

## SUPPORTED EMPLOYMENT (SE) FIDELITY REPORT

Date: October 5, 2015

To: Jose Rojas, Program Manager Rehabilitation Services

From: T.J. Eggsware, BSW, MA, LAC  
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ADHS Fidelity Reviewers

### Method

On September 14-16, 2015, T.J. Eggsware and Jeni Serrano completed a review of the Lifewell Behavioral Wellness Supported Employment (SE) program. This review is intended to provide specific feedback in the development of your agency's SE services, in an effort to improve the overall quality of behavioral health services in Maricopa County. Supported Employment refers specifically to the evidence-based practice of helping SMI members find and keep competitive jobs in the community based on their individual preferences, not those set aside for people with disabilities. Services are reviewed starting with the time an SMI participating member indicates an interest in obtaining competitive employment, and the review process continues through the provision of follow along supports for people who obtain competitive employment. In order to effectively review Supported Employment services in Maricopa County, the review process includes evaluating the working collaboration between each Supported Employment provider and referring clinics with whom they work to provide services. For the purposes of this review at Lifewell Behavioral Wellness, the referring clinics included People of Color Network (POCN) Comunidad and Capitol.

Lifewell Behavioral Wellness offers a range of services that include outpatient services, vocational services, housing support, and as of August 1, 2015, the agency incorporated three adult outpatient clinics from another provider. Although the Lifewell Behavioral Wellness SE program is open to referrals from other clinics and providers, they offer co-located services at the Comunidad and Capitol locations. Other SE members receive services at various Lifewell service hub locations. The SE program serves 66 total SMI members. Following the program review in 2014, the Regional Behavioral Health Authority (RBHA) created a job placement log that Lifewell Behavioral Wellness was able to adapt and incorporate it into the agency electronic health record. The agency also implemented the vocational profile, adapted by the RBHA from SAMHSA material. In November 2014, two co-located SE staff were added in an effort to integrate employment services at the PCN Comunidad and Capitol clinics. These two new SE co-located staff received training through the RBHA and the prior Program Coordinator (PC) before they were assigned caseloads.

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

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

- Observation of a SE vocational unit meeting
- Observation of an integrated SE and clinical team meeting at PCN Capitol
- Interview with the Lifewell Behavioral Wellness Program Manager for Rehabilitation Services who supervises the program and provided interim coverage before the new Program Coordinator (PC) was promoted
- Group interview with three Lifewell Behavioral Wellness Job Developers (i.e., Employment Specialists)
- Review of ten records at Lifewell Behavioral Wellness, some of which included co-served member records at PCN Comunidad and Capitol
- Individual interview with the Rehabilitation Specialist (RS) at Capitol
- Group interview with a Case Manager and RS at PCN Comunidad; the RS transferred to PCN Comunidad from PCN Capitol the week of the review
- Review of Lifewell Behavioral Wellness' Job Developer (JD) caseload rosters, Rehabilitation Flyer, Job Developer Tracking Logs in member records, *Lifewell Behavioral Wellness Outreach Checklist for Rehabilitation Services*, and "Outreach Protocols" process

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

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

### Summary & Key Recommendations

The agency demonstrated strengths in the following program areas:

- Members report overall satisfaction with the SE program services through Lifewell Behavioral Services, and they report the program supports them in their employment search and seeks their input during the job search.
- Lifewell Behavioral Wellness staff appear to be familiar with the SE model and took strategic steps to adjust their program to align more closely with the model after their program was reviewed in November, 2014.
- Vocational profiles are used, were present in all records reviewed, and some profiles were updated based on changes to member goals or status. There is evidence disclosure is discussed when the vocational profile is developed, with some notes referencing follow up discussions regarding disclosure.
- The program engages members in benefit planning discussions; Disability Benefits 101 (DB101) is utilized with evidence in records that members are oriented to the resource.
- Lifewell Behavioral Wellness offers time unlimited follow-along job retention support based on member preference; contact can occur in the office, over the phone, with some members who receive on-the-job support, and evidence of contact with one employer to discuss a member's employment status.
- Support is provided to members when they change jobs; JDs assist members to explore other jobs and attempt to work with members to use job transitions as a learning experience.

