

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

Date: September 7, 2021

To: Joyce Behrens, General Manager  
Chelsie Christensen, Production Manager

From: Annette Robertson, LMSW  
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AHCCCS Fidelity Reviewers

### **Method**

On June 7 – 9, 2021, Annette Robertson and Karen Voyer-Caravona completed a review of the WEDCO 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 WEDCO, the referring clinics included Southwest Network Estrella Vista and Terros Health 23rd Avenue Health Center.

WEDCO partners with the Regional Behavioral Health Authority to provide SE services to members, in addition to other partnerships with state and federal programs. This review will focus on those members enrolled in the SE program. The program flier provided to reviewers clearly identifies attributes of a high-fidelity SE program.

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.

WEDCO reported responding quickly to the public health emergency in part due to having a pandemic plan previously formalized. Leadership directed staff to continue to offer vocational services remotely as billing details were being developed.

Accommodations were made for your agency as reviewers were unable to access a web-based electronic health records system and member records were thus supplied by your agency staff for review.

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

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

- Observation of an SE team meeting.
- Observation of a weekly integrated clinical team meeting at the co-located site Terros Health 23<sup>rd</sup> Avenue, Team Inspire.
- Group interviews with the General Manager and Production Manager, and with three Employment Specialists (ES).
- Group interviews with staff from referring clinics including a case manager and three rehabilitation specialists from one clinic and two case managers and three rehabilitation specialists from another.
- Review of documents provided by WEDCO from randomly selected member records, as well as remote review of records of members from the two partnering clinics identified.
- Review of agency provided data and documents including *1<sup>st</sup> Employer Contact Report*, *Employer Contact and Call Log*, *Shared Employer Contact Log*, and *MERCY SE Flyer 521*.

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 provide only vocational services and provide the full range of phases of vocational services to members.
- SE and clinic staff interviewed said that there is no exclusion from SE or screening of members for work readiness when expressing an employment goal.
- Nearly all jobs developed by ES were both diverse and permanent. When those jobs end, ES support members transition to new jobs.

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

- Increase the frequency of contact between the clinical and SE teams. Ensure important information relating to member care is relayed in a timely manner. Allow ES to engage in discussion regarding employment, for members not already referred, with clinical teams, including case management, nurses, and psychiatrists, prompting them to consider other members that may have interest in competitive work.

- Explore opportunities for ES to provide services to each other's members. Consider opportunities such as providing transportation to job interviews, introductions to employers, assisting in mock interviews, and conducting discreet workplace observations. This allows members an opportunity to reinvigorate their motivation and allows ES staff to provide assessment and input into each other's caseloads for a true vocational unit approach. Ensure ES have adequate time during team meetings to share resources and experiences.
- ES should be encouraging members to meet in the community. As public guidance expands, increase efforts to engage with members in community settings. Ensure contacts with employers are documented in member records with a brief description of the reason for the interaction and location. Consider reviewing contacts made in the community during the team meeting or during weekly individual supervision.
- Increase assertive outreach and engagement services. These efforts should be clearly documented in the member progress notes, rather than a separate document. Consider reviewing contacts during weekly supervision.

### SE FIDELITY SCALE

| Item #              | Item  | Rating         | Rating Rationale   | Recommendations  |
|---------------------|---|----------------|--|--|
| <b>Staffing</b>     |   |                |  |  |
| 1                   | Caseload:   | 1 – 5<br><br>5 | Data provided to the reviewers showed that eight ES were delivering services to 82 members. Caseload sizes were inconsistently reported by agency staff. No ES appears to have a caseload over 25 members, but this is unclear. With seven ES serving 82 members, the member to ES ratio is approximately 12:1.  |  |
| 2                   | Vocational Services staff:                                  | 1 – 5<br><br>5 | Although WEDCO provides other vocational services, i.e., Work Adjustment Training, classroom training, etc., staff stated that ES only provide vocational services. In random records sampled, ES documented provision of services that align with vocational services. Staff interviewed at partnering clinics stated that ES only provide vocational services.             |  |
| 3                   | Vocational generalists:                                     | 1 – 5<br><br>5 | Staff at the clinics interviewed reported that ES provide all phases of vocational services including intake to the SE program. ES provide engagement, assessment, job development, job placement, job coaching and follow-along supports. One clinic staff stated that each ES provides the same range of services, but each bring their own individuality to the position. |  |
| <b>Organization</b> |   |                |  |  |
| 1                   | Integration of rehabilitation with mental health treatment: | 1 – 5<br><br>2 | Of the seven ES, one participates in weekly integrated treatment team meetings. Some ES reported having weekly contact with Rehabilitation Specialists assigned to shared members. All ES are participating in meetings with Rehabilitation Specialists from various teams at least once a month where they discuss individual member’s employment goals and actions toward  | <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 Managers, Rehabilitation Specialist, and Nurse). ES should stay for the entire meeting duration to allow discussion of members already referred, and to prompt clinical teams to think about employment for members not</li> </ul> |

