

## **SUPPORTED EMPLOYMENT FIDELITY REPORT**

Date: May 13, 2026

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### **Introduction**

Arizona Health Care Cost Containment System 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. Supported Employment (SE), an evidence-based practice (EBP), refers specifically to helping members with a serious mental illness (SMI) designation find and keep competitive jobs in the community based on their individual preferences rather than jobs set aside for people with disabilities.

### **Method**

Between April 20 and 23, 2026, Fidelity Specialists conducted a review of the **Terros Health** SE program. The purpose of this review is to provide targeted feedback on the development of the agency's SE services in an effort to improve the overall quality of behavioral health services in Maricopa County.

Services are reviewed starting from the time a participating member with an SMI designation indicates an interest in obtaining competitive employment and continues through the provision of follow along support for members that obtain competitive employment. In order to effectively review SE services, the review process includes evaluating the working collaboration between each SE provider and referring outpatient behavioral health clinics (clinics) with whom they partner to deliver services. For the purposes of this review, the referring clinics include Terros Health – Oak and Terros Health – Desert Cove. Some data obtained also reflects services provided by other partner clinics.

Terros Health provides a comprehensive range of services, including primary care, behavioral health, and substance use treatment. The agency operates multiple centers across the central region of Arizona. The organization acquired Lifewell Behavioral Wellness in October 2024. Prior to this acquisition, Terros Health did not provide SE services. Following the acquisition, integration of Employment Specialists has occurred at four Terros Health outpatient behavioral health clinics: Priest, Oak, 51st Avenue, and Desert Cove. The individuals served

through the program are referred to as *clients*, but for the purpose of this report and for consistency across fidelity reports, the term *member* will be used. At the time of the review, the program was serving 92 members.

This review was conducted remotely using videoconferencing and telephone to observe meetings and to interview staff and members.

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

- Videoconference observation of a virtual SE team meeting on April 20, 2026.
- Remote observation of a weekly integrated clinical team meeting (Jade team) located at the Terros Health Oak clinic.
- Group videoconference overview of the agency and the SE program with the SE Program Manager and the Senior Director of Employment and Rehab Services.
- Individual videoconference with the SE Program Manager.
- Group videoconference interviews with two Case Managers and two Rehabilitation Specialists from the Terros Health Oak clinic, and two Case Managers and one Rehabilitation Specialist from the Terros Health Desert Cove clinic.
- Group videoconference interview with four Employment Specialists (ES) from the SE program.
- Phone interviews were conducted with members receiving services from the SE program; two were successfully interviewed.
- Closeout discussion with the SE Program Manager, Director of Employment and Rehab Services, and representatives from the contractor with a Regional Behavioral Health Agreement (RBHA) and a representative from AHCCCS.
- Review of documents: *Terros Health Outreach Protocol*; *Terros Health Supported Employment* flyer; Terros Health Mission Statement; *Job Developer Tracking Logs*; Terros Health acquisition summary, and the SE data collection.
- Review of 10 randomly selected member records from the SE program, as well as remote review of member records from the two partnering clinics, including a sample of co-served members from other Terros Health locations. The sample included members from the following health plans: Arizona Long Term Care System, the Arizona Division of Developmental Disabilities, and the RBHA.

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 evaluates the degree of fidelity along three (3) dimensions: Staffing, Organization, and Services. The SE Fidelity Scale has 15 program-specific items, and each item is rated on a 5-point scale, ranging from 1 (meaning *not implemented*) to 5 (meaning *fully implemented, with little room for improvement*).

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

### **Summary and Key Recommendations**

The agency demonstrated strengths in the following program areas:

- Vocational Services Staff: The SE program provides members with effective employment support, with ES staff dedicated exclusively to providing SE services.
- Integration of Rehabilitation with Mental Health Treatment: The SE program is integrated with behavioral health treatment services (Terros Health clinics) by supporting an expectation of frequent and active collaboration of member care. The program has SE staff

located in four Terros Health clinics, and those staff are viewed as full members of the treatment team supported by utilizing a shared electronic health records system.

