

## **SUPPORTED EMPLOYMENT (SE) FIDELITY REPORT**

Date: January 21, 2022

To: Jennifer Baier, Senior Program Manager – Vocational Services  
Cletus Thiebeau, President & Chief Executive Officer

From: Nicole Eastin, BS  
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AHCCCS Fidelity Reviewers

### **Method**

On December 7-9, 2021, Nicole Eastin 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 Northern Star and Lifewell Windsor.

VALLEYLIFE, a nonprofit organization, has a long-standing history of providing services to individuals with disabilities in the Phoenix Metro area. During the Public Health Emergency, VALLEYLIFE continued to provide Supported Employment services without interruption. The agency was able to assist members in staying connected by purchasing phones, pre-paid phone minutes, and laptops through a grant. At VALLEYLIFE, the Employment Specialists are titled Job Developers. For the purpose of this report, and consistency across fidelity reviews, the term “Employment Specialist” will be used.

This review was conducted remotely, using video or telephone to interview staff and members. Accommodations were made for your agency as reviewers were unable to access a web-based electronic health record system and member records were thus supplied by your agency staff for review.

During the remote visit, reviewers participated in the following:

- Interview with the agency’s Senior Program Manager of Vocational Services.
- Individual interview with the Program Manager of Vocational Services.

- Individual telephonic interviews with four members who receive SE services.
- Group interview with the four agency Job Developers (Employment Specialists).
- Group interview with two Rehabilitation Specialists and one Case Manager of the Southwest Network Northern Star clinic.
- Group interview with four Rehabilitation Specialists and six Case Managers of the Lifewell Windsor clinic.
- Observation of a Supportive Employment team meeting on December 8, 2021.
- Observation of an integrated treatment team meeting at the Lifewell Windsor clinic on December 7, 2021.
- Review of documents provided by VALLEYLIFE from randomly selected member charts, as well as remote review of members records from the two partner clinics, including a sample of co-served members: and,
- Review of program documents including the SE program brochure, list of employers, *Outreach and Closure*, the agency website, and member data provided by agency.

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:

- SE and clinic staff embrace the principle of zero exclusion. Referrals are made soon after members express interest in employment and intakes are scheduled quickly.
- VALLEYLIFE Employment Specialists provide all phases of supported employment services from intake to follow-along supports, offering only vocational services.
- The SE team functions as a unit. Weekly group supervision provides an opportunity to share information and resources and help each other with cases.
- Virtually all members were able to meet with an employer within 30 days of program entry. The SE Program Manager tracks and reviews contacts weekly with the Employment Specialists.
- Employment Specialists provide competitive job options that have permanent status rather than temporary or time-limited status.
- Employment Specialists help members end jobs when appropriate and offer and assist to find a new job.
- Outreach and engagement occur on a time unlimited basis until the member expresses they no longer want assistance to seek employment.

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

- Employment Specialists have high caseloads. The agency should maintain sufficient staffing. Caseloads should remain at a ratio of 25 or fewer members for every Employment Specialist to ensure ability to provide vocational services to members at the desired level.
- Not all Employment Specialists are allowed to fully participate in integrated clinical team meetings. Changes in leadership at one clinic

impacted the SE program's ability to educate and advocate about the value of competitive employment for all members on the team. System partners should evaluate barriers to the SE program to provide this service and work to allow full participation by SE staff.

- Members could benefit from increased support and coordination with their clinical team. Employment Specialists should inform clinical teams when members are experiencing an increase in symptoms, especially when it potentially could put employment at risk. This ongoing assessment should be documented in members records throughout.

