

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

Date: October 4, 2019

To: Catrina Coleman, Supported Employment Manager  
Dr. Shar Najaf-Piper, CEO

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

### **Method**

On September 9-12, 2019, T.J. Eggsware and Karen Voyer-Caravona completed a review of the Marc Community Resources, Inc. 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 Marc Community Resources, Inc. the referring clinics included Southwest Network San Tan and Partners In Recovery Gateway.

Marc Community Resources, Inc. (Marc) offers services to include: behavioral health, family support, services for older adults, veteran's services, intellectual/developmental disability services, and SE. Since the prior fidelity review, Marc Community Resources, Inc. merged with Partners In Recovery and together are identified as Copa Health on the agency website.

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

- Observation of integrated treatment team meeting at the Southwest Network San Tan clinic on September 10, 2019;
- Observation of an SE team meeting on September 12, 2019;
- Group interview with two Clinical Coordinators (CC), a Case Manager (CM) and a Rehabilitation Specialists (RS) at the Partners In Recovery Gateway campus;
- Group interview with two CMs and an RS at the Southwest Network San Tan clinic;
- Program overview with the agency's Chief Financial Officer;
- Group interview with the SE Manager and Program Director;

- Group interview with three Employment Specialists (ES);
- Group interview with seven members who receive services;
- Individual phone interview with a family support of a member receiving SE services;
- Review of randomly selected charts at Marc and partner clinics, including a sample of co-served members; and,
- Review of Job Logs, SE member program and employment data, and the SE program brochure.

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:

- SE staff has an encouraging, optimistic, strength-based and individualized approach to supporting member employment goals. Members interviewed expressed their satisfaction with the SE program staff.
- The ESs prioritize supporting members to have contact with employers of interest at program intake, or soon thereafter. Some ESs said that they schedule the first or second meeting with a member at a potential employer. The tactic may serve as an example to cite when training other SE providers or educating the community about SE.
- SE staff help members pursue competitive employment based on member preferences, interests, hobbies, and employment goal.
- The ESs usually meet with members in the community.

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 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 clinic that allows SE staff to attend for the full meeting. System partners should seek to duplicate the positive example of coordination demonstrated by the clinic team observed.*
- Members should be regularly engaged to consider employment. There should not be assessment of work readiness and steering of members to non-competitive positions if they have an employment goal. Based on interviews at a clinic, some clinic staff or system stakeholder representatives screen some members for work readiness or direct members to job training programs rather than SE.
- 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.
- The agency and system partners should explore solutions to transportation issues, cited by multiple interviewees as barriers impacting member employment. Examples discussed include: members travelling an hour or more to get to work due to distance and high wait times for bus service; where public transportation is not readily available, members limiting their job searches to areas that can be reached easily by bicycle or walking; and, limits on clinic staff to arrange for transportation for newly employed members.

**SE FIDELITY SCALE**

<b>Item #</b>	<b>Item</b>	<b>Rating</b>	<b>Rating Rationale</b>	<b>Recommendations</b>
<b>Staffing</b>				
1	Caseload:	1 – 5 5	The SE program consists of seven ESs and an SE Manager serving 175 members. The SE Manager does not carry a caseload. Certain ES caseloads are higher than 25 but the member to staff ratio is 25:1.	
2	Vocational Services staff:	1 – 5 5	SE staff said that the ESs provide only vocational services and do not serve members of other Marc programs or facilitate groups. Based on observation, records and interviews, the ESs support members to develop employment goals, identify preferences, and explore opportunities.	
3	Vocational generalists:	1 – 5 5	SE staff reported that ESs provide all phases of vocational services. SE staff complete Marc intake documents, Vocational Profiles and assist members with job searches, resumes, applications, prepping for interviews, obtaining clothing for interviews, visiting potential employers, job coaching, and follow-along supports. An ES said that completing all phases of SE services helps to build rapport and to get to know members better. Individualized member job logs were present in records reviewed that tracked the date, employer, and type of contact for job searches. ESs shared job leads derived from meetings with specific employers during the SE meeting observed. SE staff said follow along support can occur over the phone, in person, or on-the-job.	<ul style="list-style-type: none"> <li>Consider formalizing how the team tracks employer contacts and job development activities. For example, some programs maintain a shared document where ESs can track and update employer names, position/s available, primary contact, etc.</li> </ul>
<b>Organization</b>				
1	Integration of rehabilitation with mental health treatment:	1 – 5 3	SE and mental health services are not fully integrated. SE and clinic staff maintain separate records and not all ESs share office space at their primary co-located assigned clinic.	<ul style="list-style-type: none"> <li>In an effort to move toward full integration, SE staff should attend for the full duration of the regular weekly clinic team meetings.</li> <li>ESs should participate in clinic team</li> </ul>

