



Case Studies

A Case Study of Promising Vocational Rehabilitation Agency Practices in Improving Employment Outcomes for Individuals with Mental Illness

Aligning Agency Policies and Procedures through Systems Integration

Maryland Division of Rehabilitation Services

Abstract

The Maryland State Department of Education, Division of Rehabilitation Services (DORS) and the Maryland Department of Health and Mental Hygiene, Mental Hygiene Administration (MHA) have been collaborating to provide supported employment (SE) services and supports to individuals with mental illness (MI) for over twenty years. In 2001, the partnership jointly implemented Evidence-Based Practice (EBP) Supported Employment (SE) programs, also known as IPS Supported Employment, in six community mental health provider agencies as part of the National Evidence-Based Practice Demonstration Project and the Johnson and Johnson – Dartmouth Community Mental Health Program. DORS and MHA facilitate system integration by aligning policies and procedures (regarding referral, intake, eligibility determination, and data-sharing) as well as finances for SE services. The current SE programs in Maryland consistently yield comparatively higher competitive employment outcomes for individuals with MI than non-EBP SE programs, and the state's overall employment rate for people with mental and emotional (psychosocial) disabilities is above the national average.

Background

The Maryland State Department of Education, Division of Rehabilitation Services (DORS) and the Maryland Department of Health and Mental Hygiene, Mental Hygiene Administration (MHA) have been collaborating to provide supported employment (SE) services and supports to individuals with mental illness (MI) for over two decades. The two agencies joined into an interagency agreement in 1987 that outlined each agency's funding responsibility for SE in an effort to avoid duplication (Reeder & Johnson, 2008). The interagency agreement was amended in 1995 and 2000, replaced by a cooperative agreement concerning SE services in 2007, and renewed again in December of 2011.

While DORS and MHA have had a longstanding relationship,

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the partnership between the two agencies crystallized in 2001 with the joint implementation of the Evidence-Based Practice (EBP) in Supported Employment (SE) Initiative. Maryland was one of the original three states to implement EBP SE as part of the National Evidence-Based Practice Demonstration Project, in conjunction with the New Hampshire Dartmouth Psychiatric Research Center (PRC). This demonstration project was designed to disseminate knowledge generated by empirical research related to EBPs for individuals with SMI, to facilitate their implementation in real world practice settings, and to evaluate the success of a large-scale, national EBP implementation effort in the participating states and sites. In the same year, the University of Maryland School of Medicine's Department of Psychiatry established, with funding from MHA, a Mental Health Systems Improvement Collaborative (MHSIC); its Evidence-Based Practice Center (EBPC) and Systems Evaluation Center (SEC) would provide technical assistance and consultation as well as program evaluation support to the DORS-MHA partnership, to selected community mental health provider agencies, and to others involved in this effort. One year later, DORS and MHA jointly applied for and were awarded a grant from the Johnson and Johnson – Dartmouth Community Mental Health Program (J & J – Dartmouth Program), which was designed to promote EBP SE services and to enhance state-level VR and MH collaboration in EBP SE implementation.

The two agencies competitively selected six community mental health providers as pilot sites to implement EBP-SE, three of which participated in the National EBP Demonstration Project protocol, and all of which received ongoing individualized training and technical assistance in EBP in SE implementation from the University of Maryland EBPC. As the three-year grant from J & J – Dartmouth Program was ending, DORS and MHA began to explore strategies for financing, sustaining, and expanding the EBP-SE program statewide. The number of SE programs grew quickly, and as of 2012, there are 57 community mental health providers across Maryland that provide SE services and supports to customers with MI, 39 of which have received training and technical assistance in EBP SE implementation, and 22 of which currently meet EBP SE fidelity standards.

Purpose, Goals, and Implementation

The purpose of the partnership between DORS and MHA is to enhance and streamline the delivery of EBP-SE services across the state in order to improve employment outcomes for individuals with serious mental illness. Through this partnership, DORS and MHA have facilitated system integration by aligning policies and procedures (regarding referral, intake, eligibility determination, data-sharing), as well as finances for SE services.

