SUPPORTED EMPLOYMENT (SE) FIDELITY REPORT

Date: August 26, 2016

To: Karen Gardner, Focus Director

From: T.J. Eggsware, BSW, MA, LAC

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AHCCCS Fidelity Reviewers

Method

On July 25-27, 2016, T.J. Eggsware and Jeni Serrano 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 Maricopa County. 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 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 Focus Employment Services, the referring clinics included Southwest Network (SWN) Mesa Heritage (formerly the Hampton clinic) and Lifewell Behavioral Wellness' South Central clinic.

In addition to the two clinics noted above, Focus SE staff is also co-located at the Partners in Recovery (PIR) Metro clinic. Focus employment staff are also co-located at other adult clinics where SMI members receive some type of employment services, but those staff are not classified by the agency as part of the SE program. However, Focus administrators report most vocational services provided through the agency align with the SE model.

The individuals served through the agency are referred to as *client*, *Behavioral Health Recipient* (*BHR*), or *member*; for the purpose of this report, and for consistency across fidelity reviews, the term "member" will be used. The SE program staff are referred to as *Career Counselors* or self-identify in documentation as *Focus Reps*; for the purposes of this review and as outlined in the EBP, the term Employment Specialist (ES) will be used.

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

- Interview with the covering SE Team Manager (from another branch of Focus Employment Services) and Focus' Director. At the time of review, the SE Team Manager was on leave.
- Observation of a SE program team meeting at Focus.
- Group interview with the three SE program Employment Specialists.
- Observation of a clinical team meeting at SWN Mesa Heritage.
- Two individual phone interviews with members co-served by the SE program and the PIR Metro clinic; individual interview with one member co-served at Lifewell South Central; and a phone interview with another member co-served at Lifewell South Central.
- Group interview with three Case Managers (CM) from two different teams at SWN Mesa Heritage; group interview with two Rehabilitation Specialists (RS) and three CMs staff from three different teams at Choices South Central.
- Full record review of ten randomly selected member records.
- Review of member tracking logs and forms, including: vocational profile and amendment forms, Disclosing Your Disability to an Employer, Benefits of Job Coaching, the RBHA's Employer Contact Report form, and Focus' SE brochure, SE flyer, employment-related program overview, outreach letter, Master Application, Personal Strengths Worksheet Questions form, Clinical Team Meeting Log, Employer Tracking Log, etc.
- No family members or external supports for members of the SE program were identified for interview.

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:

- Members interviewed report they are supported by staff at Focus, and staff assist them to explore employment options consistent with their goals and preferences.
- ES caseloads are below the preferred threshold for an SE program.
- The program uses the vocational profile and brief amendment forms, rather than standardized office-based tests, assessment tools, or required work samples as a requisite before the job search.
- Focus offers follow-along job retention support for as long as members identify the need.

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

- Address barriers to all Employment Specialists attending a full clinical team meeting, at least weekly, with each assigned team. In order to achieve full integration, Employment Specialists should attend the full team meetings and have shared decision making regarding members.
- Increase community-based services over office-based contacts. The SE Team Manager should monitor the ratio of community versus
 office-based services provided by Employment Specialists. Track and document job development activities by Employment Specialists
 that may occur without members present (with time spent), which can be factored when considering community-based services. Explore
 whether tracking of Employment Specialist time in the community without members present can be standardized.
- Consider aligning job titles and job descriptions with the SE model. Rather than Career Counselors, reclassify the positions as Employment Specialists. This may help referral sources and members to have a clearer understanding of the expectations of the SE program and the duties of staff, and to differentiate SE services from the other varied employment related or pre-employment activities. If a member is served by an Employment Specialist, referral sources may be able to more easily confirm a member is supported to seek competitive employment based on their individual goal. Currently, the Employment Specialists are classified as Career Counselors; the agency website lists Career Counseling separately from Supported Employment and Job Development & Placement.
- Focus relies on paper documentation, maintained at each co-located facility. The agency should review options to move toward an electronic record system, for all forms and case notes, so that the SE Team Manager can more easily track services. Explore options to move toward an integrated SE and clinic file system for easier sharing of information.
- When the agency website is updated, try to more clearly align forms and handouts (e.g. Welcome to Focus, Focus Employment Services) with the SE program description. Some forms do not identify the SE program but do list elements as pre-job training/education/development (e.g., job development) with other "specialized training services" (e.g., work adjustment training). Seek to streamline redundant handouts, forms or processes.

