

SUPPORTED EMPLOYMENT (SE) FIDELITY REPORT

Date: April 6, 2018

To: Joyce Behrens, General Manager
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AHCCCS Fidelity Reviewers

Method

On March 5-8, 2018, T.J. Eggsware and Annette Robertson completed a review of the WEDCO Employment Center 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 Maricopa County. Supported Employment refers specifically to the evidence-based practice (EBP) of helping Seriously Mentally Ill (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 Maricopa County, 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 WEDCO Employment Center, the referring clinics included Terros 23rd Avenue Recovery Center and Southwest Network (SWN) Estrella Vista clinic.

WEDCO Employment Center partners with the Regional Behavioral Health Authority (RBHA) for Maricopa County, the provider network organizations and the Arizona Department of Economic Security Rehabilitation Services Administration (RSA) to provide employment related services. The agency brochure utilized by WEDCO for Mercy Maricopa Integrated Care (i.e., the RBHA) is titled Supported Employment Services, and includes a summary of elements of SE, but also references Work Adjustment Training (WAT), Extended Supported Employment, and Computer Skills Training. Data originally provided by agency staff on February 20, 2018 presented information only through December 2017. After this was identified during the course of the review, agency staff were afforded the opportunity to update the data provided.

The individuals served through the agency are referred to as *clients*, but for the purpose of this report, and for consistency across fidelity reviews, the term "member" will be used. WEDCO classifies SE staff as *Senior Employment Specialists (SESs)*.

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

- Group interview with WEDCO's General Manager and the Behavioral Health Billing Specialist;

- Three individual interviews with members receiving WEDCO SE services;
- Group interview with four WEDCO Senior Employment Specialists (SEs);
- Observation of a SE vocational unit meeting on March 5, 2018;
- Review of 13 member records, including co-served SE members at Terros 23rd Avenue Recovery Center and SWN Estrella Vista clinic;
- Observation of an integrated meeting between an SES and clinic team at the Terros 23rd Avenue Recovery Center on March 7, 2018;
- Group interview with two Case Managers (CMs) and individual interview with one CM at the Terros 23rd Avenue Recovery Center;
- Group interview with two Rehabilitation Specialists (RSs) and three CMs at the SWN Estrella Vista clinic; and,
- Review of agency materials and documents, including: the agency website, WEDCO *Employer Log*, WEDCO Employment Center *Notice of Action* letter, examples of Daily SES Activity Logs, the *WEDCO 2017 Year To Date Direct Hire Employer Activity Log*, and WEDCO's Policy & Procedure *Member Engagement, Outreach and Re-Engagement ENGAGEMENT*.

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:

- The members interviewed reported satisfaction with the employment support services through WEDCO, and that their assigned SES supports their individual employment search.
- Vocational profiles are used, and they are located in the member records. Some profiles were amended based on changes to member employment status. Employment goals listed on vocational profiles reviewed generally aligned with the job search.
- SESs assist members in locating new jobs when jobs end, when members express an interest in changing positions, or want to move from part to full-time.
- The program engages members in benefit planning discussions; Disability Benefits 101 (DB101) is utilized with evidence in records that members are introduced to the resource. Some clinic staff also utilized the resource with members.

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

- SESs should frequently engage in job development activities. Seek training opportunities that will help SES staff enhance their skills to conduct job development in the community. Ideally, job development occurs with the member, but it can occur without the member present. The SESs should increase individual employer contacts as part of job development activities and community-based services. Facilitate face-to-face member interactions with employers, preferably in employment settings that most closely match the member's employment goal, so that SESs can observe and provide feedback.
- WEDCO staff and system partners should work together to improve integration and collaboration with known supports. The SESs should attend meetings with assigned clinic teams at least once weekly, and should attend for the full meeting duration. The full clinic

treatment team should be present or scheduled to be present, including CMs, RSs, Psychiatrist, Nurse, etc. SESs should have shared decision making regarding all members on the team, including: the opportunity to suggest employment for those members that may have not been referred for employment services; to learn about how the team addresses challenges; and, to learn about members who may consider employment in the future.