Access to supported employment services: Supported employment services in Maryland are offered to both adults and transition-age youth. MHA funds supported employment to youth starting at age 16 and DORS funds these services approximately two years prior to graduation – funding for these programs comes from VR, state general funds, and Medicaid (explained below). One program under the auspices of two federal systems change grants, (one awarded to DORS from RSA and one awarded to MHA from SAMHSA), is pilot testing in two sites a multi-system integration and collaboration protocol for transition youth across mental health, VR, public education, social services, and juvenile justice service delivery systems. This pilot program is expected to yield additional administrative efficiencies specific to transition-age youth program services. As our key informant explained: “we’ve used [those sites] as a laboratory to pilot test all of these initiatives that we’ve done with our adult population with [the] transition-age population.”

Service providers can choose whether to provide evidence

based or non-evidence based (traditional) supported employment. However, the usage of EBP-SE is incentivized through a milestone payment system through DORS, and an enhanced rate through MHA. All MHA SE service providers are required to have an approved cooperative agreement through DORS in order to receive payment for the service. As a result, all customers seeking supported employment have access to and can receive both MHA-funded and DORS-funded services from the same MHA provider/ DORS vendor, irrespective of whether the individual entered SE through the VR system or through the Public Mental Health System (PMHS).

Geographically, SE is offered by at least one provider in every county in Maryland and EBP SE is offered in every county of Maryland, except for the two most western counties of Garrett and Allegheny. Despite the incentives provided by the state to have providers adopt EBP SE, our key informant described that the state hasn’t “been able to get providers in the westernmost region to endorse this particular approach, and it’s much more challenging to do it in a rural area where there aren’t enough clinical resources (...) There’s a lack of psychiatric services in general in the westernmost region. Sometimes consumers have to travel an hour for a psychiatric appointment.”

Coordinating referrals and service delivery: This section focuses on how the two agencies aligned their agency policies and procedures concerning customer referral and intake, eligibility determination, and data sharing. DORS and MHA revised and signed a cooperative agreement concerning SE in 2007. The cooperative agreement outlines the purpose, legal basis, role and responsibilities of each partner, areas of cooperation, and definition of terms relevant to the partnership. Areas of cooperation include referral, service provision, fiscal resources, and exchange of information. The agreement includes a Joint Policy Statement: “Our collaboration and partnership is based upon the belief that federal and state resources must be directed to services that research demonstrates to be effective and efficient.”¹ The key informant explained that the Joint Policy Statement

¹ Maryland State Department of Education, Division of Rehabilitation Services (DORS) & Maryland State Department of Health and Mental Hygiene. (2007). Cooperative agreement concerning employment Services. Retrieved from <http://www.dors.state.md.us/DORS/RehabResources/agreements.htm>

reinforces the agencies' commitment to employment for individuals with mental illness. He explained, "The vehicle to recovery was through evidence-based practice [supported] employment and the best utilization of limited state resources was to devote those services at both administrations to a service that has been proven to be effective."

As DORS and MHA developed the partnership, the agencies examined the alignment of the two service delivery systems and identified areas of redundancy and duplication. In an effort to create systems with more seamless service accessibility, DORS and MHA worked to improve the customer application process, including restructuring eligibility and referral requirements. DORS and MHA cross-walked eligibility requirements and found that the agencies' criteria for eligibility (but not the determination process) were similar. DORS then revised the eligibility determination process, and deemed customers of the public mental health system who were eligible for SE services as automatically eligible for VR services and assigned to Category 1, most significantly disabled. MHA embedded the application for Vocational Rehabilitation (VR) services into MHA's Administrative Services Organization's web-based care management system as a part of the eligibility determination process conducted by the Core Service Agency (CSA), the local mental health authority, during the initial referral to the PMHS for SE services. MHA also mandated the referral to DORS (with the concurrence/agreement of the consumer) when a customer entered the PMHS and requested supported employment services.² DORS' and MHA's efforts to improve the eligibility and referral policies and processes also involved making programming and procedural changes to Value Options', the Administrative Service Organization (ASO), electronic care management system. Our key informant described, "Value Options is an administrative services organization, a behavioral health care, managed-care organization that has the contract with MHA (...) to manage the public mental health system in conjunction with MHA and the CSA."