**SE FIDELITY SCALE**

<b>Item #</b>	<b>Item</b>	<b>Rating</b>	<b>Rating Rationale</b>	<b>Recommendations</b>
<b>Staffing</b>				
1	Caseload:	1 – 5 4	The SE Program consists of four Employment Specialists and a Program Manager. Data was provided for 119 members in the program, but the program may be serving up to 128 members which includes other populations. Per data collection and interviews, reviewers were provided an inconsistent range of Employment Specialist caseload size. The Program Manager does not carry a caseload. Employment Specialists have caseloads ranging from 29 - 38 members.	<ul style="list-style-type: none"> <li>Continue efforts to fill vacant positions to reduce member to staff ratio ideally resulting in no more than 25 members per Employment Specialist, on average.</li> <li>Consider the SE Manager carrying a small caseload, fewer than 15 SE members to prevent potential burden on Employment Specialists.</li> </ul>
2	Vocational Services staff:	1 – 5 5	Employment Specialists provide only SE vocational services and do not serve members of other agency programs.	
3	Vocational generalists:	1 – 5 5	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.	
<b>Organization</b>				
1	Integration of rehabilitation with mental health treatment:	1 – 5 4	<p>The four Employment Specialists are co-located at three provider clinics, and each are assigned to two - three teams. The Employment Specialists also provide services to members at non-co-located clinics. SE staff said clinics provide dedicated office space. One clinic staff reported trying to find a more permanent location for the Employment Specialist.</p> <p>SE staff report attending at least one weekly meeting with the co-located clinic teams. At one clinic, the Employment Specialist attends the</p>	<ul style="list-style-type: none"> <li>SE staff should attend weekly treatment team meetings with full teams (usually comprised of Psychiatrist, Case Mangers, Rehabilitation Specialist, and Nurse). ES should stay for the entire meeting duration to allow discussion of members already referred, and to prompt clinical teams to think about employment for members not already referred. ES support the clinical team's buy-in into the Evidence Based Practice of SE.</li> </ul>

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			<p>weekly clinical staffing meeting where only specific members are discussed, not the full roster. Prior to the clinical staffing meeting, the Employment Specialist sends an update to the clinical team. Staff at another clinic said the Employment Specialist is dedicated approximately 15 minutes to share the information pertaining to the members in SE services and then is excused. At the other two co-located clinics, both SE staff and clinic staff report the Employment Specialists are present for integrated program meetings weekly and attend for the duration. Both SE and clinic staff report the Employment Specialist are a part of the clinical team with shared decision making. It was reported there is frequent communication between the Employment Specialist, the Rehabilitation Specialists and with the Case Managers. Employment Specialists track clinic meeting attendance and clinic staff present. The SE provider also sends a monthly summary of contact with the member to their assigned clinic.</p> <p>Reviewers observed an integrated team meeting via videoconference. Although two Employment Specialists were present, only one reviewed members assigned. The Employment Specialist was provided feedback by clinical staff. A member soon to be released from jail was discussed as a potential new referral. It was reported that the prescriber typically attends, however, at this meeting, only the nurse was present. In sample records reviewed, there was evidence the Employment Specialists also attend a meeting that</p>	<ul style="list-style-type: none"> <li>• Educate clinics on the importance of consistent attendance of the prescriber to allow for full discussion about members interests in employment.</li> <li>• To improve coordination of member care, co-located Employment Specialists should share and gather updates of members assigned to non-co-located Employment Specialists when coordinating with clinical teams. This may also increase cohesion of the SE unit and bring more opportunities to provide cross-coverage to members.</li> </ul>

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			<p>includes Vocational Rehabilitation and clinic Rehabilitation Specialist staff, where progress and barriers are reviewed. One member interviewed reported communication between Vocational Rehabilitation, the Employment Specialist, and the Rehabilitation Specialist occurs. SE provider and clinic staff maintain separate records.</p>	
2	Vocational Unit:	1 – 5 5	<p>SE staff reported the entire SE team meets Mondays. The SE team meeting observed was led by the SE Manager and included an agenda. The SE team discussed positive events from the past week, new intakes to the program, job placements, and members on outreach and next steps. The team provided input and recommendations regarding challenges Employment Specialists had with specific SE members. The SE team also offered resources, job leads, new employer contacts, upcoming job fairs were reviewed, and a brief discussion relating to administrative items occurred. There was a conversation between an Employment Specialist and the SE Manager, the SE Manager shared the outcome of services provided to a member while covering for the Employment Specialist.</p> <p>SE staff and leadership said they will provide coverage for one another's caseload when needed. Clinic staff said they have worked with other Employment Specialists that were providing coverage for the assigned Employment Specialist. SE staff said caseload coverage can include taking members to an interview, new hire training, transporting a member to work, and taking a member to purchase clothing. In addition,</p>	

