

SUPPORTED EMPLOYMENT (SE) FIDELITY REPORT

Date: April 9, 2018
*April 12, 2018

To: Greg Natvig, Chief Executive Officer
Nicole Walla, Chief Operating Officer

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AHCCCS Fidelity Reviewers

*As of April 12, 2018, this fidelity report has been updated with a revised score. An error was made in interpreting the data for item 02, Vocational Unit, and the correction has been made on page 7 of this report. The total score has been updated on pages 15 and 16, as well.

Method

On March 5 - 8, 2018, Karen Voyer-Caravona and Georgia Harris 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 Maricopa County. Supported Employment refers specifically to the evidence-based practice (EBP) of helping SMI (Serious Mental Illness) members find and keep competitive jobs in the community based on their individual preferences; not those set aside for people with disabilities. Services are reviewed starting with the time an SMI participating member indicates an interest in obtaining competitive employment, and the review process continues through the provision of follow along supports for people who obtain competitive employment. In order to effectively review Supported Employment services in Maricopa County, the review process includes evaluating the working collaboration between each Supported Employment provider and referring clinics with whom they work to provide services. For the purposes of this review at Beacon Group, the referring clinics included Lifewell Oak and Partners in Recovery East Valley.

Beacon Group provides services for people with mental illness and/or developmental disabilities in both Phoenix and Tucson, Arizona. The Phoenix office provides job development and placement (JD&P), computer skills training, employment readiness skills training, supported employment assistance, group supported employment (GSE), work adjustment training (WAT) and general educational development (GED) preparation. In the last year, the agency entered into a partnership with Amazon.com (AKA Amazon) to place individuals with disabilities at four of their locations. The disabilities are not limited to behavioral health. Non-SE Beacon staff interview and assess candidates in an Amazon simulation center; if members pass Amazon's test they then go to work for Amazon directly and receive on-the-job coaching by Beacon's Amazon Project staff after hire. Beacon's supported employment (SE) program provides co-located services at the PIR West Valley clinic, Lifewell Oak clinic, and Assurance Health and Wellness clinic.

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:

- Observe an integrated clinical treatment team meeting at Lifewell Oak clinic on March 5, 2018
- Observe an SE supervisory team meeting on March 8, 2018;
- Individual interview with the Director of Operations (SE leader);
- Group interview with three Beacon Employment Specialists (ES);
- Group interviews with three Rehabilitation Specialists (RS) at East Valley clinic and three RSs and one Case Manager (CM) at Oak clinic;
- Group interview with three members receiving Beacon SE services;
- Phone interview with one support person of a member receiving Beacon SE services;
- Review of 10 randomly selected clinic and Beacon member records; and,
- Review of agency provided documentation including: Beacon Intake packet, including Beacon Outreach and Engagement Plan/45 Day Policy, Individual Support Plan, Six Month ISP Review, Profile of Persons Served, and Vocational Profile; Beacon Group agency brochure; Regional Behavioral Health Authority created Supported Employment – 1st Employer Contact Report; and Vocational Profile Amendment form.

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

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

Summary & Key Recommendations

The agency demonstrated strengths in the following program areas:

- Vocational generalists: Evidence was found in member records that Beacon ESs provide all phases of supported employment services, from intake to follow-along supports.
- Vocational unit: Beacon ESs meet weekly with the SE Supervisor to discuss challenging cases, provide input and feedback, and share job leads. ESs provide services to each other such as assisting with transportation to job interviews, providing support in the community at job fairs, and assisting with backup coverage.
- Ongoing, work-based vocational assessment: ESs assist members in identifying their vocational goals through engaging them in conversations and using tools to help them identify needs, interests and preferences, as well as recognize strengths and transferable skills. Changes in needs, preferences, goals, and employment status were well documented in the member’s Beacon record.
- Follow-along supports: ESs regularly offer and provided members with follow along support, including face-to-face support delivered at work sites and direct advocacy/support with employers.

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

- Caseloads: Unexpected staff turnover lead to a member/staff ratio of 44:1. The agency should maintain sufficient staffing so that caseload sizes remain at a ratio of 25 or fewer members for every ESs.
- Integration of rehabilitation with mental health treatment: ESs should attend at least one full clinical team meeting weekly for every assigned team, and function as a member of the team, with empowerment to suggest employment for any member discussed regardless of whether or not the member is on the ES's caseload. The system should identify and resolve existing barriers to meet this requirement.
- Zero-exclusion: Though progress has been made across the system on the principle of zero exclusion, not all gatekeepers (i.e., CMs, RSs, and Psychiatrists) at the clinic level have embraced it. System partners should continue to educate clinic staff on the role competitive employment can play in supporting recovery. Even if unintentionally communicated to a member, low expectations for success can diminish hope and enthusiasm for follow through with an SE referral.
- Assertive engagement and outreach: Continue outreaching members who stop attending scheduled SE appointments at least monthly on a time-unlimited basis until the member directly requests that services be terminated or placed on hold. In addition to outreaching clinical teams for assistance in locating members, consider strategies for obtaining permission to outreach natural supports when members are out of contact.

