

**SUPPORTED EMPLOYMENT (SE)
FIDELITY REPORT**

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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 WEDCO Supported Employment (SE) program. This review is intended to provide specific feedback on the development of your agency's SE services 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 Terros Health 23rd Avenue Health Center and Jewish Family & Children's Services, West Valley. This review was conducted remotely, using videoconferencing and telephone to interview staff and members.

WEDCO partners with the local contractor with a Regional Behavioral Health Agreement (RBHA), the provider network organizations, and the Arizona Department of Economic Security Rehabilitation Services Administration (RSA) to provide employment-related services to members including supported employment, work adjustment training, computer skills training, and other services.

Accommodations were made for the agency as reviewers were unable to access a web-based electronic health record system and member records were thus supplied by the agency staff for review.

The individuals served through the agency are referred to as clients, 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 was serving 107 members.

During the fidelity review, reviewers participated in the following:

- Remote observation of an SE supervision meeting.
- Remote observation of a weekly integrated clinical team meeting at the co-located site: Terros Health 23rd Avenue Health Center, Dream Team.
- Group videoconference interview with WEDCO’s Chief Operating Officer, and the Operations Analyst.
- Group interview with one Case Manager and three Rehabilitation Specialists from Terros Health 23rd Avenue Health Center.
- Group interview with one Case Manager and one Rehabilitation Specialist from Jewish Family & Children’s Services, West Valley clinic.
- Individual phone interviews with two members receiving SE services.
- Group videoconference interview with seven WEDCO Senior Employment Specialists.
- Closeout discussion with the Chief Operating Officer, and representatives from the RBHA.
- Review of data and documents provided by WEDCO for ten 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 members from the following health plan: RBHA.
- Review of documents provided by the SE program including the agency *Member Engagement, Outreach, and Re-Engagement Policy & Procedure*; the agency mission statement; *Employer List*; and template documents of the agency individual employment plans, updated *Call Log* spreadsheet, and member data provided by the agency.

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 in 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:

- Caseload: The SE team is appropriately staffed to serve 107 members, with each Employment Specialist caseload not exceeding 25 members.
- Vocational generalists: Employment Specialists (ES) staff carry out all phases of vocational services, from intake to providing follow-along support for employed members.
- Ongoing, work-based vocational assessment: Staff are performing continuous assessments to evaluate members' needs, goals, and progress. Employment Specialists use various documentation tools to monitor this progress, including vocational profiles, job start and end forms, and *Call Logs* that track job applications and employer outreach.
- Diversity of jobs developed: There is significant diversity in employers and job types among current members and recently closed members that were employed. The data provided indicated 100% diversity of employers and 92% in job types.
- Jobs as transitions: Employment Specialists help members end jobs when appropriate and assist in finding new jobs.

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

- Integration of rehabilitation with mental health treatment: Increase coordination and in-person availability with partnering clinics to improve member care. One of the seven SE staff is co-located at a clinic and attends one weekly clinical treatment team meeting for the full duration. Evaluate barriers to the SE program providing members with this coordinated care experience and work toward enabling full participation by all SE staff.
- Zero-exclusion criteria: Based on referral forms from member records, several members were referred by their clinical team for multiple vocational services, including classroom training, work adjustment training (WAT), and supportive employment. Adjust the regional referral form to ensure a clear process for members expressing a desire to find competitive employment. The option to “check all that apply,” which includes WAT, potentially detracts members from their interest in seeking integrated competitive employment. Ensure referring entities are trained on the benefit of clear and effective referrals.
- Community-based services: Community-based services were delivered 7% of the time, with most SE services provided through phone or videoconference. It is important to prioritize in-person community-based service delivery. Emphasize services in locations relevant to job searches and ongoing support, while also providing opportunities for assessment and practice of desired skills and behaviors. Shift the focus toward delivering services in community settings, either with members or potential employers, aiming for 70% of services to be conducted in the community. This includes providing support to members by transporting them to job fairs and interviews, obtaining appropriate work attire, and other activities that support members in obtaining and maintaining work.
- Assertive engagement and outreach: Implement timely and responsive assertive engagement and outreach at program entry until services are closed. This approach involves persistent, unlimited engagement that frequently occurs in person within the community. Formal and natural supports are used to encourage participation in SE, and services are provided in ways that resonate with the member. Outreach and engagement should persist indefinitely until members indicate they are no longer interested in vocational services. When members are not meeting with ES staff as scheduled, initiate outreach immediately, consider incorporating home visits, and document all efforts made.

