

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

Date: May 28, 2019

To: Michelle Frantom, Career Advisor Program Manager  
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AHCCCS Fidelity Reviewers

### **Method**

On April 29 – May 2, 2019, TJ Eggsware and Karen Voyer-Caravona 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 the Central Region of Arizona. 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 the Central Region of Arizona, 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 Recovery Empowerment Network (REN), the referring clinics included Southwest Network Saguaro and Lifewell Behavioral Wellness Royal Palms, but not all member records reviewed at REN are served only through those two clinics.

REN offers SE in addition to learning and wellness activities, supported volunteering and Recovery Support Training (RST). REN members have access to all programs after intake. Most SE members are referred for RST or another activity before joining the SE program.

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

- Individual interview with the SE Supervisor (i.e., Career Advisor Program Manager);
- Group interview with two Employment Specialists (i.e., Supported Employment Specialists);
- Group interview with five members receiving SE services;
- Telephonic individual interview with an informal support of a member who receives SE services;
- Group interview with two staff and two individual interviews with staff at Lifewell Behavioral Wellness Royal Palms;
- Group interview with three clinic staff at Southwest Network Saguaro;
- Observation of a supervision meeting at REN on April 30, 2019;

- Observation of a clinic team meeting at Southwest Network Saguardo on May 1, 2019;
- Review of randomly selected charts at REN and partner clinics that included a sample of co-served members;
- Review of agency documents, including: Job Development Logs, the agency's SE brochure, vocational unit meeting notes, recent Employment Specialists (ES) calendars, and the *REN Supported Employment Reengagement Protocol*.

The review was conducted using the Substance Abuse and Mental Health Services Administration (SAMHSA) SE Fidelity Scale. This scale assesses how close in implementation a team is to the Supported Employment (SE) model using specific observational criteria. It is a 15-item scale that assesses the degree of fidelity to the SE model along 3 dimensions: Staffing, Organization and Services. The SE Fidelity Scale has 15 program-specific items. Each item is rated on a 5-point scale, ranging from 1 (meaning *not implemented*) to 5 (meaning *fully implemented*).

The SE Fidelity Scale was completed following the visit. A copy of the completed scale with comments is attached as part of this report.

### **Summary & Key Recommendations**

The agency demonstrated strengths in the following program areas:

- Members interviewed expressed their satisfaction with the SE program. Members reported the ESs help them to pursue employment based on their interests and preferences, and, when applicable, to transition to new positions.
- The REN SE program is adequately staffed with two ESs and caseloads that average about 18 members per ES.
- The ESs meet in-person with employers and conduct community based job development activities. They do not rely primarily on online job searches.
- SE staff assisted members with timely face-to-face employer contact after SE program intake. The rapid search practices at REN may serve as a positive example to cite when training other providers or educating the community about SE.
- SE staff help members pursue employment based on member preferences. Employer contacts are based on job choices identified by the member. Members employed in the past year are in permanent and competitive positions. During interviews and meetings observed, the ESs made multiple references to the skills, strengths, and abilities of members.

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

- SE services should be integrated with healthcare treatment. With separate providers, there are fundamental barriers to successful integration, such as separate intake processes, records, and clinic providers that allow varying levels of SE staff access and participation at clinic team meetings. The meeting observed during this review was at a provider that allows SE staff to attend for the full meeting. The same clinic team has participated in fidelity reviews for other SE providers, but may not be representative of teams at other clinics. System partners should seek to duplicate the positive example of coordination demonstrated by the clinic team observed.
- REN SE staff should inform staff on clinic teams when members participate in the SE program. REN is unique compared with other member run programs in the Central Region of Arizona in that SE is available. Clinic staff may be more familiar with REN's other activities and unaware that members referred to other activities at REN later start SE.
- As often as possible, vocational services should be provided in the community in locations relevant to the job search.
- To align services to the SAMHSA EBP, outreach and engagement efforts to disengaged members should occur on a time unlimited basis until members indicate they are no longer interested in SE services.