| Item # | Item | Rating | Rating Rationale   | Recommendations  |
|--------|------|--------|--|--|
|        |      |        | <p>reaching those goals. These meetings are not to be confused with integrated clinical team meetings where case managers, nurses, peer support, psychiatrists and other clinical staff are in attendance. Few opportunities occur for ES to assist teams in imagining employment for persons who have not yet expressed an interest in employment/vocational services.</p> <p>The meeting attended by reviewers was via a teleconference platform, although no staff were on camera. The ES was offered an opportunity to address the team, inquiring about recent referrals and provided an update on a member.</p> <p>Only one ES was co-located at the time of the review. The ES shares office space with a vocational counselor and another co-located ES from a different agency and is in close proximity to the integrated treatment team. Documentation of members' behavioral health and the employment services remain in separate charting systems.</p> <p>Integration between behavioral health and vocational services was not well-supported. Member records reviewed showed a member experiencing an increase in anxiety that was impacting their ability to search for employment, although; there was no evidence that the ES communicated such to the clinical team. One ES was not involved in staffings that included the member's probation officer until the ES requested an invitation. For this member, the probation officer appeared to be a barrier for the member obtaining employment and coordination with the ES may have been helpful.</p> | <p>already referred. ES support the clinical team's buy-in into the Evidence Based Practice of SE. ES Supervisor should occasionally attend integrated clinical team meetings. This may be an opportunity to offer job placement statistics and share success stories.</p> <ul style="list-style-type: none"> <li>• Consider arranging presentations to clinics or specific teams with low referral rates. Inviting members to give firsthand testimonials would be an impactful accompaniment.</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 ES to participate or attend clinical team meetings.</li> <li>• Frequent contact between the clinical and SE team supports members in having accurate information, preventing them from receiving conflicting messages. Additionally, ensure that ES are made aware of medications changes promptly or other issues that may impact the employment goal, in order to better support the member during those changes.</li> <li>• Locating the ES desk directly within the integrated team could improve coordination and support members in being successful in their employment goals.</li> </ul> |

| Item # | Item                     | Rating         | Rating Rationale  | Recommendations   |
|--------|--------------------------|----------------|---|---|
| 2      | Vocational Unit:         | 1 – 5<br><br>3 | <p>The SE team is supervised by two managers and meet as a group every other week. The team meeting does include staff from other contracts, i.e., Vocational Rehabilitation. Nineteen staff attended the meeting observed by reviewers. The majority of the meeting focused on training staff about changes to Rehabilitation Services. SE staff had an opportunity to discuss caseloads, as did other staff not part of the SE team. ES interviewed reported that they review their entire caseload with a manager weekly. Other staff stated that this time is used to conduct coordination of care.</p> <p>An SE staff interviewed reported that one ES has specific experience working with veterans and persons with a criminal history and provides support in those areas to members across the team when needed, regardless of ES assignment. SE staff reported that when taking time off work, other ES will cover caseloads. Although SE staff reported that ES provide some specialty support and services to members assigned to other ES, there was no evidence in member records reviewed.</p> | <ul style="list-style-type: none"> <li>• Ensure adequate time is allowed during team meetings for ES to share resources on employers and job leads, insights, and to share successes. The program meeting that reviewers observed included staff from other contracts and programs. The SE program reviewed may want to consider a separate meeting to allow a more meaningful and specialized interaction among ES working with members with a serious mental illness.</li> <li>• Support ES in providing cross coverage for members in order to prevent gaps in services, maintain motivation for job search activities, and provide support for unanticipated workplace issues that could threaten job retention. As members become more comfortable in the community, ES should be available to support member transportation needs, drop by job sites when approved by members, and to assist with mock interviews to help prepare members.</li> </ul> |
| 3      | Zero-exclusion criteria: | 1 – 5<br><br>5 | <p>The agency supports a rapid referral process and will provide SE services to members without a complete referral packet. When members approach SE staff regarding an interest in services, SE staff simply coordinate with the clinical team to inform them of the member expressing the desire to work. Administrative staff at the SE agency check eligibility and the ES schedules an intake appointment. Members are not required to complete any assessments or evaluations prior to the job search process. From records provided to reviewers, it appears six members transferred</p>   | <ul style="list-style-type: none"> <li>• Ensure members are informed of all vocational options at the clinic level. Explore ambivalence to work; research shows most members are fearful of losing benefits. Provide regular benefit counseling at the clinic level to keep members aware of the variety of options for maintaining benefits while also exploring work. Members are more successful in their recovery when they have meaningful activities/work.</li> </ul>   |

