

SUPPORTED EMPLOYMENT (SE) FIDELITY REPORT

Date: October 17, 2018

To: Karen Gardner, CEO
Thomas Ross, Supported Employment Manager

From: Annette Robertson, LMSW
TJ Eggsware, BSW, MA, LAC
AHCCCS Fidelity Reviewers

Method

On September 17 – 20, 2018, Annette Robertson and TJ Eggsware 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. 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 Focus Employment Services, the referring clinics included Partners in Recovery (PIR) Metro Center and Southwest Network Saguaro.

Focus Employment Services (Focus) SE staff are co-located at four provider locations in the Central Region of Arizona: Community Bridges, Incorporated Mesa Heritage Clinic; PIR Metro Center Campus; Lifewell South Mountain LifeWellness Center; and Southwest Network (SWN) Saguaro Clinic. Focus provides other employment services for individuals in the Central Region, however; this review will concentrate on the locations delivering SE services.

The individuals served through the agency are referred to as *clients* or *members*, but for the purpose of this report, and for consistency across fidelity reviews, the term "member" will be used. Focus SE staff providing direct service were referred to in interviews and documentation as Focus reps, Career Counselors, and Employment Specialists, but for clarity, the term "Employment Specialist" will be used throughout this report.

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

- Observation of PIR Metro Genesis Clinical Team and SE coordination meeting on September 17, 2018;
- Observation of an SE treatment team/supervisory meeting on September 20, 2018;
- Agency overview discussion with two SE program administrators: the CEO and the Regional Behavioral Health Authority (RBHA) Program

Manager;

- Individual interview with the Supported Employment Manager;
- Group interview with four Focus Employment Specialists (ES);
- Group interview with two Rehabilitation Specialists (RS) at Saguaro clinic;
- Group interview with three Rehabilitation Specialists at Metro clinic;
- Individual phone interviews with two members receiving services;
- Individual and group interviews with five members receiving services;
- Review of ten randomly selected member charts at REN as well as co-served members at PIR Metro and SWN Saguaro clinics; and
- Review of agency data and documents including: member rosters and service information, program brochure and flyer, *Vocational Profile*, *Vocational Profile Amendment Form*, *Job Start and End Forms*, *Employer Tracking Log*, *1st Employer Contact Report*, *Letter of Intent to Close*, *Case Closure Protocol*, *MMIC Closure Letter*, and *Clinical Meeting Log*, as well as copies of service provision agreements (e.g., Memorandum of Agreement, Memorandum of Understanding) with co-located clinics.

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:

- Zero Exclusion: Focus and clinic staff are informed of zero exclusion and that no member should be excluded from their desire to work.
- Rapid Search: Based on data provided, the majority of members enrolled with Focus SE services averaged less than 30 days when they met face-to-face with a potential employer. Focus staff expressed an understanding of the importance of acting on the motivation of the member when they express a desire to search for work.
- Vocational Generalists: Focus SE staff deliver all phases of vocational services which includes: engagement, assessment, job development and when a member has obtained employment, they provide follow along supports and job coaching.

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

- Improve documentation into member record: Ensure that all documentation reflecting services provided is entered into the member record and clearly indicates the location of the interaction, persons met with, and activities, etc. All attempts to contact member should be included in the member record, not in alternate locations within the agency. Certain documents are not part of an integrated record at Focus. Explore options that allow ESs to document direct contact with members, coordination with clinic team staff, and outreach efforts in one comprehensive record.
- Integration of rehabilitation with mental health treatment: Continue efforts to fully integrate SE services with the clinical team.
- Assertive Engagement and Outreach: Clarify engagement/outreach policy to assist ESs in their weekly efforts to re-engage members and include expectations relating to documentation in the member record.

SE FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
Staffing				
1	Caseload:	1 – 5 5	The four Focus Employment Specialists serve 59 members in discreet caseloads at their co-located clinics. Per staff interviews and data provided, caseloads for the ESs range from 12 - 19. The member/staff ratio for the employment specialists in the SE program is approximately 15:1. The SE supervisor carries a caseload of less than 10 persons whom are not participating in the SE Program and who were not factored into the caseload calculation.	
2	Vocational Services staff:	1 – 5 5	Per interview with both agency and clinic staff, and records reviewed, ESs provide only vocational services within the Supported Employment program. No ESs have case management responsibilities, co-facilitate groups, or lead classes. Focus staff reported that ESs only work with SE members. They do not provide coverage or serve members of other programs at the agency. The SE Program Manager works in both the SE program and carries a small caseload in the Employment Related Services (ERS).	
3	Vocational generalists:	1 – 5 5	Focus SE staff deliver all phases of vocational services per records reviewed, and interviews with RS staff and with members receiving services. ESs complete intakes, assess member work goals, and assist in job search activities such as: resume building, how to write an effective cover letter, providing job leads, applying for positions in person and on-line, and preparing for interviews. Completing a Vocational Profile (VP) assists staff in helping members identify their work goals, and these were located in member records. ESs reported that they perform job development activities weekly. During the team meeting	

