the item as "1" on the Supported Education Fidelity Scale.

■ ■ ■ **Complete scales independently**

If you have two assessors, both should independently review the data collected and rate the scales. Then compare your ratings, resolve any disagreements, and devise a consensus rating.

■ ■ ■ **Complete the scoresheets**

Tally the item scores and determine which level of implementation was achieved.

## Evaluating Your Program

### Monitor Outcomes

Unlike process measures, which must be used in full to comprehensively understand how services are provided, you must decide which outcome measures will be most informative for your Supported Education program. Initially, your outcomes monitoring system should be simple to use and maintain. Complexity has doomed many well-intended attempts to collect and use outcomes data.

One way to simplify is to limit the number of outcome measures used. Select your outcome measures based on the type of information that will be most useful to your agency.

Based on the research literature, we suggest that you monitor a core set of outcomes such as the following:

- **Access to and participation in educational programs** (Unger, Pardee, & Shafer, 2000; Mowbray, Collins, & Bybee, 1999; Lieberman, Goldberg, & Jed, 1993; Hoffman & Mastrianni, 1993; Cook & Solomon, 1993; Wolf & DiPietro, 1992; Dougherty, Hastie, Bernard, Broadhurst, & Marcus, 1992; Unger, Anthony, Sciarappa, & Rogers, 1991);
- **Competitive employment** (Unger et al., 1991; Dougherty et al., 1992; Unger et al., 2000);
- **Self-esteem** (Unger et al., 1991; Cook & Solomon, 1993; Mowbray et al., 1999); and
- **Hospitalization** (Unger et al., 1991; Isenwater Lanham, & Thornhill, 2002).

Studies of Supported Education, to date, have found positive outcomes in these areas. These outcomes also reflect the primary goals of Supported Education. Specifically, the goals of Supported Education are to help consumers move forward in their process of recovery and become integrated into the community by pursuing their individual educational goals. For this reason, it is important for you to capture outcomes in a way that is most useful for your program.

For data to be useful, they must be valid. That is, the data must accurately represent what they were intended to measure. Thus, the outcomes must be few and concrete for education specialists to focus on key outcomes, to understand them in a similar way, and to make their ratings in a consistent and error-free fashion.

To enhance validity, we recommend using simple ratings initially (such as, Did the consumer hold a competitive job in this quarter?), rather than more detailed ones (such as, How many hours during this quarter did the consumer work competitively?). Limiting your outcome measures to concrete measures will also allow you to collect data from education specialists.

## Develop procedures

Agencies may choose to develop the outcomes portion of their quality assurance system from scratch or use existing outcomes monitoring systems. A number of electronic evaluation programs are available to help you develop comprehensive, integrated, user-friendly outcomes monitoring systems. Examples include the following:

- Publicly available tools such as the Consumer Outcomes Monitoring Package (see the next page), and Decision Support 2000+ Online (<http://www.ds2kplus.org>); or
- Various commercially available products.

When deciding whether to use an existing outcomes monitoring package or to design your own, it is important to keep your organization's capabilities in mind. The system must not create undue burden for education specialists, and it must provide information to them that is useful in their jobs.

## What is the Consumer Outcomes Monitoring Package?

Sponsored in part by the Substance Abuse and Mental Health Services Administration (SAMHSA), the Consumer Outcomes Monitoring Package (COMP) was designed by a team at the School of Social Welfare, University of Kansas. This computer application allows agencies to choose from a pre-established list of outcomes developed for various evidence-based practices. Although not developed specifically for Supported Education, the outcomes included in COMP represent global life areas that are relevant for assessing overall effects of mental health services as a whole. Data may be entered for the chosen outcomes and reports can be generated quarterly or monthly. The COMP also allows agencies to view their outcomes data using a variety of tables and graphs.

The designers of COMP tried to make the computer application as easy and as flexible to use as possible. You may access COMP through the Web. Agencies can download the computer application and print out Installation Instructions and a User Manual, which provides definitions and forms.

To download COMP—

- Go to <http://research.socwel.ku.edu/ebp>;
- Click the link to the download page;
- Click the links to download the Installation Instructions and the User Manual; and
- Follow the instructions to install the application.

The system should fit into the workflow of the organization, whether that means making ratings on paper, using the COMP computer application, or developing your own outcomes monitoring package. Start with whatever means are available and expand the system from there. In the beginning, you may collect data with a simple report form and you can report hand-tallied summaries to education specialists.

Computer software that allows for data entry and manipulation (such as Microsoft Access, Excel, or Lotus) makes tabulating and graphing data easier than if it is done by hand.

A computerized system for data entry and report generation presents a clear advantage and may be the goal, but do not wait for it. Feedback does not have to come from a sophisticated computer system to be useful. It is more important that it is meaningful and frequent. For a sample Outcomes Report Form that is an example of a simple, paper-based way to collect participation and overall treatment outcomes data regularly, see *Appendix D*. For instructions for using the Outcomes Report Form, see *Appendix E*.

## Expand Your Outcome Measures

Once you have established your core outcomes monitoring system, learned how to routinely collect data, and are accustomed to using it to improve Supported Education, you will be ready to expand your outcomes measures. Consider adding other Supported Education outcome measures such as the following:

- The types of educational programs;
- Number of hours in school;
- Number of courses completed;
- Grade received;
- Types of employment positions;
- Number of hours worked per week;
- Number of weeks worked; and
- Wages.

Furthermore, consider asking consumers and families for input on how to improve your Supported Education program. Consumers and families are important informants for agencies that are seeking to improve outcomes. Agencies may want to know the following:

- Whether consumers and families are satisfied with their services;
- How services have affected their quality of life; and
- Whether consumers believe the services are helping them achieve their recovery goals.

While collecting data from consumers and families requires more staff time than the information that may be reported quickly by education specialists, consumers and families can give education specialists valuable feedback. A consumer satisfaction measure is included in *Appendix F*. Other surveys that may be used to collect information from consumers and families include the following:

- The Mental Health Statistics Improvement Program (MHSIP) Consumer Satisfaction Survey at <http://www.mhsip.org>; and
- Recovery measurement instruments such as those described in *Measuring the Promise: A Compendium of Recovery Measures, Volume II*, available from <http://www.tecathsri.org>

It is difficult to obtain a representative sample of consumer and family respondents since mailed surveys are often not returned and interviews may only be done with people who cooperate and are easy to reach. Samples that are not representative may be biased.

Avoid bias in your consumer and family data by using a variety of mechanisms to conduct your assessments. For example, consider combining feedback collected through surveys with that obtained from focus groups. Another option is to hire a consultant to conduct qualitative interviews with a small group of consumers or families.

## Approach outcomes monitoring in stages

Consider approaching the development of your outcomes monitoring system in three stages. Each stage captures the outcome in more detail.

---

### Stage 1

Stage 1 in outcomes monitoring answers the question, Are consumers involved in education programs?

Examples of measures that could be used for this initial stage of outcomes monitoring include the following:

- Number of consumers enrolled in educational programs;
- Type of educational program or course; and
- Whether the course or program has been completed or dropped.

An alternative to gathering course names is to record the type of program in which the consumer is participating. The information may be captured in a simple grid such as the one below.

Stage 1: Enrollment and Completion Information				
Student Name/#	Enrolled (Code)	Enrollment Date	Termination Date	Ended (Code)
John Doe	10	9/07	6/08	C

### Enrollment Codes

- 1 = Avocation/educational classes.** Community based classes for the purpose of life enrichment, hobbies, recreation, etc. Classes are those that anyone could participate in, not just people with mental illnesses.
- 2 = English as a second language.** Classes in English as a second language.
- 3 = Adult basic education.** Adult education classes focused on basic skills such as math and reading.
- 4 = General Educational Development (GED)** classes to obtain a GED certificate.
- 5 = High school.** Enrollment in high school classes to obtain a diploma.
- 6 = Pre-enrollment class on campus.** Instruction on campus for non-credit classes.
- 7 = Pre-enrollment class off campus.** Instruction at the mental health center for non-credit classes.

**8 = Vocational/technical center.** Enrollment in a local vocational/technical training center where academic credit is earned.

**9 = Trade school.** Enrollment in a program of study resulting in a certificate for a specific skill or craft (for example, hairdresser).

**10 = Community college.** Enrollment in a community college for an associate's degree.

**11 = Four-year college or university.** Enrollment in a public or private educational institution for a bachelor's, master's, or doctoral degree.

### Termination Codes

- C = Completed.** Consumer completed all courses for which he or she had registered.
- D = Dropped.** Consumer officially dropped all courses for which he or she had registered before the end of the semester.
- I = Incompletes.** Consumer left school without officially dropping all courses for which he or she had registered and received incompletes.
- GA = Graduated.** Graduated with associate's degree
- GB = Graduated.** Graduated with bachelor's degree
- GM = Graduated.** Graduated with master's degree
- GD = Graduated.** Graduated with a doctoral or post-master's degree, such as a degree in law
- L = Completed with a certificate or license.**
- AD = Audit course taken for no credit.**

## Stage 2

As your quality assurance system matures, Stage 2 data may be collected. Stage 2 in outcomes monitoring answers the question, How well is the student performing?

Examples of measures that could be used for this next stage of outcomes monitoring include the following:

- Course grades;
- Number of credits earned; and
- Completion rates.

The information may be captured in a simple grid such as the one below.

Stage 2: Record of Education or Training				
Student Name/#	Course Name or Program	Credits Earned	C/I/D (Code)	Grade Earned
John Doe	Math 102	3	C	B

### Code

**C/I/D = Complete/Incomplete/Dropped.** Indicates whether the student completed the course, received an incomplete because he or she stopped attending or did not complete the required work, or dropped the course before completion. This duplicates the information on Stage 1 recording if a course was completed but gives more detail about each course for which the consumer was enrolled.

## Stage 3

Data collected in Stage 3 are long-term outcome measures that may answer questions such as, Did education lead to a career of choice for the consumer? Examples of measures that could be used for this stage of outcomes monitoring include the following:

- Type of employment;
- Position held;
- Number of hours worked per week; and
- Salary and benefits;
- Length of employment; and
- Job fit.

This measure reflects the long-term effects of Supported Education as well as any employment the consumer may have while attending school. To monitor the long-term outcomes, consumers must be tracked after they leave the Supported Education program. Finally, a self-report measure asks consumers what they think about their job or education fit.

Stage 3: Employment Assessment						
Student Name/#	Position Held	Place of Work	Hours per Week	Pay per Hour	Job Start	Job End
Sally Smith	Computer Analyst	IT Company	36	27.50	7/06	10/07

Stage 3: Benefits Assessment					
Student Name/#	Health Insurance	Sick Leave	Personal Leave	Vacation	Retirement
Sally Smith	Yes	Yes	Yes	Yes	No

### Questions for job/education fit

- Could you have gotten your job with less education?
- Do you perform your job better because of your education?
- Does your job fit your education level?
- Did your education prepare you for your job?

### How often should you collect outcomes data?

Plan to monitor outcomes every 3 months or following each academic unit and share the data with your Supported Education staff. Collecting data at regular and short intervals will enhance the reliability of your outcomes data.

While we recommend that you design a system for collecting outcomes early in the implementation process, agencies should not expect to see the desired results until the Supported Education approach is fully operational. Depending on resources available to your agency, this may take anywhere from 6 to 18 months to accomplish.

### How should you identify data collectors?

Agency administrators or mental health authorities may assign the responsibility for collecting outcomes data to the following:

- The program leader;
- Members of the Supported Education advisory committee;
- The quality assurance team;
- Independent consultants, including consumers and family members; and
- Other staff.

Unlike collecting process measures, collecting outcome measures does not require a daylong assessment process. Many standard outcome measures, such as participation in educational programs and employment, can be collected by education specialists from their daily work with consumers.

It is important to develop a quick, easy, standardized approach to collect outcomes data. For example, create a simple form or computer database that education specialists can routinely update.



## Evaluating Your Program

### Use Data to Improve Supported Education

As you develop a quality assurance system, program leaders and staff will weave it into the fabric of their daily routines. Process assessments will give you a window into the demanding work done every day. Outcome reports will give you tangible evidence of the use and value of services, and they will become a basis for decisionmaking and supervision.

At some point, Supported Education staff may wonder how they did their jobs without an information system as they come to view it as an essential ingredient of well-implemented program.



### ■ ■ ■ Create reports from your assessments

For your process data, in addition to completing the Supported Education Fidelity Scale and scoresheets, assessors should write a report explaining their scores. The report should include the following:

- An interpretation of the results of the assessment;
- Strengths and weaknesses of the program; and
- Clear recommendations to help the program progress.

The report should be informative, factual, and constructive. Since some process measures assess adherence to the Supported Education model at both the agency and *staff* levels, remember to target recommendations to administrators, program leaders, and staff.

When summarizing outcomes data, start with simple, easy-to-read reports. Then let experience determine what additional reports you need. You can design your reports to give information about individual consumers, a single education specialists' caseload, or the program as a whole. For example, reports generated for individual consumers may track the consumer's progress using specific outcomes over time. You could enter these reports in consumers' charts and they could be the basis for discussions about consumers' progress.

### ■ ■ ■ Use tables and graphs to understand your outcomes data

After the first process and outcomes assessments, it is often useful to provide a visual representation of agency's progress over time. We recommend that you use tables and graphs to report the results.

By graphing your fidelity score, you have a visual representation of how your Supported Education program has changed over time. For an example, see Figure 1. For your process data, you may simply graph the results using a spreadsheet and include this in your report.

