

SUPPORTED EMPLOYMENT (SE) FIDELITY REPORT

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To: April Dickerson, Chief Executive Officer
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Introduction

Arizona Health Care Cost Containment System (AHCCCS) has contracted with Western Interstate Commission for Higher Education Behavioral Health Program to conduct Fidelity Reviews using the Substance Abuse and Mental Health Services Administration (SAMHSA) Supported Employment Fidelity Scale, an evidence-based practice (EBP). Supported Employment refers specifically to the EBP of helping members with a serious mental illness (SMI) find and keep competitive jobs in the community based on their individual preferences, not those set aside for people with disabilities.

Method

On May 2 – 4, 2023, Fidelity Reviewers 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. Services are reviewed starting from the time an SMI participating member indicates an interest in obtaining competitive employment and continues through the provision of follow along supports for people that obtain competitive employment. In order to effectively review SE services in the Central Region of Arizona, the review process includes evaluating the working collaboration between each SE provider and referring clinics with whom they work to provide services. For the purposes of this review at REN the referring clinics included Jewish Family and Children's Services Michael R. Zent Healthcare and Terros Health 51st Avenue. This review was conducted remotely, using videoconferencing and telephone to interview staff and members.

REN is a Consumer Operated Services Program that offers learning, wellness and social activities, Peer Support Training, Supported Volunteering, and Supported Employment, among other services. REN is staffed with persons with lived experience in mental health or substance use recovery.

During the fidelity review, reviewers participated in the following activities:

- Observation of a REN Supported Employment team meeting on May 4, 2023.
- Observation of an Integrated Treatment Team meeting at the Jewish Family and Children’s Services clinic on May 3, 2023.
- Individual interview with REN’s SE Manager.
- Individual interview with REN’s Employment Specialist.
- Group interviews with staff from referring clinics including three Case Managers and one Rehabilitation Specialist from one clinic, and one Case Manager and two Rehabilitation Specialists from another.
- Individual phone interviews with three members receiving SE services.
- Review of data and documents from ten randomly selected member records provided by REN, and remote review of randomly selected member records from the two partnering clinics identified, including a sample of co-served members and a review of the agency’s SE program promotional materials and the *REN Supported Employment Engagement and Outreach Checklist*.

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

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

Summary & Key Recommendations

The agency demonstrated strengths in the following program areas:

- The SE team has been able to assist members in a rapid search for employment. The median number of days between admission and meeting with a potential employer was 16. Most members were accompanied by the Employment Specialist and all first contacts were in-person with an employer.
- Jobs developed showed great diversity in both employer and in job types.
- Employment Specialists provide job options that are both permanent and competitive.

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

- 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 for member benefit. Employment Specialists and clinical staff should consider options for scheduling meetings to review cases and discuss mutually served members more frequently, especially non-co-located providers. Employment Specialists 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.
- Employment Specialists should strive to spend 70% or more of their time delivering services in community settings.
- When members are not meeting with Employment Specialist staff as scheduled, begin outreach immediately and document all outreach efforts including phone, email, and text. Improve consistency throughout the program in the member engagement process. Consider

reviewing contacts during weekly supervision. Some programs connect with natural supports early on in the program and rely on them when members lack consistent follow through.

- Improve documentation of services delivered to members to accurately reflect services delivered and increase the potential for cross coverage services by the team.

