

## **SUPPORTED EMPLOYMENT FIDELITY REPORT**

Date: November 20, 2025

To: Karen Gardner, Director/Chief Executive Officer  
Kendrick Felix, Supported Employment Manager

From: Melissa Porphir, MS  
Allison Treu, BS  
AHCCCS Fidelity Specialists

### **Introduction**

Arizona Health Care Cost Containment System has contracted with Western Interstate Commission for Higher Education - Behavioral Health Program to conduct fidelity reviews using the Substance Abuse and Mental Health Services Administration (SAMHSA) Supported Employment Fidelity Scale. Supported Employment (SE), an evidence-based practice (EBP), refers specifically to helping members with a serious mental illness (SMI) designation find and keep competitive jobs in the community based on their individual preferences rather than jobs set aside for people with disabilities.

### **Method**

On September 29 – October 2, 2025, Fidelity Specialists completed a review of the **Focus Employment Services** SE program. This review is intended to provide specific feedback on the development of the agency's SE services in an effort to improve the overall quality of behavioral health services in Maricopa County.

Services are reviewed starting from the time a participating member with an SMI designation indicates an interest in obtaining competitive employment and continues through the provision of follow-along supports for members that obtain competitive employment. In order to effectively review SE services, the review process includes evaluating the working collaboration between each SE provider and the referring outpatient behavioral health clinics with whom they partner to deliver services. For the purposes of this review, the referring clinics include Terros - South Mountain and Southwest Network - San Tan. Some data obtained also reflects services provided by other partner clinics.

Focus Employment Services (Focus) was founded in 1996 and provides an array of employment services, including supported employment, job development, work adjustment training, vocational counseling, and rehabilitation instructional services. Per the agency website, Focus seeks to improve the overall quality of life for individuals with disabilities through community involvement and gainful employment.

The individuals served through the program are referred to as *clients*, but for the purpose of this report and for consistency across fidelity reports, the term *member* will be used. At the time of the review, the program was serving 179 members, and Employment Specialists (ES) were reported to be co-located within 11 outpatient behavioral health clinics.

This review was conducted remotely using videoconferencing and telephone to observe meetings and to interview staff and members.

During the fidelity review, reviewers participated in the following activities:

- Videoconference observation of a virtual SE supervision meeting on October 2, 2025.
- Videoconference observation of a virtual meeting between a Focus Employment Specialist and two Rehabilitation Specialists at Terros - South Mountain clinic.
- Group videoconference overview of the Focus SE program with the Director/CEO and SE Manager.
- Individual videoconference with the SE Manager.
- Group videoconference interviews with one Case Manager and two Rehabilitation Specialists from Terros - South Mountain clinic.
- Group videoconference interviews with three Case Managers and two Rehabilitation Specialists from Southwest Network - San Tan clinic.
- Group videoconference interview with four of the SE program's Employment Specialists (ES).
- Individual phone interviews with two members receiving SE services and one natural support (family member).
- Review of documents: Focus SE brochure, *Employer Contacts*, and *Case Closure Protocol* form.
- Closeout discussion with the SE Manager, Director/CEO, and representatives from AHCCCS and the Health Plan.
- Review of 10 randomly selected member records from the SE program, as well as remote review of member records from the two partnering clinics, including a sample of co-served members. The sample only included members with health plans with the contractor with a Regional Behavioral Health Agreement.

The review was conducted using the SAMHSA SE Fidelity Scale. This scale assesses how close in implementation a team is to the SE model using specific observational criteria. It evaluates the degree of fidelity along 3 dimensions: Staffing, Organization, and Services. The SE Fidelity Scale has 15 program-specific items, and each item is rated on a 5-point scale, ranging from 1 (meaning *not implemented*) to 5 (meaning *fully implemented, with little room for improvement*).

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

### **Summary and Key Recommendations**

The agency demonstrated strengths in the following program areas:

- Vocational generalists: SE staff act as generalists and carry out all phases of vocational services from beginning to end.
- Zero-exclusion criteria: SE and clinic staff embrace the principle of zero exclusion. There are no screening or eligibility requirements for members. Referrals are made soon after members express interest in employment, and SE program intakes are scheduled quickly.

