

## **SUPPORTED EMPLOYMENT (SE) FIDELITY REPORT**

Date: June 4, 2018

To: Gaye Tolman, Chief Executive Officer  
Erin Soto, Senior Director of Programs

From: Annette Robertson, LMSW  
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AHCCCS Fidelity Reviewers

### **Method**

On May 14 – 16, 2018, Annette Robertson and TJ Eggsware completed a review of the Recovery Empowerment Network (REN) 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 serious mental illness (SMI) diagnosed 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 diagnosed 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 SE services in Maricopa County, the review process includes evaluating the working collaboration between each SE provider and referring clinics with whom they work to provide services. For the purposes of this review at REN, the referring clinics included Partners in Recovery – Metro and Southwest Network - Saguaro.

REN is a Consumer Operated Services Program which offers peer support, training, social activities, and SE services, among others, to enrolled members. REN members have open access to all programs including the SE program and do not require a separate referral. REN is staffed with persons with lived experience in mental health or substance abuse recovery. Interested persons can self-refer to REN or seek assistance through their clinical teams for referral. To receive SE services from REN, members must become a REN member and persons must be diagnosed with a SMI.

The individuals served through the agency are referred to as members, and for the purpose of this report, and for consistency across fidelity reviews, the term “member” will continue to be used.

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

- Individual interview with REN Senior Director of Programs and the SE Manager/Employment Specialist (ES);
- Group interview with seven members receiving SE services;
- Individual interview with two members receiving SE services;

- Individual interview with one case manager;
- Group interviews with three rehabilitation specialists and a case manager;
- Review of ten randomly selected member charts at REN as well as co-served members at PIR Metro and SWN Saguaro clinics;
- An additional three records reviewed of employed members reviewed at REN;
- Review of agency documents, including: REN Intake Packet, Mercy Maricopa Integrated Care Job Development Logs (August 2017 through April 2018); REN Supported Employment Exit Protocol; and REN Supported Employment program flier.

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 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 expressed high praise and appreciation for the ES. Members reported the ES sought jobs they were interested in, and offered support during the interview process, as well as on the job.
- The REN SE staff only provides vocational services to members. The ES staff reported that all of their duties are focused on job development, job placement, and job retention.
- Most employer contacts are based on job choices identified by the member. Members reported that ES staff focused searches on their desired job goals and are based on their needs such as work hours, interests, past criminal history, and immediacy of income.

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

- Continue efforts to educate the clinics on the value and importance of collaborative integrated care for member benefit. 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.
- Fill ES vacancies as soon as possible and provide training and supports to new ESs. Vacant ES positions appear to have impacted SE services. At the time of the review, REN had one Employment Specialist (ES) in the SE program. It was reported that there were 26 members enrolled, resulting in a 26:1 member to staff ratio.
- REN staff estimated 20%-30% of ES time was spent in the community. Interviewed members reported that more than 50% of their contacts with the ES occur at the center. As often as possible, 70% or more, vocational services should be provided in the community.
- The ES should document all outreach and engagement efforts until members indicate they are no longer interested in SE services. Consider including informal supports and/or emergency contacts as an additional step in re-engaging members. Members on outreach should be staffed regularly with a clear plan identified for follow up.

**SE FIDELITY SCALE**

Item #	Item	Rating	Rating Rationale	Recommendations
<b>Staffing</b>				
1	Caseload:	1 – 5 4	REN, at the time of the review, had one Employment Specialist (ES) in the SE program. It was reported that there were 26 members enrolled, thus leaving a 26:1 member to staff ratio.	<ul style="list-style-type: none"> <li>Continue efforts to fill vacant ES position(s) with qualified staff with past employment services experience.</li> </ul>
2	Vocational Services staff:	1 – 5 5	The REN ES provide only vocational services to members. The ES staff reported that all of their duties are focused on job development, job placement, and job retention. The ES assists members with resume building, job applications, interview preparation, new hire/orientation activities, and job retention. The ES reported that they do not provide any additional support or services to members.	
3	Vocational generalists:	1 – 5 4	The REN ES provides most phases of vocational services. The ES assesses the members by completing a Vocational Profile (VP); assists with resume' building, job search, and completing applications; accompanies members to potential employers for follow up after application submission; conducts mock interviews; and offers support prior to and debriefs after the interview process. Job development, job coaching and follow-along supports appear to be available when the member becomes employed; ES staff will offer telephonic, face-to-face and, as one member reported, on-the-job site support. Those services may be hindered due to the lack of staff. ES staff will educate on the benefits of disclosure and respect member's decision. Other REN staff conducts intakes so members can join REN, but SE staff completes the Vocational Profile. Staff reported in the past, SE program staff sat in while	<ul style="list-style-type: none"> <li>Streamline the intake process for members being referred to SE services by having them meet directly with SE staff. Determine whether paperwork required for general REN membership can be modified or reduced for SE referrals.</li> </ul>