Item #	Item	Rating	Rating Rationale	Recommendations
			<p>observed, each ES presented information about recent job development activities, including positions available and who to contact at the employer. Reviewers accessed team meeting documents tracking ESs consistent job development activities. ESs offer and provide job coaching and support, which included discussions on appropriate hygiene and dress, problem solving transportation issues, the practice of asserting feelings, and effectively coping with stress and anxiety.</p>	
Organization				
1	Integration of rehabilitation with mental health treatment:	1 – 5 4	<p>Focus SE staff are co-located at four clinics and the majority of referrals to SE are made by the two assigned teams, but each ES works with a small number of members from other teams. ESs report they are part of their clinical team with shared decision making. They report, and clinical staff interviewed at two clinics confirmed, that there is frequent communication with RSs which can be daily or weekly. One ES's desk is in a room with an assigned clinic team, one has a desk in a communal room where most staff have desks, and two ESs have office space at the clinics, but in a separate space where other co-located or support staff are located.</p> <p>ES staff report regular weekly attendance at integrated clinical team meetings with their two primary assigned teams. For members served by other teams, ESs may attend team meetings infrequently or coordinate through the RS. RSs interviewed at one clinic confirmed the assigned ES staff attends at least one clinical team meeting weekly and is authorized to be present for the full duration of the meeting. One ES, having the highest caseload of all ESs, does not stay for the full clinical team meeting, reportedly due to</p>	<ul style="list-style-type: none"> • Continue efforts to resolve privacy barriers with provider denying access to ES attending full clinical team meetings at co-located clinic. Without full integration, ES staff is unable to suggest employment services for members the clinical team may not have engaged. In an effort to move towards fuller integration, consider formatting clinical team meeting to allow ESs to attend for the full meeting (e.g., not discussing substance use issues during the one meeting a week that the ES attends). Additionally, resolve barriers to coordination of vital documents (e.g. updated service plans from referring clinics, seeking input from ESs when updated, VPs sent to clinics and filed). • Improve clinical documentation of ES participation in clinical team meetings to include specific tasks completed and next steps planned.

Item #	Item	Rating	Rating Rationale	Recommendations
			<p>privacy related issues, and is excused after staffing members working with that ES. During the meeting observed as part of the review, staff discussed services to co-served members, which accounted for about 15 minutes, the ES left and the clinic team meeting continued lacking SE presence. Clinical Team Meeting Logs summarized ESs input during clinical team meetings, however, was often vague. SE treatment plans and other documentation are not integrated into clinic member records, but Focus member records contain the original referral packet, including the member's Individual Service Plan (ISP).</p>	
2	Vocational Unit:	1 – 5 4	<p>The Focus ES team is currently managed by one supervisor. The SE team meets three times a month for group supervision to discuss job development leads, hiring events, and employer contacts. Additionally, SE staff give an update on each member, which may include deeper discussion of challenging cases. Once a month, the SE team has a joint supervisory meeting with other ESs within Focus and the team meets briefly separately as an SE unit afterwards. Supervisory meetings typically last for two to two and a half hours. During the meeting observed by reviewers, staff discussed: job leads, upcoming job fairs, coverage needs due to planned staff vacation time, member updates on job search efforts, and effective interventions for their more challenging and unique cases. One staff offered to assist a member from another ESs case load by completing a mock interview. Staff interviewed said that they coordinate through a group text, actively problem solving issues between scheduled supervisions.</p> <p>Although agency staff stated they provide cross coverage, staff provided limited detail or examples in the year timeframe reviewed (e.g., forwarding</p>	<ul style="list-style-type: none"> • Support ESs in providing cross coverage for members in order to prevent gaps in services, maintain motivation for job searches, and provide support for unanticipated workplace issues that could threaten job retention. Additionally, ESs should be available to support transportation needs, drop by job sites when approved by members, and to assist with mock interviews to better prepare members. • While the monthly all-Focus meeting may be beneficial, consider increasing the SE supervision to weekly. Weekly group supervision focused on employment provides ESs with more regular access to the most up-to-date information and resources on employers and job leads, as well as more opportunities for support, problem solving, and skill development.