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

- Lifewell Behavioral Wellness should revisit the program policy that prohibits SE staff from transporting members. More community-based services, including direct employer contacts, the potential for more rapid face-to-face contact with employers, and increased contact with members may occur if JDs can provide transportation. Easier access to monthly bus passes through clinics or the SE program may also allow members to increase their job search activities; relying on cabs that are sometimes not arranged, do not pick up members, or providing only short term seven day bus passes appears to limit member accessibility to the community.
- The agency should increase community-based services to members. Although staff estimate they are in the community 30% or more of their time, members report having most contacts with staff in the office, and documentation reflects less than 10% of JD time spent is in the community.
- Clinic staff or system partners who influence referral decisions should be trained on the SAMHSA evidence based practice of SE due to the screening of some members for work readiness prior to referral for SE services. Consider enlisting competitively employed members who receive support through the SE program to share their stories of recovery with clinic staff, or to anonymously provide a written account of their employment experience.
- Lifewell Behavioral Wellness and the RBHA should continue to explore options to integrate SE services with clinical services through the adult clinics. Preferably, this includes the JDs attending full clinical team meetings with shared decision making and an integrated record (e.g., service plans, vocational profile). Integration with mental health treatment improved after the program review in 2014, but opportunities exist to enhance collaboration to better serve members.
- Increase direct contact with employers to develop relationships; the agency seems to rely on job fairs and online applications as primary elements of the employment search. This seems to narrow the employment search, and may contribute to some members being employed in similar positions with different employers, or with the same employer. The majority of employed members fall in two primary categories of employment. In some cases, face-to-face contact with an employer occurred within 30 days, but subsequent job searches reverted to the completion of online applications based on records reviewed.
- Consider classifying the Job Developers as Employment Specialists; this may help to inform referring agencies what to expect from program staff when a member is referred for SE services through Lifewell Behavioral Wellness.

SE FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
Staffing				
1	Caseload:	1 – 5 (5)	<p>The SE program holds four JD positions, with one opening due to the promotion of current PC, who continues to provide coverage for caseload until the JD position is filled. There are three other staff classified as Job Developers; two are co-located in clinics and carry SMI only caseloads. The PC and other JD work from Lifewellness service hubs, and have mixed caseloads with some individuals under other service designations (e.g., General Mental Health). There are 83 total members served through SE staff, which is a member to staff ratio of 21:1 (including the PC), and a ratio of 20:1 for the three staff currently in JD positions.</p>	<ul style="list-style-type: none"> <li>As the program grows, consideration should be given to implementing the SE program as exclusive to the SMI population. Be cautious of larger caseloads that include GMH or other members, which could detract JD time spent serving SMI members (for which SE is intended).</li> </ul>
2	Vocational Services staff:	1 – 5 (5)	<p>Program leadership and JDs report the Job Developers provide only vocational services. Although most members are under the SMI population designation, the services reportedly do not differ whether a member is served under the designation of General Mental Health (GMH) or SMI. The JDs participate and facilitate employer forums at the agency, which occur approximately monthly for about two hours, and can include member skill building activities such as mock interviewing, or guest speakers (e.g., RBHA representative or hiring manager) who talk with members about job re-entry.</p> <p>One JD attends a portion of the agency Peer Support Training in order to review DB101 and provides an introduction to employment; this occurs three to four times a year for one and a half hour. One JD also facilitates a one-time monthly work readiness group for two hours. Time spent</p>	<ul style="list-style-type: none"> <li>Review the benefits of the employer forums; consider whether it is more beneficial to members to provide the support through one-to-one interactions with a focus on the individual’s job search rather than in a group forum setting.</li> </ul>

