

**SUPPORTED EMPLOYMENT (SE)
FIDELITY REPORT**

Date: September 3, 2015

To: John Moore

From: Georgia Harris, MAEd
Karen Voyer-Caravona, MA, MSW
ADHS Fidelity Reviewers

Method

On July 20 - 22, 2015, Georgia Harris and Karen Voyer-Caravona (Fidelity Reviewers) completed a review of the Marc Community Resources 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 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 Marc Community Resources, the referring clinics included Partners in Recovery (PIR) East Valley and People of Color Network (PCN) Centro Esperanza.

Marc Community Resources provides a wide range of employment and other treatment services to people with various disabilities. The agency has a long history in Maricopa County, dating back to the 1950s when the agency was originally founded to serve individuals with developmental disabilities (DD). In addition to the serving the DD population, Marc provides an array of services, including outpatient clinical, housing and health and wellness, and employment, to people receiving SMI, general mental health/substance abuse (GMH/SA) and vocational rehabilitation (VR) services. In the last year, Marc reorganized SE services as a stand-alone unit, separated completely from work readiness programs such as work adjustment training, sheltered employment and trial work periods, which do not conform to the evidenced based practice of supported employment. Currently, four Marc Employment Specialists are co-located at four provider clinics as part of a pilot study: PIR's East Valley, Arrowhead and Wickenburg clinics, and PCN Centro Esperanza. Three other Employment Specialists are assigned to other clinical teams and based out of Marc's main office in Mesa at 35th Avenue.

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 site visit, reviewers participated in the following:

- Observed an integrated treatment team meeting at a provider clinic;
- Observed an SE team supervisory meeting;
- Individual interviews with the agency Senior Executive Vice President of Employment and the SE Program Manager;
- Individual interviews with two members receiving services;
- Group interviews with clinic three Rehabilitation Specialists (RS) and nine Case Managers (CM);
- Group Interview with three Marc Employment Specialists
- Phone interviews with two family supports of members receiving services; and
- Conducted a review of 10 clinic and 10 agency member records.

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 three dimensions: Staffing, Organization and Services. The SE Fidelity Scale has 15 program-specific items. Each item is rated on a five-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: AT the time of the review Marc provided SE services to 104 individuals, 87 carrying an SMI diagnosis, with the remaining 17 enrolled as GMH consumers. It should be noted that of the 87 SMI enrolled members, 46 were referred by the RBHA/clinical teams and 41 referred by VR. Although funding sources are immaterial to EBP fidelity, Marc understood the fidelity review to only cover services provided to SMI members referred by the RBHA/clinics and therefore submitted rosters reflecting data only for those 46 members. The reviewers found this discrepancy immediately after the site visit during data analysis. In order to finalize the review utilizing complete data, a second sample of 10 randomly selected charts was subsequently pulled from the full roster of 87 (eliminating the 17 GMH service recipients), and the reviewers conducted a new record review on August 25, 2015.

The agency demonstrated strengths in the following program areas:

- Vocational services staff: Marc Employment Specialists provide only employment/vocational services.

- On-going, work-based assessment: Employment Specialists use vocational profiles, which are updated with amendments and other supporting documents, on-site work observations, and contacts with employers about work performance.
- Permanence of jobs developed: Employment Specialists help members find permanent jobs in competitive, community settings. Temporary trial work periods, temporary assignments and seasonal employment found through staffing agencies are viewed as distractions from the goal of permanent employment.
- Jobs as transitions: If members may quit jobs or lose employment, Employment Specialists will start a new job search immediately. Employment Specialists encourage members to use past job experiences to assist with their new job search.

