

## **SUPPORTED EMPLOYMENT (SE) FIDELITY REPORT**

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To: Cletus Thiebeau, Chief Executive Officer  
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### **Introduction**

The 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, an evidence-based practice (EBP). Supported Employment refers specifically to the EBP of helping members with a serious mental illness (SMI) designation find and keep competitive jobs in the community based on their individual preferences, not those set aside for people with disabilities.

### **Method**

On September 30 – October 3, 2024, Fidelity Reviewers completed a review of the VALLEYLIFE Supported Employment (SE) program. This review is intended to provide specific feedback in the development of SE services provided by this organization in an effort to improve the overall quality of behavioral health services in the Central Region of Arizona. Services are reviewed starting from the time 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 in the Central Region of Arizona, the review process includes evaluating the working collaboration between each SE provider and referring clinics with whom they work to provide services. For the purposes of this review, the referring clinics include Southwest Network Northern Star and Terros Health 51<sup>st</sup> Avenue. This review was conducted remotely, using videoconferencing and telephone to interview staff and members.

VALLEYLIFE, a nonprofit organization, has a long-standing history of providing services to individuals with disabilities in the Phoenix Metropolitan area. At the time of the review, the program was in the process of converting to a web-based electronic health records system. Accommodations were made due to the lack of a fully (or complete) web-based record system.

The individuals served through the program are referred to as clients or members, but for the purpose of this report, and for consistency across fidelity reviews, the term “member” will be used. At the time of the review, the program had 160 members on the roster.

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

- Observation of an SE treatment team supervisory meeting on September 30, 2024.
- Individual interview with SE Program Manager.
- Group interview with SE Program Director and Program Manager.
- Group interview with three Rehabilitation Specialists from Terros Health, 51<sup>st</sup> Avenue clinic.
- Group interview with two Case Managers and one Rehabilitation Specialist from Southwest Network, Northern Star clinic.
- Individual phone interviews with two members receiving SE services.
- Review of 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 included only members from the contractor with a Regional Behavioral Health Agreement.
- Review of documents provided by the SE program including *Outreach and Closure* agreement, employer outreach log, and program brochure.

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

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

### **Summary & Key Recommendations**

The program demonstrated strengths in the following program areas:

- Program and clinic staff adhere to the principle of zero exclusion. Referrals are made promptly after members express interest in employment, and intakes with the SE provider are scheduled without delay.
- Employment Specialists assist members in finding jobs that align with their preferences. Individualized follow-along support is provided to members on a time-unlimited basis.
- Employment Specialists help members end jobs when appropriate and then assist members to find new jobs. All jobs are viewed as positive experiences on the path of vocational growth and development.

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

- Improve integration between the SE program and behavioral health treatment providers. Not all Employment Specialists fully participate in clinical team meetings, even when being identified as co-located partners. Evaluate barriers to the SE program providing this coordination, which benefits members. Work toward enabling full participation by all SE staff in weekly clinical team meetings. Additionally, clinical teams should be aware when the ES is scheduled to participate in treatment team meetings. Consistently attending

will help to further build collaborative relationships and improve reliability.

- Increase efforts to engage with members in community settings. Although members may prefer to meet via videoconference or phone, encourage those members to meet in alternative settings to expand their comfort level, such as meeting at a potential employer or similar job type setting. Employment Specialists strive to deliver services to members in community settings 70% or more of the time.
- When members are not meeting with Employment Specialist staff as scheduled, begin outreach efforts immediately, which should include coordination with the relevant outpatient behavioral health clinical team. Document all outreach and coordination efforts, including phone, email, and text messages. When engagement is unsuccessful, coordinate with the clinical team for verification of the desire to continue with services. When members express to their clinical team that they are no longer interested, consider that as verification of the member's desire to close out of services.

### SE FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
<b>Staffing</b>				
1	Caseload:	1 – 5  3	<p>According to program staff interviews, there are 160 members on the program roster. The program very recently had two staff leave the agency. At the time of the review there were two Employment Specialists (ES) and one Program Manager.</p> <p>ES caseloads range between 35 - 42 active members. An additional 41 members were identified as being on outreach and re-engagement status. The Program Manager has a caseload of two members while also covering approximately 40 unassigned members from the former staffs' caseloads.</p> <p>The staff-to-member ratio is 1:53.</p>	<ul style="list-style-type: none"> <li>• Increase staffing such that ES have no more than 25 total members assigned. The Program Manager may carry a small caseload of no more than 14 members.</li> </ul>
e2	Vocational Services staff:	1 – 5  5	<p>Program and clinic staff indicated that ES job duties are all directly related to employment and ES do not have additional responsibilities outside of SE. Members interviewed reported that the services received were directly related to securing and maintaining employment.</p>	
3	Vocational generalists:	1 – 5  5	<p>Program and clinic staff reported that each ES carries out all phases of vocational services including engagement, intake, assessment, job development, job placement, job coaching, and follow-along supports. Members interviewed stated that ES provide services through all phases of their employment journey.</p>	

