

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

Date: March 30, 2020

To: Greg Natvig, President, Beacon Group  
Nicole Walla, Director of Operations, Beacon Group

From: Karen Voyer-Caravona, MA, LMSW  
Thomas Eggsware, BSW, MA, LAC  
AHCCCS Fidelity Reviewers

### **Method**

On February 24 – 27, 2020, Karen Voyer-Caravona and Thomas Eggsware 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 members diagnosed with a serious mental illness (SMI) 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 Partners in Recovery West Valley and Community Partners Integrated Healthcare (CPIH) Phoenix clinics.

Beacon Group (aka Beacon) 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. The agency additionally partners with a large distribution warehouse to place individuals with a range of disabilities at area locations where they also receive on-the-job coaching by non-SE agency staff. Beacon’s SE program provides co-located services at the Partners in Recovery West Valley clinic, Lifewell Behavioral Wellness Oak clinic, and CPIH Phoenix. In addition to members identified with an SMI, Beacon’s SE program also services those receiving general mental health and substance use disorders. This review, however, focuses on members with the SMI diagnosis.

The individuals served through the agency are referred to as “members” or “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:

- Observed a clinical team meeting on February 25, 2020;
- Observed an SE treatment team supervisory meeting on February 27, 2020;
- Individual interview with the Beacon Director of Operations;
- Group interviews with four Rehabilitation Specialists (RS) at the Partners in Recovery (PIR) clinic and two RSs at the Community Partners Integrated Healthcare clinic;
- Group interview with six Beacon Employment Specialists (ES);
- Group interview with six members receiving SE services;
- Individual telephonic interview with a family member of an individual receiving SE services;
- Review of ten randomly selected charts at Beacon and partner clinics, including a sample of co-served members; and,
- Review of agency provided documentation including: *Outreach and Engagement Plan 45 Day Policy*, *Job Retention* checklist, printouts of staff calendars, employment data on 130 current members served and 83 members who closed services in the last year, *Beacon Group brochure*, and *Mission Statement*.

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 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:

- ESs at Beacon provide only supported employment services, and do not engage in case management services, provide groups, or supervise work adjustment activities.
- Member records at Beacon showed evidence of members receiving benefits counseling through DB101 (Disabilities Benefits 101) reports. Additionally, all records showed that ESs use Vocational Profiles to guide discussions on member education, work histories, individual work goals, and employment needs and preferences. Some Vocational Profiles had been revised to reflect changes in work goals.
- A review of employment data provided by the agency showed 56 employed members. Employer data showed a high level of diversity, from a range of industries, with very few duplicated.
- ESs help members to find new jobs when current jobs end, whether the member chose to quit or was let go. When members are ready to find new jobs, the program restarts first employer contacts to ensure a commitment to rapid search.

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

- To support job development and retention, the SE program should increase emphasis on face-to-face employer engagements, with or without the member present, and community-based delivery of follow along support. Discussions with members on the benefits of job

coaching should occur before employment, at the start of the SE experience, especially job coaching that helps members overcome past barriers to retention.

- System partners should continue exploring opportunities to improve the full integration of SE services with behavioral health, including expansion of co-located services, assigning ESs to clinical teams, and shared record keeping. ESs should attend at least one full clinical team meeting for every assigned team weekly. ES should be empowered to suggest employment for any member discussed regardless of whether or not the member is on the ES's caseload.
- System partners should seek solutions to the limited availability of transportation options available to employed members. It was reported that members often drop out of job searches due to difficulty finding reliable transportation, and they may leave jobs due to lack of transportation. Currently, funding is available for members to be retained in WAT or paid work activities but not for competitive jobs.
- The SE program should conduct assertive engagement and outreach at program entry that is timely and responsive. Assertive engagement and outreach are persistent, time-unlimited, and regularly occurs face-to-face, in the community. Formal and natural supports are utilized to encourage participation in SE, and delivery occurs in ways that are meaningful to the member.

