

SUPPORTED EMPLOYMENT (SE) FIDELITY REPORT

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To: Karen Gardner, CEO

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AHCCCS Fidelity Reviewers

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, an evidence-based practice (EBP). Supported Employment refers specifically to the EBP of helping members with a serious mental illness (SMI) designation find and keep competitive jobs in the community based on their individual preferences, not those set aside for people with disabilities.

Method

On May 28 - 31, 2024 Fidelity Reviewers completed a review of the Focus Employment Services 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 the Central Region of Arizona. Services are reviewed starting from the time a participating member with an SMI indicates an interest in obtaining competitive employment and continues through the provision of follow along support for members that obtain competitive employment. In order to effectively review SE services in the Central Region of Arizona, the review process includes evaluating the working collaboration between each SE provider and referring clinics with whom they work to provide services. For the purposes of this review, the referring clinics include Southwest Network Saguaro and Copa Health Metro. This review was conducted remotely, using videoconferencing and telephone to interview staff and members.

Focus Employment Services (Focus) provides an array of employment services, including supported employment, job development, work adjustment, vocational counseling, and rehabilitation instructional services. The Employment Services program was founded in 1996 and serves the Central Arizona region.

Reviewers were provided data for a census of 77 members. During the review process, it was determined the agency has a total of 150 - 170 members with an SMI designation. This report reflects data and interviews related to the 77 members assigned to the "Core Supported Employment" team.

Accommodations were made for the SE agency as they have transitioned to an electronic health record (EHR) system since the last fidelity review. Information such as member records was available in the SE agency's EHR. Hard copies of forms such as vocational profiles, job start and job end forms, monthly summaries, service plans, and referral documents were provided electronically to reviewers.

During the fidelity review, reviewers participated in the following:

- Remote observation of an SE supervision meeting.
- Individual videoconference interview with the Focus Employment Services Director.
- Individual videoconference interview with the Focus Employment Services SE Program Manager.
- Videoconference group interview with two Case Managers and one Rehabilitation Specialist from the Southwest Network Saguaro clinic.
- Videoconference group interview with four Case Managers and one Rehabilitation Specialist from the Copa Health Metro clinic.
- Individual phone interviews with three members receiving SE services.
- Videoconference group interview with four Focus Employment Specialists.
- Remote observation of a meeting with a Focus Employment Specialist, one Case Manager, and one Rehabilitation Specialist from the Southwest Network Saguaro clinic.
- Remote review of randomly selected member records from the SE program, as well as records from the two partnering clinics.
- Review of documents provided by the SE program including Focus SE Program Brochure, *Employer Contacts* spreadsheet, *Case Closure Protocol*, and *Focus - Employer Tracking Logs*.

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 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 remote 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:

- SE agency and clinic staff adhere to the principle of zero exclusion. Referrals are made promptly after members express interest in employment, and intakes are scheduled without delay.

- Nearly all members were able to meet with an employer within 30 days of program entry. Employment Specialists provide competitive job options that have permanent status rather than temporary or time-limited status.
- There is significant diversity in employers and job types among current members and those employed at closure in the six months prior to the fidelity review. The data provided indicated 96% diversity of employers and 100% in job types.
- Employment Specialists help members end jobs when appropriate and assist in finding new jobs.
- Individualized follow-along support is provided to members on a time-unlimited basis.

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

- Not all Employment Specialists are permitted to fully participate in integrated clinical team meetings, even when they are identified as co-located partners. Evaluate barriers to the SE program providing this service and work towards enabling full participation by all SE staff.
- Shift the focus of services delivered to members to be in community settings, either with the member or potential employers, aiming for 70% of services delivered in the community.
- Improve the documentation of services provided to members to accurately reflect the services delivered and improve the potential for cross-coverage by the team. Implement procedures to ensure members receive services when their assigned Employment Specialist is unavailable, including coordination with clinical teams.

