SUPPORTED EMPLOYMENT (SE)
FIDELITY REPORT

Date: October 23, 2017

To: Karen Gardner, CEO
Thom Ross, Supported Employment Manager

From: T.J. Eggsware, BSW, MA, LAC
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AHCCCS Fidelity Reviewers

Method

On September 18 – 21, 2017, T.J. Eggsware and Karen Voyer-Caravona 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) Saguaro and Partners in Recovery (PIR) Metro.

Focus SE staff are co-located at four clinics in Maricopa County: the SWN Saguaro and Mesa Heritage, PIR Metro, and Lifewell Behavioral Wellness South Central clinics. Focus has an SE staff member assigned to each of the four clinics. Other Focus employment staff are also co-located at other clinics where SMI members receive some type of employment related 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 *clients* or *members*, but for the purpose of this report, and for consistency across fidelity reviews, the term "member" will be used. Focus SE staff providing direct service were referred to in interviews and documentation as *Focus reps*, *Career Counselors*, and *Employment Specialists,* but for clarity, the term "Employment Specialist" will be used throughout this report.

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

- Observe an Integrated treatment team meeting at Saguaro clinic on Monday, September 18, 2017;
- Observe an SE team meeting and supervisory meeting on Thursday, September 21, 2017.
- Agency overview discussion with three SE program administrators: the agency CEO, the SE Program Manager, and the Regional Behavioral Health Authority (RBHA) Program Manager;
- Individual interview with the SE Program Manager;
- Group interview with four Focus Employment Specialists (ES);
- Individual interview with one Rehabilitation Specialist at Saguaro clinic;
- Group interview with three Rehabilitation Specialists at Metro clinic;
- Individual phone interviews with four members receiving services;
- Review of clinic and agency records of ten members receiving SE services; and
- Review of agency data including rosters, program brochure and flyer, and various Focus forms including: *Vocational Profile and Vocational Profile Amendment Form, Job Start and End Forms, Employer Tracking Log, 1st Employer Contact Report, Employment Service Plan, Letter of Intent to Close, Case Closure Protocol, Clinical Meeting Log, client Grievance Form, Disclosing Your Disability to Your Employer, and RBHA and RSA/VR Coordination Form*.

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:

- Individualized job search: Focus ESs appear to engage members in job searches that align with interests and preferences identified in their Vocational Profiles, including such factors as proximity to residence, availability of reliable transportation, a desire to return to a previous career, or opportunities for learning and professional advancement.
- Diversity of jobs developed: Diversity of job developed was found to be at 89%, in terms of job types and employers.
- Jobs as transitions: Focus ESs assist members in finding new jobs both before and after leaving old jobs; ESs encourage members to give proper notice before quitting old jobs in order to build good work habits and professional references.

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

- Zero exclusion: The agency, clinics, and the RBHA should collaborate on educating and training all clinical team staff, particularly key influencers such as prescribers, on the principal of zero-exclusion to ensure that competitive employment is considered as an appropriate recovery goal, especially for members who have expressed an interest in work. Members should be engaged at all levels to

consider competitive employment opportunities and support services.

- Vocational unit: Consider providing more structured group supervision during SE team meetings with a review of all ES caseloads, so that staff and the team leader are actively participating in sharing strategies for developing higher-level skills in member engagement, community-based job development, job coaching, and retention activities. ESs should provide support for each other with a variety of duties (such as assistance with mock interviews and transportation), as well as provide cross coverage during vacations and sick time to reduce gaps in coverage.
- Community-based services: ESs should spend 70% or more of their time in the community conducting active job searches, meeting with potential employers (with or without the member present), and providing follow along supports. Job retention services can more easily be provided in natural settings to help members practice real life skills and behaviors, monitor progress, and give immediate feedback to both members and employers.
- Assertive engagement and outreach: Remove formal time limits on engagement and outreach to new members and members who have been out of contact; continue outreach until members have reported that they no longer want services or are no longer interested in employment. Involving natural supports as allies throughout the Supported Employment journey may benefit outreach efforts.
- Documentation of services: Documentation in paper records provided to reviewers appeared missing or incomplete, often lacking sufficient detail regarding the nature and location of services provided. Ensure that all services are clearly documented in the member records, so that the SE Program Manager can easily monitor services provided. At the clinic, ensure the referral form clearly indicates the reason for referral. On some Vocational Rehabilitation Coordination Forms, many referral reasons were checked, some of which fall under the scope of SE (e.g., job development & placement, job coaching/job support). However, on-site (co-located) Supported Employment was not checked.