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			facilitating the work readiness and employer forums constitute a small percentage of JD staff activities.	
3	Vocational generalists:	1 – 5 (5)	Job Developers carry out all phases of vocational service (including job development, job placement, follow-along supports, etc.), and although some JDs provide services to non SMI members, the types of services provided reportedly align with the SE model. The JDs complete intakes, under the supervision of a Behavioral Health Professional (BHP) due to some intake documents requiring signature from that level credentialed staff, and the PC only covers intakes occasionally.	
Organization				
1	Integration of rehabilitation with mental health treatment:	1 – 5 (3)	<p>Two of the three JDs who provide services under the SE program are co-located at the PCN Comunidad and Capitol clinics; each are assigned to two teams. Per JD and clinic staff report, this arrangement allows the JDs to interact with the clinic team staff frequently, and to collaborate regarding employment goals, barriers or outreach. In one clinic the RS and JD share an office area. Co-located JDs have several contacts with treatment team members, most frequently the RS or CM, and attend a team meeting once per week with each of the two assigned teams. Lifewell Behavioral Wellness JDs attempt to meet with VR and RS to collaborate for co-served members.</p> <p>During the meeting observation the JD and clinical team staff collaborated for co-served members, discussed employment searches, reviewed barriers, and brainstormed solutions. However, the two JDs co-located at clinics attend only a</p>	<ul style="list-style-type: none"> <li>• Leadership from Lifewell Behavioral Wellness, clinic agencies, and the RBHA should revisit exact HIPPA regulations to determine if JDs can attend the entire team meeting. In order to achieve full integration, JDs should attend the full team meetings and have shared decision making regarding members. Part of the job of the JDs should be to suggest employment for those members that may have not been referred for employment services, to learn about how the team addresses challenges, and to learn about members who may consider employment in the future. If JDs attend the entire meeting it may offer more opportunities to engage the teams to identify potential members who may benefit from employment.</li> <li>• Lifewell Behavioral Wellness, clinic agencies, and RBHA should coordinate to</li> </ul>

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			<p>portion of the integrated meeting, and discuss only those members assigned or referred. This arrangement is attributed to restrictions under Health Insurance Portability and Accountability Act (HIPPA) guidelines. The third JD and the PC do not appear to interact consistently with clinic staff, due in part to frequent staff turnover as well as member services occurring primarily out of Lifewell service hubs, but this arrangement allows the program to offer SE services to members from other clinics, not just those served out of the two co-located clinics. JDs not co-located do not attend any integrated team meetings regularly.</p> <p>The SE program and clinic files are not integrated, and the sharing of written documentation is inconsistent. For example, all monthly summaries generated by the SE program were not located in corresponding clinic files. Additionally, service plans are not consistently shared between clinic and Lifewell Behavioral Wellness, and it does not appear consultation occurs between the SE program and clinic staff when they develop service plans. Key documents, such as the vocational profile, are located only in the SE program file.</p>	<p>determine options to integrate the service files. If this is not feasible, develop a plan to allow for easier sharing of information between two agencies co-serving members.</p> <ul style="list-style-type: none"> <li>• Provide training to clinic staff so they can distinguish between vocational services available, with an emphasis on the efficacy of SE services. Some clinic staff refer members to Lifewell Behavioral Wellness and other employment service agencies simultaneously; it is not clear if all clinic staff are oriented to employment support services.</li> <li>• Explore opportunities to integrate clinic and SE services under one provider if other efforts to integrate teams and files are not successful.</li> </ul>
2	Vocational Unit:	1 – 5 (3)	<p>Employment specialists have the same supervisor and discuss cases between each other. There was a recent change in supervisor, and one of the JDs was promoted to fill the Program Coordinator position. The vocational unit meets once a week, one week led by the PC and alternating with one week led by a BHP who reviews and signs comprehensive assessments for new intakes and annual updates. At the meeting led by the BHP, the SE supervisor is present, but discussion tends to address clinical issues (e.g., symptoms), and</p>	<ul style="list-style-type: none"> <li>• Job Developers should provide cross-coverage for each other to prevent potential gaps in services in the event a JD is unavailable.</li> <li>• Meetings with BHP assessments should not replace or detract from the weekly focus of the vocational unit meeting. Consider separating these meetings or extending that week's meeting to allow sufficient time for JDs to discuss cases at each</li> </ul>