SE FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
Staffing				
1	Caseload:	1 – 5 3	<p>It was reported to the reviewers that the SE program was serving 99 members. At the time of the review, there were five ESs, two of whom were covering ESs from other Beacon programs. One of the SE program ESs is co-located at two clinics, Lifewell Oak and Assurance Health and Wellness Center-Phoenix. The two other SE program ESs cover other clinics throughout Maricopa County. A second ES was co-located at PIR West Valley with a caseload of 28, recently resigned. Coverage of that ES’s caseload was temporarily divided between the two non-co-located SE ESs and two covering ESs. The two covering ESs, who both have former SE program experience, are covering only currently employed members (approximately 12 – 15) who are receiving retention services, which usually consists of once a month check-ins, either in person or over the phone.</p> <p>The three SE program ESs have caseloads ranging from 27 – 34. However, both former ESs have other Beacon program caseloads. One currently provides limited supportive services for 100 Ticket to Work participants who function well on their own. The other provides vocational training in computer and other job skills and work place etiquette to 20 members, some of whom are also doing job search in the SE program. These additional caseloads are reflected in the score.</p>	<ul style="list-style-type: none"> It is recommended the agency maintain staffing levels so that caseloads are no more than 25 members per full-time ES.
2	Vocational Services staff:	1 – 5	The three ESs at Beacon only provided vocational services to help members find and retain	<ul style="list-style-type: none"> Employment Specialists should only

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		4	competitive employment. They do not teach classes, run groups, or provide case management services. The two covering former ESs, however, have duties separate from SE such as work adjustment training and vocational and educational support to members, some of whom may fall outside the SMI population.	provide only employment services so that other programs roles do not dilute the focus on employment.
3	Vocational generalists:	1 – 5 4	Three ESs conduct all phases of supported employment, including intake/initial engagement, job development (e.g., taking members to tour potential job or industries sites, supporting members in interviewing hiring managers) and placement, job coaching, and follow along supports. Examples of each phase could be easily located in Beacon member records reviewed. However, the two ESs covering caseloads only do follow along support with currently employed members.	<ul style="list-style-type: none"> • Employment Specialists should perform all vocational services for their members, from start to finish, in order to cultivate strong relationships and deliver consistent service with their members.
Organization				
1	Integration of rehabilitation with mental health treatment:	1 – 5 2	Beacon staff reported that the co-located ES attends one treatment team meeting weekly for each team with which she shares a member. The ES is currently co-located at the Oak and Assurance clinics, where she can be present for the entire meeting. At the Oak clinic, the co-located ES may have members on two to three different teams; this may require the ES to attend part of one meeting to provide status updates before moving on to another meeting scheduled at the same time. At the Assurance clinic, the two treatment teams meet jointly and the co-located ES was reported to attend the entire meeting. Clinic staff interviewed reported the co-located ES also has regular face-to-face interactions with CMs and RSs to discuss member issues, as well as	<ul style="list-style-type: none"> • Clarify and resolve any barriers to ESs attending full clinical team meetings at each co-located clinic. This intervention may require feedback from the Regional Behavioral Health Authority (RBHA). • ESs should attend at least one clinical team meeting weekly for every assigned team and participate in shared decision making as advocates and educators on the role of competitive work in recovery. Additional training and consultation may be useful for building ES skills and confidence in this area, especially on teams where clinical staff, especially leadership (e.g., Psychiatrists and Nurses) does not fully embrace the SE model.