- Vocational Unit: The program meets weekly in which support is provided to ES in assisting members in reaching their employment goals. ES are paired in teams to support cross coverage of assigned members.
- Zero-Exclusion Criteria: Clinic and SE staff demonstrated a consistent commitment to rapid, respectful response to employment-related requests, emphasizing engagement with members regardless of barriers or perceived level of functioning. Interviews reflected a strong understanding of SE principles across staff roles, supported by ongoing training and supervision from the SE Program Manager, and structured technical assistance and leadership collaboration.

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

- Rapid Search for Competitive Jobs: Ensure accurate documentation of first employer contacts, with a focus on in-person interactions. First employer contact should occur within 30 days of a member expressing interest in employment, and involve direct, in-person engagement with potential employers. Phone calls or online applications do not provide valuable opportunities for members to explore industries of interest and gain insights into preparing for interviews. Medical record documentation should clearly reflect when a member first expresses an interest in employment, when the referral is submitted, and when it is processed to support timely initiation of job search activities and ensure a rapid search for competitive employment.
- Follow-Along Supports: Begin in the early phases of SE services by informing members of the availability and benefits of follow-along support options. ES should frequently remind members during the job search process of the benefits of follow-along support which may include workplace observation, onboarding support, and advocacy for accommodations. Ensure supports are provided at the frequency requested by the member, with a plan to increase contact during the initial stages of new employment and adjusting as requested as employment continues.
- Community-Based Services: Community-based services were delivered in approximately 8% of contacts with members, with most SE services occurring via phone or videoconference. Prioritize in-person, community-based service delivery in settings relevant to members' job search goals and ongoing employment needs, ensuring opportunities for real-world skill development and assessment. The focus should shift toward increasing community-based engagement to at least 70% of all SE services. This includes accompanying members to interviews, providing on-site job support, and delivering other in-person supports that directly contribute to obtaining and maintaining competitive employment.

### SE FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
<b>Staffing</b>				
1	Caseload	1 – 5 5	The SE Program consists of four ES staff and an SE Program Manager. At the time of the review 92 members were enrolled in the SE program with caseloads ranging from 19 to 28 members per ES. The average caseload across the four ES was 25 or less.	
2	Vocational Services staff	1 – 5 5	SE Program and clinic staff indicated that ES are dedicated solely to supported employment services and do not have responsibilities outside of SE. SE staff focus on assisting members obtain and keep jobs in integrated work settings, and do not have other duties that pull attention from this goal.	
3	Vocational generalists	1 – 5 4	<p>ES reported that they provide all phases of vocational services, including intake and assessment which involves the completion of a vocational profile, benefits planning, job development and placement, and job coaching and retention.</p> <p>Staff explained that limitations exist that prevent ES from providing services and billing for both job development and placement, and job retention services. As a result, when a member is employed but seeking a different job, the ES may focus on job development and placement while staff of the clinical team assist with retention support for the current job. Staff provide training for clinical team staff on how to support</p>	<ul style="list-style-type: none"> <li>System partners and the SE program should ensure ES maintain responsibility for providing both job development and placement, and ongoing follow-along supports based on member’s needs. When a member is employed and seeking a different job, employment services should remain individualized and continuous, with the ES supporting job retention in the current position while also assisting with exploring new opportunities, completing applications, and preparing for interviews, etc. Services should be driven by the members’ goals</li> </ul>

			job retention needs of a member when necessary.	and preferences rather than restricted by staff role division or billing processes.
<b>Organization</b>				
1	Integration of rehabilitation with mental health treatment	1 – 5 5	<p>Based on interviews with clinical team staff and ES, the SE program supports an integrated treatment team model. In this instance, members benefit from the SE program having frequent, sometimes daily, coordination of care with behavioral health treatment providers. The four ES are embedded at four Terros Health clinics: Oak, 51<sup>st</sup> Avenue, Desert Cove, and Priest. SE and clinical services are documented in the same electronic health record, allowing staff to review updates, coordinate care, and support shared decision-making.</p> <p>ES are physically located within the clinics, with shared office space, and function as valued members of the clinical treatment team. In the weekly clinic program meetings, ES remain for the full duration of the meeting, and provide updates on shared members, including referrals, outreach efforts, engagement barriers, and employment progress. They collaborate with case managers, rehabilitation specialists, and vocational rehabilitation counselors and are available in person, by phone, and by email.</p> <p>Some ES provide in-person orientation sessions at assigned clinic locations, giving members an opportunity to learn about SE services. When a member expresses interest, the ES works directly with the clinical team to begin the</p>	