SE FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
Staffing				
1	Caseload:	1 - 5 5	The SE Program consists of 6.5 full-time equivalent Employment Specialists (ES) staff. Per staff interviews, the program serves 107 members, and caseload sizes per ES vary from 10 - 20 members.	
2	Vocational Services Staff:	1 - 5 5	All ES staff provide vocational services and do not provide other WEDCO services such as WAT or classroom training outside of the SE program. All ES staff reported no outside responsibilities and are dedicated to only supported employment responsibilities such as job search, resume building, developing interviewing skills, retention, and follow-along supports.	
3	Vocational generalists:	1 - 5 5	Per clinic and SE staff interviews, ES staff carry out all phases of vocational service beginning with intake, including engagement, assessment, job development, job placement, job coaching, and follow-along supports. Based on records reviewed, ES staff conduct intakes, assess member needs and preferences, provide job development and placement, and provide follow-along support to employed members.	
Organization				
1	Integration of rehabilitation with mental health treatment:	1 - 5 2	Staff reported that one ES is co-located at an outpatient behavioral health clinic and collaborates with four clinical teams. The ES has access to an office in a shared workspace and attends one weekly treatment team meeting that	<ul style="list-style-type: none"> Ideally, SE staff have multiple contacts weekly with each member's clinical team staff. Co-located SE staff have more ability to maintain frequent contact with those clinic staff. However, the number of

			<p>includes the psychiatric prescriber, nursing staff, Case Managers, and Rehabilitation Specialists (RS).</p> <p>Since the four clinical teams hold meetings simultaneously, the ES meets separately with the other RS staff from the other clinical teams to discuss shared caseloads and potential referrals. The records reviewed did not provide additional evidence of integrated team meetings or shared decision-making. The SE program reinstated having a co-located staff and attending treatment team meetings 2-3 weeks before the review. In an observed integrated meeting, the ES participated fully, reviewing mutual members' progress alongside Case Managers, the RS, the prescriber, and a nurse. The ES also offered input on services that could benefit potential members.</p> <p>Another ES staff member reported attending treatment program meetings monthly. The rest of the SE team primarily communicates with RS staff or Case Managers via email, with occasional phone calls when issues arise, such as difficulties contacting a member. The Chief Operating Officer (COO) meets with RS staff and Case Managers from two non-co-located clinics—one weekly and the other bi-weekly—either in person or via videoconference to review mutual members' progress and challenges.</p>	<p>teams and clinics serving the roster of SE members may make it difficult to conduct multiple contacts weekly for SE staff (e.g., clinic staff meetings occurring during the same slotted hour). Assigning more SE staff to one or two teams may improve coordination.</p> <ul style="list-style-type: none"> • Ensure that clinical team and vocational staffing are documented clearly and reflect ES participation. Documentation in the member's record of those conversations may be helpful when other ES step in to provide coverage.
2	Vocational Unit:	1 - 5 3	SE staff reported meeting as a group in person once a month. All ES share the same supervisor, the COO. During group meetings, all ES, the	<ul style="list-style-type: none"> • Increase group supervision so that the vocational unit aligns with the EBP and meets weekly.

