

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

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To: Nichole Walla, Director of Operations

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AHCCCS Fidelity Reviewers

### **Introduction**

Arizona Health Care Cost Containment System has contracted with Western Interstate Commission for Higher Education - Behavioral Health Program to conduct Fidelity Reviews using the Substance Abuse and Mental Health Services Administration (SAMHSA) Supported Employment Fidelity Scale, an evidence-based practice (EBP). Supported Employment refers specifically to the EBP of helping members with a serious mental illness (SMI) designation find and keep competitive jobs in the community based on their individual preferences, not those set aside for people with disabilities.

### **Method**

On September 30 – October 3, 2024, Fidelity Reviewers completed a review of the 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. Services are reviewed starting from the time a participating member with an SMI designation indicates an interest in obtaining competitive employment and continues through the provision of follow along support for members that obtain competitive employment. In order to effectively review SE services in the Central Region of Arizona, the review process includes evaluating the working collaboration between each SE provider and referring clinics with whom they work to provide services. For the purposes of this review, the referring clinics include Copa Health West Valley and Southwest Network San Tan. This review was conducted remotely, using videoconferencing and telephone to interview staff and members. Accommodation was made for your agency as reviewers were unable to access a web-based electronic health record system and member records were thus supplied by your agency staff for review.

Beacon Group offers services for individuals with mental illness and/or developmental disabilities in Phoenix and Tucson, Arizona. This Fidelity Review focuses on the Phoenix office, which provides services such as job development, placement and retention, computer skills training, work adjustment training (WAT), personal enrichment, skill development, adult literacy, academic career planning, and high school equivalency classes. Beacon's Supported Employment (SE) program also provides co-located services at multiple locations. At the time of

the review, the program was serving 166 members, 70 of which are designated with a serious mental illness that are enrolled in the SE program.

During the fidelity review, reviewers participated in the following activities:

- Remote observation of an SE supervisory team meeting on October 2, 2024.
- Individual interview with the Beacon Group's Director of Operations.
- Videoconference group interviews with one Case Manager and four Rehabilitation Specialists from Copa Health West Valley clinic, and three Case Managers and two Rehabilitation Specialists from Southwest Network San Tan clinic.
- Individual phone interviews with three members that receive SE services.
- Videoconference Group interview with the six Beacon Group Job Developers (Employment Specialists)
- Review of randomly selected member records from the SE program, as well as remote review of member records from the two partnering clinics, including a sample of co-served members; and review of program documents including the *Outreach and Engagement Plan*, the agency website, and member data provided by the agency. The sample included members from the following health plans: Regional Behavioral Health Agreement (RBHA) and Long-Term Care (LTC).

The review was conducted using the SAMHSA SE Fidelity Scale. This scale assesses how close in implementation a team is to the SE model using specific observational criteria. It is a 15-item scale that assesses the degree of fidelity to the SE model 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: Each employment specialist effectively manages all phases of vocational services, including engagement, assessment, job development, job placement, job coaching, and follow-along support, ensuring comprehensive and personalized assistance for members throughout their employment journey.
- Follow-Along Supports: Individualized follow-along support is provided to members on a time-unlimited basis.
- Individualized Job Search: Employment Specialists (ES) support members in seeking jobs that align with their preferences. Interviewed members reported searching for positions based on their desired job type and location, often starting their job search the same day as program intake.

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

- Vocational Unit: During the SE unit meeting consider implementing a more formal process for ES to discuss a few members from each caseload weekly in an effort to support cross coverage. This may aid in the tracking of employer contacts, outreach activities,

and help ES when they are called on to provide services to a member from another ES's caseload. Some programs update member tracking during the SE meeting.

- **Community-Based Services:** Enhance efforts to engage members in community settings. While records show documentation that many members have expressed a preference to meet by phone, encourage them to explore alternative meeting environments to broaden their comfort zone, such as meeting at a potential employer or job site. Consider discussing community-based contacts during team meetings and weekly individual supervision with leadership to increase awareness.
- **Integration of Rehabilitation with Mental Health Treatment:** Employment Specialists are currently not allowed full participation in clinical team meetings, even as co-located partners. Assess and address any barriers preventing SE staff from fully participating in these meetings. In fully integrated rehabilitation and mental health settings, ES engage with one or more assigned teams, and attend weekly clinical team meetings as equal partners, by asking questions, offering input, and suggesting SE services to members who may benefit from services.
- **Assertive Engagement and Outreach:** Increase outreach efforts to members that are not able to be contacted or have missed appointments. Ensure timely documentation. ES can also collaborate in advance with members on the best means to reach them when they are out of contact; this discussion would be ideal for exploring the benefits of including natural supports as part of the member's employment support team. Connection with natural support to engage members that have fallen out of contact with the SE program may be a valuable resource.

