

SUPPORTED EMPLOYMENT (SE) FIDELITY REPORT

Date: July 19, 2021

To: Karen Gardner, Chief Executive Officer
Kendrick Felix, Supported Employment Manager

From: Annette Robertson, LMSW
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AHCCCS Fidelity Reviewers

Method

On May 24 – 26, 2021, Annette Robertson and Karen Voyer-Caravona 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, the referring clinics included Community Bridges, Inc. (CBI) Mesa Heritage and Lifewell South Mountain. Focus has staff co-located at both locations, as well as Southwest Network Saguaro Clinic and Copa Health Metro Campus.

Founded in 1996, Focus Employment Services (Focus) offers supported employment, job development, work adjustment, vocational counseling, and rehabilitation instructional services. Focus coordinates with Provider Network Organizations in Maricopa County to provide services. Focus has other employment staff co-located at clinics where SMI members receive some type of employment related services, but those staff are not classified by the agency as part of the SE program.

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 the guidance.

Accommodations were made for your agency as reviewers were unable to access a web-based electronic health records system and member records were thus supplied by your agency staff for review.

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.

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.

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

- Observation of an SE supervisory team meeting on May 26, 2021.
- Observation of a weekly coordination meeting involving a Rehabilitation Specialist, Vocational Rehabilitation Services Counselor, and the Employment Specialist assigned to the CBI Mesa Heritage clinic.
- Individual interviews with the SE leader, members receiving services, and a family member.
- Group interviews with the CEO and SE leader, and the four Focus Employment Specialists (ES).
- Group interviews with referring agency staff including Rehabilitation Specialists and Case Managers from two partner clinics.
- Review of records from randomly selected members from two partnering clinics, and Focus.
- Review of agency provided data and documents.

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: The SE team is adequately staffed to provide employment services to 77 members. ESs only deliver vocational services to members and provide all phases of vocational services: intake, engagement, assessment, job development, job placement, job coaching, and follow along supports.
- Zero-exclusion: Focus SE services continues to show strength in ensuring no members are excluded from their interest in pursuing employment by being strong advocates with clinical teams at the provider level. SE staff appear to have solid collaborative relationships with Rehabilitative Services staff.
- Rapid Search: The Focus SE team has been able to assist members in a rapid search for employment. The median number of days until a member met with a potential employer was 10 days.

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

- Integrated Approach: Although ESs work collaboratively with RSs, their ability to offer education, advocacy, and support for members that are not already assigned to the program is restricted. Allow ESs to engage in discussion regarding employment, for members not already referred, with clinical teams, including case management, nurses, and psychiatrists, prompting them to consider other members that may have interest in competitive work.
- Community based services: Although members may prefer to meet in the clinic setting, encourage those members to meet in alternative settings to expand their comfort level, possibly meeting at a potential employer setting. Ensure in-person documentation identifies the location of the service delivered.
- Assertive engagement and outreach: Increase outreach efforts and ensure accurate documentation in member records of all efforts made to members, including phone, email, and text. Consider including natural supports as a resource to members in obtaining and retaining competitive employment. When members lose contact with their assigned ES, try a team approach.

SE FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
Staffing				
1	Caseload:	1 – 5 5	Based on interviews with staff and data provided, the SE program consists of four ESs and an SE Manager that does not carry a caseload. Reviewers were provided data on 77 members enrolled in the program. Reports of caseloads varied by staff, but no ES has a caseload more than 25 members assigned.	
2	Vocational Services staff:	1 – 5 5	ESs interviewed reported that they only provide vocational services. No ES provides case management services. Review of records, interviews with referring clinic staff and members, reported ES staff as only supporting members to find and retain competitive employment.	
3	Vocational generalists:	1 – 5 5	Interviewees reported that program ESs conduct all phases of vocational service, from intake to follow along supports. Records reviewed showed evidence that ESs conduct intakes, assess member needs and preferences, provide job development, placement, and coaching, and provide follow along support to employed members.	
Organization				
1	Integration of rehabilitation with mental health treatment:	1 – 5 3	The ESs are co-located at four provider clinics throughout the area. ESs are assigned to one or more teams at each clinic but may take referrals from other teams and other clinics. Records reviewed at both referring clinics and the program showed documentation of ES summaries of contact with each member for a month period and reporting collaboration by email with clinic staff. In-person collaboration with clinic staff is restricted due to policies in place at each clinic related to the public health emergency. Two ESs	<ul style="list-style-type: none"> • Documentation of the individual coordination of care activities, i.e., email, phone call, text message, should be noted in member records, rather than a note, stating that the activity occurred sent in a report to mental health providers. • Ideally, ES staff’s desk is located in the same area as the treatment team(s) they are supporting. Work with clinic administration to re-locate SE staff to be in the same office location to facilitate

