

SUPPORTED EMPLOYMENT (SE) FIDELITY REPORT

Date: February 26, 2016

To: Nichole Walla, Director of Operations

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ADHS Fidelity Reviewers

Method

On February 1-3, 2016, Jeni Serrano and T.J. Eggsware (Fidelity Reviewers) completed a review of Beacon's 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 of helping SMI members find and keep competitive jobs in the community based on their individual preferences, not those set aside for people with disabilities. Services are reviewed starting with the time an SMI participating member indicates an interest in obtaining competitive employment, and the review process continues through the provision of follow along supports for people who obtain competitive employment. In order to effectively review Supported Employment services in Maricopa County, the review process includes evaluating the working collaboration between each Supported Employment provider and referring clinics with whom they work to provide services. For the purposes of this review at Beacon, the referring clinics included Partners in Recovery (PIR) West Valley and Arrowhead.

Beacon (formerly Tetra in Phoenix, AZ) offers services in Tucson and Phoenix, Arizona. Services for the Phoenix area include: job development and placement, computer skills training, employment readiness skills training, supported employment assistance, group supported employment (GSE), work adjustment training (WAT) and general educational development (GED) preparation. Beacon's supported employment (SE) program receives its referrals from other clinics, with co-located services at the PIR West Valley, and Lifewell Arcadia clinic. Since last year's review, Beacon has separated the SE program from the rest of its vocational program. The agency also implemented the vocational profile, adapted by the RBHA from SAMHSA material.

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

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

- Individual interview with the Director of Operations (i.e., SE program leader) at Beacon
- Group interview with three Beacon Employment Specialist (ES)
- Group interview with two case managers from West Valley clinic

- Observation of an integrated SE and clinical team meeting at West Valley
- Group interview with two Rehabilitation Specialist (RS) and individual interview with one Case Manager (CM) at Arrowhead Clinic
- Observation of SE vocational unit meeting
- Conducted ten record reviews for members at Beacon, including co-served members at PIR West Valley and Arrowhead
- Review of agency brochure, program descriptions, referral packet form, intake packet documentations, individual service plan, six-month ISP review form, vocational profile and amendment forms, policy for services to criminal offenders, the Beacon website, and the vocational activity profile utilized by clinic RSs.

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:

- Beacon staff appears to be familiar with the SE model and took steps to align services more closely with the SE model after their program was reviewed in May, 2015. (e.g., aligned job titles with SE model, separated other vocational services from SE program, implemented job tracking logs found in majority of member files reviewed, and meets as a vocational unit weekly, usually over the phone, for supervision and collaboration).
- Members report overall satisfaction with the SE program services through Beacon; they report the program supports them in their employment search and seeks their input during the job search.
- Vocational profiles are used and were present in all records reviewed.
- Beacon offers time unlimited follow-along job retention support based on member preference; contact can occur in the office, over the phone, and some members receive on-the-job support.
- The RS and CMs at a clinic where Beacon SE services are co-located are familiar with the SE model; RS staff uses a handout outlining SE principles to orient new clinic staff to the model, and they collaborate with the ES for co-served members.

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

- Integration of rehabilitation with mental health treatment: The RBHA, SE provider and clinic should coordinate to address barriers to integration of SE and clinic services. While the co-located ESs appear to have some integration with the treatment teams, members served at clinics with no Beacon co-located staff do not receive the same level of service. For example, one ES who is not co-located works with members at multiple clinics, has difficulty maintaining monthly contact, does not attend any integrated meetings, and participates in few staffings. However, even at co-located clinics, SE staff do not attend the full team meeting, only those members referred or pending referral are discussed between clinic staff and SE staff during a team meeting, reportedly due to privacy concerns for

members not referred to Beacon. Both the SE agency and clinic staff describe co-location as the most conducive for integration of rehabilitation and mental health treatment.