**SE FIDELITY SCALE**

<b>Item #</b>	<b>Item</b>	<b>Rating</b>	<b>Rating Rationale</b>	<b>Recommendations</b>
<b>Staffing</b>				
1	Caseload:	1 – 5 4	Five Beacon ESs provide supported employment services to members with the SMI determination. Caseload rosters showed the following totals for each ES: 23, 34, 29, 19, and 25. Combined, the average caseload for the five ESs was 26 members. Not included in the ratio is a sixth ES that works with individuals who are not designated with SMI diagnoses and about 50 other individuals through the Ticket to Work program.	<ul style="list-style-type: none"> <li>Ensure a ratio of 25 or fewer members per each ES.</li> </ul>
2	Vocational Services staff:	1 – 5 5	Agency staff stated that the ESs only provide vocational services focused on helping members with an SMI find and retain competitive jobs. The reviewers saw no evidence otherwise in the record review, and members interviewed described receiving assistance with finding and keeping employment. Staff reported that one ES assists two members with math tutoring occasionally and sometimes provides employment support with transitional age youth; it was estimated that this occurs less than 20% of the time.	<ul style="list-style-type: none"> <li>Carefully monitor to ensure that ESs spend 80% or more of their times delivering supported employment services.</li> </ul>
3	Vocational generalists:	1 – 5 4	Clinic and agency staff stated that ESs provide the full range of SE activities, "from beginning to end". ESs conduct intakes; develop job plans and create Vocational Profiles and resumes; and, assist members in developing skills such as applying for jobs, interviewing skills, making transportation arrangements, coping with job stress, and learning basic computer technology. ESs also provide in person and over-the-phone follow-along support, such as interpersonal communication, self-advocacy, and managing conflict. A review of randomly selected member records, however, did	<ul style="list-style-type: none"> <li>The full range of follow along supports should include direct employer engagement with or without the member present. This may include supporting a member during a job interview, setting up a tour of a business with a prospective employer, or advocating for workplace accommodations on behalf of a member.</li> <li>Many members are understandably reluctant to disclose their disability status to a potential employer. However, many employers already have staff with some</li> </ul>

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			<p>not reflect direct employer engagement on behalf of specific members or other general job development activities to meet and learn about potential employers. While some records showed ESs going into the community with members to apply for jobs or meet potential employers, no evidence was found of ESs marketing of program services, and the benefits of hiring individuals participating in SE, directly to potential employers. In the SE team meeting, one ES cited an example of this type of employer engagement at a potential job site, but the other staff described employer engagements at job fairs.</p>	<p>level of disability and/or have friends or family living with a disability. ESs should thoroughly and regularly discuss both the pros and cons of employer disclosure and what this might look like for each member.</p> <ul style="list-style-type: none"> <li>Marketing SE services to employers representing a range of industries is itself a skillset with which some ESs may be unfamiliar or uncomfortable. Technical assistance in employer engagement may be helpful.</li> </ul>
<b>Organization</b>				
1	Integration of rehabilitation with mental health treatment:	1 – 5  1	<p>Two co-located ESs serve three provider clinics: PIR, CPIH, and Lifewell Behavioral Wellness. Due to recent staffing changes, both ESs are new to their assigned clinics. This period of transition may have set back integration of supported employment with behavioral health services. At the time of the review, one co-located ES recently joined the SE program and was assigned to a single clinic with a large SE client base. A non-co-located ES was temporarily assisting the new co-located ES with caseload coverage at that clinic. The other co-located ES previously provided services at that clinic but was reassigned to the other two co-located clinics in order to build services at those locations. Each co-located clinic has three supportive level teams.</p> <p>At one co-located clinic, staff reported that one team does not have regular team meetings. In addition, some meetings were not with full clinic teams. Clinic staff said that the ES attends one or 2 meetings per month for each clinical team,</p>	<ul style="list-style-type: none"> <li>During meetings with clinic staff, ESs should listen for opportunities to prompt clinic staff to discuss the potential for employment with members that the clinic team may not have formally identified for referral. The prompting may result in more frequent engagement conversations by the team with members about employment and available supports. Established ESs may feel more comfortable working with their assigned clinic teams and may be able to provide tips to other ESs.</li> <li>Ideally, SE staff have multiple contacts weekly with each member’s clinic team staff, including the prescriber. SE staff at co-located clinics have considerably more control over their role in maintaining frequent contact with clinic staff; this is maximized when ES and clinical team staff share workspace. However, the number of teams and clinics served by the non-co-</li> </ul>

