

SUPPORTED EMPLOYMENT (SE) FIDELITY REPORT

Date: June 21, 2021

To: April Dickerson, Chief Executive Officer

From: Karen Voyer-Caravona, MA, MSW
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AHCCCS Fidelity Reviewers

Method

On April 26 – 28, 2021, Karen Voyer-Caravona and Annette Robertson completed a review of the Recovery Empowerment Network’s (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 REN, the referring clinics included Lifewell Desert Cove and Southwest Network Saguaro.

Last reviewed in April 2019, REN is a Consumer Operated Service Program, which in addition to recovery focused learning and wellness activities, supported volunteering, and Recovery Support Training (RTS), offers SE. Members have access to the SE after the initial REN membership intake. Most SE program participants are referred internally.

March 11, 2020, the Governor of Arizona made a Declaration of Emergency and an Executive Order in response to the pandemic, Coronavirus 2019 (COVID-19). Among others, recommendations were made to practice social distancing of six feet to avoid spreading the disease as well as limiting gathering of groups of more than ten people. This review was conducted during the pandemic and adjustments were made to the review process to observe the Governor’s requests and to reduce burden on providers, including reducing the sample size of member records reviewed, conducting staff and member interviews telephonically or videoconferencing, remote access to provider electronic health records when available, and other adjustments as needed to be in compliance with the guidance.

REN staff interviewed reported that the public health emergency imposed challenges to the SE program. All agency programs shut down for several days in early April in order to consider an agency response. Due to uncertainty about health risks posed by the novel coronavirus, many members and agency staff, including SE staff, were not comfortable coming into the center or being out in the community. Some members

opted to discontinue SE services, some lost employment due to the shutdown, and some continued services telephonically. A contracting job market, member concerns about health risk, and restricted access to clinic services combined to significantly reduce referrals to the SE program. Further, the SE program lost all its staff, leaving other agency staff to provide remote job searches and follow along support to program participants. REN resumed in-person services in June 2020, providing SE services in-person, over telephone, and by video conference depending on the member's comfort level. At the time of the review, the CEO was supervising two program staff in delivery of SE services, a recently hired full-time Employment Specialist and the Finance Manager, who devotes approximately 10% of their time to the SE program.

The individuals served through the agency are referred to as *members*. Agency staff providing SE services are referred to as Employment Specialists (ES).

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

- Observed an SE treatment team supervisory meeting on Wednesday, April 28, 2021,
- Group interview with the REN Chief Executive Officer (CEO) and the Finance Manager (FM),
- Individual interview with the REN Employment Specialist (ES),
- Group interviews with Rehabilitation Specialist and Case Managers from two partner clinics,
- Individual interviews with three members receiving SE services,
- Review of ten randomly selected electronic records,
- Review of requested employment data of all members enrolled in the SE program, and
- Review of agency provided SE program promotional materials and organizational chart.

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:

- Member interviews and records reviewed showed that ESs at REN provide individualized job search reflecting stated job goals, needs and preferences, and that these were reflected in vocational profiles and progress notes.
- Jobs developed since the last review period were permanent and competitive.
- Members participating in the SE program can end jobs for any reason and ESs will work with them to find new jobs. REN marketing materials indicate that job ends are learning opportunities and experiences for the next job.

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

- For effective employment support, REN ESs should provide only vocational services to assist members in obtaining and keeping

competitive employment.

- REN ESs should provide the entire range of supported employment services, starting from intake and continuing through post-employment follow along support.
- REN should rebuild the SE program to form a vocational unit with an experienced team lead to supervise two full-time ESs. When the size of the SE program cannot accommodate two ESs, ensure that the ES is provided opportunities for networking, mentoring, and sharing of resources with other vocational professionals in the community.
- Improve integration between the SE program and behavioral health treatment providers. Educate clinics about the SE program at REN and the value of collaborative, integrated care with SE providers for member benefit. ESs should attend at least one clinical meeting weekly for every assigned team and participate in shared decision making as advocates and educators on the role of competitive work in recovery.
- As often as possible, vocational services should be provided in the community in locations relevant to the job search.

