

SUPPORTED EMPLOYMENT (SE) FIDELITY REPORT

Date: June 20, 2024

To: Dr. Shar Najafi-Piper, CEO

From: Kristy Crawford MA, MBA
Allison Treu, AS
AHCCCS Fidelity Reviewers

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 May 28 – 31, 2024, Fidelity Reviewers 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. Services are reviewed starting from the time a participating member with an SMI indicates an interest in obtaining competitive employment and continues through the provision of follow along support for members 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, the referring clinics include Chicanos Por La Causa Centro Esperanza and La Frontera Empact Apache Junction. This review was conducted remotely, using videoconferencing and telephone to interview staff and members.

Copa Health provides a multitude of services throughout the region, including integrated healthcare, employment related services, permanent supportive housing, residential services, and counseling, among other services to a range of persons with intellectual developmental disabilities and/or mental health conditions.

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. At the time of the review, the program was serving 136 members.

During the fidelity review, reviewers participated in the following activities:

- Observation of an SE treatment team supervisory meeting on May 29, 2024.
- Observation of an integrated co-located clinical program meeting on May 29, 2024.
- Individual video-conference interview with the SE leader on May 29, 2024.
- Group video-conference interview with the SE Program Director and SE Vice President, on May 29, 2024.
- Group video-conference interview with three SE Employment Specialists, on May 30, 2024
- Group video-conference interview with two Case Manager from Chicanos Por La Causa - Centro Esperanza clinic.
- Group video-conference interview with one Case Manager and one Rehabilitation Specialist from La Frontera Impact Apache Junction clinic.
- Individual phone interviews with one member receiving SE services and one natural support.
- Group videoconferences close out discussion with SE Leadership and SE subject matter experts from Mercy Care.
- Review of randomly selected member records from the SE program, as well as remote review of member records from the two partnering clinics, including a sample of co-served members; and
- Review of documents provided by the SE program including: ERS Outreach and Engagement Policy.

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:

- Vocational services staff: The SE team ensure members receive effective employment support; ES staff focus exclusively on providing SE services. Zero Exclusion Criteria: SE and clinic staff embrace the principle of zero exclusion. Referrals are made soon after members express interest in employment and intakes are scheduled quickly.
- Ongoing Work-Based Vocational Assessment: ES staff effectively engage with members using a Vocational profile to collect information for member preferences and ES make updates to this document increasing team communication. The COPA Academy further enhances employability by offering skill development opportunities independently of the WAT program.
- Rapid Search for Competitive Jobs: The search for competitive jobs occurs rapidly after program entry. The median average first employer contact was less than 30 days after program entry.
- Diversity of Jobs Developed: Jobs developed showed great diversity in both employer and job type. Jobs are permanent and competitive.

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

- Vocational Unit: The SE program should work to provide cross-coverage for ES caseloads throughout SE services, not only for cases of staff time-off or staff turnover.
- Community Based Services: Increase direct in-person support to achieve a goal of 70% or more of service time in the community, focusing on locations related to or fostering connections with members' employment goals.
- Assertive Engagement & Outreach: Outreach and engagement occurs on an unlimited time basis until members indicate they are no longer interested in vocational services. Evaluate the impact on members by following the agency's current policy and consider incorporating home visits into outreach efforts.

SE FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
Staffing				
1	Caseload:	1 – 5 5	The SE program consists of eight Employment Specialists (ES) and an SE Supervisor. At the time of the review 136 members were enrolled in the SE program, six members were assigned to the SE Supervisor. Four of the ES have assigned caseloads over 25. Caseload sizes average less than 25 members per ES.	
2	Vocational Services staff:	1 – 5 5	Per interviews with SE program staff, ES provide only vocational services and do not serve other agency programs. Member records reviewed indicate only SE services were provided to members. Per interviews with the member and natural support, ES only provide employment related services.	