SE FIDELITY SCALE

Item	Item	Rating	Rating Rationale	Recommendations			
#							
	Staffing Staffing						
1	Caseload:	1 – 5 (5)	The SE program has three Employment Specialists and an SE Team Manager, who does not carry a caseload. The SE program serves approximately 44 members, a ratio of 15:1, with caseloads capped at 25 members. It was reported that if the Employment Specialists' caseloads meet that threshold, new referrals would be directed to other Focus staff not specifically associated with the SE program. However, there were no examples of this type of streaming referenced during interviews.	The SE supervisor can carry a small caseload, which may allow the SE Team Manager to mentor, shadow, and share experiences with the Employment Specialists. This may also allow for more members to be served rather than referring to other Focus staff who are not part of the SE program.			
2	Vocational Services staff:	1 – 5 (5)	Program leadership and Employment Specialists report the Employment Specialists do not provide services to members in other vocational programs at Focus (e.g., work adjustment training), and that the SE staff provide only vocational services in accordance with the SE model. If their caseloads are at capacity (i.e., 25 members), newly referred members may be redirected to another Focus staff not specifically associated with the SE program.	 Determine if other Focus staff should be classified as part of the SE program if members receive SE services from those staff. See also recommendations for Staffing Item 1, Caseload. 			
3	Vocational generalists:	1 – 5 (5)	Employment Specialists at the program carry out engagement activities for new referrals, in conjunction with other clinical team efforts. Additionally, the Employment Specialists conduct program intakes, assessment, job development, job placement, work incentives planning (e.g., Disability Benefits 101), and job coaching.				
			Organization				
1	Integration of rehabilitation with mental health treatment:	1 – 5 (3)	The three Employment Specialists who provide services under the SE program are co-located in the same building as clinic staff. Each Employment Specialist is assigned to two teams, but may serve	Address barriers to all Employment Specialists attending the full clinical team meeting, at least weekly, with each assigned team. Employment Specialists			

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			a small number of members from other teams. Per Employment Specialist and clinic staff report, this arrangement allows the Employment Specialists to interact with the clinic team staff more frequently than if they were located in another setting outside of the clinic. The CMs and RSs interviewed are familiar with the SE approach, noting the only criteria for services was that if a member wanted to work. One Employment Specialist attends at least one full meeting weekly with both teams assigned, contributes to discussion regarding served members, communicates regularly with CMs, and coordinates outreach with the clinical teams for disengaged members. However, during the meeting observed, the Employment Specialist did not suggest employment for other members discussed who had not been determined by the team for referral. The remaining two Employment Specialists report they usually meet weekly with the RS, CM, VR or other clinic staff, and attend full team meetings monthly, but do not stay for the entire meeting. Clinic staff at one of those colocated clinics reported most contact occurs outside of the team meeting, and none were able to confirm the Employment Specialist attends monthly meetings with the teams. The Employment Specialist utilized the agency Clinical Team Meeting Log, but it was not clear if the contacts reflected meetings with the full clinical teams, or with targeted staff (e.g., CMs and RSs). Documentation is not integrated between the clinics and SE program; each agency maintains separate records. Outside of the service plan sent	should attend the full team meetings and have shared decision making regarding members. Part of the job of the Employment Specialists is 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. The program, clinic agencies, and RBHA should coordinate to determine options to integrate the service files. SE staff should have access to clinical records. In the meantime, Focus staff should ensure vocational profiles, updates, employment plans, and progress notes, at a minimum, are shared with clinic staff. Focus should educate clinic staff regarding the differences between SE services through Focus, and services through VR.