SE FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
Staffing				
1	Caseload:	1 – 5 5	REN SE caseloads are within the optimal range. At the time of the review 26 members were enrolled in the SE program. Sixteen members were assigned to the full-time ES. The Finance Manager has a caseload of ten members until a second ES is hired.	
2	Vocational Services staff:	1 – 5 3	The ES is fully dedicated to the SE program and provides only vocational services. The ES may attend peer support and other groups offered at the agency to educate members about SE services offered. The FM is providing SE services about 10% of the time.	<ul style="list-style-type: none"> • In order to ensure access to effective employment support, ESs should not be diluted with other priorities and should provide SE services almost all of the time. Continue efforts to hire a second ES to be fully devoted to the SE program.
3	Vocational generalists:	1 – 5 3	<p>The ES conducts assessments through follow along support. Intake is conducted by another staff at the time the member joins REN and the new member is then referred to the ES who begins the assessment and work plan phases of the program. Most members are referred to REN for peer support services or Recovery Support Training (RST), and generally learn about the SE program in the course of those activities.</p> <p>The FM provides follow along support to established members with few needs. This staff can provide other phases of employment support as a backup to the ES, but this potential appears limited due to their primary work responsibilities. In the event established members return to job search, they would be seen by the ES.</p>	<ul style="list-style-type: none"> • Streamline the intake process for members being referred to SE services from clinical teams and other external sources by having them meet directly with SE staff. Determine whether paperwork required for general REN membership can be modified or reduced for SE referrals. Direct intakes with SE staff further support a rapid job search and capitalize on member enthusiasm for employment. • Continue efforts to hire a second ES to provide all phases of SE to members seeking competitive employment.
Organization				
1	Integration of rehabilitation with	1 – 5	The ESs work for an SE program within a peer-run organization. They have neither assigned clinics	<ul style="list-style-type: none"> • REN and the RBHA should continue efforts to educate clinical teams about the scope

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	<p>mental health treatment:</p>	1	<p>nor co-located services and therefore attend no clinical team meetings. Based on clinic staff interviews and clinic records, it was not clear that clinical teams differentiate the SE program from the usual pre-employment/job preparation and volunteer services provided within the peer-run programs. Although, SE staff reported that communication with CMs and RSs occurs via phone and email, REN records showed little evidence of coordination of care between the SE program and clinical teams. One member service plan had another SE agency listed as providing services.</p> <p>One SE staff shared an impression that member choice in SE service providers may be limited by clinical teams making referrals primarily to co-located providers or internal SE programs. The reviewers noted that the REN SE program was not included as a referral option on the Vocational Rehabilitation (VR) Service Coordination Form. REN staff reported that the Regional Behavioral Health Authority is assisting the SE program in making in-person introductions to market the program.</p> <p>REN electronic member records showed a complete turnover in the SE program, which may have impeded coordination of care. Exacerbating this may have also been, as reported by REN staff, difficulty connecting with assigned clinic staff due to staff turnover at the clinic level, clinical staff working from home due to the public health emergency, and restricted access to clinic facilities.</p>	<p>of the agency's SE program and clearly differentiate it from the agency's peer services and peer support training opportunities. The RBHA should ensure that the VR Coordination Form is revised to reflect REN as an SE service provider option. When members enroll in REN's SE program, the (correct) service provider should be reflected on the member's clinic service plan.</p> <ul style="list-style-type: none"> • Educate clinics on the benefits to members of collaborative integrated care. SE referrals that originate at REN should be immediately coordinated with the clinical team to avoid duplication in services. 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. • ESs should increase contact with clinics, especially the RS staff for improved coordination of care. Activities can include setting appointments with RS staff, attending quarterly RBHA meetings and sending detailed monthly summaries specific to SE participation. • REN, clinics, and the RBHA should continue to coordinate options for integrating member records, so that clinic and SE staff have access to the same information relevant to supporting recovery, such as vocational profiles, progress notes, employment plans, and

