SUPPORTED EMPLOYMENT (SE)
FIDELITY REPORT

Date: July 19, 2021

To: Doris Vaught, President, Chief Executive Officer
Nicole Cupp-Herring, Executive Vice-President, Chief Clinical Officer

From: Karen Voyer-Caravona, MA, MSW
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AHCCCS Fidelity Reviewers

Method

On June 14 – 16, 2021, Karen Voyer-Caravona and Annette Robertson 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 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 Lifewell, the referring clinics included Terros Health Priest and Lifewell Desert Cove clinics.

Lifewell offers a range of services, including outpatient services, vocational services, housing support, clinic based adult behavioral health, and primary care physical health services. Vocational rehabilitation services at Lifewell include supported education, supported employment, peer certification training, culinary awareness and nutrition, and supported volunteering. SE services are open to members through referrals from other clinics and internally through staff at Lifewell Behavioral Wellness service hub locations. The SE program offers co-located services at La Frontera-EMPACT Comunidad and Terros Priest Drive Recovery Center clinics.

March 11, 2020, the Governor of Arizona made a Declaration of Emergency and an Executive Order in response to the pandemic, Coronavirus 2019 (COVID-19). Among others, recommendations were made to practice social distancing of six feet to avoid spreading the disease as well as limiting gathering of groups of more than ten people. This review was conducted during the pandemic and adjustments were made to the review process to observe the Governor's requests and to reduce burden on providers, including reducing the sample size of member records reviewed, conducting staff and member interviews telephonically or videoconferencing, remote access to provider electronic health records when available, and other adjustments as needed to be in compliance with public health guidance.

Although AHCCCS made adjustments to billing codes to allow for telehealth services during the public health emergency, this fidelity tool does not accommodate those services.

Lifewell staff reported that the SE program continued services throughout the public health emergency. The program experienced staff turnover, and this was reflected in records sampled, but new ESs were hired, and services were conducted by telephone and a virtual platform. In March 2021, the program brought staff back into the office and into clinics. However, some clinics continue to limit access to their buildings. Co-located ESs were at their assigned clinics two days a week and attended clinic team meetings using virtual platforms. As restrictions were lifted and the community reopened, more public and other community-based spaces became available for ESs to meet in-person with members receiving SE services. Staff said that members do voice concern and that staff meet with them if and where they feel comfortable.

Throughout most of the public health emergency, services largely focused on job retention services, primarily by phone for support. However, job placements continued, usually about one per month. Employer contacts typically occurred by phone, and interviews over virtual platforms. This was facilitated by the distribution of tablets provided by the Regional Behavioral Health Authority to members through the behavioral health clinics. SE staff provided training to members with internet capacity on how to use them for job search and interviewing by video conference, as well as by phone. After the Lifewell intake, members were then free to take additional free computer classes at Lifewell hubs. In the last three months, placements have increased, with a total of 15 since the beginning of April. Staff reported that the job market has been favorable for members seeking, being considered for, and gaining employment. Staff said that the introduction of remote technologies into SE service provision has proved to be a positive experience, offering convenient alternatives to members struggling to locate last minute transportation to interviews or childcare. Staff reported that virtual options will remain as an option for meeting and connecting members and employers.

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.

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

- Observed an SE treatment team meeting on June 14, 2021;
- Observation of integrated team meeting at Terros Priest clinic on June 16, 2021;
- Group interview with the Senior Director of Outpatient and Vocational Services and the Rehabilitation Services Program Manager;
- Individual interview with the Supported Employment Supervisor;
- Group interview with three Employment Specialists (ES);
- Group interviews with two Rehabilitation Specialists (RS) and two Case Managers (CM) from one clinic and two RSs from a second clinic;
- Individual interviews with four members receiving SE services as well as a family member of a member receiving SE services.
- Review of ten randomly selected member electronic records, including some co-served by Terros Priest and Lifewell Desert Cove clinics; and
- Review of data provided by the agency, including Program Brochure, SE member roster, member employment data, job logs, and 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:

- Staffing: ESs at Lifewell carry manageable caseloads, focus solely on provision of vocational services, and carry out all phases of supported employment, from program intake to follow along support.
- Individualized job search: Interviews, employment data provided, and records sampled showed that Lifewell ESs assist members in carrying out individualized job searches based on members stated needs and preferences.
- Diversity of jobs developed: Employment data provided showed high diversity of job types and settings. The few replicated job types were located at diverse employers with responsibilities unique to those settings.
- Permanence of jobs developed: Lifewell ESs assist members in locating permanent, competitive jobs. Although staff said that some employers hire through staffing agencies and practice temp-to-hire recruitment, no evidence was found of temporary, seasonal, or "gig" work.