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			<p>ESs have one or two primary clinics assigned. Some clinics have more than one ES assigned to enable the ESs to work with specific teams. ESs and clinic staff interviewed reported frequent contact. By attending weekly meetings to present on co-served members, and through other means of communication, it appears SE staff have multiple contacts weekly with clinic staff. Notes in SE records documented when ESs attended meetings and staff who were or were not present, including Nurses, Psychiatrists, Family and/or Peer Mentors, CCs, CMs and RSs.</p> <p>ESs are often only afforded time to update on the status of co-served or recent SE referrals before they are required to leave the clinic team meeting. ESs have little opportunity to prompt clinic staff to discuss the potential for employment for members not formally identified by clinic staff for SE referral. SE staff identified one clinic where ESs meet with full teams and stay for the entire meeting duration.</p> <p>The observed clinic team does not have a permanent assigned Psychiatrist, Nurse, or RS. A covering clinic RS attended the meeting and coordinated care with the team and ES. Clinic and SE staff collaboratively engaged in employment discussions. After the Marc ES discussed co-served members the meeting progressed, however; the ES did not participate in discussion for members who had not been referred to SE at Marc.</p>	<p>meetings beyond reporting on the status of co-served or recently referred SE members. When ESs attend team meetings, they should listen for opportunities to prompt clinic staff to discuss the potential for employment with members that the clinic team may not have formally identified for referral. The prompting may result in more frequent engagement conversations by the team with members about employment and available supports.</p> <ul style="list-style-type: none"> <li>• The SE supervisor should occasionally (e.g., quarterly) accompany ESs to treatment team meetings to support integration efforts.</li> <li>• If an integrated file is not possible, system partners should work collaboratively to allow for easier sharing of information between agencies.</li> </ul>
2	Vocational Unit:	1 – 5  4	The SE program consists of seven ESs and an SE Manager. SE staff said they meet via teleconference twice a month and face-to-face as	<ul style="list-style-type: none"> <li>• The vocational unit should meet as a group weekly. Meetings can occur in person, via videoconference, etc.</li> </ul>

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			<p>a group once a month. At the end of the month the ESs meet individually with the SE Manager to review their caseloads in order to complete a tracking documented to submit to the Regional Behavioral Health Authority (RBHA).</p> <p>During the vocational unit meeting observed, each ES shared examples of recent member successes (i.e., wins) and struggles. ESs referenced employer contacts and shared some job leads. SE staff said that ESs provide cross-coverage if a staff was on vacation or out of work. An example of ES cross-coverage was discussed during the integrated SE and clinic team meeting observed. An ES accompanied a member to an interview when the assigned ES was scheduled for another activity.</p>	<ul style="list-style-type: none"> <li>In addition to successes and challenges, consider rotating review of a few members from each ES caseload during the SE unit meeting.</li> </ul>
3	Zero-exclusion criteria:	1 – 5  4	<p>Clinic staff said that they and other staff on their teams support member employment goals. Clinic staff said that members are regularly engaged to consider employment. At one clinic staff said that they offer employment as an option to members struggling financially or who are not fulfilled by their current activities. Most clinic staff interviewed seem willing to support members who voice an employment goal and denied any screening, readiness standards, or assessment prior to referring members to SE.</p> <p>Most staff at one clinic reported that members interested in employment are referred to SE without delay. However, another staff said that some members may not be referred to SE, but rather to Work Adjustment Training (WAT), encouraged to volunteer or directed to a more easily accessible activity. Staff also said that some members may experience formal screening by</p>	<ul style="list-style-type: none"> <li>System partners should collaborate to ensure members with a work goal are not screened for work readiness. Consider offering presentations to clinic staff to inform on the EBP of SE.</li> <li>During SE and clinic staff integrated team meetings, ESs should 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. There may be additional opportunities or situations when members can be engaged by clinic and/or SE staff to consider employment. Employed members may serve as envoys to educate clinic staff or other system partners about the benefits of SE services.</li> </ul>