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			<p>developing treatment plans, but not focus specifically on JD duties and employment services. During the meeting observed, the BHP was not present. JD case lists were reviewed, challenges were discussed, potential employment search avenues were presented, and the Program Manager for Rehabilitation Services offered guidance. The new Program Coordinator was present and also contributed to the meeting.</p> <p>All JD case lists may not be discussed at each BHP meeting, but they are discussed at the meeting led by the PC every other week. The JDs do not provide cross coverage for each other's cases, but the PC may complete intakes if a JD is unavailable.</p>	<p>vocational unit meeting.</p>
3	Zero-exclusion criteria:	1 – 5 (3)	<p>Based on records reviewed and interviews, the program works with members with wide ranging strengths and challenges, including members with substance use, legal issues, etc. Lifewell Behavioral Wellness leadership and JDs report that wanting to work is the only criteria to be eligible to receive SE services. Once referred, members are not screened out of the SE program or steered to other programs.</p> <p>When the program was reviewed in 2014, it was reported that most referrals were generated internally from other Lifewell Behavioral Wellness programs, and members were not screened for work readiness. With the current program structure, many referrals generate from staff at two co-located clinics. Per report, some clinic staff that make referrals assess and screen members for work readiness. As a result, members may be referred to Work Adjustment Training (WAT) or other pre-job skill building activities at other</p>	<ul style="list-style-type: none"> <li>• Lifewell Behavioral Wellness and the RBHA should provide training to clinic staff regarding the benefits of competitive employment over WAT or other pre-job training. Lifewell Behavioral Wellness staff report they have worked to educate clinic staff, and partner with VR; these efforts should continue and be broadened to include formal trainings with clinic staff on the SAMHSA evidence-based SE model.</li> <li>• Lifewell Behavioral Wellness and the RBHA should continue efforts to collaborate and partner with VR; review research that confirms pre-employment services are not as effective as SE for individuals diagnosed with an SMI.</li> </ul>

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			<p>programs. Based on record review, some members were referred to other vocational service agencies at the same time a referral was sent to the SE program at Lifewell Behavioral Wellness. Per report, some members in SE services through Lifewell Behavioral Wellness were referred to WAT by VR during the time they received SE services through Lifewell Behavioral Wellness.</p>	
Services				
1	Ongoing, work – based vocational assessment:	1 – 5 (5)	<p>There are some standard steps cited by Lifewell Behavioral Wellness leadership and JDs which usually occur prior to the job search, including intake assessment and plan, resume development, and gathering information for the vocational profile. Vocational profiles were located in the ten records reviewed, as was evidence of benefit planning.</p> <p>The agency completes basic employment testing as required for job applications. These include personality tests as part of the online application process for some jobs, or utilizing Occupational Information Network (O*NET) online, but there is no evidence of standard prerequisite assessment prior to the job search.</p> <p>Although the agency website lists work readiness under their SE programs, specific work readiness activities are not required in order for members to search for employment.</p>	<ul style="list-style-type: none"> <li>• Lifewell Behavioral Wellness should engage members in discussions regarding allowing coordination with their supports; work with support systems to gather information to incorporate into the vocational profile, which can be useful in guiding the job search. Vocational profiles and intake comprehensive assessments often reference supports, but it is not clear if the agency engages those supports.</li> <li>• Continue to work with members regarding disclosure. As part of JD training and development, the vocational unit can conduct role plays to practice talking about disclosure with members. The SE supervisor should shadow staff when they talk with some members about disclosure.</li> <li>• Consider removing the reference to work readiness under the SE service program description in the agency brochure and website.</li> </ul>
2	Rapid search for competitive jobs:	1 – 5 (4)	<p>It appears the first face-to-face contact with an employer about a competitive job is typically at more than one month but less than four months for most members after they first expresses an</p>	<ul style="list-style-type: none"> <li>• Continue efforts to streamline the referral process to support the rapid search for competitive employment. Preferably, first face-to-face contact with a competitive</li> </ul>



