

SUPPORTED EMPLOYMENT (SE) FIDELITY REPORT

Date: January 6, 2022

To: Catrina Coleman, Supported Employment Manger
Shar Najafi-Piper, CEO

From: Annette Robertson, LMSW
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AHCCCS Fidelity Reviewers

Method

On November 16 - 18, 2021, Annette Robertson and Vanessa Gonzalez completed a review of the COPA Health 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 COPA Health, the referring clinics included COPA Health East Valley and Southwest Network San Tan.

Since the last Fidelity Review, this SE program, formerly known as Marc Community Services, merged with Partners in Recovery to form COPA Health. The agency provides a multitude of services throughout the region, including integrated health clinics, permanent supportive housing, residential services, and counseling, among other services to a range of persons with intellectual developmental disabilities and/or mental health conditions.

This review was conducted remotely, using video or phone contact to interview staff and members. The fidelity tool does not accommodate delivery of telehealth 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 remote visit, reviewers participated in the following activities:

- Observation of a meeting at the COPA Health East Valley clinic on November 16, 2021.
- Observation of an SE treatment team supervision meeting on November 17, 2021.
- Individual and small group interviews via teleconference/or phone with agency and program administrators (3), the SE Manager, Employment Specialists (3), and members receiving services (2), and one member recently closed with the program.
- Group interview via teleconference with three Case Managers and three Rehabilitation Specialists at COPA Health East Valley.
- Group interview via teleconference with two Rehabilitation Specialists at Southwest Network San Tan.
- Review of randomly selected member charts at the COPA Health SE program, and partner clinics of members enrolled in the program; and,
- Review of program documents including the SE program brochure, *ERS Non-Engagement Discharge Protocol*, *SE Contract*, member job descriptions, 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:

- Employment Specialists (ES) provide ongoing work-based assessment. SE staff meet with members at their work settings, assist members in addressing concerns with employers, and offer suggestions to improve member satisfaction with their work setting.
- When members seek a new position with another employer, ES assist members in finding a new job before ending the current position.
- ES support members in seeking employment in positions of their preference. Individualized job search was well documented in member records.
- Jobs developed showed great diversity in both employer and in job types.
- ES provide jobs that are permanent and competitive.

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

- Reduce caseloads for ES staff to no more than 25 members, regardless of mental health designation.
- ES staff should be conducting intakes to the program, an opportunity to assess work history and skills, as well as identify member preferences for employment.
- Ideally, ES are providing services to members in the community where jobs are found. As the conditions improve, increase community service delivery, until then, consider utilizing technologies available, ex. Zoom, drawing on staff with expertise to assist others with less practice, rather than relying on phone contact only.
- When members are not meeting with ES staff as scheduled, begin outreach immediately and document all outreach efforts. Some

programs connect with natural supports early on in the program and rely on them when members lack consistent follow through.

SE FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
Staffing				
1	Caseload:	1 – 5 4	<p>ES staff reported that when assisting members in the job search phase of supported employment, contact is typically once a week or more if the ES is able to accommodate the member’s request. Once members secure employment, the ES provide weekly or bi-monthly support until the member expresses feeling comfortable in the position. Follow along supports are then typically scheduled with less frequency, one to two times a month. The program expects one contact a month at a minimum. It was reported that at least one ES has a higher caseload because the majority of the members are employed and only require follow along supports.</p> <p>One ES was promoted out of the position but returned in order to provide coverage while the program seeks to fill vacant ES positions.</p> <p>Data provided showed the program serves 103 members, however, interviews with staff produced a higher caseload than data provided. Staff reported that one ES has 32 – 34 members assigned. Other staff stated ES carry caseloads in the thirties. The program has five full time equivalent ES staff. The SE manager does not carry a caseload.</p>	<ul style="list-style-type: none"> • Staff providing employment services should on average have a caseload of no more than 25 members, regardless of mental health designation. It is appropriate for supervisors of the program to carry a caseload of fewer than 15 members. • Continue efforts to fill vacant ES positions on the team to ensure members receive adequate service to support them in finding and keeping employment in an integrated work setting. Appropriate case load size also helps prevent potential burnout of ES staff.
2	Vocational Services staff:	1 – 5 5	<p>ESs only provide vocational services. ES staff do not have responsibilities outside of assisting members in finding employment in integrated work settings.</p>	