When your agency shows greater fidelity over time, the graph will display it and reinforce your efforts. Additionally, as you can see in Figure 1, the graph allows you to quickly compare one team to another. In this example, Team A struggled in the first 6 months. Understanding Team A's progress compared to Team B's allowed the teams to partner and share strategies. Consequently, Team A improved dramatically over the next 6-month period.

Another feature of graphing assessment scores is to examine the cutoff score for *fair* (36) or *good* (49) implementation. Your program can use these scores as targets.

**Figure 1. Fidelity Over Time**



Note: 49-60 = good implementation  
 36-48 = fair implementation  
 35 and below = not Supported Education

Here are three examples of tables and graphs that can help you understand and use your outcomes data.

### Example 1: Periodic summary tables

Periodic summary tables summarize your outcomes data each quarter and address these kinds of questions:

- How many consumers participated in our Supported Education program during the last quarter?
- How many consumers worked competitively during the last quarter?
- How did the hospitalization rate for those participating in Supported Education compare to the rate for consumers in standard treatment?

Agencies often use this type of table to understand consumer participation or to compare actual results with agency targets or goals. These tables are also frequently used to describe agencies' services in annual reports or for external community presentations.

**Table 1: Sample Periodic Summary Table of Enrollment in Evidence-Based Practices**

	Not eligible	Eligible but NOT in EBP service	Enrolled	Percent of eligible consumers enrolled
<b>Supported Education</b>	0	30	60	67
<b>Assertive Community Treatment</b>	30	25	90	78

This agency provides both Supported Education and Assertive Community Treatment (ACT). The program leader identified 90 consumers for the program. Of those, 60 receive Supported Education, while 30 consumers are eligible but receive another service. Consequently, 67 percent of consumers who are eligible for the Supported Education program currently participate in the program.

## Example 2: Movement tables

Tables that track changes in consumer characteristics (called movement tables) can give you a quick reference for determining service effectiveness. For example, Table 2 compares consumers' employment status between two quarters.

**Table 2: Sample Movement Table**

To FY '06 Qtr 3

		Unemployed	Part-time employment	Full-time employment	Total
From: FY '01 Qtr: 2	Unemployed	2	1	3	6
	Part-time employment	3	8	3	14
	Full-time employment	1	3	100	104
	Totals	6	12	106	124

■	Above the diagonal
■	Below the diagonal
■	Within the diagonal

To create this table, the data were collapsed into the three broad categories. The vertical data cells reflect the employment status for consumers for the beginning quarter. The horizontal data cells reflect the most recent quarterly information. The employment status categories are then ordered from the least desirable (unemployed) to the most desirable (full-time employment).

The data in this table are presented in three colors. The purple cells are those below the diagonal, the blue cells are those above the diagonal, and the white cells are those within the diagonal. The data cells above the diagonal represent consumers who moved into a more desirable employment status between quarters. As you can see, one consumer moved from unemployed to part-time employment, three consumers moved from unemployed to full-time employment and three consumers moved from part-time to full-time employment. These seven consumers (6 percent of the 124 consumers in the program) moved to a more desirable employment status between quarters.

The data reported in the diagonal cells ranging from the upper left quadrant to the lower right reflect consumers who remained in the same employment status between quarters. As you can see, two consumers were unemployed for both quarters of this report, eight consumers remained in part-time employment, and 100 remained in full-time employment. These 110 consumers (89 percent of the 124 consumers in the program) remained stable between quarters.

The cells below the diagonal line represent consumers who moved into a less desirable employment status between quarters. Three consumers moved from part-time employment to unemployed, one moved from full-time employment to unemployed and three moved from full-time employment to part-time employment. These seven consumers (6 percent of the 124 consumers in the program) experienced some setbacks between quarters. The column totals show the number of consumers in a given employment status for the current quarter, and the row totals show the prior quarter.

You can use movement tables to portray changes in outcomes that are important to consumers, supervisors, and policymakers. The data may stimulate discussion around the progress that consumers are making or the challenges with which they are presented.

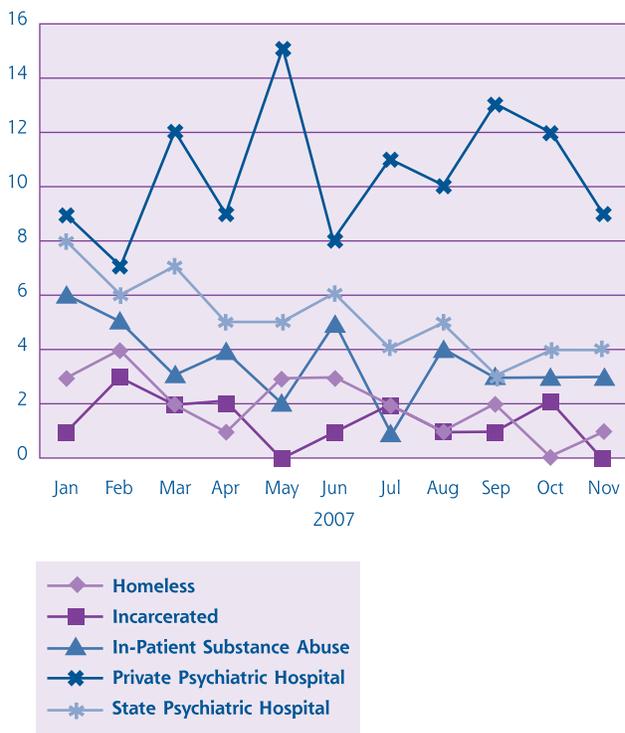
### Example 3: Longitudinal plots

A longitudinal plot is an efficient and informative way to display participation or outcome data for more than two successive periods. The goal is to view performance in the long term. You can use a longitudinal plot for a consumer, a caseload, a specific EBP, or an entire program. A single plot can also contain longitudinal data for multiple consumers, caseloads, or programs for comparison. Figure 2 presents an example of a longitudinal plot comparing critical incidents for one Supported Education team over an 11-month period.

This plot reveals that with the exception of private psychiatric hospitalizations, all other critical incidents appear to be going in a positive direction (that is, there is a reduction in incidence).

Longitudinal plots are powerful feedback tools because they permit a longer range perspective on participation and outcome, whether for a single consumer or a group of consumers. They enable a meaningful evaluation of the success of a program, and they provide a basis for setting goals for future performance.

Figure 2. Sample Longitudinal Plot for Monthly Frequency of Negative Incidents for Consumers



### Share your results

The single factor that will most likely determine the success of an information system is its ability to give useful and timely feedback to key stakeholders. It is fine to worry about what to enter into an information system, but ultimately its worth is in converting data into meaningful information. For example, the data may show that 20 consumers participated in educational programs during the past quarter, but it is more informative to know that this represents only 10 percent of the consumers in the agency.

For information to influence practice, it must be understandable and meaningful, and it must be delivered in a timely way. In addition, the quality assurance system must tailor the information to suit the needs of various users and to answer their questions.

### Sharing results with education specialists

After each assessment, dedicate time during a supervisory meeting to discuss the results. Numbers that reflect above average or exceptional performance should trigger recognition, compliments, or other rewards. Data that reflect below average performance should provoke a search for underlying reasons and should generate strategies that offer the promise of improvement. By doing this regularly, program leaders will create a learning organization characterized by adaptive responses to information that aim to improve consumer outcomes.

### **Sharing results with your advisory committee or quality assurance team**

You may also use this information to keep external stakeholders engaged. Sharing information with vested members of the community, staff from your mental health authority, and consumers and family advocates can be valuable. Through these channels, you may develop support for Supported Education, increase consumer participation, and raise private funds for your agency.

### **Sharing results internally**

Agencies may distribute reports during all staff and manager-level meetings to keep staff across the agency informed and engaged in the process of implementing Supported Education. Agencies with successful evidence-based practice programs highlight the importance of developing an understanding and support for the model across the agency.

Additionally, integrating consumer-specific reports into clinical charts may help you monitor consumers' progress over time. Reporting consumer-specific outcomes information at the treatment team meetings also helps keep the team focused on consumers' recovery goals.

### **Sharing results with consumers and families**

Agencies may highlight assessment results in consumer and family meetings. Increasing consumers' and families' understanding of Supported Education may motivate them to participate in the process and build trust in the consumer-practitioner relationship.

Also, sharing results may create hope and enthusiasm for your Supported Education initiative. Sharing information motivates people and stimulates changes in behavior. Sharing the results of your assessments with a variety of stakeholders is the key to improving services in your agency.

## Evaluating Your Program

### Appendix A: Cover Sheet— Supported Education Fidelity Scale





# Cover Sheet: Supported Education Fidelity Scale

Assessors' names: \_\_\_\_\_ Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Program name: \_\_\_\_\_

Agency name: \_\_\_\_\_

Site number: \_\_\_\_\_

Agency address: \_\_\_\_\_

Street

City

State

ZIP code

Contact person: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

E-mail: \_\_\_\_\_

Names of education specialists: \_\_\_\_\_

Sources used for assessments:

Chart review: \_\_\_\_\_ Number reviewed: \_\_\_\_\_

Supported Education treatment team observation

Supported Education supervisory meeting observation

Supported Education leader interview

Education specialist interviews: \_\_\_\_\_ Number interviewed: \_\_\_\_\_

Consumer interviews: \_\_\_\_\_ Number interviewed: \_\_\_\_\_

Family member interviews: \_\_\_\_\_ Number interviewed: \_\_\_\_\_

Other staff interviews: \_\_\_\_\_ Number interviewed: \_\_\_\_\_

Brochure review

Other \_\_\_\_\_

Number of education specialists: \_\_\_\_\_

Number of current Supported Education consumers: \_\_\_\_\_

Number of consumers who left the program in the past 6 months: \_\_\_\_\_

Number of consumers served in the last 6 months: \_\_\_\_\_

Date program was started: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact with local or state vocational rehabilitation agencies:  None  
 Minimal  
 Regular



## Evaluating Your Program

### **Appendix B: Supported Education Fidelity Scale and Scoresheet**

The Supported Education Fidelity Scale on the next pages is printed with permission from the developers at the University of Kansas, School of Social Welfare, Center for Mental Health Research and Training.





Supported Education Fidelity Scale						
		Ratings/Anchor				
Criteria		1	2	3	4	5
<b>Item 1: Supported Education Program Philosophy</b>						
A commitment to the Supported Education philosophy is demonstrated by the following:						
1A:	Displays of Supported Education marketing materials are highly visible and available in multiple locations that consumers frequent (that is, agency waiting rooms, medication, clinics, psychosocial group programs, case management resources, lunch rooms, and agency orientation).	Materials have not been developed.	Materials are developed, but are not displayed.	Materials are available only when consumers ask for them.	Materials are displayed in one location.	Materials are displayed at multiple locations and are easily accessible.
1B:	Each case management team refers at least 3% of consumers for Supported Education services.	Less than 45% of case management teams refer at least 3% of consumers for Supported Education services.	45–59% of case management teams refer at least 3% of consumers for Supported Education services.	60–74% of case management teams refer at least 3% of consumers for Supported Education services.	75–89% of case management teams refer at least 3% of consumers for Supported Education services.	More than 90% of case management teams refer at least 3% of consumers for Supported Education services.
1C:	Consumers who receive agency services are aware of Supported Education services and supports.	Less than 20% of consumers are aware of Supported Education services and supports.	20–49% of consumers are aware of Supported Education services and supports.	50–69% of consumers are aware of Supported Education services and supports.	70–89% of consumers are aware of Supported Education services and supports.	More than 90% of consumers are aware of Supported Education services and supports.
1D:	Individual educational outcomes are tracked after each academic period.	Educational outcomes are tracked on < 20% of clients after each academic unit.	Educational outcomes are tracked on 20–49% of clients after each academic unit.	Educational outcomes are tracked on 50–69% of clients after each academic unit.	Educational outcomes are tracked on 70–89% of clients after each academic unit.	Educational outcomes are tracked on more than 90% of clients after each academic unit.
1E:	Programmatic educational outcomes are shared 3 times per year internally and with community stakeholders.	Educational outcomes are shared up to 1 time per year with internal staff only.		Educational outcomes are shared 2 times per year with internal and community stakeholders.		Educational outcomes are shared 3 times per year with internal staff and community stakeholders.
1F:	Formal- individualized recognition for educational success occurs at least 3 times per year and is made known to the agency and community stakeholders.	The agency formally and individually recognizes educational success once per year within the program.	The agency formally and individually recognizes educational success twice per year within the program.	The agency formally and individually recognizes educational success twice per year within the agency.	The agency formally and individually recognizes educational success 3 times per year within the agency.	The agency formally and individually recognizes educational success 3 times per year and notifies the agency and community stakeholders.