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			<p>updating the team on status and participation of members enrolled or referred for SE. Staff at that clinic said that ESs do not consistently stay for the entire team meeting due to scheduling conflicts. Clinic staff reported that the ES attends a weekly meeting with the RS and Vocational Rehabilitation Counselor (VRC). The reviewers were also told that the ES shares a separate office in that clinic with the VRC.</p> <p>Staff at the other clinic said the ES is at the clinic three days a week and usually attends the “huddle” meeting, which may consist of one or more teams; the prescriber is not consistently present. Staff at that clinic also reported that service plans and annual assessments are discussed at weekly Interdisciplinary Team meetings; it was not clear to the reviewers if the ES attends those meetings. The ESs also attend weekly meetings at that clinic with the RS and the VRC. The ES has cubical space in the same area as clinical staff.</p> <p>During the meeting observed, the ES and clinic staff discussed co-served members, including, when applicable, changes in living situations, presence of concerning symptoms, and quality of participation. The prescriber was not in attendance. Some staff at both clinics said ESs regularly communicate with them over the phone, email, text, and through monthly summaries. Some staff said the summaries could be filed in member electronic records or located at staff desks.</p> <p>Although the agency provided attestation forms</p>	<p>located ESs may make it difficult to conduct multiple contacts weekly with clinic staff. Assigning SE staff to one or two teams may improve coordination.</p> <ul style="list-style-type: none"> <li>• If an integrated file is not possible, system partners should work collaboratively to allow for easier sharing of information between agencies. With separate SE and healthcare agencies, there are inherent barriers to full integration.</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> </ul>

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			<p>created by the RBHA to verify ES participation, they were not always complete, nor did they consistently show that the meeting was truly integrated. Likewise, records reviewed did not always show evidence of members being discussed in clinical team meetings or the extent to which ESs provided input.</p> <p>Records reviewed showed a good deal of communication, including in-person and telephonic staffings between RSs, VRCs, and ESs, in some cases with the member present. In one case, a family member was present.</p> <p>The three non-co-located ESs do not attend clinical team meetings. Most of contacts with clinical teams are through phone calls and emails.</p>	
2	Vocational Unit:	1 – 5  4	<p>All the ESs share a supervisor, the Phoenix Director of Operations, with whom they meet as a group for approximately one hour per week each month. The Tuesday meetings may be attended in person at the Beacon office or telephonically. ESs are required to be physically present for the Wednesday meeting. At the meeting observed by the reviewers, staff discussed a fidelity topic, shared employer leads and job fair updates, and discussed challenging cases. Staff reported that this was the typical format of the meeting.</p> <p>Staff reported that ESs do provide coverage to one another during absences or when assistance is needed with transportation or support at a job fair or interview. However, no evidence of cross coverage was found in member records or discussed in the SE program meeting. Some progress notes showed an ES assumed temporary</p>	<ul style="list-style-type: none"> <li>• Take advantage of opportunities for cross coverage. ESs can assist each other not only with transportation to job interviews but also in 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> </ul>

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			service provision of members after staff left the program. .	
3	Zero-exclusion criteria:	1 – 5 4	Clinic and SE staff interviewed agreed that members need only verbalize a desire to work in order to be referred for SE services, and that they do not engage in any level of screening or steering members to alternative programs or activities. Members interviewed reported no efforts by their clinical teams or Beacon staff to dissuade them from seeking employment or employment services. Interviews and the record review showed that clinic staff, including psychiatrists, and some informal supports promote the pursuit of competitive work, independence, and self-sufficiency. Staff said, however, that VR sometimes refer members to WAT rather than competitive work if they lack work history. Beacon staff said that if VR refers to WAT, the agency will make competitive employment the end goal and begin those discussions as the WAT is winding down, an example of which was cited in the data provided. Clinic staff said that, regardless of VR recommendations, members can still be referred to SE.	<ul style="list-style-type: none"> <li>Ideally, all system partners view competitive employment as the default option, unless otherwise indicated by the member. Readiness activities designed to “increase stamina” or “promote the culture of work” should not be prerequisites to a competitive job search and may create a distraction when conducted concurrently. Ensure that members are supported in their choice to pursue competitive employment regardless of the funding source.</li> </ul>
<b>Services</b>				
1	Ongoing, work – based vocational assessment:	1 – 5 5	Per interview, no assessment or testing is required by Beacon in order to commence competitive job searches, nor do clinic CM or RS staff conduct prior to making SE referrals. ESs use Vocational Profiles (VP) to guide discussions of members’ career interests, education, skills, work histories, needs and preferences. Vocational Profiles and progress notes showed evidence of members evolving work goals based on factors such as gaining insight into preferred working conditions, identification of new	<ul style="list-style-type: none"> <li>The SE unit should explore strategies for ongoing vocational assessment in the community during job search and after the acquisition of employment. This can be implemented in the context of career exploration such as supporting job seekers in interviewing a potential employer to learn about the desired skills, traits and characteristics of a potential worker in a given field or in accompanying a member</li> </ul>



