

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

Date: May 11, 2022

To: Nichole Walla, Director of Operations  
Greg Natvig, Chief Executive Officer

From: Vanessa Gonzalez, BA  
Nicole Eastin, BS  
AHCCCS Fidelity Reviewers

### **Method**

On March 1 – 3, 2022, Vanessa Gonzalez and Nicole Eastin completed a review of the Beacon Group 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 the Central Region of Arizona. 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 the Central Region of Arizona, 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 Beacon Group, the referring clinics included Copa Health West Valley and Lifewell Oak.

Beacon Group provides services for people with mental illness and/or developmental disabilities in both Phoenix and Tucson, Arizona. This Fidelity Review will focus on the Phoenix office which provides job development, placement and retention, computer skills training, work adjustment training (WAT), personal enrichment and skill development, as well as adult literacy, academic career planning, and high school equivalency classes. Beacon’s SE program provides co-located services at several locations.

This review was conducted remotely, using video or phone contact to interview staff and members. Accommodations were made for your agency as reviewers were unable to access a web-based electronic health record system and member records were thus supplied by your 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.

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

- Observation of a Supported Employment team meeting on March 2, 2022.
- Observation of an Integrated Treatment Team meeting at the Copa Health West Valley clinic on March 2, 2022.
- Individual interview with the Beacon Group Senior Manager of Employment Services.
- Individual telephonic interviews with four members that receive SE services.
- Group interview with the seven SE agency Job Developers (Employment Specialists).
- Group interview with one Rehabilitation Specialist and two Case Managers of the Lifewell Oak clinic.
- Group interview with four Rehabilitation Specialists of the Copa Health West Valley clinic.
- Review of documents provided by Beacon Group from randomly selected member charts, as well as remote review of members records from the two partner clinics, including a sample of co-served members: and, review of program documents including the *Outreach and Engagement Plan*, the agency website, and member data provided by 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 5point 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:

- When employed members seek a new position with another employer, Employment Specialists (ES) assist members in finding a new job before ending the current position.
- ES support members in seeking employment in positions of their preference. Individualized job search was well documented in member records.
- Jobs developed showed great diversity in both employer and in job types.
- ES provide jobs that are both permanent and competitive.

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

- Ideally, ES are providing services to members in the community where jobs are found. As conditions improve related to the public health emergency, increase community service delivery.
- Increase coordination and in-person availability with partnering clinics to improve member care. Ensure non-co-located staff update clinical teams weekly on member status; for co-located staff, ensure clinical teams and members are aware of ES scheduled days and times on site. Additionally, clinical teams should be aware when the ES is scheduled to participate in treatment team meetings.
- Given the high level of staff turnover reported among clinical teams, ensure ongoing education and training is provided for clinical teams on *zero exclusion* and the member's rights to request SE services without delay or having to be referred to Vocational Rehabilitation first.

**SE FIDELITY SCALE**

Item #	Item	Rating	Rating Rationale	Recommendations
<b>Staffing</b>				
1	Caseload:	1 – 5  5	<p>ES staff reported they are available to members as much or as little as needed for all phases of vocational services. When assisting members in the job search phase, ES have contact with members once a week or more if requested. Once members have secured employment, the member and ES agree how often to meet with the ESs goal to meet at least once a month.</p> <p>Data provided indicated the program serves 87 members. However, interviews with staff produced an inconsistency in the report of caseload numbers. Some staff reported a higher number of members on their caseload than the data provided, while other staff provided a lower number assigned. The team has six full time ESs on staff and one staff that provides 75% of their time to SE services. Three ES reported their caseload included members enrolled in the WAT program. ESs average 24 members assigned per caseload.</p>	
2	Vocational Services staff:	1 – 5  4	<p>Program leadership and Employment Specialists report members in the Beacon Work Adjustment Training (WAT) program are assigned ESs from the SE team to provide job search within the first 30 days of enrollment and continue to work with that ES when their training is complete. Three ESs reported WAT members on their caseloads, it is unclear how much time ESs spend working with members in the WAT program. Another staff member, .75 full time equivalent, provides Ticket to Work services to members 25% of the time.</p>	<ul style="list-style-type: none"> <li>The agency should consider re-constructing SE ESs providing services to WAT enrolled members. Ideally, ES are exclusively dedicated to the SE program, serving only those members.</li> </ul>

