

SUPPORTED EMPLOYMENT (SE) FIDELITY REPORT

Date: October 15, 2019

To: Jennifer Baier, Senior Program Manager – Vocational Services
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From: T.J. Eggsware, BSW, MA, LAC
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AHCCCS Fidelity Reviewers

Method

On September 23-26, 2019, T.J. Eggsware and Annette Robertson completed a review of the VALLEYLIFE 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. Supported Employment refers specifically to the evidence-based practice (EBP) 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 the Central Region of Arizona, 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 VALLEYLIFE, the referring clinics included Southwest Network Osborn and Terros 51st Avenue Recovery Center.

According to the agency website, VALLEYLIFE has a long history of providing services to individuals experiencing a full range of disabilities. The SE agency mission is to enhance the quality of life of people with disabilities and their vision includes supporting an environment where individuals with disabilities have access to equal opportunities. At VALLEYLIFE, the Employment Specialists (ESs) are titled Job Developers.

During the site visit, reviewers participated in the following:

- Program overview with the agency's Senior Program Manager, Vocational Services;
- Individual interview with the Program Manager, Vocational Services (i.e., SE Program Manager);
- Group interview with five members who receive SE services;
- Interview with two family members of a of member receiving SE services;
- Group interview with the four SE program ESs;
- Group interview with three CMs and a Rehabilitation Specialist (RS) at the Southwest Network Osborn clinic;
- Group interview with two RSs at the Terros 51st Avenue Recovery Center;
- Observation of a SE team meeting on September 24, 2019;

- Observation of an integrated treatment team meeting at the Southwest Network Osborn clinic on September 25, 2019;
- Review of randomly selected charts at VALLEYLIFE and partner clinics, including a sample of co-served members; and,
- Review of SE agency materials such as services data tracking, brochures, a posting at a clinic, a list of employers, and the agency website.

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:

- Based on interviews, observation, and documentation, SE staff has a proactive, encouraging, and individualized approach to supporting member employment goals. Members interviewed expressed their satisfaction with the SE program.
- SE and clinic staff interviewed said that there is no exclusion from SE or screening of members for work readiness when they voice an employment goal. Staff, in the clinic team meeting observed, highlighted employment as an option for members. During the meeting, the clinic team planned to engage members in discussing socialization and employment options. Staff at one clinic said that the ES has directly engaged members in the clinic lobby and then requested clinic staff to forward a referral.
- The ESs usually meet with members in the community. Records show examples of contacts at set locations near the member's home, or where convenient, and then travelling to locations related to the member's employment goal.
- Outreach and engagement occurs on a time unlimited basis until the member expresses they no longer want to seek employment.
- At co-located clinics, the agency posts a description of SE services and how to contact the ES staff for that location. Similar information is presented on the agency website, including links to the SE brochure in English and Spanish.

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

- ESs should make multiple weekly contacts with clinic staff. ES participation in clinic team meetings should include prompting clinic staff to discuss the potential for employment with members that the clinic team may not have formally identified for referral.
- Continue efforts to connect members face-to-face with potential employers within 30 days of when members express an interest in employment in order to capitalize on the member's motivation.
- If an integrated file is not possible, evaluate how the SE and clinic agencies can coordinate similar processes. For example, staff at a clinic said that the SE agency Release of Information (ROI) does not address all required areas. The process to complete the ROI may be an area where SE and clinic staff can collaborate and align practices so that documents can be shared.

SE FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
Staffing				
1	Caseload:	1 – 5 4	The SE program consists of four ESs and a Program Manager that does not carry a caseload. Data was provided for 114 SE members. The member to staff ratio is 29:1. Three of the ESs caseloads exceed 25 members.	<ul style="list-style-type: none"> Consider adding additional ESs to meet the needs of the program based on the member census, ideally resulting in no more than 25 members per ES, on average. The supervisor may carry a small caseload.
2	Vocational Services staff:	1 – 5 5	Based on observation and interviews, the ESs provide only SE services and do not serve members of other VALLEYLIFE programs.	
3	Vocational generalists:	1 – 5 5	Interviewees reported that ESs conduct all phases of vocational services. At intake, ESs use the Vocational Profile (VP) and complete other applicable agency documents. ESs help members with resumes, job searches, visiting potential employers, applications, preparing for interviews, and resources (e.g., clothing for interviews). Job development usually occurs with members. The ESs said they conduct job development without members about two to three times a week by attending job fairs or visiting employers. During the SE unit meeting, ESs shared job leads, usually when discussing employment goals for specific members. SE staff provided a spreadsheet with employer information. The ESs provide follow-along supports to employed members.	
Organization				
1	Integration of rehabilitation with mental health treatment:	1 – 5 4	The four ESs are co-located at partner clinics; two at Terros 51st Avenue Recovery Center; one at Lifewell Behavioral Wellness Windsor; and one at Southwest Network Osborn. SE and clinic staff maintain separate records. ESs have office space at their assigned clinic and primarily work with one to four teams. One ES works only with members	<ul style="list-style-type: none"> During meetings with clinic staff, ESs should listen for opportunities to prompt clinic staff to discuss the potential for employment with members that the clinic team may not have formally identified for referral. The prompting may result in more frequent engagement conversations by the