Item #	Item	Rating	Rating Rationale	Recommendations
			calls when someone is out). The only evidence was staff offering to assist a member at the team meeting observed by reviewers.	
3	Zero-exclusion criteria:	1 – 5 5	Focus SE staff verbalized understanding of the zero-exclusion criteria and clinic staff interviewed affirmed that ESs encourage referrals for all members expressing an interest in work. SE staff stated they assist all members interested in working regardless of work history or substance use. SE and clinic staff deny eligibility requirements being implemented such as job readiness assessments or evaluations. Members interviewed reported they were referred to supportive employment services when they first expressed a desire to work, and five members interviewed reported being encouraged by clinic staff to consider seeking employment. Primary referral sources are the clinics in which they are co-located; however, it was reported members do self-refer occasionally.	
Services				
1	Ongoing, work – based vocational assessment:	1 – 5 5	<p>The Vocational Profile (VP) is completed when members are referred as a tool to identify long and short term job goals and was evidenced in records reviewed. When members’ job goals change, amendments to the VP are completed, and were also located in records reviewed. Job Start and End forms were located in records as well.</p> <p>Staff admit very few members are comfortable in sharing their mental health disability with their employer, but staff do go to job sites to observe some members working in retail customer service positions if given permission by members. Staff later meet with those members and advise them on how to improve interaction with customers or</p>	<ul style="list-style-type: none"> Ongoing work based assessments allow ESs ability to identify potential problems before they affect member job performance and retention. Ensure those activities are accurately documented in member records.

Item #	Item	Rating	Rating Rationale	Recommendations
2	Rapid search for competitive jobs:	1 – 5 5	<p>how to further develop other job skills.</p> <p>Based on data provided, the majority of members enrolled with Focus SE services in the year prior to review averaged less than 30 days when they first met face-to-face with a potential employer. Data provided to reviewers indicate the time it took members to meet with a potential employer ranged from 2 – 137 days. SE staff expressed the importance of immediately offering competitive job search assistance once the member expresses the desire to seek employment. Staff report connecting with members, in some cases, before all paperwork was finalized in an effort to quickly act on that motivation of the member referred. Members interviewed stated satisfaction with the response time to their interest in seeking employment and felt that Focus staff went at the pace in which the member was comfortable. Another member reported taking a much slower approach to seeking employment and expressed feeling respected and understood by the ES with whom she was working. Clinic staff and records reviewed corroborated reports that SE staff assisted members rapidly in their job search.</p>	
3	Individualized job search:	1 – 5 5	<p>SE staff stated that members determine which jobs they seek depending on their preferences and needs, rather than the job market. ESs expressed that members are more successful in their work when they secure jobs they are interested in. Records reviewed and data provided to reviewers indicate job goals and interest areas on the member VP correlated with jobs that members acquired. Clinic staff affirmed that ESs assist in searching for jobs in member preferred areas. Employer Tracking Logs documented ESs efforts to connect members to employers in jobs of their preference. Logs were located in member files, but often did not include a specific contact at the</p>	

Item #	Item	Rating	Rating Rationale	Recommendations
			<p>employer, but did not note the name of the employer, position and date of contact. Members interviewed report searching, applying and interviewing for jobs that they preferred. Examples of VP Amendments were located in file when members changed the focus of their job search.</p>	
4	Diversity of jobs developed:	1 – 5 5	<p>Data provided on 59 SE program participants showed 19 referred in the past year gained employment at 18 different employers. Focus ESs assisted members in finding 18 of those positions; one member had already been employed having been referred for retention services only. Of the positions acquired during the past year, two job types were duplicated that of call center representative (3) and unarmed security guard (2) resulting in just under 90% of the positions being diverse.</p>	
5	Permanence of jobs developed:	1 – 5 5	<p>Members interviewed stated they were interested in permanent jobs and that they were supported in their interest by ESs. Clinic staff reported that if members are interested in volunteering or unpaid work, they would refer them to those types of programs rather than SE services. Focus staff opinions aligned with members regarding permanence of jobs and clinic staff stated that members' preference should always be the priority and that they were unaware of any members working in temporary positions. Data provided to reviewers indicated all members working were in permanent positions.</p>	
6	Jobs as transitions:	1 – 5 5	<p>Based on interviews with ESs and clinic staff, Focus SE staff assists members in finding work when a job ends. Clinic staff stated that ESs will work with all members even if they have substance use issues, or limited work history. In one record reviewed, the member was out of contact when losing employment and had been closed, but was</p>	