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			<p>interest in employment. Lifewell Behavioral Wellness leadership and JDs report the first face-to-face contact with an employer usually occurs in about 30 days after program entry. Depending on the clinic, if a person voices interest in employment then the clinical team CM may directly refer members to co-located JDs, or based on team assessment, may refer to other vocational programs (e.g., WAT).</p> <p>There is some delay in the first employer contact due to the referral process, staff turnover at clinics, limited availability of RS staff at clinics, etc. which is outside of the SE program control. Lifewell Behavioral Wellness attempts to address these issues by being flexible about the amount of information needed to start services, with a minimum of a name, contact information and diagnosis. However, even when members are referred for SE services the same day they express an interest in employment, the SE program intake process, resume development process, and the completion of the vocational profile prior to job search can take approximately three to five sessions; this could be three to five weeks if JDs meet with members weekly. Even then, the first contacts with employers are sometimes online rather than face-to-face. Some members referred in the past two to three months have not had face-to-face contact with employers.</p>	<p>employer occurs within 30 days of when a member first expresses an interest in employment. It appears the RBHA and provider took action to address delays in the referral process to ensure more timely access to employment searches. Continue to monitor these new processes.</p> <ul style="list-style-type: none"> <li>Continue efforts to support member face-to-face interactions with potential employers. Use job fairs, and online searches as elements of the job search, but focus efforts on meeting face-to-face to develop relationships with employers.</li> </ul>
3	Individualized job search:	1 – 5 (4)	The goals listed on the referring clinic plans, as well as plans at Lifewell Behavioral Wellness often lack specificity. The vocational profiles in records appear to offer more detailed employment goal information, but the information is not always transferred to the agency or clinic plans.	<ul style="list-style-type: none"> <li>All JDs should conduct job development activities in the community. The SE supervisor should meet with JDs periodically, review job development activities for members as well as job logs with employer contact activity. As</li> </ul>

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			<p>Job Developer Tracking Logs are used to track job search activities. Based on documentation, member report, and tracking logs the program does appear to rely primarily on online job searches, job fairs as well as some exploration of non-competitive positions. It does not appear that individualized job searches consistently include direct contact with employers as part of job development.</p>	<p>relationships with employers are cultivated, and the SE program support services marketed to members and potential employers, the program may have more ability to match members with employers in their areas of interest.</p> <ul style="list-style-type: none"> <li>• JDs should use the vocational profiles to match job searches with the individualized goal of the members. If members state a desire to get a job, attempt to illicit information about a specific area of interest and document that in service plan records.</li> </ul>
4	Diversity of jobs developed:	1 – 5 (3)	<p>As noted above, the agency seems to rely on job fairs and online applications as primary elements of the employment search. Job Developer Tracking Logs are in files, but almost always reference websites rather than listing the name of the contact at the potential employer. Some jobs explored for multiple members relate to specific fields (e.g., human services, sales). Based on data provided for employed members, it appears JDs provide options for either the same types of jobs about 41% of the time. This includes two members who work for the same employer, and five members in the same type of position.</p> <p>Approximately 47% of members (some of whom closed services) are employed in human service positions, and 47% are employed in marketing, sales and services. It is not clear if this pattern is attributable to member goals aligning with these types of positions, or by these types of employers participating in job fairs frequented by SE members or staff.</p>	<ul style="list-style-type: none"> <li>• Continue to track job starts, and attempt to develop employment opportunities with a diverse pool of employers rather than relying on businesses that have already hired a SE member in order to prevent the possibility of the location becoming an enclave setting.</li> <li>• Use the vocational profile to discuss strengths and interests to help members consider all of their job options; brainstorm job options during meetings with VR, during integrated meetings, and with the vocational unit.</li> <li>• As JDs gain experience, they should engage in job development activities with employers in the community to expand options they can offer to members. Consider providing specific job development training to help with sales skills.</li> </ul>