Supported Education Fidelity Scale						
Criteria	Ratings/Anchor					
	1	2	3	4	5	
<b>Item 2: Supported Education Team/Specialist</b>						
The Supported Education Team/Specialist is designated to provide Supported Education services						
2A:	A specific portion of the team/specialists' time is designated to carry a Supported Education caseload.	No time is designated for Supported Education services.				A specific amount of time is designated for Supported Education services.
2B:	The team/specialists serve as liaison to academic institutions to address consumer and programmatic issues.	No collaboration with school staff or faculty.	Some collaboration with school staff or faculty on consumer issues.	Some collaboration with school staff or faculty on consumer and programmatic issues.	Most education specialists collaborate with school staff or faculty on consumer and programmatic issues.	All education specialists collaborate with school staff or faculty on consumer and programmatic issues.
2C:	The team/specialists provide both verbal and written information outlining specific resources and supports available to increase consumers' awareness and access.	Multiple sources report that such information is not shared with consumers.	Multiple sources report that up to 25% of consumers receive information about Supported Education resources and supports.	Multiple sources report that up to 50% of consumers receive information about Supported Education resources and supports.	Multiple sources report that up to 75% of consumers receive information about Supported Education resources and supports.	Multiple sources report that all consumers receive information about Supported Education resources and supports.
<b>Item 3: Supported Education Program Eligibility</b>						
Eligibility for the Supported Education Program is based solely on consumers' desire to participate in the program.						
3A:	The Supported Education Program does not screen out consumers based on formal, non-educational eligibility requirements such as substance abstinence, nonviolent behavior, lack of symptoms, perceived readiness, sufficient motivation, age, or hygiene.	Multiple sources report that consumers are screened out due to formal, non-educational criteria.		Multiple sources report that no formal, non-educational eligibility criteria exist.		Multiple sources report that all consumers are eligible and actively encouraged to participate in the program.
3B:	The Supported Education Program does not screen out consumers based on informal non-educational eligibility requirements such as substance abstinence, nonviolent behavior, lack of symptoms, perceived readiness, sufficient motivation, age, or hygiene.	Multiple sources report that consumers are screened out due to informal, non-educational criteria.		Multiple sources report that no informal, non-educational eligibility criteria exist.		Multiple sources report that all consumers are eligible and actively encouraged to participate in the program.
3C:	Followup or intake occurs and is documented within 30 days after referral to the Supported Education program.	Less than 44% of cases have intake within 30 days after referral.	45–59% of cases have intake within 30 days after referral.	60–74% of cases have intake within 30 days after referral.	75–89% of cases have intake within 30 days after referral.	More than 90% of cases have intake within 30 days after referral.

Supported Education Fidelity Scale						
Criteria	Ratings/Anchor					
	1	2	3	4	5	
<b>Item 4: Supported Education Program Preferences</b>						
Supported Education Program services are based on consumers' preferences.						
4A:	Supported Education services are individualized with supports and actions based on consumers' preferences, as evidenced using Supported Education documentation.	0–19% of services of services are based on consumers' preferences and choices—staff drive decisions.	20–49% of services are based on consumers' preferences and choices.	50–79% of services are based on consumers' preferences and choices.	80–89% of services are based on consumers' preferences and choices.	90–100% of services are based on consumers' preferences and choices.
4B:	Consumers' preferences are documented on the educational goal plans.	Documentation is found on 0–19% of goal plans stating consumers' preference.	Documentation is found on 20–49% of goal plans stating consumers' preference.	Documentation is found on 50–79% of goal plans stating consumers' preference.	Documentation is found on 80–89% of goal plans stating consumers' preference.	Documentation is found on 90–100% of goal plans stating consumers' preference.
<b>Item 5: Supported Education Educational Assessment</b>						
The Supported Education Program uses an educational assessment tool to						
5A:	Identify consumers' interests	Interests are missing or not documented on 0–19% of records reviewed.	Interests are documented for 20–49% of records reviewed.	Interests are documented for 50–79% of records reviewed.	Interests are documented for 80–89% of records reviewed.	Interests are documented for 90–100% of records reviewed.
5B:	Review academic history	Academic history not documented for 0–19% of records reviewed.	Academic history is documented for 20–49% of records reviewed.	Academic history is documented for 50–79% of records reviewed.	Academic history is documented for 80–89% of records reviewed.	Academic history is documented for 90–100% of records reviewed.
5C:	Document future academic aspirations	Future academic aspirations are not documented for 0–19% of records reviewed.	Future academic aspirations are documented for 20–49% of records reviewed.	Future academic aspirations are documented for 50–79% of records reviewed.	Future academic aspirations are documented for 80–89% of records reviewed.	Future academic aspirations are documented for 90–100% of records reviewed.
5D:	The Educational Assessment is completed within the first 3 months after referral to Supported Education.	Educational Assessments are completed during the 1st quarter for 0–19% of records reviewed.	Educational Assessments are completed during the 1st quarter for 20–49% records reviewed.	Educational Assessments are updated quarterly for 50–79% records reviewed.	Educational Assessments are updated quarterly for 80–89% records reviewed.	Educational Assessments are updated for 90–100% of records reviewed.
5E:	Evidence exists that the Educational Assessment is current for each academic period.	Educational Assessments are up-dated each academic period for 0–19% of records reviewed.	Educational Assessments are updated each academic period for 20–49% records reviewed.	Educational Assessments are updated each academic period for 50–79% records reviewed.	Educational Assessments are updated each academic period for 80–89% of records reviewed.	Educational Assessments are updated each academic period for 90–100% of records reviewed.
5F:	Evidence exists that possible barriers or challenges for educational participation have been documented on the Educational Assessment.	Barriers or challenges are documented on Educational Assessments for 0–19% of records reviewed.	Barriers or challenges are documented on Educational Assessments for 20–49% records reviewed.	Barriers or challenges are documented on Educational Assessments for 50–79% records reviewed.	Barriers or challenges are documented on Educational Assessments for 80–89% of records reviewed.	Barriers or challenges are documented on Educational Assessments for 90–100% of records reviewed.

Supported Education Fidelity Scale						
Criteria	Ratings/Anchor					
	1	2	3	4	5	
<p><b>Item 6: Supported Education Educational Goal Plan</b></p> <p>Working from the Educational Assessment, Supported Education Program consumers and education specialists complete an educationally focused and individualized Educational Goal Plan which includes the following:</p>						
6A:	Long-term academic goals	Long-term academic goals are documented for 0–19% of records reviewed.	Long-term academic goals are documented for 20–49% of records reviewed.	Long-term academic goals are documented for 50–79% of records reviewed.	Long-term academic goals are documented for 80–89% of records reviewed.	Long-term academic goals are documented for 90–100% of records reviewed.
6B:	Short-term action steps	Short-term action steps are documented for 0–19% of records reviewed.	Short-term action steps are documented for 20–49% of records reviewed.	Short-term action steps are documented for 50–79% of records reviewed.	Short-term action steps are documented for 80–89% of records reviewed.	Short-term action steps are documented for 90–100% of records reviewed.
6C:	Specific dates for completing each action step	Specific dates for completing action steps are documented for 0–19% of records reviewed.	Specific dates for completing action steps are documented for 20–49% of records reviewed.	Specific dates for completing action steps are documented for 50–79% of records reviewed.	Specific dates for completing action steps are documented for 80–89% of records reviewed.	Specific dates for completing action steps are documented for 90–100% of records reviewed.
6D:	Responsibilities	Responsibilities are documented for 0–19% of records reviewed.	Responsibilities are documented for 20–49% of records reviewed.	Responsibilities are documented for 50–79% of records reviewed.	Responsibilities are documented for 80–89% of records reviewed.	Responsibilities are documented for 90–100% of records reviewed.
6E:	Progress, barriers, or outcomes	Progress, barriers, or outcomes are documented for 0–19% of records reviewed.	Progress, barriers, or outcomes are documented for 20–49% of records reviewed.	Progress, barriers, or outcomes are documented for 50–79% of records reviewed.	Progress, barriers, or outcomes are documented for 80–89% of records reviewed.	Progress, barriers, or outcomes are documented for 90–100% of records reviewed.
6F:	Educational goal plan is updated at least every academic unit for each Supported Education consumer.	Educational Goal Plans are completed and updated at least every academic unit for 0–19% of records reviewed.	Educational Goal Plans are completed and updated at least every academic unit for 20–49% of records reviewed.	Educational Goal Plans are completed and updated at least every academic unit for 50–79% of records reviewed.	Educational Goal Plans are completed and updated at least every academic unit for 80–89% of records reviewed.	Educational Goal Plans are completed and updated at least every academic unit for 90–100% of records reviewed.
<p><b>Item 7: Supported Education Congruency with Treatment Plan</b></p> <p>The goals, objectives, and strategies of the Educational Goal Plan and the Master Treatment Plan are congruent. Congruency is achieved with collaboration and communication between those responsible for the plans.</p>						
7A:	The Master Treatment Plan and the Educational Goal Plan are congruent.	The Master Treatment Plan and the Educational Goal Plan are congruent in 0–20% of records reviewed.	The Master Treatment Plan and the Educational Goal Plan are congruent in 20–49% of records reviewed.	The Master Treatment Plan and the Educational Goal Plan are congruent in 50–75% of records reviewed.	The Master Treatment Plan and the Educational Goal Plan are congruent in 76–99% of records reviewed.	The Master Treatment Plan and the Educational Goal Plan are congruent in 100% of records reviewed.
7B:	Communication and collaboration between those responsible for the Master Treatment Plan and Educational Goal Plan is documented with a Progress Note accompanying the Master Treatment Plan.	Progress Note documenting communication and collaboration was present in 0–20% of records reviewed.	Progress Note documenting communication and collaboration was present in 20–49% of records reviewed.	Progress Note documenting communication and collaboration was present in 50–75% of records reviewed.	Progress Note documenting communication and collaboration was present in 76–99% of records reviewed.	Progress Note documenting communication and collaboration was present in 100% of records reviewed.

Supported Education Fidelity Scale						
		Ratings/Anchor				
Criteria		1	2	3	4	5
<b>Item 8: Confidence- and Knowledge-Building Activities</b>						
Confidence- and knowledge-building activities are available for consumers enrolled in Supported Education.						
8A:	On-campus exposure to post-secondary educational buildings or departments and their purpose	Multiple sources report that no activities are available for exposure to postsecondary educational campus.		Multiple sources report that some activities are available for exposure to postsecondary education campus.		All program participants gain on- campus exposure to postsecondary educational buildings and purpose.
8B:	Exposure or knowledge of on-campus events (that is, sporting events, museums, community lectures, art or cultural events).	Multiple sources report that no activities are available for exposure to on-campus events.		Multiple sources report that some activities are available for exposure to on-campus events.		All program participants gain exposure to and have knowledge of on-campus events.
8C:	Structured and unstructured exposure to peer role models or mentors	Multiple sources report they are unaware of opportunities for exposure to peer role models or mentors.		Multiple sources report that they are aware of some efforts made for structured and unstructured exposure to peer role models or mentors.		Multiple sources report awareness of peer models and mentors available on a structured and unstructured basis.



Supported Education Fidelity Scale						
Criteria	Ratings/Anchor					
	1	2	3	4	5	
<b>Item 9: Supported Educational Individualized Enrollment Supports</b>						
Individualized enrollment supports are available in the following areas:						
9A:	Assistance with admission application process	Less than 20% of participants report that assistance is available. Staff report that assistance is available.	20-49% of participants report that assistance is available. Staff report that assistance is available.	50-75% of participants report that assistance is available. Staff report that assistance is available.	76-99% of participants report that assistance is available. Staff report that assistance is available.	100% of participants report that assistance is available. Staff report that assistance is available.
9B:	Accompaniment to the educational institution	Less than 20% of participants report that assistance is available. Staff report that assistance is available.	20-49% of participants report that assistance is available. Staff report that assistance is available.	50-75% of participants report that assistance is available. Staff report that assistance is available.	76-99% of participants report that assistance is available. Staff report that assistance is available.	100% of participants report that assistance is available. Staff report that assistance is available.
9C:	Assistance in securing financial aid	Less than 20% of participants report that assistance is available. Staff report that assistance is available.	20-49% of participants report that assistance is available. Staff report that assistance is available.	50-75% of participants report that assistance is available. Staff report that assistance is available.	76-99% of participants report that assistance is available. Staff report that assistance is available.	100% of participants report that assistance is available. Staff report that assistance is available.
9D:	Securing academic resources (that is, textbooks and supplies)	Less than 20% of participants report that assistance is available. Staff report that assistance is available.	20-49% of participants report that assistance is available. Staff report that assistance is available.	50-75% of participants report that assistance is available. Staff report that assistance is available.	76-99% of participants report that assistance is available. Staff report that assistance is available.	100% of participants report that assistance is available. Staff report that assistance is available.
9E:	Determination of course schedules and degree requirements	Less than 20% of participants report that assistance is available. Staff report that assistance is available.	20-49% of participants report that assistance is available. Staff report that assistance is available.	50-75% of participants report that assistance is available. Staff report that assistance is available.	76-99% of participants report that assistance is available. Staff report that assistance is available.	100% of participants report that assistance is available. Staff report that assistance is available.
9F:	Introductions to useful campus personnel (advisors, Disability Services, library, etc.)	Less than 20% of participants report that assistance is available. Staff report that assistance is available.	20-49% of participants report that assistance is available. Staff report that assistance is available.	50-75% of participants report that assistance is available. Staff report that assistance is available.	76-99% of participants report that assistance is available. Staff report that assistance is available.	100% of participants report that assistance is available. Staff report that assistance is available.