			<p>COO, the Chief Executive Officer (CEO), and the Operations Analyst are present. ES meet with the COO for individual supervision. Meetings are held weekly to monthly, depending on the individual needs of each ES. Additionally, ES staff meet twice a month with the Operations Analyst to follow up on care coordination and outreach to members. The CEO frequently participates in these coordination meetings as well.</p> <p>ES do not provide services to members outside of their assigned caseload, such as taking members to job fairs or assisting with conducting mock interviews.</p> <p>During the team meeting that was observed, ES staff, the COO, the Operations Analyst, and the CEO were in attendance. The meeting followed a structured agenda, in which staff participated in role-playing various member scenarios (i.e., members not engaging, offering members follow-along support). Staff discussed solutions for best engagement practices for these different scenarios.</p> <p>Cross-coverage was not observed in the records reviewed, except in cases when members were transitioned to a different ES staff. One record indicated an ES was on personal leave for less than one month, and there was no evidence of cross-coverage or services provided during this time.</p>	<ul style="list-style-type: none"> Support ES in providing cross-coverage for members to prevent gaps in services, maintain motivation for job search activities, and provide support for unanticipated workplace issues that could threaten job retention. As members become more comfortable in the community, ES should be available to support member transportation needs, drop by job sites when approved by members, and assist with mock interviews to help prepare members.
3	Zero-exclusion Criteria:	1 - 5	Referring clinic staff reported that members simply need to express an interest in	

		5	<p>employment to be referred for SE services. RS staff will complete a Vocational Activity Profile to assess the member's vocational goals and include this in the referral packet. Regardless of a member's history of repetitive referrals, or facing substance use challenges, referrals are made for SE services.</p> <p>SE staff reported that members only need to express a desire to work to be referred for supported employment services. Members can also self-refer, and staff will verify their insurance eligibility. SE agency staff give presentations at clinics about employment services, sponsor and present at job fairs, and attend Vocational Rehabilitation meetings to spread awareness of the program and services.</p> <p>Both members interviewed reported joining the SE program within a couple of weeks of expressing interest in employment and immediately began job searching.</p>	
Services				
1	Ongoing, work - based vocational assessment:	1 - 5 5	<p>ES staff reported completing Vocational Profiles with members during intake to develop short and long-term goals, and to assess strengths, barriers, work history, and job preferences. Vocational Profiles are updated as members' goals evolve. Staff track progress with job start and end forms, as well as <i>Call Logs</i> to record job applications submitted and employers contacted.</p> <p>Staff reported consistently assessing members' progress toward their vocational goals by</p>	

			<p>acknowledging that goals and circumstances can change (e.g., members may move and seek jobs in a new area or acquire transportation, allowing them to travel further for work). Staff reported revisiting member's goals twice a month to ensure they remain current.</p> <p>Vocational Profiles were documented in all ten records reviewed, and one member's record included both the original intake Vocational Profile and an updated version reflecting new vocational goals.</p> <p>In member interviews, both individuals reported discussing potential barriers to achieving employment goals with the ES. One member reported that the ES discussed strategies for maintaining career goals, tracking progress, and finding solutions for handling setbacks.</p>	
2	Rapid search for competitive jobs:	1 - 5 3	<p>Clinic staff reported that the job search begins as soon as a member expresses interest in employment and completes intake with the SE provider, with job preferences guiding the process.</p> <p>SE agency staff reported that the goal is for members to make their first employer contact within 30 days of SE intake, driven by the member's job goals. ES encourages initial contacts, such as informational interviews, attending job fairs, or visiting businesses to inquire about open positions. Staff reported meeting members in the community to facilitate first employer contacts. ES staff do not provide transportation for employer contacts or to</p>	<ul style="list-style-type: none"> • Per the EBP, first employer contacts occur in person in the community within 30 days of program enrollment. First employer contacts can occur in the context of career exploration activities, such as interviewing a hiring manager about top qualities or skills preferred by a new hire for a given position. • Consider assessing the benefits of ES providing transportation to members to enhance the Supported Employment initiative. Records suggest potential missed opportunities for employer contact and support, as ES staff primarily offer job leads and assistance by telephone rather than in person.