Item #	Item	Rating	Rating Rationale	Recommendations
			<p>then re-referred to Focus to find new work. Records showed SE staff resumed employment search after updating the VP to clarify the member's type of work desired. Members interviewed stated they were supported by ES staff when jobs ended and they requested assistance in finding new work.</p>	
7	Follow-along supports:	1 – 5 4	<p>Staff interviewed reported having monthly contact with employed members and that most prefer phone contact rather than face-to-face meetings once they have obtained employment. Members interviewed stated they appreciate the follow along support and that they typically have contact with ESs monthly. Clinic staff reported members receive follow along supports from ESs. Documentation of text messages exchanged between ESs and members was found in the records reviewed however, reviewers found little additional evidence of ESs providing thoughtful conversations guiding members in retaining and growing in their employment. Focus staff report their recent member contacts at the SE meetings. The data is tracked on a document separate from member records.</p>	<ul style="list-style-type: none"> • All contacts made with members should be documented in the member's record and should include the subjects discussed and actions taken by ES, as well as other pertinent information relating to member's struggles or successes in the work place setting. • Use follow along support to coach members on job skills and educate on importance of finding new employment before ending a position to decrease financial burdens, as well as the value of giving proper notice so as not to negatively impact a future reference.
8	Community-based services:	1 - 5 3	<p>Focus staff report spending 70% or more of their time in the community. Members reported that ESs meet with them in the community to search for jobs, complete on-line applications, apply in person for positions, and to assist with preparing for interviews. Locations identified included fast food restaurants, grocery stores and employment centers. ESs and clinic staff did state that occasionally meetings occur at the clinic, but that these locations are the preference of the member due to issues such as lack of transportation, or difficulty with anxiety in unfamiliar places. Some contacts began in an office setting but then SE staff accompanied members into the community</p>	<ul style="list-style-type: none"> • Ensure that all documentation reflecting services provided is entered into the member record and clearly indicates the location of the interaction, persons met with, and activities.

Item #	Item	Rating	Rating Rationale	Recommendations
			<p>to apply directly at potential employers or to conduct online job searches at employment centers.</p> <p>It was difficult to verify the amount of time spent with members in the community based on documentation provided for review. Some records contained few contact notes. However, in some cases there were references on other documents (e.g., coordination with clinic team) that ESs had contact with members without corroborating contact notes. It was not clear if the complete service record was made available for review. Printed copies of documentation were reviewed, but ESs utilize an electronic record to document services rendered. The reviewers did not have access to the electronic record.</p>	
9	Assertive engagement and outreach:	1 – 5 4	<p>If members are not participating in SE services, time-limited outreach of up to three months occurs. Focus staff informed of attempts to contact members by phone if missing an appointment. If unable to make contact by phone or text, staff report coordinating with the clinic staff and request assistance. Focus will inquire as to when the member's next clinic appointment is and will make themselves available at that time to meet with the member to re-engage in job search activities. One ES stated going to members' homes in an effort to re-engage in the job search process, although this reportedly is not the norm among ESs. ESs report making weekly attempts and after about two months with no contact, will send a closure letter. One member record reviewed lacked documentation of attempts yet Focus SE Team Meeting Log indicated efforts had been made. It is not clear if the SE staff have a consistent approach before closing members. Staff reported certain ESs may move slower to close</p>	<ul style="list-style-type: none"> • Clarify engagement/outreach policy to assist ESs in their weekly efforts to re-engage members and include expectations relating to documentation in the member record rather than the Team Meeting Log which is not a part of the member's record. • Consider revising the letter sent to members prior to closure so that it is specific to SE services.

Item #	Item	Rating	Rating Rationale	Recommendations
			<p>members than other ESs. One staff reported outreach may not occur until there is no contact with a member for about two weeks. Data provided to reviewers showed 34 members cases were closed in the past six months. Nearly 60% of the closed members came from one ESs caseload. SE staff reported that closures were often due to member requests, but could not confirm the number that closed due to lack of contact.</p>	
Total Score:		69		

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	4
2. Vocational unit	1 - 5	4
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	4
8. Community-based services	1 - 5	3
9. Assertive engagement and outreach	1 - 5	4
Total Score		69
Total Possible Score		75