

SUPPORTED EMPLOYMENT FIDELITY REPORT

Date: December 31, 2025

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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

On December 8-11, 2025, Fidelity Specialists completed a review of the **VALLEYLIFE** SE program. This review is intended to provide specific feedback on the development of the SE services provided by the agency 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 the referring outpatient behavioral health clinics (clinics) with whom they partner to deliver services. For the purposes of this review, the referring clinics include Southwest Network – Northern Star and Terros Health - Mitchell. Some data obtained also reflects services provided by other partner clinics.

VALLEYLIFE is a nonprofit organization dedicated to enhancing the quality of life for individuals with physical, developmental, cognitive, and behavioral disabilities through a variety of residential, day, vocational, and home-based support services tailored to each person's unique goals. The agency also provides a Work Adjustment Training program that utilizes Employment Specialists, which is different from the

Supported Employment program that utilizes Job Developers. 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 91 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 an in-person SE supervision meeting on December 8, 2025.
- Remote observation of a weekly integrated clinical team meeting at the co-located site: Southwest Network – Northern Star.
- Individual videoconference overview of the SE program with Director of Vocational and Employment Services.
- Individual videoconference interview with the SE Program Manager.
- Group videoconference interviews with one Case Manager and one Rehabilitation Specialist from Southwest Network clinic, and two Case Managers and one Rehabilitation Specialists from Terros Health clinic.
- Group videoconference interview with four of the SE program’s Job Developers (JD).
- Individual phone interview with a member participating in SE services. One of the five members’ whose information was provided was successfully contacted.
- Closeout discussion with the SE Program Manager, Director of Vocational and Employment Services, and representatives from AHCCCS and the contractor with a Regional Behavioral Health Agreement (RBHA).
- Review of documents: SE brochure, outreach and engagement protocols, and clinic coordination logs.
- 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. The sample only included members from the contractor with a Regional Behavioral Health Agreement.

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 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 generalists: JD provide end-to-end employment services, including outreach, intake, assessment of member needs and preferences, job development and placement, and ongoing follow-along support to promote job retention.
- Ongoing work-based assessment: Record review showed vocational profiles in 70% of records. JD use vocational tools to assess work history, strengths, challenges, and employment goals, which are reflected in service plans and refined collaboratively over

time; progress is monitored through member feedback and on-the-job support.

- Follow-along supports: SE staff provide individualized, member-directed follow-along supports to employed members, delivered in flexible formats based on member preference, with no predetermined time limits on service duration.

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

- Integration of rehabilitation with mental health treatment: JD participation in clinical team meetings is inconsistent, with some clinics allowing full integration and others restricting access. Clinic leadership, the SE program, and system partners should collaborate to remove barriers to JD participation, find solutions to concerns related to protecting confidentiality and, and ensure consistent involvement in clinical team meetings in alignment with SE EBP standards.
- Community-based services: While staff reported providing a significant portion of services in community settings that's convenient for the member, a review of member records showed a lower percentage than reported by staff of documented community-based service delivery. Clarify and consistently apply a shared definition of community-based versus clinic/office-based services. Establish clear expectations that employment services are primarily delivered in community settings where jobs are sought, with a target of approximately 70% community-based service delivery. Reinforce practice expectations to prioritize in-person community engagement, and strengthen documentation to accurately reflect service location. Implement ongoing monitoring to ensure community-based service delivery and documentation align with Supported Employment best practices.
- Assertive Engagement and Outreach: Increase outreach efforts for members who are unable to be contacted or who miss scheduled appointments, and ensure all outreach attempts are documented in a timely manner. When engagement efforts are unsuccessful, coordinate with the clinical team to verify the member's desire to continue Supported Employment services. If a member communicates to the clinical team that they are no longer interested in services, this may be considered verification of the member's request to close services.