3	Vocational generalists:	1 – 5  5	The ESs provide all vocational services to members. This includes intake, engagement, assessment, job development, job placement, job coaching, and follow along supports.	
<b>Organization</b>				
1	Integration of rehabilitation with mental health treatment:	1 – 5  2	<p>Two Beacon ESs are co-located and serve three provider clinics: Community Partners Integrated Health, Copa Health, and Lifewell Behavioral Wellness.</p> <p>One ES is assigned to two co-located clinics. The ES is at one clinic twice a week and attends an integrated clinical team meeting weekly that includes the Prescriber, Nurse, Clinical Coordinator (CC) and Case Managers. Additionally, the ES attends weekly meetings with the clinics assigned Vocational Rehabilitation Counselor (VRC) and Rehabilitation Specialists (RS). At the other co-located clinic, the ES attends integrated clinical team meetings virtually once a week which includes the Prescriber, Nurse, CC, Case Managers and at times the assigned VRC. In addition, the ES attends weekly meetings virtually with the RSs and assigned VRC. At this clinic, per the provider request, the ES does not go to the clinic due to the public health emergency.</p> <p>Another co-located ES reported going to the assigned clinic twice a week to coordinate member care with CMs and RSs, and attends integrated clinical team meetings with four separate teams once a month either in-person or by phone. The ES stated attending the entire meeting and includes the Prescriber, RS, VRC, and other staff.</p>	<ul style="list-style-type: none"> <li>• Educate clinics on the benefits to members of collaborative integrated care. SE staff should attend weekly treatment team meetings with full teams (i.e., usually comprised of Psychiatrist, Case Mangers, Rehabilitation Specialist, and Nurse). ES should stay for the entire meeting duration to allow discussion of members already referred, and to prompt clinical teams to think about employment for members not already referred. ES should act as advocates and educators of the value of competitive work.</li> <li>• Ensure that clinical team and vocational staffing documentation clearly reflects ES participation. Documentation in the member’s record of those conversations may be helpful when other ESs step in to provide coverage.</li> <li>• Consider steps to improve staff and member awareness of the program, such as regularly arranging presentations to clinics or specific teams, posting fliers with tear offs in clinic lobbies. Inviting members to give firsthand testimonials would be an impactful component.</li> <li>• Consider assigning specific days co-located ES staff go to provider clinics to improve coordination of member care. Ensure providers and members are aware of assigned days. Adding this information to</li> </ul>