Supported Education Fidelity Scale						
		Ratings/Anchor				
Criteria		1	2	3	4	5
<b>Item 10: Supported Education Supports and Resources for Students Enrolled in Academic Institutions</b>						
Individualized educational supports are available in the following areas:						
10A:	Tutoring (for example, campus tutors, campus tutoring labs, peer tutors)	Less than 20% of participants report that assistance is available. Staff report that assistance is available.	20-49% of participants report that assistance is available. Staff report that assistance is available.	50-75% of participants report that assistance is available. Staff report that assistance is available.	76-99% of participants report that assistance is available. Staff report that assistance is available.	100% of participants report that assistance is available. Staff report that assistance is available.
10B:	Academic accommodations (such as extended time for testing, note-takers, drinks in classroom)	Less than 20% of participants report that assistance is available. Staff report that assistance is available.	20-49% of participants report that assistance is available. Staff report that assistance is available.	50-75% of participants report that assistance is available. Staff report that assistance is available.	76-99% of participants report that assistance is available. Staff report that assistance is available.	100% of participants report that assistance is available. Staff report that assistance is available.
10C:	Liaison with school or other agencies for special accommodations	Less than 20% of participants report that assistance is available. Staff report that assistance is available.	20-49% of participants report that assistance is available. Staff report that assistance is available.	50-75% of participants report that assistance is available. Staff report that assistance is available.	76-99% of participants report that assistance is available. Staff report that assistance is available.	100% of participants report that assistance is available. Staff report that assistance is available.
10D:	Peer support (such as students in same class, other consumers in college, educational support groups at community mental health centers)	Less than 20% of participants report that assistance is available. Staff report that assistance is available.	20-49% of participants report that assistance is available. Staff report that assistance is available.	50-75% of participants report that assistance is available. Staff report that assistance is available.	76-99% of participants report that assistance is available. Staff report that assistance is available.	100% of participants report that assistance is available. Staff report that assistance is available.
10E:	On-going assistance with financial aid	Less than 20% of participants report that assistance is available. Staff report that assistance is available.	20-49% of participants report that assistance is available. Staff report that assistance is available.	50-75% of participants report that assistance is available. Staff report that assistance is available.	76-99% of participants report that assistance is available. Staff report that assistance is available.	100% of participants report that assistance is available. Staff report that assistance is available.
10F:	Mobile support services for immediate support.	Less than 20% of consumers report that assistance is available. Staff report that assistance is available.	20-49% of consumers report that assistance is available. Staff report that assistance is available.	50-75% of consumers report that assistance is available. Staff report that assistance is available.	76-99% of consumers report that assistance is available. Staff report that assistance is available.	100% of consumers report that assistance is available. Staff report that assistance is available.

Supported Education Fidelity Scale						
Criteria	Ratings/Anchor					
	1	2	3	4	5	
<b>Item 11: Supported Education Program Participant Educational Progress</b>						
The Supported Education team/specialists strongly encourage consumers to achieve positive, forward educational progress.						
11A:	Consumers move to increasingly higher level, nonsegregated post-secondary classes with each academic unit.	0-19% of consumers move actively to increasingly higher level, nonsegregated postsecondary classes.	20-49% of consumers move actively to increasingly higher level, nonsegregated postsecondary classes.	50-79% of consumers move actively to increasingly higher level, nonsegregated postsecondary classes.	80-89% of consumers move actively to increasingly higher level, nonsegregated postsecondary classes.	90-100% of consumers move actively to increasingly higher level, nonsegregated postsecondary classes.
<b>Item 12: Supported Education Communication and Collaboration</b>						
Supported Education team/specialist collaborates and communicates consistently and regularly with relevant others (that is, clinical staff and campus personnel) to inform, update, and address consumers' educational status.						
12A:	Communication and collaboration includes attending consumers' clinical team meetings at least quarterly or more often as needed or requested.	Education specialists never attend clinical team meetings.	Education specialists attend clinical meetings only when others request it.	Education specialists attend team meetings at least yearly.	Education specialists attend team meetings quarterly.	Education specialists attend team meetings at least quarterly or more often as needed or requested.
12B:	Communication and collaboration includes providing written and verbal information (by e-mail, phone, face-to-face, in writing).	Few or no sources reported written or verbal communication or collaboration activities.	Some sources reported communication and collaboration activities.			Most sources reported consistent communication and collaboration activities.
12C:	Communication and collaboration includes jointly developing intervention plans with relevant service providers and consumers.	Education specialists do not engage jointly to develop intervention plans.		Intervention plans are occasionally developed jointly.		Education specialists jointly develop intervention plans with and on behalf of consumers.

# Scoresheet: Supported Education Fidelity Scale

Agency name: \_\_\_\_\_

Date of visit: \_\_\_\_/\_\_\_\_/\_\_\_\_

Assessors' names: \_\_\_\_\_

\_\_\_\_\_

		Assessor 1	Assessor 2	Consensus
1	Supported Education Program Philosophy			
2	Supported Education Team/Specialist			
3	Supported Education Program Eligibility			
4	Supported Education Program Preferences			
5	Supported Education Educational Assessment			
6	Supported Education Goal Plan			
7	Supported Education Congruency with Treatment Plan			
8	Confidence- and Knowledge-Building Activities			
9	Supported Education Individualized Enrollment Supports			
10	Supported Education Supports and Resources for Students Enrolled in Academic Institutions			
11	Supported Education Program Participant Educational Process			
12	Supported Education Communication and Collaboration			
13	Behavioral tailoring for medications			
<b>Total mean score</b>				





## Evaluating Your Program

### Appendix C: Supported Education Fidelity Scale Protocol





## Protocol: Supported Education Fidelity Scale

### Item 1: Supported Education Program Philosophy

A commitment to the Supported Education philosophy is demonstrated by the following:

- 
- 1.a. Displays of Supported Education marketing materials that are highly visible and available in multiple locations that consumers frequent (that is, agency waiting rooms, medication clinics, psychosocial group programs, case management resources, lunch rooms, agency orientation).
- 

**Rationale:** Current research suggests that for a Supported Education program to be used, thorough efforts must be made to make consumers aware of it. Awareness can be raised by developing marketing materials (brochures, fliers, posters) that inform people of the program and encourage participation. These materials are most useful when they are easily accessible in multiple locations that consumers frequent.

**Item rating:** Rate this item using a 5-point scale based on evaluating three factors:

1. Marketing materials have been developed;
2. Marketing materials are easily accessible to consumers; and
3. Marketing materials are available in all areas that consumers frequent. The highest rating is received by satisfactorily achieving in all areas.

**Data collection:** Options for gathering data to rate this item include the following:

- Requesting a copy of marketing materials;
- Touring agency areas that consumers frequent and visually assess whether marketing materials are accessible and available;
- Interviewing program leader, education specialists, consumers and families, and other practitioners.

- 
- 1.b. Each case management team refers at least 3 percent of consumers for Supported Education services.
- 

**Rationale:** The literature reports that linking consumers with the Supported Education program is commonly achieved through case managers' referral. The case manager is responsible for identifying consumers for referral and encouraging their participation in Supported Education. Case managers who have demonstrated a high level of commitment to Supported Education have referred at least 3 percent of their caseload to it.

**Item rating:** Rate this item using a 5-point scale based on the percentage of case managers on a team who refer at least 3 percent of their caseload. This scaling approach allows you to evaluate the team as a whole and individual performance.

**Data collection:** Options for gathering data to rate this item include the following:

- Reviewing referral documentation; and
- Interviewing program leader, education specialists, and other practitioners.

---

1.c. Consumers who receive agency services are aware of Supported Education services and supports.

---

**Rationale:** Research suggests that consumers must have a comprehensive knowledge of services and supports in Supported Education to make informed decisions to participate. Consumers' confidence is increased when they know that specific services can address individual needs.

**Item rating:** Rate this item using a 5-point scale based on the percentage of consumers that are aware of the services and supports that Supported Education offers. The percentage is taken from the total number of consumers on whom data were gathered with interviews and questionnaires.

**Data collection:** Options for gathering data used to rate this item include interviewing program participants and other consumers of the agency.

---

1.d. Individual educational outcomes are tracked after each academic period.

---

**Rationale:** The current research suggests that educational outcomes in Supported Education be gathered and tracked regularly to evaluate student success and program effectiveness. Due to the variability of academic periods (such as semesters, quarters, etc.) of the schools that students attend, tracking the outcomes of individual students based on the school schedule allows for outcomes on all students to be captured consistently. The overall effectiveness of the program will be evaluated by aggregating the individual data and assessing programmatic strengths and weaknesses.

**Item rating:** Rate this item using a 5-point scale based on the percentage of consumers in the program who have educational outcomes tracked after each academic unit.

**Data collection:** Options for gathering data to rate this item include reviewing administrative records (that is, spreadsheets) and reviewing consumers' records.

---

1.e. Programmatic educational outcomes are shared three times per year internally and with community stakeholders.

---

**Rationale:** Current research suggests that sharing the educational outcomes of the program within the parent agency and with community stakeholders plays an important role in demonstrating the progress of the program and encouraging referrals.

**Item rating:** Rate this item using a 5-point scale with three possible responses of 1 point, 3 points, and 5 points. Base the rating on evaluating two factors:

- The number of times per year that outcomes are shared; and
- With whom the outcomes are shared.

The highest rating is achieved by sharing the outcomes three times per year with both internal staff and community stakeholders.

**Data collection:** Options for gathering data to rate this item include the following:

- Interviewing program leader, education specialists, other practitioners, agency administrators; and
- Reviewing documents such as meeting minutes, newsletters, e-mail, and annual reports.

---

1.f. Formalized, individualized recognition of educational success occurs at least three times per year and is made known to the agency and community stakeholders.

---

**Rationale:** Current research suggests that formal and individualized recognition of educational success (such as certificates, handwritten congratulatory notes, newsletters, acknowledgment at agency events, annual reports, and bulletin board displays) serves two important purposes. First, recognition significantly increases students' self-esteem and motivation. Second, recognition that is shared with the parent agency and community stakeholders demonstrates the program's progress and encourages referrals.

**Item rating:** Rate this item using a 5-point scale based on evaluating two factors:

1. How often formal and individualized recognition takes place; and
2. With whom the recognition is shared.

The highest rating is achieved by formal and individualized recognition taking place at least three times per year and recognition being shared with the parent agency and community stakeholders.

**Data collection:** Options for gathering data to rate this item include:

- Reviewing documents used in recognizing student success; and
- Interviewing program leader, education specialists, program participants, other practitioners, and agency administrators.

---

## Item 2: Supported Education Team/Specialist

The Supported Education Team/Specialist is designated to provide Supported Education services.

---

- 2.a. A specific portion of the team/specialists' time is designated to carry a Supported Education caseload.
- 

**Rationale:** Current research suggests that a specific portion of time spent by the team/specialists be reserved for Supported Education services as a tool to manage and prioritize consumers' multiple service needs. Time earmarked specifically for Supported Education will help ensure that other demands do not overshadow Supported Education needs. The percentage of time allotted is determined by individual agencies and is based on the service needs of consumers in the Supported Education program. *NOTE: Views differ regarding whether it is sufficient to dedicate only a portion of staff time to the provision of Supported Education services. Some experts believe that program leaders and education specialists must be full-time employees.*

**Item rating:** Rate this item using a 5-point scale with two possible responses of 1 and 5 points. Base the rating on whether time is designated specifically for Supported Education services.

**Data collection:** Options for gathering data to rate this item include interviewing the program leader, education specialists, and consumers and families.

- 
- 2.b. The team/specialists serve as liaison to academic institutions to address consumer and programmatic issues.
- 

**Rationale:** Current research suggests that student and program success are increased when education specialists act as a liaison between the Supported Education program and academic institutions. The interwoven nature of student and programmatic issues require that collaboration efforts will address both. The outcome will be improved communication, problem-solving, and program functioning.

**Item rating:** Rate this item using a 5-point scale based on two factors:

1. Evidence that education specialists act as a liaison and collaborate with the academic institutions; and
2. Evidence that collaboration occurs that addresses both consumer and programmatic issues.

The highest rating is achieved by education specialists collaborating with academic institutions on consumer and programmatic issues.

**Data collection:** Options for gathering data to rate this item include interviewing the program leader, education specialists, consumers, and families.

---

2.c. The team/specialist provides both verbal and written information outlining specific resources and supports available to increase consumers' awareness and access.

---

**Rationale:** Current research suggests that participant success is increased when participants clearly and thoroughly understand Supported Education services. The team/specialist is responsible for providing this information in a manner that will allow participants to make informed decisions about services that will be most helpful.

**Item rating:** Rate this item using a 5-point scale based on the percentage of program participants who have received information on available resources in the Supported Education program.

**Data collection:** Options for gathering data to rate this item include the following:

- Interviewing program leader, education specialists, consumers, families; and
- Reviewing program materials provided to program participants.

---

### Item 3: Supported Education Program Eligibility

Eligibility for the Supported Education program is based solely on consumers' desire to participate in the program.

---

3.a. The Supported Education program does not screen out consumers based on formal, non-educational eligibility requirements such as substance abstinence, nonviolent behavior, lack of symptoms, perceived readiness, sufficient motivation, age, or hygiene.

---

**Rationale:** Current research suggests that formal eligibility requirements for participating in the Supported Education program include only education-based factors. Non-educational issues will be addressed by other practitioners such as case managers or therapists and should not be viewed as a hindrance to pursuing Supported Education services.

Education specialists address educational needs and act as collaborators with other practitioners on non-educational issues and their impact on their educational goals.

*Note:* Views differ whether consumers must possess a high school diploma or GED to participate in Supported Education. A number of Supported Education programs work with consumers whose education goal is to obtain a GED.

**Item rating:** Rate this item using a 5-point scale with three possible responses of 1, 3, and 5 points. Base the rating on three factors:

1. Responses are consistent from multiple sources;
2. The existence of formal, non-educational eligibility requirements; and
3. The level of encouragement to participate in Supported Education regardless of non-educational issues.

The highest rating is received when multiple sources report that all who want to pursue Supported Education services are encouraged to participate.

**Data collection:** Options for gathering data to rate this item include the following:

- Interviewing program leader, education specialists, consumers, families, other practitioners, and agency administrators; and
- Reviewing referral policy in program policy manual.