- Vocational unit: ESs should provide cross-coverage for each other.
- Zero-exclusion: Further education and training should be provided to meet this goal; consider revising agency policies and procedures that prohibit SE staff from servicing members with sexual offender backgrounds, or potentially place limits on members with criminal backgrounds.
- Diversity of jobs developed: Attempt to develop employment opportunities with a diverse pool of employers; SE employment service staff should conduct job development activities in the community to develop relationships with employers and identify job opportunities. The Director of Operations should continue to track job starts in order to review job types for diversity, and to determine if any ES staff are having difficulty connecting members with a diverse pool of employers or job types.
- Assertive engagement and outreach: Preferably, the agency should not put limits on the length of time to engage a member. Consider extending the length of time outreach and engagement occurs if members disengage from SE services. ESs should make ongoing efforts until members are reengaged or it is clear the member is not interested in SE services. Outreach efforts should include community-based outreach, not only phone calls, emails, or inquiries with clinical teams.
Beacon should consider updating the Phoenix program's web page, with clear descriptions of SE services offered by the agency.

SE FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
Staffing				
1	Caseload:	1 – 5 (5)	At time of review Beacon has three full-time employment specialist (ES) staff. Staff interviewed reported that the ES co-located at West Valley clinic has a caseload of 25, and the ES co-located at Arcadia clinic is in the process of building her caseload (hired December 2015) with a caseload of six members. The third ES is not co-located; she services all other referrals, and her caseload is at 29. The average member to ES caseload is 20:1. The Director of Operations works with three employed members that were not factored into the ES caseload ratio.	<ul style="list-style-type: none"> Continue to ensure total caseloads of 25 or less per Employment Specialist.
2	Vocational Services staff:	1 – 5 (5)	ESs do not have case management responsibilities, and generally do not facilitate groups or teach classes. One ES staff provides computer skills training to a small number of members, but it accounts for about 7% of her time, and less than 2% of total time for the three ES staff. ES dedicate 98%% of their time to the SE program providing vocational services. Services are provided one-on-one rather than in groups. Beacon continues to offer services such as WAT and GSE, and vocational training (e.g., computer training, GED) but has separated these services from the SE program in order to align with the SE model. Some SE members receive computer skills, GED or other training from other vocational service staff at Beacon, but the staff is not part of the SE program.	
3	Vocational generalists:	1 – 5 (5)	Beacon staff reported during interviews that they have re-aligned job responsibilities since the first year review. SE members now work with one SE staff for all phases of service, including	

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			engagement, job development, job placement, job coaching and follow-along supports.	
Organization				
1	Integration of rehabilitation with mental health treatment:	1 – 5 (2)	<p>Employment Specialists that are co-located in the clinics are assigned to one or more clinical teams. At one location the ES works with two teams and attends a portion of a team meeting with each team once per week, but does not attend the full integrated meeting (reportedly due to confidentiality regulations). At another co-located clinic the ES is assigned to one team and attends the full meeting daily. ES staff at co-located clinics report during interview that they regularly attend staffings and meet face-to-face with Case Managers and Rehabilitation Specialists to discuss vocational status and clinical issues affecting employment; this was confirmed by clinic staff and in documentation.</p> <p>The Psychiatrist was not present at the co-located meeting observed, but it was reported the Nurse and Psychiatrist usually attend the meeting with SE staff. The ES reviewed her caseload; there appeared to be a high level of communication regarding clinical and vocational issues between the clinic and ES staff for co-served members, as well as discussion of potential referrals.</p> <p>The ES that is not co-located works with members co-served at multiple clinics with multiple teams; she is not integrated in the treatment teams, rarely attends staffings or meets face-to-face with CMs and RSs, and is not a part of shared decision making. Clinic staff interviewed at the co-located location is familiar with Beacon SE services, but staff at another clinic was not familiar with Beacon SE services, has never met anyone from Beacon,</p>	<ul style="list-style-type: none"> • The RBHA, SE provider and clinic should coordinate to address potential concerns with Beacon staff attending the full team meeting (i.e., confidentiality of other members) where there may be opportunities for SE staff to suggest work for people who have not yet been referred to SE services, and to learn from other staff about providing services to individuals who experience mental illness or substance use challenges. • Employment service staff that is not co-located should increase direct contact with clinic staff, including attending integrated team meetings with assigned teams. Sending monthly summaries provides an overview for clinic staff, supplementing but not replacing direct coordination, and does not achieve true integration; it should not be the primary form of communication. • The agency should continue to provide education to clinic staff regarding SE services available through Beacon, with a focus on those clinics where Beacon services are not co-located. • The program, co-located clinics, and RBHA should explore opportunities for SE agencies and clinics to share documentation. SE staff should have access to clinical records. In the meantime, Beacon staff should ensure vocational profiles and employment plans, at a minimum, are shared with clinic staff.