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			Employment Specialists meet individually with the SE Manager weekly.	
3	Zero-exclusion criteria:	1 – 5 5	<p>Clinic staff interviewed expressed understanding and valuing members’ autonomy and support them when expressing a desire to work. Any member of the Clinical Team can speak with the members regarding employment goals and make referrals, they deny having a screening process prior to making a referral. Clinic staff also report completing a Vocational Activity Profile with members to identify potential services for the member. When a member has an interest in working, however, not wanting to pursue at that moment, staff will follow up with the member at a later date to engage in the conversation again.</p> <p>SE staff report anyone on the Clinical Team can have a conversation with the members regarding employment and make a referral to the program. They also reported members can self-refer. Posters are displayed in clinic lobbies regarding SE services, including contact information for the Employment Specialists. Employment Specialists follow up with the Rehabilitation Specialist to obtain a referral packet.</p> <p>SE staff report providing ongoing education regarding SE services to the co-located clinical teams. The SE provider attended a clinic all-site meeting along with Mercy Care staff via videoconference. Ongoing conversations during weekly clinical team meetings and educating new Case Managers was also reported as regularly occurring. One clinic staff requested more training on Supported Employment for the entire clinical</p>	

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			team, just focused on the Rehabilitation Specialists.	
<b>Services</b>				
1	Ongoing, work – based vocational assessment:	1 – 5 4	<p>Upon entry into the SE program, members complete a vocational profile. Staff report the vocational profile is updated when the member desires a change in employment goals or job search preferences. Staff also complete job start and end forms whenever a members’ vocational status has changed.</p> <p>Amendments to employment goals and job start/end forms were in a few randomly selected member records reviewed. However, for working members or those that recently parted from employment, next steps were vaguely identified. It was unclear in records if Employment Specialists adjusted job search efforts to match member changing preferences.</p>	<ul style="list-style-type: none"> <li>• Ongoing work-based assessments allow Employment Specialists ability to identify members preferences, needs, and potential problems before they affect members’ job performance and retention.</li> <li>• Ensure that when a member starts or ends a job, discussion occurs, and documented, regarding how the program can support the member to maintain employment and what areas to focus on if a job ended.</li> <li>• It may be appropriate for the Employment Specialist to “pin” an observation or theory for later discussion with the member so that the Employment Specialist has time to reflect. Employment Specialist could discuss with the clinical team or the SE team for input. However, Employment Specialists should document a plan to address ongoing assessment issues or concerns identified, as well as any resolution.</li> </ul>
2	Rapid search for competitive jobs:	1 – 5 5	<p>SE staff said that they try to get members in front of an employer within the first 30 days of intake. The SE Manager tracks this effort stating the program averages 28 days. Staff cited various tactics to achieve that goal, including, having the first employer contact within a week of intake, taking members to a hiring event the same day as intake, and following up on submitted applications in person at the next appointment. Staff said that members that are more intensely involved in</p>	



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			<p>services are more successful at finding employment.</p> <p>Clinic staff said that as soon as a member is interested in working, the job search should start, and referral is made. As members become more informed and comfortable with the idea, or truly needing the income, they are open to referral. Staff reported some members are apprehensive to go into public places to work due to the public health emergency. SE and clinic staff said many members are interested in work from home opportunities.</p> <p>Several members interviewed reported meeting with the Employment Specialist shortly after expressing interest. One member said that during the intake, the Employment Specialist reviewed their work history, built a resume, and within a week started the job search. Another said they applied for two – three jobs the same day as intake.</p> <p>Records reviewed and data collected shows the search for competitive jobs occurs rapidly after program entry. Based on information gathered, the average number of days from intake and the members first employer contact is 25 days.</p>	
3	Individualized job search:	1 – 5 5	SE staff said that the members choose which jobs they want to pursue. Staff reported they will talk with the member about their preferences, job experience, their likes, and dislikes, and help the member with career exploration if they are unsure.	