			<p>support job interviews, encouraging members to manage these tasks independently. Staff reported that the program counts virtual interviews toward first-employer contact. Based on the records reviewed, two out of the four documented first-employer contacts were not in person.</p> <p>First employer contact dates were not provided for all members on the program roster. Based on the data provided, the average of the median score of the length of time between when a member begins the program and the first contact with a competitive employer is 59 days.</p>	<p>Providing in-person support could help harness members' enthusiasm and motivation more effectively.</p>
3	Individualized job search:	1 - 5 5	<p>SE staff reported that job searches are member-driven. The jobs applied for are dependent on the member's vocational goals. The job search is also dependent on member preferences for how far they want to travel for work, how often they want to work (e.g., part-time or full-time), and the position the members are interested in.</p> <p>All member records reflected searching for jobs based on the member's preferences and goals. In one member record, the member originally was applying for warehouse jobs but then expressed an interest in technology and data entry jobs. The ES immediately assisted the member in applying for data entry positions.</p> <p>Both members interviewed reported that their job search was based on their specific interests. The ES helped them search for those positions, assisted in obtaining necessary certifications</p>	

			(e.g., Peer Support) and conducted mock interviews with them.	
4	Diversity of jobs developed:	1 - 5 5	<p>SE staff reported that they do not offer the same types of jobs to members and base job searches on the members' preferences. Members may express an interest in similar types of work (e.g., warehouse jobs), but it is uncommon for them to end up with the same employer and job. The agency provided an <i>Employer List</i> that identified 82 different employers, which included specific locations and contact information for the employers.</p> <p>According to the data 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 all the jobs developed are competitive and permanent positions. Staff reported supporting members that want temporary employment in the past, but no current members are seeking temporary employment. Staff explained that one reason for not suggesting temporary positions is the setback of needing to seek employment again, delaying the goal of obtaining competitive and permanent employment. While WEDCO also offers WAT and classroom training, members are not directed by SE staff to participate in these training programs before seeking competitive employment.</p> <p>In one record, a member initially expressed interest in WAT and classroom training and was</p>	

			<p>referred by their Clinical Team for those services in addition to the SE program. Within the SE program, the ES helped the member apply for positions, leading to the member securing a permanent and competitive job.</p> <p>Based on the member records reviewed, 90% documented members applying for competitive and permanent positions. One record documented the ES staff suggesting an administrative training agency that offered a paid temporary position that provided training. Staff assisted the member in setting up an interview with this agency.</p>	
6	Jobs as transitions:	1 - 5 5	<p>SE staff reported that ES staff assist members in finding new jobs when a previous job ends, as well as navigating how to leave a job. There are no circumstances where an ES staff would not help a member after leaving a job; the ES provides the full range of employment support services in finding another position.</p> <p>In one member's record, the member was assisted with both seeking a part-time job to supplement their current job and securing a higher-paying full-time position. The ES staff assisted the member in their job search and interview preparation. Another record documented a member that was hired but encountered onboarding issues, leading them to withdraw their application. The ES reviewed the lessons learned with the member and helped the member search for another job.</p>	

			One member interviewed reported that when a job did not work out, SE staff assisted them in finding a better-fitting job, discussed the reasons previous jobs did not work out, and conducted mock interviews.	
7	Follow-along supports:	1 - 5 4	<p>Agency staff reported offering follow-along support to all members after gaining employment, and continuing services for as long as the member desires. Staff offer in-person support at the workplace when the member chooses to disclose to their employer. Typically, follow-along supports are provided by phone or via videoconference, with meetings occurring at least twice a month. Staff reported that they have visited job sites in the past, with the member's permission, to advocate on their behalf to the employer.</p> <p>Of the records reviewed, there were four members employed. Two of the records documented at least one phone follow-along support per month by the ES. One member received in-person follow-along support twice a week at their workplace. After transitioning to a new ES, in-person support stopped. Attempts to outreach by phone were documented two months apart. Due to a lack of engagement from the member, services were closed with the agency. Another member record showed that after a member became employed, the ES reached out two months later to check on the member's job progress.</p>	<ul style="list-style-type: none"> • During the early phases of SE, educate members on the various follow-along support options and continue to remind them of its benefits. This includes offering discrete workplace observation to proactively address concerns before they escalate into issues that could lead to job loss. • Consider increasing contact when members start new positions. Once members feel more secure in their roles, seek their input on the desired frequency of support and document accordingly. Follow-along support should be provided in the community and at the work site.