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

- Integration of rehabilitation with mental health treatment: System partners should explore options for improving care coordination such as electronic records integration/access among care partners, leveraging now mainstreamed virtual platforms for vocational staffings and case review, and resolving breakdowns in documentation of SE referrals made and accepted.
- Ongoing work-based assessment: The vocational unit culture should be one that strives for ongoing assessment and recording of findings that are used to benefit the job seeker in their employment journey. Data gathering for ongoing assessment can be derived not only from the ES's observation but also from natural supports, former and current employers, and members themselves. Job start and job end forms can supplement assessment tools like the Vocational Profile initiate discussions about achievements, disappointments, and lessons learned.
- Community-based services: ESs should strive to spend 70% or more of their time delivering services in community settings. Service delivery can be in locations relevant to a specific member's job search and/or in locations that assist them in developing necessary skills and behaviors such as appropriate communication and body language, as well as provide the ES an opportunity to conduct assessment. Community-based services can be provided without the member present, such as networking at a particular industry meeting on behalf of a job seeker to learn about industry standards and needs.
- Assertive engagement and outreach: Increase assertive outreach and engagement and ensure efforts are consistently documented in the member records. Along with outreach to clinical teams for assistance, enlist the input of members in advance to discuss the most effective means to outreach and seek to obtain member permission to communicate with at least one natural support for help in reestablishing contact when a member has been difficult to locate.

SE FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
Staffing				
1	Caseload:	1 – 5 5	At the time of the review three ES reported current caseloads of 16, 15 and 11 for a member to staff ratio of 14:1. A new ES had been recently hired but had not yet been assigned a caseload.	
2	Vocational Services staff:	1 – 5 5	Per interviews with program staff, clinic CMs and RSs, and members participating in the SE program, ESs carry out only vocational services. No evidence was found in records reviewed of ES performing other functions at either Lifewell or clinic facilities.	
3	Vocational generalists:	1 – 5 5	Per a review of records and interviews, ESs function as vocational generalists, providing all phases of supported employment from intake through job retention. Staff said that they continued to provide support for all phases throughout the public health emergency, though accommodations were made to conform to public health guidance and member concerns about health risk.	
Organization				
1	Integration of rehabilitation with mental health treatment:	1 – 5 3	The two co-located ESs attend treatment team meetings that are attended primarily by CMs and RSs. Psychiatrists and Nurses may attend briefly to report on schedules and update on medication changes, etc. Based on the clinical team meeting observed and interviews with clinic staff, ESs appear to largely report on their caseload and respond to direct questions about referrals and SE services. Although ESs reported they can give comment on members not on their caseload, clinic staff interviewed said that ESs do not give comment on members not on their caseload, nor was evidence of this provided in the team meeting	• Within the current system structure, fidelity to this item may be difficult to achieve. When rehabilitation and mental health are integrated, ESs attend full clinical team meetings weekly with one or more assigned teams, participating as equal members of the treatment team, asking questions, offering input, and suggesting SE services to any member who might benefit from them. Optimally, ESs and clinical teams share an electronic record, or the ES at least has access to the records of members on their caseload.

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			observed by the reviewers. Clinic staff reported positive communication with the newly assigned ES who, in addition to attending weekly team meetings, attends staffings with the clinic RSs and assigned Vocational Rehabilitation Counselor (VRC) as needed. The SE agency just recently began to allow ESs into their own facility after working from home due to the public health emergency. ES had primarily met with clinic RSs and CMs by phone or video conference; records showed that this generally occurred at least once weekly. Clinic staff interviewed said the ES is at the clinic in-person about two days a week and has an office near the nurses' station. Co-located ESs do not document into their assigned clinic's electronic medical records or have access to them. The non-co-located ES primarily communicates with clinic staff by phone and email. Face-to-face meetings with clinic staff, may occur as needed; they do not attend clinical team meetings. It was reported that members who were internally referred from Lifewell clinical teams or other Lifewell programs, such as counseling or the peer support training, are discussed at a weekly meeting at each hub. The non-co-located ES attends that meeting. Despite this, breakdowns in care coordination were discovered in records sampled. Many service plans did not specify the SE provider. Records showed that a member assigned to a Lifewell clinic had been referred by the clinic RS for SE to another provider; documentation showed that the SE provider and the RS were outreaching the member to reengage in employment services. At the same time, the member was being contacted by a Lifewell ES to	• Non-co-located ESs serving members at multiple clinics will likely have difficulty fully participating in weekly meetings for each team. While not fully aligning with fidelity for this item, ES and clinical staff should consider options for scheduling regular meetings to review cases and discuss referrals. Though not a substitute for integration, all ESs may consider providing clinical teams monthly summaries that clearly and accurately reflect services provided, member participation, progress toward employment goals, barriers to success, and plans for future action/needs. • It is recommended that clinic service plans indicate specific SE providers once the referral has been made to support care coordination.