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17			by the clinic at referral, it is not clear if other documentation is shared by the clinic staff, or that Employment Specialist staff have full access to clinic files. Some clinic staff do not seem to differentiate Employment Specialists from Vocational Rehabilitation (VR) staff. At times it appeared SE staff served as liaisons between the clinical team and VR, educated the team on VR processes, or were referred to as VR staff.	
2	Vocational Unit:	1-5 (3)	The Employment Specialists have the same supervisor, and the vocational unit meets once a week for about two hours, allowing time for Employment Specialists to discuss challenging cases, successes, and networking leads. Employment Specialists report they provide coverage for each other if needed, or agency administrators provide coverage. Evidence of cross-coverage was not located in records reviewed. Due to the limited number of members interviewed, it was difficult to determine if cross-coverage was provided; members interviewed reported meeting with only one staff. There seemed to be gaps in documented services in some records reviewed, and it was not clear if this was due to changes in Employment Specialist staff on the team prior to April 2016. Additionally, in case notes there were examples of Employment Specialists cancelling appointments with members rather than other Employment Specialists providing coverage.	 ESs should provide cross-coverage for each other's caseloads to prevent potential gaps in services in the event an Employment Specialist is unavailable. Providing occasional services may be a useful opportunity for a "second set of eyes" on the member that could lead to identification of strengths or areas that need further development. Employment Specialists can assist one another with job coaching, job development, supporting members for interviews, etc. The SE Team Manager should accompany Employment Specialists in the field for observation, modeling, providing guidance on job development, etc.
3	Zero-exclusion criteria:	1 – 5 (4)	Focus leadership, Employment Specialists, and clinic staff interviewed reported that the only eligibility criteria to receive SE services is that members want to work, and that they do not screen out members for any reason. Based on	The benefits of employment should be discussed with all eligible members. The RBHA can support Focus in this area by monitoring that the clinical teams are

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			records reviewed and interviews, the program works with members with wide ranging strengths and challenges, including members with substance use and other challenges. Referrals are streamed through clinic staff with some members also served through Vocational Rehabilitation. Members can make contact with Employment Specialists directly, but they still must be referred through their clinical team. Other referral sources were not identified. It did not appear through member records and meeting observations that members are consistently encouraged to consider employment. Discussions were more focused on members who are already engaged in the SE program.	encouraging members to consider employment, and documenting individualized goals, using the member's words, on service plans. • Educate other member supports in the community such as family and peer organizations regarding the benefits of employment as additional referral sources.
			Services	
1	Ongoing, work – based vocational assessment:	1-5 (5)	Focus staff reports the program does not require standardized work-based vocational assessments. The program utilizes the vocational profile, which was located in records reviewed, with amendment forms in some records (e.g., if a member starts a job). The agency has a form called a Master Application, with elements that overlap with information included in the vocational assessment or standard applications (e.g., education, work history), but it is not clear if it is required for all SE members prior to beginning the job search. Notes often referenced that Employment Specialists encouraged members to complete a resume early in the job search. Some Employment Specialists work with members to complete a resume in the first appointment with a member, or adapt the	Eliminate redundant processes or forms. If the program feels information from the Personal Strengths Worksheet Questions yields useful information, then seek to incorporate prompts from the form into the vocational profile rather than having a separate form. Ensure the Master Application is not a required step before beginning the job search since it also overlaps with some elements of the vocational profile.

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T .			resume for specific jobs. There is also a form titled Personal Strengths Worksheet Questions that seems to overlap with aspects of the vocational profile.	
2	Rapid search for competitive jobs:	1-5 (4)	It can be difficult to determine when members first express an interest in employment based on clinic documentation, so reviewers attempted to locate the earliest available service plan that reflected the goal for competitive employment. If a clinic has RSs, it is likely the CM refers the person to the RS staff who then makes the referral to the SE program. Focus leadership and Employment Specialists report the first face-to-face contact with an employer usually occurs no more than 30 days after program entry. The data provided by the agency reflected that first face-to-face contact with employers averaged about 30 days. However, the data provided could not be confirmed, as reported, in records reviewed and back-up documentation. The agency utilizes the Supported Employment – Employer Contact Report form developed by the RBHA. The form does not specify if the contact is face-to-face, and does not specify who made the contact (e.g., member, member and ES, or ES). For those records, reviewers did not consistently locate case notes from the same date of contact listed on the form. Focus also utilizes an Employer Tracking Log, but some were incomplete (i.e., no date, not clear who met with the employer) and seems to relate more to online application tracking than face-to-face contacts. Some first contacts were with non-competitive employers. Without solid documentation it is difficult to verify timeframes for first face-to-face	 Focus should review the files and processes to confirm notes are present in agency records for face-to-face contact with employers. This could be in the form of spreadsheets or other documents consolidated by the SE Team Manager. Focus and the RBHA should discuss whether the Employer Contact Report form duplicates information that can and should be captured in case notes. If the form will be used, ensure it prompts for first face-to-face contact with an employer, and who made the contact so that the information can be tied to a case note from the same date or reflect if members elect to make face-to-face contact without the ES. Continue efforts to support member face-to-face interactions with potential competitive employers. Use job fairs, job centers, and online applications as supplemental elements of the job search. Employment Specialists should observe and give feedback to members following interactions with employers. Employment Specialist job development activities should include direct contact with employers to cultivate relationships, and to ask employers what types of qualities they are seeking in job candidates. Contact with employers, without members present, should also be tracked.

