

SUPPORTED EMPLOYMENT (SE) FIDELITY REPORT

Date: August 26, 2016
*October 18, 2016

To: John Moore, Chief Executive Officer

From: Georgia Harris, MAEd
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AHCCCS Fidelity Reviewers

Method

*As of October 18, 2016, this fidelity report has been updated with a revised score. The fidelity review team discovered an error in calculating the data on item S4, Diversity of Jobs Developed, and has made the correction on page 9 of this report. The total score has been updated on page 13, as well.

On July 25 – 27, 2016, Georgia Harris and Karen Voyer-Caravona completed a review of the Marc Community Resources 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 Maricopa County. Supported Employment refers specifically to the evidence-based practice 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 Maricopa County, 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 Marc Community Resources, the referring clinics included Partners in Recovery Arrowhead and Southwest Network Saguardo.

Marc Community Resources provides a wide range of employment and other treatment services to people with various disabilities. The agency was founded in the 1950s to serve individuals with developmental disabilities (DD). Today, Marc also serves people receiving SMI/general mental health (GMH) and vocational rehabilitation (VR) services, with an array of options for outpatient clinical treatment, housing, health/wellness, and employment services. Marc's SE program is a stand-alone service within the Employment Related Services program. At the time of the review, the Program Manager (PM) reported the roster consisted of 108 members receiving services from ten SMI case management teams; 80 members were funded by the Regional Behavioral Health Authority (RBHA) and 28 members by VR. Six Employment Specialists are co-located at five provider clinics, while one ES provides SE to caseloads scattered across five non-co-located clinics. The co-located clinics are Chicanos Por La

Causa Centro Esperanza and Partners in Recovery, East Valley, Gateway, Wickenburg, and Arrowhead. Non co-located clinics are Partners in Recovery West Valley; Southwest Network Hampton, Saguardo, and San Tan; and Terros Enclave.

The individuals served through the agency are referred to as “members”, and for the purpose of this report, and for consistency across fidelity reviews, that term will be used. At Marc, staff providing SE services are referred to as both “Employment Specialists” and “Job Developers”; for the purposes of this report, and for consistency with the fidelity model, the title “Employment Specialist” (ES) will be used.

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

- Observation of an SE team meeting ;
- Observation of a mental health treatment team meeting at a provider clinic;
- Interview with the Employment Related Services Director;
- Interview with the SE Program Manager (PM);
- Group interview with six Employment Specialists;
- Group interview with five members receiving services;
- Phone interview with one family support/guardian of a member receiving services;
- Phone interview with one legal guardian of a member receiving services;
- Individual and group interviews with three Rehabilitation Specialists (RS) at the provider clinics;
- Group interviews with six Case Managers (CM) at the provider clinics;
- Review of requested member data for caseloads of each of the seven ESs, copies of Employer Engagement and Job Development Logs, and agency website; and
- Review of ten randomly selected member electronic and hardcopy records at the agency and six randomly selected member records at two provider clinics.

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:

- Vocational unit: The Employment Specialists function as a unit meeting once a week as a group for supervision, sharing information on job opportunities and employers, and discussing cases. ESs assist one another with transporting members to job fairs and interviews when a scheduling conflict exists, and they provide case coverage due to illness or vacations.
- Diversity of jobs developed: Per the record review and data provided, members employed and jobs developed by Marc vary

considerably in job types, industries, and work sites.

- Follow-along support: Per a review of ten member records and interviews with members, ESs provide a range of follow-along supports to members during their job search and after job attainment, including support provided on-site to both the member and the employer.

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

- Integration of rehabilitation with mental health treatment: The agency, the clinic provider, and the RBHA should collaborate to increase the integration of ESs into mental health treatment teams such that they regularly attend weekly treatment team meetings, serve as active participants with opportunities to provide input and share in decision making, and have frequent contact with clinical staff. Per clinic staff interview and a review of members' records, integration appears inconsistent across clinics served. In particular, SE appears less integrated with treatment teams at non co-located clinics and for members whose services are referred directly through Rehabilitation Services Administration/Vocational Rehabilitation (RSA/VR). Agency, clinic electronic, and VR documentation systems are not standardized but remain separate; collaboration is recommended for easier sharing of information.
- Zero-exclusion: Because screening for work readiness continues to occur on some clinical teams, provider clinics and the RBHA should provide training and education in the evidenced based SE model. To further ensure zero exclusion, work towards expanding integration efforts (as described above) so that the ES plays a decision making role on the team.
- Community-based services: Marc ESs should increase community-based services, such as member engagement; job finding activities made on behalf of specific members such as employer networking and cold calls; and follow along supports, to 70%. Community-based services can also include tours of potential work sites, informational interviews with people working in industries or employers of interest, or visiting work settings that help with familiarity and skill development.