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			<p>In sample records reviewed, job searches appear to match the member's employment goals. Amendments to employment goals were located in the records reviewed when members wanted to add or change employment goals.</p> <p>Clinic staff also reported the members decide where they want to work when looking for employment. One staff said the process is client driven.</p> <p>Members interviewed said the Employment Specialists asked about job goals and that the search was based on that information. One member said they were provided a list of potential jobs that may be of interest and the skills needed for each. Another member had experience working in a restaurant and looked for those jobs per their choice. Another member confirmed they chose the jobs searched for.</p>	
4	Diversity of jobs developed:	1 – 5 4	The data reviewed contained jobs obtained since the most recent fidelity review, including working members that left the program six months before the review. This includes members that were not employed at intake and entered SE since the prior fidelity review. Based on the data provided, most employed members, 94%, work with diverse employers. There was nearly 78% diversity in job types. Duplicated positions included janitorial, cashiers, dishwashers, and customer service.	<ul style="list-style-type: none"> <li>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.</li> </ul>
5	Permanence of jobs developed:	1 – 5 5	A review of jobs obtained since the most recent fidelity review includes members that were not employed at intake and entered SE since the prior fidelity review. Based on data provided, member and staff interviews, and records reviewed, all employed members are in competitive and	

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			<p>permanent positions. SE staff said they do not recommend members participate in temporary, seasonal work, or volunteer opportunities unless that is the member's preference. SE staff said if a member chooses a temporary or seasonal job, they will continue the job search with the member to find permanent employment.</p>	
6	Jobs as transitions:	1 – 5  5	<p>Employment Specialists help members end jobs when appropriate and assist with the search for new employment. SE staff said the only time they will not assist a member in searching for another job is if the member decides they are no longer interested in working.</p> <p>Clinic staff reported having had several members that lost jobs and the Employment Specialist met with the members to apply for new jobs. Clinic staff tell members that the Employment Specialists can help find a new job if they are unhappy with the current one, can redevelop their resume to support the job they are seeking, and support members to maintain employment.</p> <p>In one record reviewed, the member reported to the Employment Specialist that their current job is "a dead-end job". The Employment Specialist suggested meeting weekly to search for a new job while maintaining their current job. In another record, the member was unhappy in their current job and asked the Employment Specialist to restart the job search and send work from home leads. SE staff said that they have seen an increase of member's wanting to search for work from home jobs due to the public health emergency.</p>	

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7	Follow-along supports:	1 – 5  4	<p>SE staff reported offering follow-along to all employed members and provides whatever the member needs. SE staff said these supports can include communication with employers, attending performance reviews, and assisting with additional training needs. When members agree, contact with employers on behalf of the member include meeting with Human Resources, advising when the member has been hospitalized, and coordinating requests for workplace accommodations. The Employment Specialists said they provide these services how the member chooses, phone, text message, after work hours, in person, as well as at the member’s place of employment. Employment Specialists stated this is a time-unlimited service.</p> <p>Clinic staff interviewed said the SE provider does provide follow-along supports and includes a variety of services; teaching time management skills, budgeting, how to approach a supervisor to ask for time off, transportation, and obtaining appropriate workplace clothing. One clinic staff stated an Employment Specialist is meeting with Human Resources about adjusting the member’s schedule. Another clinic staff said a member who got a new job was having conflicts with coworkers and the supervisor, said the Employment Specialist was working closely with the employer trying to get a meeting with Human Resources. Additionally, another Employment Specialist transported a member to their employment. Clinic staff said Employment Specialists provide this service at the level member’s request. Some members request to meet more frequently once or twice a week rather than monthly, and that can</p>	<ul style="list-style-type: none"> <li>• Beginning in the early phases of SE, educate members on the range of opportunities for follow along support and regularly remind them of its benefits.</li> <li>• Ensure follow-along supports are provided in the timeframe indicated to the member and increase contact when members are struggling in situations that may put employment at risk. Coordination with the clinical team should be a priority when members report or are experiencing an increase in symptoms.</li> </ul>