SE FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
Staffing				
1	Caseload:	1 – 5 5	The four Focus Employment Specialists serve 61 members in discreet caseloads at their co-located clinics. Per staff interviews and data provided, caseloads for the ESs range from 13 - 18. The member/staff ratio for the employment specialists in the SE program is approximately 15:1.	•
2	Vocational Services staff:	1 – 5 4	Per interview with both agency and clinic staff, ESs provide only vocational services within the Supported Employment program. No ESs have case management responsibilities, co-facilitate groups, or lead classes. The SE Program Manager works in both the SE program and the *Employment Related Services* (ERS) program. He is co-located at a fifth clinic where he carries a caseload of approximately 22-25 members in the ERS program. Though that clinic was not part of the SE expansion and not subject to the current review, the PM said that he tries to align his practice under the evidence-based model. It was not clear to the reviewers how much of the PM's time is spent outside the SE program.	• Ideally, the SE supervisor is dedicated full-time to the SE program to train employment specialists, develop policies and procedures, manage referrals, and monitor the program's fidelity to the SE model. To ensure the SE Program Manager has sufficient time to actively participate in SE services and supervise staff, consider reducing or eliminating his direct caseload in the ERS program. See recommendation for Item O2, Vocational Unit.
3	Vocational generalists:	1 – 5 4	Based on interviews with Focus staff and a random sample of 10 member records, it appears that ESs carry our most phases of Supported Employment services. ESs conduct their own intakes and assist with job searches through such activities as resume development, providing job leads, filling out on-line applications, and practicing interview skills. ESs provide job coaching such as guidance on good work habits and showing up on time, as well as follow along supports such as finding	• Provide training, guidance, and mentoring to SE staff on job development activities focused on employer engagement and relationship building. If possible, have ESs shadow staff who may have more experience interacting with employers.

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			appropriate attire and encouraging use of effective coping skills to manage anxiety and stress. Although, the use of assessment tools was inconsistently described across staff, ESs use Vocational Profiles (VP) to begin discussions about members' interests, work history, strengths, and challenges. It was not clear to the reviewers that ESs are comfortable with or trained in job development activities focused on employer engagement and relationship building. No evidence was found of this occurring, with or without members present, outside of job fairs or the RBHA sponsored employment conference.	
Organization				
1	Integration of rehabilitation with mental health treatment:	1 – 5 3	Each ES is assigned to two clinical teams at the clinics where they are co-located. Focus staff said ESs function as members of their assigned teams, having regular contact (face-to-face, by phone and by email) with CMs and RSs, and they describe a reciprocal exchange of information. Clinic staff interviewed reported having contact with ESs almost daily. Agency staff remarked that for clinical teams, the ability to bill for contacts with ESs may be an incentive to meet with ESs. Two ESs share office space with their assigned teams, while two others have office space in close proximity to clinic, RHBA, and VR staff. SE and clinic member records are not integrated, but SE member records contain the original referral packet, including the member's Individual Service Plan (ISP). RSs said they receive monthly summaries from ESs, although these were not found to be in the clinic electronic records. ESs and RSs produce separate but similar information gathering vocational documents: the VP and the Vocational	• Clarify and resolve any barriers to ESs attending full clinical team meetings at each co-located clinic. • ESs should attend at least one clinical team meeting weekly for every assigned team and participate in shared decision making as advocates and educators on the role of competitive work in recovery. Additional training and consultation may be useful for building ES skills and confidence in this area, especially on teams where clinical leadership does not fully embrace the SE model (e.g., Psychiatrists and Nurses). • The agency, clinics, and the RBHA should continue to coordinate options for integrating member records so that mental health and ES staff have access to the same information relevant to supporting recovery, such as VPs, progress notes, employment plans, and monthly progress reports. Consider options for integrating