### SE FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
<b>Staffing</b>				
1	Caseload:	1 – 5  4	<p>Data provided indicated the program serves approximately 55 members that are designated with a serious mental illness (SMI). The SE program has five full-time ES, and one additional supervisory staff member provides SE services 5% of the time, to assist with coverage while also supervising another agency program. Based on caseload sizes for SMI members, the range is 2 to 19 members per ES. Most ES caseloads also include general mental health and members participating in work adjustment training. Five of the six ES have up to four members in the Work Adjustment Training Program (WAT) program on their caseloads. Additionally, SE staff also have members with general mental health assigned, averaging in a caseload of approximately 32 members.</p> <p>ES provide support based on member needs, meeting weekly during the job search phase and at least monthly once employed. Frequency of contact varies based on member preference and employment status.</p>	<ul style="list-style-type: none"> <li>All members, including general mental health and members participating in work adjustment training, served by an Employment Specialist are counted in the caseload size. Ensure a ratio of 25 or fewer members per Employment Specialist in the SE program. The supervisor may carry a small caseload, 14 or less.</li> </ul>
2	Vocational Services staff:	1 – 5  2	<p>Per interviews with program leadership and ES, members participating in the agencies WAT program are assigned to an ES within 30 days of enrollment; ES assist with job search efforts. The member and ES partnership continues after the training is completed. While all five full-time ES</p>	<ul style="list-style-type: none"> <li>Restructure job duties of SE Employment Specialists. In the EBP of SE, Employment Specialists are dedicated solely to the delivery of services relating to the SE program and serving only SE members.</li> </ul>

			<p>have members enrolled in WAT on their caseloads, the specific time spent with these members is unclear.</p> <p>Sixty-six percent of the roster includes members enrolled in WAT or in general mental health services. ES staff focus on job development and refer members to relevant resources for other service needs such as case management.</p>	
3	Vocational generalists:	1 – 5  5	ES deliver comprehensive vocational services, including intake, engagement, assessment, job development, placement, coaching, and follow-along support.	
<b>Organization</b>				
1	Integration of rehabilitation with mental health treatment:	1 – 5  1	<p>The SE program has co-located staff at two outpatient behavioral health clinics; Lifewell Behavioral Wellness Oak assigned to two teams, and Copa Health West Valley assigned to three teams.</p> <p>According to interviews with clinic and SE staff, Beacon Employment Specialists, including the two co-located staff, do not attend integrated treatment team meetings despite reported efforts by Beacon staff. At the co-located clinics, Employment Specialists meet weekly with the clinic based Rehabilitation Specialists and a Vocational Rehabilitation Counselor to review shared members and coordinate care. Additional phone and email communication with other clinical team staff is conducted as needed. Employment Specialists do not have dedicated workspaces.</p> <p>Coordination of care for members assigned to non-co-located ES occurs primarily by phone or</p>	<ul style="list-style-type: none"> <li>Resolve barriers to providing members with collaborative integrated care. In SE programs, each Employment Specialist is attached to one or more treatment teams with shared decision making; attend one or more treatment team meetings per week with the full team (e.g., Psychiatrist, Case Managers, Rehabilitation Specialist, and Nurse), and have at least three-member-related case manager contacts per week. Employment Specialists remain for the entire meeting to discuss referred members and encourage the team to consider employment for those not yet referred.</li> <li>Ideally the SE supervisor accompanies ES to treatment team meetings, e.g., quarterly, to support integration efforts.</li> </ul>

			<p>email, usually monthly or as needed. Some ES attend monthly staff meetings or occasional in-person meetings when necessary.</p> <p>Monthly summaries are sent to the referring clinics, though not all clinic staff interviewed were aware of these reports.</p> <p>Both clinic and SE staff indicated that when ES encounter challenges in reaching members, observe increased symptoms, or have other urgent concerns, they will contact the clinic to coordinate care.</p> <p>Records reviewed indicated evidence of coordination between the SE provider and clinical teams by email and phone communication, especially relating to co-located clinics. Participation in meetings with Rehabilitation Specialists, Vocational Rehabilitation Counselors, and Beacon ES were documented in eight out of ten member records. Additionally, instances of monthly summaries sent to clinical teams were noted in some member records.</p>	
2	Vocational Unit:	1 – 5 5	<p>Reviewers observed an SE team meeting, which all staff attended. All ES share the same supervisor and meet as a team for virtual group supervision weekly. An all-staff meeting, including both Phoenix and Tucson staff, is held monthly. ES staff meet with the supervisor individually on a weekly, bi-weekly, or monthly basis, depending on need. In the observed meeting, the supervisor followed an agenda, and staff were aware of the general topics discussed. SE fidelity principles were incorporated into the</p>	

