SUPPORTED EMPLOYMENT (SE)
FIDELITY REPORT

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Introduction

Arizona Health Care Cost Containment System has contracted with Western Interstate Commission for Higher Education Behavioral Health Program to conduct Fidelity Reviews using the Substance Abuse and Mental Health Services Administration (SAMHSA) Supported Employment Fidelity Scale, an evidence-based practice (EBP). Supported Employment refers specifically to the EBP of helping members with a serious mental illness (SMI) find and keep competitive jobs in the community based on their individual preferences, not those set aside for people with disabilities.

Method

On October 18 - 20, 2022, Fidelity Reviewers completed a review of the Wedco 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. Services are reviewed starting from the time an SMI participating member indicates an interest in obtaining competitive employment and continues through the provision of follow along supports for people that obtain competitive employment. In order to effectively review SE services in the Central Region of Arizona, the review process includes evaluating the working collaboration between each SE provider and referring clinics with whom they work to provide services. For the purposes of this review at Wedco, the referring clinics included Terros 23rd Avenue Health Center (Terros) and Resilient Health Higley Integrated Healthcare Center (Resilient). This review was conducted remotely, using videoconferencing and telephone to interview staff and members.

Wedco partners with the Regional Behavioral Health Authority to provide employment related services to members, in addition to other partnerships with state and federal programs, such as work adjustment training, computer skills training, and other services.

Accommodations were made for your agency as reviewers were unable to access a web-based electronic health records system, member records were thus supplied by your agency staff for review. Consider developing protocols to allow reviewer access to all SE member records to increase the potential of reviewers to view delivery of member services more thoroughly.

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 fidelity review, reviewers participated in the following:

- Observation of an SE team meeting via videoconference.
- Phone conference of a weekly integrated clinical team meeting at the co-located site Terros Health, Team Survivors.
- Group interviews with the General Manager and Production Manager, and with three Employment Specialists (ES).
- Individual phone interviews with two members enrolled in the SE program.
- Group interviews with staff from referring clinics including five Case Managers and one Rehabilitation Specialist from one clinic and two Case Managers and two Rehabilitation Specialists from another.
- Review of data and documents from ten randomly selected member records provided by Wedco, and remote review of randomly selected member records from the two partnering clinics identified, including sample of co-served members.

The review was conducted using the SAMHSA SE Fidelity Scale. This scale assesses how close in implementation a team is to the 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:

- ES support members in seeking employment in positions of their preference. Members interviewed reporting searching for jobs based on their preferences including job type and location, and immediately began searching for jobs the same day as program intake.
- Employment Specialists help members end jobs when appropriate and assist to find a new job.
- Jobs developed showed great diversity in both employer and job type. Jobs are permanent and competitive.
- Individualized follow-along supports are provided to members on a time-unlimited basis.

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

- Increase coordination and in-person availability with partnering clinics to improve member care. Ensure non-co-located staff update clinical teams weekly on member status. Instances of monthly summaries and clinical documentation were sent to clinical teams in cluster months, up to six months at a time, rather than monthly as reported by staff. Sending shortly after the end of the reporting month may allow clinical teams to review and address concerns in a timely manner.
- Increase efforts to engage with members in community settings. Although members may prefer to meet via phone as indicated in records, encourage those members to meet in alternative settings to expand their comfort level, such as meeting at a potential

employer or job type setting. Consider reviewing contacts made in the community during the team meeting or during weekly individual supervision with leadership.

- When members are not meeting with ES staff as scheduled, begin outreach immediately and document all outreach efforts. Improve consistency throughout the program in the member engagement process and partnering clinics.