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			<p>are not yet allowed into their assigned clinic. For those allowed inside their assigned clinics, one is located in an office area with other specialists and has access to the team’s office area; the other ES is in the same location as the assigned team.</p> <p>Each ES attends virtual collaborative Rehabilitation Specialist meetings which may also include Vocational Rehabilitation staff and Clinical Coordinators, but these meetings should not be confused with Clinical Team Meetings. Most ESs interviewed reported creating a document summarizing member vocational activities and providing it to the RSs or the member’s assigned clinical team. These summaries were not located in documents provided to reviewers.</p> <p>Some ESs are allowed to attend Clinical Team Meetings weekly, but only one ES is allowed to stay the duration of the meeting. Other ESs are limited in their ability to provide insight and prompt the clinical team to consider employment for members not already identified. Additionally, the SE agency and the clinic providers have separate record keeping systems, thereby impeding access to the most current information on members. Not all relevant information is shared between providers, nor is there consistency across providers with regard to which documents are shared when updates are available. In member records reviewed, several requests were noted for updated assessments from clinical teams. Notes relating to coordination of care revealed no specific information relating to the member and their job search or accomplishments retaining work. Further, policies relating to the response to</p>	<p>coordination and assist the clinical team to think about employment for members not yet referred.</p> <ul style="list-style-type: none"> • Educate clinics on the benefits to members of collaborative integrated care. ESs should attend at least one clinical team meeting weekly for every assigned team and participate in shared decision making as advocates and educators on the role and value of competitive work in recovery.

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			<p>the public health emergency and case management contact differ across providers. SE staff reported that they continued to see members when some case management staff went completely remote.</p>	
2	Vocational Unit:	1 – 5 4	<p>The SE program consists of four ESs and an SE Manager. SE staff reported meeting weekly via teleconference. The virtual meeting observed by reviewers was led by the SE Manager and ESs reviewed all members assigned discussing member barriers and progress to seeking jobs. The Manager and ESs offered resources and other suggestions for members with unique issues as well as relevant job leads. The Manager inquired about outreach efforts as well as coordination with clinical teams.</p> <p>Staff interviewed reported that cross coverage typically occurs when ESs are unexpectedly not available or during planned time off. During the meeting observed, an ES requested support from another to assist by conducting a mock interview with a member. Records reviewed showed no evidence of cross coverage or coordination of such. None of the members interviewed reported receiving services from another ES than their assigned.</p>	<ul style="list-style-type: none"> SE programs should provide cross coverage to highlight the diverse expertise of ESs and to ensure member needs are adequately met. Members benefit by exposure to team member’s unique skills and experience. Consider identifying how the team can best leverage talent of the SE team to best serve members.
3	Zero-exclusion criteria:	1 – 5 5	<p>Staff at the SE program stated that members are not required to show job readiness in order to be referred and that members “just need to ask” for the service. Staff stated that the majority of referrals come from provider clinics. Case Management (CM) and Rehabilitation Staff (RS) interviewed at two referring clinics echoed SE staff, reporting that members only need express a desire to work to be referred. Clinic staff</p>	

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			<p>interviewed said most referrals are funneled through the RS, but members can self-refer. If barriers are presented when referring members, i.e., criminal history, one RS said they will coordinate with the SE team to inform them of those barriers. One ES reported encouraging new case managers to inquire with all members about their desire to work when updating service plans. When encountering a CM that doubts a member's ability to work, ESs will advocate on behalf of the member and use it as a teaching moment for member choice. SE staff provided trainings to teams at one clinic to remedy the loss of institutional knowledge due to high turnover.</p> <p>Some clinic staff reported that although member documents must be updated to send a complete referral, Focus staff will accept incomplete referrals as long as they have general demographic information. Upon receipt, SE staff reported that all referrals are accepted without any screening process. The ESs gather work history, and short- and long-term goals but state there is no delay and, by doing so, it assists them in providing services that align with member needs and preferences.</p>	
Services				
1	Ongoing, work – based vocational assessment:	1 – 5 5	Assessment begins during the intake process by the assigned ES. By using the Vocational Profile, staff identify work and educational history, strengths, barriers, and other transferrable skills. Staff interviewed expressed belief that all members interested in finding work have some experience that will assist them in being successful in doing so. Members interviewed reported getting ongoing support from ESs.	<ul style="list-style-type: none"> Work based assessment should be an ongoing process. Vocational Profiles are a useful tool for structuring assessment, regardless of where the referral originated. Vocational Profiles can be updated when members preferences (goals) and needs change, often this occurs when a job ends. Use the Vocational Profile to problem solve