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				<p>monthly progress reports. Consider options for sharing and integrating clinic and SE generated vocational activity profiles so that both providers have a common understanding of the member's current employment goals.</p>
2	Vocational Unit:	1 – 5 2	<p>At the time of the review, the SE program was being rebuilt. Without an experienced vocational services supervisor, both staff providing SE meet weekly (on Thursdays) with the agency CEO for a team meeting. At the meeting observed by the reviewers, all members were reviewed, some in considerable detail, and it appeared that staff were knowledgeable about one another's caseload, although this may be since most SE participants are also connected with REN primary peer support functions. The ES and FM engaged in back-and-forth discussion of members, and it was reported that they do provide each other back up and support. The FM's ability to provide back up support appears limited to phone and in-person at the agency when members are already present for peer services. The CEO is new to vocational rehabilitation, with a limited ability to provide supervision in the SE model, and appears to provide guidance at the executive/administrative level. The FM is in a leadership position but does not supervise the ES and provides relevant SE insight due to previous experience supporting members in seeking competitive employment. The new ES also receives some level of guidance from staff at the RBHA.</p>	<ul style="list-style-type: none"> The SE unit should consist of an experienced vocational services staff to lead the unit and, ideally, two full-time ES to share resources and provide one another with support to service member needs. The unit should receive weekly supervision in the evidence-based practice of supported employment. Identify and support ESs in opportunities for professional development, networking, mentoring, and sharing of resources with other vocational professionals in the community. Continue efforts to fill the vacant ES position(s) with qualified staff with past employment services experience.

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3	Zero-exclusion criteria:	1 – 5 3	The reviewers were told by REN staff that the program is for SMI determined members. Most clinic staff said that members interested in competitive work can be referred for SE, although requests are staffed with the clinical team before sending referrals; current level of care or conflicting prescriber recommendations can present barriers. Staff interviewed from one clinic were unfamiliar with the concept of <i>zero exclusion</i> . REN staff reported, however, that most referrals to the program originate within REN. It was not clear to reviewers that clinical staff interviewed were familiar with the scope of REN's employment services.	<ul style="list-style-type: none"> • System partners should educate all gatekeepers within clinic teams on members' right to request SE services without delay. Research has shown that members referred to SE services can be successful and do not require readiness measures or clinical screening. Low barriers to entry capitalize on member motivation and enthusiasm for work. • Engage all members to consider competitive employment as an opportunity to increase self-worth and independence. • Inform all members of work programs that protect against loss of financial and medical benefits while working. Benefits Specialists typically have the most current and accurate information on the potential for work to increase income.
Services				
1	Ongoing, work – based vocational assessment:	1 – 5 4	SE staff reported that they use the <i>Vocational Profile</i> as a tool to begin conversations about employment, including job preferences and goals, employment and educational history, strengths, skills, hobbies, and interests. Some Vocational Profiles were located in member records, as were some “ <i>job start</i> ” forms. A review of progress notes also showed evidence of members strengths, concerns, and support needs. REN staff said that most contacts with program participants in the last year have been telephonic and at the center due to the public health emergency. Staff said that restrictions regarding where people may enter due to the public health emergency have limited staff ability to conduct on-site or work-based	<ul style="list-style-type: none"> • Vocational Profiles should be considered living documents and a chronical of each member's employment journey. These should be easily located within each member's record and updated regularly to reflect changes in needs and preferences, new insights, and lessons learned. Job start and job end forms can be an excellent addendum for tracking that information. • Following recommended public health guidance, periodically perform work-based vocational assessment. Whenever possible, perform assessments at members' place of employment. Discuss with members the pros and cons of employer disclosure.

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			<p>assessment. Staff said that as the community reopens, and the availability of vaccines grows, some members experience greater comfort in being out in the community.</p>	<p>When members elect not to disclose, some ESs, when feasible and with member's permission, conduct covert assessment at the workplace, either by the ES or another member of the vocational unit. Work-based assessment can be conducted at any phase of employment, including during the job search, such as when ESs listen as members make follow up phone calls to potential employers or when they accompany members into the community for career exploration, visiting industries of interest or possible employment sites.</p>
2	Rapid search for competitive jobs:	1 – 5 5	<p>Since the previous review period, based on the provided member roster, first contact after program entry typically occurred in a median of 19 days. SE staff described an understanding of the rapid search philosophy as important for capitalizing on member motivation and enthusiasm for work. Staff said that they make efforts to secure first employer contacts before 30 days, and that no waiting period is required.</p> <p>Since the public health emergency, SE staff reported that in-person contacts with employers over the phone or via a virtual platform, such as Zoom. SE staff said that some employers could quickly meet with members through the ease of virtual platforms. Data showed that the agency recorded a phone call with an employer as a first employer contact; since the protocol measures only in-person contact the phone call was not counted as a first employer contact. Additionally, one employer identified as the first employer contacted is not a competitive employer but offers positions specifically for people with disabilities.</p>	<ul style="list-style-type: none"> The program should continue all efforts to connect members with potential employers in-person. This should be more than dropping off a resume at a front desk or reception area but involve a meaningful exchange of information with a person with hiring authority. First employer contacts can occur in the context of career exploration activities, such as interviewing a hiring manager about top qualities or skills preferred of a new hire for a given position. First employer contacts ideally are between the member and an employer but could be conducted by the ES on behalf of a specific member.