In order to streamline access to VR services for MHA customers, DORS and MHA restructured the referral and intake process by allowing DORS/VR counselors limited guest access to the ASO's web-based electronic case management system. When a customer enters the Public Mental Health System (PMHS) and provides consent for the referral to

DORS, the MHA provider simultaneously requests the service authorization from the CSA and grants access to customer information electronically to the DORS/VR counselor. VR counselors can access the ASO's care management system to review case records. When the provider enters the data, the application for VR services is automatically populated. With this shared system, VR counselors can easily access customers' individual rehabilitation plans, individual vocational plans, treatment plans, or clinical information. When a customer enters the DORS system, referrals travel from a DORS/VR counselor, to a provider agency, and then finally to the Core Service Agency. As one key informant further explained:

[the customer's] information is then pre-populated onto a DORS application – that's available for the DORS counselor and also [as previously mentioned] that DORS counselor then is granted access to any treatment or rehabilitation records that are in the mental health system, they can use then to inform planning for the development of the IPE.

The DORS counselor is then able to print the application and enter the information into the DORS case management system. This system reduces administrative burden and duplication of effort for both the mental health provider and the DORS counselor and expedites SE service delivery. In addition to the partially shared case management system, each provider has a DORS liaison (who is a VR counselor), and each VR office usually has a person with "the developed expertise of the mental health population being their caseload." DORS does not always hire individual VR counselors with backgrounds in mental health, as one key informant described, however,

more times than not, [the DORS liaisons] are individuals who have a particular expertise in that direction, and who have a desire to work with [individuals with mental illness] (...) [and further], DORS often hires individuals who have worked at various community providers. So, it's very possible that we're hiring someone from a provider that has the experience working with that population on the other side of the fence.

One of our key informants also informed us that all DORS liaisons are expected to be co-located on at least a part-time basis with office space at most of the mental health agencies. The amount of time that the VR counselor spends at the agency depends on the caseload size that the counselor is carrying at the agency and the number of agencies that counselor is assigned. Counselors who are co-located have the technological capabilities to work remotely as they have

² Customer must provide consent for referral.

all been provided laptop computers and assigned VPNs. As a result, these VR counselors may make direct referrals to their contacts at each provider. Co-location has expedited the referrals and intake processes for both DORS and MHA.

With regard to the actual provision of services, as previously mentioned, in the state of Maryland, service providers are incentivized, but not required, to provide evidence-based supported employment. They may choose to provide traditional (or non-evidence based) SE services. One main difference between these two types of SE services is focused around exclusion. With EBP SE, there is zero exclusion: anyone who requests interest in SE services will receive them. On the contrary, non-evidence based (traditional) SE providers “[are] not required to serve everybody that’s referred to them. And [these providers] may also engage in step-wise employment, so there may be people that come to DORS for vocational evaluations, psychological evaluations, work-adjustment training – other forms of pre-employment kind of services – before they’re referred to supported employment.” The system and policy integrations mentioned in the paragraph above were not limited to providers who offer EBP SE, as our key informant explained that through a “system integration initiative (...) those kind of system changes and the policy changes that we did around eligibility and rapid engagement in services had an impact not just on the evidence-based practice programs, but the non-evidence-based practice programs as well.” Further, our key informant has stated that because some non-EBP providers have adopted a few of the EBP practices, their outcomes have improved.

Coordinating staffing roles and funding

All DORS liaisons are expected to be co-located, at least part of the time, at their local mental health agencies. The appropriate technological equipment has been set up for these counselors to work remotely from mental health programs, while still having VR as their home base. As a result of having these individuals work in the mental health agencies, one key informant explained that these counselors “...come to see that by being co-located and being involved with that provider and the consumers, they’re more likely to get the outcome that they need.” Another key informant explained that this staffing arrangement works best when,

[an] individual DORS counselor [is] seen as an adjunct to the agency. They’re really a part of the agency, and function as an agency staff member, and attend all the other trainings

that the agency offers and [are a] part of the treatment team meeting. (...) It’s just a really high level of integration and coordination of services that can only happen when you’re in the same office together...