SE FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
Staffing				
1	Caseload:	1 - 5 5	The SE Program consists of four Employment Specialists and a Program Manager. At the time of the review, 77 members were being served. Caseload sizes ranged from 18 to 20 members per Employment Specialist accounting for a staff-to-member ratio of approximately 19:1.	
2	Vocational Services staff:	1 - 5 5	Per interviews with SE and clinic staff, Employment Specialists provide only SE vocational services and do not serve members of other agency programs.	
3	Vocational generalists:	1 - 5 5	SE and clinic staff interviewed reported each Employment Specialist carries out all phases of vocational service from beginning to end. This includes intake, assessment, job development, job placement, job coaching, and follow-along supports. Based on records reviewed, Employment Specialists conduct intakes, assess member needs and preferences, provide job development and placement, and provide follow-along support to employed members.	
Organization				
1	Integration of rehabilitation with	1 - 5	All four Employment Specialists are co-located at four outpatient behavioral health provider clinics throughout the area, with each assigned to two to four teams per location. Integration varies	<ul style="list-style-type: none"> Given that all Employment Specialists are co-located at outpatient behavioral health clinics and assigned to teams, the SE agency, system partners, and clinic

	<p>mental health treatment:</p>	<p>2</p>	<p>depending on the clinical team and provider. Employment Specialists and clinic staff reported Employment Specialists have a dedicated office at co-located sites. In addition to coordinating with clinical teams, the SE agency completes and sends monthly summaries to the provider clinics.</p> <p>One Employment Specialist is assigned to two teams at a co-located clinic. They attend one weekly meeting, which includes the entire clinical team, to discuss mutual members and potential referrals. For the other assigned team, the Employment Specialist is not included in the clinical team meeting. The Employment Specialist and clinic Rehabilitation Specialist meet each week to discuss all mutual members for the two assigned teams.</p> <p>Another Employment Specialist works with four teams, participating in three clinical team meetings via phone, videoconference, or in person. The entire clinical team is present during these meetings. For the fourth team, the Employment Specialist and the assigned Rehabilitation Specialist meet weekly by phone or in person to discuss mutual members.</p> <p>A third Employment Specialist works with three teams and meets weekly in person with the assigned Rehabilitation Specialist, who then updates the clinical team during their meetings.</p> <p>The fourth Employment Specialist works with</p>	<p>leadership should collaborate to remove barriers and enhance the integration of services for better coordination of member care.</p> <ul style="list-style-type: none"> • To move toward integration, and improved member care, allow SE staff to attend the full duration of the regular weekly clinical team meetings usually comprised of a Psychiatrist, Case Managers, Rehabilitation Specialist, and Nurse. Employment Specialists stay for the entire meeting duration to allow discussion of members already referred and listen for opportunities to prompt clinic staff to discuss the potential for employment with members that the team may not have formally identified for referral. The prompting may result in more frequent engagement conversations by the team with members about employment and available support. • Ensure all coordination of care is documented clearly and reflects Employment Specialists' participation, including which staff were present at each meeting attended. Documentation in the member's record of those conversations may be helpful when another Employment Specialist steps in to provide coverage. • When Employment Specialists go on leave of absence, consider having another
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		<p>three teams, spending 15 - 20 minutes in person with each team to provide updates on mutual members, although these meetings do not occur weekly. The Employment Specialist sends updates via email to the team's Clinical Coordinator when pertinent information arises.</p> <p>SE staff document integrated clinical team meetings in the EHR and on hard copies. There were several gaps in services documented between clinical records and the SE agency's records. Clinic records showed evidence of communication with the Employment Specialist, including specific information pertaining to members and conversations with Employment Specialists. Some documentation found in SE agency records included general statements lacking details about the information shared and gathered at the integrated meetings, such as "met each team to discuss each member and services. Members engaged with services and team aware of employment goals". Other SE agency records reviewed provided more detailed information, such as individualized specifics of progress, or barriers that were shared with clinical teams. SE agency documentation rarely included who was present during discussions with clinic staff.</p> <p>Staff at one clinic reported a recent disruption in integration due to SE agency staff on a leave of absence. Clinic staff did not receive information about whether coverage of services would be</p>	<p>Employment Specialist, or the SE Program Manager, provide coverage to maintain ongoing collaboration. Additionally, the SE Manager are expected to occasionally (e.g., quarterly) accompany Employment Specialists to treatment team meetings to support integration efforts.</p>
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			<p>provided by another SE agency staff. As a result, clinic staff contacted members to check on their well-being and offer employment support. An example of this was noted in one clinic record reviewed.</p> <p>Reviewers observed a team meeting that included an Employment Specialist, a clinic Case Manager, and a Rehabilitation Specialist that covers multiple teams at the clinic. The Employment Specialist provided current updates on their entire caseload. There was no discussion of potential members that may benefit from employment services that have not yet been referred.</p>	
2	Vocational Unit:	1 - 5 3	<p>SE staff reported the entire SE team meets three times per month via videoconference on Fridays. Once a month there is an all-staff meeting.</p> <p>The observed weekly meeting was led by the SE Manager; all Employment Specialists were in attendance and discussed the status of caseloads. Staff reported member updates including progress, barriers, outreach efforts, and closures. There was a strong sense of cohesion among the Employment Specialists as they provided input and recommendations for addressing challenges faced by specific SE members. The discussion covered resources for job leads, alternative approaches for members struggling to maintain employment, assistance for members with criminal background challenges, and requests for accommodations</p>	<ul style="list-style-type: none"> Support Employment Specialists in providing cross-coverage for members to prevent service gaps, maintain motivation for job search activities, and address unexpected workplace issues that could threaten job retention. SE staff offer vocational services to each other's members when it supports the desired employment outcome. Examples include an Employment Specialist introducing a colleague's member to an employer, conducting job site observations, role-playing mock interviews, or providing transportation to and from a job interview.