			One member interviewed reported having follow-along support from an ES at their job site in the past.	
8	Community-based services:	1 - 5 1	<p>Program staff reported providing community-based services 60 - 90% of the time. These activities were described as meeting members at the library to assist with resume creation and printing, applying for jobs in person, and visiting fast-food chains when members expressed interest in working there, with staff encouraging them to speak with hiring managers. Staff reported they meet members at locations convenient to the member.</p> <p>Per the records reviewed, an average of 7% of services were delivered in the community, with most services provided via phone or videoconference.</p> <p>Of the ten randomly selected member records, two records documented community-based services, with meetings at public libraries to complete intake forms, apply for jobs, and work on resumes. One member record documented the member expressing a desire for in-person support from ES staff while job searching, but all services were provided by telephone.</p> <p>In the member interviews, one member reported meeting exclusively by telephone per their request. The other member reported meeting a couple of times with ES staff in person but primarily interacting via videoconference.</p>	<ul style="list-style-type: none"> • In the EBP of Supported Employment, vocational services are provided in the community, ideally in locations relevant to the job pursued. Work toward providing 70% or more of all vocational service delivery in the community. • Consider reviewing contacts in the community during the team meeting or during individual supervision to encourage ES efforts to reinforce the value of community-based services.
9	Assertive engagement and outreach:	1 - 5 2	Per SE staff interviews and the agency's <i>Member Engagement, Outreach, and Re-Engagement Policy & Procedure</i> , all outreach and re-engagement	<ul style="list-style-type: none"> • Enhance outreach efforts and ensure thorough documentation of attempts to contact members, including through

			<p>attempts are documented. Attempts include contacting the member's legal guardian by phone or in person, sending a letter to the member's last known address, and communicating with the clinical team weekly. Staff contact non-engaged members at least three times per month for up to three months.</p> <p>Clinical staff reported most contact with ES occurs when the ES needs assistance with reaching members. ES communication with clinic staff is primarily through email and occasionally by phone. Clinic staff receive monthly summaries and progress reports from ES on shared members. Outside of these reports and issue-specific communication, contact with ES staff is infrequent.</p> <p>In the records reviewed, all outreach attempts made by ES were conducted by telephone. Re-engagement outreach ranged from five attempted phone calls to no documented outreach in a month period. Four of the ten member records showed one to two phone outreach attempts to members that were not engaging in services. One member record had no documented contact for two months.</p>	<p>phone, email, and text messaging. Ideally, outreach is not time limited. Ensure that all staff adopt the approach that members remain open until they re-engage or explicitly inform SE staff that they no longer wish to receive services or until Clinical Team staff inform of the desire to close services. Maintain ongoing engagement efforts until members communicate, either to the Clinical Team or SE Team, that they are no longer interested in SE services.</p> <ul style="list-style-type: none"> • Document missed appointments and outreach efforts in a timely manner. Begin outreach immediately after missed appointments. Outreach in the community (e.g., members' homes and places of employment) should be included in the program engagement protocol. Consider reviewing missed appointment follow-up during weekly individual supervision. • In-person outreach is often more effective than phone calls or emails, which can be easily overlooked. It allows for a better assessment of members' needs and the factors contributing to disengagement, while also gathering feedback to deliver SE services in more meaningful ways.
Total Score:		60		

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	5
Organizational	Rating Range	Score
1. Integration of rehabilitation with mental health treatment	1 - 5	2
2. Vocational unit	1 - 5	3
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	3
3. Individual job search	1 - 5	5
4. Diversity of jobs developed	1 - 5	5
5. Permanence of jobs developed	1 - 5	5
6. Jobs as transitions	1 - 5	5
7. Follow-along supports	1 - 5	4
8. Community-based services	1 - 5	1
9. Assertive engagement and outreach	1 - 5	2
Total Score		60
Total Possible Score		75