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3	Individualized job search:	1 – 5 5	<p>Records reviewed showed primarily online job searches that appeared to reflect members' reported job goals. One REN staff said that members control the job search, are encouraged to read job descriptions and qualification requirements posted on search engines. Members interviewed agreed their job searches were based on their stated job goals. Two members reported working at jobs in their areas of interest and one member reported pursuing job leads based on current needs and preferences. SE staff said they encouraged individualized job searches and meaningful paths and fulfillment. One member described being encouraged to aim higher than their originally stated job goal after an assessment of the member's strengths and personality.</p> <p>REN staff reported that many jobs are available but how members interview and their comfort level due to the public health emergency with the types of jobs available may present barriers to job seeking. One staff described helping members log on to YouTube to look at videos about jobs of interest and how they are performed to avoid risk to health in the community.</p>	
4	Diversity of jobs developed:	1 – 5 4	Self-referrals at REN may drive job goals that align with peer support and caregiving positions. Staff interviewed said that it is common for members at REN to discover a passion for caregiving and express a need to give back. Following completion of the agency's recovery support training, many enroll in the SE program. Internal referrals appear to be behind the clustering of jobs in caregiving	<ul style="list-style-type: none"> Continue efforts to provide members with employment opportunities in varied setting with 10% or less in duplicate job type. Within a program linked to a peer support training program, encourage members to explore job types in which that skill set is transferable.

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			<p>and peer support roles.</p> <p>It was reported to the reviewers that the public health emergency negatively impacted referrals (one job start per data provided) and altered the ways in which services could be delivered. In the 24 months since the last review, employer diversity was calculated at 100%; diversity of job type was calculated at 71%.</p>	
5	Permanence of jobs developed:	1 – 5 5	<p>Evidence in data provided, records reviewed, and interviews indicated that virtually all jobs developed since the last review were permanent and competitive jobs. Staff interviewed reported that they do not encourage members to pursue jobs through temporary staffing agencies, although were aware of a member who took a seasonal job and was kept on as a permanent hire. Although REN does offer a supported volunteering program, there was no evidence that members are engaged to pursue that route before seeking competitive employment. Staff interviewed, who themselves identify as peers, expressed a strong conviction that members determine for themselves their own pace at employment, and that they have no need to make those decisions for job seekers.</p>	
6	Jobs as transitions:	1 – 5 5	<p>REN staff interviewed reported that they will continue to work with members if they quit or lose a job. The reviewers were told that there was no reason they would not assist a member in finding a new job other than member request. Records reviewed showed an ES processing the pros and cons of leaving a job with a member, as well as evidence of assisting currently employed members to find new or second jobs.</p>	