- System partners, including clinic staff, should collaborate to ensure members are engaged to consider employment, and that members are not delayed in receiving support to seek employment.
- First face-to-face employer contacts should be individualized, including elements such as: job interviews, job site tours to learn about a particular industry, interviews of industry employers to learn about skills and qualities desired in a candidate, and job fairs. Capitalize on SES job development activity to facilitate timely member face-to-face interactions with potential employers that meet the needs and goals of each member.
- Consider developing a brochure dedicated only to SE, eliminating descriptions of other WEDCO programs (e.g., WAT) that are not part of SE. Consider including member employment data and testimonials from employed members. If possible, seek input from SESs and clinic staff regarding what information would be useful to describe WEDCO SE services in the brochure and agency website. It appeared some clinic staff were not informed about how WEDCO SE services were provided.

SE FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
Staffing				
1	Caseload:	1 – 5 5	Based on caseload data provided, the ratio of SE members to SES staff is about 13:1. Staff reported the SESs only serve SMI SE members. Staff reported there had been recent turnover in SESs, but at the time of review there were 10 SESs. Data was provided for 155 active SE members; however, 27 were duplicated on SES caseloads. At the time of review, it appears there were 128 SMI members.	
2	Vocational Services staff:	1 – 5 5	WEDCO SESs provide only vocational services. They do not teach classes, run groups, or engage in any traditional case management activities.	
3	Vocational generalists:	1 – 5 4	SESs reportedly conduct intakes, engagement, assessment, benefits counseling, job placement, job coaching and following along supports. However, one member reported he worked with two SE program staff; one focused on job search services and one made phone contact to check-in on the member's status and progress. Staff at one clinic reported that members are assigned a WEDCO SES and work with a separate Job Coach simultaneously. There was evidence in some records of members who worked with multiple SESs due to staff attrition, and one example of an SES who conducted a member intake then another staff who provided services. However, a trend of members assigned or simultaneously working with multiple agency staff was not found in records reviewed. In one record, an SES referred a member to another SE agency to pursue employment at a specific with which that agency has an arrangement for positions.	<ul style="list-style-type: none"> • Avoid separating SE services (e.g., job development) among other agency staff. Relying primarily on one agency staff for job development is not ideal. SESs should have time in their schedules for job development activities rather than having separate agency staff carry out that function. The SE supervisor should monitor, mentor and accompany SESs in the field if they are struggling with job development. Employer contact logs with information such as the company, name of contact, information about the position/s, etc. are one way for SESs to track and share job leads with the SE team. • Each SES should carry out all phases of vocational service. Delineate program staff cross-coverage from split job functions of SE program staff.

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			<p>Based on records reviewed, SESs assist members with job searches, but it is not clear if SESs engage in job development and placement activities in the community. Job search tracking forms in records showed frequent online job search activity, but few instances of face-to-face contact with potential employers. During the SE team meeting another WEDCO staff (who was not listed as an SES or SE program leader) shared job lead information (e.g., flyers), but the SESs did not share examples of job development. WEDCO staff provided the <i>WEDCO 2017 Year To Date Direct Hire Employer Activity Log</i> that lists members employed, assigned SES (titled <i>Job Developer</i> on the document), employer name, position, wage and month they were hired.</p>	
Organization				
1	Integration of rehabilitation with mental health treatment:	1 – 5 1	<p>The majority of members (about 91%) are served by non-integrated SESs. One SES is co-located at Terros 23rd Avenue Recovery Center where he works with four teams and replaced the prior SES in February 2018. Including the current SES, at least three SESs were assigned to that location in the last year. The SES reported he participates in one meeting each week per team at the co-located clinic. Some clinic staff reported the SES attends for the full meeting duration, but other staff reported the SES attends briefly, only discussing members already referred. During the meeting observation, the SES discussed a small number of co-served members and asked if the team had other referrals but did not attend for the full meeting duration.</p> <p>There was no evidence in files that other WEDCO</p>	<ul style="list-style-type: none"> • System partners should collaborate to resolve barriers to full integration. SESs should attend weekly treatment team meetings with full teams (i.e., usually comprised of Psychiatrist, Case Mangers, Rehabilitation Specialist, Nurse) and for the entire meeting duration. SES staff should discuss members already referred and prompt clinical teams to think about employment for specific members as they are discussed; a general open-ended reminder to consider referrals does not address this aspect or the purpose of team integration. • SESs should have multiple contacts weekly with clinic staff, not only team RSs. • The SE supervisor should also communicate