SE FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
Staffing				
1	Caseload	1 - 5 5	<p>Data provided indicated the program serves approximately 91 members with an SMI designation. The SE program has four full-time JD. Staff reported caseload sizes range from 19 to 25 members per JD and the Program Manager carries a caseload of 3.</p> <p>There is an appropriate member to staff ratio of 23:1.</p>	
2	Vocational Services staff	1 - 5 5	<p>Program and clinic staff reported that SE staff provide only vocational support and do not have responsibilities in other agency vocational services such as the Work Adjustment Training program or providing case management.</p> <p>Records show SE staff provided services that focus solely on employment.</p>	
3	Vocational generalists	1 - 5 4	<p>SE and clinic staff reported that JD provide end-to-end employment services. The JD who receives the referral conducts outreach, intake, assessment, job development, job placement, job coaching, and follow along supports to the member.</p> <p>The record review evidenced SE staff complete intakes, assess members' needs and preferences, support job development and</p>	<ul style="list-style-type: none"> Re-align job responsibilities, so that members work with Employment Specialists for all phases of service, including initial engagement, intake, and outreach.

			<p>placement, and provide ongoing follow-along support once members are employed.</p> <p>When members are out of contact with the SE program and are placed on outreach, administrative staff lead the efforts to re-engage those members.</p>	
Organization				
1	Integration of rehabilitation with mental health treatment	1 – 5 3	<p>SE staff reported JD are co-located at four outpatient behavioral health clinics (clinics) and participate in integrated clinical treatment team meetings at least monthly, where they provide updates on assigned members. The JD staff also attend weekly staffings with each clinic's Rehabilitation Specialist to discuss active members and new referrals. Staff at each location have an office or dedicated workspace.</p> <p>The SE program utilizes the service plans created by the clinics to initiate services and will recommend updates when members' goals change. The SE program utilizes the vocational profile to identify short and long-term goals for each member.</p> <p>Referring clinics reported regular coordination with JD staff through a combination of co-location, scheduled meetings, and ongoing communication. JD staff are present on-site at partnering clinics at least one day per week and maintain regular contact with clinical teams to discuss shared members, review employment</p>	<ul style="list-style-type: none"> SE staff should attend weekly integrated treatment team meetings with full teams (i.e., usually comprised of Psychiatrist, Case Managers, Rehabilitation Specialist, and Nurse). JD should stay for the entire meeting duration to allow discussion of members already referred, and to prompt clinical teams to think about employment for other members. In addition, JD have at least three (3) member related contacts with clinical staff weekly. During meetings with clinic staff, JD should listen for opportunities to prompt clinic staff to discuss the potential for employment with members that the clinical team may not have formally identified for referral. The prompting may result in more frequent conversations by the team with members about employment and available supports. Established JD may feel more comfortable working with their assigned clinical teams and may be able to provide guidance to other JDs.

			<p>needs, coordinate referrals, and provide updates on member engagement and progress. Communication occurs through in-person meetings, email, and phone, as needed, to support member continuity of care. Both clinics interviewed acknowledged receipt of monthly summaries for members engaged with the SE provider. Some clinical teams will allow the JD to participate in a fully integrated team meeting, while other teams will not allow JD attendance attributed to confidentiality concerns and team practices.</p> <p>One partnering clinic staff interviewed reported that the JD is located at the clinic four days per week. This JD staff attends a fully integrated team meeting once per week, staying for the duration of the meeting.</p> <p>The other partnering clinic reported that the JD attends one integrated team meeting per month. The JD provides the team with updates on shared members but does not stay for the duration of the team meeting. The JD also attends a weekly staffing with clinic Rehabilitation Specialists. The JD has contact with the clinical team several times per week and is available in person, by phone, or by email.</p>	<ul style="list-style-type: none"> • Ideally, the SE Supervisor attends occasional (e.g., quarterly) integrated treatment team meetings. This may be an opportunity to offer job placement statistics and share member success stories, as well as arranging presentations to inform about the SE program and key principles.
2	Vocational Unit	1 – 5 4	<p>The SE vocational unit holds an in-person weekly meeting with a structured agenda led by the Program Manager. Staff share resources on employers and job leads, insights, and</p>	<ul style="list-style-type: none"> • Take advantage of opportunities for scheduled/intentional cross coverage. JD can assist each other not only with transportation to job interviews but also