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			<p>potential referrals. Clinic staff said they also regularly communicate with the ES via email and phone, and receive monthly summaries of member progress in SE. At the Oak clinic meeting observed by the reviewers, the ES was present for the entire meeting and reported on her entire caseload for about 15 minutes. Clinical team staff readily asked questions and gave feedback. The ES did not ask questions or suggest SE services for other members discussed by the clinical team for the rest of the meeting.</p> <p>Beacon and clinic staff interviewed generally agreed that the two non-co-located ESs, who serve the majority of the SE members, have little role in decision making for members served. Non-co-located ESs rarely engage directly with clinical teams as they do not attend treatment team meetings. Though they occasionally attend staffings with members, communication is usually limited to emails, phone calls, and monthly summaries. Beacon staff said that one provider prohibits non-co-located ESs from attending treatment team meetings, other than the window of time it takes to report on their caseloads, because of the lack of a collaborative agreement between the provider and Beacon for this level of integration. Beacon staff also said that high turnover among clinical teams creates a further barrier to team integration.</p> <p>The clinic record review at both clinics showed that Beacon monthly summaries were filed within member electronic records. Both clinic and Beacon records showed evidence of email and phone communications between ESs and clinic</p>	

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			staff, both CMs and RSs. One record showed an ES attending a staffing with a member.	
2	Vocational Unit:	1 – 5 5	ESs meet as a team for 30 minutes on the first, second and fourth Monday at 8 a.m. with the SE Supervisor. If needed, ESs have the option to conference call in to participate. Breaking from this schedule, the SE team convenes on the third Wednesday of the month after the agency wide staff meeting, where staff from all Beacon programs can discuss shared clients (i.e.; members receiving both SE and vocational support such as GED, software training, and other computer certification). In this setting, in-house referrals may occur. At the SE meeting observed by the reviewers, ESs did not review their entire caseload but each shared one or two challenging cases. ESs asked each other questions and provided suggestions and feedback. ESs appeared to be familiar with one another’s cases. Also covered in the meeting were new job leads and upcoming hiring events. During the course of the meeting, one ES asked another ES to be available to provide support and encouragement to a member who is scheduled to attend an upcoming job fair.	
3	Zero-exclusion criteria:	1 – 5 3	At the clinic level, most staff agreed that members decide when they are ready to work and that work can be a beneficial component of recovery. One clinic record showed an RS actively assisting a member h with making face-to-face contact with a potential employer in between scheduled SE appointments. However, one RS expressed pessimism regarding the likelihood that many individuals with active behavioral health symptoms or substance use would follow through or be successful with employment. Some Beacon	<ul style="list-style-type: none"> • Even if unintentionally communicated to a member, low expectations for success can diminish hope and enthusiasm for follow through with an SE referral. Improved integration of rehabilitation with mental health may result in greater acceptance of zero-exclusion principles. Ideally, clinic staff should instill hope and belief that recovery and inclusion is possible, and regularly encourage members to leverage

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			<p>staff felt that some prescribers and nurses are skeptical of employment for individuals with an SMI or co-occurring disorder. Additionally, a clinic record showed that a member had been encouraged to seek a WAT “for the support”.</p> <p>Beacon staff reported they will work with all eligible referrals, including those with previous felony convictions. Staff said that they do not steer toward the agency’s WAT services, although one record showed that a member, who had not received a job offer for many months, expressed hopelessness at ever finding a job and was twice offered (and declined) a WAT by the assigned ES. Another member was provided initial assistance in investigating job opportunities through the agency’s Amazon Project while simultaneously working with the ES to pursue competitive employment.</p>	<p>interests and strengths to pursue competitive employment. System partners should continue to educate clinical staff on the role of competitive employment in recovery.</p> <ul style="list-style-type: none"> The agency should be mindful of offering agency services that conflict with the primary goal of SE, which is to help members find and retain competitive employment.
Services				
1	Ongoing, work – based vocational assessment:	1 – 5 5	<p>ESs reported that they do not use psychological tools or tests as part of their assessment process. They use the Vocational Profile to guide intake interviews and gather information relevant to member job searches, such as work and education history, transportation preferences and requirements, geographical preferences, hobbies and past-times, strengths, and known/perceived barriers to employment. One ES discussed the importance of establishing trust and building rapport from the very first contact with the member. ESs also use the agency ISP, which closely mirrors the Vocational Profile, to track changes in employment status, progress toward goals, and evolving job needs and preferences.</p>	