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

- Vocational unit: It is recommended that the entire vocational unit should meet together for weekly supervision in order to maximize learning, opportunities for collaboration, and peer mentoring by the more seasoned staff.
- Integration of rehabilitation with mental health treatment: All Employment Specialists should participate in weekly with their assigned treatment teams, in order that both teams and vocational staff can shared the latest information on members' mental health status and progress toward meeting employment goals that support their recovery. At the time of the review, this service was only available to members who were part of the PIR treatment teams selected for the pilot program. This service should be expanded to involve the teams of all members served by this program.
- Zero-exclusion: Clinical teams and RSA/VR counselors must have a shared understanding with SE providers of the evidenced-based practice of supported employment and its role in recovery from SMI and co-occurring disorders. Further education and training should be provided to meet this goal, as well as a closer examination of policies and procedures that deviate from a focus on competitive, permanent work in community integrated settings.
- Community-based services: Develop documentation procedures to clearly and consistently indicate specific locations where services are provided in the community.
- Follow along supports: While Employment Specialists provide a high level of follow along support it appears that Marc's Employment Related Services program remains in transition. Marc uses the term Extended Supported Employment (ESE) to correlate with follow-along supports; from the information available, it was not completely clear to the reviewers if ESE is still viewed as a separate service, as it is identified on the agency website. Marc should rectify these inconsistencies, so that follow along support is understood to be a phase of the evidence-based practice of SE, rather than a separate ESE program

SE FIDELITY SCALE

| Item # | Item | Rating | Rating Rationale | Recommendations |
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| Staffing | | | | |
| 1 | Caseload: | 1 – 5 5 | With seven Employment Specialists (ESs) the average caseload is 14.9. Employment Specialists report caseloads ranging from between five and 21 members. Of the seven ESs, one has a caseload in which six of 11 members are classified as GMH. | <ul style="list-style-type: none"> Continue to ensure total caseloads of 25 or less per Employment Specialist. Ideally, SE services should be reserved for individuals with serious mental illness such as schizophrenia, bipolar disorder and major depression who have difficulty returning to or maintaining employment on their own. As the program grows, consideration should be given to implementing the SE program as exclusive to the SMI population. Be cautious of larger caseloads that include GMH or other members, which could detract ES time spent serving SMI members. |
| 2 | Vocational Services staff: | 1 – 5 5 | Employment Specialists at Marc only provide employment/vocational services. Employment Specialists do not have case management responsibilities, and do not lead groups or teach classes. Employment Specialists dedicate 100% of their time to the SE program. Services are provided one-on-one rather than in groups. | |
| 3 | Vocational generalists: | 1 – 5 4 | The four co-located Employment Specialists report that they conduct all phases of supported employment from intake to follow along support and job coaching after employment is attained. The Program Manager conducts intakes for ESs who are not at co-located clinics and for co-located staff who see members not on their assigned teams. The PM does about 40% of intakes but makes efforts to included ESs in the intake process. ESs who are not co-located at | <ul style="list-style-type: none"> Continue with efforts to transition intake responsibilities to all Employment Specialists, so that they are performing all phases of SE. The agency should ensure that ESs make the same level of SE service available to members regardless of funding source through consistent documentation and data collection. It is recommended that ES use the Marc Employer Engagement and |

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| | | | <p>provider clinics perform all other phases of vocational services.</p> <p>While it was clear that ESs perform all or most phases of SE for SMI members referred by the clinical teams, job logs for VR referred clients could not verify how or if ESs engaged in job development through frequent direct employer contacts.</p> | <p>Job Development Log form for all SE participants, regardless of referral or funding source.</p> |
| Organization | | | | |
| 1 | Integration of rehabilitation with mental health treatment: | 1 – 5 3 | <p>Employment Specialists are assigned to one or more clinical teams, and may also see members on teams they are not assigned to. At co-located clinics, Employment Specialists attend treatment team meetings 1 – 2 times weekly. Employment Specialists at co-located clinics regularly attend staffings and meet face-to-face with CMs and Rehabilitation Specialists to discuss vocational status and clinical issues affecting employment. Rather than a meeting with the full treatment team, the reviewers observed a review of the Employment Specialist’s caseload. There appeared to be a high level of communication regarding clinical and vocational issues between the Team Leader, Case Managers and the RS. Neither the Nurse nor the Psychiatrist was present.</p> <p>Employment Specialists who are not co-located at clinics do not regularly attend treatment team meetings, and communicate with clinical teams primarily by phone, email, and monthly reports. Co-location appears to be a significant factor, but not the only one, in supporting integration of services. According to clinic staff interviewed, the presence of a Rehabilitation Specialists may facilitate the Employment Specialist’s connection</p> | <ul style="list-style-type: none"> • It is recommended that the agency and clinics collaborate to ensure that Employment Specialists regularly attend at least one clinical treatment team meeting for each assigned team weekly to ensure exchange of information about member status and needs that support employment and recovery goals. ESs should participate in the entire treatment team meeting, with the ultimate goal of having the same shared decision making as other team members. • If it is not possible for some Employment Specialists to meet weekly with treatment teams, the clinics and the agency should develop a schedule that would ensure regular in-person or virtual review (i.e., Skype) of caseloads between Employment Specialists and the entire team. • Providers should ensure that clinical teams all have assigned Rehabilitation Specialists to ensure attention to members’ vocational goals, necessary intervention activities, and effective collaboration between clinical teams and SE staff. |