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			<p>Members interviewed showed interest in, and the use of, disclosure by staff. More than one member interviewed reported an ES assisted in coordinating with their employer regarding changing in positions within the organization. One member mentioned the benefit of their disability being a tax incentive for employers. One record reviewed showed a member getting assistance from staff on restoration of their civil rights, another gave permission for staff to contact their employer. SE staff stated that most members prefer not to disclose a disability to their employer.</p> <p>Records reviewed showed evidence that when members experienced a job end, ESs did not delay in providing assistance in seeking a new job in the area the members expressed interest. Documentation was focused on members strengths and barriers impacting their ability to work. Most job start/ends appear to be documented.</p>	<p>and assess the progress and needs of each member, possibly identifying reasonable accommodations for members in the workplace. This may provide an opportunity to discuss the benefits of disclosure and how the SE team can support the member in retaining competitive employment by collaborating with the employer.</p>
2	Rapid search for competitive jobs:	1 – 5 4	SE staff interviewed reported that the vast majority of members are in front of an employer within 30 days of intake. Those contacts, per SE staff report, were for the most part not conducted in person, rather by phone or teleconferencing platform. Both members and staff expressed valuing the use of telehealth in the job search process during the public health emergency. Staff reported that most job interviews are conducted via virtual platform, and this has supported members in creating transferrable skills for the workplace. A resume is not necessary to start the job search after intake at Focus and some	<ul style="list-style-type: none"> For members seeking employment in the community, versus working remotely from home, support them in making the first employer contact <i>in person</i>. Meeting a potential employer in person is best for building relationships and allows the member to observe people working in that environment. Oftentimes, Employment Specialists will accompany members after submitting an application. When members are making the first contact independently, encourage them to do so in person to get full advantage of the contact. Consider

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			<p>members know the specific job they would like, so the ES can start supporting the member in job search immediately. Staff stated that they can begin to assist members in job search without a complete referral packet, only requiring basic demographic information. Staff stated that job placement did not decrease during the public health emergency and staff stayed engaged with members however they were most comfortable. ESs stated the members have become more open to meeting in person.</p> <p>The experiences of members interviewed differed. One member reported starting job search on the day of intake, describing themselves as highly motivated. Another stated that they waited about a month before they started the job search and that they were preparing themselves for the experience after a long period out of the workforce.</p> <p>Of members that had a first contact documented during the past 24 months, the median was 10 days, based on data provided by the agency to reviewers. The number of days to the first employer contact ranged from 0 – 263 days.</p>	<p>asking ESs during the weekly team meeting how many members had an <i>in person</i> first contact as a reminder of the value of that contact.</p>
3	Individualized job search:	1 – 5 5	Interviews with staff and members, as well as review of documents provided to reviewers show a variety of jobs being pursued. Member's preferences were noted in the VP as well in documentation of services delivered by ESs. When members ended a position, ESs documented members' desires for the type of work they would like to seek, although, these changes were not always noted on the VP. ESs assisted members by searching in their area of interest, updating	

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			<p>resumes to align with the job type, creating profiles on employment sites, and applying for positions. ESs showed flexibility with the members' changing preferences but also assisted them in staying focused on their goal of employment. During the job search phase, most members had weekly contact with the ES. One record showed the ES coordinating with Vocational Rehabilitation Services for apprenticeships positions, supporting the member to improve skills in an area of employment interest.</p> <p>Members interviewed reported feeling supported by the ES in their individualized search for competitive employment. If a desired job type changed, ESs were supportive. One member stated that the ES was supportive of long-term goals while also prioritizing short term goals.</p>	
4	Diversity of jobs developed:	1 – 5 5	<p>Review of data from the past 12 months show members work with diverse employers. Few (four) employed members who started SE services in the year before the review work at the same employer. For one of those employers, members held different positions. Additionally, diversity of positions held by members is present in the data provided. Members interviewed reported being asked what types of positions they were interested in seeking. At times ESs offered suggestions, but members stated they were in control of which positions were sought. Staff reported that job placement did not decrease during the public health emergency. Staff engaged with members in the manner they were most comfortable and, at the time of the review, were becoming more open to meeting in person.</p>	

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5	Permanence of jobs developed:	1 – 5 5	Based on data provided and interviews, most jobs obtained by members are permanent. Some members opt for positions that are demand driven, i.e., driver, event worker. Although, these “gig” positions may have some unpredictability in hours and income, they offer flexibility which is valued for those with caregiver or other responsibilities. Clinic staff interviewed reported that if members are interested in volunteer or training opportunities, rather than work, they will refer them to one of the other numerous programs available. Currently employed members interviewed reported that their positions were permanent.	
6	Jobs as transitions:	1 – 5 5	Information gathered from interviewees and review of records show that jobs obtained are valued as steps toward a more desirable position. One member interviewed reported being promoted to more desirable position with their employer. ESs will offer to restart job searches when members express dissatisfaction with current jobs or after members end or lose jobs. Staff interviewed reported discussing with members the pros and cons of ending a position when possible. ESs stated that they will always work with members who want to restart a job search, including if they have been out of contact with the program. Records reviewed showed evidence of some members having started and stopped multiple jobs while working with ESs at Focus. Some members may accept a position even though it is not their ideal, with plans to find another that better aligns with their needs and preferences.	
7	Follow-along supports:	1 – 5	ESs provide follow along support/job retention services on a time unlimited basis. Members often	