			<p>successes. Between meetings, staff communicate as needed through group text and email to coordinate coverage and assistance, particularly for time-sensitive employment supports such as scheduling conflicts that may impact job interviews, job fairs, and resume assistance. Cross-coverage is provided as needed to ensure continuity, backup, and staff support.</p> <p>During the program meeting observed, staff reported and shared multiple employment placements, noting reduced member engagement during the holiday period. Team members discussed individual employment outcomes and collaboratively problem-solved barriers such as housing instability, criminal background clearance, injuries, and reduced work hours. The meeting also addressed documentation expectations, weekly member outreach, coordination with clinics, and updates related to training and the referral platform <i>UniteUs</i>.</p> <p>Records reviewed did not show cross coverage.</p>	<p>in delivery of follow along support activities such as employer introductions, mock interviewing and role play, generating ideas for dealing with workplace conflict, and discrete job-site observation.</p>
3	Zero-exclusion criteria	1 – 5 5	<p>Clinics reported that eligibility for SE is based solely on a member's expressed desire or interest in working, regardless of diagnosis, readiness, or perceived barriers, which is consistent with zero-exclusion principles. Referrals are primarily initiated by Rehabilitation Specialists, with occasional referrals from Case Managers. Clinics do not conduct screening that would limit access; instead, staff provide</p>	

			<p>information about employment options (e.g., SE, Vocational Rehabilitation, or work training programs) and support members in making informed choices. Clinics described efforts to prevent exclusion by discussing employment with all members, accommodating individual needs, and proceeding with referrals even when challenges are anticipated. Monthly referral volume varies by clinic.</p> <p>The member interviewed reported having engagement follow up with the SE program within one week of requesting a referral.</p>	
Services				
1	Ongoing, work – based vocational assessment	1 – 5 5	<p>JD staff reported using Vocational Profiles to document members’ work history, reasons for job separation, employment-related challenges and strengths, and short- and long-term employment goals. Vocational Profiles are completed at intake and updated as needed when significant changes in employment goals occur; otherwise, they are reviewed and updated annually. Employment goals are also reflected in members’ service plans developed by the clinic which are shared with the SE team and refined with input from both clinic and SE staff. Vocational progress is evaluated through member feedback and on-the-job support, including workplace visits and employer communication when appropriate. Staff use tools such as an online career exploration tool and interest profiler to explore job options and ongoing discussions to address issues such as</p>	

			<p>communication, symptom management, and job retention.</p> <p>Seventy percent (70%) of records reviewed reflected the use of Vocational Profiles that included both short and long-term employment goals.</p> <p>The member interviewed stated that they evaluated various job opportunities, considered factors such as the physical work environment, and identified companies they prefer to avoid while completing the Vocational Profile. The member also discussed preferences related to work hours, days of the week, and job location.</p>	
2	Rapid search for competitive jobs	1 – 5 4	<p>Clinic staff reported that when a member expresses interest in employment, a SE referral is initiated, and the job search begins promptly in coordination with clinic staff and the SE team following intake. The clinics reported emphasizing starting the job search immediately to capitalize on member motivation and prevent loss of momentum. Staff noted that minor delays may occur when members need time to obtain identification or feel apprehensive about engaging in public settings; however, JD staff work to address these barriers while still moving the process forward.</p> <p>SE staff reported the job search begins when the member indicates readiness, typically immediately after intake with no required preparatory steps such as resume completion. Staff encourage employer contact within 30 days</p>	<ul style="list-style-type: none"> Continue efforts to get members in front of employers within 30 days from intake. First employer contact does not have to be a formal job interview. It can include activities such as attending a job fair or visiting businesses with staff to speak with a human resources manager about job openings, required skills, or educational qualifications. These interactions provide valuable informational opportunities for members to explore industries of interest and gain insights into preparing for interviews for specific positions.

