

Maryland State Department of Education
Division of Rehabilitation Services

and

Maryland State Department of Health and Mental Hygiene
Mental Hygiene Administration

Cooperative Agreement

concerning

EMPLOYMENT SERVICES

December 2011

I. Purpose

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 enjoyed an long-standing collaborative and complementary partnership. Both agencies demonstrate in policy and practice a shared belief:

- in the value of employment to the recovery of individuals with Serious Mental Illness (SMI),
- in the empowerment and informed choice of consumers, and
- that individuals with significant mental illness can achieve competitive employment with the provision of appropriate supports.

Since 2001, the dissemination and implementation of Evidence-Based Practice (EBP) in Supported Employment, in partnership with the New Hampshire-Dartmouth Psychiatric Research Center and the Johnson & Johnson Foundation, has crystallized both agencies' commitment to enhance the design and delivery of supported employment for individuals with severe mental illness across DORS and MHA and to improve competitive employment outcomes for their shared consumers. MHA and DORS have developed system integration through alignment of administrative policy, procedures, protocol, and regulations related to supported employment with evidence-based and recovery-oriented principles and practices.

The following Joint Policy Statement embodies the commitment of MHA and DORS to a shared vision and common set of values with respect to evidence-based practices and systems transformation:

"We Are Agents of Change"

"We believe that recovery is possible for all individuals with mental illness and that employment is a central element in recovery. 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. Therefore, we hereby commit to the residents of Maryland that quality employment and support services for individuals with mental illness are a high priority; that service delivery will be consistent with evidence-based practices; and that ongoing examination of our policy and procedures will continue to support transformation for improved service outcomes." (Approved by MHA and DORS October 2006; revised November 2011)

Recognizing the shared responsibility to maximize resources and expand employment opportunities for individuals with mental illness in Maryland, DORS and MHA have entered into this interagency agreement, which replaces the cooperative agreement between MHA and DORS, dated June 2007. While both state agencies are committed to the dissemination and implementation of Evidence-Based Practice (EBP) in Supported Employment (SE) statewide, this agreement addresses provision of both traditional supported employment

services as well as EBP in SE. It also addresses supported employment services provided within the context of Assertive Community Treatment (ACT).

This agreement specifies the:

- I. Purpose
- II. Legal Basis
- III. Role and Responsibilities of Each Partner
- IV. Areas of Cooperation, including procedures related to planning, referrals, service provision, fiscal resources and projections, and exchange of information; and
- V. Definitions relevant to each partner.

II. Legal Basis

The coordination of programs serving individuals with disabilities and the development of cooperative agreements between these programs has the following basis in federal and/or state law:

- A. The Rehabilitation Act of 1973, as amended (PL 102-569, Workforce Investment Act and Rehabilitation Act Amendments, 1998 (PL 105-220)).
- B. Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA), as amended (PL 106-170).
- C. The Public Health Service Act, as amended by PL 102-321, Section 1912 and PL 106-321, Title V and Title XIX; the Children's Health Act of 2000 (PL 106-310), as amended; and the Patient Protection and Affordable Care Act (PL 111-148), as amended (PL 111-152)..
- D. Title XIX of the Social Security Act, Section 1396, et seq., as amended – Medicaid Program.
- E. Executive Order 13217 – Olmstead Implementation (Community-Based Alternatives for Individuals with Disabilities), signed June 19, 2001.
- F. Americans with Disabilities Act of 1990, (PL 101-336), as amended (PL 110-32).
- G. 34 CFR Parts 361 - State Vocational Rehabilitation Program; 363 – State Supported Employment Services Program, 376 – Special projects and demonstrations for

providing transitional rehabilitation services to youth with disabilities; and 380 - Special projects and demonstrations for providing supported employment services to individuals with the most severe disabilities and technical assistance projects.

- H. COMAR 13A.11.01, Programs for Adults with Disabilities, Vocational Rehabilitation Services, as amended
- I. COMAR 10.09.59, Medical Care Programs, Rehabilitation and Other Mental Health Services Authority: Health; COMAR 10.09.70, Medical Care Programs, Maryland Medicaid Managed Care Program: Specialty Mental Health System Authority: Health
- J. Health General Article Title 10, Annotated Code of Maryland, Mental Hygiene Administration Law (COMAR 10.21.16 – Community Mental Health Programs – Application and Approval Processes; 10.21.17 – Community Mental Health Programs – Definitions and Administrative Requirements; 10.21.19 – Community Mental Health Programs – Mobile Treatment Programs; 10.21.21 – Community Mental Health Programs – Psychiatric Rehabilitation Programs; 10.21.25 – Fee Schedule – Mental Health Services – Community-Based Programs and Individual Practitioners; 10.21.28 – Community Mental Health Programs –Mental Health.)

III. Role and Responsibilities of Each Partner

Division of Rehabilitation Services.