- 
- 3.b. The Supported Education program does not screen out consumers based on informal, non-educational eligibility requirements such as substance abstinence, nonviolent behavior, lack of symptoms, perceived readiness, sufficient motivation, age, or hygiene.
- 

**Rationale:** Current research suggests that informal, non-educationally based eligibility requirements should not be applied when referring or accepting consumers to a Supported Education program. The informality of the screening process is defined by screening out consumers by making a professionally based judgment of consumers' ability to succeed due to non-educational issues. Consumers are not to be screened out. Non-educational issues will be addressed by practitioners such as not be viewed as a hindrance to pursuing Supported Education services. Education specialists address educational needs and act as collaborators with other practitioners on non-educational issues and their impact on educational goals.

**Item rating:** Rate this item using a 5-point scale with three possible responses of 1, 3, and 5 points. Base the rating on three factors:

1. Responses are consistent from multiple sources;
2. The existence of informal non-educational eligibility requirements; and
3. The level of encouragement to participate in Supported Education regardless of non-educational issues.

The highest rating is received when multiple sources report that all who want Supported Education services are encouraged to participate.

**Data collection:** Options for gathering data to rate this item include interviewing the program leader, education specialists, consumers, families, other practitioners, and agency administrators.

---

3.c. Followup or intake occurs and is documented within 30 days after referral to the Supported Education program.

---

**Rationale:** Current research suggests that timely intake helps prevent participants' losing momentum and motivation.

**Item rating:** Rate this item using a 5-point scale based on the percentage of referrals that have received an intake within 30 days.

**Data collection:** Options for gathering data to rate this item include the following:

- Interviewing the program leader, education specialists, consumers, families; and
- Reviewing referral documentation and consumers' records.

---

#### Item 4: Supported Education Program Preferences

Supported Education services are based on consumers' preferences.

---

4.a. Supported Education services are individualized with supports and actions based on consumers' preferences, as evidenced using Supported Education documentation.

---

**Rationale:** Current research suggests that the most effective Supported Education services will be provided if decisions are based on consumers' preferences. Preferences are best communicated with clear documentation on the Educational Assessment or in the referral.

**Item scaling:** Rate this item using a 5-point scale based on the percentage of reviewed consumer records that document services being based on consumers' preferences.

**Data collection:** Options for gathering data to rate this item include reviewing the referral tool or Educational Assessment.

Number of consumers' records reviewed: \_\_\_\_\_

Number of consumers who state they prefer Supported Education services: \_\_\_\_\_

Percentage of consumers' records reflecting preference for Supported Education services: \_\_\_\_\_ %



---

4.b. Consumers' preferences are documented on the educational goal plans.

---

**Rationale:** Current research suggests that effective educational goals are those that are based on consumers' preferences. Preferences are best communicated with clear documentation on the Educational Goal Plan.

**Item scaling:** Rate this item using a 5-point scale based on the percentage of reviewed consumer records with documentation of educational goals being based on consumers' preferences.

**Data collection:** Options for gathering data to rate this item include reviewing Educational Goal Plans.

Number of consumers' records reviewed: \_\_\_\_\_

Number of Educational Goal Plans that document consumer preference: \_\_\_\_\_

Percentage of consumers' records reflecting documented preferences: \_\_\_\_\_ %

---

## Item 5: Supported Education Educational Assessment

The Supported Education program uses an educational assessment tool as follows:

---

5.a. Identify consumers' interests.

---

**Rationale:** Current research suggests that identifying consumers' interests is necessary to develop effective educational goals. Consumers' interests are best determined as a part of the educational assessment process and should be clearly documented on the assessment.

**Item scaling:** Rate this item using a 5-point scale based on the percentage of reviewed consumer records with Educational Assessments that clearly documents consumers' interests.

**Data collection:** Options for gathering data to rate this item include reviewing Educational Assessments used by the Supported Education program.

Number of consumers' records reviewed: \_\_\_\_\_

Number of educational assessments including interest: \_\_\_\_\_

Interests percentile: \_\_\_\_\_ %

---

5.b. Review academic history.

---

**Rationale:** Current research suggests that the most effective educational goals and service decisions are based on assessments that include considering consumers' academic history. The academic history should be thorough and include a history of academic strengths and barriers.

**Item rating:** Rate this item using a 5-point scale based on the percentage of reviewed consumer records with Educational Assessments that clearly document a thorough academic history.

**Data collection:** Options for gathering data to rate this item include reviewing Educational Assessments used by the Supported Education program.

Number of consumers' records reviewed: \_\_\_\_\_

Number of educational assessments including academic history: \_\_\_\_\_

Academic history percentile: \_\_\_\_\_ %

---

5.c. Document future academic aspirations.

---

**Rationale:** Current research suggests that the most effective educational goals and service decisions are based on an assessment that includes considering consumers' academic aspirations.

**Item rating:** Rate this item using a 5-point scale based on the percentage of reviewed consumer records with Educational Assessments clearly documenting future academic aspirations.

**Data collection:** Options for gathering data to rate this item include reviewing Educational Assessments used by the Supported Education program.

Number of consumers' records reviewed: \_\_\_\_\_

Number of educational assessments documenting future aspirations: \_\_\_\_\_

Aspiration percentile: \_\_\_\_\_ %

---

5.d. The Educational Assessment is completed within the first 3 months after referral to the Supported Education program.

---

**Rationale:** Current research suggests that most effective educational goals and service decisions are based on a thorough Educational Assessment. To proceed with Supported Education services effectively, the Educational Assessment must be completed in a timely manner. *Note:* Differing views exist regarding an adequate time frame for completing Educational Assessments. While experts agree that it is important to explore consumer interests and educational goals fully, some believe a comprehensive assessment can be completed in 30 days. The 3-month time frame provided in this fidelity scale may be viewed as a maximum.

**Item rating:** Rate this item using a 5-point scale based on the percentage of reviewed consumer records with Educational Assessments that were completed within 3 months after referral to the Supported Education program.

**Data collection:** Options for gathering data to rate this item include reviewing Educational Assessments used by the Supported Education program.

Number of consumers' records reviewed: \_\_\_\_\_

Number of educational assessments completed during 1st quarter of enrollment: \_\_\_\_\_

Percentage of completion: \_\_\_\_\_ %

---

5.e. Evidence exists that that the Educational Assessment is current for each academic period.

---

**Rationale:** Current research suggests that the Educational Assessment be updated each academic period to ensure that goal and service planning are based on the most relevant and current information.

**Item rating:** Rate this item using a 5-point scale based on the percentage of reviewed consumer records with Educational Assessments that have been updated every academic period.

**Data collection:** Options for gathering data to rate this item include reviewing Educational Assessments used by the Supported Education program.

Number of consumers' records reviewed: \_\_\_\_\_

Number of educational assessments completed and current from previous quarter: \_\_\_\_\_

Percentage of completion: \_\_\_\_\_ %

---

5.f. Evidence exists that possible barriers or challenges for educational participation have been documented on the Educational Assessment.

---

**Rationale:** Current research suggests that the highest educational outcomes are achieved when educational barriers or challenges can be clearly identified and then addressed.

**Item rating:** Rate this item using a 5-point scale based on the percentage of reviewed consumer records with Educational Assessments that document possible barriers or challenges for educational participation.

**Data collection:** Options for gathering data to rate this item include reviewing Educational Assessments used by the Supported Education program.

Number of consumers' records reviewed: \_\_\_\_\_

Number of educational assessments documenting barriers or challenges for education: \_\_\_\_\_

Percentage of completion: \_\_\_\_\_ %

---

**Item 6: Evidence of Supported Education Goal Plan**

---

Working from the Educational Assessment, the Supported Education Program consumers and education specialist complete an educationally focused and individualized Educational Goal Plan that includes the following:

---

6.a. Long-term academic goals.

---

**Rationale:** Current research suggests the importance of developing long-term academic goals from information gained in the Educational Assessment. The long-term academic goals will allow for a clear statement of consumers' desired outcome from Supported Education services and will guide service decisions.

**Item rating:** Rate this item using a 5-point scale based on the percentage of reviewed consumer records with Educational Goal Plans that documents long-term academic goals.

**Data collection:** Options for gathering data to rate this item include reviewing Educational Goal Plans used by the Supported Education program.

Number of consumers' records reviewed: \_\_\_\_\_

Number of educational goal plans documenting long-term goals: \_\_\_\_\_

Long-term goals percentage: \_\_\_\_\_ %

---

6.b. Short-term action steps.

---

**Rationale:** Current research suggests the importance of developing short-term action steps as the specific steps that will be required to meet each long-term academic goal. Short-term actions steps will serve as a plan for consumers and education specialists to follow while working toward completing long-term academic goals.

**Item rating:** Rate this item using a 5-point scale based on the percentage of reviewed consumer records with short-term action steps that accompany each long-term academic goal.

**Data collection:** Options for gathering data to rate this item include reviewing Educational Goal Plans used by the Supported Education program.

Number of consumers' records reviewed: \_\_\_\_\_

Number of educational goal plans documenting short-term action steps: \_\_\_\_\_

Short-term action step percentage: \_\_\_\_\_ %



---

6.c. Specific dates for completing each action step.

---

**Rationale:** Current research suggests that specific dates for completing action steps provides structure that helps organize service efforts and contributes to successfully completing action steps.

**Item rating:** Rate this item using a 5-point scale based on the percentage of reviewed consumer records with specific dates for completing short-term action steps.

**Data collection:** Options for gathering data to rate this item include reviewing Educational Goal Plans used by the Supported Education program.

Number of consumers' records reviewed: \_\_\_\_\_

Number of educational goal plans documenting action steps completion date: \_\_\_\_\_

Action step completion date percentage: \_\_\_\_\_ %

---

6.d. Responsibilities.

---

**Rationale:** Current research suggests that the responsibilities of consumers and education specialists for completing the tasks required for short-term action steps be clearly documented. The responsibilities are assigned collaboratively between consumers and education specialists.

**Item rating:** Rate this item using a 5-point scale based on the percentage of reviewed consumer records with clearly assigned responsibilities for tasks required to complete short-term action steps.

**Data collection:** Options for gathering data to rate this item include reviewing Educational Goal Plans used by the Supported Education program.

Number of consumers' records reviewed: \_\_\_\_\_

Number of educational goal plans documenting responsibilities: \_\_\_\_\_

Responsibilities percentage \_\_\_\_\_ %

---

6.e. Progress, barriers, or outcomes.

---

**Rationale:** Current research suggests that the progress toward, barriers to, and specific outcomes of short-term action steps and long-term educational goals be clearly documented. Identifying these factors will determine the need to reassess strategies for completing short-term action steps and meeting long-term educational goals. Assessing these factors may provide evidence of success that will contribute to continued motivation.

**Item rating:** Rate this item using a 5-point scale based on the percentage of reviewed consumer records that identify progress toward, barriers to, and outcomes of short-term action steps and long-term educational goals.

**Data collection:** Options for gathering data to rate this item include reviewing the Educational Goal Plan used by the Supported Education program.

Number of consumers' records reviewed: \_\_\_\_\_

Number of educational goal plans documenting progress, barriers, or outcomes: \_\_\_\_\_

Progress percentage \_\_\_\_\_ %

---

6.f. The Educational Goal Plan is updated at least every academic unit for each Supported Education program consumer.

---

**Rationale:** Current research suggests that Educational Goal Plan is most effective when it reflects consumers' current goals and needs. Regularly updating the Educational Goal Plan will ensure that the plan is relevant and contribute to successful outcomes.

**Item rating:** Rate this item using a 5-point scale based on the percentage of consumer records reviewed that documents updating the Educational Goal Plan at least every academic unit.

**Data collection:** Options for gathering data to rate this item include reviewing the Educational Goal Plan used by the Supported Education program.

Number of consumers' records reviewed: \_\_\_\_\_

Number of educational goal plans updated every academic unit: \_\_\_\_\_

Updates percentage: \_\_\_\_\_ %



---

**Item 7: Supported Education  
Congruency with Treatment Plan**

The goals, objectives, and strategies of the Educational Goal Plan and Master Treatment Plan are congruent.

---

7.a. The Master Treatment Plan and the Educational Goal Plan are congruent.

---

**Rationale:** Current research suggests that consumers receive services that are well coordinated and do not conflict with one another. The congruence of treatment plans is vital to successfully coordinating services.

**Item rating:** Rate this item using a 5-point scale based on the percentage of consumer records reviewed that reflect congruence between the Master Treatment Plan and the Educational Goal Plan.

**Data collection:** Options for gathering data to rate this item include reviewing the Educational Goal Plan and Master Treatment Plan in the consumer's record.

Number of consumers' records reviewed: \_\_\_\_\_

Number of records that reflect congruency: \_\_\_\_\_

Percentage of congruency: \_\_\_\_\_ %

---

7.b. Communication and collaboration between those responsible for the Master Treatment Plan and Educational Goal Plan are documented with a Progress Note accompanying the Master Treatment Plan.

---

**Rationale:** Current research suggests that congruence between treatment plans is ensured when those responsible for the plans collaborate and communicate with one another. During the process, education specialists reach clarity, ask questions, exchange information, and negotiate to maximize the effectiveness of the treatment plans. The content of the collaboration is most effectively documented with Progress Notes that accompany the Master Treatment Plan and thus are accessible to all appropriate parties.

**Item rating:** Rate this item using a 5-point scale based on the percentage of consumer records reviewed that contain Progress Notes that document the collaboration process and its content.

**Data collection:** Options for gathering data to rate this item include reviewing consumer records that contain the Master Treatment Plan.

Number of consumers' records reviewed: \_\_\_\_\_

Number of consumers with Progress.