3	Vocational generalists:	1 – 5 4	<p>Per interviews with SE staff, ES provide most phases of vocational services. One staff that also carries a caseload is primarily responsible for engaging new referrals, and schedules and completes the initial intake and assessment with all referred members. Once the intake is completed, the member is assigned to a primary ES. The assigned ES provides job development and placement, job coaching, and follow along support.</p> <p>Per member and natural support interview, ES staff provided job development and placement, job coaching and follow-along support.</p>	<ul style="list-style-type: none"> ES should provide the full range of phases of vocational services to members, including intake to the program.
---	-------------------------	------------	---	--

Organization

1	Integration of rehabilitation with mental health treatment:	1 – 5 3	<p>The SE program has ES co-located at five outpatient behavioral health clinics. Each ES attends multiple co-located site team meetings weekly and are able to stay for the duration. ES provide updates by reading emails from the assigned ES. The assigned ES does not frequently attend these meetings. Staffing's occur when there are significant concerns, such as issues with mental health symptoms. If members are not engaging, the RS will work with them.</p> <p>SE staff reported sending monthly summaries on member engagement and progress to clinical teams. ES attend integrated treatment team meetings at co-located sites that include the Rehabilitation Specialist, Case Managers, Nurses, Psychiatrist, and Clinical Coordinator. ES report</p>	<ul style="list-style-type: none"> Non-co-located ES serving members at multiple clinics will likely have difficulty fully participating in weekly meetings for each team. While not fully aligning with fidelity for this item, ES and clinical staff should consider options for scheduling regular meetings to review cases and discuss referrals. Though not a substitute for integration, ensure documentation accurately reflects ES providing clinical teams weekly updates and monthly summaries that clearly and accurately reflect services provided, member participation, progress toward employment goals, barriers to success, and plans for future action/needs. For co-located ESs, consider requesting an assigned cubicle, or an area which is
---	---	------------	---	--

			<p>being able to provide input and observations during clinical team meetings. Records reviewed showed documentation of the attendance clinical team meetings and providing updates by email. ES do not have an office or an area that is available to work with members at the co-located sites.</p> <p>For the non-co-located staff, SE staff reported sending weekly emails and occasional phone calls to update the status of mutual members. Records reviewed did not show documentation of these contacts occurring.</p> <p>Reviewers observed an integrated treatment team meeting, via videoconference, with the entire clinical team in attendance. The ES provided updates on all mutually served members and was provided feedback by clinical staff.</p>	<p>designated for the ES, on days scheduled at the clinic to improve coordination of care to members' clinical teams.</p>
2	Vocational Unit:	1 – 5 3	<p>ES share the same supervisor. The team meets weekly by videoconference with one in-person meeting monthly. The team discusses case load assignments, resources, share success stories, and problem solve barriers to employment. ES meet individually with the SE supervisor once monthly.</p> <p>Staff interviewed reported they will provide services to members when another ES is taking personal time off. When staff are planning time away, ES will provide contact information for another ES to members assigned. Cross coverage does not typically happen unless there</p>	<ul style="list-style-type: none"> As well as covering each other during vacations or periods of staff turnover, ES should provide vocational services to each other's members when it supports the desired employment outcome. Examples of services include an ES introducing a coworker's client to an employer, conducting job site observations, role playing mock interviews, or providing transportation to and from a job interview.

			<p>is a scheduling bind. When a member has an interview and their assigned ES is not available, the team will coordinate to see if another ES staff can support. Staff will offer to take additional members to job fairs, but it is not a common occurrence to assist other members directly.</p> <p>During the in-person program meeting observed, the team discussed information for employment resources, success stories, and shared individual case load updates. Records reviewed did not show documentation of staff supporting unassigned members.</p>	
3	Zero-exclusion criteria:	1 – 5 5	<p>Staff from both clinics interviewed reported there is no screening or requirements for SE services. Members only need to express a desire for employment without having to demonstrate work readiness or adherence to clinic appointments, to be referred to an SE program.</p> <p>SE staff interviewed reported that there is no specific criteria that members must meet to receive SE services, nor are members required to complete any pre-employment screenings before intake or during the job search process. SE staff assist anyone that expresses an interest in employment and support to maintain employment; no one is excluded from participating in the SE program. Referrals are made by clinics, rehabilitation services administrations, and members can also self-</p>	