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5	Permanence of jobs developed:	1 – 5 (5)	<p>Staff report they do not generally direct members to positions set aside for individuals with disabilities and most jobs explored are competitive. However, there is some evidence, such as tracking logs and notes in records, that indicate JDs do occasionally explore employment at locations with positions that are set aside for individuals with disabilities. However, no members are currently employed in those types of positions. Based on data provided, 17 members are in competitive jobs in the community, not those set aside for people with disabilities, paid work training, or volunteer positions.</p> <p>Although Lifewell Behavioral Wellness reports no members are in WAT through their employment services, some SE members they serve are involved with WATs through other agencies. Per report, three members were referred by Vocational Rehabilitation (VR) to other employment service providers for WAT. As noted above, there is evidence Lifewell Behavioral Wellness attempts to meet with VR to collaborate for co-served members.</p>	<ul style="list-style-type: none"> <li>Continue efforts to collaborate with VR, highlight research supporting the SAMHSA EBP supported employment approach over WAT, extensive pre-employment activities, ongoing assessment, etc.</li> <li>Continue efforts to educate clinic staff (i.e., referral sources) of the benefits of SE services for members who want to work; consider how the existence of WAT options in the system impacts the ability of SE programs to function effectively when supporting members in their employment search.</li> </ul>
6	Jobs as transitions:	1 – 5 (5)	Lifewell Behavioral Wellness leadership and JDs report they will provide support to members to find a new job if one ends; staff are able to provide examples of support provided to members transitioning jobs. Some members have started and stopped multiple jobs while receiving SE services.	
7	Follow-along supports:	1 – 5 (5)	Lifewell Behavioral Wellness offers ongoing follow-along supports based on member preferences; all members currently employed receive some type of retention supports. Most employed members receive support in the office, or over the phone,	<ul style="list-style-type: none"> <li>The program should engage members regularly to review the pros and cons of disclosure, which may result in opportunities to engage potential</li> </ul>

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			<p>though there is evidence in records some receive on-the-job support, including contact with an employer to discuss a member's employment status. It appears most members who are working and elect to receive job retention support through the program meet with JDs in the office.</p> <p>The program does offer job coaching, job counseling, and coordinates with clinical team members, but does not directly offer transportation. The JDs report that they are not allowed to transport members, due to agency policy, and they rely primarily on the clinics to provide bus passes or arrange for transportation (e.g., via cabs). Per report, PCN has not provided monthly bus passes to members for approximately a year, electing to provide only seven day passes. Members and records referenced cabs not showing to transport, or clinic staff possibly not arranging for transportation.</p>	<p>employers during the job search, provide on-the-job coaching support to members, as well as market the benefit of the SE support to employers.</p> <ul style="list-style-type: none"> <li>• Lifewell Behavioral Wellness, referring clinics, and the RBHA should collaborate to discuss and address transportation issues. Consider allowing the SE program to provide bus passes to members directly. Lifewell Behavioral Wellness should revisit the agency policy regarding JDs providing transportation. Allowing JDs to transport members may aid in the job search process.</li> <li>• The SE program should continue to develop a wide range of supports to meet the preferences and needs of all clients; ensure members are oriented to these supports, seek member input to describe the types of supports they find beneficial that can be incorporated into SE services.</li> </ul>
8	Community-based services:	1 – 5 (2)	<p>Overall, the SE staff appear to rely primarily on job fairs and online applications with members at the clinics to conduct job searches. Based on records, JDs spend less than 10% of time in the community. The three JD staff report about 30% of their time is spent in the community, with the program leader estimating somewhere between 40-59% of JD time is spent in the community. Members report they usually meet with JDs in the office, with one reporting contact at a job fair, but no others citing examples of community-based contacts with JDs. There was evidence of contact with some members at their place of employment. Considering all sources, it is estimated approximately 29% of JD time is spent in the</p>	<ul style="list-style-type: none"> <li>• The program should explore opportunities for JDs to meet with members more frequently in the community. Job fairs are one option, but contact with members in the community should be expanded. Meeting in community locations helps members identify and become more comfortable in various work settings, and should include more emphasis on contacts with employers.</li> <li>• Ensure JDs make efforts to increase contacts with employers as part of Job Development services; do not rely primarily on job fairs to make contact with employers.</li> </ul>