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| | | | <p>to clinical teams. One clinic visited by the reviewers does not currently employ any Rehabilitation Specialists; Case Managers were unclear as to the range of SE services available and appeared to have limited knowledge on the evidence-based practice of SE, particularly related to zero-exclusion.</p> <p>The agency and clinics do not have integrated record keeping systems. Inconsistencies in how documentation is shared and stored was found across clinics that may compromise timely and effective communication about member needs.</p> | |
| 2 | Vocational Unit: | 1 – 5 3 | <p>The PM supervises the Employment Specialists and meets weekly with them in two groups: the East Valley Employment Specialists on Tuesdays and the West Valley Employment Specialists on Fridays. The entire team of Employment Specialists convenes with the PM quarterly for training.</p> <p>The supervision meeting attended by the reviewers was not representative of their usual meeting in that it consisted of most of the Employment Specialists from both groups. Group supervision was structured around caseload review, changes in mental health and employment status. The PM used a spread sheet roster to review caseloads, including changes in member mental health and employment status, 30-day staffings, first employer contacts, new jobs started, members being placed in “hold” status, job logs, and program discharges. The meeting also addressed coverage needs, updates on job fairs and job leads; and staff training opportunities.</p> | <ul style="list-style-type: none"> • It is recommended that the entire vocational unit meet as a group weekly, rather than having two separate team meetings, so that the combined knowledge, resources, and varying levels of experience among the staff can be shared by all. • Rather than merely being Program Manager driven, the meeting could serve as an educational platform for discussion, collaboration, peer mentoring, creative problem-solving, and technical assistance/training around helping individuals with significant employment challenges acquire and maintain employment. |

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| | | | <p>Immediately after the meeting adjourned, the reviewers observed an exchange of information about cases and resources between two Employment Specialists, which may have benefitted the other team members, most of whom have been in the position a year or less.</p> | |
| 3 | Zero-exclusion criteria: | 1 – 5 2 | <p>Employment Specialists do not use any screening instruments or procedures that would exclude members from SE services. Members need only express a goal of finding employment and be enrolled in the RBHA system in order to receive services.</p> <p>Screening for work readiness appears to occur on the Rehabilitation Services Administration/Vocational Rehabilitation level, as evidenced by data available on RSA/VR coordination forms found in the clinic member records. At the clinic level, some, but not all, Case Managers may screen out members as not yet appropriate for work (i.e.: sobriety, medication compliance, presence of symptoms, etc). The presence of a Rehabilitation Specialist, whose role is to align clinical teams with the rehabilitation perspective by promoting opportunities that support member reintegration into the community (i.e. Job placement), may be a mediating factor.</p> <p>Evidence was also found that some members quit SE to accept WAT and other paid work activities at other non-RBHA affiliated agencies. Some clinic staff stated concerns that some Employment Specialists may not yet have sufficient experience, support, and resources to place members with employment obstacles such as felony convictions</p> | <ul style="list-style-type: none"> • Clinical teams and RSA/VR should have a common understanding of the important role SE has in member recovery from SMI and co-occurring disorders. Readiness activities should not distract members from and undermine their motivation for competitive, permanent employment in community integrated settings. A key part of evidence-based Supported Employment is collaboration among the agency, clinical teams and VR. Management within these entities should continue to explore ways to work together to provide integrated services. • The RBHA should continue to provide training in the principles of SE as an EBP, with an emphasis on zero-exclusion to referring clinics and provider service agencies, and treatment teams. • Providers should ensure that all teams have a Rehabilitation Specialist who is empowered to facilitate SE referrals and work collaboratively with Employment Specialists to help members meet their work related recovery goals. • At the agency level, see Recommendations for Item O2, Vocational Unit, to support ESs' efforts in helping clinical teams |