Note documentation on

Master Treatment Plan: \_\_\_\_\_

Percentage of congruency: \_\_\_\_\_ %

---

**Item 8: Confidence- and Knowledge-Building Activities**

Confidence- and knowledge-building activities are available for consumers enrolled in Supported Education.

---

8.a. On-campus exposure to educational buildings or departments and their purpose.

---

**Rationale:** Research has shown that consumers are commonly intimidated by the size and complexity of a typical campus. Current research suggests that consumers' confidence increases with an orientation to campus buildings and their uses. In addition, an orientation will help consumers identify areas of the campus that are specifically important for their goals, helping them to perceive the campus as a manageable environment.

**Item rating:** Rate this item using a 5-point scale with three possible responses of 1, 3, and 5 points. Base the rating on two factors:

1. The substantiation of a specific rating by multiple sources; and
2. The availability of activities to consumers.

The highest rating is achieved when all respondents report that they have been exposed to the buildings and their purposes on campus.

**Data collection:** Options for gathering data to rate this item include the following:

- Interviewing the program leader, education specialists, and consumers;
- Reviewing program activity schedules; and
- Observing posted information of these events in common areas.

---

8.b. Exposure or knowledge of on-campus events (that is, sporting events, museums, community lectures, art or cultural events).

---

**Rationale:** Leisure activities at academic institutions are an important element of the whole educational experience. Research has shown that exposure to on-campus leisure activities helps build consumers' social confidence and their feelings of belonging on the campus. On-campus leisure events also inform them of activities that will help counter the stressors of education. Current research suggests that Supported Education gives consumers regular opportunities to attend on-campus events.

**Item rating:** Rate this item using a 5-point scale with three possible responses of 1, 3, and 5 points. Base the rating on two factors:

1. The substantiation of a specific rating by multiple sources; and
2. The opportunity to attend regularly scheduled on-campus leisure activities.

The highest rating is achieved when all sources report awareness of regularly scheduled opportunities to attend on-campus events.

**Data collection:** Options for gathering data to rate this item include the following:

- Interviewing program leader, education specialists, and consumers;
- Reviewing program activity schedules; and
- Observing posted information of these events in common areas.

---

8.c. Structured and unstructured exposure to peer role models or mentors.

---

**Rationale:** Research has shown that consumers identify peer role modeling and mentoring as a highly effective source of confidence building. Current research suggests that peer role modeling in structured, scheduled groups or casual, participant-initiated discussions are both effective means of building confidence. Providing opportunities for both will better provide for consumers' preferences and needs.

**Item rating:** Rate this item using a 5-point scale with three possible responses of 1, 3, and 5 points. Base the rating on three factors:

1. The substantiation of a specific rating by multiple sources;
2. The availability of peer role-modeling and mentoring on both a structured and unstructured basis; and
3. Consumers' awareness of the service.

The highest rating is achieved when all respondents report being aware that peer role modeling and mentoring is available on both a structured and unstructured basis.

**Data collection:** Options for gathering data to rate this item include the following:

- Interviewing program leader, education specialists, and consumers; and
- Reviewing program activity schedules.

---

## Item 9: Supported Education Individualized Enrollment Supports

---

Individualized enrollment supports are available in the following areas:

---

9.a. Assistance with the admission application process.

---

**Rationale:** The admissions process is often complex. For many, fulfilling requirements for records and completing admission forms can be confusing and overwhelming. Research has shown that consumers view navigating the bureaucratic processes related to education, including the admission process, as barriers to education. Current research suggests that assistance with completing the admission process should be made available to each participant.

**Item rating:** Rate this item using a 5-point scale based on the combined scores of two factors:

1. The percentage of consumers who report that assistance with the application process is available; and
2. The percentage of staff respondents (such as education specialists and other practitioners) who report that assistance with the application process is available.

Due to consumers' differing needs, the item rating is based on the availability of the service as opposed to actual use. Both consumers and staff are considered in scoring to ensure that the overall rating reflects both groups' perceptions of availability. If differences in perception related to the availability of the service exist, then it is vital that those differences be identified and analyzed to ensure that consumers' needs are being met.

**Data collection:** Options for gathering data to rate this item include interviewing the program leader, education specialists, and consumers.

Participant + staff score = item score 2

---

9.b. Accompaniment to the educational institution.

---

**Rationale:** Completing some tasks for enrollment requires that consumers be present at the institution. Consumers may prefer to be accompanied by the education specialist for support and assistance with completing tasks. Accompaniment by the education specialist is intended to be an opportunity for consumers to gain confidence and skills that will enable their independent action in the future.

**Item rating:** Rate this item using a 5-point scale based on the combined scores of two factors:

1. The percentage of consumers who report that education specialists are available to accompany them to the educational institution; and

2. The percentage of staff respondents (such as education specialist and other practitioners) who report that education specialists are available to accompany consumers to educational institutions.

Due to consumers' differing needs, the item rating is based on the availability of the service as opposed to actual use. Both consumers and staff are considered in scoring to ensure that the overall rating reflects the perceptions of availability of both groups. If differences in perception related to the availability of the service exist, then it is vital that those differences be identified and analyzed to ensure that consumers' needs are being met.

**Data collection:** Options for gathering data to rate this item include interviewing the program leader, education specialists, and consumers.

Participant + staff score = item score 2

---

9.c. Assistance in securing financial aid.

---

**Rationale:** Securing financial resources for education is a complex and arduous process. Research has reported that consumers have identified assistance in securing financial aid as a primary area in which they require assistance. Assistance by the education specialist should be in collaboration with the Office of Student Financial Aid in the institution and is intended to be an opportunity for consumers to gain confidence and skills that will enable their independent action in the future.

**Item rating:** Rate this item using a 5-point scale based on the combined scores of two factors:

1. The percentage of consumers who report that education specialists are available to help secure financial aid; and
2. The percentage of staff respondents (education specialists and other practitioners) who report that education specialists are available to help secure financial aid.

Due to consumers' differing needs, the item rating is based on the availability of the service as opposed to actual use. Both consumers and staff are considered in scoring to ensure that the overall rating reflects the perceptions of availability of both groups. If differences in perception related to the availability of the service exist, then it is vital that those differences be identified and analyzed to ensure that consumers' needs are being met.

**Data collection:** Options for gathering data to rate this item include interviewing the program leader, education specialists, and consumers.

Participant + staff score = item score 2

---

9.d. Securing academic resources (that is, textbooks and supplies).

---

**Rationale:** Identifying and obtaining academic supplies is a potentially confusing and overwhelming process, particularly if financial assistance is needed. Helping consumers identify needed supplies and obtain financial resources should be available. Assistance by education specialists is intended to be an opportunity for consumers to gain confidence and skills that will enable their independent action in the future.

**Item rating:** Rate this item using a 5-point scale based on the combined scores of two factors:

1. The percentage of consumers who report that education specialists are available to help secure academic resources; and
2. The percentage of staff respondents (education specialists and other practitioners) who report that education specialists are available to help secure academic resources.

Due to consumers' differing needs, the item rating is based on the availability of the service as opposed to actual use. Both consumers and staff are considered in scoring to ensure that the overall rating reflects the perceptions of availability of both groups. If differences in perception related to the availability of the service exist, then it is vital that those differences be identified and analyzed to ensure that consumers' needs are being met.

**Data collection:** Options for gathering data to rate this item include interviewing with program leader, education specialists, and consumers.

Participant + staff score = item score 2

---

9.e. Determination of course schedule and degree requirements.

---

**Rationale:** Consumers must be on an appropriate academic trajectory to fulfill their educational goals. Degree requirements and the availability of courses that meet those requirements will determine the appropriate trajectory. For consumers to decide on the courses in which they wish to enroll during an academic unit, they must appropriately understand their academic trajectory. Consumers should have available help in setting a course that will fulfill their educational goals. Assistance provided by education specialists should be in full collaboration with a formal academic adviser.

**Item rating:** Rate this item using a 5-point scale based on the combined scores of two factors:

1. The percentage of consumers who report that education specialists are available to help determine course schedules and degree requirements; and
2. The percentage of staff respondents (such as education specialists and other practitioners) who report that education specialists are available to help determine course schedules and degree requirements.

Due to consumers' differing needs, the item rating is based on the availability of the service as opposed to actual use. Both consumers and staff are considered in scoring to ensure that the overall rating reflects the perceptions of availability of both groups. If differences in perception related to the availability of the service exist, then it is vital that those differences be identified and analyzed to ensure that consumers' needs are being met.

**Data collection:** Options for gathering data to rate this item include interviewing the program leader, education specialists, and consumers.

Participant + staff score = item score 2

---

9.f. Introductions to useful campus personnel (advisors, Disability Services, library, etc.).

---

**Rationale:** Successfully completing educational goals requires that consumers are aware of and able to use campus resources. Current research suggests that the probability of using those resources increases when consumers have a relationship with those who provide those services. Consumers may prefer that the education specialist help initiate these relationships by introducing personnel with whom consumers will be working.

**Item rating:** Rate this item using a 5-point scale based on the combined scores of two factors:

1. The percentage of consumers who report that education specialists introduce them to useful campus personnel; and
2. The percentage of staff respondents (such as education specialists and other practitioners) who report that education specialists introduce consumers to useful campus personnel.

Due to consumers' differing needs, the item rating is based on the availability of the service as opposed to actual use. Both consumers and staff are considered in scoring to ensure that the overall rating reflects the perceptions of availability of both groups. If differences in perception related to the availability of the service exist, then it is vital that those differences be identified and analyzed to ensure that consumers' needs are being met.

**Data collection:** Options for gathering data to rate this item include interviewing the program leader, education specialists, and consumers.

Participant + staff score = item score 2

---

### Item 10: Supported Education Supports and Resources for Students Enrolled in Academic Institutions

Individualized educational supports are available in the following areas:

---

10.a. Tutoring (for example, campus tutors, campus tutoring labs, peer tutors).

---

**Rationale:** Consumers commonly use tutoring services to address the need for additional help in mathematics, writing, and science. Current research suggests that consumers in Supported Education are familiar with all tutoring services available through the institution or in the Supported Education program. Ideally, tutoring services at the institution will be used to normalize the experience and integrate consumers into the campus environment.

**Item rating:** Rate this item using a 5-point scale based on the combined scores of two factors:

1. The percentage of consumers who report that tutoring services are available; and
2. The percentage of staff respondents (such as education specialist and other practitioners) who report that tutoring services are available.

Due to consumers' differing needs, the item rating is based on the availability of the service as opposed to actual use. Both consumers and staff are considered in scoring to ensure that the overall rating reflects the perceptions of availability of both groups. If differences in perception related to the availability of the service exist, then it is vital that those differences be identified and analyzed to ensure that participant needs are being met.

**Data collection:** Options for gathering data to rate this item include interviewing the program leader, education specialists, and consumers.

Participant + staff score = item score 2

---

10.b. Academic accommodations (such as extended time for testing, note-takers, drinks in the classroom).

---

**Rationale:** The Americans with Disabilities Act (ADA) requires that postsecondary institutions provide accommodations to students with disabilities, including psychiatric disabilities. Services provided by Office of Services for Students with Disabilities or Disability Services are intended to offset disability-based barriers without altering the essential components of the class or curriculum. Current research suggests that consumers should be familiar with the institutions' Disability Services and related services to address any need for accommodation.

**Item rating:** Rate this item using a 5-point scale based on the combined scores of two factors:

1. The percentage of consumers who report that academic accommodations are available; and
2. The percentage of staff respondents (such as education specialists and other practitioners) who report that academic accommodations are available.

Due to consumers' differing needs, the item rating is based on the availability of the service as opposed to actual use. Both consumers and staff are considered in scoring to ensure that the overall rating reflects the perceptions of availability of both groups. If differences in perception related to the availability of the service exist, then it is vital that those differences be identified and analyzed to ensure that participant needs are being met.

**Data collection:** Options for gathering data to rate this item include interviewing program leader, education specialists, and consumers.

Participant + staff score = item score 2

---

10.c. Liaison with school or other agencies for special accommodations

---

**Rationale:** Periodically, circumstances beyond consumers' control may require that a request be made for special accommodations other than those found under the Americans with Disabilities Act (ADA). For example, asking to audit class while financial aid is being processed, negotiating a reduction in credit hours taken per semester with vocational rehabilitation, or requesting that the procedures of the educational institution or service agency be modified to accommodate consumers' needs. Typically, such a request requires education specialists to serve as a liaison or advocate on consumers' behalf. Current research suggests that an education specialist should be available to consumers to help in liaison or advocacy functions with the institution or service agency. The intent is to provide this service in a manner that will educate consumers to act as their own advocate in the future.

**Item rating:** Rate this item using a 5-point scale based on the combined scores of two factors:

1. The percentage of consumers who report that advocacy or liaison services are available; and
2. The percentage of staff respondents (such as education specialists and other practitioners) who report that advocacy or liaison services are available.

Due to consumers' differing needs, the item rating is based on the availability of the service as opposed to actual use. Both consumers and staff are considered in scoring to ensure that the overall rating reflects the perceptions of availability of both groups. If differences in perception related to the availability of the service exist, then it is vital that those differences be identified and analyzed to ensure that consumers' needs are being met.

**Data collection:** Options for gathering data to rate this item include interviewing the program leader, education specialists, and consumers.

$$\text{Participant} + \text{staff score} = \text{item score } 2$$

---

10.d. Peer support (such as students in same class, other consumers in college, educational support groups at the mental health agency).