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			other non-SE staff completed intake paperwork.	
<b>Organization</b>				
1	Integration of rehabilitation with mental health treatment:	1 – 5 1	<p>REN staff reported that despite their efforts to engage with clinical teams to provide integrated care, they were not permitted to attend any full clinical team meetings. Though scheduled to attend clinical team meetings, each time the ES was informed that the meeting had been delayed or cancelled. Eventually, the ES was told that due to privacy rights, the ES would not be allowed to attend the full clinical team meetings. These attempts were seen in records reviewed at both the clinic and REN. One record revealed an ES did attend a team meeting, but was only allowed to report on the single member they were working with and was then dismissed. Additionally, clinic RS staff interviewed stated they rarely experienced coordination from REN SE staff, noting telephonic and email contact typically centers on a specific document required such as the Rehabilitation Services Administration/Vocational Rehabilitation Coordination form or service plan. Clinic staff denies knowledge of Monthly Progress Reports being sent by REN SE staff, however, REN records identified reports periodically being sent and some clinic records noted receipt. Clinic staff speculated monthly reports are sent to the CM rather than the RS, and RSs may not necessarily be informed or updated by the CM on member progress or barriers. One clinic RS reported other SE staff from other providers will meet with the RS at the clinic, send monthly progress reports, as well as, attend quarterly Mercy Maricopa Integrated Care (MMIC) RS meetings. Documentation in several member records at the clinics and at REN, showed SE staff attempting to and successfully coordinating with</p>	<ul style="list-style-type: none"> <li>• Continue efforts to educate the clinics of the value and importance of collaborative integrated care for member benefit. 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.</li> <li>• Increase contact with staff at clinics, focusing on RS staff (if filled) in an effort to improve coordination for members' benefit of integrated care. Activities may include setting appointments with RS staff, attending quarterly MMIC RS meetings, and sending mid-month updates via email to staff. Providing more detailed monthly summaries may also improve coordination.</li> <li>• REN, 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 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</li> </ul>

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			clinic staff. Other barriers to coordination include expired or non-existent consent to release information forms. Redundancy of processes continues to occur. One RS reports completing a Vocational Activity Profile when a member requests a referral to a SE Provider with knowledge that ESs may be required to complete another very similar form with SE agency.	employment goals.
2	Vocational Unit:	1 – 5 1	The REN SE program has one staff person, thus, there is no vocational unit. The SE staff is unable to share caseload responsibilities with another ES, cannot share information with other ESs, and cannot participate in group SE supervision; however, does participate in weekly supervision with the Senior Program Director, which the reviewers observed.	<ul style="list-style-type: none"> <li>• See recommendations above for <i>S1, Caseload</i>.</li> </ul>
3	Zero-exclusion criteria:	1 – 5 3	It appears, through interviews with CMs and RSs at two different providers, that some case management staff may screen members who express an interest in seeking competitive employment. Reviewers were informed by one clinic staff that members should be “substance free”. Another staff reported that members need “motivation and grit” to handle shift work, explaining that many interviews are utilized to assess these abilities. One record reviewed indicted an RS discouraging a member enrolled with REN for SE services from exploring furthering their education; however, RSs interviewed denied any screening, requiring readiness, assessments, or any general delays to referring members interested in seeking competitive employment.	<ul style="list-style-type: none"> <li>• Educate case management staff on members’ right to request SE services without delay. Research has shown members referred to SE services can be successful and do not require readiness measures or clinical screening.</li> <li>• Engage all members to consider competitive employment as an opportunity to increase self-worth and independence.</li> <li>• Inform all members of work programs that protect against loss of financial and medical benefits while working.</li> </ul>
<b>Services</b>				
1	Ongoing, work – based vocational	1 – 5 5	Individual work based assessments occur on the job by SE staff. REN staff and the ES reported	<ul style="list-style-type: none"> <li>• Ensures VPs are updated when members’ goals change.</li> </ul>