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			<p>and report written summaries were not received. The members served by this ES and the Director of Operations account for about 50% of the SE roster; these members are not served by an integrated team.</p> <p>Documentation is not integrated between the clinics and SE program, and it is not clear if vital documents such as the vocational profile and updates, or employment plan are provided to the clinic staff consistently. Clinic RS staff have recently started using a separate vocational activity profile form (which is different than the vocational profile) to gather information from members, but it is not clear if this form is consistently shared with the SE program.</p>	
2	Vocational Unit:	1 – 5 (3)	<p>The ESs have the same supervisor and discuss cases between each other. The supervisor reported that the vocational unit meets once a week, for approximately 30 minutes, usually via telephone conference call, but occasionally face-to-face. In the meeting observed by reviewers, which lasted approximately 40 minutes, ESs were all present in the Beacon conference room and each discussed some individuals on their caseloads, sharing successes, challenges, offering suggestions, seeking feedback, exchanging information about job leads, upcoming job fairs, community meetings related to employment trends, and networking opportunities. Staff report that they do not offer coverage for caseloads unless it is for a long period of time; the supervisor usually provides coverage.</p>	<ul style="list-style-type: none"> • Employment Specialists should provide cross-coverage for each other to prevent potential gaps in services in the event an ES is unavailable. For example, in addition to providing coverage during vacation or illness, ESs can assist one another with job coaching, role playing, or accompanying members to a job fair. Providing occasional services may be a useful opportunity for a “second set of eyes” on the member that could lead to identification of strengths or areas that need further development. • At least once monthly, consider holding one of the weekly vocational unit meetings at the Beacon Phoenix office in order to meet face to face, review ES’s entire caseloads, to collaborate among staff, and allow for modeling from the Director of Operations.
3	Zero-exclusion	1 – 5	Clinic staff seems to be familiar with zero-	<ul style="list-style-type: none"> • Beacon should consider revising the agency

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	criteria:	(3)	exclusion and report if members want to work they are referred for services; staff at one location reported training was provided on this topic through the RBHA. Beacon SE staff report that they do not screen referrals; however, there is an agency policy and procedure stating that Beacon will provide services for individuals with criminal backgrounds on a case-by-case basis, and does not provide services to individuals with sex offender backgrounds. ES staff report that they have had to turn down individuals with sexual offender backgrounds and have referred them to other agencies for SE services.	policy and procedure that includes exclusionary criteria for members with criminal backgrounds (i.e., served on case-by-case basis), and indicates members with sexual offender backgrounds are not served. Members who are interested in working should have access to SE services regardless of history of violent behavior or other issues of perceived “readiness”. This is a key principle of the SE model. Additional training to SE staff to develop skills to support members with criminal histories may be beneficial.
Services				
1	Ongoing, work – based vocational assessment:	1 – 5 (5)	Although Beacon offers a small WAT program, and a GED and computer training program, they do not require members to participate in any of these prior to searching for complete employment. Employment Specialists begin services by completing a vocational profile to guide job searches, recording education, existing skills, and past work and volunteer history; they do not use any other assessments. Clinic staff utilize a vocational activity profile, and ES staff also complete another vocational profile. Though, in some cases, it appears the vocational profile may be given to some members to fill out as a questionnaire rather than ES staff working with members to gather the information as evidenced by question marks, areas left blank and apparent handwriting variations. There were some amendments to update member goals, but it was not clear if other sections of the profile were consistently revised as member statuses changed, to include filling out all sections if initially left blank.	<ul style="list-style-type: none"> • Consider seeking consultation or guidance as to whether the vocational activity profile utilized at the clinics can be combined with the vocational profile to prevent duplication of staff efforts with clinic staff and SE staff obtaining the same information from members. • The vocational profile should be completed together with the ES and the member, and used as a tool to help identify strengths and guide discussions about employment interests. It is not designed as a form for the member to complete on his/her own.