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			stakeholder staff who perform an assessment to determine when members are ready to work.	
<b>Services</b>				
1	Ongoing, work – based vocational assessment:	1 – 5 5	ESs use the Vocational Profile. SE staff amends the document if changes occur. Examples of job start and end forms were found in member records. Members interviewed gave examples of ESs providing them with support and said they were not required to do additional personality testing, or steered to sheltered work. Member records showed evidence that ESs discussed benefits with members using the Disability Benefits 101 (DB101) resource. On-the-job support is available to members.	
2	Rapid search for competitive jobs:	1 – 5 5	<p>When possible, at SE program intake, ESs attempt to meet with members at a location that aligns with the member’s employment goal. The member can then apply or make contact with an employer at the first or second session with the ES. As a result, certain members made contact with employer on the SE intake date. Current SE members with an intake date that occurred after the prior fidelity review, who were not employed before intake, made contact with an employer on average 15 days after starting SE services.</p> <p>Rapid search should begin soon after the member states an employment goal. Based on records and interviews with clinic staff, most referrals are timely. However, certain members experience delays. For example, based on clinic notes, about three weeks passed between a member asking for assistance with employment and the SE intake. The member’s first employer contact occurred about a week after SE intake. Another member’s</p>	<ul style="list-style-type: none"> <li>System partners should collaborate to streamline the referral process from clinic to SE agencies. For example, ensure clinic staff obtains necessary releases of information in a timely manner so that referral packet processing can occur quickly.</li> </ul>

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			SE intake was at least two months after the member expressed an interest in employment. Clinic notes showed that the member's referral for SE occurred over a month after they expressed an interest in employment. The delay of certain referrals to SE appears to have been mitigated by ES staff quickly supporting member contacts with employers promptly after SE program intake.	
3	Individualized job search:	1 – 5 5	Interviewees said that the ESs assist members to pursue employment of their preference. One member said that their ES catered to the jobs the member wanted. Another member said that the ES asked about preferences and hobbies to match the job search to the member's goal. Records reviewed showed that job searches and jobs aligned with members' goals. As noted earlier, when possible ESs plan meetings with members at locations that support the employment goal. During the SE meeting, ESs discussed their efforts to consider member preferences, including: flexible hours, work from home, specific positions, or employers.	
4	Diversity of jobs developed:	1 – 5 4	Based on data provided, most employed members work with diverse employers. The review included members who were not employed at intake and entered SE since the last fidelity review. Data showed about 90% diversity of employers with the only duplication being at companies with multiple locations. There was some duplication in job types in entry level positions, resulting in about 79% diversity. One job title, customer service representative or associate, is held by multiple employed members, but there was variation in their employers.	<ul style="list-style-type: none"> <li>Continue efforts to align job searches with member goals, while supporting employment opportunities that are in varied settings with 10% or less duplication of job and/or employer type.</li> </ul>
5	Permanence of jobs	1 – 5	Based on data provided, and applicable members	

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	developed:	5	interviewed, all enrolled and employed members who began SE services since the last review are in competitive and permanent positions.	
6	Jobs as transitions:	1 – 5 5	All interviewees affirmed that SE staff assists members to transition to new positions when jobs end. Interviewees identified no circumstances when ESs would not offer job transition assistance. Members interviewed gave examples of ESs helping them to find new jobs, to enhance specific skills, or explore other employment options. ESs try to work with members for smooth transitions between employers and to prevent gaps in employment. For example, in one record an ES documented supporting a member to maintain their employment while the ES also assisted the member to search for other positions.	
7	Follow-along supports:	1 – 5 5	<p>SE staff reported all members receive some form of follow along supports, based on each member's preference. ESs communicate with members over the phone, through text, email, and face-to-face. Due to member work schedules, ESs try to maintain at least weekly phone contact with employed members, in addition to one minimum monthly face-to-face meeting.</p> <p>A small number of members receive or have received on-the-job support. Staff gave examples of assisting members with new employee paperwork at the job, and attending orientation sessions with recently employed members. Follow-along support is available on a time unlimited basis.</p> <p>If members ask to end SE soon after beginning a job, the SE staff said the ES will discuss with the member how maintaining SE can benefit them</p>	