SE FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
Staffing				
1	Caseload:	1 – 5 5	The SE Program consists of 7.5 full-time equivalent Employment Specialists. Per data provided and staff interviews, the program serves 110 members, and caseload sizes per ES vary from 1 – 32 but averages less than 25 members.	
2	Vocational Services staff:	1 – 5 5	ES only provide vocational services. Although the agency provides other vocational services, i.e., work adjustment training, classroom training, etc., ES staff do not have responsibilities outside of assisting members in finding employment in integrated work settings.	
3	Vocational generalists:	1 – 5 3	Per interviews with SE and clinic staff, the ES provide all vocational services to members. This includes intake, engagement, assessment, job development, job placement, job coaching, and follow along supports. However, records reviewed showed evidence of ES staff coordinating with other agency staff to create resumes for members on behalf of the SE staff. In addition, SE staff reported that three ES carry retention only caseloads.	• Each ES should carry out all phases of vocational service including intake and engagement, assessment, job development, job placement, job coaching, and follow along supports.
Organization				
1	Integration of rehabilitation with mental health treatment:	1 – 5 3	Of the 7.5 ES, only one is co-located at a clinic and is assigned to three clinical teams. This ES attends three integrated team meetings weekly in-person and attends for the duration of the meeting. The meetings include Case Managers (CM), Rehabilitation Specialists (RS), the Nurses, and the team's assigned Prescriber, and on Mondays the clinic's assigned Vocational Rehabilitation Counselor. Staff interviewed reported that the	• Ensure that weekly clinical team and vocational staffing participation is documented clearly and reflects ES participation. Documentation in the member's record of those conversations may be helpful when other ES step in to provide coverage. • Non-co-located ES serving members at multiple clinics will likely have difficulty

			Prescribers do not typically stay for the full length of the meeting. Based on interviews with SE and Terros staff, the ES is considered "part of the clinical teams" by participating in shared decision making, has access to all team rooms at any time, and collaborates with CM and RS approximately three times a week by email, phone, text, in-person in addition to sending monthly summaries. Staff from the other clinic interviewed reported that ES collaborate with the team monthly by emailing monthly summaries and updates to the RS and assigned CM. The SE General Manager recently began attending the beginning of a clinical meeting once a month to provide training on SE services as well as share updates on mutual members. SE staff reported that members are referred by other clinics that do not have co-located staff. ES coordinate member care with the RS and CM at least once a month, send monthly summaries, and attend clinical team staffings from clinics with high referral numbers. Reviewers listened to an integrated team meeting via teleconference. No video capability was available. In attendance was the co-located ES, Clinical Coordinator, CM, RS, and the Nurse. The ES was present for the duration of the meeting. The clinical team included the ES in discussion related to mutual member updates including outreach and engagement, job goals, progress, and barriers. Concerns regarding one member were discussed between the ES and CM pertaining to symptoms, non-engagement with the clinical team, and next	fully participating in weekly meetings for each team, however, for the identified "high referral" clinics, ES and clinical staff should consider options for scheduling meetings to review cases and discuss referrals more frequently. • Though not a substitute for integration, ensure monthly summaries and clinical record documentation is sent to clinical teams in a timely manner.

			steps for both parties. Another member was discussed as a re-referral for services by the RS. Based on records reviewed, documentation lacked evidence of coordination from both the SE provider and the clinical teams, and even more so with non-collocated clinics. For one member, SE staff were documented as participating in an integrated team meeting twice in the review period in clinic records, however, was not found in SE records. In SE member records, three showed evidence of ES coordination via emails regarding outreach efforts and concern of one member's increased symptoms. Instances were seen in member records of monthly summaries being sent in clustered months, up to six, to the clinical teams.	
2	Vocational Unit:	1 - 5 3	ES share the same supervisor and meet monthly as a group to review vocational services for SE members. During past reviews, the SE group never met as a unit independently from other vocational staff at the agency. ES individually meet weekly with the Production Manager, and individually with the SE General Manager one to two times a month to review caseloads. During the SE monthly meeting observed by reviewers, the SE General Manager led the meeting which included an agenda. The SE team participated via videoconference; however, some staff had video capability while others did not. The SE team discussed recent community engagement activities where the agency provided education on SE services and worked to build connections with other providers and community members. Other issues addressed included upcoming job fairs, job	• The SE unit should receive weekly group supervision in the evidence-based practice of supported employment. During the SE unit meeting, consider implementing a more formal process for ES to discuss a few members from each caseload weekly. This may aid in tracking of employer contacts, outreach activities, or help ESs if they are called on to provide services to a member from another ES's caseload. Some programs update member tracking during the SE meeting. • Ensure ES provide cross coverage to other ES's caseloads. Take advantage of opportunities for cross coverage. ES can assist each other not only with mock interviews, but also transportation to job interviews, in delivery of follow along support activities such as employer

