SUPPORTED EMPLOYMENT (SE)
FIDELITY REPORT

Date: October 14, 2016

To: Jose Rojas, Program Manager Rehabilitation Services

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AHCCCS Fidelity Reviewers

Method

On September 12-14, 2016, T.J. Eggsware and Karen Voyer-Caravona completed a review of the Lifewell Behavioral Wellness 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 (EBP) of helping SMI members find and keep competitive jobs in the community based on their individual preferences, not those set aside for people with disabilities. Services are reviewed starting with the time an SMI participating member indicates an interest in obtaining competitive employment, and the review process continues through the provision of follow along supports for people who obtain competitive employment. In order to effectively review Supported Employment services in Maricopa County, the review process includes evaluating the working collaboration between each Supported Employment provider and some of the referring clinics they work with to provide services. For the purposes of this review, the referring clinics included La Frontera-EMPACT Comunidad and Capitol. The two clinics merged on September 6, 2016, and due to that transition, Lifewell Behavioral Wellness will reportedly have two SE staff co-located at the Comunidad clinic.

Lifewell Behavioral Wellness offers a range of services, including: outpatient services, vocational services, housing support, and services through adult clinics. According to the agency website, vocational rehabilitation services include: supported education, supported employment, peer certification training, culinary awareness and nutrition, and supported volunteering. SE services are open to referrals from other clinics and internally through staff at Lifewell Behavioral Wellness service hub locations. The SE program previously offered co-located services at the Terros Enclave and La Frontera-EMPACT Comunidad and Capitol clinics. However, due to recent Lifewell Behavioral Wellness staff turnover, no SE staff were co-located at the time of review.

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

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

- Overview of SE services with the Senior Director of Outpatient Services, Program Manager Rehabilitation Services, and Employment Program Coordinator (i.e., the SE program leader);
- Individual interview with the Employment Program Coordinator;

- Observation of a SE vocational unit meeting;
- Group interview with two SE program Job Developers (i.e., Employment Specialists);
- Group interview with two members served by the SE program;
- Review of ten records at Lifewell Behavioral Wellness, including some co-served member records from the LA Frontera-EMPACT Comunidad and Capitol clinics;
- Group interview with two Rehabilitation Specialists (RS) and a Case Manager (CM) who transitioned from the LA Frontera-EMPACT Capitol to the Comunidad clinic;
- Group interview with two CMs and an RS from the Comunidad clinic, and;
- Review of the following: Lifewell Behavioral Wellness' case lists, *Vocational Activity Profile* utilized by clinic staff, the *Vocational Profile* utilized by the SE agency, *Lifewell Behavioral Wellness Outreach Checklist Rehabilitation Services* document*,* and the SE agency website that outlines vocational rehabilitation services through the agency.

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:

- The members interviewed reported satisfaction with the employment support services through Lifewell Behavioral Services, and they report their assigned ES supports their individual employment search.
- Vocational profiles are used, and are in the electronic file. Some profiles were amended based on changes to member goals or status. Some vocational profiles contained detailed information. Employment goals listed on vocational profiles reviewed aligned with the job search.
- The program engages members in benefit planning discussions; Disability Benefits 101 (DB101) is utilized with evidence in records that members are introduced to the resource.
- ESs provide ongoing services to members when they change jobs.

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

- The agency should fill ES vacancies as soon as possible and provide training and supports to new ESs. Vacant ES positions appears to have impacted SE services.
- The agency and system partners should work collaboratively to improve integration. The ESs should attend the full mental health treatment team meetings and have shared decision making regarding all members on the team. ESs should be part of the decision making and referral process. ESs should have the opportunity to suggest employment for those members that may have not been

referred for employment services, to learn about how the team addresses challenges, and to learn about members who may consider employment in the future.

- Ensure ESs provide the full range of vocational services, including intake, job development activities, job coaching, and follow-along supports. Avoid separating SE services among staff. Each ES should carry out each function.
- Increase community-based services, including direct individual employer contacts, as part of job development activities and community-based follow-along supports. If new ESs do not have prior job development experience, then job development training should occur through the agency, including shadowing the SE program leader or other more experienced ESs.
- System partners should collaborate to ensure members are engaged to consider employment, and that members are not streamed into other programs or delayed in receiving support to seek employment, or to obtain the resources to seek employment.
- Lifewell Behavioral Wellness should research options that will help SE staff to conduct job development in the community more efficiently. Currently, SE staff are not allowed to transport members, which limits interaction with potential employers and job sites. Additionally, easier access to monthly bus passes through clinics or the SE program may allow members to increase their job search activities.
- Ensure the agency website description aligns with the SAMHSA Supported Employment Fidelity Model. Use the same terminology; rather than retention supports use job coaching and follow-along supports, and remove the reference to employment readiness.
- Consider classifying the Job Developers as Employment Specialists; this may help to inform referring agencies what to expect from program staff when a member is referred for SE services through Lifewell Behavioral Wellness.