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2	Rapid search for competitive jobs:	1 – 5 (4)	<p>ES staff and members reported that competitive job searches begin immediately upon entering Beacon’s SE program. However, it appears that the first face-to-face contact with an employer about a competitive job is typically less than one month but can be between one and four months after members first expresses an interest in employment. For some members referred in the past year at a clinic where SE staff is co-located, referrals for SE services occurred in less than two weeks, others a week or less.</p> <p>The timeframe between when a member first expresses an interest in employment and first contact with an employer was sometimes difficult to determine due to inconsistent information. Data was provided for members, but in some cases the first face-to-face contact was not with a competitive employer. In other cases the first face-to-face employer contact was dated before the member entered the SE program, so it was not clear when or if contacts actually occurred. In some cases there was quick, initial face-to-face contact with a competitive employer, but subsequent job search activity defaulted back to online searches.</p>	<ul style="list-style-type: none"> Continue efforts to streamline the referral process to support the rapid search for competitive employment. Preferably, first face-to-face contact with a competitive employer occurs within 30 days of when a member first expresses an interest in employment. It appears the RBHA and provider took action to address delays in the referral process to ensure more timely access to employment searches. Continue to monitor these new processes. Continue efforts to support member face-to-face interactions with potential competitive employers. Use job fairs, and online applications as supplemental elements of the job search, but focus efforts on meeting face-to-face to develop relationships with employers.
3	Individualized job search:	1 – 5 (4)	<p>Though the goals listed on the referring clinic plans tend to be broad, lacking in specificity (e.g., to find employment), ESs use vocational profiles to assist in guiding individualized job searches, based on interest, skills, and experience. Members reported, and documentation generally supported that job search activities aligned with member goals. There was evidence of goal amendments reflecting members’ changing preferences; ESs reported that if a member changes their vocational goal then they complete an amendment reflecting the new goal and submit the change to the clinic treatment</p>	<ul style="list-style-type: none"> Ensure job search activities align with member preference; see also recommendations for: S4. Diversity of jobs developed, and S5. Permanence of jobs developed.

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			<p>team. However, there was evidence in a minority of member records that jobs obtained did not match the job member's original goal. For example, a member's job goal listed on the vocational profile was to be a peer support specialist, and the member obtained employment as a telemarketer; it was not clear in documentation reviewed why the member's employment obtained was not in an area of interest listed on vocational profile.</p>	
4	Diversity of jobs developed:	1 – 5 (3)	<p>Based on data provided, including those members who closed, 30 members are employed; 17 members are in various positions where there does not appear to be overlap between position type or employer. However, some members work for the same employer or in the same type of job. Examples include: two members from the same ES caseload who work at the same call center, two members who work at the same retail chain, four members at grocery chains as courtesy clerks (two with same chain), and three members with one employer (two of whom are in the program WAT).</p>	<ul style="list-style-type: none"> • Attempt to develop employment opportunities with a diverse pool of employers; SE employment service staff should conduct job development activities in the community to develop relationships with employers and identify job opportunities. Brainstorm job options during meetings with VR and during integrated meetings so the resources can be shared with the vocational unit. • Continue using the vocational profile to discuss strengths and interests to help members consider all job options; add to the profile as new information is gathered. • The Director of Operations should continue to track job starts in order to review job types for diversity, and to determine if any ES staff are having difficulty connecting members with a diverse pool of employers.
5	Permanence of jobs developed:	1 – 5 (4)	<p>ES staff report they do not generally direct members to positions set aside for individuals with disabilities and most jobs explored are competitive. During the vocational unit meeting, companies with competitive positions were discussed, as were companies with positions set aside for individuals with disabilities (e.g., call</p>	