			refer. SE receives approximately 30 referrals each month.	
Services				
1	Ongoing, work – based vocational assessment:	1 – 5 5	SE staff reported that when members first start employment services, ES utilize the Vocational profile as an ongoing tool that outlines the member’s work history, education, employment goals, strengths, barriers, and lessons learned. The vocational profile is updated when there are changes in the members' employment goals or status. Staff reported vocational profile amendments, and job start, and job end forms are used to reflect different stages of the SE process. ES meet members in the community, work sites, and will contact by telephone or video conference. When members agree to allow ES staff to make contact with employers, the ES will talk to employers alongside the member to resolve concerns. ES provided examples of discrete observation of members at work sites, coaching members on engaging with employers, speaking to employers on behalf of members, and coordination with natural supports. One record showed staff provided coaching on how to communicate concerns with their supervisor when the member reported experiencing conflict with the employer.	
2	Rapid search for competitive jobs:	1 – 5 5	Clinic staff reported that referrals are submitted within a week of a member expressing interest in employment services. Evidence was documented in clinic records reviewed. Based on	

			<p>SE records, most intakes were completed within 10 days of the referral date. The members interviewed indicated job searching shortly after starting SE services.</p> <p>SE staff reported encouraging members to make an initial employer contact within 30 days, starting from their first appointment with the assigned ES. Staff educate members about the benefits of meeting with employers or observing fields they are interested in. Most members have their first employer contact within one to two days of enrollment, though some may take up to two weeks. The goal is to ensure that the second appointment includes an employer meeting, as SE staff emphasize that a rapid job search is crucial for maintaining members' enthusiasm and preventing discouragement.</p> <p>Based on data provided, the median average first employer contact typically occurs within 30 days after program entry.</p>	
3	Individualized job search:	1 - 5 5	<p>SE and clinic staff reported members select the jobs in which they want to apply. Clinic staff noted were unsure how the job search is guided by the employment specialist. The members and natural support interviewed reported looking for jobs that matched member preferred goals, experience, and location when working with the SE staff.</p> <p>ES reported assisting members in finding jobs that match expressed interests. Employer contacts are guided by the members'</p>	

			<p>preferences and needs rather than the job market. These preferences are documented in treatment plans as well as the vocational profile which is updated as interests change.</p> <p>SE records indicated that job searches were tailored to members' interests and preferences based on the vocational profile, while also focusing on employment opportunities within walking distance or accessible via public transportation routes.</p>	
4	Diversity of jobs developed:	1 – 5 5	<p>There is great diversity in employers and job types among current working members and those that were working at closure in the six months before the fidelity review. Data provided showed a 94% rate of diverse employers and job types. ES staff offer a variety of options for members, as evidenced by the documentation in the reviewed member records. Partnering clinic staff reported jobs developed are unique and members are not clustered by working with the same employers.</p>	
5	Permanence of jobs developed:	1 – 5 5	<p>Per interviews with SE staff, ES support members in applying to jobs that are permanent and competitive. Clinic staff reported members receiving assistance with finding permanent and competitive jobs. Per member interview, ES encouraged seeking permanent positions with an employer that has growth potential.</p> <p>Data provided showed that all working members were employed in permanent and competitive positions. There was no evidence of reliance on</p>	