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			Activity Profile (VAP). These were not found to be shared among clinic and agency records. SE agency staff reported that ESs attend at least one full clinical team meeting weekly and can offer input to all members discussed. However, clinic staff interviewed gave varying accounts of ES attendance and participation in clinical team meetings. RSs at one clinic said that the ES attends the entire team meeting while RSs at the other clinic reported that the ES attends for about 15 minutes to provide updates of SE members and then leaves due to confidentiality. Clinical Meeting Logs, documenting the ES's time spent discussing the member, were found in agency member records, but they provided little other detail regarding treatment. At the clinical team meeting observed by the reviewers, the ES presented their SE caseload at the beginning of the meeting, with some discussion back and forth among team members regarding new jobs, stressors, coping strategies, and progress made; the ES remained with the team for the entire meeting. The ES asked questions and suggested work as an option for members not currently in SE; while some CMs and RSs were receptive, team medical staff appeared dismissive of work as a realistic goal for some members due to the presence of psychiatric symptoms or active substance use.	and sharing clinic VAPs and agency VPs so that both clinic staff and ESs are coordinating efforts toward a common understanding of the member's current employment goals.
2	Vocational Unit:	1 – 5 3	SE Staff reported that they meet as a group every Friday for a SE Program Meeting. The CEO and the RHBA PM typically attend as well. The SE meeting observed by the reviewers was somewhat unstructured, with no set agenda. The SE PM	• The ability of the SE program leader to function in a leadership or mentoring role may be hindered by carrying a full caseload in the other ERS program. The supervisor should have time to work side-by-side with

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			drove discussion, and occasionally the RBHA PM discussed administrative tasks. ES input was limited and prompted by the SE PM. Success stories were reported without details as to strategies used. ESs did not initiate discussion of specific concerns or ask questions, take notes, or offer each other much feedback. Member challenges were briefly discussed, but the PM provided little guidance or direction. In one instance, staff focused more on a member's clothing than on reaching his specific employment goal of being a photographer. The PM reviewed job fairs and general hiring events, and prompted ESs to report on jobs leads; most of those appeared to be derived from job boards and resource offices rather than one-on-one employer engagements and relationships. Although agency staff said that they provide each other cross coverage, they could not provide specific examples of doing so, and none were found in progress notes. Reviewers found copies of signed cross-coverage forms in member records but in some cases the forms were present in records for members who were already closed from SE services. Staff said that when ESs are out sick or on vacation most members prefer to wait until their assigned ES returns rather than meet with someone they do not know.	ESs in community settings to guide, mentor, and train new SE staff. • ESs should provide cross-coverage for each other in order to prevent gaps in services, maintain momentum and enthusiasm for job searches, and provide support for unanticipated workplace issues that could threaten job retentions. Likewise, ESs should be available for back up transportation needs, to drop by job sites if approved by members, and to help with mock interviews.
3	Zero-exclusion criteria:	1 – 5 3	Focus staff appeared to have a full understanding of the principle of zero-exclusion, and was confirmed by clinic RSs, that they will work with any member who expresses an interest in employment. RSs reported that the RBHA has provided teams with training in the SE model and zero exclusion. RSs said they also educate their	• Clinics, the agency, and the RBHA should continue to coordinate efforts to provide all clinic staff, especially key team decision makers, training in principles of SE, especially the concept of zero-exclusion. Rather than viewing employment success as contingent upon keeping clinical

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			colleagues on those principles but acknowledged that some prescribers and CMs do not fully embrace the SE model and may apply readiness standards. This was evidenced to the reviewers during the clinical team meeting observation when some staff expressed doubt in a member's ability to work and that a new job should not interfere with a member's clinic appointments. One RS reported making SE referrals regardless of the prescriber's support of an employment goal because "adults work". However, another admitted being unlikely to press the case for employment because the prescriber directs care. RSs at one clinic said the team usually communicates with the ES through the RSs outside of the clinical team meeting. However, members can also self-refer for services; Focus flyers are available in agency common areas and on bulletin boards, and members learn of services through word of mouth. ESs can set up appointments when contacted directly by members and simply alert the clinical team; ESs reported they do not need to delay services until receiving a completed referral packet.	appointments, sobriety, and the absence of symptoms, clinical teams should be educated on how encouraging work goals can motivate member ownership of treatment and tip ambivalence toward recovery.
Services				
1	Ongoing, work – based vocational assessment:	1 – 5 4	Focus staff interviewed reported that they do not use psychological testing, functional or skills assessments, or trial work experiences with SE program participants, although VR may do so. Staff reported that they will offer members competitive work searches and support while they are doing WAT assignments, but stated that none of their current SE members are doing trial work at this time. Focus staff described varying accounts of how	• SE Supervisors should encourage the use of the vocational profile and reframe it as a necessary and useful tool that guides job searches, documents and organizes lessons learned during the employment journey, supports individualized recovery goals, and celebrates strengths and achievement. VPs should be regularly updated and amended as members fine tune job searches, re-