SE FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
Staffing				
1	Caseload:	1 – 5 (4)	The SE program serves 59 total SMI diagnosed members. There was turnover at the ES position during the review year, including ESs who left positions in July, August, a staff on leave since June, and a staff who moved to part-time status in August. When the program was fully staffed they reportedly had five staff: three co-located staff, a fourth full-time ES, and a part-time ES. At the time of review, the program had 2.5 staff members: a supervisor, one full-time ES, and one staff that works two days a week with the SE program. The SE program leader currently carries a caseload of members who only receive retention support (i.e., follow-along support). Based on current staffing allocations, the ES to member caseload is approximately 1:32. The staff shortage was cited as the reason for the SE program leader assuming responsibility for all members in job retention, and as a barrier ESs providing the full spectrum of services (e.g., community-based services).	• Fill vacant ES positions until caseload ratios stabilize. ES caseloads should not exceed 25, and ideally should fall between 15-20 members for full-time ESs. • Reduce the SE program leader caseload by transitioning members to ESs. The SE program leader may help during transition by carrying a small caseload. However, the ability of the SE program leader to function in a leadership or mentoring role may be hindered by carrying a full caseload, even if only temporarily due to staff turnover. The supervisor should have time to work side-by-side with ESs, to guide, mentor, and train new staff.
2	Vocational Services staff:	1 – 5 (3)	The program has one full-time ES dedicated only to SE services. A second ES works three days a week, with one day dedicated to the agency supported education program. In a record reviewed, there was evidence that staff also facilitated other groups outside of the SE program. The ESs participate in, and facilitate, employer forums at the agency, where an employer makes a presentation and conducts some member interviews on the spot. These forums are on hold due to staffing issues, so no staff time has recently	• ESs should provide and focus only on SE services, not other pre-employment activities such as supported education. • See recommendation for S8, Community-based services.

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			been dedicated to this activity which takes away from vocational services. It is not clear if time spent preparing for the employer forums contributed to limiting ES community-based service time. ESs also present at the agency Peer Support Training about every three months in order to review DB101 and provide an introduction to employment. This appears to constitute a small percentage of ES time.	
3	Vocational generalists:	1 – 5 (4)	At the time of review, it was reported ESs complete intakes, engagement, assessment, and assist members with job searches. Job searches consist primarily of online applications, and when job development activity was noted, it often occurred in job fairs, with little other evidence of employer contacts with or on behalf of the members. ES time spent in direct contact with employers in the community appears to have decreased due to staff turnover starting around June-July 2016. Program leadership and ESs report the ESs provide only vocational services. However, they do not currently provide job-coaching or follow-along support (i.e., retention); those members are assigned to the SE program leader. The limited follow-along support that occurs is usually over the phone or in the office. Additionally, there was little evidence in the records reviewed of ESs engaging in job development activities.	• ESs should have time in their schedules for job development activities, including: preparation time prior to meeting with employers, meeting directly with employers throughout the community, and to keep in touch with employers. • The same ES that assists the person during intake and to obtain employment should assist the member to maintain employment. Each ES should be capable of providing each SE service function. Members who move from one ES to another are be more likely to drop out of service.
			Organization	
1	Integration of rehabilitation with	1 – 5 (1)	Clinic and SE program staff reported when the program had ESs co-located at clinics, ESs	• System partners should work collaboratively to resolve barriers to full