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			<p>served by two clinic teams. The three other ESs also work with members at non-co-located clinics.</p> <p>SE staff reported that the ESs attend at least one weekly meeting with their co-located clinic teams. The SE supervisor said they accompany ESs to treatment team meetings at least quarterly to support integration efforts. Staff said that the ESs report on their co-served members and attend for the full meeting duration. Not all clinic staff interviewed confirmed that SE staff prompts clinic staff to offer employment to members who were not already referred to SE during the clinic meeting. In SE files, ES meeting attendance is documented using a tracking sheet to show when ESs attend meetings and the clinic staff present. Though, the same clinic staff were listed for each meeting.</p> <p>During the clinic meeting observed, the ES was present for the full duration. Medical staff provided the clinical team and ES with education on the critical nature of medication monitoring and intervention to avoid potentially permanent side effects. Clinic staff and the ES collaboratively discussed co-served members. Clinic staff discussed members that the clinic team had difficulty engaging, but who engaged with the ES. For one member, clinic staff asked the ES to coordinate with them for a home visit. There were examples in records of clinic staff asking ESs to relay messages to members or to ask members to contact clinic staff when found.</p> <p>During the clinic team meeting observed, the Clinical Coordinator prompted the team to offer</p>	<p>team with members about employment and available supports. Established ESs may feel more comfortable working with their assigned clinic teams and may be able to provide tips to other ESs.</p> <ul style="list-style-type: none"> • Ideally, SE staff have multiple contacts weekly with each member’s clinic team staff. SE staff has control over their role in maintaining frequent contact with clinic staff. However, the number of teams and clinics serving the SE members may make it difficult to conduct multiple contacts weekly with clinic staff. Assigning SE staff to one or two teams may improve coordination. • If an integrated file is not possible, system partners should work collaboratively to allow for easier sharing of information between agencies. With separate SE and healthcare agencies, there are inherent barriers to full integration. • Ensure the clinic team meeting attendance tracking form in the SE file accurately documents which staff were present at each meeting ESs attend. Documentation in the member’s record of those conversations may be helpful when other ESs step in to provide coverage.

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			<p>employment as an option to members. The clinic team discussed offering Vocational Rehabilitation (VR), SE, and a clinic employment group to two members with challenges paying housing costs, and to hospitalized members as options for them to pursue at discharge.</p> <p>SE and clinic staff report they have frequent contact. The reviewers were unable to verify documented evidence of the ESs having three or more weekly clinic team contacts in all sample records reviewed. Some clinic staff said that each team meeting discussion may not be documented in clinic records. Some members interviewed are served at a clinic where they are not assigned a CM, rather are assigned to a team, and voiced frustration with the approach.</p>	
2	Vocational Unit:	1 – 5 5	<p>SE staff said they meet as a group weekly. During the SE unit meeting observed, the Program Manager led the meeting and worked with ESs to brainstorm solutions to members' situations. The ESs discussed members from their caseloads and received feedback about how to engage, support or connect with employers of interest. The Program Manager gave tips on how to approach or phrase questions when working with members. SE staff said that the ESs provide cross-coverage. Coverage was a topic of discussion during the SE meeting but no staff had scheduled upcoming time off. Examples of an ES providing services to members from another ES's caseload were documented in SE records. SE staff use shared calendars to track scheduled member contacts.</p>	<ul style="list-style-type: none"> • During the SE unit meeting consider implementing a more formal process for ESs to discuss a few members from each caseload weekly. This may aid in tracking of employer contacts, outreach activities, or help ESs if they are called on to provide services to a member from another ES's caseload. Some programs update member tracking during the SE meeting.
3	Zero-exclusion criteria:	1 – 5 5	<p>Clinic staff interviewed said that if members voice an employment goal then they are offered assistance to pursue the goal with no exclusion or</p>	<ul style="list-style-type: none"> • System partners should collaborate to ensure members with an employment goal