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			<p>SEs participate in treatment team meetings. Staff at one clinic reported WEDCO staff usually keeps them apprised of member statuses via email or phone calls. Based on documentation and clinic staff report, SEs primarily coordinate with RS rather than CM staff. WEDCO staff reported that one provider organization does not allow WEDCO staff to participate in team meetings, but that other providers are generally amenable. Few examples of WEDCO monthly summaries were located in clinic files, and most were simple lists of billing codes and contact date, rather than descriptions of support or member status. Emails to clinic staff prompted for certain documents to be sent, but otherwise, it was not clear if information (e.g., Vocational Profile) is shared between providers. Clinic plans were located in WEDCO files, but some were more than a year old and few referenced SE services through WEDCO.</p>	<p>with clinic leadership to ensure integrated services, discuss barriers to timely service, and sporadically accompany SEs at treatment team meetings to support integration efforts.</p> <ul style="list-style-type: none"> If an integrated file is not possible, system partners should work collaboratively to allow for easier sharing of information between agencies co-serving members. SE staff should have access to clinical records. In the meantime, SE program staff should ensure vocational profiles and employment plans, at a minimum, are shared with clinic staff. Seek input from clinic staff if the monthly tally of billing codes provides sufficient information to clinic staff, and if not, consider including a brief summary of member status or attaching notes for the clinic staff and clinic member files.
2	Vocational Unit:	1 – 5 3	<p>The SEs are supervised by WEDCO’s General Manager, and the Behavioral Health Billing Specialist assists by monitoring community-based services, contract compliance, and case notes. SE program staff meets two times a month as a group, and the SEs receive weekly individual supervision when the group meeting is not held. During the meeting observed, there was some discussion of barriers to employment, including SEs sharing differing views on members disclosing information related to their lived experience with potential employers. Some staff expressed they discourage member disclosure, but the group seemed to agree that the topic should be handled on a case-by-case basis. As noted previously, a staff at WEDCO shared general job lead information recently obtained. No SEs reviewed</p>	<ul style="list-style-type: none"> SE program staff should meet as a group at least weekly. Some programs have time for SE staff to review their caseloads. Due to the WEDCO SE program size, consider rotating caseload reviews as a first-step. The SE program meeting should provide time for SEs to share potential employer and job lead information with each other, rather than another agency staff developing jobs. The meeting is intended for group discussion among the specific SE staff providing services, to support each other, share successes, address challenges, etc. Review disclosure of disability (mental illness) with SE staff so that each

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			<p>their entire caseload to give updates to the group, and SESs did not share leads from job development activities. Staff reported they provide cross-coverage, though no recent examples were found in member records reviewed. When asked for an example, one SES reported that about a year prior they took over responsibility for another SES caseload when they were on extended leave.</p>	<p>understands and has a shared approach to the topic. In SE, ESs do not mandate disclosure, but do review the possible costs and benefits of disclosure, educate members on how disclosure relates to accommodations, plan what information, if any will be disclosed, and revisit the topic periodically.</p>
3	Zero-exclusion criteria:	1 – 5 4	<p>Clinic staff reported that if members express an interest in employment they are referred to WEDCO or a similar provider. Staff at one clinic reported members are frequently engaged by clinic staff, including Psychiatrists, to consider employment. Staff at the second clinic did not cite examples of members engaged to consider employment, and reported members tend to bring up the topic when service plans are updated, about annually. Documentation in most records reviewed indicated members informed staff of their desire to work; examples of regular engagement efforts by staff were not located.</p> <p>WEDCO staff reported that wanting to work is the only criteria for SE services. There is a process to self-refer for SE services whereas AHCCCS eligibility is confirmed by WEDCO staff if members approach SE staff directly. WEDCO staff reported SE services start immediately but referral information is subsequently requested from the member’s clinical team. No examples of member self-referrals were found in sample records reviewed. WEDCO staff reported no specific paperwork was required to begin services, but an example was found in a clinic file of delayed referral until paperwork was updated. Neither</p>	<ul style="list-style-type: none"> • Ensure all members are regularly encouraged to consider employment. Multiple member engagement avenues should exist, including direct contact with SE or clinic staff, or integrated team meetings where SES staff can prompt clinical teams to think about employment for specific members as they are discussed. It may be helpful to engage members who are currently working and benefitting from SE as envoys to keep clinic staff up-to-date on how SE services can be beneficial.