---

**Rationale:** Research has shown that consumers identify peer support as the most effective means of support for managing the stressors of education. Current research suggests that effective peer support may be provided in regularly scheduled groups or casual, participant-initiated discussions. Providing opportunities for both will better provide for consumers' preferences and needs. Ideally, consumers will take the utmost leadership in providing peer support services.

**Item rating:** Rate this item using a 5-point scale based on the combined scores of two factors:

1. The percentage of consumers who report that peer support services are available; and
2. The percentage of staff respondents (such as education specialists and other practitioners) who report that peer support services are available.

Due to consumers' differing needs, the item rating is based on the availability of the service as opposed to actual use. Both consumers and staff are considered in scoring to ensure that the overall rating reflects the perceptions of availability of both groups. If differences in perception related to the availability of the service exist, then it is vital that those differences be identified and analyzed to ensure that consumers' needs are being met.

**Data collection:** Options for gathering data to rate this item include interviewing the program leader, education specialists, and consumers.

Participant + staff score = item score 2

---

10.e. Ongoing assistance with financial aid.

---

**Rationale:** Research has reported that consumers have identified help in securing financial aid as a primary area in which they require help. Securing financial resources for education is an ongoing process that requires completing complex procedures at least annually. To meet these needs, current research suggests that education specialists be available to help with financial aid matters on an ongoing basis. Help by education specialists should be in collaboration with the institution's Office of Student Financial Aid and is intended to be an opportunity for consumers to gain confidence and skills that will enable their independent action in the future.

**Item rating:** Rate this item using a 5-point scale based on the combined scores of two factors:

1. The percentage of consumers who report that ongoing assistance with financial aid is available; and
2. The percentage of staff respondents (such as education specialists and other practitioners) who report that ongoing assistance with financial aid is available.

Due to consumers' differing needs, the item rating is based on the availability of the service as opposed to actual use. Both consumers and staff are considered in scoring to ensure that the overall rating reflects the perceptions of availability of both groups. If differences in perception related to the availability of the service exist, then it is vital that those differences be identified and analyzed to ensure that consumers' needs are being met.

**Data collection:** Options for gathering data to rate this item include interviewing the program leader, education specialists, and consumers.

Participant + staff score = item score 2

---

10.f. Mobile support services for immediate support.

---

**Rationale:** Research has shown that consumers' immediate, symptom- or anxiety-related issues are best addressed with mobile support services. Mobile support services require that consumers have immediate contact with the education specialist by phone or in person on the campus. Where the services are provided is based on consumers' preferences and needs.

**Item rating:** Rate this item using a 5-point scale based on the combined scores of two factors:

1. The percentage of consumers who report that mobile support services are available; and

2. The percentage of staff respondents (such as education specialists and other practitioners) who report that mobile support services are available.

Due to consumers' differing needs, the item rating is based on the availability of the service as opposed to actual use. Both consumers and staff are considered in scoring to ensure that the overall rating reflects the perceptions of availability of both groups. If differences in perception related to the availability of the service exist, then it is vital that those differences be identified and analyzed to ensure that consumers' needs are being met.

**Data collection:** Options for gathering data to rate this item include interviewing program leader, education specialists, and consumers.

Participant + staff score = item score 2

---

**Item 11: Supported Education Program  
Participant Educational Progress**

---

The Supported Education team/specialists strongly encourage consumers to achieve positive, forward educational progress.

---

11.a. Consumers move to increasingly higher level, non-segregated post-secondary classes with each academic unit.

---

**Rationale:** Research has shown that it is important that consumers build confidence and progress toward educational goals by pursuing courses with increasing difficulty. Current research suggests that education specialists encourage consumers to take more difficult classes in each academic unit. *Note:* It is not the intention that this item overrides participants' preferences. While education specialists should encourage and support participants in fulfilling their short- and long-term goals, the pace with which they do so should be guided by consumer preferences.

**Item rating:** Rate this item using a 5-point scale based on the percentage of consumers who report moving to higher level, nonsegregated postsecondary classes with each academic unit. Movement will be determined by asking consumers for a description of the classes that they have taken in the last three academic units. The description may include the course number, overview of the class, and where the class fits into the overall degree requirements. Information should also be gathered from consumers to assess their level of satisfaction with their own progress.

**Data collection:** Options for gathering data to rate this item include the following:

- Interviewing program leader, education specialists, and program participants; and
- Reviewing consumers' academic record or other documentation of completed course work.

---

**Item 12: Supported Education  
Communication and Collaboration**

Supported Education team/specialist collaborates and communicates consistently and regularly with relevant others (that is, clinical staff, campus personnel) to inform, update, and address consumers' educational status.

---

12.a. Communication and collaboration includes attending consumers' clinical treatment team meetings at least quarterly or more often as needed or requested.

---

**Rationale:** Current research suggests that the most effective services are those that are provided in collaboration with a treatment team that is well informed of consumers' status and functioning.

**Item rating:** Rate this item using a 5-point scale based on the frequency of education specialists' attendance at treatment team meetings. The highest rating is achieved by attending treatment team meetings at least quarterly or more often if requested. The rating will be determined by documentation of attendance at meetings (that is, meeting minutes) or by report of multiple sources by Supported Education staff and other practitioners.

**Data collection:** Options for gathering data to rate this item include the following:

- Interviewing program leader, education specialists, and other practitioners; and
- Reviewing meeting minutes.

---

12.b. Communication and collaboration includes providing written and verbal information (by e-mail, phone, face-to-face, in writing).

---

**Rationale:** Current research suggests that communication and collaboration take place by a variety of methods that are most effective for those involved. The method should lend itself to appropriate documentation in consumers' records.

**Item rating:** Rate this item using a 5-point scale with three possible responses of 1, 3, and 5 points. Base the rating on the number of sources who report collaboration and communication activities. Ideally, documentation of examples of communication will be available.

**Data collection:** Options for gathering data to rate this item include the following:

- Interviewing program leader, education specialists, other practitioners;
- Reviewing consumers' records.

---

12.c. Communication and collaboration includes jointly developing intervention plans with relevant service providers and consumers.

---

**Rationale:** Current research suggests that the effectiveness of interventions increases when all relevant service providers and consumers are included in developing them. Communication and collaboration among service providers is essential to ensure that the intervention is based on the input of all relevant providers and the consumer.

**Item rating:** Rate this item using a 5-point scale with three possible responses of 1, 3, and 5 points. Base the rating on the number of sources who report collaboration and communication in developing interventions.

**Data collection:** Options for gathering data to rate this item include the following:

- Interviewing program leader, education specialists, other practitioners; and
- Reviewing consumer records.





## Evaluating Your Program

### Appendix D: Outcomes Report Form





# Outcomes Report Form

**Quarter**     January, February, March                      **Year** \_\_\_\_\_  
                    April, May, June  
                    July, August, September  
                    October, November, December

**Reported by** \_\_\_\_\_

**Agency** \_\_\_\_\_ **Team** \_\_\_\_\_

## About the consumer

**Consumer ID** \_\_\_\_\_ **Discharge date** \_\_\_/\_\_\_/\_\_\_ **Date of birth** \_\_\_/\_\_\_/\_\_\_

Male                      **Ethnicity** \_\_\_\_\_

Female                      **Primary diagnosis** \_\_\_\_\_

### What was the consumer's service status on the last day of the quarter?

	Unknown	Not Eligible	Eligible	Enrolled
Supported Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrated Treatment for Co-Occurring Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supported Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assertive Community Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illness Management and Recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Psychoeducation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### In the past 3 months, how often has the consumer ...

Number of days

Number of incidents

Been homeless?  
 Been incarcerated?  
 Been in a state psychiatric hospital?  
 Been in a private psychiatric hospital?  
 Been hospitalized for substance abuse reasons?

**In the past 3 months, how many days was the consumer competitively employed?** (Use 0 if the consumer has not been competitively employed.)

\_\_\_\_\_ Days

**Was the consumer competitively employed on the last day of the reporting period?**

- Yes
- No

**What was the consumer's stage of substance abuse treatment on the last day of the quarter?** *Check one.*

- Not applicable
- Pre-engagement
- Engagement
- Early persuasion
- Late persuasion
- Early active treatment
- Late active treatment
- Relapse prevention
- In remission or recovery

**What was the consumer's living arrangement on the last day of the quarter?** *Check one.*

- Not applicable or unknown
- Psychiatric hospital
- Substance abuse hospitalization
- General hospital psychiatric ward
- Nursing home
- Family care home
- Living with relatives (heavily dependent for personal care)
- Group home
- Boarding house
- Supervised apartment program
- Living with relatives (but is largely independent)
- Living independently
- Homeless
- Emergency shelter
- Other (specify): \_\_\_\_\_

**What was the consumer's educational status on the last day of the quarter?** *Check one.*

- Not applicable or unknown
- No educational participation
- A vocational/educational involvement
- Pre-educational explorations
- Working on General Education Development certificate (GED)
- Working on English as a Second Language
- Basic educational skills
- Attending vocational school, vocational program, apprenticeship, or high school
- Attending college: 1 to 6 hours
- Attending college: 7 or more hours
- Other (specify): \_\_\_\_\_

**What is the consumer's highest level of education?** *Check one.*

- No high school
- High school diploma or General Educational Development (GED) diploma
- Some college
- Associate degree
- Vocational training certificate
- Bachelor of Arts or Bachelor of Science
- Master's degree or Ph.D.

## Evaluating Your Program

### Appendix E: Instructions for the Outcomes Report Form





---

## Instructions for the Outcomes Report Form

Before you fill out the Outcomes Report Form, become familiar with the definitions of the data elements to provide consistency among reporters.

---

### General data

- Quarter:** Check the time frame for the reporting period.
- Year:** Fill in the current year.
- Reported by:** Fill in the name and title of the person who completed the form.
- Agency:** Identify the agency name.
- Team:** Write the team name or number.

---

### About the consumer

- Consumer ID:** Write the consumer ID that is used at your agency, usually a name or an identifying number. This information will be accessible only to the agency providing the service.
- Discharge date:** If the consumer has been discharged during this report period, fill in the discharge date.
- Date of birth:** Fill in the consumer's date of birth (example: 09/22/1950).
- Gender:** Check the appropriate box.
- Ethnicity:** Fill in the consumer's ethnicity.
- Primary diagnosis:** Write the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) diagnosis.

---

### Service status

**What was the consumer's service status on the last day of the quarter?** Check the appropriate boxes according to these definitions:

- Eligible:** Does the consumer meet the participation criteria for a specific evidence-based or promising practice? Each practice has criteria for program participation that should be used to determine eligibility.
- Enrolled:** Is the consumer participating in a particular service or has the consumer participated in the past period? *Note:* Aggregate data about eligibility and enrollment can be used to determine the percent of eligible consumers who received services.

---

## Incident reporting

For the following outcomes, record the number of days and number of incidents that the consumer spent in each category during the reporting period.

### Categories:

- **Been homeless:** Number of days that the consumer was homeless and how many times the consumer was homeless during the reporting period. Homeless refers to consumers who lack a fixed, regular, and adequate nighttime residence.
- **Been incarcerated:** Number of days and incidents that the consumer spent incarcerated in jails or in other criminal justice lockups.
- **Been in a state psychiatric hospital:** Number of days and incidents that the consumer spent hospitalized primarily for treatment of psychiatric disorders in a state psychiatric hospital.
- **Been in a private psychiatric hospital:** Number of days and incidents that the consumer spent hospitalized primarily for treatment of psychiatric disorders in a private psychiatric hospital.
- **Been hospitalized for substance abuse reasons:** Number of days and incidents that the consumer spent hospitalized primarily for treatment of substance use disorders, including both public and private hospitals whose primary function is treating substance use disorders.

---

## Competitive employment

**In the past 3 months, how many days was the consumer competitively employed?** *Competitive employment* means working in a paid position (almost always outside the mental health center) that would be open to all community members to apply. Competitive employment excludes consumers working in sheltered workshops, transitional employment positions, or volunteering. It may include consumers who are self-employed but only if the consumer works regularly and is paid for the work.

---

## Stage of substance abuse treatment

**What was the consumer's stage of substance abuse treatment on the last day of the quarter?** Record the consumer's stage of substance abuse recovery, according to the following nine categories:

- **Not applicable:** No history of substance abuse disorder.
- **Pre-engagement:** No contacts with a case manager, mental health counselor, or substance abuse counselor.
- **Engagement:** Contact with an assigned case manager or counselor, but does not have regular contacts. The lack of regular contact implies lack of a working alliance.
- **Early persuasion:** Regular contacts with a case manager or counselor, but has not reduced substance use for more than a month. Regular contacts imply having a working alliance and a relationship in which substance abuse can be discussed.

- **Late persuasion:** Engaged in a relationship with a case manager or counselor, is discussing substance use or attending a group, and shows evidence of reducing use for at least one month (fewer drugs, smaller quantities, or both). External controls (such as Antabuse) may be involved in reduction.
- **Early active treatment:** Engaged in treatment, is discussing substance use or attending a group, has reduced use for at least one month, and is working toward abstinence (or controlled use without associated problems) as a goal, even though consumer may still be abusing.
- **Late active treatment:** Engaged in treatment, has acknowledged that substance abuse is a problem, and has achieved abstinence (or controlled use without associated problems) but for less than 6 months.
- **Relapse prevention:** Engaged in treatment, has acknowledged that substance abuse is a problem, and has achieved abstinence (or controlled use without associated problems) for at least 6 months. Occasional lapses, not days of problematic use, are allowed.
- **In remission or recovery:** No problems related to substance use for more than one year and is no longer in any type of substance abuse treatment.

---

## Living arrangement

**What was the consumer's living arrangement on the last day of the quarter?** These data give your agency an ongoing record of the consumer's residential status.