			<p>to avoid members becoming stalled in preparation. The first contact with the employer typically occurs during an interview or at a job fair. Employer contact is defined as direct communication with an employer beyond submitting an application and may occur in person, by phone, or virtually. Staff will support members through interviews and early employer contact, including attending job fairs and engaging in individual employer visits to build confidence, practice communication skills, and support rapid movement into competitive employment.</p> <p>During the review period, first employer contact data was available for 90 members. The median number of days from program enrollment to first in-person employer contact across JD ranged between 41 and 47 days. Overall, time to first employer contact ranged from 1 to 355 days, with 28 members achieving first employer contact within 30 days of SE enrollment.</p>	
3	Individualized job search	1 – 5 5	<p>SE staff reported that the job search is fully individualized and guided by member choice. Employment opportunities pursued are based on the member's stated vocational goals, strengths, and interests. Job search activities are further shaped by member preferences related to work environment, schedule (e.g., part-time or full-time), location, and the type of position the member is interested in pursuing.</p> <p>Records reviewed indicated that job search activities were guided by members' stated</p>	

			<p>preferences and employment goals. Of the six members who were employed, four were working in positions that aligned with their documented job interests.</p> <p>Vocational Profile goals were often broad, and records showed that profiles were not consistently updated as member preferences evolved throughout the job search process</p>	
4	Diversity of jobs developed	1 – 5 5	<p>SE staff reported that job search activities are individualized and not standardized across members. While some members may express interest in similar types of work (e.g., warehouse positions), it is uncommon for members to obtain the same job or work for the same employer. Clinic staff further reported that members enrolled in the SE program are not employed at the same locations; when members do work for the same company, they are assigned to different sites and hold various positions.</p> <p>According to the data provided on employed members, including members that exited the program six months prior to the review, there was a 92% diversity in job types and 100% diversity in employers.</p>	
5	Permanence of jobs developed	1 – 5 5	<p>SE staff reported that virtually all jobs suggested to members are permanent and competitive; JD stated they do not generally recommend temporary, time-limited, or volunteer positions. Staff noted that seasonal or temporary work may be discussed in limited circumstances, such</p>	

			<p>as when a member needs immediate income or has been out of the workforce for an extended period; however, these situations are member-driven and used to gain experience while continuing the search for long-term employment. When seasonal positions are pursued, staff reported members often transition into permanent roles with ongoing support.</p> <p>A review of data regarding jobs obtained in the past year showed 100% of all employed members hold competitive and permanent positions. The data does not include members employed at program intake.</p>	
6	Jobs as transitions	1 – 5 5	<p>SE staff reported that JD assist members in finding another job when requested or when a job has ended. Staff indicated that members who wanted help finding another job were provided assistance, including members who were currently employed but dissatisfied and seeking a better fit. Support is member-driven and may occur while the member is still employed, such as providing on-the-job coaching, updating resumes, and exploring new opportunities that better align with the member's preferences and requirements. JD reported being flexible in their scheduling to accommodate members' work hours, including offering virtual meetings when needed. Staff stated there are no circumstances in which they would withhold support from a member seeking another job, unless the member does not want</p>	

			<p>to pursue additional employment. Job endings are viewed as learning and training opportunities, and members continue to receive support to transition to new employment as desired.</p> <p>Two member records reflected that employed members expressed dissatisfaction with their current positions and JD staff supported them in seeking new employment while still working. Records documented that staff provided encouragement, coping strategies, and assistance with job searching during the transition period.</p>	
7	Follow-along supports	1 – 5 5	<p>SE staff reported that follow-along supports are provided to working members and employers. Supports are flexible and individualized and may be provided in person, at the job site, in the community, or virtually (phone, text, or video), depending on member preference. Examples of follow-along supports included job coaching to address anxiety, practicing job tasks to support performance expectations, shadowing on the first day of work, and assisting members in navigating workplace challenges. Employer supports included facilitating communication between employees and supervisors, advocating with Human Resources, and supporting clarification of expectations to help members maintain employment.</p>	