			<p>on behalf of members. Employment Specialists promptly located and shared requested information and resources via the videoconference chat option.</p> <p>Employment Specialists reported providing services to one another's caseload when needed, such as when another Employment Specialist goes on leave of absence or uses paid time off. The SE program had staff on leave of absence in recent months before the review. Based on the records reviewed, there were large gaps in documentation ranging from two to five months. Coverage provided by other SE staff was not observed in the records. Members interviewed reported solely working with their assigned Employment Specialist.</p>	
3	Zero-exclusion criteria:	1 - 5 5	<p>SE staff reported members are not required to demonstrate job readiness or undergo screenings to be referred for services. Members only need to express a desire to work and for employment support. SE staff also reported the SE agency and Regional Behavioral Health Authority (RBHA) provide education and training on SE to clinical team staff.</p> <p>Clinical team staff interviewed at both clinics reported that members only need to express an interest in employment services to be referred. The referral process is similar at both clinics: members sign a release of information, treatment plans are updated with the member's employment goal, and a referral is made to the</p>	

			<p>member's chosen provider. Staff at one clinic reported introducing members to co-located SE staff when members were uncertain about employment. This allows SE staff to offer the member additional information and reassurance about the potential for employment and the support they would receive from the SE program.</p> <p>Records reviewed showed a rapid referral rate from the clinical teams when members expressed an interest in employment services. One of the members interviewed reported not having to wait long to begin receiving SE services after referral. Members denied participation in pre-vocational assessments or screenings prior to receiving services.</p>	
Services				
1	Ongoing, work – based vocational assessment:	1 - 5 5	<p>Employment Specialists reported utilizing vocational profiles upon entry into the SE program as an opportunity to discuss disclosure with members. Vocational profiles are also used to assess work history, education, interests, barriers to employment, and employment preferences. SE staff reported amending the vocational profile by utilizing an amendment form when a significant shift in the member's job goal occurs. Staff also complete job start and job end forms to reflect changes in member's employment status. Staff reported ongoing</p>	<ul style="list-style-type: none"> Vocational Profiles ideally are considered living documents and record each member's employment journey and are easily located within each member's record for Employment Specialist access. Update regularly to reflect changes in needs and preferences, new insights, and lessons learned.

			<p>discussions with members to assess and support progress and employment barriers.</p> <p>Records reviewed indicated the most common vocational profile updates were job start and job end forms. All records reviewed included job start or job end forms reflecting members' vocational updates. Two records showed members' vocational profile documented preferences for part-time work. However, job start forms showed they were hired full-time or vice versa. No amendments documented this change in full-time or part-time job preference for these members.</p> <p>One record showed an Employment Specialist communicating with a natural support to gather information on how to best support a member and provide services based on the member's needs. Additionally, one member interviewed expressed past challenges with self-advocacy in employment and reported their assigned Employment Specialist worked diligently with them to develop these skills.</p>	
2	Rapid search for competitive jobs:	1 - 5 5	<p>Clinic staff reported the SE provider schedules intakes with members typically within three to five days of the referral. Clinic staff are notified of the scheduled intake by SE staff.</p> <p>SE staff reported the average time between a member opening with the program and their first contact with a competitive employer is 15 – 20 days. Records reviewed confirmed the search</p>	