**SE FIDELITY SCALE**

Item #	Item	Rating	Rating Rationale	Recommendations
<b>Staffing</b>				
1	Caseload:	1 – 5 5	The SE program consists of two ESs and a Career Advisor Program Manager serving 37 members. The member to staff ratio for the two ESs is 18:1. The Career Advisor Program Manager carries one person on her caseload. The more senior ES carries a higher caseload than the second ES who joined the program about five weeks prior to the review.	
2	Vocational Services staff:	1 – 5 4	SE staff said that the ESs provide vocational services to members about 90% of the time. They occasionally provide coverage for other programs at the agency. One interviewee reported that on occasion during the prior month SE staff provided coverage for other programs at the agency. In addition, there were instances of agency events not related to vocational services on the ESs' calendars during the month prior to review.	<ul style="list-style-type: none"> <li>ESs should primarily provide SE services. Minimize or eliminate ES time spent providing non-SE services, coverage for other programs, or their involvement in activities not specifically related to vocational services.</li> </ul>
3	Vocational generalists:	1 – 5 5	<p>REN SE staff reported that ESs provide all phases of vocational services. Most members are referred for general membership at the peer run agency and subsequently seek out or are referred internally to the SE program. If members are referred for SE, an ES is present during the agency intake. SE staff complete Vocational Profiles (VPs) and assist members with job searches, resumes, applications, prepping for interviews, visiting potential employers, job coaching and follow-along supports.</p> <p>SE staff provided Job Development Logs. The logs showed information collected includes the company and primary contact name, open position/s and method of contact. Multiple</p>	

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			examples of staff accompanying members to make contact with potential employers were found in records reviewed. SE staff said follow along support can occur over the phone, in person, or on-the-job based on member preference.	
<b>Organization</b>				
1	Integration of rehabilitation with mental health treatment:	1 – 5  1	<p>SE and clinic staff are not integrated. REN and clinics have separate offices and records. One ES works with members who receive services from 14 different clinics. The second ES works with members who receive services from seven different clinics. It appears many SE members are served by different teams at each of those clinics.</p> <p>In REN records there were examples of ES contacts with clinic staff, and outreach to discuss members or to request paperwork. In one record it was documented that an ES updated an RS about a member’s status. The member was served by a different team with assigned vocational staff. It was not clear why the ES did not contact the assigned clinic staff directly. Some clinic staff were uncertain of the ES assigned to the members.</p> <p>Clinic and SE staff do not seem to communicate back and forth on all member updates consistently across the program. Some clinic staff reported they receive updates from REN ESs, but other clinic staff said they had no contact with REN ESs. At one clinic, a staff member reported no contact with REN ES staff. The staff said that another employee on the team might receive updates from REN of which the interviewee is not informed. In one record, REN staff who are not part of SE invited clinic staff to a meeting with a member to discuss their lack of participation in the program</p>	<ul style="list-style-type: none"> <li>• SE staff should attend weekly treatment team meetings with full teams (i.e., usually comprised of Psychiatrist, Case Mangers, Rehabilitation Specialist, and Nurse). They should stay for the entire meeting duration. SE staff should discuss members already referred and prompt clinical teams to think about employment for specific members not already referred.</li> <li>• Consider prioritizing attending meetings with providers that allow ESs to attend and participate in the full meeting. It may result in more referrals from providers who allow SE integration.</li> <li>• The SE supervisor, system partners and clinic leadership should resolve barriers to integrated services. SE staff should inform system partners of those providers that do not allow ESs to participate or attend.</li> <li>• The SE supervisor should occasionally accompany ESs to treatment team meetings to support integration efforts.</li> <li>• Ideally, SE staff should have multiple contacts weekly with clinic staff, communicating directly with the member’s assigned staff. REN staff has control over their role in maintaining frequent contact with clinic staff. However, the number of clinics and teams serving the SE members</li> </ul>

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			<p>and a self-care issue. It did not appear that REN or clinic staff invited the ES. Clinic staff interviewed said that ESs do not attend clinic team meetings.</p> <p>SE staff provided 34 forms to show ES attendance at clinic teams since June 2018. The forms did not show full integration. On some of the forms notes indicated that the ESs were not allowed to attend the meeting. The forms include three check boxes to attest that ESs provide input for members engaged in SE, offer input on other members not currently engaged in SE, and was present for the full team meeting. The three boxes were checked off on eight of the forms provided. The item related to providing updates for members already served was frequently checked.</p> <p>During the meeting observed, REN staff did not provide input on members unless already referred to SE. Staff discussed co-served members and referrals. For those members, clinic staff seemed to be receptive to feedback from the ES, supportive of member employment goals, and there appeared to be shared decision making.</p> <p>Examples were found in member records of potential duplication of services. It is not clear if there are mechanisms in place to identify members who receive employment services from multiple providers. In two records reviewed, clinic staff offered other programs similar to REN SE. In one clinic record, documentation suggested that the member may have also been open with another employment provider. Also, some REN SE members are served by Assertive Community Treatment (ACT) teams with vocational specialists</p>	<p>may make it difficult to have multiple contacts weekly with clinic staff.</p> <ul style="list-style-type: none"> <li>• Assigning SE staff to one or two teams may improve coordination. At clinics with a higher number of co-served members, consider assigning one ES staff to the location. With separate SE and healthcare agencies, there are inherent barriers to full integration. In the example outlined in the rationale, it is time intensive for one ES to attend 14 or more meetings weekly.</li> <li>• SE staff should inform clinic staff when members enter the SE program if the clinic staff was not the referral source. This action should help to identify members who receive employment services from a comparable SE provider or ACT team.</li> <li>• If an integrated file is not possible, system partners should work collaboratively to allow for easier sharing of information between agencies. As a first step, SE staff should ensure Vocational Profiles, at a minimum, are shared with clinic staff.</li> </ul>