3	Vocational generalists:	1 – 5 4	ES provide the majority of vocational services to members. The ES provide engagement, assessment, job development, job placement, job coaching and follow along supports. Although ES are trained to complete intakes, a program staff, not an ES, conducts all intakes for the program. During the intake process, this staff will discuss member’s employment goals, inform of resources, explain the <i>Ticket to Work</i> program, assist in making a first employer contact, and will share their assessment of the member’s goals with the assigned ES.	<ul style="list-style-type: none"> ES should provide the full range of phases of vocational services to members, including intake to the program.
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Organization

1	Integration of rehabilitation with mental health treatment:	1 – 5 3	<p>Staff at clinics interviewed reported that coordination with ES assigned occurs weekly by attending scheduled meetings that may include Case Managers, Rehabilitation Specialists (RS), and Clinical Coordinators. Some clinic staff stated receiving monthly summary reports from ESs. Coordination also occurs by email and phone calls, or both depending on the urgency of the issue. Clinic staff reported that ES are not allowed to attend full clinical team meetings due to not having permission from members.</p> <p>Two ES interviewed reported attending a full clinical team (psychiatrist, nurse, team lead, case managers, rehabilitation specialist, etc.) meeting recently. One of those ES reports of the three teams being served at the assigned clinic, they are able to attend one full team meeting and have the ability to give input on members not already assigned. The other ES reported recently being able to attend full clinical team meetings for two teams. Other ES stated they are not able to attend clinical team meetings virtually or in-person, nor</p>	<ul style="list-style-type: none"> Educate clinics on the benefits to members of collaborative integrated care. SE staff should attend weekly treatment team meetings with full teams (i.e., 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 should act as advocates and educators of the value of competitive work. Consider steps to improve staff and member awareness of the program, such as regularly arranging presentations to clinics or specific teams, posting fliers with tear offs in clinic lobbies. Inviting members to give firsthand testimonials would be an impactful component.
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		<p>able to give input to members not already assigned to the program. One ES explained all communication is directly through the RS assigned to members due to the lack of staff on the clinical teams, yet also reported RS staff have left positions at the clinics as well. ES report movement has been made integrating employment into members' recovery goals, but that work needs to continue as they still experience push back. In one case, leadership of the SE agency got involved to resolve barriers to members being referred to SE services.</p> <p>In records reviewed, ES documented attending phone conferences with RS and Case Managers, and it was only very rarely that the full clinical team was in attendance at these meetings cited. One record reviewed showed staff attempted to participate in a weekly team meeting but was unable to connect to the video conference two weeks in a row. Subsequent contacts were then made by phone. The meeting observed by reviewers was a valuable collaborative meeting between clinic staff and the assigned ES, however, the regularly occurring meeting does not include the entire team since the assigned prescriber nor nursing staff for the team are present for input and feedback.</p> <p>All five ES are co-located at provider clinics. Staff at one clinic stated that outside providers are welcome to meet with staff at the clinic, however, the SE staff assigned has not visited since the clinic reopened to providers. Staff at the other clinic said they do not have any programs on site but are just now opening their doors to allow other programs</p>	<ul style="list-style-type: none"> • Provide technology training and support to ES attempting to connect with clinical teams via videoconference.
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			to meet with staff or clients. One staff said they would welcome SE providers to present on the benefits of the program to be better informed, noting that there has been a lot of turnover of staff in recent months. SE staff did expect coordination to improve when Marc Community Resources and Partners in Recovery merged, however, it did not. The agency brochure states that agency and mental health staff meet weekly to plan services for shared members.	
2	Vocational Unit:	1 - 5 3	<p>ES share the same supervisor and meet monthly via teleconference, although one or two staff may be present in person. During the meeting observed, stories were shared of member success, and challenges. Suggestions were offered by others on challenging situations. ES also had the opportunity to share resources with the team during the meeting. Individual supervision is provided to ES staff every other week or weekly.</p> <p>Staff interviewed discussed the desire to meet as a unit more frequently, and without leadership, as was done prior to one staff leaving and then returning to provide support during a staffing shortage.</p> <p>ES stated they will provide back up to members when another ES is taking personal time off. Although an ES offered it to members in records reviewed, additional support was not provided by other staff.</p>	<ul style="list-style-type: none"> • The vocational unit should meet as a group weekly and should be led by the SE Program Manager. • In addition to successes and challenges, consider rotating review of a few members from each ES caseload during the SE unit meeting. • As well as covering each other during vacations or periods of staff turnover, ES 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.
3	Zero-exclusion criteria:	1 – 5 4	Staff at both clinics stated that members are not excluded from work and all that is needed is the desire to work. Staff at one clinic reported that some members are hesitant to work during the public health emergency and will be offered	<ul style="list-style-type: none"> • At the clinic level, ensure that members engaged in vocational services are provided all options available to them, allowing them to make the final decision as to the program they would like to be referred.