			<p>for competitive employment occurs rapidly after program entry. The median average number of days between intake and a member's first employer contact was 13 days. First employer contacts are conducted in person by the members and the Employment Specialists when members request that support. Employment Specialists complete the Mercy Maricopa Integrated Care Supported Employment <i>1st Employer Contact Report</i> when first employer contact occurs. Based on a review of those forms, some members completed the first employer contact exclusively, and some were supported by the Employment Specialist.</p>	
3	Individualized job search:	1 - 5 5	<p>Both SE and clinic staff reported jobs are developed per member choice. SE staff reported having conversations with members to gather information on job preferences and needs and referring to the vocational profile for direction. The job search process is member-driven with the guidance of the Employment Specialist. Members reported when job searching, the Employment Specialist listened to what they wished to pursue, and jobs applied to were of their choice.</p> <p>Records and staff interviews demonstrated that staff consider multiple member preferences, such as current benefits, location, means of transportation, and childcare. Records documented staff researching bus routes with members and searching for jobs located close to</p>	

			<p>a member's residence when members had no personal vehicle.</p> <p>Some records reviewed lacked vocational profiles to identify member job goals. In other records, member goals were documented in a progress note or in the <i>1st Employer Contact Report</i> form. This information indicated the jobs applied for matched the documented goals of the members. In a few records, there was evidence of Employment Specialists encouraging and assisting members to apply for multiple jobs, while waiting for the hiring process for one job, to avoid excessive emotional investment in a single job in the case of the member not being hired.</p> <p>The SE team updates a shared <i>Employer Contacts</i> spreadsheet that includes information on over 500 employers, including positions available, pay, contact information, location, and how to apply.</p>	
4	Diversity of jobs developed:	1 - 5 5	<p>Per the data provided, including members that exited the program in the past six months leading up to the review, there was 96% diversity of employers and 100% diversity of job types. Members are provided with individualized options for different types of jobs and work settings based on preferences and not based on other members' job placements.</p> <p>Clinic staff interviewed confirmed that members enrolled in the SE program do not work at the same locations. While a few may work for the</p>	

			same company, they are at different locations and hold distinct positions.	
5	Permanence of jobs developed:	1 - 5 5	<p>SE staff reported that jobs are developed based on member choice, with the majority being permanent and competitive. Clinic staff confirmed the SE agency prioritizes the search for permanent and competitive employment.</p> <p>Additionally, clinic staff reported members occasionally request a referral to an SE program when looking for seasonal job opportunities to supplement income during the holidays.</p> <p>SE staff reference the <i>Focus - Employer Tracking Log</i> when working with members in the job search process and utilize this log to track jobs applied to.</p> <p>Records reviewed and data provided showed jobs developed and obtained are all with permanent and competitive employers. Members interviewed reported they applied and/or obtained permanent and competitive employment and were not encouraged to look for work at temporary agencies or seasonal work.</p>	
6	Jobs as transitions:	1 - 5 5	<p>Clinic staff interviewed reported SE staff will assist members in transitioning jobs 100% of the time. Clinic staff reported Employment Specialists helped members end jobs when appropriate and begin the job search process right away.</p>	

			<p>SE staff reported assisting members in transitioning from one job to another. Staff use job transition experiences as opportunities to support and educate members about the importance of giving proper notice to employers. Staff also support members in job searching while still employed or beginning job development immediately upon members' decision to leave their current job.</p> <p>Documentation showed that Employment Specialists were attentive to members' reasons for wanting new employment and collaborated with them based on their input. During the SE meeting observed, Employment Specialists spoke about several members that were currently transitioning jobs, and the approach to support each member during that process.</p> <p>One member interviewed shared they were supported by their Employment Specialist in transitioning through three different jobs and reported they found an enjoyable job and currently are thriving in that position. Another member reported their Employment Specialist helped them find a second job to supplement their income.</p>	
7	Follow-along supports:	1 - 5 5	<p>Clinic staff reported members receive ongoing and flexible follow-along support from the SE program and support lasts for as long as the member desires. Clinic staff highlighted examples of Employment Specialists providing follow-along support to members, such as</p>	