SE FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
Staffing				
1	Caseload:	1 - 5 5	The SE program consists of one full-time Employment Specialist (ES), and one partially assigned Supported Employment Manager/Finance Coordinator (SE Manager). At the time of the review 22 members were enrolled in the SE program. 19 members were assigned to the full-time ES, and 3 members were assigned to the SE Manager.	
2	Vocational Services staff:	1 - 5 4	Per interviews with SE program staff, the REN ES provides only vocational services to members. The SE Manager is not assigned 100%, providing SE services about 30% of the time. The ES staff reported that all duties are focused on job development, job placement, and job retention.	<ul style="list-style-type: none"> In order to ensure members' access to effective employment support, SE staff should not be diluted with other priorities and should provide SE services nearly all of the time. Continue efforts to hire a second ES to be fully devoted to the SE program.
3	Vocational generalists:	1 - 5 4	The REN ES provides most phases of vocational services. Most members are first referred for general membership at the peer run agency and subsequently seek out or are referred internally to the SE program. Members referred to REN exclusively for SE services complete the intake with the agency's Intake Coordinator. Then members meet with the ES to complete a Vocational Profile to assess needs and preferences and begin the work plan process.	<ul style="list-style-type: none"> ES should provide the full range of phases of vocational services to members, including intake to the program.
Organization				
1	Integration of rehabilitation with mental health treatment:	1 - 5 3	The REN ES is co-located at one provider clinic: Jewish Family and Children's Services. SE staff reported that communication with Case Managers and Rehabilitation Specialists occurs via phone, email, and in-person with the co-located clinic.	<ul style="list-style-type: none"> Ideally, SE staff have multiple contacts weekly with each member's clinic team staff. SE staff do have more control over the role in maintaining frequent contact with co-located clinic staff. Serving members at multiple clinics likely impacts

		<p>Based on interviews with SE staff and co-located clinic staff, the ES is part of the clinical team, and attends a full clinical team program meeting weekly that includes the Psychiatrist, Clinical Coordinator, Team Lead, Case Managers, and Rehabilitation Specialist. In addition to the weekly integrated team meeting, the ES will meet with members at the clinic to share information on SE services prior to a referral being made. Evidence of this occurring was observed in two member records reviewed. Clinic staff and the ES also reported the ES is at the clinic an additional day each week providing coordination of care with Case Managers and the Rehabilitation Specialist, will attend staffing's, and meet with potential members interested in SE services.</p> <p>Reviewers observed an integrated team meeting via videoconference. The ES provided updates on mutually served members and was provided feedback by clinical staff. The ES was able to give input to members not already assigned to the program and the clinical team identified a member that would benefit from SE services.</p> <p>Based on interviews with staff at one clinic, awareness of services mutually served members receive is only recognized when members self-report. REN records showed little evidence of coordination of care between the SE program and clinical teams. No clinic staff interviewed were aware of referred members working. Integrated team meetings and/or coordination of care with the co-located clinic were documented an average one to two times for the past three months. Documentation of coordination of care with non-</p>	<p>fully participating in weekly meetings for each team. While not fully aligning with fidelity for this item, ES and clinical staff should consider options for scheduling regular meetings to review cases and discuss referrals. Though not a substitute for integration, the SE Program may consider providing clinical teams monthly summaries that clearly and accurately reflect services provided, member participation, progress toward employment goals, barriers to success, and plans for future action/needs.</p> <ul style="list-style-type: none"> • Ensure that weekly clinical team and vocational staffing participation is documented clearly and reflects ES participation. Documentation in the member's record of those conversations may be helpful when other SE staff step in to provide coverage.
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			co-located clinics was absent in member records. One clinic member's record showed another SE agency as providing services, and another member had been discharged from the REN SE Program, yet the referring clinic was unaware.	
2	Vocational Unit:	1 - 5 4	<p>The ES and SE Program Manager meet weekly to review members on the SE Program roster. During the vocational unit meeting observed, members were reviewed in detail including coordination with clinical teams. SE staff referenced members' progress, engagement, and challenges. Resources were shared, and schedules were reviewed. It appeared that staff were knowledgeable about one another's caseload, and cross coverage was discussed for a few members.</p> <p>One member interviewed indicated receiving services from both SE staff. Two members were unaware of another staff that is available to them when needed. One suggested additional staff in the SE program would be beneficial when needing assistance and the ES is not available. Cross coverage was not seen in sample records reviewed. It was reported REN is in the process of hiring an additional ES.</p>	<ul style="list-style-type: none"> Ideally, the SE unit should consist of two full-time ES to share resources and provide one another with support for service member needs. Continue efforts to fill the vacant ES position(s) with qualified staff with past employment services experience.
3	Zero-exclusion criteria:	1 - 5 4	<p>SE staff indicated members are not required to show job readiness, there are no screenings completed with members to be referred for SE services, and members only need to express the desire to be supported in employment. Case Managers and Rehabilitation Specialists interviewed at one referring clinic reported working diligently to promote employment services to members. Staff indicated when members express an interest in employment services, the member's service plan is updated, a</p>	<ul style="list-style-type: none"> System partners should educate all gatekeepers within clinical teams on members' right to request SE services without delay or having to be referred to VR first. Referrals can coincide with VR and an SE provider. 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.