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			arrange a program intake. Despite a shared electronic records system, the RS did not appear aware of this situation nor was documentation found of a referral to the Lifewell SE program. Other records showed ESs attempting to connect members to Vocational Rehabilitation (VR), unaware that the Lifewell RS had already made referrals. ESs, both co-located and non-co-located also communicate with clinic staff over email or transmission of SE monthly summaries, although these documents lack detail and specificity.	
2	Vocational Unit:	1 – 5 3	The reviewers observed an SE team meeting in which all ES attended, along with a recently hired ES who has not yet been assigned a caseload. ES reported on the status of recent referrals, outreach efforts, and case closures. The SE Supervisor reviewed retention services and importance of documenting services provided. Little case review or discussion was conducted; some exchange of information did occur, yet the meeting ended 60 minutes earlier than scheduled. The SE team did discuss options for locating job postings and the upcoming Connections Conference. No evidence was observed in the meeting that ESs provide services to each other's caseload. Although records sampled showed that ESs and the SE Supervisor cover caseloads when an ES leaves the program or is sick, no documentation was found of ESs providing services for each other's cases or as backup.	• Supervision meetings should be opportunities for learning and professional growth in service of members' employment outcomes. As the agency adds new ESs, consider structuring the meeting to include in depth presentations of challenging or successful cases that include an exploration of interventions applied, responses of members, resources obtained, and the involvement of the clinical team and other system partners. • As well as covering each other during vacations or periods of staff turnover, ESs should provide vocational services to each other's clients when it supports the desired employment outcome. Examples of services include an ES introducing a co-worker's client to an employer, conducting job site observations, role playing mock interviews, or providing transportation to and from a job interview.

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3	Zero-exclusion criteria:	1 – 5 5	Agency staff said that the SE program does not screen for work readiness before admitting members to the program, no evidence of such was located in vocational records examined by the reviewers. Most clinic staff interviewed said that members who are interested in employment will be supported in their work goals and offered vocational options such as VR, SE, and other vocational programs. One clinic staff expressed that those members struggling with acute symptoms and active substance use may be encouraged to consider unpaid or paid work activities such as work adjustment training (WAT) but that ultimately the team will defer to member choice. Another clinic staff, however, said that a work goal can be a potential motivator for commitment to treatment as members gain an understanding of what is required to find and maintain employment. Some clinic staff discussed the importance of simultaneous referrals to VR and SE so that member do not have to wait for the VR process, which was described as slow, to unroll. One clinic staff said that it was important to take advantage of member motivation and enthusiasm for work, striking when the iron is hot.	• Given the high level of staff turnover reported among clinical teams, ensure ongoing education and training for clinical teams of the role of competitive employment in recovery. Member testimony is a powerful tool to use as a means of providing clinical staff evidence that employment can support recovery.
Services				
1	Ongoing, work – based vocational assessment:	1 – 5 3	Per program staff interview and sampled records, vocational assessment appears limited or not fully developed through the phases of job development and placement. The vocational profile was described in terms indicating that ESs regard it as a static document that is completed in a brief timeframe. Although ES described the vocational profile as a tool to engage and gather information	• Vocational assessment is an ongoing process, and distinct from activities designed to screen members in or out of SE. The Vocational Profile is an excellent tool for structuring ongoing assessment, especially when updated as members' statuses change. Some SE programs