SE FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
Staffing				
1	Caseload:	1 – 5 5	The seven Employment Specialists (ES) at Marc serve 108 members, with caseloads ranging from 17–23 members. The recommended caseload should not exceed 25.	
2	Vocational Services staff:	1 – 5 5	Marc ESs provide only vocational services. Staff report that they do not provide case management services. Additionally, ESs do not facilitate any clinic or agency groups. ESs do not provide services within the agency’s pre-employment or work adjustment training programs.	
3	Vocational generalists:	1 – 5 4	ESs usually perform all phases of supported employment from intake to follow along support and job coaching. Reviewers also found examples in the record review of the Program Manager/supervisor occasionally performing intakes.	<ul style="list-style-type: none"> • ESs should conduct all phases of SE, from intake to on-the-job job retention activities.
Organization				
1	Integration of rehabilitation with mental health treatment:	1 – 5 3	ESs said that co-location markedly improved integration with the clinical teams; they have greater opportunities to communicate in person, build relationships with clinic staff, and make contact with members interested in receiving SE services. While Marc staff said ESs attend at least one weekly treatment team meeting per their	<ul style="list-style-type: none"> • The RBHA should continue efforts to expand co-location and the integration of rehabilitation with behavioral health, so that clinical teams embrace competitive work as an essential component of recovery. • ESs should attend weekly treatment team

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			<p>assigned teams at the co-located clinics, it was not clear from clinic staff interviews or agency member records if this was actually occurring. Reviewers observed ES participation at the clinical team meeting; however, the level of integration remains unclear, as the ES was invited to speak after the entire team caseload was discussed. In addition, some clinical staff felt that communication with ESs is often sporadic.</p> <p>The ESs at non co-located clinics do not attend a weekly treatment team meeting. The PM said that the ESs at Wickenburg, Gateway and East Valley clinics meet weekly with the Rehabilitation Specialist (RS) and the VR Counselor (VRC). Most staff interviewed at the non co-located clinic reported little face-to-face contact with the ES, and that most communication is through phone, email and fax. CMs at the non co-located clinic seemed unfamiliar with the evidenced based practice of SE and how it is distinguished from traditional vocational models.</p> <p>While ESs at co-located clinics said they can shape decision making on treatment teams via member advocacy and education on the principles of SE, staff at both clinics did not think ESs have a decision-making role.</p> <p>Record keeping between Marc, the clinics and VR remains non-integrated, and at times redundant. Reviewers found that Marc staff complete Individual Service Plans (ISPs or Part D) forms separately from those provided by the clinical teams at intake. Also, in clinic records, examples of <i>Vocational Activity Profiles</i> created with</p>	<p>meetings for their entirety, providing education and input about how members could benefit from participation in SE, and participating in a shared decision making role.</p> <ul style="list-style-type: none"> • If not already in place, the RBHA, providers and SE agencies should develop and implement a consistent process so that ESs can communicate directly with clinic CMs and RSs about member issues that could support or present potential barriers to job searches or job retention. Communications should be clearly documented in member records.

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			members by RSs were found, which includes nearly the same information as the Marc vocational profile. Additionally, a clear path for immediate communication between ESs and clinical teams was not found in documentation for VR funded members.	
2	Vocational Unit:	1 – 5 5	The ESs meet as a team with their supervisor, the PM, on the first through third Fridays of each month from 9:30 – 11 a.m. for group supervision. The fourth Thursday and Friday of each month is reserved for individual supervision between the supervisor and each ES. At the team meeting observed by the reviewers, the PM reviewed caseloads and members status of each ES. All ESs participated actively in supervisions, demonstrating good rapport and comradery, asking questions, and providing each other with suggestions and feedback. ESs exchanged information on interventions used, job leads, and resources.	
3	Zero-exclusion criteria:	1 – 5 3	ESs do not use any screening tools that would exclude members interested in finding a job. To begin services, members need only express a goal of finding competitive employment and be enrolled in the RBHA. ESs said that some CMs and psychiatrists are reluctant to refer members viewed as too fragile, symptomatic, or unprepared for work but that co-located SE services and the presence of an RS usually play a mediating/advocacy role. At non co-located clinics, RSs interviewed do not appear to have a good understanding of the zero exclusion principal and still screen members for work readiness such as work adjustment training (WAT). Also, some clinical staff interviewed have trouble differentiating the evidence-based practice of SE	<ul style="list-style-type: none"> • The provider clinics and the RBHA should continue to provide training clinical staff, especially those providing referrals, in the principles of the evidence-based practice of SE with an emphasis on zero-exclusion. RSs should receive targeted training in how the evidenced based model differs from traditional approaches that screen for work readiness. • See recommendation for O1, Integration of rehabilitation with behavioral health.