			temporary agencies or seasonal work to build resumes or gain experience.	
6	Jobs as transitions:	1 – 5 5	<p>SE staff emphasized the importance of providing support to members with job transitions. This support involves identifying and addressing barriers with the current employer or preparing to handle them with future employers. Clinic staff reported all members have the opportunity to receive support for job transitions.</p> <p>Upon reviewing records, one documented instance documented the ES aiding a member in advancing their career by pursuing opportunities for promotion with their current employer. Another record illustrated the ES organizing job exploration sessions with a member already employed but keen on finding a new position. In a separate case, the ES offered support to a member dissatisfied with their current employer wishing to embark on a new job search. Furthermore, the interviewed member disclosed seeking a second job and receiving assistance from the ES.</p>	
7	Follow-along supports:	1 – 5 5	Follow-along support is provided to all members without time limits. Members select the type and frequency of support, including at least one monthly phone call. These supports are personalized to each member's needs, offering flexibility and continuous assistance. Staff encourage members to maintain ES support for at least the first month after being hired to aid in the transition and advocate for accommodation when necessary. On the job support is inclusive	

			<p>of attending interviews, orientations, and one ES reported a member requesting support during their annual evaluation.</p> <p>Clinic staff reported educating members about the benefits of the support provided by ES after they are employed. Staff gave examples of these supports, including conflict resolution, problem-solving, and transportation assistance. Staff also indicated that ES often accompany members to interviews, interact with employers (without being intrusive), request work accommodations, and help to mediate meetings between the member and the employer when needed. All members receive support as long as they are in the program.</p> <p>Records reviewed showed flexibility of services and support, and identified members that have retained employment and are provided job coaching regularly. Multiple examples of supporting members at job sites for training and speaking to employers were documented in SE records. The natural support reported the ES provides follow along support by phone, in-person, at job sites, and to employers.</p>	
8	Community-based services:	1 – 5 5	SE program staff reported that 70% of services are delivered in the community. ES meet members at libraries, restaurants, members' place of employment, or community gathering spots for job searches and follow-along supports. While staff can request meeting space	

			<p>at clinics, there is no space available at any of the clinics where ES are co-located.</p> <p>In the ten randomly selected member records, ES provided community-based services 97% of the time. ES provided in-person on site job coaching, work site observations, meeting in the community to update Disability Benefits 101 (DB101), job searches, mock interviewing, and researching potential new employers. In the records reviewed 50% of the members had no community contact.</p> <p><i>The fidelity tool does not accommodate delivery of services delivered by phone or teleconference.</i></p>	
9	Assertive engagement and outreach:	1 – 5 4	<p>SE staff reported contacting members weekly by phone, text or email. After one week of unsuccessful contact the ES will outreach Case Managers from the members’ assigned clinic and outreach to those listed on Release of information. (i.e. natural supports or guardians) Case Managers will attempt additional outreach including home visits. Updates are provided during integrated meetings. When engagement is not successful after three weeks of attempts, ES will send members a non-engagement letter, with intent to discharge if the member does not respond within 10-days. Staff reported members can request a break or hold on SE services for up to 30 days.</p>	<ul style="list-style-type: none"> • Optimally, outreach and engagement occur on an unlimited basis until the member expresses that they no longer want to seek employment. Evaluate the effects on members following a three week and ten-day notice letter timeline versus time unlimited outreach. • Maintaining contact with informal supports, if members permit, may give ES another way to reconnect with disengaged members and to follow up with members on missed appointments, etc. Informal supports may also be able to provide feedback to ES and members during other phases of SE service.

			<p>Clinic staff report that when members are not engaging in SE services, ES will communicate with the case manager and rehabilitation specialist. Staff identified situations where members lack engagement and not attending scheduled ES appointments and members were not discharged from SE unless in agreement.</p> <p>Records reviewed showed outreach attempts made to members by phone and to clinical staff in-person, weekly.</p> <p>Based on data provided approximately 84 members were closed from the program in the past six months, approximately 46 members were closed due to lack of engaging in SE services.</p> <p>Reviewers received the agency policy and procedure for outreach and engagement. Staff report is similar to written protocol.</p>	
Total Score:		69		

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	5
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	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	5
9. Assertive engagement and outreach	1 - 5	4
Total Score		69
Total Possible Score		75