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			<p>resources and opportunities, experiences of success, and the acquisition of new skills. One record showed a member successfully shifting from peer support goals to that of foreign language translation in medical settings. Another record documented a member enthusiastically taking advantage of available professional training in order to qualify for more desirable and better paid positions in caregiving. Evidence found in co-located charts showed some ESs staffing employment needs/issues particularly transportation and work clothes, with VRC and RSs.</p> <p>Beacon staff reported very few members allow staff to observe them on the job, and few disclose their disability at work. No examples of workplace assessment, such as discrete observation, were provided in interviews or noted in member records. The reviewers also saw very little documented observation of members interacting with potential employers during job search activities, most of which appeared to be conducted online.</p>	<p>to visit a business or industry of interest to learn about the range of jobs typically available.</p> <ul style="list-style-type: none"> <li>• ESs should periodically review with members the benefits of employer disclosure.</li> </ul>
2	Rapid search for competitive jobs:	1 – 5  4	<p>For this item the reviewers looked at first employer contacts for the 112 members who entered the program since March 2018, the time of the last review, and remain in services. Based on review of sample clinic records, most referrals to SE, and Beacon intakes, occurred one to two weeks after members voiced their employment goal. One member’s Beacon intake was delayed due to the process required to close from another employment service provider before the member was allowed to begin Beacon SE services. Based on SE program intake data and reported first</p>	<ul style="list-style-type: none"> <li>• Members should have face-to-face contact with potential employers within 30 days of expressing a desire to work. Clinical teams and the SE providers should collaborate to reduce gaps between referral and intake. Co-location appears to facilitate this process but staff turnover at clinics and the SE provider may also contribute to delays in job search.</li> <li>• Employer contacts should be with those in competitive employment settings only.</li> </ul>

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			<p>employer contacts, 54% (n=60) occurred within the 30-day window. Thirteen percent (n=15) occurred between one month and six months of date of program intake. Ten percent (n=11) of members had been with the SE program between one and six months and had not yet had a first employer contact. Two members had been in the program between six and nine months without a first employer contact, while one member had a first employer contact after 370 days in the program. One member has been in the program for nearly two years and declined to have a face-to-face employer contact. The reviewers did not score first employer contacts that appeared to be noncompetitive jobs/employers (11%, n=12), including five first contacts with the agency. First employer contacts that occurred before the date of program intake were also left unscored (n=3).</p> <p>Six of the 112 members who began services since March 2018 came to the SE program seeking only follow along support for existing jobs. Unique to Beacon was the staff report that when a member leaves an existing job, the agency restarts the first employer contact requirement.</p>	<p>Integration is not achieved in settings where positions are set aside for people with disabilities.</p>
3	Individualized job search:	1 – 5  5	<p>Clinic and SE staff interviewed stated that members determine the type of jobs sought. Staff said that members are more likely to be happy and stick with jobs that suit their interests rather than that of the ES or agency. SE staff described using the Vocational Profile to guide job searches, incorporating information about education and work history, interests, and needs and preferences such as desired hours, wages, transportation and geographic requirements. Members interviewed also reported that they decide the types of jobs</p>	

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			<p>searched. Records reviewed showed searches to typically be individualized and related to those preferences identified in the Vocational Profile and progress notes. Staff reported, and records confirmed, that members often prioritized transportation options and proximity to home and/or family when job seeking over desired jobs or career interests.</p>	
4	Diversity of jobs developed:	1 – 5  5	<p>Data provided the reviewers indicated 47 members who began SE services since March 2018 were working for 37 employers. Thirty-four (92%) of those employers were diverse. Since many members seek employment in behavioral health as peer specialists, a number of employers in the behavioral health industry were represented. Other employers included landscaping companies, food service, internet technology, foreign language translation, higher education, home health, and the federal government. Three employers were represented multiple times. One behavioral health provider was listed twice.</p> <p>Data show 32 job types, 28 (88%) of which were diverse. Unique positions included waitress, therapist, foreign language translator, and video captioner. Although, customer service representative (CRS) positions were highly represented, the variety of employers and work setting suggested that the positions themselves were diverse. For example, one individual was identified as a CRS provided over-the-phone computer technology support, while another obtained a CRS position within a federal agency. Janitorial/custodial positions appeared eight times, and four times for fulfillment/sortation positions. Caregivers were represented four</p>	