			leads, new employer contacts, and the team discussed challenges with specific members with teammates sharing input and recommendations for progress. SE staff interviewed reported providing services for one another's members when there is a need. During the SE team meeting observed, one ES offered to assist another ES's member with fingerprint clearance denials and letter writing. Cross coverage was not seen in sample records reviewed and members interviewed reported receiving services from their assigned ES only.	introductions, generating ideas for dealing with workplace conflict, and discrete job-site observation, etc.
3	Zero-exclusion criteria:	1 – 5 4	Per data received, the majority of SE members were originally referred for job development and placement, 14 for retention, and 10 members transferred from the agency's work adjustment training or computer training programs. SE staff interviewed report providing ongoing education regarding SE services to referring sources; monthly to high referring clinics and attending community events. Clinic staff reported informing members about the benefits of employment and services available. Clinic staff indicated that when a member expresses a desire to work, or requests support to maintain employment, a referral is made by the RS or CM to an SE agency and/or Vocational Rehabilitation depending on the member's preference. Clinic staffed denied screening members nor criteria to be met for a referral. Vocational Activity Profiles are completed by clinic staff with the member to identify employment goal information and individual service plans are updated with an employment goal. At one clinic, it	• Provide education to all agency staff on the value of zero exclusion relating to referring members to SE when expressing a desire to work in the community rather than enroll in a work training program.

			was reported the RS facilitates a daily group at the clinic incorporating the benefits of employment and information on SE programs. SE staff interviewed reported there is no criteria members must meet to receive SE services and that members are not required to complete any screenings prior to the SE intake or job search process. Staff indicated assisting anyone that expresses an interest in work or requests support to maintain employment, and that no members are excluded from participating in the SE program. Referrals are sent by clinics, Vocational Rehabilitation, and members can self-refer. However, one member record reviewed showed the member was originally referred for work adjustment training and that during the intake process, the member clearly stated they were not interested. The member identified as fully functioning and capable of keeping a schedule, had worked in the past, and wanted a job in the community. SE services were not offered to the member at that moment, rather asked to take time to think about work adjustment training services. The member was eventually provided SE services eight months later.	
Services				
1	Ongoing, work – based vocational assessment:	1 – 5 4	Vocational Profiles are completed with members upon entry into the SE program to assess work history, education, employment preferences, barriers, and is used when developing resumes. SE Staff interviewed reported the vocational profile is a “moving document” that is updated when a member desires a change in employment goals. It was also reported SE staff complete vocational profile amendments and job start/end forms when	• Vocational Profiles should be considered living documents and a chronical of each member’s employment journey. These should be easily located within each member’s record and updated regularly to reflect changes in needs and preferences, new insights, and lessons learned in addition to documentation in progress notes and ideally in job start/end forms.

			there is a change in the member's employment goal or status. SE staff indicated that when members' employment status or goals change, a conversation is had pertaining to the support services the member is requesting from the ES. In two member records reviewed, evidence showed job goal changes documented in ES progress notes rather than an amendment to the vocational profile. In another record there were job start and end forms, but some were completed a couple of months after the member obtained employment and one completed a year later. There were more job start forms completed than job end forms. Several job start forms did not identify how the ES would support the member in maintaining employment nor did job end forms indicate reasons for the job ending or recommended service supports for the next job. Staff interviewed did not identify the utilization of or reflect on the significance of job start/end forms. However, staff did identify conversations had with members about their experiences when ending a job, such as reviewing challenges, accomplishments, and possible supports for the next position.	Further, theses activities would support cross coverage from within the team.
2	Rapid search for competitive jobs:	1 – 5 4	SE staff interviewed reported the team attempts for first employer contacts to occur within 30 days of enrollment to the SE program. SE staff indicated the first employer contact aligns with the member's employment goal and staff educate members during intake about meeting with an employer within the first 30 days of engaging in SE services. Staff reported some members have their first employer contact within one to two days of enrollment and some may take two weeks.	• Continue efforts to facilitate members' in-person contact with potential employers within 30 days of when members express an interest in employment in order to capitalize on their motivation. • Consider updating the *1st Employer Contact Report* to include the method of the contact, i.e., in-person, phone, email, teleconference platform, etc. Ideally, first