- Jobs as transitions: ES provide support to members during job transitions, helping develop new jobs when a job ends or if the member requests a job change.

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

- Integration of rehabilitation with mental health treatment: Collaborate with system partners to address barriers preventing ES from participating in weekly full clinical treatment team meetings at co-located locations. Integration ensures that vocational goals are recognized as a central part of member recovery, not treated as separate or secondary. Through collaboration, ES and clinical teams gain shared insight into jointly tailored treatment planning efforts to better support each member's employment goals.
- Vocational unit: The SE program should work to provide cross-coverage for ES caseloads throughout SE services, not only for circumstances of staff time-off or staff turnover. Optimally, ES function as a unit with the same supervisor rather than a group of practitioners. They have group supervision, share information, and provide resources.
- Community-based services: Increase services provided in the community. Employment specialists should spend more than 70% of the time in the community developing jobs and providing support to members and employers.

## SE FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
<b>Staffing</b>				
1	Caseload	1 - 5 5	The SE program consists of eight full-time ES, a Team Lead, and an SE Manager. At the time of the review, 179 members were enrolled in services. Four members were assigned to the Team Lead. Caseload sizes for each ES ranged from 9 - 33 members, accounting for an average member-to-staff ratio of approximately 23:1. All members on the provided roster were reported to carry SMI designations.	
2	Vocational Services staff	1 - 5 5	Per interviews with SE and clinic staff, ES provide only SE vocational services and do not serve members of other agency programs. Approximately 30% of the Team Lead's time is dedicated to providing supervision to four ES.	
3	Vocational generalists	1 - 5 5	SE and clinic staff interviewed reported the ES carry out all phases of vocational services. This includes engaging new referrals, intake, assessment, job development, job placement, job coaching, and follow-along supports.  Based on records reviewed, ES provided all phases of vocational services to members.	
<b>Organization</b>				
1	Integration of rehabilitation with mental health treatment	1 - 5 2	All ES were reported to be co-located within 11 behavioral health outpatient clinics. Clinic staff reported that ES do not attend full clinical treatment team meetings but instead meet weekly in person or virtually with team Rehabilitation Specialists (RS) to discuss member updates.  While ES are reportedly co-located within clinic	<ul style="list-style-type: none"> <li>SE staff should attend weekly treatment team meetings with full teams (i.e., usually comprised of Psychiatrist, Case Managers, Rehabilitation Specialist, and Nurse etc.). ES should stay for the entire meeting duration to allow discussion of members already referred and to prompt clinical teams to think about employment for members not yet referred. ES support the</li> </ul>

			<p>settings, communication with treatment teams occurs primarily through Rehabilitation Specialists. At least two ES attend integrated treatment team meetings weekly.</p> <p>The meeting observed was held via videoconference between two clinic RS and one ES. The RS and ES provided updates on mutually served members and discussed new referrals.</p> <p>ES staff reported that monthly summaries are sent to clinical teams for each member participating in the program.</p> <p>The record review showed inconsistent documentation of weekly communication with clinical teams and infrequent generation and distribution of monthly summary reports to the clinics.</p>	<p>clinical team's buy-in into the evidence-based practice of supported employment.</p> <ul style="list-style-type: none"> <li>• The ES Supervisor should occasionally attend integrated clinical team meetings. This may be an opportunity to offer job placement statistics and share success stories.</li> <li>• Ensure the SE program, system partners, and clinic leadership work to resolve barriers to integrated services for members, a best practice. Support an open dialogue to ensure system partners are aware of barriers SE providers are experiencing to coordinating member care.</li> </ul>
2	Vocational Unit	1 – 5 2	<p>SE staff reported four ES meet weekly with the Team Lead for group supervision, and the remaining four meet weekly with the SE Manager. Staff provide caseload updates and share resources while reviewing their assigned members.</p> <p>The observed supervision meeting was led by the SE Manager, and four ES were in attendance and discussed the status of caseloads, member progress, barriers, outreach efforts, new referrals, and closures. Staff shared information regarding upcoming job fairs and community resources.</p> <p>SE staff reported providing cross-coverage to one another's caseload when colleagues are not</p>	<ul style="list-style-type: none"> <li>• Effective SE programs participate in weekly group supervision as a unit which provides the team the opportunity to share resources, discuss facilitators and barriers to member success, and plan activities for cross-coverage.</li> <li>• In addition to covering each other during vacations or periods of staff turnover, ES provide vocational services to each other's clients when it supports the desired employment outcome. Examples of services include an ES introducing a coworker's client to an employer, conducting job site observations, role-playing mock interviews, or providing transportation to and from a job interview or resource fair.</li> </ul>