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	mental health treatment:		attended portions, or full clinic team meetings at co-located clinics weekly. However, per clinic staff report, it did not appear that Psychiatrists or Nurses were always present, so it was not clear if the meetings were always fully integrated with shared decision making. SE program staff reported at another non-co-located clinic that the ES met with the RSs and Vocational Rehabilitation (VR) staff monthly. Some members are served at other clinics where there were no co-located staff, and no regular integrated meetings. Due to the SE program staff turnover or staff on leave starting late June 2016, ESs attended fewer of these meetings, or attended a shorter portion, sometimes by phone. As part of the review, observation of an integrated team meeting at a clinic was planned, and the ES was to call into the meeting. However, the meeting did not occur due to a miscommunication between the agencies. Meetings between ESs, RSs, and VR staff were documented with co-located clinic staff when those ES staff positions were filled, but due to staff turnover, those meetings were infrequent for at least a month prior to review. Some co-located clinic staff report they had not had face-to-face contact with ESs for about one to one and a half months. Recent contact with ESs has been over the phone, but usually via email. The SE program and clinic files are not integrated, and the sharing of written documentation is inconsistent; there are similar forms and processes completed at clinics that are also completed by the SE program.	integration. Preferably, this includes the ESs attending full clinical team meetings weekly with the one or more assigned teams, and having multiple contacts weekly with clinic staff. • ESs that are not co-located should increase direct contact with clinic staff, including attending integrated team meetings with assigned teams. • If an integrated file is not possible, system partners should work collaboratively to allow for easier sharing of information between agencies co-serving members. SE staff should have access to clinical records. In the meantime, SE program staff should ensure vocational profiles and employment plans, at a minimum, are shared with clinic staff. • Identify and explore solutions to limit redundant processes completed at the clinic and SE agency. Examples include: completing separate assessments and service plans, as well as clinic staff completing the vocational activity profile and SE agency staff completing an entirely new vocational profile after agency intake.

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2	Vocational Unit:	1 – 5 (3)	Staff report ESs have the same supervisor, and meet weekly to discuss cases between each other. Twice monthly a master level clinician attends to provide clinical insight on member behavioral health needs. SE staff reported the clinical oversight meetings include discussion that focus specifically on employment services, as well as how to interact with members who experience certain symptoms, or express certain behaviors. In the meeting observed, case lists were presented, but there was limited evidence of job lead sharing; it was unclear if ESs were familiar with each member assigned to their caseloads. There was evidence of members working with multiple SE staff, but it is not clear if it was due to staff covering for each other or primarily due to staff turnover. Evidence of cross-coverage was not located in records, and there was an example of a delayed appointment with a member due to staff vacancies. However, ESs reported examples of cross-coverage including one stepping in to assist the SE program leader, or meeting with a member at the agency hub.	• ESs should provide cross-coverage for each other to prevent potential gaps in services in the event an ES is unavailable. • As ESs become familiar with assigned members on their caseloads, and as new ESs join the team, increase the sharing of job leads, and discuss strategies to support members during the vocational unit meeting.
3	Zero-exclusion criteria:	1 – 5 (3)	Lifewell Behavioral Wellness leadership and ESs report that wanting to work is the only criteria to be eligible to receive SE services. Stating that once referred, members are not screened out of the SE program or steered to other programs identified as vocational services offered through the agency. Based on records reviewed and interviews, the program works with members with wide ranging strengths and challenges, including members with substance use, and legal issues. It is not clear if members are actively engaged by	• System partners should collaborate to ensure members are actively engaged for employment, and have timely access to SE services once they express a desire to seek employment.

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			clinic staff to consider employment. Some clinic staff noted anyone that wanted to work was eligible. However, based on an interview with another clinic staff, there was evidence of screening, with good candidates for SE services identified as someone that is motivated and stable. Due to the limited number of SE members who participated in the review, it is difficult to determine from their perspective if they experienced any barriers to accessing SE services.	
			Services	
1	Ongoing, work – based vocational assessment:	1 – 5 (4)	There is no evidence of standard prerequisite assessment prior to the job search, only those assessments which are related to applying for specific jobs. A vocational activity profile is completed at the clinic prior to referral to the SE agency. Vocational profiles are completed at the SE agency after intake, and were located in the ten records reviewed, as was evidence of benefit planning (i.e., DB101). However, vocational assessment does not occur in the community; nearly all ES contacts with members occur in an agency or co-located clinic treatment setting. Based on ten records reviewed, there was limited evidence of community-based services, and few ES services in the community with the member present. Vocational profiles were located in records reviewed but are completed after the intake appointment, usually over the course of the second and third meeting with the member, which usually occurs in an office setting. There was evidence of amendments to update vocational profiles. Some members are, or were, involved in pre-	• Seek consultation or guidance as to whether the vocational activity profile utilized at the clinics can be combined with the agency vocational profile to prevent duplication of staff efforts and obtaining the same information from members. • For members in SE at Lifewell Behavioral Wellness, ensure SE services are completed by SE staff. Some of the activities documented by staff in those rehabilitation programs may be more appropriately completed by the ES, such as job search training with the member in the community.