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			clinic nor WEDCO staff cited written provisions to ensure no members are excluded from SE services.	
Services				
1	Ongoing, work – based vocational assessment:	1 – 5 4	<p>Per WEDCO staff, the Vocational Profile is started at intake but can be adjusted as new information is learned. Vocational Profiles were located in WEDCO files reviewed. WEDCO staff reported no other assessments or pre-vocational activities are required, though a WEDCO Employment Center Master Application document was found in multiple records reviewed. Some of the information on the document was similar to information collected in the Vocational Profile. It was difficult to determine if SESs update the Vocational Profile as changes occur, such as job search goal or what members liked or did not like about positions, but some job start and job end forms were located in applicable records. Clinic staff reported they complete Vocational Activity Profiles with members. The document was adapted from the SAMHSA SE Vocational Profile. Clinic plans often referenced that the RS would meet with the member at least annually and tasks included completing the Vocational Activity Profile, but they were not located in all clinic files reviewed. Vocational goals or references to WEDCO SE were not listed on many clinic plans.</p> <p>Although there was no evidence found that clinic or WEDCO staff recently encouraged members participate in WAT in place of competitive employment, clinic staff reported some members may be more amenable to WAT due to lack of transportation. Clinic staff can authorize transportation to WAT, but not to competitive</p>	<ul style="list-style-type: none"> • Consider dating on the handwritten Vocational Profile where new information is added or establishing a mechanism to auto-populate existing information onto a new document that can be updated. • Consider eliminating the WEDCO Employment Center Master Application or eliminate redundancies in the form for information listed on the Vocational Profile. • System partners should collaborate to explore whether transportation can be offered, perhaps for a transitional period, to SE members in competitive positions.

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2	Rapid search for competitive jobs:	1 – 5 4	<p>employment.</p> <p>Some members face delays between when they first express an interest in employment and intake with WEDCO. Some clinic staff reported delays in processing referral packets, and examples of this were found in the records. Referrals are usually made by clinic RSs. WEDCO staff reported first face-to-face contact with an employer should occur within 30 days after intake, but cited challenges with members who were out of contact with staff and vacillated between active and inactive. Based on data provided, 55% of members who were admitted for SE services in the 12 months prior to review had first face-to-face contact with an employer within 30 days of intake. Data showed 79 members who started SE services in the 12 months prior to review, five of whom were employed prior to intake and nine who had a program intake within 30 days of when data was submitted for the fidelity review. Agency staff did not indicate a specific employer of first contact for four of the members. Additionally, certain dates of first face-to-face contact reported were not consistent with member records reviewed (e.g., an online application reported as first face-to-face employer contact or the dates reported were when SESs had contact and discussed a recent interview).</p>	<ul style="list-style-type: none"> • Simplify the referral process to support the rapid search for competitive employment. Preferably, first face-to-face contact with a competitive employer occurs within 30 days of when a member first expresses an interest in employment. It may be possible to expedite referrals by allowing/requiring the first staff (e.g., CM or RS) to whom members voice an employment goal make the referral for SE services rather than routing members first through clinic RSs. • Educate clinic staff on the minimum paperwork required to begin WEDCO SE services. If SE services can begin without certain paperwork, members may have speedier referrals and subsequent face-to-face contacts with potential employers. • System partners should educate clinic staff if the Vocational Activity Profile is required annually for members who have expressed an employment goal and/or receive services through an SE provider.
3	Individualized job search:	1 – 5 5	<p>WEDCO staff work with members to identify employment interests at intake using the Vocational Profile. WEDCO staff, clinic staff and members reported SESs assist members with their individualized job search based on member preferences. A review of ten selected member records indicated that WEDCO SESs usually assist members in conducting individualized searches,</p>	