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			<p>screening for work readiness. Clinic staff reported other staff at the clinic use the same approach. Members interviewed said they introduced the topic of employment to their clinic staff. One member said they informed the CM and then met with a RS.</p> <p>During the team meeting observed, the Clinical Coordinator encouraged the clinical team to suggest employment to members as a part of inpatient discharge plans, if they are facing financial constraints or unstable housing, and as a re-engagement strategy when they are missing appointments.</p> <p>Staff at one clinic said that a co-located ES may directly engage members in the clinic and then approach clinic staff to request a referral. Clinic staff said that there are times when the ES's engagement of members occurs at a faster pace than the clinic team can respond due to other competing demands and required clinic or agency referral processes.</p> <p>Clinic staff at one location said that VR staff may assess members participating in those services for work readiness. Some clinic staff described scenarios where the clinic team may not agree with the timing of the member's decision to seek competitive employment, for example, soon after discharging from an inpatient setting or after a period of instability. Staff said even in those situations, it is not appropriate to tell members that they cannot pursue employment.</p> <p>Clinic staff said that Work Adjustment Training or</p>	<p>are not screened for work readiness.</p>

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			volunteer activities are available, some occur at the clinic. Those options seem to be offered when clinic staff engage members to develop a socialization or employment goal. Based on interviews, clinic staff seem to distinguish members who voice an employment goal as those who should be quickly referred to SE services and offered VR. Clinic staff said that they explain each option with members. Some members opt to participate in VR and/or SE.	
Services				
1	Ongoing, work – based vocational assessment:	1 – 5 5	ESs use the Vocational Profile and amend the document if changes occur, for example, if a member revises their employment goal. Job start and end forms were found in member records. Members interviewed said they were not required to do additional personality testing unless it was part of a job application process. No interviewed members were recently steered to sheltered work. Member records showed evidence that ESs discussed benefits with members using the Disability Benefits 101 (DB101) resource. On-the-job support is available to members.	
2	Rapid search for competitive jobs:	1 – 5 4	<p>During the SE unit meeting, SE staff voiced the goal of at least 85% of members having an employer contact within 30 days of intake. Clinic staff said that once members voice an employment goal they are usually quickly referred to SE and/or VR. Clinic staff said that referrals usually stream through a RS, but that other staff can also refer members to SE. The RSs ask to be updated to track all referrals.</p> <p>Examples of delayed referral and SE intake were found in sample records. About a month passed</p>	<ul style="list-style-type: none"> • Continue efforts to facilitate members' face-to-face contact with potential employers within 30 days of when members express an interest in employment in order to capitalize on their motivation. • SE staff should be clear on minimum paperwork or information needed to begin SE services and educate clinic staff. Collaborate to streamline the referral process from clinic to SE agencies. Staff at one clinic identified the ROI form process

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			<p>between when a member discussed employment with clinic staff and the member's SE program intake. Similarly, about two weeks lapsed between when clinic staff discussed VALLEYLIFE services and a member's SE intake. One member interviewed reported a quick SE referral; one said about a month passed, and another said a couple of weeks elapsed. However, there were also examples of a week or less time between when clinic staff offered SE to members and SE intake.</p> <p>Clinic staff stated that once referred, SE services begin quickly. SE staff said that services can begin with the minimum information of the member's name and contact number. SE staff said that the ES can meet with a member and obtain a signed ROI to process a referral packet. Some clinic staff were uncertain of the minimum paperwork required to start SE services.</p> <p>The review included members who were not employed at intake and entered SE since the prior fidelity review. Based on data provided, members had face-to-face contact with a competitive employer, on average, about 53 days after program entry. SE staff supported 52% of applicable members with a first face-to-face employer contact within 30 days of program entry, including ten members who had contact with an employer a week or less from program entry. No employer contact was reported for 16 members, all of whom were in the SE program 30 days or more. Tracking for one ES showed three members' first face-to-face contacts with employers occurred at a job fair, though specific employers were not listed. The first contact reported for one member</p>	<p>as a potential area to collaborate for improvement. Due to reported high turnover at the clinic staff level, this education will need to be an ongoing effort.</p> <ul style="list-style-type: none"> • Evaluate and modify tracking mechanisms in place for staff to document and report first employer contacts. If members attend a job fair, they may interact with multiple employers, ideally each would align with their employment goal and preference.