		<p>Non-co-located ESs (five) reported communicating with the members' clinical teams by phone or email typically once a month, or more if needed, and some attend monthly staffing's.</p> <p>Staff interviewed at one clinic, with co-located Beacon SE staff, were unsure what days the ES comes to the clinic. Staff reported the ES may attend an integrated team meeting once a month but does not stay for the entire meeting. The ES provides information on Beacon services and inquiries about potential referrals. Clinic staff stated they may receive updates in passing if they see the ES at the clinic. Staff reported a lack of communication with Beacon staff and do not receive monthly summaries. The ES does not have a dedicated workspace. Staff stated it would be beneficial to know the exact days and times the ES will be at the clinic to receive and provide updates on their mutual members. Clinic RSs attend a weekly meeting with the assigned VRC, but it was reported the ES does not attend this meeting.</p> <p>Staff from another clinic reported that ES attends integrated clinical team meetings a couple times a month and that the beginning of the meeting is dedicated to the ES sharing updates on members, and then is excused. The ES usually sits at an open cubicle with the team. Staff reported the ES participates in shared decision making about members, updates the clinical team by phone, email, and monthly summaries, and provides their business card to new staff as well as educates on employment services available to members.</p>	<p>business cards and into email signatures may improve coordination.</p> <ul style="list-style-type: none"> <li>• For co-located ESs, consider requesting an assigned cubicle, or an area which is designated for the ES, on days scheduled at the clinic to improve coordination of care to members' clinical teams.</li> </ul>
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			<p>During the integrated team meeting observed, the ES was present for the duration of the meeting which included ten staff from the clinical team. The ES and clinic staff discussed co-served members, including outreach and engagement, progress, and barriers. One member was discussed as a new referral. The clinic staff gave positive feedback to the ES pertaining to the services that they are providing to members on the team.</p> <p>SE agency records reviewed lacked documentation of ESs attending integrated team meetings as reported through SE staff interviews. For those present in records, there is a lack of documentation pertaining to the discussion during the integrated team meeting and who was present. Clinic charts reviewed did not indicate any integrated team meeting collaboration with the ES is in attendance, and there were few documented phone calls and emails between clinic staff and ESs. One member interviewed reported the assigned ES communicates with their clinical team.</p>	
2	Vocational Unit:	1 – 5 4	<p>All ESs share the same supervisor and meet as a team once a week for 30 minutes, virtually. Every third Wednesday of the month an all staff meeting with both Phoenix and Tucson staff is held for one hour. ES staff meet individually with the supervisor weekly, bi-weekly, or monthly, depending on the level of need. At the meeting observed by reviewers there was no agenda. Staff discussed SE principles and characteristics of SE services, information was provided about new job leads, success stories were shared, and staff discussed challenges with the group providing suggestions</p>	<ul style="list-style-type: none"> <li>• SE programs should provide cross coverage to highlight the diverse expertise of ESs and to ensure member needs are adequately met. ESs can assist each other not only with transportation to job interviews, but also in delivery of follow along support activities such as employer introductions, mock interviewing, and role-play, generating ideas for dealing with workplace conflict, and discrete job-site observation.</li> <li>• Consider rotating review of each ES's caseload weekly to ensure others are</li> </ul>

			<p>and possible solutions. ES full caseloads were not reviewed.</p> <p>Staff indicated providing cross coverage when an ES is absent or needs assistance with taking a member to an interview or support at a job fair. However, records reviewed indicated no evidence of cross coverage nor was it discussed in the SE program meeting.</p>	<p>current on member needs and to seek opportunities to provide cross coverage.</p>
3	Zero-exclusion criteria:	1 – 5 3	<p>Clinic staff interviewed stated that members are not excluded from work and all that is needed for a referral to an SE program is the expressed desire to work. Staff at one clinic reported when members express interest in employment services, a Vocational Activity Profile is completed, and the referral is made to an SE provider of member's choice. However, staff at another clinic reported referring members that are interested in employment services to Vocational Rehabilitation (VR) first and VR will determine if the member is eligible and will then connect to an SE provider. One staff stated it depends how quickly the member is wanting employment whether they send the referral to an SE provider and VR. One record reviewed showed evidence of clinic staff informing the member of VR services, suggesting VR has more funding and resources compared to other employment support providers, prior to a referral for SE services with Beacon.</p> <p>Records reviewed indicated ESs working in a timely manner once members were referred. One record reviewed showed a member with unstable housing and the ES continued to job search with the member, coordinated care with the clinical team regarding the member's housing status. Another</p>	<ul style="list-style-type: none"> <li>System partners should educate all gatekeepers within clinical teams on members' right to request SE services without delay or having to be referred to VR first. Referrals can coincide with VR and an SE provider. Research has shown that members referred to SE services can be successful and do not require readiness measures or clinical screening. Low barriers to entry capitalize on member motivation and enthusiasm for work.</li> </ul>

			<p>record indicated the SE program continued to provide SE services even though the member was actively using substances.</p> <p>Staff indicated some members may self-refer. Beacon will coordinate with the member's clinic for documentation.</p>	
<b>Services</b>				
1	Ongoing, work – based vocational assessment:	1 – 5 5	<p>SE staff reported completing Vocational Profiles with members upon entry into the SE program to gather information on the members' employment goals, past employment, education, benefits, barriers, living situation, income, work skills, natural supports, and physical and mental health. Staff reported this document helps to get to know the members and opens dialogue of what the member's individual needs are. Vocational profiles are updated when the member desires a change in employment goal or job search preferences.</p> <p>Records reviewed showed evidence of Vocational Profile Amendments completed when a member changed their job search goal. When a member started or ended a job, ESs completed a <i>Client Change Form</i> to update the <i>Beacon Individual Support Plan</i>. However, minimal documentation was seen in records that identified services members required in order to support employment retention, disclosure preferences when starting a job, nor assessing insights and next steps when a member ended a job.</p>	
2	Rapid search for competitive jobs:	1 – 5 5	<p>SE staff stated they educate members at intake about meeting with an employer within the first 30 days of engaging in SE services, trying to get members in front of an employer within two weeks of intake. Per data provided, across all ESs, the average first contact with an employer was</p>	