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			<p>during their transition to employment. If members are hired through Marc or Partners In Recovery, ES staff discusses with them the potential for conflict of interest resulting in the need to transition off Marc SE services.</p>	
8	Community-based services:	1 – 5  5	<p>SE staff reported that the ESs spend most of their time in the community. The ESs said that after attending a morning meeting they generally spend the rest of their day in the community. Based on sample records, the ESs usually meet with members in the community (i.e., not at a clinic or office setting). ESs said that they try to meet with members at least weekly during the job search phase, and at least monthly when members are employed. As a result, some records of employed members had fewer documented contacts than in records for members who were job searching.</p> <p>ESs schedule meetings at locations convenient to the member. ESs said they also try to arrange to meet with members at locations where members may be interested in working. There were examples in Marc documentation of ESs meeting with members at a set location, but then going to a prospective place of employment or location that supported the member’s job goal.</p>	<ul style="list-style-type: none"> <li>Continue to monitor where ESs meet with members so that SE staff prioritize ES contacts with members in settings where members are interested in employment.</li> </ul>
9	Assertive engagement and outreach:	1 – 5  3	<p>ESs conduct time limited outreach if members are not in contact with SE staff. SE staff said there is no formal outreach checklist or process; ESs follow a five week timeline. SE staff reported that at least one outreach occurs weekly, including calls to emergency contacts, supports, coordination with clinic staff, calls, texts, and/or emails to members. SE staff do not visit members’ homes, which are completed by clinic team staff. If members are not in contact with ESs or do not respond to outreach,</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 effects on members of following a five week and ten day notice letter timeline versus time unlimited outreach.</li> <li>Consider formalizing the outreach process to identify examples of expected outreach</li> </ul>

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			<p>a notice letter is sent affording the member ten days to respond before they are closed from SE services.</p> <p>The five week outreach time frame and ten day notice letter suggests some members are closed from SE in about seven weeks. SE staff said that if members do not respond they may be closed from SE after about 60 days of no contact. If members are closed and elect to renew SE services, a new enrollment is required at program re-entry. In the six months prior to the fidelity review, 159 members discharged from SE services.</p> <p>Examples of ESs outreach to members were found in sample records reviewed. Outreach occurred prior to scheduled appointments, calls after missed appointments to reschedule, and coordination with clinic staff to discuss member status. An ES said that if a member is engaged and then has lapses in contact, the change in behavior can be more indicative of a concern than a member who never engaged.</p>	<p>before closure/discharge. Consider including home visits in outreach efforts.</p> <ul style="list-style-type: none"> <li>• Maintaining contact with informal supports, if members permit, may give ESs 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 ESs and members during other phases of SE service.</li> </ul>
<b>Total Score:</b>		<b>68</b>		

SE FIDELITY SCALE SCORE SHEET		
<b>Staffing</b>	Rating Range	Score
1. Caseload	1 - 5	5
2. Vocational services staff	1 - 5	5
3. Vocational generalists	1 - 5	5
<b>Organizational</b>	Rating Range	Score
1. Integration of rehabilitation with mental health treatment	1 - 5	3
2. Vocational unit	1 - 5	4
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	4
5. Permanence of jobs developed	1 - 5	5
6. Jobs as transitions	1 - 5	5
7. Follow-along supports	1 - 5	5
8. Community-based services	1 - 5	5
9. Assertive engagement and outreach	1 - 5	3
<b>Total Score</b>		<b>68</b>
<b>Total Possible Score</b>		<b>75</b>