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			about work history, skills, and preferences, it appeared as a one-time endeavor. Reviewers found no evidence of updates or documentation of new insights or lessons learned during job search or job transitions. Similarly, progress notes did not reflect ongoing assessment. Records did not show documentation of on-the-job work assessment or employer or natural support engagement to assess vocational strengths and needs. However, the public health emergency likely negatively impacted ES access to employment sites. One clinic record showed a potential diagnostic concern that may have presented as a barrier to effective vocational engagement and outcomes. A CM staffing note indicated that a members' presentation may reflect past brain injury. The members' records noted previous services at Veteran's Administration (VA). No mention was made as to whether the member would be referred for diagnostic assessment, if VA medical records were being sought, or if this information was shared with the ES. In a Lifewell record, it was not clear that the agency RS and the ES are sharing their respective vocational profiles with each other; though completed at around the same time, they were inconsistent in employment history and status.	maintain *job start* and *job end* forms to mark transitions in and out of jobs. Ideally, those forms not only document change in job title and pay but also lessons learned, new skills developed, opportunities presented, or emerging goals. • Following the most current public health guidance, with member permission, and (when required) employer amenability, increase use of in vivo or environmental assessments that can be performed at all phases of the SE process. For example, an ES might accompany, support, and observe a member in a variety of work settings or interacting with potential employers. Some community assessment may vary according to the member's comfort with employer disclosure but could include direct workplace assistance to a newly employed member who is struggling to learn an unfamiliar task, obtaining feedback from a supervisor, or observing the member at work from a discreet distance.
2	Rapid search for competitive jobs:	1 – 5 4	A review of employment data provided showed, since the last review, an average of four months in job search. Data provided showed that some first contacts listed were contacts members had made (or jobs at which they had been employed) before enrollment in the SE program; that data was excluded from the calculation. Also excluded were	• In order to support rapid job search that capitalizes on member enthusiasm and motivation to work, remove process barriers to allow for direct intake into the SE program. (See Services Item 1 – Ongoing work-based vocation assessment).

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			those contacts in which it was determined that the contact was not in-person. Staff said that first employer contacts impacted by the public health emergency due to difficulty in making in-person visits to potential job sites during periods of heightened restrictions and members' own concerns about being out in public due to health risk. Staff said phone calls and virtual platforms have been work arounds. Staff said opportunities for in-person employer contacts have increased as restrictions have been lifted and the availability of vaccines has increased. Some clinic staff discussed the importance of simultaneous referrals to VR and SE so that members do not have to wait for the VR process to unroll. One clinic staff said that it was important to take advantage of member motivation and enthusiasm for work. Some delays in commencement of SE services appeared to occur, however, due to the apparent requirement of a Lifewell agency intake before the SE program intake. In some cases, the agency and SE intakes occurred on the same day or the next day; in other cases, the time between agency and program intake was a month or more.	
3	Individualized job search:	1 – 5 5	Most records reviewed and member interviews showed individualized job searches, often reflecting previous work history, specific training, or well-defined career goals formulated before program entry. Several records also showed broad job searches to find any available employment reflecting a stated need for reliable income. Job searches appeared to be primarily conducted online through job search engines or company	• Ongoing assessment and care coordination should occur and be documented to address employment barriers, as well as help members target employment searches on jobs that will fulfill multiple needs and preferences.

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			websites. Records and job logs provided showed that several members applied for and arranged interviews for jobs independently, reporting status during later contact with the ES. One member's clinic and SE records documented concern that their felony record and probation was a barrier to finding a job. In the same records, the member is quoted with concerns related to a barrier in immigration status. Although several progress notes mentioned the member's concerns, no documented efforts or plans were found in either clinic or SE records to help the member overcome these barriers. It was not clear from records reviewed to what degree ESs assist members in resolving competing employment needs, such meeting immediate income needs versus finding a job that is both a reliable source of income and fulfilling.	
4	Diversity of jobs developed:	1 – 5 5	Since the previous review, employment data provided showed 19 job starts with less than 10% of employer and job types being replicated. Staff interviewed reported that during the height of the public health emergency, many employers were not hiring but this pattern shifted. Staff said that as businesses and the public made adaptations, the market became more favorable for job seekers, including those who ordinarily experience employment barriers. Staff also noted an increase in opportunities to work from home and more jobs performed using computer technology, which some members find convenient and accommodating to their needs.	
5	Permanence of jobs developed:	1 – 5	Employment data showed that all jobs searched and developed were permanent. Some records	