			<p>Staff reported there is no time limit on follow-along supports; services continue as long as the member desires them.</p> <p>Staff reported contact frequency is determined by the member's preferences and needs. Some members engage up to three times per week, while others participate on a weekly, bi-weekly, or monthly basis, particularly members who are employed. There is no minimum required level of contact, but members are encouraged to maintain at least one monthly contact via phone call or text message.</p> <p>Of the records reviewed, four employed members received follow-along supports. One record reflected staff attending the member's first day of work and remaining nearby for support as needed. Three additional records documented weekly phone and in-person contacts, during which staff and members discussed job status, workplace needs, and employment goals. These discussions included support with resume updates and exploration of second employment for two members. The member interviewed also reported receiving follow-along supports.</p>	
8	Community-based services	1 – 5 2	<p>SE staff reported providing services in community settings approximately 35–40% of the time. Community-based activities included accompanying members to job fairs, interviews, and local job searches near their homes; conducting workplace walk-throughs (e.g. warehouses); and assisting with obtaining</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.

			<p>required documentation and credentials, such as court records (e.g. good cause exemptions) fingerprint clearance cards, CPR/First Aid, and food handler cards.</p> <p>Per the records reviewed, an average of 11% of services were delivered in the community with most services provided via phone or in an office setting.</p> <p>Of the 10 member records reviewed, five had documentation reflecting community-based engagement, including completing an intake and job search activities, accompanying members to job interviews, first employer contacts, assisting a member with submitting new-hire paperwork, and conducting community meetings that included discussion of interest in second employment.</p>	<ul style="list-style-type: none"> Although members may prefer to meet at their outpatient behavioral health clinic or other familiar setting, ideally JD encourage members to meet in alternative settings to expand their comfort level, such as meeting at a potential employer setting. To improve fidelity, SE staff should increase the frequency and consistency of community-based service delivery and ensure these activities are clearly and accurately documented in member records. Staff should prioritize conducting job development, employer contacts, interviews, and employment-related supports in community settings when clinically appropriate and explicitly note the location and purpose of each service in progress notes. Aligning staff-reported practice with record documentation and increasing the proportion of services delivered in the community will strengthen evidence of community-based service delivery and support improved implementation of the model.
9	Assertive engagement and outreach	1 – 5 4	<p>Per SE staff and agency practices, outreach and re-engagement efforts are initiated when members do not engage or drop out of services, with outreach intended to continue until the member requests closure or closure is clinically indicated. Outreach methods include phone calls, text messages, emails, coordination with clinic staff, and letters sent to the member's last known address. Clinic staff are informed and</p>	<ul style="list-style-type: none"> Optimally, outreach is not time-limited. Ensure all staff share the approach that members are not closed until they inform staff that they no longer desire services. In-person outreach is generally considered to be more effective than phone calls and emails, which can be easily ignored. In-person outreach can be used to assess needs and factors contributing to disengagement, as well as

			<p>actively involved throughout the outreach process.</p> <p>Staff reported that an agency outreach protocol exists but is vague and not prescriptive, with limited guidance on frequency, duration, or staff responsibility. Members who remain unresponsive after approximately three months of outreach are moved to an outreach list, in which administrative staff continue periodic contact.</p> <p>Clinic staff reported that outreach is often initiated or led by the clinical team, with JD coordinating as needed. Outreach typically begins after missed appointments and is reviewed during weekly integrated team meetings to address barriers, determine continued interest, place members on temporary hold when appropriate, or proceed with closure.</p> <p>Data provided showed 38 members were closed from the program in the last year, including 15 closures in the past six months due to lack of engagement.</p>	getting feedback to provide SE in more meaningful ways to the member.
Total Score:		66		

SE FIDELITY SCALE SCORE SHEET		
Staffing	Rating Range	Score
1. Caseload	1 - 5	5
2. Vocational services staff	1 - 5	5
3. Vocational generalists	1 - 5	4
Organization	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	5
Services	Rating Range	Score
1. Ongoing work-based assessment	1 - 5	5
2. Rapid search for competitive jobs	1 - 5	4
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	5
8.	Community-based services	1 - 5	2
9.	Assertive engagement and outreach	1 - 5	4
Total Score			66
Total Possible Score			75