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| | | | in competitive jobs. | overcome reluctance to refer for SE due to readiness concerns. |
| Services | | | | |
| 1 | Ongoing, work – based vocational assessment: | 1 – 5 5 | Employment Specialists use vocational profiles as living documents to guide job searches, recording education, existing skills, and past work and volunteer history. Evidence was also found in agency progress notes indicating that Employment Specialists observe members at work; meet with employers about work performance; and obtain feedback from support systems about strengths, past accomplishments, and possible job coaching needs. | |
| 2 | Rapid search for competitive jobs: | 1 – 5 5 | Evidence was found that competitive job searches begin immediately upon beginning Marc’s SE program. Face-to-face first employer contacts occur within the first 30 days of program entry, some within a week or less. Members are actively encouraged to maintain a focus on competitive, permanent employment rather than temporary work or trial work activities. For example, member records showed that the ES at one clinic negotiated with a member to terminate participation in a clinic snack shop (a WAT activity) operated by Marc because it distracted from the focus on competitive employment. | |
| 3 | Individualized job search: | 1 – 5 5 | ESs use vocational profiles to assist in guiding individualized job searches, based on needs, interests, skills, and experience. One ES stated the goal to get members “jobs they love and want to go to every day.” Records indicate that members prioritize preferences such as returning to | |

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| | | | <p>previous careers, finding a job related to hobbies and interests, or locating work in close proximity to home or public transportation options. Several records reviewed contained job goal amendments reflecting members changing preferences and new insights acquired during job searches and during job transitions. Evidence was found that an ES contacted VR to recommend a job goal change on the VR service plan based on the member's dissatisfaction with the original goal.</p> | |
| 4 | Diversity of jobs developed: | 1 – 5 4 | <p>Marc Employment Specialists develop a range of job options for members such as Pharmacy Tech, landscape, and in job settings such as movie theatre, retail/food service, call centers, warehouse and grocery. Job logs showed that out of 47 employed members, 16% were employed in the same job type, retail. Employment Specialists said that availability of transportation and proximity to home are top priorities for many members, and this may compromise job diversity.</p> | <ul style="list-style-type: none"> • Continue efforts to increase diversity of job developed so that members are working in the same job types and settings no more than 10% of the time. As mentioned in O2, structuring the vocational unit's supervision meeting as a single team meeting to include all Employment Specialists may maximize opportunities to share and collaborate in this area. • Consider options for public transit training provided by Valley Metro, including education on safe bicycle and pedestrian routes to members interested in an expanded geographical area for job searches. |
| 5 | Permanence of jobs developed: | 1 – 5 5 | <p>According to staff interviews and supporting documentation, Employment Specialists only develop permanent jobs in competitive settings. The Program Manager said that Employment Specialists do not refer members to temporary staffing agencies or seasonal employment positions. The reviews found evidence in member's agency charts that Employment Specialists discourage focus on temporary jobs and instead encourage members to continue looking</p> | |