			<p>meeting as staff discussed the program's referral process, and shared job leads, resources, and success stories, as well as challenges; the group provided input and brainstormed solutions.</p> <p>Staff reported providing cross-coverage when another ES is unavailable, needs assistance taking a member to an interview, or supporting a member at a job fair. ES assist members who cannot wait for scheduled appointments with their assigned ES or when appointments are missed. When supporting member attendance of job fairs, staff are available to support another ES's member if needed. When a member arrives at the office seeking assistance, available staff will step in to help. Records reviewed showed no evidence of cross coverage.</p>	
3	Zero-exclusion criteria:	1 – 5  5	<p>Staff interviewed at one clinic reported that when a member expresses interest in employment, staff are often able to complete a referral to Beacon the same day. Staff typically will receive confirmation that the referral was received within 24 hours and an intake occurs within one week. Staff reported members with no work history or trouble keeping a job may be directed to a WAT program. Sometimes, members are referred to Vocational Rehabilitation (VR), which may recommend SE.</p> <p>Staff interviewed at the other clinic reported meeting with members to complete a Vocational Activity Profile (VAP) to gather information about the member's preference related to employment and work history. Staff discuss the various options available to members, like SE, WAT, or General Education Development programs.</p>	<ul style="list-style-type: none"> <li>• Research has shown that members referred to SE services can be successful and do not require readiness measures or clinical screening. Low barriers to entry capitalize on member motivation and enthusiasm for work. Educate clinical teams on members' right to request SE services without being directed to work adjustment training programs or having to be solely referred to Vocational Rehabilitation. Referrals to providers can occur simultaneously.</li> </ul>

			<p>Referrals are completed within seven (7) days of the member's initial request. Clinic staff reported consulting ES for recommendations for each member.</p> <p>Records indicate that Beacon staff work quickly, often coordinating with clinic-based Rehabilitation Specialist, staff from Vocational Rehabilitation (VR), and members, to confirm referral assignments and complete outreach the same day. Staff reported members can self-refer, and Beacon will coordinate with the assigned outpatient clinic to gather necessary documentation.</p> <p>SE staff reported that members do not need to demonstrate job readiness or undergo screenings to be referred for services; they only need to express an interest in working and in receiving employment support. SE staff also provide education and training on the SE program to clinical team staff. Although clinic Rehabilitation Specialist are generally responsible for referrals, any staff member can complete one.</p>	
<b>Services</b>				
1	Ongoing, work - based vocational assessment:	1 - 5 5	The Vocational Profile (VP) and Individualized Service Plan (ISP) are typically completed during the first meeting to guide the development of the member's employment goals. SE staff reported efforts to update VP more frequently, though currently, an ISP amendment form is used to reflect goal changes, and the internal ISP is updated when members obtain or change jobs. Staff reported ES notes in the member record are used to evaluate members' vocational	



			<p>progress. Staff observe member behaviors, validate experiences, and assess strengths and barriers during intake and ongoing contact. Additionally, ES complete a vocational activity profile (VAP). Job logs are completed monthly, and the service plan identifies 2 - 3 objectives, with updates every six months during job coaching reviews and annual updates. Vocational amendments are completed when members update their goals, providing context for those changes.</p> <p>In seven of the ten records reviewed, there was evidence of initial vocational profiles being completed; no further amendments or changes were documented. One record showed an ISP amendment was initiated when a member changed jobs. Another record had a completed job log. Records contained minimal documentation on services needed to support job retention, members' preferences for disclosure upon starting a job, or assessments and next steps when a member left a job.</p>	
2	Rapid search for competitive jobs:	1 - 5  4	<p>Staff from both clinics reported that when a member expresses a desire to work, referrals to Beacon are completed almost immediately, which was confirmed in the records reviewed.</p> <p>SE staff stated the focus of employer contacts is to get the member engaged with employers of interest. This includes guiding members on how to follow up with employers, whether meeting in person or by phone, and how to check the status of submitted applications. Records reviewed showed evidence of ES working with members to make contact with employers. SE Staff reported</p>	<ul style="list-style-type: none"> <li>Continue efforts to facilitate members' in-person contact with potential employers within 30 days of when members express an interest in employment in order to capitalize on enthusiasm and motivation. When members are making the first contact independently, encourage them to do so in person to get full advantage of the contact. Consider asking ES during the weekly team meeting how many members had an <i>in-person</i> first contact as a reminder of the value of that contact.</li> </ul>