			<p>approximately 23 days. Members interviewed reported there was some paperwork involved initially, but that they immediately began job search afterwards. One member reported the first day they met with the ES they began looking for jobs. Records confirmed members were applying and interviewing for jobs soon after enrolling in employment services.</p> <p>Clinic records reviewed showed some members were not immediately referred when requesting SE services. Another member's referral was delayed because the clinical team needed to update the service plan before referring.</p>	
3	Individualized job search:	1 – 5 5	SE and clinic staff stated that members choose which jobs to apply for. SE staff assist with finding jobs that are based on the members' employment goals. In records reviewed, most employer contacts were based on members' preferences and needs, rather than the job market. Employer contact forms were seen in records but did not include information pertaining to the outcome of the applications submitted, however, there were detailed notes in the member record that coincided with the employer contact. Member interviews provided insight into how ESs put member preferences first when job searching. One record reviewed indicated a member preferring a specific type of job and the ES was successful in supporting the member in acquiring a job in that exact job type.	
4	Diversity of jobs developed:	1 – 5 5	A review of jobs obtained since the last fidelity review (February 2020) showed great diversity in employers and job types among current members and those that were working at closure in the six months before the fidelity review. Data provided	

			showed a high rate of variety of employers and job types, 97% and 88% respectively. ESs provide a variety of options for members evidenced by documentation in member records reviewed.	
5	Permanence of jobs developed:	1 – 5 5	Beacon staff reported jobs developed and obtained are competitive and permanent. Per data provided, of the 33 positions created, all appear to be permanent. Two appear to be noncompetitive positions and set aside for individuals with disabilities. Members interviewed reported they applied for positions that were permanent. Clinic staff interviewed were not aware of any members working in temporary positions.	
6	Jobs as transitions:	1 – 5 5	Per interviews and records reviewed, SE staff assist members to find new jobs when one ends. ESs interviewed reported assisting members right away when a job ends, resuming job search that same week if the member requests the assistance. In one case, the ES assisted a member that was let go by the employer and met with them in the community several times that same week completing job applications. The member had a new job 19 days later. In another record, a member was working but wanted a new job. The ES assisted in searching for advancement opportunities within the same company and offered to speak with the member's employer about other positions.	
7	Follow-along supports:	1 – 5 5	SE staff interviewed stated that all members are offered follow along supports and encouraged to remain open for 60 days once they have obtained employment. Staff reported, once members are employed, to ensure the member is comfortable in their new position, the ES will increase contact slightly to ensure a steady transition into work and then reduce contact to every other week,	

			<p>eventually moving to monthly contact or as often as the member requests. One staff reported members requesting increased supports as they were feeling the pressure of being understaffed at the job site.</p> <p>For members that are open to disclose disability status, staff offer to job shadow and provide feedback. Employed members interviewed reported meeting with the assigned job coach once a week to once every other week, and that the ESs are available meet when needed. One member relayed how the ES is helping them brush up on computer skills and helping critique some work reports.</p> <p>Records reviewed showed ES's providing flexible and individualized supports to working members including dealing with conflicts, job counseling, coping with change, accommodations requests, and offering to speak with the members employers. One record reviewed indicated a member struggling to keep their job due to a health issue the ES recognized. The ES assisted them with getting care through an eye doctor, the member's performance improved, and was still happily working with the employer.</p>	
8	Community-based services:	1 – 5 2	<p>Staff at the SE program report 60 - 98% of services are delivered in the community, but that it also depends on member preference. One staff indicated most meetings are virtual when providing job coaching. ESs report typically meeting members at libraries, coffee shops, or a park; anywhere that is walking distance from the member's home. Staff reported they do not meet members in their homes. Staff stated they have</p>	<ul style="list-style-type: none"> <li>As the community reopens and public health guidance recommends, 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 members' preferences regarding meeting locations. ES should spend 70% or more the of time in the</li> </ul>