			available and dependent on staff's assigned location. Clinic staff and members stated the SE Manager had previously provided temporary support when the assigned ES was on leave. Cross-coverage by other ES was not found upon record review.	
3	Zero-exclusion criteria	1 – 5 5	<p>Staff at both clinics interviewed reported that members need only express interest in employment to start the referral process. The member signs a form that allows the clinic to share their information with the selected SE provider. The clinic RS then updates the member's treatment plan to include their employment goals and sends the referral to the SE provider. Members are not required to participate in any pre-vocational assessments or screenings prior to receiving SE services.</p> <p>Both clinic staff reported having one co-located ES. When submitting referrals, one clinic reported filtering the distribution of referrals between SE providers to balance the workload and avoid overwhelming the co-located Focus ES.</p> <p>Records reviewed showed referral to SE services and subsequent intake within an average of 10 days upon member request for employment support. Members interviewed reported rapid service initiation and job search and no requirements to begin services.</p>	
<b>Services</b>				
1	Ongoing, work – based vocational assessment	1 – 5 4	ES reported utilizing Vocational Profiles upon service initiation for building rapport and to help guide discussions about education, work history, barriers, interests, and job preferences. SE staff	<ul style="list-style-type: none"> <li>Periodically perform and document work-based vocational assessment. Whenever possible, perform assessments at members' places of employment. Discuss</li> </ul>

			<p>reported making amendments and completing Job Start/End forms to assess progress and identify ongoing employment support needs.</p> <p>The Natural Support interviewed for one member in the program reported that their family member receives on-going employment support such as on-the-job observation and coaching. The assigned ES provided worksite observation, identified needs, and advocated for solutions. When the Natural Support has concerns, they are able to call the ES to discuss.</p> <p>Of the 10 records reviewed, nine contained completed Vocational Profiles at intake; amendments to Vocational Profiles were not found in any records. Three records indicated that ES had discussions about disclosure with members. Three records showed ES explored members' skills, interests, dream careers, and employment-related needs. Two records had Job Start/End forms; three additional had job start dates documented within the progress notes. Tools were inconsistently utilized to provide ongoing, work-based vocational assessment. Initial assessments are completed for most members, but records lacked evidence of ongoing, work-based updates or amendments to document changes in employment status or progress.</p>	<p>with members the pros and cons of employer disclosure.</p> <ul style="list-style-type: none"> <li>When members elect not to disclose, some ES, when feasible and with member's permission, conduct covert assessment at the workplace, either by the assigned ES or another member of the vocational unit. Work-based assessments can be conducted at any phase of employment, including during the job search, such as when ES listen as members make follow-up phone calls to potential employers or when they accompany members into the community for career exploration, visiting industries of interest or possible employment sites.</li> </ul>
2	Rapid search for competitive jobs	1 – 5 4	<p>The average median number of days for members to have a first employer contact in person across all ES was 86 days. First employer contact data was calculated for 101 members, indicating the range between program enrollment and first employer contact was 0 to</p>	<ul style="list-style-type: none"> <li>For members seeking employment in the community versus working remotely from home, support them in making the first employer contact in person. Meeting a potential employer in person is best for building relationships and allows the</li> </ul>