			<p>referral process.</p> <p>During the observed integrated treatment team meeting, the ES shared updates on employment status, referrals, outreach attempts, and engagement barriers. Clinical staff discussed potential referrals and offered support through member outreach.</p> <p>For clinics without on-site Terros Health ES staff, referrals are submitted internally or directed to another SE provider. Records reviewed lacked consistent documentation of coordination between clinical and SE providers, specifically at sites without co-located ES.</p> <p>In some records, there was evidence of ES participation in integrated clinical meetings within either the clinical service or SE notes. ES participation included ES providing member updates regarding employment status to the clinical team.</p>	
2	Vocational Unit	1 – 5 5	<p>The SE program holds a weekly in-person, two-hour team meeting that follows a standardized agenda and is led by the Program Manager. In addition, ES participate in monthly individual meetings with the Program Manager, who remains accessible for support and consultation between scheduled meetings.</p> <p>During the observed meeting, staff discussed key areas of program implementation including integration with assigned clinical teams, recent referrals, engagement with vocational rehabilitation service providers, community-</p>	

			<p>based service action planning, initial employer contact strategies, outreach efforts/case closure, coverage needs, and caseload review (size and staffing assignments).</p> <p>Based on observations and staff interviews, the program utilizes a duo-team coverage model for continuity of services. Each ES has a partner identified as their back-up support person. When needed, their partner will provide support for scheduling conflicts and provide coverage when a member requires support from another ES. Additionally, the team accommodates member language needs by assigning ES with appropriate language proficiency. In cases of ES absence, staff communicate through a shared messaging platform to redistribute responsibilities, ensuring members are contacted and offered alternative coverage without disruption to service.</p>	
3	Zero-exclusion criteria	1 – 5 5	<p>Clinical and SE staff reported there are no exclusion criteria for participation in SE services. There is no screening process to determine referral appropriateness, and members only need to express a desire to obtain or maintain employment to receive services. SE staff shared that they engage members immediately, regardless of barriers, emphasizing that services are client-driven and available to members at any level of functioning. Case managers reported that any clinical team staff can refer a member for SE services, and treatment plan</p>	

			<p>goals are updated promptly by either clinical or SE staff.</p> <p>Staff at both clinics expressed a strong commitment to supporting members in achieving employment goals by responding quickly to requests for referrals to the SE program. Although limited documentation of this approach was found in member records, members interviewed reported that clinical staff responded respectfully and efficiently when they requested help with employment.</p> <p>Interviews with clinical staff further reflected a robust understanding of SE principles. The agency supports this by providing training and supervision by the SE Program Manager, including monthly technical assistance with Terros Health Rehabilitation Specialists and quarterly meetings with Terros Health leadership. One interviewee that had been with the clinical team for only two months demonstrated a clear understanding of SE principles, including zero-exclusion, further supporting consistent staff training.</p>	
<b>Services</b>				
1	Ongoing, work – based vocational assessment	1 – 5 4	SE staff reported completing Vocational Profiles with members at the time of engagement in SE services, along with providing education on work incentives and benefit planning. It was reported that the Vocational Profile is intended to be used as a living document to be updated as members work through their employment search. Staff indicated that information related to	<ul style="list-style-type: none"> <li>Utilize the Vocational Profile as a dynamic, evolving tool that guides services and supports ongoing employment efforts. Ensure Vocational Profiles are easily accessible within each member’s record and updated consistently to capture changes in goals, preferences, needs, and lessons learned. Use Vocational Profile</li> </ul>