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			<p>Examples of ongoing assessment could be found in member records of ESs and members discussing challenges to maintaining employment at existing work places, such as following through with tasks, chronic absenteeism, and appropriate workplace conversations.</p>	
2	Rapid search for competitive jobs:	1 – 5 4	<p>Most records reviewed showed that intakes occurred within one to two weeks of the referral date. First face-to-face contact with employers occurred within 30 days of program entry for five out of nine member records reviewed; three occurred within one to six months. Staff interviewed said it was important to get members in front of potential employers and engaged in job search as soon as possible to capitalize on their enthusiasm and motivation for work. Beacon records showed that staff recognize members may be anxious approaching potential employers and regularly offer to accompany members in this task.</p> <p>Co-location of SE services appeared in a few records to play a positive role in decreasing the time between the member identifying a work goal and first contact with a potential employer, as interviews and clinic records provided evidence of RSs directly handing referrals to assigned ESs. However, most records showed job searches delayed past 30 days from the time members first express an interest in employment, usually between one to six months. One record showed a delay of over nine months. Process at the clinic and Vocational Rehabilitative Services Administration (VR) level may delay first employer contacts. In one member clinic record, a week after the work goal was identified in the member's service plan, VR made a referral for job</p>	<ul style="list-style-type: none"> • ESs should clearly document the occurrence of face-to-face member contacts with employers, as well as contacts the ES has with employers on their behalf. • The system should continue to educate clinical team on the benefits of quickly responding to member's expressed interest in work; quick engagement of members in competitive job searches supports their enthusiasm and motivation for employment. • See Recommendation O3, Zero-Exclusion.

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			<p>development and placement to another SE provider; a Beacon referral was made approximately three months later, with an intake occurring 11 days later. Some delays appear to occur when clinical team members send conflicting messages to members about competitive work as an appropriate goal. For example, one clinic record showed a service plan dated with a goal of obtaining a job. A note written by an RS dated seven days later indicated that the member's CM encouraged him to do a WAT "for the support". A referral dated the same day was made for a WAT at Beacon. A VR Coordination form dated the same day as the WAT referral showed a referral to Beacon for job development and placement. In this case, first contact with a potential employer occurred 43 days after the member identified work as a goal.</p> <p>ESs reported that it was important to get members out meeting potential employers as soon as possible in order to maintain their enthusiasm for the job search and competitive work. One ES said he will delay completion of paperwork if he sees an opportunity to get a member in front of an employer. Data for the last 12 months showed that the average time between Beacon intake and first face-to-face contact with a potential employer was 21 days; several members had first contact with an employer on the same day as their intake.</p>	
3	Individualized job search:	1 – 5 5	<p>Members engaged in job searches (i.e., job development and placement services) are seen at least once a week, between two to four hours. Job searches at Beacon appear to be highly individualized and focused on member priorities and interests, rather than what is readily available.</p>	

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			<p>Job searches appeared guided by a variety of concerns, often an immediate need for income, proximity to residence, and transportation limitations. Members might also be challenged by felony histories. ESs nonetheless encourage members to also take into consideration their past-times or hobbies. One young adult, for example, prioritized proximity to his parent’s home where he lived, but was also encouraged to apply at a gaming retailer because of his interest in video games. Another member was assisted with a job search focused on her interest in caring for animals. Records showed that after months of unsuccessful interviews at shelters, boarding facilities and veterinary clinics, the member stated she wanted to broaden her search to retail. Several records showed that while ESs helped members broaden searches to meet immediate needs, they continued to help members apply for positions that aligned with their vision of satisfying employment.</p> <p>All members interviewed, who were engaged in job searches, said ESs provided them with not only options that aligned with their interests but also access to useful job skills training to increase more marketability. One member said that refresher computer training convinced her that she had retained more skills that she previously assumed and could aim for administrative assistant positions with greater responsibilities and wages.</p>	
4	Diversity of jobs developed:	1 – 5 4	Employment data provided by the agency shows a high level of employer diversity in the last 12 months among current members who have found jobs; of 29 employers, two were duplicated, for a diversity rate of 93%. Job type data revealed	<ul style="list-style-type: none"> Continue efforts to assist members in job searches reflecting their diverse range of interests with the goal of maintaining duplication of job type and employer at less than 10%.

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			<p>somewhat less diversity with 26 job titles, four of which were duplicated, for 85% diversity. Peer support (4) and customer service representative (3) were the most duplicated title, and the most frequently identified job goals, followed by caregiver (2) and fryer (2). Beacon staff noted that many behavioral health providers offer peer support certification training, and members are often encouraged to pursue it. Staff said that the market for peer support specialists is saturated. Compounding that, most peer support jobs are full time and require a driver's license; members with the certification often want part time positions and, for one reason or the other, may not drive. Staff said they encourage members with peer support certification to consider positions where those skills are transferrable, such as home health and child care.</p> <p>Beacon staff said that while many members often pursue entry level positions, some members found positions in sales and management. Beacon staff also said that for members who choose to disclose their disability, some employers are more open to working with them due to work opportunity tax credits for employers that hire people with disabilities.</p>	
5	Permanence of jobs developed:	1 – 5 5	All jobs developed by Beacon ESs in the last 12 months appeared to be permanent, and competitive rather than temporary or time-limited status. Beacon staff interviewed said that ESs try to discourage seasonal and temporary work, although during the holidays some people want to give them it a try. Some Beacon staff said that staffing agencies may be a good option for members who have felony histories; those	