			<p>342 days. Of these, 41 members (44%) had first employer contact within 30 days of SE intake.</p> <p>SE staff reported encouraging members to contact employers upon intake or as soon as the member was comfortable with the goal of completing the first contact within 30 days. Staff reported that employer contacts are made by phone or in person, and staff emphasized capitalizing on member motivation to prompt a rapid job search.</p> <p>Members interviewed reported job-search started immediately after intake with the SE program.</p> <p>Of 10 records reviewed, two included a First Employer Contact form that showed contacts were made within 30 days. While documentation of first employer contact was inconsistent, several records and member interviews indicated that some members engaged in job interviews or began employment within 30 days of SE intake. One record lacked evidence of any in-person employer contacts.</p>	<p>member to observe employees working in that environment. Often, ES will accompany members after submitting an application. When members are making the first contact independently, encourage them to do so in person to take full advantage of the contact. Consider asking ES during the weekly team meeting how many members had an in-person first contact recently as a reminder of the value of that contact.</p>
3	Individualized job search	1 – 5 5	<p>SE staff reported the job search is individualized, conducted according to member choice, and guided by the Vocational Profile. Staff assist members in exploring interests and potential job matches based on prior work experience.</p> <p>Members reported SE staff assess their interests, provide suggestions and guidance, and support members' decisions on which jobs they wish to pursue and to which employers to submit applications.</p>	



			<p>Seven of the eight records reviewed of employed members evidenced job alignment with member employment goals. Prior to employment, job search documented demonstrated individualization.</p> <p>Reviewers received an <i>Employer Contacts</i> spreadsheet with information on over 200 employers, including positions available, pay, contact information, location, and how to apply. The spreadsheet included contact dates ranging from May 1, 2024, to August 14, 2025.</p>	
4	Diversity of jobs developed	1 – 5 5	<p>SE staff reported job types and settings are developed based on member preferences, with a wide variety of jobs and companies discussed during job search. Members make the final decision regarding where to apply for employment, and ES support member choice even when multiple members are interested in the same setting or type of employment.</p> <p>Per the data provided, including members that exited the program within the past six months leading up to the review, employer diversity was 98% and job type diversity was 88%.</p>	
5	Permanence of jobs developed	1 – 5 4	<p>SE staff reported that jobs are developed based on member choice, with the majority being permanent and competitive. Staff support members who prefer short-term or temporary work as well, respecting member preference.</p> <p>Clinic staff confirmed ES prioritize the search for permanent and competitive employment, noting that few members prefer temporary employment options.</p>	<ul style="list-style-type: none"> <li>Support members in securing and maintaining competitive employment rather than sheltered positions specifically designated for individuals with disabilities or temporary positions. Competitive employment enhances community integration and enables members to maintain an identity beyond their disability status.</li> </ul>

			Record reviews identified one member who participated in short-term Work Adjustment Training (WAT), one member who was working a contract position, and one member who was advised by the ES to review opportunities at a temporary staffing agency.	
6	Jobs as transitions	1 – 5 5	<p>Clinic staff confirmed that ES assist members in finding new employment when a job ends or when the member desires a job change.</p> <p>SE staff reported that members who do not wish to pursue employment for an extended period may be placed on hold and are offered support to obtain another job whenever they express interest. ES assist members with job transitions by encouraging new job searches and helping them reflect on lessons learned from previous employment experiences.</p> <p>During the observed meeting between the ES and clinic RS, the ES reported plans to assist a member with their 10<sup>th</sup> job transition.</p> <p>Record review documented ES assisting members in finding new jobs after one ended, obtaining another position due to reduced work hours at the current employer, and supporting members in looking for second jobs.</p>	
7	Follow-along supports	1 – 5 5	SE staff reported that all members receive follow-along supports after obtaining employment if desired. Supports are provided at the desired member intensity, and ES will contact members at least once by phone each month. Follow-along supports are also offered in-person or by videoconference. When	