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| 6 | Jobs as transitions: | 1 – 5 5 | <p>for jobs that best meet their needs and goals.</p> <p>Employment Specialists help members end jobs appropriately when they are ready to move on and will continue to work with them toward finding jobs that better suit their evolving needs, interests and preferences. Said one ES, “when they quit a job I take off the job coach hat and put the job developer hat back on.” A view of progress notes in member agency records showed evidence that Employment Specialists talk with members about lessons learned when they leave jobs, and complete <i>end-job forms</i>, documenting how and why members left positions, as well as next steps. Amendments to vocational profiles serve as updates to member employment goals as members gained more knowledge about preferences in job types, setting, work style or supervision needs. One member interviewed said her increasing skill level led her to seek a position with more responsibilities, as well as education for further advancement.</p> | |
| 7 | Follow-along supports: | 1 – 5 5 | <p>Evidence was found in member records and interviews that Employment Specialists provide time unlimited follow along supports to members after they become employed. VR funded members must get prior authorization for follow along support after employment is attained or have funding transferred to the RBHA. Meetings occur on job sites and in the community. When members disclose their disability to employers, ESs also meet with employers to obtain feedback and resolve problem behaviors. Job coaching appointments focus job behaviors such as staying on task, effective communication and appropriate work boundaries. Family supports spoke highly of follow along support services, including</p> | |

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| | | | Employment Specialists' communication with employers to address problem behaviors or situations that could lead to termination of employment. | |
| 8 | Community-based services: | 1 – 5 2 | Of ten member records reviewed, the reviewers counted 70 face-to-face contacts with members, 12 of which occurred in the community (such as coffee shop, work site, job fair, or public library). It was difficult to ascertain whether other member contacts occurred in the community or in the office. Additionally, documentation did not always clearly indicate whether employer contacts were made by phone or in person. | <ul style="list-style-type: none"> Employment Specialists should spend 70% or more time in the community. It is recommended that future updates to the electronic record include a clear prompt for the specific location of the service delivered (i.e.: job site, job fair, library, coffee shop), or at least a prompt to account for "other" or "out of office" location. |
| 9 | Assertive engagement and outreach: | 1 – 5 5 | <p>Evidence was found that Employment Specialists make multiple contacts with members as part of initial outreach and at least once a month for members who have cancelled or missed scheduled appointments. Employment Specialists call members at home and work, send letters and emails, follow up with clinical teams, attempt to make contact at scheduled visits with the team Psychiatrist, and, when permissible through a release of information (ROI), contact family and other supports.</p> <p>Marc Employment Specialists report that they do not have time limits on outreach and engagement. If the member was referred by VR, that agency may decide to close services with a member. Clinical teams may be involved in the decision to close a case; if an ES learns that the member is in jail or in the hospital, the services may be put on hold until the member is ready to restart.</p> | |
| Total Score: | | | | |

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| SE FIDELITY SCALE SCORE SHEET | | | |
|-------------------------------|------------------------------------------------------------|---------------------|--------------|
| Staffing | | Rating Range | Score |
| 1. | Caseload | 1 - 5 | 5 |
| 2. | Vocational services staff | 1 - 5 | 5 |
| 3. | Vocational generalists | 1 - 5 | 4 |
| Organizational | | Rating Range | Score |
| 1. | Integration of rehabilitation with mental health treatment | 1 - 5 | 3 |
| 2. | Vocational unit | 1 - 5 | 3 |
| 3. | Zero-exclusion criteria | 1 - 5 | 2 |
| Services | | Rating Range | Score |
| 1. | Ongoing work-based assessment | 1 - 5 | 5 |
| 2. | Rapid search for competitive jobs | 1 - 5 | 5 |
| 3. | Individual job search | 1 - 5 | 5 |
| 4. | Diversity of jobs developed | 1 - 5 | 4 |
| 5. | Permanence of jobs developed | 1 - 5 | 5 |
| 6. | Jobs as transitions | 1 - 5 | 5 |
| 7. | Follow-along supports | 1 - 5 | 5 |
| 8. | Community-based services | 1 - 5 | 2 |

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| 9. Assertive engagement and outreach | 1 - 5 | 5 |
| Total Score | | 63 |
| Total Possible Score | | 75 |