- **Not applicable or unknown**
- **Psychiatric hospital:** Those hospitals, both public and private, whose primary function is treating mental disorders. This includes state hospitals and other freestanding psychiatric hospitals.
- **Substance use hospitalization:** Those hospitals, both public and private, whose primary function is treating substance use disorders.
- **General hospital psychiatric ward:** Psychiatric wards located in general medical centers that provide short-term, acute crisis care.
- **Nursing home:** Facilities that are responsible for the medical and physical care of consumers and have been licensed as such by the state.
- **Family care home:** Consumers live in single-family dwellings with nonrelatives who provide substantial care. Substantial care is determined by the degree to which nonrelatives are responsible for the daily care of consumers. Such things as medication management, transportation, cooking, cleaning, restrictions on leaving the home, and money management are considered. Nonrelatives may have guardianship responsibilities. If consumers are unable to do most daily living tasks without the aid of caretakers, consider caretakers to be providing substantial care.

- **Lives with relatives (heavily dependent for personal care):** Consult consumers and relatives about how much family members are responsible for consumers' daily care. An important distinction between this status and supervised apartment program is to ask, "If the family were not involved, would the consumer be living in a more restrictive setting?" In assessing the extent to which family members provide substantial care, consider such things as taking medication, using transportation, cooking, cleaning, having control of leaving the home, and managing money. If consumers are unable to independently perform most daily living functions, consider family members to be providing substantial care.
- **Group home:** A residence that is run by staff who provide many functions (shopping, meal preparation, laundry, etc.) that are essential to living independently.
- **Boarding house:** A facility that provides a place to sleep and meals but it is not seen as an extension of a mental health agency, nor is it staffed with mental health personnel. These facilities are largely privately run and consumers have a high degree of autonomy.

- **Supervised apartment program:** Consumers live (fairly independently) in an apartment sponsored by a mental health agency. In determining whether someone fits this category, look at the extent to which mental health staff have control over key aspects of the living arrangements. Example characteristics of control include the following:
  - The mental health agency signs the lease;
  - The mental health agency has keys to the house or apartment;
  - Mental health agency staff provides onsite day or evening coverage; and
  - The mental health agency mandates that consumers participate in certain mental health services—medication clinic, day program, etc., to live in the house or apartment.

*Note:* Consumers who receive only case management support or financial aid are NOT included in this category; they are considered to be living independently.

- **Lives with relatives (but is largely independent):** An assignment to this category requires having information from consumers and families. The key consideration relates to the degree to which consumers can perform most tasks essential to daily living without being supervised by family members.
- **Living independently:** Consumers who live independently and are capable of self-care, including those who live independently with case management support. This category also includes consumers who are largely independent and choose to live with others for reasons unrelated to mental illness. They may live with friends, a spouse, or other family members. The reasons for shared housing could include personal choice related to culture or financial considerations.
- **Homeless:** Consumers who lack a fixed, regular, and adequate nighttime residence.
- **Emergency shelter:** Temporary arrangements due to a crisis or misfortune that are not specifically related to a recurrence of the consumer's illness. While many emergency shelters provide emotional support, the need for emergency shelter is due to an immediate crisis unrelated to the consumer's mental illness.
- **Other:** Those who complete the form should clearly define this status in the space provided.

---

## Educational status

**What was the consumer's educational status on the last day of the quarter?** These data give your agency an ongoing record of the consumer's educational status.

- **Not applicable or unknown**
- **No educational participation:** Consumer is not participating in educational activities.
- **Avocational/educational involvement:** Organized classes in which consumers enroll consistently and expect to take part for the purpose of life enrichment, hobbies, recreation, etc. These classes must be community-based, not run by the mental health center. Classes are those in which anyone could participate, not just consumers. If any of these activities involve college enrollment, use the categories below.
- **Pre-educational explorations:** Consumers in this status are engaged in educational activities with the specific purpose of working toward an educational goal. This includes consumers who attend a college orientation class with the goal of enrolling, meet with the financial aid office to apply for scholarships, or apply for admission to enroll. This status also includes consumers who attend a mental health center-sponsored activity focusing on an educational goal (for example, campus visits with a case manager to survey the location of classrooms or meetings with the case manager and college staff to secure entitlements).

- **Working on General Educational Development (GED):** Consumers who are taking classes to earn their GED diploma.
- **Working on English as Second Language:** Consumers who are taking classes in English as a Second Language in a community setting.
- **Basic educational skills:** Consumers who are taking adult educational classes focused on basic skills, such as math and reading.
- **Attending vocational school or apprenticeship, vocational program, or attending high school:** Consumers who are—
- Participating in community-based vocational schools;
- Learning skills through an apprenticeship; internship; or in a practicum setting;
- Involved in on-the-job training to acquire more advanced skills;
- Participating in correspondence courses which lead to job certification; and
- Young adults attending high school.
- **Attending college: 1 to 6 hours:** Consumers who attend college for 6 hours or fewer per term. This status continues over breaks, etc., if consumers plan to continue enrollment. This status suggests that consumers regularly attend college and includes correspondence, TV, or video courses for college credit.
- **Attending college: 7 or more hours:** Consumers attend college for 7 or more hours per term. This status continues over breaks, etc., if consumers plan to continue enrollment.
- Regular attendance with expectations of completing course work is essential for assignment to this status.
- **Other:** Those who complete the form should clearly define this status in the space provided.

## Evaluating Your Program

### Appendix F: Assessor Training and Work Performance Checklist





# Assessor Training and Work Performance Checklist

Assessment date \_\_\_\_/\_\_\_\_/\_\_\_\_

Assessor's name \_\_\_\_\_  
First Middle Initial Last Title

Agency visited \_\_\_\_\_

Agency address \_\_\_\_\_  
Street

\_\_\_\_\_ City State ZIP code

EBP assessed \_\_\_\_\_

## Assessor qualifications

Yes

- 1a. **Data collection and skills:** Assessor's skills are evidenced by his or her prior work experience, credentials, or supervisor's observations.
- 1b. **Evidence-based practices (EBP) or promising practice knowledge:** Assessor's knowledge is evidenced by his or her prior work experience, credentials, or passing a knowledge test on a specific EBP or promising practice.
- 1c. **Training:** Assessors receive at least 8 hours of systematic training on chart review, interviewing techniques, and process assessment.
- 1d. **Shadowing:** Assessors complete at least 1 assessment with an experienced assessor before the first official process assessment.
- 1e. **Practice rating:** Assessors co-rate as practice before being official assessors and agree exactly with an experienced assessor on ratings for at least 80 percent of items.

\_\_\_\_/5 Subtotal



## Data Collection

- 2a. **Contact and scheduling:** With contact person, assessors identify a date convenient to site, explain purpose of the assessment, identify information to be assembled ahead of time, and develop specific schedule of interviews and assessment activities.
- 2b. **Number of assessors:** Two or more assessors are present during the assessment visit and independently rate all items. If agency is working with a consultant, assessor may join with consultant to conduct assessments.
- 2c. **Time management:** Sufficient time is allotted and all necessary materials reviewed (2 days for 2 assessors).
- 2d. **Interviewing:** Interview all the sources stipulated in the protocol (for example, interviews with the program leader, team members, and consumers).
- 2e. **Completion of documents:** Complete scoresheet, cover sheet, and any other supplemental documents relating to the agency.
- 2f. **Documentation supporting rating:** Each assessor provides written documentation for evidence supporting the rating for each item (such as marginal notes).
- 2g. **Chart selection and documentation:** Chart selection follows guidelines provided in the protocol (for example, appropriate type and number of charts). Assessors note discrepancies (such as chart unavailability).
- 2h. **Chart review:** Both assessors review all charts and rate them independently.
- 2i. **Resolution of discrepancies:** When a discrepancy exists between sources (such as charts and Supported Education team members), assessors follow up with an appropriate informant (typically the Supported Education leader or relevant staff members).
- 2j. **Independent ratings:** No later than 1 day after the assessment, assessors independently complete scales before discussing ratings.

\_\_\_\_/10 Subtotal

## Post-assessment visit

- 3a. **Timely consensus:** Within 5 working days after the assessment, assessors discuss their ratings to determine consensus ratings, identifying any followup information needed. A third assessor (for example, supervisor) may be consulted to resolve difficult ratings.
- 3b. **Inter-rater reliability:** Raters agree exactly on ratings for at least 80 percent of the items. Sources of unreliability are discussed with supervisor and strategies developed to reduce future unreliability.
- 3c. **Follow up on missing data:** If followup calls are needed to complete an item, information obtained within 3 working days.

\_\_\_\_/3 Subtotal

## Comprehensive report writing

- 4a. **Documentation of background information:**
  - List recipients of report in the header (usually the agency director and Supported Education leader; add others by mutual agreement).
  - Summarize time, place, and method.
  - Provide background about scale.
- 4b. **Site and normative fidelity data:** Provide a table with item-level (consensus) scores, along with normative data (if available). Normative data include both national and state norms. In this table, provide comparative site data from prior assessments. On second and later assessments, provide a graph of global fidelity ratings over time for the site (*trend line*).
- 4c. **Quantitative summary:** Provide narrative summary of quantitative data. List strengths and weaknesses.
- 4d. **Score interpretations:**
  - Interpret overall score
  - Include other pertinent observations
  - Provide overall summary
  - Provide opportunity for site to comment and clarify
- 4e. **Report editing:** If agency is working with a consultant, consultant may write report. Assessor and supervisor review draft of the report before it is submitted to the agency.

\_\_\_\_/5 Subtotal

## Report submission and followup

- 5a. **Timely report:** Report sent to agency director within 2 weeks of visit.
- 5b. **Follow up on report:** If agency is working with a consultant, consultant discusses report with designated agency staff within 1 month of assessment.

\_\_\_\_/2 Subtotal

## Quality control

- 6. **Quality control:** Supervisor reviews assessments and gives feedback, as necessary, to assessors. Depending on skill level of assessors, supervisor periodically accompanies assessors on assessment for quality assurance purposes.

\_\_\_\_/1 Subtotal

\_\_\_\_/27

**Total** — Add the subtotals.



## Supported Education Consumer Satisfaction Survey

Please complete this survey to help us gather information about the Supported Education program, All information is confidential. If you have any questions, please ask for clarification or help. Thank you for your time.

Check the response that most closely represents how you feel about each statement.

1. **Information about the Supported Education program is widespread and I knew how to get involved.**

- Strongly agree
- Agree
- Neither
- Disagree
- Strongly disagree

2. **I had an individual interview with an education specialist to discuss my ideas and make plans for my education.**

- Strongly agree
- Agree
- Neither
- Disagree
- Strongly disagree

3. **There were no requirements, like being drug- or symptom-free, which would have kept me from being part of the Supported Education program.**

- Strongly agree
- Agree
- Neither
- Disagree
- Strongly disagree

4. **My education specialist helped me find an education program soon after I expressed interest in becoming involved in the Supported Education program.**

- Strongly agree
- Agree
- Neither
- Disagree
- Strongly disagree

5. **I meet or speak with my education specialist at least every week to discuss how I am doing.**

- Strongly agree
- Agree
- Neither
- Disagree
- Strongly disagree

6. **My education specialist and I review my educational goals every semester or quarter.**

- Strongly agree
- Agree
- Neither
- Disagree
- Strongly disagree

7. **My education goals are part of my individual treatment plan.**
- Strongly agree
  - Agree
  - Neither
  - Disagree
  - Strongly disagree
8. **My mental health providers talk with the education specialist about how I am doing.**
- Strongly agree
  - Agree
  - Neither
  - Disagree
  - Strongly disagree
9. **My education specialist and I discuss resources, like transportation or a place to study, that I might need to stay in school.**
- Strongly agree
  - Agree
  - Neither
  - Disagree
  - Strongly disagree
10. **My education specialist helps me learn new skills when I need them.**
- Strongly agree
  - Agree
  - Neither
  - Disagree
  - Strongly disagree
11. **My education specialist helps me register for school.**
- Strongly agree
  - Agree
  - Neither
  - Disagree
  - Strongly disagree
12. **My education specialist helps me obtain financial aid.**
- Strongly agree
  - Agree
  - Neither
  - Disagree
  - Strongly disagree
13. **My education specialist helps me get accommodations.**
- Strongly agree
  - Agree
  - Neither
  - Disagree
  - Strongly disagree
14. **My education specialist focuses on my strengths and gives me hope that I can be successful in school.**
- Strongly agree
  - Agree
  - Neither
  - Disagree
  - Strongly disagree

15. **I believe my education specialist is a good listener and understands what I am saying and feeling.**

- Strongly agree
- Agree
- Neither
- Disagree
- Strongly disagree

16. **My ideas and what I want are the focus of our meetings.**

- Strongly agree
- Agree
- Neither
- Disagree
- Strongly disagree

17. **My meetings with my education specialist are helpful and I usually feel good about them.**

- Strongly agree
- Agree
- Neither
- Disagree
- Strongly disagree

18. **My education specialist is available when I need to talk, or she or he makes an appointment so we can get together within a few days.**

- Strongly agree
- Agree
- Neither
- Disagree
- Strongly disagree

19. **If I do not contact my education specialist, he or she stays in touch with me through telephone calls, mail, e-mail, or community visits.**

- Strongly agree
- Agree
- Neither
- Disagree
- Strongly disagree

20. **My education specialist is helping me accomplish my education goals.**

- Strongly agree
- Agree
- Neither
- Disagree
- Strongly disagree







HHS Publication No. SMA-11-4654  
Printed 2011

28857.1210.8712010402