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			was with a non-competitive employer.	
3	Individualized job search:	1 – 5 5	Interviewees said that the members identify what jobs the ESs help them to pursue. Members said that the ES asked them about job goals and preferences and discussed options with them. One member said that the ES adjusted the options when the member’s goal changed. One ES documented checking-in with a member during a contact and asked if the member was comfortable with the pace of the meeting or if the member felt overwhelmed. In sample records, job searches appeared to match employment goals. Some members initially identify a general employment goal and ESs seem to use job fairs as a starting point to explore options.	
4	Diversity of jobs developed:	1 – 5 4	The review included jobs obtained since the most recent fidelity review. This includes members who were not employed at intake and entered SE since the prior fidelity review. Based on data provided, most employed members work with diverse employers. Data showed 86% diversity of employers. There was about 62% diversity in job types. Multiple members work as caregivers or dishwashers, and in other duplicated positions.	<ul style="list-style-type: none"> Continue efforts to align job searches with member goals, while supporting employment opportunities that are in varied settings with 10% or less duplication of job and/or employer type.
5	Permanence of jobs developed:	1 – 5 5	The review included jobs obtained since the most recent fidelity review. This includes members who were not employed at intake and entered SE since the prior fidelity review. Based on data provided, all of the employed members are in competitive and permanent positions. SE staff said they do not recommend members participate in volunteer activity, temporary, or seasonal work, unless that is the member’s preference.	
6	Jobs as transitions:	1 – 5	All interviewees affirmed that SE staff assists members to transition to new positions when jobs	

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		5	end. Interviewees identified no circumstances when ESs would not offer job transition assistance. Examples were documented in records of ESs supporting members to maintain employment by strategizing how to address issues on the job and to explore options as jobs ended.	
7	Follow-along supports:	1 – 5 5	SE staff reported all open SE members receive follow along supports. SE staff stated that the agency goal is for at least 90% of applicable members to receive job coaching. The ESs try to keep in touch with newly employed members at least weekly, over the phone, or face-to-face meetings. The ESs said that ongoing support for employed members may include face-to-face meetings ranging from weekly to monthly, and that some prefer phone calls. The ESs each said that about five or six members on their caseloads receive or received on the job support. Examples include ESs talking with employer human resources staff and/or managers. In a sample record it was documented that an ES had multiple direct contacts with an employer to support the member’s employment. The ES advocated for a space for the member to take time away from co-workers. During the SE unit meeting, staff discussed strategies to support employed members as well as reasons some members ended or wanted to end jobs.	
8	Community-based services:	1 – 5 5	SE staff reported that the ESs spend most of their time, 70-90%, in the community. SE staff provided a document showing the percent of ES community and office-based contacts since January 2019 occurred at a similar percentage as reported by SE staff. The ESs said that they meet with members in locations where the member feels comfortable and are close to their home, including libraries or	

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			<p>fast food establishments. The ESs also visit employers with members. In records there were examples of contacts at a set convenient location, but then ESs and the member going to a job relevant location in order to meet a potential employer, attend a job fair, fill out an application, or go for a job interview. Based on records reviewed, about 81% of contacts with members occurred in the community.</p>	
9	Assertive engagement and outreach:	1 – 5 5	<p>At intake, ESs obtain consent about preferred means of contact using a form for members to approve certain outreach methods. Types of outreach include home visits, phone calls, texts, emails, calls to alternative or emergency contacts, and coordination with clinic staff. In sample records there were documented examples of the ESs outreach to members, including attempted home visits. Staff said that ESs will also try to meet members at the clinic to engage them on days they are scheduled for other appointments.</p> <p>SE closure occurs when members say they no longer want SE services. SE and clinic staff said that the ESs prefer to make contact with members directly if members tell clinic staff that they want to end SE services. SE staff and most clinic staff said that when SE members are not engaged in services, the ESs conduct outreach on a time unlimited basis. In the six months prior to the fidelity review, 58 members closed from SE.</p>	
Total Score:		71		

SE FIDELITY SCALE SCORE SHEET		
Staffing	Rating Range	Score
1. Caseload	1 - 5	4
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	4
2. Vocational unit	1 - 5	5
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	4
3. Individual job search	1 - 5	5
4. Diversity of jobs developed	1 - 5	4
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	5
9. Assertive engagement and outreach	1 - 5	5
Total Score		71
Total Possible Score		75