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		5	showed that members entered job search with recent work histories in "gig" or temporary work and were seeking more reliable hours and wages. No evidence of temporary, seasonal, or gig work was found in data provided. One clinic generated Vocational Activities Profile showed a member engaged in unpaid work activities; no specific information was documented related to these activities, and they do not appear to have interfered with the member's search for competitive employment.	
6	Jobs as transitions:	1 – 5 5	Interviews and records show that ES work with members to find new jobs when old jobs end. Staff said they encourage members avoid quitting jobs before new jobs are acquired. Staff said that there was no reason why they would not help a member to find a new job after an old one ends. Some members interviewed discussed feeling supported in progressing in their careers to seek advancement.	
7	Follow-along supports:	1 – 5 4	Staff reported that most members are offered and receive follow along support for as long as they request it. Some members may quit services after obtaining jobs but return for retention services when problems arise. Currently employed members interviewed reported appreciating retention services for problem solving and support in order to maintain employment. One member reported meeting with their ES weekly for retention services, while another reported meeting twice a month. During the team meeting observed, the SE Supervisor discussed the importance of ESs meeting every two weeks with employed members. Most follow along support occurs via scheduled phone calls but can also occur unscheduled, including over text. Evidence	• ESs should meet with members who are working at a minimum of once monthly to check in and offer follow along support. Ensure efforts are documented in the member record. • At program entry, discuss the benefits of follow along support and employer disclosure, and periodically revisit the topic with a focus on follow along support, including opportunities for discrete workplace observation to get in front of concerns and issues before they become problems that risk job loss.

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			of this was found in sampled records, however, some records showed no documented efforts of contact or attempts to contact a member for retention services in more than 30 days. Members can receive in-person follow along at locations where they feel comfortable including agency hubs, a conveniently located coffee shop, or their clinic. If requested and allowed by the employer, staff said they can provide work site support, such as helping a member advocate for a workplace accommodation. One staff reported speaking with a manager about a member's request to switch from a full-time to a part-time schedule. No evidence of on-site job support was found in member records; workplace restrictions during the public health emergency may have been a contributing factor, although none were documented before the emergency declaration either.	
8	Community-based services:	1 – 5 2	During the public health emergency, ES followed public health guidance and restrictions imposed at workplaces for their and member safety. Sampled records for the period under review showed that most contacts occurred by phone or, occasionally a remote platform. As the community reopened and vaccines became more available, ESs had more in-person contacts with members, primarily at the member's assigned clinic or an agency hub. ESs continued to accommodate their concerns about health risk. Records showed evidence of some ES conducting online job searches on behalf of members and forwarding results to them by email. No evidence was found of community-based service delivery; the public health emergency may have had a significant impact on community-based contacts.	• As the community reopens and public health guidance recommends, prioritize in-person community-based service delivery. Emphasize community-based services in locations that are relevant to job searches and offer opportunities for assessment and practice of desired skills and behaviors. Clearly document members' preferences regarding meeting locations. • Consider brainstorming ideas for meaningful community-based services, either with members or on their behalf.

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9	Assertive engagement and outreach:	1 – 5 3	Outreach protocol was clearly and consistently conveyed by all SE staff. Staff said that outreach is conducted for four weeks, followed by a 10-day notification letter. Per interview, clinic staff report ES contact them to report missed appointments and to request assistance in making contact; some evidence of this was located in members' clinic records. Direct outreach to members by ESs after missed appointments and follow up to keep members engaged did not appear well documented. Some records showed over a month of no recorded contact. It was not clear if clinical teams kept ESs well informed when members had health and housing issues impacting or potentially impacting employment. Further, the SE records showed no documented contacts with a member for a two-month period, despite verbal reports to clinic staff that the member is fully engaged in SE services. In another record, one monthly summary indicated a member was on outreach due to lack of contact, but that same record lacked evidence of outreach efforts for over a month.	• Increase outreach efforts to members who are out of contact or have missed appointment and ensure timely documentation. ESs can also collaborate in advance with members on the best means to reach them when they are out of contact; this discussion would be ideal for exploring the benefits of including natural supports as part of the members *employment support team*. Connection with natural support to engage members who have fallen out of contact with the SE program may be a valuable resource. • System partners should collaborate to improve coordination of care. Disruptions in housing, transportation, the family system, etc., should be shared as soon as possible between SE and clinical providers in support of integrated care.
Total Score:		**62**		

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	3
2. Vocational unit	1 - 5	3
3. Zero-exclusion criteria	1 - 5	5
Services	Rating Range	Score
1. Ongoing work-based assessment	1 - 5	3
2. Rapid search for competitive jobs	1 - 5	4
3. Individual job search	1 - 5	5
4. Diversity of jobs developed	1 - 5	5
5. Permanence of jobs developed	1 - 5	5
6. Jobs as transitions	1 - 5	5
7. Follow-along supports	1 - 5	4
8. Community-based services	1 - 5	2
9. Assertive engagement and outreach	1 - 5	3
Total Score		**62**
Total Possible Score		**75**