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			<p>from traditional models, as well as pre-employment activities such as WAT. Although one CM described very positive experiences with the ES's efforts to assist her members in a successful job search, most staff at the non co-located clinic view Marc employment services as largely geared to lower-functioning, developmentally disabled members.</p>	
Services				
1	Ongoing, work – based vocational assessment:	1 – 5 5	<p>Evidence was found in agency progress notes that ESs provide members with on-going work-based assessment. ESs conduct “discreet observations” (observations conducted while the member is unaware) of members at their place of employment to assess interpersonal skills, performance, worksite accommodations, and monitor progress. Confirmed by several members interviewed, the observations are conducted on a regular basis and on a schedule agreed upon by the member and the ES. ES later discuss observations with members, provide feedback about strengths, and offer suggestions for areas in need of improvement. Several progress notes showed that ESs also check in with employers for feedback on work performance and troubleshoot solutions to areas of concerns.</p> <p>While reviewers found completed vocational profiles in all member agency records, they saw few examples of vocational profile updates or amendments, such as job start and stop forms.</p>	<ul style="list-style-type: none"> ESs should update vocational profiles to record changes such as newly- developed skills and discovered strengths. As a living document, the vocational profile not only guides job searches but also documents progress and accomplishments, and can be a tool that empowers members to set new goals that move recovery forward.
2	Rapid search for competitive jobs:	1 – 5 5	<p>Of the ten member records reviewed at Marc, nine were referred for job search activities and one for job coaching at a current job. Of the nine</p>	<ul style="list-style-type: none"> The agency should develop a clear and consistent system for tracking first (and subsequent) face-to-face employer

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			<p>members engaged in job search, the average first contact with an employer occurred in 29 days, with a range of between one day to 90 days.</p> <p>According to data on 80 members engaged in job development and placement activities with seven ESs, the average number of days before first contact with an employer was 21.7. However, it was difficult to verify through the employer contact logs whether first contacts were face-to-face or by some other means. Marc ES are given the choice to use either of two employer contact and engagement logs, one of which does not prompt for information detailing the quality and nature of the first contact.</p>	<p>engagement activities, noting detailed information regarding the contact (location, who was present, purpose of contact, etc.). Getting members in the community and in front of employers increases motivation and promotes enthusiasm for job searches.</p>
3	Individualized job search:	1 – 5 5	<p>The record review indicated that 100% of job searches reflected the members’ job goals. Job goals are identified on vocational profiles, which, according to Marc staff, are usually completed at intake and are updated annually (or as needed) to reflect changes in needs, preferences, and any amendments related to job starts and stops. ESs said they also talk to clinical teams about strengths; one ES said she likes to compare the results of the Marc Vocational Profile with that of the clinic’s Vocational Activity Profile because it often contains additional insights. Interviews with the member and the ES reflected a strengths-based orientation on the part of the ES.</p> <p>Reviewers found few updates or amendments to vocational profiles; it appeared that most ESs recorded updates to needs and preferences in progress notes. A comparison between an agency vocational profile and the clinic ISP and vocational documents indicated that the ES may have</p>	<ul style="list-style-type: none"> • Regularly update and revise each member’s vocational profile to reflect the evolution of needs, preference, lessons learned, new skills and training, job starts and job starts. Ensure that current and past hobbies or special interests are explored to help expand the job search. • The agency should consider options for making updates to vocational profiles mobile such as transitioning to an electronic format that could be accessible via ESs’ laptop or tablet.

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			<p>overlooked exploring the job opportunities that would capitalize on a member's passion for a past-time.</p> <p>The reviewers did not find a clear system for tracking face-to-face employer engagement activities supporting individualized job searches.</p>	
4	Diversity of jobs developed:	1 – 5 4	<p>Of the 32 employed members receiving SE services, 25 (78%) of them worked in jobs developed by Marc ESs. Eight (25%) employed members were already employed at the time of program entry and were referred for follow along support only. Of the 25 employed members, thirteen members (76%) work in unique job types. There is duplication in positions in retail sales, utility/janitorial positions, customer service, and receptionists. The vast majority of members work at different job sites, regardless of position.</p>	
5	Permanence of jobs developed:	1 – 5 5	<p>Marc staff said that all jobs developed in the SE program are permanent. Though some members express interest, ESs neither recommend nor encourage temporary agencies/seasonal work "because..." as one ES stated, "it becomes discouraging and. . . nobody wants a temp job." A review of member records showed no evidence of members working at temporary jobs, although an employer engagement log showed that a member attending a job fair registered with a temporary staffing agency.</p> <p>Data showed that Marc assisted 25 people in finding a job, the majority (92%) of which were competitive. Two (8 %) members accepted employment at a company that sets aside positions specifically for people with disabilities.</p>	<ul style="list-style-type: none"> • Continue to encourage a focus on competitive jobs searches.