| Item #          | Item   | Rating     | Rating Rationale   | Recommendations  |
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|                 |  |            | from a WAT program to the SE program.  |  |
| <b>Services</b> |  |            |  |  |
| 1               | Ongoing, work – based vocational assessment: | 1 – 5<br>4 | <p>Staff interviewed reported using the Vocational Profile (VP) during the intake process to assess education and work history and that it is a live document. Staff reported making adjustments to the VP when members change their goals. Some members may keep the same goal so the VP may not change. For members that are working, staff reported the ability to assess job skills had been impacted due to the public health emergency. Staff reported employers have been focused on keeping employees safe and are not open to on-site observations.</p> <p>Records sampled indicate the assessment may not be used to its full potential to explore employment barriers, especially those that are self-imposed. Vocational Profiles did not appear to be updated; although assessment comments were noted in progress notes, it did not appear that assessments were discussed with members to test theories or jump start discussion about attitudes or behaviors that might inhibit the attainment of satisfying employment. In one record, the ES assessed that a member did not appear ready and stable enough to achieve a change in their job goal. However, it was not clear that this was discussed with the member, nor that the ES explored with the member their motivation for and commitment to securing and retaining such employment. In another record, the ES did not appear to explore a member's discouragement and decision to change their job goal after a prospective employer recommended "researching" the company prior to a face-to-face interview earned through a</p> | <ul style="list-style-type: none"> <li>Vocational assessment should be ongoing, with insights documented and explored with job seekers. Vocational assessment does not end with the completion of the Vocational Profile, which is a tool providing a framework upon which discussion about job goals, dream careers, work history, education, and skill deficits (real or imagined) can begin. It may be appropriate for the ES to “pin” an observation or theory for later discussion with the member so that the ES has time to reflect, or staff with the clinical team or during the SE team meeting. However, ES should document a plan to address ongoing assessment issues or concerns identified, as well as any resolution to them.</li> </ul> |

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|        |                                    |            | successful phone interview. Additionally, another record lacked documentation of assessing and discussing skill deficits when a member's position ended; this could have provided valuable insight for how to respond differently in the next job.  |  |
| 2      | Rapid search for competitive jobs: | 1 – 5<br>4 | <p>Staff at clinics interviewed, and a member confirmed, that job search started right away after program enrollment. Member records reviewed showed that some members had delays to scheduling intake to the program. One member referral was delayed after the RS coordinated a referral with an ES. Clinic records showed a lack of coordination from the ES even though verbal permission had been secured. It was unclear why scheduling the member intake was delayed. Some members may be open with WEDCO in a different program and are then referred for SE services. Those internal referrals appeared to happen very quickly.</p> <p>Restrictions created by the public health emergency may have impacted employer first contacts. For members whose data was provided for a first employer contact and were opened with the agency in the past 24 months, first employer contacts occurred at a median of 27 days. However, SE staff reported most employers use online applications and many prefer the convenience of meeting with, and interviewing, potential employees using virtual platforms rather than in person.</p> | <ul style="list-style-type: none"> <li>Ideally, first employer contacts occur in-person in the community within 30 days of program enrollment. As public health guidance and member comfort allows strive to get members in front of potential employers as soon as possible. First contacts need not be job interviews but can include information gathering meetings to help members learn about industries of interest or insights into how to prepare for an interview for a particular position. Further, first employers contacts made by ES on behalf of a specific member are also acceptable. A first contact made on behalf of a member should be documented in the member record to reflect the nature of the contact, outcome, and plans for follow up.</li> <li>Consider updating the <i>1st Employer Contact Report</i> to include the method of the contact, i.e., in person, phone, teleconference platform, etc.</li> </ul> |
| 3      | Individualized job search:         | 1 – 5<br>4 | <p>Staff interviewed stated they assist members in searching for jobs in which they express interest. One member interviewed reported that the ES made suggestions but that the member had the final decision regarding which positions were</p>  | <ul style="list-style-type: none"> <li>Research shows that members are more successful in jobs that meet their needs and preferences. Jobs that meet multiple needs and preferences present powerful</li> </ul>  |