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			<p>be over the phone, at the member’s work site, after work in the community. Staff stated the service is flexible and can continue as long as the member requests.</p> <p>Employed members interviewed reported they are in contact with the Employment Specialists weekly or every other week for support and that this service has been provided in-person and over the phone.</p> <p>In a few sampled records employed members were struggling with mental health symptoms. However, there was minimal to no follow up from the Employment Specialist nor any documented coordination with the clinical team.</p>	
8	Community-based services:	1 – 5 4	<p>SE staff report that they spend most of their time, 75 - 88%, in the community with the members. VALLEYLIFE provides Employment Specialists with a company vehicle to pick up and/or meet members in the community. SE staff meet members wherever the member is most comfortable, this includes libraries, parks, job fairs, fast food establishments, and job sites. Activities include accompanying members to interviews, meeting with potential employers with the member, meet the members at their home, transporting members, as well as meeting some members directly outside their residence. SE staff said due to the public health emergency, some members are fearful of leaving their homes and prefer telephonic contact only. SE leadership said Employment Specialists are required to utilize their calendars for all appointments which include</p>	<ul style="list-style-type: none"> <li>As often as possible, vocational services should be provided in the community, ideally in locations that are relevant to the job pursued. Following the recommended public health guidance, staff should work towards providing 70% or more of all vocational services in the community.</li> </ul>

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			<p>the location when they meet with members for tracking purposes.</p> <p>In one record reviewed the Employment Specialist met a member at a <i>peer run organization</i> where the member attends to assist with job search. In another record the Employment Specialist met at a local shelter to provide a member services. Based on sample records reviewed, 67% of contact with members occurred in the community.</p>	
9	Assertive engagement and outreach:	1 – 5 5	<p>The SE Provider obtains consent about members' preferred means of contact at intake by completing an <i>Outreach and Closure</i> form. Types of outreach include home visits, phone calls, text messages, emails, calls to alternative or emergency contacts, and communication with the clinical team. SE staff said that they will attempt to go to the member's place of employment to meet them after their shift. For members known to stay at a homeless shelter, the Employment Specialist will call and leave a message for the member to contact the SE program.</p> <p>In sample records there were documented examples of outreach, coordination with the clinical teams, attempted phone calls to members, including Employment Specialist calling to a Peer Run Agency to speak with member, and emails sent to members. One Employment Specialist coordinated with a clinical team and was able to meet with the member after attending a clinical appointment.</p> <p>SE closure occurs when members say they no longer want SE services. Weekly attempts are</p>	

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			<p>completed for members that are not engaged. After 60 days of no contact, the SE provider will send a letter to the last known address, the member will be placed on hold, and the Employment Specialist will continue to coordinate with the clinical team. SE staff report they are typically able to re-connect to engage in services especially when they travel to the members' homes.</p>	
<b>Total Score:</b>		<b>69</b>		

<b>SE FIDELITY SCALE SCORE SHEET</b>		
<b>Staffing</b>	<b>Rating Range</b>	<b>Score</b>
1. Caseload	1 - 5	4
2. Vocational services staff	1 - 5	5
3. Vocational generalists	1 - 5	5
<b>Organizational</b>	<b>Rating Range</b>	<b>Score</b>
1. Integration of rehabilitation with mental health treatment	1 - 5	4
2. Vocational unit	1 - 5	5
3. Zero-exclusion criteria	1 - 5	5
<b>Services</b>	<b>Rating Range</b>	<b>Score</b>
1. Ongoing work-based assessment	1 - 5	4
2. Rapid search for competitive jobs	1 - 5	5
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	4
8. Community-based services	1 - 5	4
9. Assertive engagement and outreach	1 - 5	5
<b>Total Score</b>		<b>69</b>
<b>Total Possible Score</b>		<b>75</b>