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			times, and all appeared to be similar in nature. However, one record reviewed showed that a member was highly motivated in the caregiver position and seeking additional training and credentialing to increase professional opportunities.	
5	Permanence of jobs developed:	1 – 5 4	Beacon SE staff reported that they help members obtain competitive positions that have permanent status. The agency offers center-based employment and WAT, but staff said that SE staff do not serve members participating in those programs. No evidence was found of reliance on temporary agencies or seasonal work in order to build resumes or work experience, although staff said that members can pursue those positions if that is their preference. Of 47 positions created since March 2018 all appear to be permanent but 11 appear to be noncompetitive. Beacon has an agreement with a distribution center where four members are employed; seven members are employed through an agency that provides employment support to individuals with disabilities. SE staff will assist interested members in applying to employers who offer noncompetitive positions, set aside for people with disabilities, that pay at least minimum wage. Evidence of this was found in data provided the reviewers. Members may also work limited part-time hours at a partner agency affiliated noncompetitive snack counter position.	<ul style="list-style-type: none"> <li>Assist members in finding and retaining competitive employment rather than those that are set aside for people with disabilities. Competitive employment improves community integration and helps members maintain an identity beyond disability status.</li> </ul>
6	Jobs as transitions:	1 – 5 5	Per interviews and records reviewed, SE staff assist members to find new jobs when old jobs end. SE staff reported there are no reasons why they would refuse to work with a member to find a new job. Staff also assist members in finding second or third jobs, if that is the preference of the member,	

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			<p>and this was seen in a member record. One natural support interviewed spoke about appreciating the guidance offered by SE staff regarding the member potentially seeking to change jobs. As mentioned previously in the report, when members seek to change jobs, the SE program restarts the “first employer contact” process to hold itself accountable for maintaining rapid search standards.</p>	
7	Follow-along supports:	1 – 5  5	<p>Records reviewed and some working members interviewed reported receiving follow along support in the form of job counseling, job coaching, coping with change and work, dealing with conflicts with coworkers, and managing problematic customer behavior. Staff said that most members prefer not to meet with ESs at their worksite, but that ESs can do so if given member permission. SE staff said that most members do not want to self-disclose their disability status. However, sample records showed that members were open to the concept of disclosure per their Vocational Profiles. Records showed follow along support provided in person and/or over the phone, including listening, providing feedback, encouragement, psychoeducation, and suggestions. A natural support interviewed said that the ES and the family reinforce each other’s messages about appropriate work behaviors.</p> <p>Some employment settings limit opportunities for on-site follow along; members who find employment through the distribution center partnership can only receive off-site follow along from SE staff because other Beacon staff supervise and provide that service at the worksite.</p>	

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			<p>Follow along support is time unlimited. Staff said that members who are working should have at least one contact a month with the ES; the contact can be by phone if that is the member's preference. Staff said that many members close services after becoming employed. Some simply disengage, while others choose to close. Staff believe that the RBHA tracks member closures on the monthly data validation log and staff tries to identify reasons there.</p>	
8	Community-based services:	1 – 5 4	<p>The reviewers were told that ESs are encouraged to and primarily meet members in the community. A few records showed ESs meeting with members and taking them to locations to inquire about jobs. However, many records showed ESs meeting with members for job search in locations that were unrelated to their job goals for the purpose of online job searches. For example, an ES consistently met with a member in coffee shops and fast food restaurants rather than in locations where the member was unlikely to gain practical insight into the preferred industry or interact with potential employers. Since transportation is often challenging for members, services usually occur instead at locations convenient to members. Staff said that some members prefer to meet in the clinic because it is familiar and feels safe or because they will be there already for other appointments.</p> <p>Records sampled showed that on average ESs met with members in community locations about 69% of the time, with some records showing only phone or clinic contacts and others showing over 80% community contacts. Staff said that co-located ESs are in the community about 70% of the</p>	<ul style="list-style-type: none"> <li>• ESs should spend 70% or more the of time in the community, both working directly with members and conducting industry research and employer outreach on their behalf. Employer engagements on behavior of specific members should be clearly documented in member records and included a brief description of the contact and a plan for follow up.</li> <li>• Though it is commendable to meet with members in locations that are convenient to them, community-based service delivery should also include direct contacts with employers that align with the member's employment goal. During those interactions staff may support members to develop skills, knowledge and insights, and locate resources relevant to the specific member's job goal.</li> <li>• Assuming an in vivo <i>investigator</i> attitude to work exploration provides the member the opportunity to benefit from follow along support for practice and preparing for employer interviews, as well as anticipate potential employment barriers and needed</li> </ul>