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|--------|------------------------------|----------------|---|---|
|        |                              |                | <p>applied for. Reviewers were provided a list of employer contacts. Records sampled showed that some job searches appeared very broad; staff interviewed described this as a reflection of member choice. However, there was little evidence that staff use the Vocational Profile, other assessment tools, or interview strategies (Motivational Interviewing) to help members focus their needs and preferences to target jobs at which they will be motivated to retain. Some records did not reflect an emphasis on a clear job goal, and some job applications appeared to be made impulsively.</p> | <p>motivation to make important attitudinal and behavioral changes that support recovery. Although income is a legitimate need for most, if not all job seekers, job searches are likely to be most successful when members are following a clear path toward meeting multiple needs and/or higher order employment outcomes. ES should support members in job searches that meet multiple needs and preferences.</p> <ul style="list-style-type: none"> <li>• Consider developing a document to track employer contacts, eventually to be included in the member record. <i>Individual Placement and Support Employment Center</i> offers a template that the program may find helpful <a href="https://ipsworks.org/wp-content/uploads/2017/08/sample-employer-contact-log-eng.pdf">https://ipsworks.org/wp-content/uploads/2017/08/sample-employer-contact-log-eng.pdf</a> . Employer contacts for each member should be logged to clearly identify which have been contacted and the results. Review of these logs by the SE Supervisor is suggested. Additionally, when other ES step in to offer support, this log could be used to enhance the job search already completed.</li> <li>• Ongoing, work-based assessment often goes hand-in-hand with individualized job search. See recommendation for Services: Item 1.</li> </ul> |
| 4      | Diversity of jobs developed: | 1 – 5<br><br>5 | <p>Staff interviewed reported that due to the labor shortage that occurred during the public health emergency, members were afforded the greater diversity of job types and employers. Records reviewed and members interviewed appeared to confirm this. Employment data provided showed</p>   |   |

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|--------|-------------------------------|------------|---|--|
|        |                               |            | that all jobs created in the review period were with diverse employers, and that less than 10% of job types were duplicated.  |  |
| 5      | Permanence of jobs developed: | 1 – 5<br>5 | Agency staff report the vast majority of jobs members seek are permanent and that ES do not recommend temporary positions. Staff said that members are ready to get out into the community coming out of isolation after the public health emergency to look for permanent work. Based on review of data provided, all the employed members are in competitive and permanent positions.   |  |
| 6      | Jobs as transitions:          | 1 – 5<br>5 | Staff interviewed reported that they support all members who are interested in finding a new job after an old job ends, regardless of the reason. Evidence of this was located in sampled records. Staff interviewed reported assisting members immediately to find work after one job ends but that it often depends on the member’s motivation. ES will normally coordinate with clinical teams and provide an update. One ES stated that recently a member lost their job and wanted to wait for legal issues to subside before pursuing a new job.                                    |  |
| 7      | Follow-along supports:        | 1 – 5<br>5 | Per interviews with ES, clinical staff, and members, as well as records reviewed, ES provide time unlimited follow along support for members in retention services. Records showed evidence that ES discuss provision of follow along/retention services at intake and again when it appears that members are likely to or have secured employment. The reviewers were told that follow along support is usually provided once or twice a month, or as needed. Evidence of unscheduled follow along support delivered via text or phone call was located in records. Other records showed | <ul style="list-style-type: none"> <li>Ensure follow along supports are scheduled regularly and individualized to the member strengths and needs. Documentation of ES efforts to provide follow along supports should be included in the member clinical record, rather than a separate document.</li> </ul> |