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			who should be able to directly assist members with their employment goals.	
2	Vocational Unit:	1 – 5 5	The two ESs are supervised by the Career Advisor Program Manager who is also responsible for oversight of RST and the learning department. SE staff said they meet weekly as a group for 60-90 minutes. During the vocational unit meeting observed, all members were discussed. Prior meeting notes showed members were regularly discussed. During the meeting observed, ESs referenced first employer contacts, interviews, and statuses of outreach, needed coverage, and last contacts with members. Examples of similar activities were found in sample records reviewed. Staff reported they provide cross-coverage. Cross-coverage with members was discussed at the vocational meeting.	
3	Zero-exclusion criteria:	1 – 5 4	Clinic staff said that they and other staff on their teams support member employment goals. Some clinic staff conveyed their satisfaction that a member who struggled with self-care was employed for a period of time. Though, it was not clear if staff subsequently sought to engage the member to consider employment as a reason to address those issues. Clinic staff denied any screening, readiness standards, or assessment prior to referring members interested in seeking competitive employment. However, an example was found in a record of a clinic staff encouraging a member to put their work search on hold so they could take part in a technical education activity. It is difficult to confirm if regular engagement occurs with members to consider employment but clinic staff seem willing to support members who voice an employment goal.	<ul style="list-style-type: none"> <li>Members should be encouraged to consider employment. Multiple member engagement avenues should exist, including direct contact with SE or clinic staff, or integrated team meetings where SE staff can prompt staff on clinic teams to think about employment for specific members as they are discussed. Integrated meetings where those discussions occur might result in more frequent clinic staff outreach to members to consider employment. Employed members may serve as envoys to keep clinic staff up-to-date on the benefits of SE services.</li> </ul>

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<b>Services</b>				
1	Ongoing, work – based vocational assessment:	1 – 5 5	SE staff use the Vocational Profile (VP) at SE program entry and the ESs amend the document if changes occur. Based on records reviewed, with some exceptions, the ESs completed job start and end forms as applicable. Work based assessment is available to members. Members interviewed gave examples of ESs providing them with support.	
2	Rapid search for competitive jobs:	1 – 5 5	<p>It was difficult to determine the exact dates certain members first expressed an interest in employment. Most of the members were referred to REN for other services before their SE intake. Some participate in RST and progress to an employment goal. As a result, referrals to SE are usually internal at REN rather than from clinic staff.</p> <p>SE program intake data provided and review of member records showed that most members met with a potential employer within 30 days. Members who remain enrolled with REN SE with an intake in the year prior to review were considered, and 20 of the 26 met face-to-face with employers within 30 days. Two of the remaining members are on outreach status.</p>	<ul style="list-style-type: none"> <li>The Regional Behavioral Health Authority (RBHA) and system partners should consider comparing outcomes for REN SE members and members served through other agencies that take part in pre-job training, evaluations, and don't experience timely contacts with potential employers. The rapid search practices at REN may serve as a positive example to cite when training other providers.</li> </ul>
3	Individualized job search:	1 – 5 5	Per interviewee reports, ESs assist members to pursue employment of their preference. Sample records reviewed showed that job searches aligned with members' goals. SE staff assist members to identify an area of interest. If they voice no specific goal, ESs may utilize O*NET, an online occupational resource, with those members. In one record it was documented that a member voiced their preference to work face-to-face with people rather than using the telephone.	