The result that this staffing arrangement has on the consumers is that “they see DORS [as] part of the process rather than a separate service that they’re receiving. And then that helps with retention of consumers who sometimes get lost in the shuffle between the two agencies.”

MHA and DORS collaborate with the University of Maryland EBPC to provide shared trainings to their staff. Specifically, employment specialists at the mental health agencies, and the DORS counselors receive training sessions on EBP SE, (titled, “EBP 101”) from the University’s EBP SE Consultant/Trainer. These training sessions are funded through MHA via a SAMHSA block grant. One key informant indicated that DORS offers shared trainings as well, but a specific training was not identified at the time of this interview.

Other trainings offered to DORS counselors include their QRT training (new counselor training), and their psychiatric affinity group. The psychiatric affinity group meets three times a year for a full day and brings together various trainers and representatives from DORS, MHA providers, and the University of Maryland to discuss and troubleshoot various issues (i.e. dispute resolution, case consultation), examine outcome numbers, and review any trends that may arise. Typically, the first half of the day is used to discuss current trends and issues, and the second part of the day is used for training. For example, in the past, NAMI has held trainings for this group. Our key informant has identified this group as one of various training opportunities that are offered to the DORS counselors and has indicated that this group has “been really instrumental in providing feedback [with regard to the] recent shift to milestone payments for all EBP providers.” Further, “the [psychiatric affinity] group [has also] put out a best practices manual in working with mental health supported employment consumers.” One key informant mentioned that this group in particular “facilitates the communication between all of the parties...”

DORS and MHA also coordinate with MHA’s ASO, Value Options to provide training to counselors on how to navigate their web-based care management system. Through this training, both DORS and MHA counselors learn all about Value Option’s online system, become familiar with and learn how to navigate the online system, and how to retrieve

information from their system. This hands-on training has been offered to each individual DORS office throughout the state and continues to be available as an on-line training for new staff that require initial training and for seasoned staff that may benefit from refresher training.

In addition to coordinating staffing roles and training activities, DORS and MHA developed an integrated funding system for SE programs; the braided funding mechanism allows providers enrolled in both the VR and MH systems to offer both VR and MH components of SE. This means that a single provider can offer the full range of employment and MH services to customers.

The cooperative agreement between DORS and MHA defines each agency's funding responsibility for SE services to avoid duplicative payments and ensure continuity of SE services. MHA is responsible for funding the following services: pre-placement services (including assessment and benefits/entitlements counseling), job placement, ongoing support to maintain employment, clinical coordination, and psychiatric rehabilitation services. DORS funds job development services and intensive job coaching services.³ SE program staff, including the MH provider staff and VR counselors, are responsible for documenting the services provided by each party. Each service is assigned a billing code that corresponds to a billing source and is processed at the administrative level. Both agencies also integrate funding to provide SE services to transition-age youth. In one jurisdiction, DORS provides these services through a federal grant from RSA, and MHA through a federal grant from SAMHSA. The high level of transparency in this braided funding system removes the burden of complex billing systems from the provider, allowing for more seamless service delivery.

In practice, the braided funding scheme translates to a clearly defined set of procedures at the service-delivery level. When an individual meets the criteria for SE services, the MHA-funded provider conducts a mental health vocational assessment, and provides benefits/entitlements counseling, the discussion of the risks and benefits of

disability disclosure, and refers the individual to DORS. At this point in the process, MHA gains customer consent for referral to DORS, at which time a DORS counselor determines eligibility, develops an Individualized Plan for Employment, and authorizes job development services. Once the pre-placement activities are complete, an EBP SE provider receives payment for job development services through a milestone payment system funded solely by DORS. EBP SE also receives reimbursement for monthly clinical coordination between treatment and rehabilitation and employment services. Non-EBP SE providers do not receive milestone payments, but may access 40 hours of job coaching (with an additional 20 possible) for job development and the remaining, up to 135 hours, for intensive job coaching services. When a customer begins working, DORS authorizes intensive job coaching to help customers adjust to the new position. The same SE program specialist job development and intensive job coaching services as provides MHA-funded SE services. Once the intensive job coaching funding through DORS has ended, the SE programs provides ongoing employment supports, funded by MHA, for as long as the person needs and desires the service.