			<p>alternative programs until they express a desire to seek employment. One staff said it does not matter if a member is unhoused or is actively using substances, they refer anyone expressing an interest in work. Another staff stated that younger members without work experience may be offered sheltered work settings in order to assess their ability to keep a schedule, follow instructions, and to work on soft skills. A staff at that same clinic confirmed offering sheltered workshops to members without work experience. Clinic staff acknowledged staffing shortages may have impacted updating necessary paperwork before sending a referral but minimized the impact. Once sent, the SE provider will email to confirm receipt and will inform when experiencing difficulties connecting with members to schedule an intake appointment. Clinic staff stated that intakes are typically scheduled within two weeks of referral.</p>	
Services				
1	Ongoing, work – based vocational assessment:	1 – 5 5	<p>ES consistently check in with members about their satisfaction with their position once acquiring a job. ES reported speaking to supervisors and managers in efforts to support members in their work. One ES reported going to work sites often to support members, but that some employers do not allow on-site visits out of precaution due the public health emergency. Another staff reported discreetly observing a member in their work setting, per member request, in order to assess performance and to offer feedback.</p> <p>Use of the Vocational Profile at intake was described as a tool to gather information about members’ preferences and barriers. Another staff stated the Vocational Profile is a living tool used to</p>	

			continually assess members. Record reviewed showed ES helping members with problem solving, assisting with workplace skills, and assisting with other needs of the member. Reviewers did not see evidence of the VP being used as a live document to show barriers and progress for working members which would be helpful to ES assisting another ES with a member.	
2	Rapid search for competitive jobs:	1 – 5 4	Documentation provided showed nearly all member’s first contact with a competitive employer was within a few days of intake or a week of their first meeting with an ES. Per data provided, across all ES, the average first contact with an employer was approximately eight days. At this SE program, the intake is not conducted by an ES but by another SE staff. During the intake process, staff completing the intake assists members in making contact via phone with a potential employer (62% of the time per data provided). Members interviewed reported there was some paperwork involved initially, but that they immediately began job search afterwards. One member that works from home reported meeting by teleconference with the ES and would conduct their work, such as resume building and job search by screen sharing. Another member reported that the ES went at their pace when looking for work.	<ul style="list-style-type: none"> • First employer contacts should be completed by Employments Specialists, rather than administrative staff. While acting on member motivation to search for competitive jobs, it does not allow the assigned ES to have the knowledge of how that process was for the member nor the opportunity to provide support and expertise to the member when speaking with employers.
3	Individualized job search:	1 – 5 5	SE and clinic staff stated that members have full decision making when determining which jobs to apply for. Staff assist with finding jobs that the member has expressed interest in. Most employer contacts are based on members’ preferences and needs rather than the job market. Member interviews provided insight into ES putting member preferences first when finding jobs for	

			members. One member reported preferring a specific employer and was happy to inform that the ES was successful in supporting the member in acquiring a job with that exact employer. The member reported the ES would offer ideas of where to apply for work and the member would agree or disagree. Members also reported the use of video conferencing during job search as well as ES providing coaching on interview skills. Another member reported working on updating a resume with an ES through videoconferencing.	
4	Diversity of jobs developed:	1 - 5 5	There is great diversity in employers and job types among current members and those that were working at closure in the six months before the fidelity review. Data provided showed a high rate of variety of employers and job types, 93% and 89% respectively. ES provide a variety of options for members evidenced by documentation in member records reviewed.	
5	Permanence of jobs developed:	1 – 5 5	All jobs developed are competitive and permanent unless the member requests otherwise. Data provided showed all working members were employed in permanent jobs. Members interviewed reported they applied for positions that were permanent. Clinic staff interviewed were not aware of any members working in temporary positions. One staff said a member in the program has been with the same employer nearly five years. Another staff stated that if a member is seeking temporary work, it is suggested to the member that they seek it on their own. Staff said that when members are at risk of losing their housing due to lack of rent money, they will assist members in finding immediate work, which may include temporary work.	