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			assessment is used to assist members in job searches and retention, from "no assessment at all" to information gathering on work history, education, interests, and past work place challenges through the VP. Some staff framed the VP as a process required by the RBHA at intake. Other staff said the VP was a tool used to prompt information gathering questions and facilitate communication, including suggestions and feedback. While the VP is meant to be a living document that is regularly updated to reflect new insights, skills, changing preferences, amendments, including Job Start and Job End forms, they were not consistently seen in the ten records reviewed. In at least one case, an ES had the member fill out the Job Start form on his own, potentially missing an opportunity to process new learning and shifts in job goals. However, one ES described how dialogue about a member's interest in cooking lead to changing a job search from courtesy clerk to the culinary field. Though clinic and Focus staff said that ESs spend most of their time in the community, per interview and record review, very little assessment is based on ESs providing direct support in face-to-face contacts with potential employers, visits to work sites, or communication with people who may be familiar with the member's work history, strengths or challenges. Focus staff attributed this to member choice. Though the chart review showed evidence that disclosure was discussed in charts reviewed, ESs said most members do not want to disclose due to concerns about stigma and discrimination.	evaluate priorities, or respond to changing life circumstances.
2	Rapid search for	1 – 5	Records reviewed contained work goals and	• Focus staff should collaborate to develop

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	competitive jobs:	4	objectives. Clinic records showed that RSs have conversations about work with members, and some members experience a delay of a few weeks up to more than a month before being referred for services with Focus. After intake, ESs begin efforts to assist members to make contact with employers. Some data reported first face-to-face contact as the same day of intake, while two showed first contacts not occurring for 395 and 425 days. Although First Employer Contact forms were located in reviewed records, lack of other supporting information (i.e., location and person contacted) made it difficult to verify if all contacts were face-to-face. Also, data provided indicated that the agency may be under the assumption that VR referred members are excluded from the first face-to-face employer requirement.	processes for clearly and consistently documenting first employer engagements with sufficient detail to ascertain nature of the contact, who was engaged, and any future plan for follow up. Whether this detail is provided in a progress note, or in a separate form or spreadsheet, it should be treated as relevant for future use by the member, the ES, or other SE staff. • Ensure that the First Employer Contact forms are only used to document face-to-face encounters.
3	Individualized job search:	1 – 5 5	Per a review of member data provided by the agency, including vocational profiles and available progress notes and monthly summaries examined in the record review, job searches appeared to reflect individual interests, needs, and preferences. Focus staff said that members are more likely to be successful at jobs that align with what they like to do as well as their abilities/ already acquired skills. Staff said that other factors such as proximity to public transportation, their clinic, and their living situation may influence the types of positions members pursue.	
4	Diversity of jobs developed:	1 – 5 5	Data provided on 61 SE program participants showed 24 employed members working at 23 employers. Focus ES assisted members in finding 20 of those positions; four members were already employed and referred for retention services only. Of the 20 new positions, two job types were duplicated, that of *cashier* (2) and *peer support*	

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			related (2), thus about 89% of positions were found to be diverse. Only one of the 20 employers was duplicated.	
5	Permanence of jobs developed:	1 – 5 5	Per agency provided data, approximately 90% of members are in permanent jobs. Two of 20 jobs developed by Focus ESs were at temporary agencies. Staff said that while they don't suggest or encourage members to take jobs through temporary agencies, some members seek out that type of work because they want an immediate income or prefer the scheduling flexibility. The temporary positions were otherwise competitive and open to all applicants.	
6	Jobs as transitions:	1 – 5 5	Per clinic and agency staff report and evidence in member records, ESs assist members in finding new jobs when they leave positions. ESs encourage members to find new jobs before leaving old jobs and to give proper notification in order to use the employer as a reference. Clinic RSs said ESs will work with members regardless of past work challenges or testing positive for drugs. For example, the agency transferred a male client with a previous history of sexual assault from a female ES co-located at an expansion clinic to a male ES at another clinic. That clinic, however, was not part of the SE program.	• It is recommended that members who transition stay within the SE program, if possible, for consistent support according to the SE principles.
7	Follow-along supports:	1 – 5 4	Due to a lack of consistent documentation, the reviewers were not able to gain a complete picture of how follow along supports are provided by Focus ESs. Service documentation was often limited to monthly summaries and sporadic daily progress notes, which lacked specificity and detail. However, interviews and a few progress notes suggest that Focus ESs provide follow along	• Ensure that all service contacts and interventions, including over the phone, by text and email, are properly documented in the member record. • The SE PM should provide guidance and mentoring in following along supports. ESs may benefit from direct modeling by the PM in providing community based follow