The milestone system consists of three payments. The first authorization given to the provider is to begin job development services. The second authorization is sent to the provider when the counselor is notified that the consumer has obtained employment. Of the second authorization, the first payment is made upon initiation of intensive job coaching. The final payment is made after 45 days of job retention. This milestone payment system reduces the amount of paperwork required from providers. In the past, providers were required to submit two sets of documentation for reimbursement, but now with the milestone payment system there is integrated documentation, and providers can combine their monthly progress reports with their contact notes to serve as the one set of documentation that is required to receive payment from DORS.

Supporting Evidence

According to the Rehabilitation Services Administration 2009 report, Maryland achieved a 61.22% employment rate for individuals with mental and emotional (psychosocial) disabilities. This rate was greater than the national average

³ Reeder, S., & Johnson, C. (2008). Promising practices in home and community-based services: Maryland – encouraging evidence-based practices in supported employment. Issue: Employment for People with Serious Mental Illness. Baltimore, MD: Thomson Healthcare for the U.S. Centers for Medicare & Medicaid Services (CMS).

of 48.57% for this disability category in 2009.⁴ There has been a steady growth in the numbers of individuals with serious and persistent mental illness being served in SE. DORS and MHA collaborate to provide SE services at 57 community programs throughout the state, and estimate that 530 individuals will achieve a successful VR closure outcome through SE during 2011.⁵ The MHA website reports that EBP-SE programs consistently yield competitive employment outcomes, ranging from 60% to 70% for SE customers served by EBP-SE sites.⁶

DORS and MHA also work with the Evidence-Based Practice Center at the University of Maryland to promote the Evidence-Based Supported Employment initiative. The initiative now includes 22 of the community programs statewide that meet Evidence-based Supported Employment fidelity⁷. All of these EBP programs receive training, followed by ongoing consultation and technical assistance from the EBPC's SE Consultant/Trainer. Fidelity assessments, conducted by MHA Fidelity Monitors, begin once a program appears ready to meet the fidelity threshold established by MHA, which allows them to bill at the enhanced rate. Following fidelity assessment, the SE Consultant/Trainer then works with the program to develop a fidelity action plan to address any needed areas of improvement. Additional support is provided through a "Supported Employment Supervisors' Collaborative" which brings SE team leaders/supervisors together on a bi-monthly basis to provide ongoing training on issues such as documentation and successful clinical coordination; it also addresses common areas of concern, to share successful strategies, and to generally provide a supportive peer network.

The collaborative efforts of DORS and MHA have also

earned national recognition. In 2007, DORS and MHA were awarded the Science to Service Award from the Substance Abuse and Mental Health Services Administration (SAMHSA) for Maryland's national leadership in providing recovery support services to people with mental illness.⁸ SAMHSA recognized MHA and DORS for integrating their funding and administrative procedures, and enhancing the quality of EBP SE services across the state. Additionally, the Johnson & Johnson Dartmouth Community Mental Health Program awarded DORS and Humanim, a Maryland community rehabilitation provider, with the J & J Dartmouth Achievement Award in 2011. This award was presented to three IPS SE sites nationwide, and recognizes the Maryland SE program for having a significant improvement in the number of individuals served in fidelity SE programs⁹.

Currently in the works is a pilot study that aims to "fully triangulate" and "cross-match" all of the data that exists between VR and MH as a means to promote further systems integration and to inform data-driven, interagency policy development and program planning. In the future, a database will be created that houses both agencies' data and will be able to make comparisons in a more systematic fashion. Lastly, a form of data collection/analysis that has not yet started is to connect with Department of Labor earnings data, to cross-reference with the earnings data that is being self-reported by provider agencies.

Future Directions

As the partnership between DORS and MHA continues to develop and mature, the two agencies plan to expand their collaborative efforts to include programs focused on long-term career development. Currently, MHA is structured in a way that does not provide incentives to providers serving customers who are employed to help them move into better jobs with higher wage earnings. The key informant described the current approach and the shift toward a focus on career advancement, stating: "...for the providers it is a different skill set, it's shifting your vision, looking beyond entry level jobs and helping consumers to begin to take

⁴ Rehabilitation Services Administration (RSA). (2010, September 1).