			<p>the first employer contacts are documented in the member record, noting contact details and who they spoke with (preferably someone with key job information like a manager). The goal is to schedule this interaction as soon as possible, ideally within the first week, but with an expectation of making a first employer contact within 30 days of intake. Employer contacts can include job fairs, networking events, interviews, and or informational interviews to learn about different roles. Per data provided, the average median number of days between intake and a member's first employer contact, across all ES, was 61 days.</p> <p>Members interviewed reported that job searching with SE staff began immediately after SE program intake. One member reported they were actively searching for employment prior to connecting with the ES.</p>	
3	Individualized job search:	1 – 5 5	<p>Clinic and SE staff reported members choose which jobs to apply for; during intake ES use the VP and ISP to evaluate the members' skills based on their employment history. The job search is guided by the member's employment goals, and the member decides where they want to work. If a member already knows their desired industry or job type, ES proceed accordingly. If unsure, the ES assists the member in researching potential fields of interest.</p> <p>SE staff reported that many members are securing successful placements because the current job market is geared to the employees; some members are still navigating pandemic-related barriers. Members are requesting</p>	<ul style="list-style-type: none"> <li>• Ongoing assessment and care coordination should occur and be documented to address employment barriers, as well as help members target employment searches on jobs that will fulfill multiple needs and preferences.</li> </ul>

			<p>remote working positions, however, the demand for such positions is decreasing, with a growing preference for customer service roles close to home.</p> <p>Of the five records reviewed for employed members, most service plans indicated that jobs aligned with members' employment goals. One record showed a member working in a setting that did not match their employment goal.</p>	
4	Diversity of jobs developed:	1 – 5  5	<p>A review of the jobs obtained during the six months prior to the review showed significant diversity in both employers and job types among current members and those employed at closure from the program. The data showed a high diversity of employers and job types, at 90% and 100%, respectively. ES offer a wide range of options for members, as evidenced by documentation in member records.</p> <p>Clinic staff reported that members enrolled in the SE program are not employed at the same locations. While a few members may work for the same company, they are at different sites and hold unique positions.</p>	
5	Permanence of jobs developed:	1 – 5  5	<p>Beacon staff reported jobs developed and obtained are competitive and permanent.</p> <p>According to the data provided pertaining to the 45 positions obtained, all appear to be permanent and competitive. SE staff reported that some employers use temporary-to-hire or seasonal positions as a screening process, but this is seen as a last resort. Additionally, some companies use temporary hire agencies to hire permanent staff; when members choose specific employers that utilize these agencies, SE staff</p>	

			honor the member's preference. Members interviewed reported applying for permanent roles, and clinic staff were unaware of any members working in temporary positions.	
6	Jobs as transitions:	1 – 5  5	SE staff reported assisting members in job transitions, and, when appropriate, staff help members search for new employment. Records show examples of two members whom, with support from their assigned ES, immediately began job searches after previous jobs ended, with one instance documented of starting the same day. Clinic staff confirmed that all members needing assistance in finding a new job after one ends have received support from the program.	
7	Follow-along supports:	1 – 5  5	SE staff report providing onsite job support when members have disclosed a disability with their employer with options for after-hours meetings, check-ins during breaks, weekly or monthly check-ins, or crisis support. SE staff reported that 70 - 100% of members receive follow-along support. Staff reported offering onsite job support and assistance in attending meetings with members based on individual needs, such as accompanying them to meetings with supervisors or other staff. There is no time limit for follow-along support; however, if a member loses Medicaid coverage after receiving employment, they can be referred to VR for continued support.  SE staff report the expectation is at least one connection per month, tailored to the member's preferences, whether by phone, videoconference (virtual), or in person. Some members prefer to receive job support in	