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			employer contacts. First face-to-face contacts with employers appeared to average less than two months based on all documentation reviewed.	
3	Individualized job search:	1-5 (4)	Goals listed on the referring clinic service plans tended to be broad, lacking in specificity (e.g., to find a part-time job or explore employment options). Lack of specific member goals when they first express an interest in employments makes it difficult to determine if the job search is individualized. However, vocational profiles were located in Focus records reviewed and included more specific short and long term goals based on member preferences. Based on documentation for employed members, and interviews with members, job searches appear to be aligned with member preferences. However, there is some reliance on online job searches, recurring visits to the same job centers, or exploration of locations known to hire individuals with disabilities.	 The RBHA should work with clinic staff to ensure member goals are as specific as possible, and written in the member's voice, prior to referral for SE services. Work to identify trends in clinics with generic or similarly phrased goals (e.g., to learn about symptoms or diagnosis; to obtain employment) or for targeted training. See also recommendations for Services Item 4, Diversity of Jobs Developed.
4	Diversity of jobs developed:	1 – 5 (4)	Based on data available for 15 members who obtained employment after referral to the agency, they are employed in nine types of positions. Overlapping positions include customer service representatives, warehouse work, and positions related to peer support services. Two members working with one Employment Specialist are employed with the same employer. Two members working with an Employment Specialist applied for employment training through an agency with services geared toward older adults. No evidence was found during the review that members were forced to accept positions that did not align with their goals. However, on the agency Employment Services Plan form that the member signs, there is a member responsibilities and	 The SE Team Manager should track job starts in order to review job types for diversity, and to determine if any Employment Specialists are having difficulty connecting members with a diverse pool of competitive employers. Cease using, or revise the member responsibilities form to reflect the agency's preference, not member obligation, for members to accept any reasonable job offer and agree to stay at the job for six months. There may be reasons members decline positons that Employment Specialists should explore. It is unclear who decides what constitutes a reasonable job offer. Work with members when they

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			agreement section noting that members "accept any reasonable job offer and agree to stay at the job for at least six months." During the vocational unit meeting, recent "placements" (i.e., members who obtained employment) were discussed. The phrasing and form seem to align with a more traditional approach to employment. That is, locating available jobs and placing a person in the job, rather than an individualized approach to job development.	decline positions, and revise the vocational profile, to reflect the member's preferences.
5	Permanence of jobs developed:	1-5 (4)	Staff report they do not generally direct members to positions set aside for individuals with disabilities and most jobs explored are competitive. During the vocational unit meeting, companies with competitive positions were discussed. Based on data and records reviewed, most members employed are in competitive jobs. However, two members working with one Employment Specialist are employed at the same call center that has positions set-aside for persons with disabilities (i.e., non-competitive). At least one other member was directed to the employer by the Employment Specialist. Those members working in competitive settings, who obtained employment after referral to the agency, account for approximately 87% of employed members.	 The SE supervisor should review job search tracking logs and/or case notes during supervision with staff. Potential trends of same employers or types of positions searched can be identified, and the SE supervisor can support the staff to expand their searches. All job searches should be focused on competitive jobs in the community, not those set aside for people with disabilities.
6	Jobs as transitions:	1 – 5 (4)	Focus leadership and Employment Specialists report they will provide support to members to find a new job if one ends. Employment Specialists work with members to discuss what happened on the job in order to address those issues in the future, and on retaining relationships so members can build their resumes and self-esteem. Clinic staff offered an example of Focus staff assisting a member who changed jobs frequently.	Cease using, or revise the member responsibilities form to reflect the agency's preference, not member obligation, for members to inform the agency of issues on the job before they choose to leave a position, or to stay on the job for six months.