			Of the ten records reviewed, only one member's first employer contact did not align with the vocational employment goal documented on the vocational profile. Most first employer contact forms did not indicate the method of the contact, for instance in person, or by phone. Per records reviewed, most intakes were scheduled and completed in less than ten days of referral. Per data provided, across all ESs, first employer contacts occurred at a median of 35 days.	employer contacts are conducted in person.
3	Individualized job search:	1 – 5 5	Clinic staff reported the job search starts as soon as the member completes an intake with the SE provider and is based on member's job preferences. Clinic staff reported supporting members preferences when identifying which jobs to apply for. SE staff interviewed reported assisting with finding jobs that the member has expressed interest in and that align with job goals. SE staff interviewed reported documenting screen shots of jobs applied for, noting in the "case note" and following up with the member when they apply for jobs on their own. Staff reported members are asked to keep track of the jobs they applied for independently to report back to ES. When members utilize job search engine sites to apply for jobs, some sites track all activity allowing members to go back to look at what they applied for and follow up. In one member record, evidence showed screen shots of jobs applied for and documented in case notes that were based on job choices that reflected the members preferences. Members interviewed reporting searching for jobs based on preferences including the type of job	• Consider developing a document to track employer contacts, eventually to be included in the member record. *Individual Placement and Support Employment Center* offers a template that the program may find helpful https://ipsworks.org/wp-content/uploads/2017/08/sample-employer-contact-log-eng.pdf . Employer contacts for each member should be logged to clearly identify which have been contacted and the result. Review of these logs by the SE Supervisor is suggested. Additionally, when other ES step in to provide support, this log could be used to enhance the job search already completed.

			desired and location. Members immediately began searching for jobs the day of intake into the SE program. One record reviewed showed the member obtained two different jobs not aligning to the vocational profile goal. Case notes provided and reviewed did not cite the change in goal.	
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, 100% respectively. Clinic staff interviewed reported members that are enrolled in the SE program are not working at the same locations. Very few may work at the same company, however at various locations and hold distinct positions.	
5	Permanence of jobs developed:	1 – 5 5	SE staff interviewed reported all jobs developed are competitive and permanent unless the member requests otherwise. Based on records reviewed, member interviews, and observation of the SE team meeting, some members will apply for or obtain employment at “temp to hire” agencies. After 90 days of employment, members are then eligible to be hired permanently. One member interviewed reported starting with a “temp to hire” agency and is now permanently employed after completing the temporary period. Clinic staff interviewed reported jobs applied for are based on member’s preferences and that members engaged in SE services are looking for jobs that are competitive and permanent.	

			Members are not applying for or obtaining volunteer positions or non-permanent and/or non-competitive employment.	
6	Jobs as transitions:	1 – 5 5	SE staff interviewed reported helping members end jobs when appropriate and assist with the search for new employment. Examples were provided of two members that recently ended jobs and immediately began searching for new jobs with the assigned ES. Clinic staff interviewed reported all members that have needed support to find another job after one ended has been supported by the assigned ES. Evidence was seen in one member record of ending a job and job search began as soon as the member requested assistance.	
7	Follow-along supports:	1 – 5 5	SE staff reported offering follow along supports to all employed members for as long as wanted. Individualized supports are provided based on the member's preference. Some members like to meet at their place of employment before or after work. For members that are open to disclose having an ES, staff offer support with the onboarding process, job shadowing, provide feedback, speak to employers on how members are doing, and advocate for accommodations when needed. Clinic staff interviewed reported educating members on the benefits of supports that ES provide once employed. Staff provided examples of supports witnessed by the agency's ES: conflict resolution; problem solving; transportation; and working one-on-one with a member that was falling behind in their position. One staff reported pitching the service as a "free insurance policy" with a job coach just one phone call away to help when problems arise in the work setting.	• 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. This may include providing information on how work may impact member benefits, i.e., DB101.