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			employment activities (e.g., computer skills training, classes, groups). Staff report those members generally started at the agency through those programs and then transitioned to SE.	
2	Rapid search for competitive jobs:	1 – 5 (3)	Members are referred to SE services through clinic staff and other Lifewell Behavioral Wellness staff (e.g., counselors) at agency service hubs. For clinic referrals, if a member informs their CM that they are interested in employment, they are referred to the RS who then meets with the person to complete a vocational activity profile, an adapted version of the vocational profile. Once the RS completes the vocational activity profile, a referral is made to VR and the SE agency. Members referred through clinics may experience a delay in receiving support to search for competitive employment. For example, one member's clinic service plan noted the member wanted to work, but it was not clear if SE services were offered. About four months later the member requested assistance to look for employment. At least a month passed between when the member requested assistance with employment until referral to the SE agency. One clinic staff reported member job searches can be hindered by delays in VR services, or unclear directives from VR, such as changing what documentation is required to submit to VR to obtain resources to aide in the employment search. The agency confirmed first face-to-face contact dates with employers for less than half of the members. Per agency report, this data did not include online, phone, or job development on	• Streamline the referral process to support the rapid search for competitive employment. Preferably, first face-to-face contact with a competitive employer occurs within 30 days of when a member first expresses an interest in employment. • Though face-to-face job development without the member present can occur, also seek to support member face-to-face interactions with a diverse pool of potential employers. • Decrease the reliance on online searches; focus efforts on meeting face-to-face to develop relationships with employers. • The referral form used by the clinics separates on-site supported employment from job development & placement and job coaching/job support. Consider separating out SE services on the referral form, to differentiate from other rehabilitative options.

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			behalf of the member. Based on data provided and record review, the average date of first face-to-face contact was about three to four months after program entry date. There was limited evidence in records reviewed of ES job development activities without members present. However, examples included an ES going to a mall, to restaurants, or attending job fairs to speak with employers. Some members participated in pre-employment activities at the agency, potentially delaying or limiting the amount of time spent dedicated to job searches.	
3	Individualized job search:	1 – 5 (5)	The goals listed on the referring clinic plans generally lack specificity of type of employment desired. However, the vocational activity profiles utilized by the RSs and vocational profiles completed at the SE agency identified more detailed employment goal information. In member records reviewed, the goals listed on the vocational profile aligned with the job search activities. Additionally, the two members interviewed reported their employment searches focused on pursuing employment in peer support services, which was consistent with their employment goals.	
4	Diversity of jobs developed:	1 – 5 (4)	Job development activities are incorporated into member notes rather than on separate logs. There were examples of job development activities in the community noted in member records reviewed. However, there seems to have been a decrease in this activity over the last month to six weeks prior to the review, with some reliance on job fairs and online applications as primary elements of the employment search. About 20% of first employer face-to-face contacts were with employers	• Decrease the reliance on job fairs and online job searches. Develop employment opportunities with a diverse pool of employers. SE employment service staff should conduct job development activities in the community to develop relationships with employers and identify job opportunities. Brainstorm job options during meetings with VR and during

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			connected to the behavioral healthcare system, but not all of those members eventually obtained employment in those positions. Based on data provided, some members work with the same employer or in the same type of position. There are 24 employed members with 22 different employers. However, there was less diversity in job type, with approximately 78% diversity. Some members work in the same type job.	integrated meetings so the resources can be shared with the vocational unit. • The SE program leader should track job starts in order to review job types for diversity, and to determine if any ESs are having difficulty connecting members with a diverse pool of employers.
5	Permanence of jobs developed:	1 – 5 (5)	Staff report they do not generally direct members to positions set aside for individuals with disabilities and most jobs explored are competitive. Approximately 8% of employed members work through staffing agencies, but other members appear to be in permanent and competitive employment. The agency has a supported volunteering program, but it doesn't appear SE members are referred by SE staff to that program.	• Consider including member employment data on the agency website, including percent of members competitively employed. Consider including testimonials from employed members in agency marketing materials, agency website, etc., to promote the benefits of competitive employment. • If temporary jobs are explored, ESs should document the member's preference, and ensure the position is competitive.
6	Jobs as transitions:	1 – 5 (5)	Lifewell Behavioral Wellness leadership and ESs report they will provide support to members to find a new job if one ends, and offered examples of support provided to members transitioning jobs, some of which were confirmed in records reviewed. One member interviewed confirmed she had started a job with support through the program, ended the job, and was receiving support to look for a new job.	
7	Follow-along supports:	1 – 5 (3)	Per report, most members who are working and elect to receive job-coaching or follow-along support (i.e., retention support) meet with ESs in the office or through phone contact. There is evidence some members received on-the-job	• The program should engage members regularly to review the pros and cons of disclosure, which may result in opportunities to engage potential employers during the job search, provide