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	assessment:		<p>offering and conducting work based assessments to employed members; record reviews and member interviews supported this report. One member interviewed said that the ES has been to her job site multiple times to offer support and provided invaluable service. The Vocational Profile (VP) is completed when members are referred to the SE program and should be updated when jobs start or when there is a change in the type of work the member desires.</p>	
2	Rapid search for competitive jobs:	1 – 5 4	<p>Of the 15 members referred during the past year (excluding four members that were referred within the past 30 days and still receiving SE services), who had a face-to-face contact with a potential employer, the average length of time between intake and the members' first face-to-face contact was 27 days. First contact ranged from zero (the same day as intake with SE program) and 175 days. Eleven (73%) of the 15 members described above, were reported to have had a first contact within 30 days. However, based on records reviewed, one appeared to apply online. A second member was referred to REN, but nearly two months lapsed before SE program intake; first contact with an employer occurred two weeks later.</p> <p>SE staff report when a member expresses interest in SE services during membership intake (and they were not referred for SE services), staff joins the intake, makes introductions and may meet with the member afterward to complete a VP or, if the member prefers, schedule an appointment with ES. SE staff expressed the importance of immediate competitive job search once the member expresses the desire.</p>	<ul style="list-style-type: none"> <li>The program should continue all efforts to connect members with a face-to-face contact with potential employers within 30 days of program enrollment. Rapid search helps to take advantage of the member's current motivation to explore work opportunities.</li> </ul>
3	Individualized job	1 – 5	Most employer contacts are based on job choices	

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	search:	5	<p>identified by the member. Members reported that ES staff focused searches on jobs they desire and are based on their needs such as work hours, criminal history, and immediacy of income. Clinic staff stated the SE staff will assist members to identify an area of interest if they are unsure. SE staff reported suggesting companies that offer the type of work members are seeking, and that many graduating members of REN's on-site Peer Support Training (PST) program, seek SE services to find employment. Some of these members seek positions in the helping profession after realizing computer skills are required in most Peer Support Specialists positions. The record review indicated that virtually all job searches were reflective of members' goals. Members interviewed stated that their job searches were individualized to their needs, such as working evenings to mitigate anxiety experienced around crowds.</p>	
4	Diversity of jobs developed:	1 – 5 4	<p>There was some duplication of jobs developed with the REN SE program in the past twelve months. ES staff suggested that due to the high number of referrals directly from the PST program, a high number of members want a position in caregiving field.</p> <p>The data provided showed about 88% employer diversity; two members are working for the same employer. There was less diversity in job type. Several employed members work in peer support, or agencies that support healthcare activities (4). As a result, there was approximately 83% diversity in job type. Most jobs aligned with members' choice as documented in VPs. Job Development Logs showed a diversified sample of companies identified in the job search effort. Due to the small</p>	<ul style="list-style-type: none"> <li>• Continue efforts to provide members with employment opportunities that are in varied settings with 10% or less duplication of job type.</li> <li>• Once additional staff is hired, the program should ensure that the SE team meeting is used as a forum to exchange information about jobs explored, share job leads, and challenge each other to expand job searches.</li> </ul>