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			However, reviewers did not find evidence that ESs appear to refer members to this company very frequently.	
6	Jobs as transitions:	1 – 5 5	ESs estimated that only two percent (2%) of members who end jobs do not want assistance finding another job, and that they are ready to begin assisting them finding new jobs immediately. ESs said that it was important to learn from members why they want to end jobs. Reviewers found evidence in, two member records that ESs discussed with members reasons for considering quitting jobs, options for how and when to best quit a job, and beginning a new job search. ESs agreed they would only decline to help a member find a new job if the member threatened violence or directed sexualized behavior toward the ES. Clinic staff interviewed reported being aware of only one incident in which an ES stopped working with a member due to behavior and that member was transferred to another Marc ES.	
7	Follow-along supports:	1 – 5 5	ESs provide a wide range of follow along support to members during their job search and after job attainment. ESs assist members with mock interviews, accompanying them to meet potential employers, provide transportation to job interviews, and will meet members on the job to practice mastery of new skills and tasks. ESs will suggest additional supports available through VR and meet with members to practice talking with employers about interpersonal or work place accommodations. One ES interviewed discussed helping a members self-advocate with their clinical team for medication changes necessary to be alert on the job and for support in returning to school part-time while working.	

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8	Community-based services:	1 – 5 3	The supervisor estimated that ESs spend 60% - 65% of their time in the community. The supervisor said that she tracks time ESs spend in the community through their mileage reports and daily encounter notes; she also said that she has access to their electronic calendars. Per the review of ten member records, the reviewers counted 81 member contacts, 40 of which occurred in the community. Some member engagement that occurred outside Marc or clinic sites occurred at coffee shops and restaurants and appeared to be largely focused on on-line job searches rather than for employer engagement, networking, and learning more about a particular industry or necessary skill set. More than half of employer engagement logs provided by the agency showed insufficient information to establish the whether or not contacts with potential employers occurred face-to-face or the nature of those contacts.	<ul style="list-style-type: none"> • Increase community based services made with or on behalf of members to at least 70%. Member engagement, employer networking and other job development activities should be tracked in a consistent and trackable manner and monitored by the supervisor. • Ensure that time in the community is purposeful and supports member engagement and job searches rather than primarily focused on filling out on-line job applications.
9	Assertive engagement and outreach:	1 – 5 4	Interviews with Marc staff and a review of records show that ES make efforts to meet with members at least once a week during the beginning phases of the job search process, as well as follow up with members in between meetings via phone, email and text. Records reviewed showed that ESs follow up with clinic staff and/or the VRC when members miss scheduled appointments and try to catch members at their clinics on days they are scheduled for appointments. Reviews found evidence that ESs will contact clinic staff and/or the VRC if it appears that behavioral/physical health or other issues are interfering with the job search or job retention, and members can be put on hold until they are ready to return to active job search. Staffings with the clinical team are	<ul style="list-style-type: none"> • The agency should not put limits on the length of time to engage members but instead continue outreach until the member is reengaged, the member confirms that he or she is no longer interested in SE services, or the member is not planning to pursue employment in the immediate future (e.g., three months or more). • Identify informal member supports and seek their input and assistance with outreach and engagement.

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			<p>scheduled after three consecutive missed appointments; if the member does not attend the staffing, Marc staff sends a ten day letter of action. If the member does not respond, Marc notifies the team and closes the member. Marc staff report members can restart services at any time with a referral.</p>	
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
Organizational	Rating Range	Score
1. Integration of rehabilitation with mental health treatment	1 - 5	3
2. Vocational unit	1 - 5	5
3. Zero-exclusion criteria	1 - 5	3
Services	Rating Range	Score
1. Ongoing work-based assessment	1 - 5	5
2. Rapid search for competitive jobs	1 - 5	5
3. Individual job search	1 - 5	5
4. Diversity of jobs developed	1 - 5	4
5. Permanence of jobs developed	1 - 5	5
6. Jobs as transitions	1 - 5	5
7. Follow-along supports	1 - 5	5
8. Community-based services	1 - 5	3
9. Assertive engagement and outreach	1 - 5	4
Total Score		66
Total Possible Score		75