			Records reviewed showed ES providing guidance on handling employee/employer conflict, encouraging a member to contact the ES if a situation at the workplace needed to be further addressed, and role modeling conversations with an employer on saving their employment due to missing several days of work. No coordination with employers was documented in records reviewed, nor was there evidence of ES providing follow-along supports to members at their place of employment in the community. Members interviewed were not clear on what services the program could provide once employed. One member expressed concern about their benefits.	
8	Community-based services:	1 – 5 1	Staff at the SE program reported 45 – 80% of services are delivered in the community. Staff reported meeting members in the community for job search and follow along supports. Staff reported services are not provided in the member's home. SE staff indicated traveling to a member's home to map out and review a bus route to place of employment. Another ES reported delivering shoes needed for employment to a member's home. Of the members interviewed, one reported meeting with an ES in the community weekly for job search. Another reported meeting with the ES via teleconference platform for two hours, twice a week for job search. Of the ten randomly selected member records provided, ES provided services in the community 8% of the time. Most services were provided by phone. No videoconference services were provided to members in the records reviewed.	• Research has shown that providing SE services in the community leads to better outcomes for members. Although members may prefer to meet by phone or at locations they are familiar with such as clinics, ES should be encouraging members to meet in alternative settings to expand member comfort level, such as possibly a potential employer setting. • Consider reviewing member contacts in the community during the team meeting or during weekly individual supervision with leadership to encourage ES efforts to reinforce the value of community-based services.

9	Assertive engagement and outreach:	1 - 5 3	SE staff reported that when there is a lapse in engagement, outreach efforts include phone, email, and if the ES has permission, will travel to the member's place of employment. When the member's clinic informs of an appointment scheduled with the clinical team, ES will attempt to meet them there. If there is a release of information on file, the SE team will include outreach efforts to family, natural supports, and other persons or places the member consented to. It is unclear how often outreach efforts are completed. Staff reported efforts are made a couple times a week and will notify the clinical team within one week. Another staff reported efforts are attempted minimally three times a month to the members and to the clinical team, up to three months. After three months of outreach, ES communicate with the clinical team regarding next steps and discuss closing the member with the SE program. The ultimate decision is based on the clinical team's recommendation. Clinic staff interviewed stated that when ES are unable to connect with members it is reported to the clinical team in-person, via phone or by email. ES request updated information such as a new phone number, next appointment, and ask the clinical team to assist with connecting the member to the ES. Records reviewed showed that ES outreach efforts occurred by phone and most often transpired once a month. Two records showed outreach did not occur for two months, yet other records showed every other week to three times a week. Three records showed administrative staff conducting	• Increase outreach efforts to members. Outreach should begin immediately after missed appointments and ideally include outreach efforts in the community, including the member's home, and their natural supports. Consider reviewing all missed appointment follow up during weekly individual supervision with leadership to improve consistency throughout the program in the engagement process to members and collaborators. • Documentation of missed appointments and outreach efforts should consistently be done in a timely manner including efforts by phone, email, and text. • All assertive engagement and outreach efforts should be conducted by ES rather than administrative staff.

			coordination of care with clinical teams. Attempts to connect with natural supports was identified in one member record provided. No attempts to connect with members at their homes, place of employment, or the member's clinic were noted in records provided.	
Total Score:		**60**		

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	3
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	4
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	1
9. Assertive engagement and outreach	1 - 5	3
Total Score		**60**
Total Possible Score		**75**