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			support over their course of treatment. However, in records reviewed, there was no evidence of on-the-job support, or direct support to employers. After obtaining a job, there is some delay in providing follow-along support. One member obtained a part-time job, , and although the ES met with the person at the office within the week to revise the service plan to include retention supports, no direct supports were provided to the member for about a month.	on-the-job coaching support to members, as well as market the benefit of the SE support to employers. • Follow along supports should be individualized and support member preferences, not always in the office or via phone. • It is important to follow-up with members immediately after starting a job, when stress or symptoms can be most intense.
8	Community-based services:	1 – 5 (1)	Most members receive support in the office, or over the phone. When fully staffed, staff estimated about 25-40% of ES time was spent in the community. However, due to shortages staff estimate the majority of their time is now spent in office settings, usually Lifewell Behavioral Wellness service hubs, with only about 10% of the time in the community. In records reviewed, few contacts with members, or other services occurred in the community. When the program was fully staffed, there were some notes of ESs at job fairs, without members, but limited job development activities in the community. Due to the limited number of SE members who participated in the review, it is difficult to determine from their perspective if community-based services consistently occur. The ESs report that they are not allowed to transport members, due to agency policy, and they rely primarily on the clinics to provide bus passes or arrange for transportation (e.g., via cabs). Per staff report, some providers do not offer monthly bus passes, only seven day bus passes which requires members go to the clinic weekly.	• Increase direct contacts with members in the community, ideally connecting them with job settings that align with their goals; reduce the reliance on job fairs. Consider permanently ending the employer forums. Meeting in community locations helps members identify and become more comfortable in various work settings, and should include more emphasis on contacts with employers. • ESs should meet with members in a variety of locations, including: client homes, libraries (where other job search resources may be available), other job centers, work settings, or potential employers. • The agency and system partners should collaborate to discuss and address transportation issues. Lifewell Behavioral Wellness should research options that will help SE staff to conduct job development in the community more efficiently. Allowing ESs to transport members may aid in the job search process.

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9	Assertive engagement and outreach:	1 – 5 (2)	Outreach efforts to disengaged members are time-limited, include primarily phone outreach, but one home visit outreach effort was documented in a record reviewed. ESs use a four-week outreach process which includes: outreach calls to the member for week one and two, then informing the clinical team on week three of the plan to send a seven day Notice of Action (NOA) of intent to close. Based on review of records, it is not clear if the outreach process is always followed. One member received services from three different ESs over roughly a month timeframe. For that member, the ES informed the team of possible closure, and the client attended an in-office visit with the ES the same date, following which there was no outreach for over a week. The ES met with VR and the RS 14 days later, and was informed VR was going to close the member. The next day the ES sent an NOA to close the member. For another member, there was a gap in outreach for over three weeks. The agency closed 33 members in the six months prior to review, eight of which closed due to lack of contact per agency staff report.	• Extend the length of time outreach and engagement occurs. Make ongoing efforts until members are reengaged or it is clear the member is not interested in SE services. If members indicate they are not actively pursuing employment, the case may be closed but continue to discuss the member with the integrated team so they can engage in services when ready. • Expand outreach beyond phone calls, letters, and contact with clinical teams. Conduct community-based and home visits. ESs can discuss with CMs and RSs where members spend time, or to coordinate home visit contacts by both clinic and ES staff. • Engage informal support systems who may know where members are, why they are missing appointments, may know how to get in contact with the member, etc. • The SE program lead should track outreach efforts, and work with ESs who struggle with engaging members or conducting outreach.
Total Score:		**50**		

SE FIDELITY SCALE SCORE SHEET		
Staffing	Rating Range	Score
1. Caseload	1 - 5	4
2. Vocational services staff	1 - 5	3
3. Vocational generalists	1 - 5	4
Organizational	Rating Range	Score
1. Integration of rehabilitation with mental health treatment	1 - 5	1
2. Vocational unit	1 - 5	3
3. Zero-exclusion criteria	1 - 5	3
Services	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	4
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	2
Total Score		**50**
Total Possible Score		**75**