			<p>Vocational Activity Profile is completed to identify employment goal information, and a referral is sent to the SE provider. Most staff at the other referring clinic reported there is no criteria members must meet to receive SE services, and no members interested in employment services are screened or assessed for readiness. One staff did report referring members that are interested in employment services to Vocational Rehabilitation (VR) first and that VR will then connect to an SE provider.</p> <p>Records reviewed showed a rapid referral rate from the clinical teams when members expressed an interest in employment services.</p>	
Services				
1	Ongoing, work – based vocational assessment:	1 - 5 4	<p>SE staff reported that when members first begin employment services, members complete a Vocational Profile as a tool to gather information about preferences and past employment history. The Vocational Profile is then updated when members’ employment goals or status changes.</p> <p>Vocational profiles, amendments, and job start/end forms were uploaded to the members record upon request of reviewers.</p> <p>In two member records, the Vocational Profile was not located. Reviewers did not see evidence of the Vocational Profile being used as a live document, amendments were not seen when there was a change in job search goals, nor did progress notes show an indication of goal changes. It was unclear in records if ES adjusted job search efforts to match member changing preferences. Few job start forms were located and did not identify services members required in order to support</p>	<ul style="list-style-type: none"> • Vocational Profiles are a useful tool for structuring assessment and ideally should be considered living documents 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 end forms can be an excellent addendum for tracking that information. Utilizing these documents would support cross coverage from within the team. • Consider when a member’s job goal changes completing an amendment to the Vocational Profile and document those changes in the member record. Ensure when a member starts or ends a job, discussion occurs, and documented, regarding how the program can support the member to maintain employment and

			<p>employment retention. The ES responded quickly to provide assistance when members were seeking a new job when one ended, however, evidence of job end forms was not seen in records reviewed, nor did progress notes identify next steps or review insights and lessons learned.</p> <p>SE staff reported meeting with members at their place of employment and speaking to supervisors in efforts to support members in their work. The ES reported observing a member in their work setting, per member request, in order to assess performance and to offer feedback, one member interviewed reported the ES supporting them at their place of employment while working and providing feedback.</p>	if the job ended what areas to focus on to support success.
2	Rapid search for competitive jobs:	1 - 5 5	<p>Clinic staff interviewed reported submitting a referral as soon as a member expresses interest in employment. Clinic charts reviewed showed this to be accurate. The majority of intakes by the SE provider were completed in no more than 10 days from the referral date. Members interviewed reported job searching shortly after beginning SE services.</p> <p>SE staff reported the majority of members complete a first employer contact within one week of intake. Since the last review, based on data provided, the median number of days before a member that had a first employer contact was 16. Evidence provided lacked detailed information pertaining to first employer contacts; 47% did not have the employer identified. Documented in-person encounters showed first employer contacts located in seven sampled records reviewed based on dates provided by the agency. The agency incorporated a first employer contact note</p>	