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			sample size, and having only one ES staff, diversity may have been affected.	
5	Permanence of jobs developed:	1 – 5 5	Virtually all of the jobs developed by the SE program are both competitive and permanent. The data provided to reviewers suggests that none of their current members are working with staffing agencies. Members interviewed who were employed, reported their jobs were permanent and competitive. One non-working member stated he was not able to work full time but did not specify why, other than being retired. One member record reviewed revealed that the member accepted a temporary position, as he was unsure of his ability to work and expressed a strong desire for the position he was offered. The member did experience significant stress and ultimately was hospitalized. It was unclear if the member left the position.	
6	Jobs as transitions:	1 – 5 5	SE staff reported they offer to assist members in finding new jobs when one has ended. Several records reviewed identified support by SE staff in finding members new positions after one ended. Two members interviewed informed of being offered support in finding new positions when another ended. Staff interviewed reflected belief that if members want to work, the SE program will support them in any job they would like to pursue and will be there to find new jobs when needed.	
7	Follow-along supports:	1 – 5 4	Follow-along supports may include job coaching, job counseling, transportation, and support during medication changes. Of the twenty-six members enrolled in the REN SE program, 9 were working and staff reported 100% received follow along supports. Evidence of follow along supports, in the applicable records reviewed, documented	<ul style="list-style-type: none"> <li>• Maximize opportunities to educate members on the full extent of the benefits of extended supports early, even while in the job search phase.</li> <li>• Continue to offer extended supports to all members who are employed. Optimally, most employed members</li> </ul>

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			<p>examples of SE staff providing these services. Staff made contact with members experiencing increased symptoms; offered to meet a member at home when anxiety prevented member from leaving the house; and offered support to a member experiencing stress due to unpredictability of start time at work. One member interviewed stated the ES had been to her job site several times as a support and also had contact with her employer with member agreeing to disclosure. However, it appears recent follow-along supports occur primarily over the phone or in the office.</p>	<p>will be engaged in retention activities until they are independent and confident in their ability to maintain employment on their own.</p>
8	Community-based services:	1 – 5 2	<p>REN staff estimated 20%-30% of ES time was spent in the community. Interviewed members reported that more than 50% of their contact with the ES is at the center. Records reviewed in recent months while ES was only staff on SE team, showed infrequent community-based activity. Records showed past community-based services being delivered, such as accompanying members to apply and then follow up with companies, on the job site support, as well as outreach attempts to members.</p>	<ul style="list-style-type: none"> <li>• As often as possible, vocational services should be provided in the community. Staff should work towards providing 70% or more of all vocational services in the community.</li> <li>• See recommendation for <i>S1, Caseload</i>.</li> </ul>
9	Assertive engagement and outreach:	1 – 5 3	<p>SE staff indicated attempting to contact members by phone if members miss an appointment with staff. If unable to reach the member within 24 hours, staff will reach out to the assigned CM or RS staff at the clinic. Members interviewed stated SE staff reaches out by phone or text if an appointment is missed, as well as if no contact has been made for a week or two. Records reviewed showed ESs offering home visits to reengage members with increased symptoms. SE staff stated a home visit is the last step effort to engage with a member after phone attempts, CM/RS</p>	<ul style="list-style-type: none"> <li>• Employment Specialists should document (texts and email contacts included) and continue all engagement efforts until members indicate they are no longer interested in SE services.</li> <li>• Consider including informal supports and/or emergency contacts as an additional step in re-engaging members.</li> <li>• Members on outreach should be staffed regularly with a clear plan</li> </ul>

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			<p>coordination, and sending a letter requesting contact. Reaching out to emergency contacts is not part of the outreach and engagement protocol. During the supervisory session observed, several members were identified as being on outreach, but plans lacked specificity. In some SE records, there were gaps of weeks or months where no outreach was documented. Staff reported one member was closed without direct verbal verification due to the member's incarceration. In this case, staff was informed by clinic staff of the member's situation. Reviewers were informed that 24 members were discharged in the past six months.</p>	<p>identified for follow up.</p>
<b>Total Score:</b>		<b>55</b>		

SE FIDELITY SCALE SCORE SHEET		
<b>Staffing</b>	Rating Range	Score
1. Caseload	1 - 5	4
2. Vocational services staff	1 - 5	5
3. Vocational generalists	1 - 5	4
<b>Organizational</b>	Rating Range	Score
1. Integration of rehabilitation with mental health treatment	1 - 5	1
2. Vocational unit	1 - 5	1
3. Zero-exclusion criteria	1 - 5	3
<b>Services</b>	Rating Range	Score
1. Ongoing work-based assessment	1 - 5	5
2. Rapid search for competitive jobs	1 - 5	4
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	4
8. Community-based services	1 - 5	2
9. Assertive engagement and outreach	1 - 5	3
<b>Total Score</b>		<b>55</b>
<b>Total Possible Score</b>		<b>75</b>