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		5	<p>preferring telephonic contact over meeting in person. Both members and staff expressed valuing the use of telehealth in follow along supports and in the job search phase. Contact is typically once a month, but staff reported that members may request more frequent support. Records showed follow along support was provided to address work related concerns such as requesting time off or dealing with interpersonal concerns and communicating with supervisors, but also with managing biopsychosocial factors using interventions such as active listening, problem solving, assisting with access to resources and supports, as well as advocating with the member's clinical team. One record showed an ES notifying a CM that a member would benefit from contact with the Housing Specialist to address housing related issues. Another record showed staff supporting a member to successfully return to a former position. One member was assisted in reporting income to Social Security and learning how to use an application to track income.</p> <p>Staff interviewed reported that members can remain in SE services as long as they like, honoring the "member's choice" as to when they want to stop services. One staff said that ESs likely have more contact with members than the clinical staff, and that ESs are seen as an additional resource.</p> <p>One SE staff interviewed reported that it is rare for members to disclose to their employer, yet records reviewed and at least one member interviewed showed ES staff taking an advocacy role for members. Taking the role of an advocate with an employer does not necessarily imply that a</p>	

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8	Community-based services:	1 – 5 3	<p>member is disclosing.</p> <p>Focus leadership reported having been requesting allowance of telehealth services for several years and thus were quick to respond when Arizona adjusted billable services due to the public health emergency. The program did not feel it was appropriate to ask members to meet in person when there were associated risks. Staff utilized technologies and platforms that members were most comfortable with such as Facebook and Zoom and purchased others to support members' sense of safety. Although most members had smart phones, the SE team was challenged to provide technical support to facilitate virtual meetings for both staff and interviews with employers. Staff used screen sharing to facilitate training members in the technology use and later to conduct job search activities.</p> <p>One member interviewed stated that jobs are not found going door to door anymore and that everything must be done online. Two members identified meeting with staff at fast food restaurants, or somewhere else in the community. One member reported all meetings with ES staff occurred at their assigned clinic monthly.</p> <p>SE staff interviewed reported some members chose not to meet in person due to fear of contagion. For members willing to meet in-person, staff utilized parking lots outside of coffee shops, patios of restaurants, outdoors at member's homes, local colleges, open coffee shops, and the Focus office, among other locations. One staff outfitted their personal van with a table and chairs to allow flexibility to meet members wherever</p>	<ul style="list-style-type: none"> • Although members may prefer to meet in the clinic setting, ideally ESs should be encouraging those members to meet in alternative settings to expand their comfort level, possibly meeting at a potential employer setting. As public guidance expands, increase efforts to engage with members in community settings for those that are seeking jobs in the community. • Ensure in-person documentation identifies the location of the service delivered. Billing codes should not be relied upon as identification of the location of the service.

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			they felt most comfortable. Records reviewed showed a variety of locations when members met in the community, however, of the 42 meetings that occurred in person, nearly 70% were located at member clinics. A few contacts with members did not identify a location of the service.	
9	Assertive engagement and outreach:	1 – 5 3	<p>Information provided from member records showed very few attempts documented to re-engage members. Some members had long periods of no contact from the SE team. Most documentation surrounding outreach related to SEs informing vocational staff of efforts made, but the actual effort was not documented in member records. One record showed an ES reporting having sent a closure letter and then later informing vocational staff of those efforts, but no closure letter was included in documents provided to reviewers nor was it documented having been sent.</p> <p>Although it appeared many members had healthy natural support relationships, records lacked evidence of utilizing those relationships as a resource for members to maintain competitive employment.</p>	<ul style="list-style-type: none"> • Increase outreach efforts and ensure accurate documentation in member records of all efforts made to contact members, including phone, email, and text. Continue the consistent documentation of informing collaborators of outreach efforts. • Consider including informal supports as a resource to members in obtaining and retaining competitive employment. Engage new referees early in the process to identify supports and the resources they offer. Those relationships may be a resource to the SE program when members lose contact with the team. • Apply a team approach when members lose contact with their assigned SE. Other programs have had success in this tactic.
Total Score:		67		

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	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	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	5
8. Community-based services	1 - 5	3
9. Assertive engagement and outreach	1 - 5	3
Total Score		67
Total Possible Score		75