			<p>template in the electronic health record since the last review, none were present in records reviewed. SE staff reported underutilizing the template.</p>	
3	Individualized job search:	1 - 5 3	<p>SE and clinic staff stated that members choose which jobs to apply for. One clinic staff reported that the job search is based on the member's preferences with the guidance of the ES. Members interviewed reported searching for jobs based on their preferred job goals, experience, and location.</p> <p>SE staff reported the job search process is member focused and driven, and completed one to three times weekly. Based on records reviewed of members in the job search process, members were not consistently seen by the ES weekly, some members were seen bi-weekly, monthly, or longer periods of time between job search appointments. In three records, scheduled appointments were at least one month, or more, out.</p> <p>SE staff keep hard copies of job logs for reference when working with members in the job search process. Job logs were uploaded to the members' records upon request. Job logs were reviewed for three out of ten members, but lacked detailed information, and did not include the outcome of the applications submitted. Documentation in progress notes of jobs applied to did not provide follow up activities or outcomes.</p> <p>Documentation reflected jobs applied to with specific companies in some notes and others were vague and listing the type of employment the member was assisted by the ES to apply for i.e.: "Cleaning job, Parts Department, Behavioral Health and Recovery companies." In three</p>	<ul style="list-style-type: none"> • Consider developing a document to track employer contacts, eventually to be included in the member record. 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 may be considered. Additionally, when other ES step in to offer support, this log could be used to enhance the job search already completed. • See recommendation; S1: <i>Ongoing, work – based vocational assessment.</i>

			<p>member records, the ES was seen supporting the members by transporting to interviews. Other records showed interviews were scheduled with no documentation of being applied for and lacked interview outcomes. The ES supported two members with employment verification documentation. One member record showed the ES supporting the member interested in pursuing a career in Peer Support and connecting them for the next Peer Support training while assisting them in searching for employment in the meantime.</p> <p>In sample records reviewed of members that obtained employment, 50% matched documented employment goals. One record showed four different job starts and only one of those jobs matched the member's employment goal.</p>	
4	Diversity of jobs developed:	1 - 5 5	There is great diversity in employers and job types among current members and those that were working at closure in the six months before the fidelity review. Data provided showed a high rate of jobs created were 100% with diverse employers, and zero job types were duplicated.	
5	Permanence of jobs developed:	1 - 5 5	Data provided showed all working members were employed in permanent jobs. No evidence was found of reliance on temporary agencies or seasonal work in order to build resumes or work experience. Members interviewed reported they applied for positions that were permanent, and two were employed in permanent positions. The SE program provides assistance to members with competitive job options that have permanent status rather than temporary or seasonal work.	
6	Jobs as transitions:	1 - 5 4	Per interviews with SE staff and two members, SE staff assist members to find new jobs when one ends and support members when looking to add a	<ul style="list-style-type: none"> Consider increased contact when members first obtain employment to assess and support employment stability, progress,

			<p>second job. SE staff reported that there are no circumstances they would refuse to work with a member to find a new job.</p> <p>Based on records reviewed, one record showed the ES supporting the member in progressing in their career to seek advancement at their current employer. Another record showed evidence of the ES scheduling job exploration with a member that was employed but interested in seeking a new job. For another member, the ES offered to assist in a new job search as the member was unhappy with the current employer. Additionally, one member interviewed reported seeking a second job and being supported by the ES.</p> <p>Other records showed evidence of members having started and stopped multiple jobs and were supported by the ES to search for another, typically, after the member already left the job without the ES being informed. Very little discussion of next steps or lessons learned was observed in documentation, nor were the pros and cons of ending a position and how the ES could support members in that area.</p>	<p>address concerns, and the need to provide additional services or support to maintain employment or when ending a job.</p>
7	Follow-along supports:	1 - 5 4	<p>REN SE staff provide follow along support to members once a month after obtaining employment. Employed members interviewed reported having contact with the ES at least once a month. One member reported the ES supporting them on the job. The ES gave an example of speaking with a members manager pertaining to time off needed for a medical procedure and accommodations when the member returned to work. In one record reviewed the ES offered to assist the member in speaking with their manager about concerns of being overworked, another</p>	<ul style="list-style-type: none"> • Ensure follow-along support is provided at the frequency which members express. Consider increasing contact when members begin new positions and when struggling in situations that may put employment at risk. When members are more secure in their new positions, seek input from the members as to the frequency of support needed and include in treatment plans. • At program entry and during the different phases of SE, educate members on the range of opportunities for follow along