			Member records reviewed showed evidence of ES engaging with members, developing vocational profiles, assisting with job search, job development, job placement, job coaching, and providing follow-along supports.	
<b>Organization</b>				
1	Integration of rehabilitation with mental health treatment:	1 – 5  3	<p>Data initially received showed the SE program had staff assigned to four partnering outpatient behavioral health provider clinics. At the time of the review, staff reported recent vacancies within the SE program caused a disruption in the provision of integrated care.</p> <p>The SE program serves several clinical teams, and each ES is assigned to three to four teams at each assigned clinic. ES are on site at those clinics one day a week at a minimum. Each ES has a workspace located in an unoccupied office or working space near the clinical teams. The SE program utilizes goals identified during the creation, and updates, to the vocational profile to identify member goals and lead services.</p> <p>Integration of SE services varies depending on each clinical team. One ES is assigned to four teams at one outpatient clinic. For each team assigned, the ES attends a clinical team meeting at least once a week, which includes the entire clinical team, to discuss mutual members. The ES has time during these meetings to share updates on mutually served members and discuss employment possibilities for members not yet referred to the program. The ES coordinates member services with clinic staff multiple times a week, either in person, by phone, or by email. Clinic staff confirmed weekly attendance of a fully staffed clinical team</p>	<ul style="list-style-type: none"> <li>SE staff should attend the full duration of the regular weekly clinical team meeting. ES should participate in clinical team meetings beyond reporting the status of co-served or recently referred SE members. When ES attend team meetings, they listen for opportunities to prompt clinic staff to discuss the potential for employment with members that the team may not have formally identified for referral. The prompting may result in more frequent engagement conversations by the team with members about employment and available supports. The ES Supervisor should occasionally attend integrated clinical team meetings. This may be an opportunity to offer job placement statistics and share success stories.</li> <li>Ensure the SE program, system partners, and clinic leadership work to resolve barriers to integrated services for members, a best practice. Inform system partners of providers that do not allow ES to participate or attend clinical team meetings to bring focused attention to share information on the benefits of an integrated team approach in the EBP of SE.</li> </ul>

			<p>meeting, in addition to frequent, weekly coordination in person, phone, and email.</p> <p>The other ES is assigned to three teams at another outpatient clinic. The ES, Rehabilitation Specialists, and Case Managers meet weekly for coordination of member care. The clinic staff reported the ES coordinates member care in person, by phone, or via email. The ES attends one clinical treatment team meeting per month to provide updates on mutually served members, and typically does not stay for the entire meeting.</p>	
2	Vocational Unit:	1 – 5 4	<p>Program staff reported the entire SE team meets in person once per week. The SE team meeting observed by reviewers was led by the SE Program Manager and included an agenda. The SE team discussed positive events from the past week, new program intakes, job placements, and members on outreach and identified next steps. The team provided input and recommendations regarding challenges ES had with specific program members. The SE team also shared resources and job leads, provided updates on new employer contacts and upcoming job fairs, and had a brief discussion relating to administrative items. In addition, ES meet individually with the SE Program Manager once weekly.</p> <p>Program staff reported providing coverage for one another's caseload when staff are on leave or unavailable to assist an assigned member. ES do not coordinate schedules to provide focused support for members, e.g., conducting a mock interview with other ES staff.</p>	<ul style="list-style-type: none"> <li>As well as covering each other during vacations or periods of staff turnover, ES provide vocational services to each other's members when it supports the desired employment outcome. Examples of services include an ES introducing a co-worker's member to an employer, conducting job site observations, or role-playing mock interviews.</li> </ul>

3	Zero-exclusion criteria:	1 – 5  5	<p>Clinic staff reported that when members express interest in employment, the Case Manager can make referrals directly to the SE program, but typically referrals are sent by the Rehabilitation Specialists. The member meets with the Rehabilitation Specialist to complete a Vocational Activity Profile to identify needs and decide what types of support are needed. The Rehabilitation Specialist will discuss options for team-based services, referral services, and the benefits of vocational rehabilitation services. Referrals that have been sent to the SE program are responded to within a few days to a week of submittal.</p> <p>Program staff reported that members do not need to show job readiness or undergo screenings to be referred for services; members only need to express a desire for work and employment support. Members are able to initiate a referral by contacting the program.</p> <p>Per member interviews, there are no pre-employment assessments; upon expressing the desire to work, members are referred to the SE program.</p>	
<b>Services</b>				
1	Ongoing, work - based vocational assessment:	1 – 5  5	<p>Program staff reported using Vocational Profiles and job start forms to assist with developing an employment goal or identify skill-building opportunities. Vocational Profiles are generally updated as members' employment goals change and are also used to assess work history, education, interests, barriers to employment and employment preferences.</p>	