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			positions often give them an opportunity to prove themselves to the employer before permanent offers are extended. Although some companies are known to hire through temp-to-hire processes, at the time of the review, Beacon reported that no members had recently attained employment in this manner. However, one member who found a job at a fast food restaurant also decided to pursue a second job through the agency's Amazon partnership, which is facilitated by non-SE staff.	
6	Jobs as transitions:	1 – 5 5	Beacon staff said that when members lose or quit old jobs they will readily work with them to find new employment. Evidence in the record showed that ESs encourage members to end dissatisfying jobs professionally in order to preserve the employer as a future reference. They will also help members find second jobs if they desire one. Additionally, ESs will work with members who have felony histories, including sexual offenses. Beacon staff could not recall refusing SE services to a member who wanted employment. However, if it is determined that the ES and the member are incompatible, efforts will be made to form a more successful connection with a different ES. One clinic staff recalled that the agency reassigned a member to a new ES when the member who began inviting the ES to socialize after business hours.	
7	Follow-along supports:	1 – 5 5	ESs said that they provide follow along support to virtually all employed members on their caseloads. That support is usually provided once a month or bi-weekly but is available as often as is needed by the member. Follow along supports are time unlimited and can take the form of helping members with effective work place communication, coping and problem solving	

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			<p>solutions to conflicts with coworkers, mentoring them in balancing family and workplace demands, as well as providing advocacy and support regarding employer expectations on attendance and communication of concerns. Although one record showed follow-along support delivered at a work site with the employer present, staff said most members do not want them coming to their job due to perceived stigma against people with disabilities. Follow along may occur in face-to-face meetings or over the phone. Staff said that one member is a flight attendant and receives follow along over the phone, primarily focused on coping and communication skills.</p>	
8	Community-based services:	1 – 5 5	<p>Per a review of ten randomly selected member records, 91% of ES contacts with members occur in community locations. Consistent with ES report, co-located ESs appear to have a higher number of member contacts at the clinics (approximately 40%) than do non-co-located ESs (0%). ESs reported that they try to meet members in locations that are convenient to where the member lives or works, often at casual dining or fast food restaurants where they can use Wi-Fi services in order to conduct online research and applications, or provide follow along support. Though meetings typically begin at these types of locations, many progress notes showed that ESs and members often left to go to job sites to meet or interview hiring managers or simply to observe the work environment. Several notes showed the ES engaging the member in subsequent conversation about their comfort level with interactions with potential employers, such as body language or eye contact, and outlining plans for next steps.</p>	

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9	Assertive engagement and outreach:	1 – 5 4	ESs reported that their goal is to make contact with members within five days of receiving the referral. Beacon has a 45-day outreach and engagement policy that is implemented when members miss scheduled appointments. The policy is reviewed with members at the time of intake; signed copies were located in member records. Members are outreached within 24-hours of missing an appointment, and make two outreach attempts, by phone, email or text, in the two weeks after that. If outreach attempts are unsuccessful after three attempts at contact, the ES will contact the clinical team for information and assistance in making contact. If a release of information (ROI) is on file, the ES will outreach those identified supports by the third week. Based on feedback by the team, staff will proceed with a Notice of Action or Case Closure letter at 30 days. Staff said that they are usually able to make contact using this approach but if at 45 days the member has not responded the case is closed. Further, staff said that the 45 days resets at any point that the ES and the member have contact, even if the member misses the subsequently scheduled appointment. The reviewers found evidence of engagement and outreach efforts immediately following missed appointments was found in member records, as well as outreach to clinic staff for assistance in locating members. Of 58 members whose records were closed in the last six months, 15 were due to lack of contact.	<ul style="list-style-type: none"> It is recommended that outreach after members stop attending scheduled SE appointments continue at least monthly on a time-unlimited basis until the member directly requests that services be terminated or placed on hold.
Total Score:		63		

SE FIDELITY SCALE SCORE SHEET		
Staffing	Rating Range	Score
1. Caseload	1 - 5	3
2. Vocational services staff	1 - 5	4
3. Vocational generalists	1 - 5	4
Organizational	Rating Range	Score
1. Integration of rehabilitation with mental health treatment	1 - 5	2
2. Vocational unit	1 - 5	5
3. Zero-exclusion criteria	1 - 5	3
Services	Rating Range	Score
1. Ongoing work-based assessment	1 - 5	5
2. Rapid search for competitive jobs	1 - 5	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	5
9. Assertive engagement and outreach	1 - 5	4
Total Score		63
Total Possible Score		75