			<p>person; SE staff reported one member has been meeting staff at a coffee shop for 10 years to receive follow-along support.</p> <p>Two members interviewed that are employed reported having weekly check-ins with ES. One member receives in-person check-ins, while the other receives videoconference (virtual) check-ins; both reported finding value in knowing services are time unlimited.</p> <p>Reviewed records demonstrated that ES provide flexible, individualized support to working members, including assistance with conflict resolution, job counseling, coping with changes, requesting accommodation, and offering to communicate with employers on behalf of members.</p>	
8	Community-based services:	1 – 5  1	<p>SE program staff reported that 45 - 80% of services are delivered in the community, with meetings taking place for job searches and follow-along supports. Staff reported, “services are not provided in members' homes, primarily for health and safety reasons”. SE staff reported meeting members in their homes was counterintuitive to the goal of encouraging members to leave home and obtain employment. Staff encourage community connections but reported experiencing residual challenges from the pandemic, such as members preferring virtual meetings or struggling to leave their homes. Meetings with members are often held at the office, where space is available, with the goal of helping members establish a routine and accountability to engage outside of their homes. One ES</p>	<ul style="list-style-type: none"> <li>• Although members may prefer to meet at the SE agency office or at their outpatient behavioral health clinic, ideally ES encourage members to meet in alternative settings to expand their comfort level, possibly meeting at a potential employer setting.</li> <li>• In the EBP of SE, ES spends 70% or more the of time in the community, both working directly with members and conducting industry research and employer outreach on member behalf. Employer engagements on behalf 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> </ul>

			<p>reported meeting with members virtually due to geographic barriers.</p> <p>Of the members interviewed, one reported the ES completes weekly, 10-to-15-minute check-ins at their place of employment. An additional member reported meeting with the ES via videoconference. The member was unaware that the ES could meet them in the community for their regular weekly contact. The member reported the ES provided transportation to an interview and offered transportation to assist with applying for other jobs.</p> <p>In the ten randomly selected member records reviewed, ES provided services in the community 3% of the time. Most services were delivered by phone or videoconference.</p>	
9	Assertive engagement and outreach:	1 – 5  3	<p>SE staff interviewed reported following a 45-day <i>Outreach and Engagement Plan</i> that involves outreaching members after missed or canceled appointments. Staff call the member within 24 hours of the missed appointment, followed by two phone calls the week after, and during the third week, ES staff contact staff from the member’s clinic. If the member signs a release of information for additional support during intake, SE staff will reach out to those supports no later than week three of outreach.</p> <p>Outreach attempts are made via phone, email, or text messaging, with frequency (weekly or monthly) dependent on the member’s employment status and situation. SE staff use communication logs to document these outreach attempts. Staff respond promptly to</p>	<ul style="list-style-type: none"> <li>• Optimally outreach and engagement occur on a time unlimited basis until the member expresses that they no longer want to seek employment or the need for support. Evaluate the impact of adhering to a 45-day closure policy on members.</li> <li>• Increase outreach efforts and ensure accurate documentation in member records of all efforts made to contact members, including phone, email, and text. Continue the consistent documentation of informing collaborators of outreach efforts.</li> </ul>

			<p>any updates communicated by the member. During intake, members review and sign the outreach policy. If staff are unable to contact a member, and based on feedback from the clinical team, the case may be closed. If contact is re-established after 30 days, staff will redo the intake paperwork and request an updated referral in the event there are clinical changes to be aware of.</p> <p>Records reviewed indicated SE staff outreach members once a week for at least three weeks. Three member records reviewed identified the team attempting weekly contact with members that have lost contact. Outreach attempts included documentation of communication with clinic staff via email to inform them of the lack of engagement.</p>	
<b>Total Score:</b>		<b>60</b>		

<b>SE FIDELITY SCALE SCORE SHEET</b>			
<b>Staffing</b>		Rating Range	Score
1.	Caseload	1 - 5	4
2.	Vocational services staff	1 - 5	2
3.	Vocational generalists	1 - 5	5
<b>Organizational</b>		Rating Range	Score
1.	Integration of rehabilitation with mental health treatment	1 - 5	1
2.	Vocational unit	1 - 5	5
3.	Zero-exclusion criteria	1 - 5	5
<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	5
6.	Jobs as transitions	1 - 5	5
7.	Follow-along supports	1 - 5	5
8.	Community-based services	1 - 5	1
9.	Assertive engagement and outreach	1 - 5	3
<b>Total Score</b>			<b>60</b>
<b>Total Possible Score</b>			<b>75</b>