			<p>preferences, barriers, job search activity, and work experiences may be documented in progress notes over time. One staff reported updating a Vocational Profile when a member expressed a desire to change employment goals.</p> <p>Records reviewed did not show evidence that Vocational Profiles or any other amendments were updated following job search, employment experiences, or changes in employment status.</p> <p>Some ongoing vocational assessment was evident through staff documentation of discussions with members regarding strengths, barriers, and preferences during service contacts. In addition, ES provided individualized support related to employment goals, including resume updates, and encouragement to engage in networking opportunities and training resources.</p> <p>There was limited documentation demonstrating structured integration of work experiences into ongoing vocational assessment. For members that experienced job loss or job changes, there was no consistent evidence of documented reflection with members regarding why the job ended, identification of lessons learned, or resulting adjustments to job preferences, skills, barriers, environmental fit, or future job search strategies.</p>	<p>amendment forms, job start and job end forms to document these updates as employment goals shift. Additionally, use the Vocational Profile to assess each member's progress and needs, identify potential reasonable workplace accommodations, and provide opportunities to discuss the benefits of disclosure and collaborative support for job retention.</p>
2	Rapid search for competitive jobs	1 – 5 3	Several records did not include documentation of when SE referrals were made or received, making it difficult to determine the time between referral to the program and the start of services.	<ul style="list-style-type: none"> <li>Per the model of SE, members should ideally have in-person contact with potential employers within 30 days of expressing a desire to work.</li> </ul>

		<p>Referrals are sent to a dedicated email managed by the SE Program Manager, who assigns the member to an ES, but this process and assignment date are not documented in the medical record. After receiving the email notification of the member being assigned, ES begins outreach to schedule an initial meeting in which the Vocational Profile is completed, identifying needs and preferences.</p> <p>First employer contact dates were not provided for all members enrolled in the program. Available data showed an average median across ES caseloads of approximately 68 days between program start and first contact with a competitive employer, which included contacts made by phone.</p> <p>Staff reported that first employer contacts dates included those that occurred in-person and by phone, either by the member or the ES role modeling the interaction. ES stated that those first contacts can happen on the first day of enrollment, but more commonly within the first two weeks.</p> <p>Some employment data provided was inconsistent with member records. Some first employer contact dates differed from documentation in the medical record, and most records lacked clear documentation of a first employer contact. Staff reported these contacts are tracked on the <i>Job Developer Tracking Log</i>. Often the logs noted more information than was</p>	<ul style="list-style-type: none"> <li>• Develop and implement a consistent process for documenting SE referrals and contacts. Data tracked should include the date of referral to the SE program, assignment date, first employer contact, and method of employer contact (e.g., phone, in-person, video, etc).</li> <li>• Support members in making first employer contacts in-person, as face-to-face contact helps build confidence, employer relationships, and allows members to observe the work environment. Completion of face-to-face contact can often neutralize the member's apprehension to make contact. ES should accompany members when appropriate, especially after submitting applications, and encourage independent in-person employer contact when possible.</li> <li>• Consider reviewing efforts to complete first employer contacts during weekly SE program team meetings to reinforce the value of rapid, community-based employer engagement and to improve consistency between the <i>Job Developer Tracking Log</i> and documentation in the medical record.</li> <li>• The RBHA should provide SE providers with a clear definition of what qualifies as a first employer contact to ensure continuity of a shared understanding.</li> </ul>
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			documented in the clinical record of the member.	
3	Individualized job search	1 – 5 5	<p>SE staff reported that job search is individualized and member-driven, based on vocational goals, preferences, and interests identified by each member. This includes preferences related to job type, work schedule, and how far the member is willing to travel for employment.</p> <p>Documentation in member records and the individualized <i>Job Developer Tracking Log(s)</i> reflected that job searches were based on members' preferences and goals. Although Vocational Profiles were not updated when members changed their employment goals, some records included progress notes supporting the change and reflected a shift in job search activities.</p> <p>Members interviewed reported that jobs applied for were based on their own preferences and employer choices, with one member specifically stating the ES supported the jobs that they wanted to pursue. ES reported bringing along an additional laptop for the member to use as they work in vivo as conducting job search, updating resumes, completing job applications, responding to employer communications, and other employment-related tasks.</p>	