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9	Assertive engagement and outreach:	1 – 5 (4)	<p>community.</p> <p>Based on records reviewed and staff interview, there is evidence JDs do attempt to outreach members by phone to engage them in SE services, with multiple phone outreach during the first month after members stop attending services. JDs do not complete home visits as part of engagement, but they try to coordinate with clinical teams regarding members. The decision to close or keep a member open in SE services is sometimes made with input from clinical team staff who may or may not be in contact with members at time of closure. Some staff report if a member is not returning calls, they must not be interested in SE services. SE staff report the program is flexible when re-opening former members.</p> <p>The four-week agency process for outreach is documented on the <i>Lifewell Behavioral Wellness Outreach Checklist for Rehabilitation Services</i>, and “Outreach Protocols” process. Some weekly outreach actions differ between the two forms. The forms prompt for outreach calls to the member weeks one and two, contact with the clinical team at least by week two, week three informing the clinical team of the plan to issue a Notice of Action (NOA) to close services if there is no contact with the member in seven days; the NOA is sent week four and indicates the member can return to services when ready. This outreach process can take as little as four to five weeks, but tends to last about six to eight weeks if members are not participating in SE services. Depending on a member’s situation, services may continue if other areas are addressed (e.g., medical issues), even if a</p>	<ul style="list-style-type: none"> <li>• The JDs should attempt to identify informal member supports as part of the intake process, and on an ongoing basis. Seek input from those supports. Member informal support systems may be helpful during outreach and engagement by the SE program (e.g., they may know where members are, why they are missing appointments, may know how to get in contact with the member).</li> <li>• Explore opportunities for the JDs to conduct community-based outreach, including home visits, in conjunction with clinical team efforts. Phone calls, letters, and emails can be used in addition to efforts to talk in-person.</li> <li>• Preferably, the agency should not put limits on the length of time to engage a member.</li> <li>• Consider extending the length of time outreach and engagement occurs, as well as how JDs conduct the outreach. Consider expanding outreach beyond phone calls, letters, and contact with clinical teams.</li> <li>• Consider reconciling differences listed under the <i>Lifewell Behavioral Wellness Outreach Checklist for Rehabilitation Services</i>, and “Outreach Protocols” to ensure consistent steps occur to engage members in SE services prior to closure.</li> </ul>

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			<p>member participates in SE services sporadically. However, there is evidence if members are not in contact with the SE program, outreach efforts through Lifewell Behavioral Wellness are time-limited.</p>	
Total Score:		61		

SE FIDELITY SCALE SCORE SHEET		
<b>Staffing</b>	<b>Rating Range</b>	<b>Score</b>
1. Caseload	1 - 5	5
2. Vocational services staff	1 - 5	5
3. Vocational generalists	1 - 5	5
<b>Organizational</b>	<b>Rating Range</b>	<b>Score</b>
1. Integration of rehabilitation with mental health treatment	1 - 5	3
2. Vocational unit	1 - 5	3
3. Zero-exclusion criteria	1 - 5	3
<b>Services</b>	<b>Rating Range</b>	<b>Score</b>
1. Ongoing work-based assessment	1 - 5	5
2. Rapid search for competitive jobs	1 - 5	4
3. Individual job search	1 - 5	4
4. Diversity of jobs developed	1 - 5	3
5. Permanence of jobs developed	1 - 5	5
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>61</b>
<b>Total Possible Score</b>		<b>75</b>