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			mainly using online resources. However, there was one example of a member who expressed interest in applying with a specific company, and staff discussed the option with the member, but evidence of an application was not located.	
4	Diversity of jobs developed:	1 – 5 4	WEDCO staff reported SESs cultivate relationships with potential employers, but few examples of job development activities in the community were found in member records reviewed. SESs appear to rely on online applications primarily. Of the 36 employed members with an intake for SE services in the prior year, there is about 94% diversity of employers. There were two employers where multiple WEDCO SE members are employed, with the most being three members with one employer. There was less diversity in job type, with five positions where there are multiple members employed. Data listed one member employed at a non-competitive employer and no positions for three employed members. Staff listed one member as employed who ended the job about two weeks before the data was provided.	<ul style="list-style-type: none"> SESs should conduct job development activities in the community with a diverse pool of competitive employers. Meeting with members repeatedly in the same restaurant for online job searches does not equate to direct employer contact job development. SESs should have time in their schedules to plan for meetings with employers and to learn about what qualities they seek in potential employees. SESs should be making unique contacts with new employers on a regular basis and build relationships over the course of multiple visits, treating the employer as a potential customer.
5	Permanence of jobs developed:	1 – 5 5	Data provided showed that approximately 97% of employed members who started SE services in the prior year secured permanent, competitive positions. Per report, volunteer activities may be discussed, but as an adjunct activity to a competitive job search. Seasonal or time-limited options are explored if the member requests.	
6	Jobs as transitions:	1 – 5 5	WEDCO staff reported that SESs assist members who are currently working with job transitions such as: moving from part to full-time employment, planning how to terminate a position, and giving proper notice to the employer. In a record reviewed, a conversation between a	

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			SES and member included the review of the benefits of providing employers with a two-week notice of intent to end a job. One employed member interviewed conveyed the importance of proper notice before ending a job and confirmed SE staff supported their search for full-time work.	
7	Follow-along supports:	1 – 5 5	Per staff report, all active employed members receive time unlimited follow-along supports. SESs reported weekly to twice a month contact with members receiving follow-along supports (i.e., retention), and no more than a month passes between check-ins. SESs reported they maintain contact by phone, or in the community, but that members rarely request on-the-job support. One of ten member records reviewed showed evidence of on-the-job support after requested by the employer. In the last year SESs were authorized to document phone retention support services, and WEDCO staff cited the change as beneficial. Staff reported in order to document phone retention services the duration of the contact must be 15 minutes with a specific service provided; however, briefer contacts are reportedly tracked as well.	<ul style="list-style-type: none"> • Ensure members are aware that on-the-job support is available and document all follow along supports offered to members regardless of billing capability.
8	Community-based services:	1 – 5 5	SESs estimated that they spend about 80 - 90% of their time in the community. Based on records reviewed, SESs meet with members in the community, usually at coffee shops, fast food establishments, or libraries where they conduct online job searches and occasional phone calls to employers. Based on records, SESs usually meet with members at the same location, and per report, SESs need to work at a location where there is internet access. SESs are provided laptops and phones, but only one SES has a wireless networking device. There were limited examples of SESs accompanying members to interviews or	<ul style="list-style-type: none"> • SESs should meet with members in a variety of locations, including: potential employers, work settings, client homes, libraries (where other job search resources may be available), other job centers, etc. Meeting at diverse locations can provide opportunities for exposure and discussion about the range of jobs and settings available in the community.

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9	Assertive engagement and outreach:	1 – 5 4	<p>job fairs, but not other job development activities.</p> <p>Per interviews, outreach is time-limited; with at least three outreach efforts a month for three months before a <i>Notice of Action</i> letter is sent notifying the member of intent to terminate SE services. WEDCO staff closed 39 SE members in the six months prior to review. The agency philosophy for outreach is outlined in the <i>WEDCO Policy & Procedure Member Engagement, Outreach and Re-Engagement ENGAGEMENT</i>, which does not list specific timeframes or frequency, but indicates whenever possible, face-to-face contact should occur if phone outreach is not sufficient. Per WEDCO staff, SESs make phone calls to members, known supports, and make contact with clinic staff to engage members (e.g., to have clinic staff conduct a home visit). SESs attempt to meet members at clinics if they frequently attend clinic-based groups, or at other agencies where members are known to frequent. SESs work with members to establish specific email addresses for their job search activities, though based on meeting observation and records reviewed, some members misplace, do not have access to their login information, or do not regularly check emails. Some clinic staff were uncertain how frequently or for how long outreach occurs before members are closed from SE services.</p>	<ul style="list-style-type: none"> Outreach and engagement should be time unlimited, until the member is reengaged or until the member informs SE staff they no longer desire services.
Total Score:		63		

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	4
Organizational	Rating Range	Score
1. Integration of rehabilitation with mental health treatment	1 - 5	1
2. Vocational unit	1 - 5	3
3. Zero-exclusion criteria	1 - 5	4
Services	Rating Range	Score
1. Ongoing work-based assessment	1 - 5	4
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	4
Total Score		63
Total Possible Score		75