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|--------|------------------------------------|------------|--|---|
|        |                                    |            | it being provided in-person and over a virtual platform. Follow along support activities may be related to assistance in filing unemployment, reporting income to social security, and requests for time off. One record showed an ES offering to assist with seeking workplace accommodations.  |   |
| 8      | Community-based services:          | 1 – 5<br>2 | <p>For much of the last 14 months, public health emergency, factors such as capacity limits, employer work-place restrictions, and members’ concerns about health risk, restricted the ability of ES to provide community-based services. At the time of the review, SE staff reported that only 20% of members felt comfortable meeting in the community. The reviewers were told that one ES works primarily in-person in the community while another ES delivers all services remotely.</p> <p>Many records showed services were primarily provided over the phone. Over a 24-month period, only five records showed documentation of SE staff meeting members in the community. During the public health emergency, only two ES met with members in the community, one did so exclusively. There was evidence in one member record that the ES encouraged meeting in an alternative location to increase exposure to other employers. There were five incidences documented of telehealth service delivery. Records showed that on average, ES met with members in the community 33% of the time over a 24-month period.</p> | <ul style="list-style-type: none"> <li>• Research has shown that providing SE services in the community leads to better outcomes for members. Although members may prefer to meet in clinic settings or other locations they are familiar with, ideally ES should be encouraging members to meet in alternative settings to expand their comfort level, possibly meeting at a potential employer setting. As public guidance expands, increase efforts to engage with members in community settings for those that are seeking jobs in the community.</li> <li>• Community-based service delivery should also include direct contacts with employers that align with the member’s employment goals. Ensure contacts with employers are documented in member records with a brief description of the reason for the interaction and location.</li> <li>• Consider reviewing contacts in the community during the team meeting or during weekly individual supervision to encourage ES efforts to reinforce the value of community-based services.</li> </ul> |
| 9      | Assertive engagement and outreach: | 1 – 5<br>2 | Staff stated that when members fall out of contact with ES staff, another team member will conduct phone outreach in an effort to re-engage. Staff reported they have found this to be effective when  | <ul style="list-style-type: none"> <li>• Document missed appointments and outreach efforts in a timely manner. Outreach should begin immediately after missed appointments and ideally include</li> </ul>   |

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|---------------------|------|-----------|---|---|
|                     |      |           | <p>members have missed an appointment and may be embarrassed but feel more at ease speaking with another ES to reconnect to services. Staff also reported utilizing family and natural supports as a resource to re-engage with members. They also said that they will knock on doors, will connect with the clinical team for next appointment, ask if contact information has changed, etc. Documents provided to the reviewers (Employer Contact and Call Log), had little detail about actual contact with members and some did not identify which staff made the contact, nor the content of the conversation. Attempts to connect with natural supports were not seen in records provided. No attempts to connect with members at their homes were noted.</p> | <p>outreach efforts in the community, including the member's home. Consider reviewing all missed appointment follow up during weekly individual supervision.</p> <ul style="list-style-type: none"> <li>• Ideally, record of missed appointments and outreach would be chronologically noted in the progress notes section of a shared electronic health record so that the most current information on the member's needs and participation is easily accessible to the ES and clinical staff. This would include outreach to members, their clinical team, and natural supports.</li> </ul> |
| <b>Total Score:</b> |      | <b>61</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        | 2         |
| 2. Vocational unit  | 1 - 5        | 3         |
| 3. Zero-exclusion criteria                                    | 1 - 5        | 5         |
| <b>Services</b>   | Rating Range | Score     |
| 1. Ongoing work-based assessment                              | 1 - 5        | 4         |
| 2. Rapid search for competitive jobs                          | 1 - 5        | 4         |
| 3. Individual job search                                      | 1 - 5        | 4         |
| 4. Diversity of jobs developed                                | 1 - 5        | 5         |
| 5. Permanence of jobs developed                               | 1 - 5        | 5         |
| 6. Jobs as transitions  | 1 - 5        | 5         |
| 7. Follow-along supports                                      | 1 - 5        | 5         |
| 8. Community-based services                                   | 1 - 5        | 2         |
| 9. Assertive engagement and outreach                          | 1 - 5        | 2         |
| <b>Total Score</b>  |              | <b>61</b> |
| <b>Total Possible Score</b>                                   |              | <b>75</b> |