			<p>record showed the ES discussing challenges in the workplace with the member and providing coping skills to utilize as well as discussing the benefits of self-disclosing to seek workplace accommodations. In one record reviewed the ES advised the member the benefits of follow along support when they obtained employment.</p> <p>Follow along supports were inconsistently documented. Some records lacked evidence of contact or attempts to contact a member for retention services for more than one month. When contact was made for one member, they had already ended their job. A member reported by the SE agency as being employed had lost the job weeks earlier based on clinic records. The member was working with another SE provider. It is unclear if there is a lack of documentation or if there is a lack of follow-along support provided to members.</p>	<p>support, regularly reminding them of its benefits.</p>
8	Community-based services:	1 - 5 3	<p>SE staff reported 80% of services are delivered in the community. Examples provided by the ES of services delivered in the community the week prior to the review included meeting with members at their home for job search, transported a member to pick up their paycheck, transported a member to turn in employment paperwork and to the members clinic to obtain a bus pass, assisted another member at Department of Motor Vehicles to obtain their learners permit, and job coaching at a members place of employment. Based on records reviewed the ES meets with members at their home, transports to interviews and for first employer contacts, and assists members obtaining employment verification documents in the community. Members interviewed in the job search process</p>	<ul style="list-style-type: none"> As often as possible, vocational services are provided in the community, ideally in locations that are relevant to the job pursued. Work toward providing 70%, or more, of all vocational services in the community. Consider reviewing contacts in the community during the team meeting to encourage ES efforts to reinforce the value of community-based services.

			<p>reported receiving services at their home, and employed members reported receiving services at their home and place of employment from the SE staff.</p> <p>Of the ten randomly selected member records, ES provided services in the community 45% of the time.</p>	
9	Assertive engagement and outreach:	1 - 5 2	<p>Staff at one clinic reported outreach efforts include the SE staff communicating with the clinical team, phone calls to the members, and traveling to members' homes. SE staff reported outreach efforts occur weekly to once a month for at least 90 days including phone calls to the members, communication with the clinical team, attempted home visits, and sending an engagement letter prior to discharge. Per the <i>REN Supported Employment Engagement and Outreach Checklist</i>, outreach efforts are to occur weekly for six weeks by phone calls to the member, clinical team coordination, attempt home visits, and sending out an engagement letter.</p> <p>Sampled charts indicated next appointment dates with members, documentation did not reflect the services provided or any follow up from the SE provider on possible missed appointments. Weekly outreach was not documented as described. Only a couple members had monthly outreach, and most members went several months with no contact from SE staff, including one for eleven months. It is unclear if a lack of documentation or a lack of engagement contributed to what appears to be gaps in services provided to members in the records reviewed.</p>	<ul style="list-style-type: none"> • Increase outreach efforts and ensure accurate documentation in member records of all efforts made to contact members, including phone, email, and text. • Consider including informal supports as a resource to members in obtaining and retaining competitive employment. Engage new referees early in the process to identify supports and the resources they offer. Those relationships may be a resource to the SE program when members lose contact with the team. • Focus on the process of tracking outreach to develop and implement strategies for keeping members engaged and reengaging quickly when appointments are missed or cancelled or when out of contact with the program.
Total Score:		59		

SE FIDELITY SCALE SCORE SHEET		
Staffing		
	Rating Range	Score
1. Caseload	1 - 5	5
2. Vocational services staff	1 - 5	4
3. Vocational generalists	1 - 5	4
Organizational		
	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
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	3
4. Diversity of jobs developed	1 - 5	5
5. Permanence of jobs developed	1 - 5	5
6. Jobs as transitions	1 - 5	4
7. Follow-along supports	1 - 5	4
8. Community-based services	1 - 5	3
9. Assertive engagement and outreach	1 - 5	2
Total Score		59
Total Possible Score		75