4	Diversity of jobs developed	1 – 5 5	<p>According to the data provided for employed members, including those who had closed within the past six months and achieved employment, there was 91% diversity in job types and 88% diversity in employers. ES follow the lead of the member and assist in applying to the expressed job type and employer desired. A broad range of jobs were applied for and documented in member records.</p> <p>Clinic staff reported that members enrolled in the SE program are not typically employed at the same worksites. While a small number of members may work for the same company, they are generally assigned to different locations and hold distinct job roles, as evidenced by the data provided.</p>	
5	Permanence of jobs developed	1 – 5 5	<p>SE program staff and clinical staff reported that all job development and support efforts focus on competitive employment, with no recommendation or placement in temporary positions. Staff indicated that employment opportunities are generally part-time or full-time competitive jobs aligned with member goals. Members interviewed confirmed that the job search process is centered on competitive employment.</p> <p>A review of member records and the individual <i>Job Developer Tracking Log(s)</i> provided indicated that jobs applied for were with competitive employers. One instance was identified in which a member obtained a position that was later determined to be seasonal.</p>	

			Based on the data provided for 33 employed members, including those that had closed within the past six months and achieved employment, approximately 94% were employed in competitive and permanent jobs.	
6	Jobs as transitions	1 – 5 5	<p>Clinic and SE staff reported that any employed member that wants to look for a different job, or has lost employment, is supported by the SE program in finding another position. Staff described helping members pursue new opportunities when requested or when a job ends, noting that it is common for members to move into new jobs on their employment journey. They reported there are no circumstances in which an ES would not assist a member with finding another job after one ends.</p> <p>Several member records reviewed showed evidence of staff supporting members in finding a new job when one ended. One record showed a member wanting to apply for a lead position at their current place of employment, and the ES assisted with that process. Another record showed an ES helping a member transition to a different position because their current role was too demanding; support also included updating the resume to reflect the new position and responsibilities.</p>	
7	Follow-along supports	1 – 5 3	SE staff reported that follow-along supports are provided to members based on individual need and member preference and are initiated when requested. Services include assistance with onboarding, transportation training, advocating for employer accommodations, budgeting,	<ul style="list-style-type: none"> <li>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 including opportunities for discrete workplace observation to get in front of</li> </ul>