			<p>picked up members from their homes and transported to a location to meet in the past, but that it seldom happens.</p> <p>Members interviewed reported meetings with staff at their assigned clinic or by phone most often.</p> <p>Of the ten randomly selected member records, ESs provided services in the community 30% of the time. Most services were provided by phone. No videoconference services were provided to members in the records reviewed.</p>	<p>community, both working directly with members, and conducting industry research and employer outreach on member behalf.</p> <ul style="list-style-type: none"> <li>● For members concerned about meeting in-person, consider utilizing video-conference platforms available, drawing on staff with expertise to assist others with less practice, rather than relying on phone contact only. Some ESs at other SE programs work in tandem with the member while updating resumes, creating cover letters, conducting job search, completing applications, and following up on applications through email.</li> <li>● Community-based service delivery should also include direct contacts with employers that align with the member’s employment goals. Ensure contacts with employers are documented in member records with a brief description of the reason for the interaction and location.</li> </ul>
9	Assertive engagement and outreach:	1 – 5 3	<p>SE staff interviewed reported following the agency <i>Outreach and Engagement Plan</i> which outlines a 45-day closure process after the team has followed outreach efforts. This plan is discussed with members at intake, requiring their signature. When a member cancels or no shows an appointment, staff provide a follow up call within 24-hours in attempts to reschedule. When staff are unable to make contact, or do not get a return phone call, staff will make two additional attempts within the next two weeks. After three weeks of no contact, the ES will reach out to contacts identified at intake and will follow up with a phone call or email to the clinical team. ESs will update the clinical team on any developments when outreaching members, however outreach efforts</p>	<ul style="list-style-type: none"> <li>● Increase outreach efforts and ensure accurate documentation in member records of all efforts made to contact, including phone, email, and text. Continue engagement efforts until members indicate, either to the Clinical Team or the SE team, that they are no longer interested in SE services.</li> <li>● Consider including informal supports as a resource to members in obtaining and retaining competitive employment. 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.</li> </ul>

		<p>to the clinical team were not seen documented in charts reviewed for members on outreach. Integrated team meeting documentation was vague and did not produce content of what was being relayed to the clinical team. Staff reported they will proceed with possible case closure at 45 days of no contact with the member, however, has extended this timeframe due to the public health emergency.</p> <p>Record reviews demonstrated that when members were not responsive, they were outreached typically once a week by phone or email by the ES.</p> <p>During the integrated meeting observed, outreach was discussed for four members. One member was on the verge of being closed due to lack of contact with Beacon and the ES advised the clinical team that the member had re-engaged, in services. Another member was not engaging with the clinical team or ES, and the clinical team advised that they would keep the ES updated on the status of member.</p>	<ul style="list-style-type: none"> <li>• Documentation of missed appointments and outreach efforts should consistently be done in a timely manner. Outreach should begin immediately after missed appointments and ideally include outreach efforts in the community, including the member’s home. Consider reviewing all missed appointment follow up during weekly individual supervision to improve consistency throughout the program in the engagement protocols.</li> </ul>
<b>Total Score:</b>		<b>63</b>	

SE FIDELITY SCALE SCORE SHEET			
<b>Staffing</b>		Rating Range	Score
1.	Caseload	1 - 5	5
2.	Vocational services staff	1 - 5	4
3.	Vocational generalists	1 - 5	5
<b>Organizational</b>		Rating Range	Score
1.	Integration of rehabilitation with mental health treatment	1 - 5	2
2.	Vocational unit	1 - 5	4
3.	Zero-exclusion criteria	1 - 5	3
<b>Services</b>		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	5
5.	Permanence of jobs developed	1 - 5	5
6.	Jobs as transitions	1 - 5	5
7.	Follow-along supports	1 - 5	5
8.	Community-based services	1 - 5	2
9.	Assertive engagement and outreach	1 - 5	3
<b>Total Score</b>			<b>63</b>
<b>Total Possible Score</b>			<b>75</b>