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			One record showed that an ES was responsive to and supportive of a member's changing job type preferences.	
4	Diversity of jobs developed:	1 – 5 3	<p>Based on data provided, members work with diverse employers. None of the seven employed members who started SE services in the prior year work at the same employer.</p> <p>Members may learn of the REN SE program through their involvement in other programs at the agency and/or during RST. Some of those members pursue peer support positions after they complete RST. As a result, there appears to be some clustering of members in those positions. SE staff said there is variation in the peer support positions members hold. Employment data was requested. Job titles were not identified by SE staff for four of seven employed members. Due to missing data, it was not possible to confirm there is diversity in job type, which is reflected in the score.</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> </ul>
5	Permanence of jobs developed:	1 – 5 5	Based on data provided, all enrolled and employed members who began SE services in the year prior to review are in competitive and permanent positions. Employed members interviewed reported that their positions are permanent and competitive.	
6	Jobs as transitions:	1 – 5 5	All interviewees affirmed that SE staff assists members in finding new jobs when jobs end and there are no circumstances when ESs would not offer that assistance. Members interviewed gave examples of ESs supporting them to find new jobs after they decided jobs obtained were not a good fit. Examples of amended VPs and job start/end forms were found in member records. When	

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			<p>members change positions, SE staff discuss with them what occurred, what the person might need to do to prevent the same situation from reoccurring, and/or their changing interests. ESs encourage members to give proper notice whenever possible when leaving a job in order to build employer references.</p>	
7	Follow-along supports:	1 – 5  5	<p>SE staff reported all members receive some form of follow along supports, often telephonically and/or face-to-face in the community. On-the-job support is available but no members receive that type of support at this time. On VPs it was documented that some members are willing to disclose to employers. One interviewee gave an example of an employer who did not allow REN staff at the work location. Staff said that some members occasionally call ESs during member breaks in their work days to discuss issues.</p>	
8	Community-based services:	1 – 5  3	<p>One REN staff estimated ESs spend 50%-63% of their time in the community and other staff estimated 75-80%. Some members reported that they meet with ESs primarily in the community but another said they meet equally at the agency and in the community</p> <p>Records reviewed in recent months showed infrequent contact with some members. This seemed to be due in part to turnover at the ES position. Some members experienced gaps in contact from an ES who is no longer with the program. In records reviewed, recent documented contact with members showed a mix of community and office-based interactions. Staff had contact with one member only in the office and for other members approximately half of contacts occurred in the office.</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. Evaluate other ES activities that take time away from their ability to spend the majority of their time in the community and providing SE services, such as program activities or events not directly related to vocational services.</li> <li>The SE supervisor should monitor documentation to ensure ESs maintain regular contact with members, that contacts are documented, and that most of ES time is spent in the community.</li> </ul>

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9	Assertive engagement and outreach:	1 – 5  3	<p>The program experienced turnover in ESs in the last year. Based on records, there were lapses in documented outreach or contact of a month or more in multiple member records reviewed at REN. Based on REN records, certain SE members attended other REN programs around the same time as lapses in SE services. It is not clear if SE staff are informed of member attendance at other REN activities.</p> <p>SE staff said they conduct home visits as part of outreach efforts. REN staff said the SE program follows a five step outreach process that was updated about a week prior to the review. SE staff said it takes about a week and a half to complete all five steps. SE staff said they followed a similar process before the revision that specified in order to close a member’s case, verbal confirmation was needed that they were no longer interested in SE. SE staff closed 20 members during the six months prior to review and staff affirmed that all the members gave their verbal confirmation. REN staff said that during a recent meeting, RBHA staff informed them that keeping members open until they give verbal confirmation was not required and directed SE staff to close members after 90 days of outreach. On the <i>REN Supported Employment Reengagement Protocol</i> it indicates that SE staff will remove members after all steps have been exhausted after 90 days.</p>	<ul style="list-style-type: none"> <li>• Optimally, outreach and engagement occurs on a time unlimited basis until the member expresses they no longer want to seek employment. Evaluate the benefit to members of following a 90 day process versus time unlimited outreach.</li> <li>• The SE supervisor should track members who are not in contact with ESs to ensure outreach occurs and is documented.</li> <li>• At REN, establish procedures to alert SE staff when an SE member is at the office. Specifically, focus on SE members who are not in regular contact with SE staff so that ESs can attempt to make contact with members if they visit the center.</li> </ul>
<b>Total Score:</b>		<b>63</b>		

SE FIDELITY SCALE SCORE SHEET		
<b>Staffing</b>	Rating Range	Score
1. Caseload	1 - 5	5
2. Vocational services staff	1 - 5	4
3. Vocational generalists	1 - 5	5
<b>Organizational</b>	Rating Range	Score
1. Integration of rehabilitation with mental health treatment	1 - 5	1
2. Vocational unit	1 - 5	5
3. Zero-exclusion criteria	1 - 5	4
<b>Services</b>	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	3
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	3
9. Assertive engagement and outreach	1 - 5	3
<b>Total Score</b>		<b>63</b>
<b>Total Possible Score</b>		<b>75</b>