		<p>speaking with a member's employer to advocate for a different workspace location as it was triggering for the member.</p> <p>Interviews with SE staff, members, and a review of records revealed various examples of follow-along support provided. These included SE staff advocating on behalf of members to employers for schedule changes, raises, and promotion opportunities; communicating with employers on behalf of members via email; SE staff advocating on behalf of a member with doctors regarding medication side effects; engaging with a member's natural support system; discussing how to handle interpersonal issues with co-workers; assisting members at their workplaces with challenging tasks; helping members to report income to the Social Security Administration; reviewing the <i>Disability Benefits 101</i> website; and teaching members self-advocacy skills. Two members interviewed reported that, without the support of their Employment Specialists, they would not have been able to maintain their employment. One member emphasized they had a history of being unable to keep jobs before receiving support from the SE program.</p> <p>Several SE agency records reviewed lacked individualized progress notes of services provided to members ranging from 1 – 3 months. However, monthly summaries and documentation by clinic staff showed</p>	
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			information pertaining to SE services provided to members by Employment Specialists.	
8	Community-based services:	1 - 5 2	<p>SE staff reported the location where members receive services is dependent upon member preference. However, community-based services are delivered 25 – 70% of the time. Staff reported meeting members in the community for job search and follow-along support. Per one member interview and one record reviewed, SE services were tailored to the member and provided at the member’s home. Additional member interviews indicated Employment Specialists met with members at a local park, provided transportation for members to obtain clothing for a job interview, provided transportation and support during job interviews, and held impromptu meetings with members in the Employment Specialist’s car to discuss employment.</p> <p>Reviewed records indicated 26% of services were provided in the community. Of 53 documented contacts with members, or on behalf of members, there were 10 videoconference meetings, 29 office contacts, and 14 community contacts.</p> <p>As noted earlier in the report, there were instances of services being provided to members that were not documented in the SE agency records but information was found in the clinical team records or in SE monthly summaries. These services included community-based activities,</p>	<ul style="list-style-type: none"> • In the EBP of Supported Employment, vocational services such as engagement, job finding, and follow-along supports are provided in community settings, ideally in locations relevant to the job pursued. Work toward providing 70% or more of all vocational service delivery in the community. • Ensure staff are supported in appropriate documentation standards to ensure that services delivered are appropriately reflected in medical records in a timely manner, including location of the service. • Consider reviewing member contacts in the community during the team meeting or during individual supervision with leadership to encourage Employment Specialists' efforts to reinforce the value of community-based services. • Community-based service delivery can also include direct contacts with employers that align with the member’s employment goals. Ensure contacts with employers are documented in member records with a brief description of the reason for the interaction and location. • Although members may prefer to meet at their outpatient behavioral health clinic, or by phone, ideally Employment Specialists encourage members to meet

			such as Employment Specialists attending job interviews with members, accompanying them to job fairs, transporting them to meet with employers, and providing on-the-job support.	in alternative settings to expand their comfort level, possibly meeting at a potential employer setting.
9	Assertive engagement and outreach:	1 - 5 3	<p>SE staff reported outreach efforts as often as daily to once a week. Efforts include communicating with clinical teams for updated contact information and the date of the next scheduled appointment, phone calls and emails to members, reaching out to natural supports when a release of information is on file, traveling to members' homes or last known employment when authorized, and sending a closure letter to members' last known address. Staff reported the agency's protocol states members are closed after 30 days of outreach; however, SE staff reported allowing members additional time to re-engage.</p> <p>The agency's <i>Case Closure Protocol</i> identifies outreach begins after two missed appointments. Three outreach efforts must occur within 30 days and if unsuccessful a closure letter is sent. When no response from the member is received, they will be closed from SE services.</p> <p>Based on the data provided, the SE program closed two members in the six months prior to the review, and both were closed per member request. Staff reported when members are closed from services due to lack of engagement, they can always be re-referred, even if it is that same day or week when services were closed.</p>	<ul style="list-style-type: none"> • Ensure all engagement and outreach, including phone, email, and text, are documented in the member record and continue engagement efforts until members indicate they are no longer interested in SE services. • Optimally outreach is not time limited. Ensure all staff share the approach that members are not closed until they reengage or inform staff that they no longer desire services.

			<p>Services will then pick up where the member left off.</p> <p>Based on the records reviewed, weekly outreach was not documented as described. Only a couple of members had monthly outreach, and most members went several months with no contact from SE staff. There was no documentation of coverage or outreach occurring when SE staff were on leave of absence.</p>	
Total Score:		65		

SE FIDELITY SCALE SCORE SHEET		
Staffing	Rating Range	Score
1. Caseload	1 - 5	5
2. Vocational services staff	1 - 5	5
3. Vocational generalists	1 - 5	5
Organizational	Rating Range	Score
1. Integration of rehabilitation with mental health treatment	1 - 5	2
2. Vocational unit	1 - 5	3
3. Zero-exclusion criteria	1 - 5	5
Services	Rating Range	Score
1. Ongoing work-based assessment	1 - 5	5
2. Rapid search for competitive jobs	1 - 5	5
3. Individual job search	1 - 5	5
4. Diversity of jobs developed	1 - 5	5
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	3
Total Score		65
Total Possible Score		75