		<p>addressing scheduling conflicts, and emotional and problem-solving support. Staff also reported supporting members with practical needs such as work uniforms and connecting them to community resources for equipment, cell phones, bus passes, and vision services. One staff described transporting a member to work until transportation barriers were resolved. Staff further reported a team-based approach for follow-along support with employed members.</p> <p>Clinic staff reported that follow-along supports are offered, though not all members choose to utilize them. One member interviewed was not aware of available support services after obtaining employment, while another reported they were approaching a final follow-up meeting with their ES after recently obtaining employment. One record showed SE staff documenting a conversation with a member that secured employment about the transition from job search to retention services.</p> <p>It was reported that the program is unable to provide both retention and job development support simultaneously. In these instances, the program suggests to the clinical team to provide the job retention support, and the SE program provides the job development portion.</p> <p>Based on available data for closures in the past six months, 17 members were working. Twelve (71%) were closed within 30 days of obtaining employment.</p>	<p>concerns and issues before they become problems that risk job loss.</p> <ul style="list-style-type: none"> <li>• Ensure follow-along support is being provided at the frequency requested and discussed with the member. Consider increasing contact when members begin new positions. When members are more secure in their new positions, seek input from the members as to the frequency of support needed and include in documentation.</li> </ul>
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			<p>Of the 10 randomly selected records, five members were employed based on the data provided. Of those working members, two records showed documentation of follow along supports being delivered either weekly or bi-weekly.</p>	
8	Community-based services	1 – 5 1	<p>SE staff estimated that 40–60% of their time is spent providing employment services to members in the community. Service locations are listed on the <i>Job Developer Tracking Log</i>.</p> <p>Of the records reviewed, four showed evidence of ES providing services in community settings. Out of 89 documented member contacts during the period reviewed, seven occurred in community-based settings (8%). Examples included an ES accompanying a member to follow up on a job application at a place of potential employment, visiting the home of a member to follow up on a submitted application, and accompanying a member into an establishment to inquire about the hiring process in person.</p> <p>Most documentation in both the records and the <i>Job Developer Tracking Logs</i> identified the location only as “community” without specifying the exact setting, making it difficult to determine whether visits were connected to specific employment preferences of the member or were simply alternate locations for completing online applications. Documentation generally lacked evidence of direct employer contact, such as meeting with employers or speaking with hiring</p>	<ul style="list-style-type: none"> <li>• Prioritize in-person, community-based service delivery in locations that support individualized employment goals of members. Focus services in settings relevant to the type of work being pursued, including direct employer contact and engagement with businesses that align with members’ job preferences. Capitalize on these opportunities for members to practice job-related skills and behaviors, and for ES to provide constructive feedback. Work toward providing 70% or more of all vocational services in community settings rather than primarily at the clinic or by phone.</li> <li>• Ensure employer contacts and community-based services are clearly documented in member records, including the specific location, purpose of the interaction, and any follow-up needed.</li> </ul>

			<p>managers. Most services were provided at the clinics, by phone, or occasionally through a video conference platform.</p> <p>Members interviewed reported varied experiences, with one preferring meetings by videoconference and another reporting weekly meetings at a Terros Health clinic, along with one in-person visit to an employer and attendance at a job fair with the ES.</p>	
9	Assertive engagement and outreach	1 – 5 4	<p>SE staff reported following the <i>Terros Health Outreach Protocol</i> for member engagement and outreach. The protocol includes one outreach attempt per week for three weeks, which involves calling the member, and coordinating with the clinical team, emergency contacts, Vocational Rehabilitation, and other Terros Health programs. When there is no response after the third attempt, a 10-day letter is sent to the member informing them that their case will be closed unless they make contact, and during week four, a discharge summary is completed, closing the case. Staff described coordinating closely with the clinical team about when members are next scheduled for on-site appointments and as well as requesting support with engagement efforts.</p> <p>During the observed integrated team meeting, clinical staff were responsive to ES outreach concerns. Clinic staff confirmed that ES coordinate when experiencing difficulty engaging a member and that the clinical team assists with outreach efforts.</p>	<ul style="list-style-type: none"> <li>• Optimally, outreach and engagement occur on a time-unlimited basis. Continue assertive engagement efforts until the member clearly indicates they are no longer interested in Supported Employment services, rather than closing services based solely on lack of response. Evaluate the current outreach protocol timeline versus a time-unlimited outreach approach.</li> <li>• Ensure all outreach efforts, including phone calls, emails, text messages, contact with the clinical team, emergency contacts, Vocational Rehabilitation, and any other engagement attempts, are consistently documented in the member record.</li> </ul>

			<p>Records reviewed showed ES staff attempting outreach by phone, communicating with clinical teams regarding members who were difficult to reach, and requesting support from case managers to help reconnect members with employment services.</p> <p>Limited documentation of outreach was noted in some cases, including periods of at least two months with no contact for one member. Of note, the program experienced 85 member closures during a recent six-month period.</p>	
<b>Total Score:</b>		<b>64</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	4
<b>Organization</b>	Rating Range	Score
1. Integration of rehabilitation with mental health treatment	1 - 5	5
2. Vocational unit	1 - 5	5
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	3
3. Individual job search	1 - 5	5
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	3

8. Community-based services	1 - 5	1
9. Assertive engagement and outreach	1 - 5	4
<b>Total Score</b>		<b>64</b>
<b>Total Possible Score</b>		<b>75</b>