			<p>members choose to disclose their participation in SE services, ES provide on-site support to identify concerns or barriers with employers and offer feedback and advocacy to promote job retention.</p> <p>One member interviewed stated the ES continues to check-in regularly regarding job progress and has not discussed closing services with Focus.</p> <p>Records reviewed included examples of flexible and continued ES contact with members after gaining employment. Follow-along supports were individualized per member preference such as meeting via telephone or in person. SE staff reported no time limit to supports and services.</p>	
8	Community-based services	1 – 5 2	<p>SE staff reported providing services to members in the community 40-70% of the time, with the location of the meetings individualized depending on member preference, the need to protect member privacy, or logistical needs such as printer access.</p> <p>Members interviewed reported that meetings with ES occur through various methods, including phone, email, text messaging, videoconference, and in-person visits. One member reported meetings were conducted by phone or at their home when possible.</p> <p>Records reviewed demonstrated ES frequently met members at outpatient behavioral health clinics, libraries, or via phone. An average of 36%</p>	<ul style="list-style-type: none"> <li>• Work toward providing 70% or more of all vocational services in the community. Although members may prefer to meet at their outpatient behavioral health clinic or other familiar setting, ideally, ES encourage members to meet in alternative locations such as potential employer settings for in-person applications to expand their comfort level.</li> <li>• Prioritize in-person community-based service delivery. Emphasize community-based services in locations that are relevant to job searches and offer opportunities for assessment and practice of desired skills and behaviors. Clearly document members' preferences regarding meeting locations.</li> </ul>

			of member contacts were found to be in the community per records reviewed.	
9	Assertive engagement and outreach	1 – 5 4	<p>SE staff reported engaging in outreach weekly to monthly with members who miss appointments or are unable to be contacted. ES will coordinate with the clinical team to assist outreach efforts when phone calls, emails, or text messages are unsuccessful.</p> <p>SE staff indicated the agency's protocol states members are closed after 30 days of outreach; however, staff reported allowing members additional time to re-engage. Generally, after three to six months without contact, members are closed. Members can choose to place SE services on hold for an extended period of time in situations such as lengthy hospitalization or incarceration and are contacted monthly to confirm continued interest. Members closed from services due to lack of engagement can be re-referred at any time.</p> <p>Per the <i>Case Closure Protocol</i> received, outreach begins after a member misses two appointments with SE staff. Staff make three outreach attempts, and a closure letter is sent to the member's last known address prior to closure. Outreach and attempts to engage occur until the member requests closure or staff determines sufficient efforts have been made without response.</p> <p>Records reviewed showed that three of the 10 members had minimal documentation of outreach or engagement attempts.</p>	<ul style="list-style-type: none"> <li>• Optimally, outreach is not time-limited. Ensure all staff share the approach that members are not closed until the member informs SE staff or the clinical team that they no longer desire services.</li> <li>• Ensure all engagement and outreach, including phone, email, and text messages are documented in the member record, and continue engagement efforts until members indicate they are no longer interested in SE services.</li> <li>• Revise the <i>Case Closure Protocol</i> to specify that members will remain open with SE services until members formally request case closure or decline further services.</li> </ul>
<b>Total Score:</b>		<b>62</b>		

SE FIDELITY SCALE SCORE SHEET		
<b>Staffing</b>	Rating Range	Score
1. Caseload	1 - 5	5
2. Vocational services staff	1 - 5	5
3. Vocational generalists	1 - 5	5
<b>Organization</b>	Rating Range	Score
1. Integration of rehabilitation with mental health treatment	1 - 5	2
2. Vocational unit	1 - 5	2
3. Zero-exclusion criteria	1 - 5	5
<b>Services</b>	Rating Range	Score
1. Ongoing work-based assessment	1 - 5	4
2. Rapid search for competitive jobs	1 - 5	4
3. Individual job search	1 - 5	5
4. Diversity of jobs developed	1 - 5	5
5. Permanence of jobs developed	1 - 5	4
6. Jobs as transitions	1 - 5	5
7. Follow-along supports	1 - 5	5
8. Community-based services	1 - 5	2
9. Assertive engagement and outreach	1 - 5	4
<b>Total Score</b>		<b>62</b>
<b>Total Possible Score</b>		<b>75</b>