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			support such as counseling on work habits (e.g., showing up on time, staying focused on work tasks, and giving proper notice); counseling on managing stress, medication-induced fatigue, and getting along with coworkers; and assisting with interview skills and transportation. One record, for example, documented an ES meeting with a member in a coffee shop and providing feedback and guidance in support of the member's successful efforts to advocate for new responsibilities at work, and another took a member to shop for work clothes. One ES described an example of monitoring a member on the job. Most follow along support, however, was delivered at the clinic or over phone. Although reviewers found evidence that ESs discuss the benefits of disclosure with members (i.e., Disclosing to Your Employer forms), Focus staff said that most members decline to accept this service due to concerns about stigma and discrimination. It was not clear from records reviewed how often this subject is revisited with members, and no evidence was found in records of direct assistance or support with employers.	along through a more intimate knowledge of each member's strengths and challenges. Examples include: conducting job-site observations, advocating for workplace accommodations, and providing support and education to employers.
8	Community-based services:	1 – 5 2	Clinic staff said that ESs deliver most of their services in the community, and Focus staff said service delivery is about 70%. However, this was not supported by a review of ten randomly selected member records. It should be noted that documentation often did not provide sufficient details for reviewers to determine the nature and location of contacts with members; two records contained no daily contact/progress notes. Of the 42 contact notes in which location was clearly identified, 35 (83%) occurred in the clinic. Several community contacts, however, appeared to take	• Ensure that all documentation reflecting services provided are entered into the member record and clearly indicates the location of contacts. • Community-based contacts should be located in settings that are relevant to individualized job searches. These may include visiting an industry with a member to learn about a typical work environment; travel training to learn a new bus route; visiting a bicycle shop to purchase a bike

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			place in coffee shops and restaurants located in the same commercial complexes in which the clinics were located and were focused on filling out on-line job applications, discussing progress on job searches, and providing job counseling and problem-solving support. It does not appear that ESs engage in community-based job development activities (meeting and building relationships with potential employers) with or without members present, so it was difficult to attribute ES community-based time to that activity.	necessary to get to work; helping a member find a place to exercise to manage job stress; or meeting a member over lunch to discuss anxiety about asking for a raise. • See recommendation for Services Item 7, Follow-Along Support.
9	Assertive engagement and outreach:	1 – 5 3	Focus reported that they closed 20 cases in the six months prior to the review. According to the Case Closure Protocol provided to the reviewers, outreach begins after two missed appointments and consists of three outreach efforts (prompted methods: notify clinical team, phone call, text, email, and letter) within 30 days, followed by the *Intent to Close* Letter. Evidence was found in clinic records of missed appointments being reported to clinical teams, and an email to a family member was found in one agency member record. ESs said they do not do home visits to establish contact but CMs have assisted with this. One ES reported trying to make face-to-face contact with members prior to a scheduled psychiatric appointment, and evidence was found in both clinic and agency records of ESs reporting missed appointments to the clinical team, as well as subsequent clinic outreach to members. However, due to ESs not documenting outreach phone call dates in progress notes, it was difficult to determine the exact frequency of that outreach. Contact efforts were found logged in the Clinical Meeting Log in member agency records.	• Rather than imposing formal time limits on outreach, ESs should continue efforts to engage until such time as members have declined to begin or continue services, or confirmed that they are no longer interested in employment. • ESs should use community-based engagement and outreach efforts; consider scheduling home visits, visits to day programs, and other community outreach with CMs or RSs. Outreach in the community may yield important information related to barriers to employment such as psychiatric or medical emergencies, housing instability, conflicts in family relationships, or loss of usual means of transportation. • Periodically engage members in discussion about the benefits of involving informal supports in follow along support efforts. Informal supports can assist in outreach since they may know where to locate members or why they are missing appointments.

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			Staff reported after the Intent to Close Letter is sent, the member has ten days to contact the ES before the case is closed. The record review showed that in one case a member was sent a closure letter just over five weeks after the last contact with the ES, and during that time the member was reportedly moving residences. Staff said they will put a member on hold due to hospitalizations, and one record showed a case was closed at member request that was later reopened after the RS observed that the member needed job retention services.	
Total Score:		**59**		

SE FIDELITY SCALE SCORE SHEET		
Staffing	Rating Range	Score
1. Caseload	1 - 5	5
2. Vocational services staff	1 - 5	4
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	3
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	4
8. Community-based services	1 - 5	2
9. Assertive engagement and outreach	1 - 5	3
Total Score		**59**
Total Possible Score		**75**