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			<p>time and non-co-located, more than more than 70% of the time. ES calendars for a recent month time frame provided to the reviewers show time divided between clinics, community locations, phone calls (including job coaching, appointment reminders, and outreach to members), and the Beacon office. It was not clear to the reviewers if all the ESs activities are captured on the calendars. Some calendars showed few hours of ES activities on certain days and it was not clear how they spend the remainder of their time. On the calendars provided no evidence was found of employer engagement/outreach such as attending networking events or conducting cold calls to market the benefits of SE to employers, research industries, or advocate on behalf of member concerns.</p>	<p>resources and accommodations.</p>
9	Assertive engagement and outreach:	1 – 5  3	<p>Outreach is time-limited at Beacon. The agency's <i>Outreach and Engagement Plan 45 Day Policy</i> focuses on steps that staff will take when members cancel or miss appointments, with at least three follow up calls to the member and communication with the clinical team and anyone with whom there is a signed release of information. The policy indicates that after 30 days of no contact and feedback from the clinical team, staff can proceed with possible case closure. Though staff stated that they prefer to close services based on direct member requests, this was not described in the policy. ES staff reported that because members sometimes run out of minutes on their cell phones, they also use text and email to make contact. Additionally, staff request that clinic and VR staff facilitate contact. Staff said that if members need to be temporarily put on hold due to medical or other life</p>	<ul style="list-style-type: none"> <li>• Focus on the process of tracking outreach to develop and implement strategies for keeping members engaged and reengaging quickly when they miss or cancel appointments or when they are out of contact.</li> <li>• Optimally outreach is not time limited. Ensure all staff share the approach that members are not closed until they reengage, or they inform staff they no longer desire services.</li> <li>• Face-to-face outreach is generally considered to be more effective than phone calls and emails, which can be easily ignored. Face-to-face outreach can be used to assess needs and factors contributing to disengagement, as well as getting feedback to provide SE in more meaningful ways to</li> </ul>

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			<p>circumstances, this can be noted in the member's record and services resumed when the member is ready. No evidence was presented of SE staff conducting face-to-face outreach strategies, such as home visits or visiting locations where the member is known to frequent, or coordinating with the clinical team to attend part of a member's scheduled appointment or to meet afterward.</p> <p>It was unclear to the reviewers how the SE program transitioned members between ESs. Although attempts were made by phone to schedule with the new ES, a few records showed lack of contact of over a month or more during the transition period. One record showed that a member declined to get in the newly assigned ES's car when the ES upon arrival to the member's home for a scheduled first meeting. Reviewers did not see active approaches to facilitating contacts between members and new ESs such as face-to-face introduction by the CM or RS. SE staff reported that contact notes are not filed in member records until the end of the month, so this may account for lack of documentation in this area.</p> <p>Data on case closures in the last year provided to the reviewers showed that 84 members ended services. Twenty-two percent (n=18) left services with employment. Staff said that some members never engage after intake and are eventually closed. Staff also said that it is common for members to disengage from services or seek to close after they gain employment. The reviewers were provided with a <i>Job Retention</i> protocol, however, the weekly checklist appeared to reflect</p>	<p>the member. For example, some members may prefer to begin their job search at the first contact rather than sit for a period reviewing paperwork.</p>



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			passive rather than active engagement, relied on phone contacts, put the responsibility on the member for identifying or anticipating needs, and opened the door to case closure within 14 days of employment.	
<b>Total Score:</b>		<b>62</b>		

SE FIDELITY SCALE SCORE SHEET		
<b>Staffing</b>	Rating Range	Score
1. Caseload	1 - 5	4
2. Vocational services staff	1 - 5	5
3. Vocational generalists	1 - 5	4
<b>Organizational</b>	Rating Range	Score
1. Integration of rehabilitation with mental health treatment	1 - 5	1
2. Vocational unit	1 - 5	4
3. Zero-exclusion criteria	1 - 5	4
<b>Services</b>	Rating Range	Score
1. Ongoing work-based assessment	1 - 5	5
2. Rapid search for competitive jobs	1 - 5	4
3. Individual job search	1 - 5	5
4. Diversity of jobs developed	1 - 5	5
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
<b>Total Score</b>		<b>62</b>
<b>Total Possible Score</b>		<b>75</b>