6	Jobs as transitions:	1 – 5 5	<p>Review of member records showed that ES help members when ending jobs and finding a new one when the member wishes. ES interviewed reported assisting members right away when a job ends, resuming job search that same week if the member requests the assistance. In one case, the ES assisted the member in writing a two weeks' notice in order to move on to a full-time position with another employer. Another member was assisted in finding a job closer to their residence to reduce the burden of transportation.</p>	
7	Follow-along supports:	1 – 5 5	<p>SE staff interviewed stated that all members are offered follow along supports once they have obtained work. Follow along supports are individualized, flexible, and ongoing to the member's preference.</p> <p>Staff reported typically, once members are employed, the ES will increase contact slightly to ensure a steady transition into work and then reduce contact to every other week moving eventually to monthly contact. ES reported doing this to ensure the member is comfortable in their new position. One member interviewed reported an increase in support after getting a job and that contact was slowly tapered off. Records review showed flexibility of services as one member requested more frequent meetings when applying for a promotion and needing additional job coaching. Another record showed staff sharing information on the process to receive a <i>back to work</i> incentive and suggested homework was for the member to inquire about the process to obtain pay stubs from their employer.</p>	

8	Community-based services:	1 – 5 2	<p>Staff at the SE program report most services are delivered in the community but that it also depends on member preference. One staff said the program is getting closer to 70% of services being delivered in the community, but some ES are delivering 40% of services in the community. The program stated that no ES are meeting members in the clinics. One staff said that most job searches are done in person and that only one member on their case load did so via videoconferencing. Staff report few members are comfortable meeting in the community and that most job coaching is done by phone. One staff reported that all member interviews are being conducted in person.</p> <p>One member interviewed reported talking with staff by phone or videoconferencing, which was especially helpful. Another member reported teleconferencing with the ES to update a resume and to conduct job search.</p> <p>Of the ten randomly selected member records, ES provided services in the community 12% of the time. The majority of services were provided by phone. No videoconference services were provided to members in the records reviewed. Only one ES met with a member in the community.</p> <p><i>The fidelity tool does not accommodate delivery of services delivered by phone or teleconference.</i></p>	<ul style="list-style-type: none"> ● 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. ES should spend 70% or more the of time in the community, both working directly with members, and conducting industry research and employer outreach on member behalf. ● Although the fidelity tool does not accommodate the use of teleconferencing adaptations, consider utilizing platforms available, ex. Zoom, drawing on staff with expertise to assist others with less practice, rather than relying on phone contact only. ● Community-based service delivery should also include direct contacts with employers that align with the member’s employment goals. Ensure contacts with employers are documented in member records with a brief description of the reason for the interaction and location.
9	Assertive engagement and outreach:	1 - 5 3	<p>Staff interviewed reported that ES will reach out to members weekly when there is a lapse in engagement. Staff said they will attempt three contacts by phone, email, and text, but are only obligated to reach out once a week and will not go</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 engagement efforts until members indicate, either to the Clinical

		<p>to members' homes. After the third attempt, a letter is sent stating that if there is no response in five days, the member's will be discharged from the program. The program takes the member's lack of response to their efforts as an agreement to discharge them from the program. Members are informed of the program policy upon admission to the program. ES will update the clinical team on any developments when outreaching members. During the meeting observed, members on outreach were not discussed.</p> <p>The non-engagement discharge protocol provided to reviewers outlines two weeks of outreach, a clinical team meeting note identifying the ES efforts and an additional two weeks of outreach. The final attempt advises informing the member that after one week of that notice, if the member does not reach out, their case will be closed. The <i>SE Contract</i>, which is reviewed at member intake, outlines the Grounds for Termination from the Program. This document describes three outreach attempts with the fourth as the final before discharge.</p> <p>Of the member records reviewed, one member did not have weekly outreach attempts by the ES or the program the month before the review. Another record showed nearly all notes were entered months after the ES activities occurred, except for those services delivered weeks before the review. Other records showed ES sending text messages and phone calls to members to schedule and follow up regarding appointments. One ES</p>	<p>Team or the SE team that they are no longer interested in SE services.</p> <ul style="list-style-type: none"> ● 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. ● Documentation of missed appointments and outreach efforts should consistently be done in a timely manner. Outreach should begin immediately after missed appointments and ideally include outreach efforts in the community, including the member's home. Consider reviewing all missed appointment follow up during weekly individual supervision to improve consistency throughout the program in the engagement protocols.
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			reached out by email to a member when initially engaging in services as well as a legal guardian.	
Total Score:		62		

SE FIDELITY SCALE SCORE SHEET			
Staffing		Rating Range	Score
1.	Caseload	1 - 5	4
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	3
2.	Vocational unit	1 - 5	3
3.	Zero-exclusion criteria	1 - 5	4
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	2
9.	Assertive engagement and outreach	1 - 5	3
Total Score			63
Total Possible Score			75