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"			On the agency Employment Services Plan form, there is a member responsibilities and agreement section that the member signs. The section notes members should "report any changes (such as reduced hours or duties) or conflicts at work to my Employment Specialist/Career Counselor before choosing to quit or leave the position" and that members "agree to stay at the job for at least six months."	
7	Follow-along supports:	1-5 (4)	Per staff report, Employment Specialists offer phone, in-office, or on the job support for employed members, which can be provided as long as the member desires. Some employed members are referred to Focus specifically for retention services. Most employed members receive in-office or phone support, at frequencies ranging from weekly to monthly. The agency utilizes a form outlining the benefits of disclosure (i.e., Disclosing Your Disability to an Employer). Based on records reviewed, it was not clear if onthe-job or employer supports are provided. Follow-along support documentation was brief at times, noting only that contact was made and the member was doing well on-the-job.	 Expand the scope of follow-along supports to members and employers. Document follow-along supports, including on-the- job supports. Ensure follow-along supports are individualized and based on specific member needs and preferences. Documentation should reflect more than brief check-in on the member's status.
8	Community-based services:	1-5 (3)	Staff estimates 60-80% of Employment Specialists time is spent in community-based services. There is no standardized manner that Employment Specialists use to track their time; some use handwritten calendars, others use the calendar on their phone. As a result, reviewers relied on Employment Specialist report, and documented contacts with members, as a primary source of data to determine the amount of time spent providing community-based services. Based on review of records, 79% of service time spent with members occurs in the clinic setting. It was not	ESs should strive to spend at least 70% of their time in the community. Community activities should include: meeting with employers (preferably with members, but in some cases, without members), networking, meeting with members in their homes, libraries (where other job search resources may be available), other job centers, work settings to provide support, etc. The goal is not only for the ES to be developing employer relationships in the

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#			clear if other Employment Specialist activities, without the member present, occurred. Members interviewed reported they usually meet with Employment Specialists at the clinics, but some cited examples of Employment Specialist contact with them at their house, taking them on interviews, or meeting at job centers. Some Employment Specialists noted accompanying members on interviews, and community-based job searches.	community, but also to help members become more comfortable with real work settings. • Explore whether tracking of Employment Specialist time in the community without members present can be standardized so the SE Team Manager can more easily track Employment Time spent in job development activities.
9	Assertive engagement and outreach:	1-5 (4)	Based on data provided, 20 members closed in the six months prior to the review. Employment Specialists attempt to outreach disengaged members, and clinic staff report the outreach timeline is adequate. Outreach is time-limited, but can last for two to three months per staff report. Focus staff report the closure process begins once a member misses two to three appointments. The agency Case Closure Protocol form provides space to note three outreach efforts, consisting of one or more of the following that staff can check if completed: notified clinical team, called and left a message, text member, emailed member, sent letter to member. Staff report once the outreach letter is sent, members have 30 days to respond. However, per the outreach letter, members have ten days to respond. Employment Specialists do not complete home visits as part of engagement and outreach efforts. Members can reopen if they elect, but if the Employment Specialist caseload is full, the member may be referred to another Focus staff that is not part of the SE program.	 The agency should not put limits on the length of time to engage a member. Due to the relatively low Employment Specialist to member caseload ratio, the program may be able to accommodate extending the length of time outreach and engagement occurs. Conduct community-based outreach, including home visits. Employment Specialists should continue outreach, until members are re-engaged; the member confirms they are not interested in SE services, or to confirm if the member is not planning to pursue employment in the immediate future (e.g., three months or more). Identify informal member supports and seek their input. They may be helpful during outreach and engagement in that they may know where members are, why they are missing appointments, or how to get in contact with the member.
	Total Score:	61		

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				
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				
Ongoing work-based assessment	1 - 5	5				
2. Rapid search for competitive jobs	1 - 5	4				
3. Individual job search	1 - 5	4				
4. Diversity of jobs developed	1 - 5	4				
5. Permanence of jobs developed	1 - 5	4				
6. Jobs as transitions	1 - 5	4				
7. Follow-along supports	1 - 5	4				
8. Community-based services	1 - 5	3				
9. Assertive engagement and outreach	1 - 5	4				
Total Score		61				
Total Possible Score		75				