			<p>Job start forms are utilized by ES at check-in appointments and track member progress, address needs, barriers in the workplace, and lessons learned.</p> <p>Eighty percent of the member records reviewed included Vocational Profiles. Job start/end forms were not as consistently utilized by ES as evidenced by a review of 10 member records.</p> <p>Members interviewed expressed appreciation for the ongoing support provided by the program, noting that ES address barriers such as work schedules and celebrate successes with members.</p>	
2	Rapid search for competitive jobs:	1 – 5 4	<p>Clinic staff stated that when a member is ready and interested in working, a referral to an SE program should be made, and the job search process should begin. It was noted that some delays to rapid search do occur when a member may feel apprehensive about going into public places or prefers to take their time and gather the necessary identification and documents for employment before beginning the process.</p> <p>Program staff noted the importance of acting on members' motivation and encouraging members to contact potential employers within the first 30 days of intake, often as soon as their second meeting. Some members are apprehensive to meet with employers and prefer to complete online applications until they are more comfortable to meet in person. First employer contacts are conducted in person and ES assist members with making contacts by speaking with people who work in the industry, going with</p>	<ul style="list-style-type: none"> <li>For members seeking employment in the community, versus working remotely from home, support them in making the first employer contact in person. Meeting a potential employer in person is best for building relationships and allows the member to observe people working in that environment. Often, Employment Specialists will accompany members after submitting an application. When members are making the first contact independently, encourage them to do so in person to get full advantage of the contact. Consider asking ES during the weekly team meeting how many members had an in person first contact as a reminder of the value of that contact.</li> </ul>



			<p>members to potential employer sites, and attending hiring events.</p> <p>One member reported intake with the SE program occurred approximately one month after expressing an interest in employment to clinic staff. The member started a job search quickly after admission to the SE program and has received consistent engagement from SE staff.</p> <p>Based on data provided regarding all ES, the average amount of time from intake to the initial employer contact, is 42 days.</p>	
3	Individualized job search:	1 – 5 5	<p>Program staff reported that job search is tailored to each member's interests and goals. ES guide members by discussing their individual preferences, job experiences, likes and dislikes, and by helping to clarify interests. ES also provide assistance with career exploration for those that may be uncertain about their options or those with a narrow scope.</p> <p>Members reported that they have the final say in the jobs they apply for and highlighted individual stipulations that would shape their job search process.</p> <p>Records reviewed showed a vast majority, 80%, of jobs searched aligned with goals identified.</p>	
4	Diversity of jobs developed:	1 – 5 4	<p>Per the data provided, including members that exited the program in the past six months leading up to the review, there was 90% diversity of employers and 75% diversity of job types. Duplicated job types included cashiers and customer service representatives.</p>	<ul style="list-style-type: none"> <li>Continue efforts to align job searches with member goals, while supporting employment opportunities that are in varied settings with 10% or less duplication of job and/or employer type.</li> </ul>

5	Permanence of jobs developed:	1 – 5  5	<p>Program staff reported that 95% of developed jobs are permanent, with the ES focusing on securing competitive, long-term positions. Staff noted that achieving permanent employment enhances members' confidence and skills. SE staff do not recommend temporary, seasonal work, or volunteer opportunities unless it aligns with the member's preferences. When a member opts for a temporary or seasonal position, staff will continue to support a search for permanent employment. Clinic staff and members interviewed reported that ES help develop permanent full or part-time employment based on the member's goals.</p> <p>A review of data regarding jobs obtained in the past two years showed 92% of all employed members hold competitive and permanent positions. The data reviewed included members who were not employed at intake.</p>	
6	Jobs as transitions:	1 – 5  5	<p>Clinic staff reported SE program staff assist members with job transitions 100% of the time. ES assist members in finding new employment, regardless of the reason a job ends, and will assist members that are currently employed and seeking to change positions or employers.</p> <p>Program staff reported all members can receive assistance with transitioning from one job to another. ES have assisted members with transitions in employment.</p> <p>Two member records showed documentation of employed members receiving assistance with job searching and transitioning to alternative employers. An additional record showed an ES</p>	