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			centers). Based on data provided, including for those members who closed in the past six months, five members (17%) are in positions that are not competitive (e.g., work adjustment, or members in positions set aside). Additionally, 7% of members are in positions with employers known to primarily hire those with disabilities, but the positions may be open to anyone to apply. Another 3% are hired with the partner agency that manages the agency's work adjustment program.	
6	Jobs as transitions:	1 – 5 (5)	Employment Specialists help members end jobs appropriately when they are ready to move on and will continue to work with them toward finding jobs that better suit their evolving needs, interests and preferences.	
7	Follow-along supports:	1 – 5 (5)	Evidence was found in member records and interviews that Employment Specialists offer time unlimited follow along supports to members after they become employed, at a frequency determined by the member, but they report they encourage members to meet face to face at least once per month. ES staff reported that most follow-along supports are provided via telephone due to members' work schedules. Beacon staff report they can only bill for face-to-face contact with members, so if members do not talk with staff face-to-face, and report they no longer want SE support, staff will close the member from services. Staff report that most members receiving follow-along support elect to not disclose to employers, so there is limited contact with employers. Therefore, few members receive on-the-job supports.	<ul style="list-style-type: none"> • The program should consider tracking whether some members elect to close from follow-along supports due to not meeting with SE staff face to face at least monthly, and then reporting they no longer want SE services. Allowing a more flexible mix of face to face and phone support may be beneficial for some members. • Consider seeking further training, guidance, and consultation regarding working with members to discuss the benefits of disclosure.
8	Community-based services:	1 – 5 (4)	Two ESs interviewed estimated that they spend 90% or more of their time in the community, meeting members at various fast food restaurants	<ul style="list-style-type: none"> • Employment Specialist should consistently document the location of contacts with members or other community-based

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			<p>to complete online job searches and fill out online job applications, and one ES estimated between 40-45%. A review of ten agency member records confirmed that 90% of contacts for one ES did take place in the community, while one ES averaged less than 16% of contacts taking place in the community. When staff meets with members in the community, it tends to be at the same location for that member (e.g., fast food restaurant near their home). It is not clear if ESs regularly engage in job development activities in the community without members present. Although examples of ES and member face-to-face interactions with employers are documented in member files, there is also some reliance on job fairs.</p>	<p>contacts made on their behalf. ESs should strive to spend at least 70% of their time in the community. The Director of Operations should monitor the ratio of community versus office-based services provided by ESs.</p> <ul style="list-style-type: none"> • ESs should meet with members in a variety of locations, including: client homes, libraries (where other job search resources may be available), other job centers, work settings, or potential employers. • Track and document job development activities that may occur without members present, which can be factored when considering community-based services. For example, ESs should make multiple contacts with potential employers with or without members present; the contacts can be member specific or generic, with a focus on building relationships with employers. Track these weekly employer contact activities.
9	Assertive engagement and outreach:	1 – 5 (3)	<p>It appears Beacon staff makes one through four outreach attempts for about a month when members stop attending the vocational service. When contact with a member lapses, staff attempt to make contact with members by phone, but it does not appear community outreach also occurs. There is an agency policy that a notification of action letter for closure is sent after 35 days when phone outreach and coordination with clinic teams is occurring; if no contact is made within 45 days, the member will be closed. Additionally, based on member file review, outreach documentation was not consistent with agency policy and procedure</p>	<ul style="list-style-type: none"> • Preferably, the agency should not put limits on the length of time to engage a member. Consider extending the length of time outreach and engagement occurs. ES staff should make ongoing efforts until members are reengaged or it is clear the member is not interested in SE services. • Explore opportunities for the ESs to conduct community-based outreach, including home visits, in conjunction with clinical team efforts. Reliance on phone calls, letters, and emails as primary outreach efforts are not as effective as face-to-face interaction. An integrated

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			<p>for some members who disengaged from SE services. Beacon has closed 34 people in the 6 months prior to this review; approximately 26% of closures were due to lack of contact.</p>	<p>outreach approach with clinical teams will also be beneficial since ES staff can discuss with CMs where members spend time, or to coordinate home visit contacts by both CM and ES staff.</p> <ul style="list-style-type: none"> • The ESs should attempt to identify informal member supports as part of the intake process, and on an ongoing basis. Seek input from those supports. Member informal support systems may be helpful during outreach and engagement by the SE program (e.g., they may know where members are, why they are missing appointments, may know how to get in contact with the member).
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	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	4
4. Diversity of jobs developed	1 - 5	3
5. Permanence of jobs developed	1 - 5	4
6. Jobs as transitions	1 - 5	5
7. Follow-along supports	1 - 5	5
8. Community-based services	1 - 5	4
9. Assertive engagement and outreach	1 - 5	3
Total Score		60
Total Possible Score		75