Annual review report: FY 2009 Maryland division of rehabilitation services. Retrieved from http://rsa.ed.gov/my_data.cfm?form_id=107&mode=view&grant_award_id=18840&std_format_for_printing=Y

⁵, ⁷ Maryland State Department of Education, Division of Rehabilitation Services (DORS). (2010, June 18). State plan for the state vocational rehabilitation services program and state plan supplement for the state supported employment services program: Maryland division of rehabilitation services state plan for fiscal year 2011. Retrieved from <http://rsa.ed.gov/view.cfm?rsaform=VR-State-Plan&state=MD&fy=2011&agency=C#ftn.id0003>

⁶ Maryland Department of Health and Mental Hygiene. (n.d.). Mental health transformation project: Evidence-based practices. Retrieved from <http://dhmh.maryland.gov/mt/recoveryandresilience/evidencebased.html>

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⁸ Maryland State Department of Education, Division of Rehabilitation Services (DORS). (2011). Maryland's leadership in EBSE. Retrieved from http://www.dors.state.md.us/DORS/ProgramServices/Mental_Illnesses/Leadership.htm

⁹ Maryland Division of Rehabilitation Services (DORS). (2011). About DORS: Awards — 2011 Johnson & Johnson Dartmouth Achievement Award. Retrieved from <http://www.dors.state.md.us/DORS/AboutDORS/Awards/Jessica+Hawes.htm>

risks and begin to build earnings and assets so they become more economically self-sufficient...we [DORS and MHA] are trying to provide those supports and infrastructure at the system level.” DORS and MHA have begun to build this infrastructure by piloting a program at five agencies, in which a local mental health provider is registered through the Maryland Mental Health Employment Network (MMHEN), a statewide consortium EN located at a local CSA, as part of the Ticket to Work (TTW) program administered at the state level. Consumers can “indicate their intent to assign [a] ticket through the [ASO] system, and it automatically formats an individual work plan.” DORS then sends data on the closure status of individual cases to MMHEN, which are then imported into a proprietary “ticket tracker software system.” This software system tracks and imports these closure data and also data on earnings from Value Options, to indicate when a payment is due, which signals a request to be sent to the Social Security Administration. The MMHEN is the entity that collects these data, tracks the cases, and makes payments to the SSA – in doing so, 20% of the payments go to the MMHEN for administrative functions and 80% goes back to the provider agency. It is a future goal of this partnership to expand this pilot program and make it available throughout the state.

One key informant also described that MHA is “also a part of [a] Trusted Financial Partner arrangement with the Social Security Administration [and is working] directly with the SSA to get payment for services [in addition to] working on further ways to streamline [the] Ticket assignment and documentation requirements at the state level. DORS and MHA are shifting their reimbursement structures to milestone and outcome payments to the providers in order to reinforce the purpose/goal of the TTW program. DORS and MHA will continue to monitor the effectiveness of this program as it develops.

Transferability

According to one of our key informants, one unique piece of this partnership is that MHA has supported employment regulations for its vendors. For instance, all service providers, EBP or not, must meet these minimum regulation standards set out in a separate and distinct regulatory chapter for SE:

So even to bill as supported employment, which is the non-EBP rate, you have to meet the minimum supported employment regulatory standards, and that's monitored every three years depending on how well a program does in

compliance to those regulations... (...) and then to get EBP you have to get an additional fidelity assessment every year to evaluate EBP practice above and beyond what is required by the minimum supported employment regulatory standards.

In addition to these regulatory standards, there are Medicaid compliance audits administered by both MHA and their vendor, Value Options. Although DORS grants a “deemed” status to providers licensed through DHMH for Supported Employment services, periodic reviews of approval status are conducted to ensure current approval of each community rehabilitation provider offering supported employment. One piece of this partnership that can be replicated in other states is having champions at each state agency advocating for policy changes such as data sharing and braided funding.

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