			<p>assisting a member with an inter-agency transfer, changing positions, and switching locations.</p>	
7	Follow-along supports:	1 – 5 5	<p>Clinic staff reported that all members receive follow-along support, and the SE program provides this assistance as long as the member desires. Clinic staff provided various examples of ES offering support, including helping members to cope with job stress, weighing options when seeking new employment, and addressing unexpected barriers or challenges in the workplace.</p> <p>Program staff reported follow-along supports are ongoing and flexible to meet the member's needs. Members choose the intensity and frequency of follow-along supports and can contact ES outside of scheduled follow-up appointments when support is needed. For members that choose employer disclosure of disability status, ES will provide job site support, advocate for accommodations, and can attend employer meetings upon member request. Some members have weekly to monthly phone calls and can choose to have follow-up meetings in the community when preferred. Follow-along support is available until the member discontinues SE services.</p> <p>Members interviewed reported receiving follow-along support through regular contact with ES. Support was provided both in the community and by phone. Members reported the ES assisted in improving coping skills to better manage work-related stress, addressed problem-solving skills, provided education about</p>	

			<p>how to communicate needs more clearly with employers, and helped with accessing resources.</p> <p>Records reviewed showed evidence of ES assisting members with workplace accommodations, good cause exemption paperwork, meetings with an employer, and monthly check-in phone calls.</p>	
8	Community-based services:	1 – 5 2	<p>Program staff reported that 10% of services are delivered in the community. ES meet members in public places like libraries, fast food restaurants, or coffee shops for job-searching activities. ES provide services in the community for employer contacts, inquiring about job opportunities, learning bus routes, attending job fairs, side-by-side job support, and check-in meetings. ES conduct some services via videoconference with members that are hesitant about meeting in public areas.</p> <p>Members report meetings with ES are mostly conducted in the community. The ES provide services by phone when members’ cannot meet in person. One member reported that visits were initially conducted in the community, and now support is provided by phone per their request.</p> <p>Three of the records reviewed showed evidence of ES staff providing services in the community. Examples include meeting members in the community to assist with filling out new hire paperwork, attending employer orientation alongside the member, pre-interview meetings for preparation, and taking a member to a job fair. Community locations were not specified or seen in all documentation.</p>	<ul style="list-style-type: none"> <li>• In the EBP of SE, ES spend 70% or more of the of time in the community, both working directly with members and conducting industry research and employer outreach on member behalf. Employer engagements on behalf of specific members should be clearly documented in member records and included a brief description of the contact and a plan for follow up.</li> <li>• Prioritize in-person community-based service delivery. Emphasize community-based services in locations that are relevant to job searches and offer opportunities for assessment and practice of desired skills and behaviors. Clearly document the location of services delivered, as well as members’ preferences regarding meeting locations.</li> </ul>

			Of the 10 randomly selected member records provided, ES provided services in the community 16% of the time. Most services were provided by phone. When in-person services were provided, the majority took place in members' outpatient behavioral health clinics. No videoconference services were provided to members in the records reviewed.	
9	Assertive engagement and outreach:	1 – 5 3	<p>Program staff indicated outreach efforts are initiated when members miss appointments or do not engage with services. The ES makes weekly attempts to outreach members by phone, email, and by sending a letter. The ES coordinates with the clinical team through email, phone, or in-person for support to reengage with members. After approximately three months of non-engagement, members are moved to an outreach list (see <i>S1: Caseload</i>). After members are moved to the assigned ES's outreach list, members remain enrolled in services; however, attempts to engage are reduced to monthly. Unless the member chooses to discharge from the SE program or if the clinical team informs the ES that the member no longer wishes to receive services, the member will remain open.</p> <p>The program had 15 members discharge from the program in the six months prior to the review.</p>	<ul style="list-style-type: none"> <li>• When a member misses an appointment, the SE program should reach out to the member, their natural supports, and the clinical team, when necessary, to re-engage in employment services. This includes outreaching to members in their natural settings, including home or other community environments.</li> <li>• In person, community based 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 getting feedback to provide SE in more meaningful ways to the member. For example, some members may prefer to begin their job search at the first contact rather than sit for a period reviewing paperwork.</li> <li>• Consider formalizing the outreach process to identify examples of expected outreach before closure/discharge. Consider including home visits in outreach efforts.</li> <li>• Consider including informal supports as a resource to members in obtaining and retaining competitive employment.</li> </ul>

				Engage new referees early in the process to identify supports and the resources they offer. Those relationships may be a resource to the SE program when members lose contact with the team.
<b>Total Score:</b>		<b>63</b>		

<b>SE FIDELITY SCALE SCORE SHEET</b>			
<b>Staffing</b>		Rating Range	Score
1.	Caseload	1 - 5	3
2.	Vocational services staff	1 - 5	5
3.	Vocational generalists	1 - 5	5
<b>Organizational</b>		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
<b>Services</b>		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	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	2
9.	Assertive engagement and outreach	1 - 5	3
<b>Total Score</b>			63
<b>Total Possible Score</b>			75