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7	Follow-along supports:	1 – 5 4	<p>REN SE staff said that they provide follow along support to members after they obtain employment on a time unlimited basis. Records reviewed showed an ES assisting in self-advocacy by phone with an employer, engaging a member in role play to practice work-place communication skills, and encouraging self-care to cope with stressful situations. SE staff said that follow along can be in-person and at job sites, although since the public health emergency, most follow along has been over the phone and/or at the agency.</p> <p>The public health emergency and lack of dedicated SE staffing during much of the last 12 months may have resulted in inconsistent provision of follow along support. Although data provided showed that one member was employed, records reviewed indicated that member had been terminated. Due to lack of SE documentation for over 12 months, the reviewers could not verify the member’s job status or level of follow along support. In some cases, the restrictions imposed by the public health emergency eliminated on-site and community-based follow along support, and in other cases members chose to limit in-person contacts due to health risk. However, staff said they can go on-site if needed and agreed upon by members. The reviewers were told that some members prefer not to self-disclose to employers, one ES said self-disclosure can benefit members by allowing for workplace accommodations.</p>	<ul style="list-style-type: none"> Beginning in the early phases of SE, educate members on the range of opportunities for follow along support and regularly remind them of its benefits. To the extent possible under public health guidance and members’ comfort level, offer community-based and work site follow along support. Discuss with members the pros and cons of employer disclosure as it relates to the provisions of follow along support.
8	Community-based services:	1 – 5 1	<p>At the time of the review, REN did not provide evidence of ES employer engagements on behalf of members. It was reported that this data may have been lost during a period of recent staff turnover. The reviewers did find employer contact</p>	<ul style="list-style-type: none"> As often as possible, vocational services should be provided in the community, ideally in locations that are relevant to the job pursued. Following the recommended public health guidance, staff should work

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			<p>forms attached to individual progress notes recorded earlier in the year in member records. However, it appeared that those forms were primarily used to track online job searches and follow up phone calls to employers. Evidence of active community-based job development and employer engagement, marketing the member and/or supported employment, was not found.</p> <p>SE staff reported that due to the public health emergency most services are provided over the phone and at REN. Staff said that they will provide community-based services but that many members are not comfortable going into the community or meeting in-person. Staff said that members who feel comfortable coming into REN are often seen there. Staff reported recently supporting a group of members in attending a job fair in the community.</p>	<p>towards providing 70% or more of all vocational services in the community.</p> <ul style="list-style-type: none"> ESs should have skills to build relationships with and market members and their services (or an enthusiasm for learning those skills) to potential employers. Conducting these activities need not breach member confidentiality or require that members disclose disability status. Technical assistance in this area may of benefit to Employment Specialists.
9	Assertive engagement and outreach:	1 – 5 3	SE staff interviewed said that outreach to members is performed by phone, email, or when the member is in attendance at the REN peer run program. One staff reported typically calling members to remind them of upcoming appointments and calling the next day if scheduled appointments are missed. Some evidence of this was located in recent contact notes in records reviewed. One record, however, showed no evidence of contact with the SE program for an enrolled member in over a year. One SE staff said that they can also go to the clinic to locate members who have been out of contact, although due to the public health emergency many clinics have restricted entry. SE staff said that they will conduct home visits, but only with member permission, so as not to infringe upon their	<ul style="list-style-type: none"> Ensure all outreaches, including phone, email, and text, are documented in the member record and continue engagement efforts until members indicate they are no longer interested in SE services. Consider including informal supports and/or emergency contact as an additional step in re-engaging members. Regardless of whether or not the member is referred by the clinical team or self-refers while already a REN member, the agency and clinic partners should ensure that REN is clearly identified as the SE provider on the member’s clinic service plan. Obtain release of information to facilitate coordination of care. REN should share SE

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			<p>privacy, or when accompanied by a member of the clinical team. The reviewers did not see evidence of home visits in member records.</p> <p>Lack of specificity in service planning between REN and clinical teams may have rendered case managers and rehabilitation specialist as ineffective partners in outreaching members. Interviews indicated that some clinic staff appeared to be neither aware that co-served members are receiving SE services through REN nor the full scope of REN's employment services.</p> <p>Data provided to the reviewers showed that two members were discharged in the past six months at member request, due to either relocating out of the service area or no longer interested in employment services.</p>	<p>specific monthly summaries of services provided with clinical teams, which should be integrated in the member's electronic clinic record.</p>
Total Score:		53		

SE FIDELITY SCALE SCORE SHEET		
Staffing	Rating Range	Score
1. Caseload	1 - 5	5
2. Vocational services staff	1 - 5	3
3. Vocational generalists	1 - 5	3
Organizational	Rating Range	Score
1. Integration of rehabilitation with mental health treatment	1 - 5	1
2. Vocational unit	1 - 5	2
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	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	4
8. Community-based services	1 - 5	1
9. Assertive engagement and outreach	1 - 5	3
Total Score		53
Total Possible Score		75