- A. **Overview.** DORS is the official State Agency which administers the vocational rehabilitation (VR) program which is an integral part of the statewide workforce investment system. The VR program provides eligible individuals with disabilities who can be served under the Order of Selection an array of employment-related services and opportunities required for the achievement of the individual’s employment goal. Services are provided consistent with the individual’s strengths, resources, priorities, concerns, abilities, capabilities and informed choice.
- B. **Functions.** DORS has established policy and procedures for individuals referred from Mental Health Vocational Programs (MHVP) and Psychiatric Rehabilitation Programs (PRPs) who are eligible for Supported Employment funded by MHA through the Public Mental Health System. This includes individuals referred by programs (1) which have adopted Evidence-Based Practice in Supported Employment, (2) which practice more “traditional” supported employment, and (3) which deliver supported employment within the context of Assertive Community Treatment (ACT) services.
- C. **Referral and Application.**

- Referral and application are completed simultaneously.
- For individuals referred for supported employment, either EBP or Traditional, DORS counselors/liaisons will use guest access into the Maryland Public Mental Health case management system which will provide immediate access to referral and application information and Core Service Agency approval for long-term funding.
- For individuals served in ACT who are referred for supported employment, the ACT program will forward hard copies of referral and application information to the DORS counselor at the time of referral.
- The initial interview shall be conducted on an individual basis at the community provider agency or mutually agreed upon location; and within two weeks of referral.

D. Eligibility/Priority

- Individuals eligible for MHA-funded supported employment (EBP, non-EBP programs and ACT) are presumed eligible for vocational rehabilitation services and are presumed to have a most significant disability.
- In instances when DORS may have concerns about a referral who has had multiple previous referrals to DORS without achieving employment, consultation with the contact persons indicated in this agreement and other DORS managers, as appropriate, will be requested to facilitate collaboration on an appropriate resolution of concerns.
- Individuals are not screened out because of substance abuse lapses. DORS counselors, along with PRP, ACT and SE staff, work with individuals to fully support a recovery lifestyle.

E. Plan Development/Services

- Development and implementation of the Individualized Plan for Employment (IPE) shall proceed expeditiously from the time of eligibility presumption, and include collaboration with PRP, ACT and SE staff working with the individual.
- DORS will facilitate the development of an IPE with eligible individuals who can be served under the Order of Selection to assist the individual in obtaining employment. Specific services to be provided by DORS based on the needs and abilities of the individual will be identified on the IPE. DORS may provide and/or coordinate services required to achieve the employment goal of the individual,

including, as appropriate:

1. Vocational Assessments
2. Vocational Counseling and Guidance
3. Medical Rehabilitation Services
4. Vocational and Other Training Services
5. Rehabilitation Technology Services
6. Supported Employment Services
7. Job-related services, including job search and placement assistance, job retention services, and follow-up services
8. Other goods and services which can reasonably be expected to benefit the individual in terms of employability, including technical assistance and consultation services related to self-employment or telecommuting.

The Mental Hygiene Administration (MHA)

- A. **Overview.** The **Mental Hygiene Administration (MHA)** has oversight authority of the Public Mental Health System (PMHS), which includes service delivery, policy development, statewide planning, resource allocation, and continuous quality improvement responsibilities. MHA funds community mental health services for Medicaid-eligible individuals and for individuals who, because of the severity of their illness and their financial need, are qualified to receive state subsidized services. For the most part, these services are provided and funded through a fee-for-service system. The mission of the Mental Hygiene Administration is to create and manage a coordinated, comprehensive, accessible, culturally sensitive, and age appropriate system of publicly funded services and supports for individuals who have psychiatric disorders and, in conjunction with stakeholders, provide treatment and rehabilitation in order to promote resiliency, health, and recovery.

The **Core Service Agencies (CSAs)** are the local mental health authorities responsible for planning, managing, and monitoring public mental health services at the local level. CSAs exist under the authority of the Secretary of the Department of Health and Mental Hygiene and also are agents of the county government, which approves their organizational structure. CSAs operate in every county of the state, to include two multi-county CSAs, one which encompasses five counties in the Mid - Eastern Shore, and one which encompasses two counties in the Lower Shore. CSAs

may be private, non-profit organizations, components of local government, or quasi-public entities.

The **Administrative Services Organization (ASO)** under contract with MHA, authorizes services, provides utilization management, management information, claims processing, and evaluation services.

B. Functions. The Public Mental Health System provides a comprehensive array of treatment, rehabilitation and support services to promote consumer resiliency, health, and recovery. These include:

1. Psychiatric inpatient treatment
2. Psychiatric partial hospitalization
3. Residential treatment
4. Residential Crisis Services
5. Outpatient mental health clinic treatment
6. Individual mental health practitioner treatment
7. Psychiatric rehabilitation
8. Residential rehabilitation
9. Supported employment
10. Supported living services
11. Mobile Treatment Services/ Assertive Community Treatment
12. Case Management Services
13. Respite
14. Mental health-related laboratory services

C. Eligibility Criteria:

Eligibility criteria may differ depending on the type of service.

Eligibility for Supported Employment in the PMHS: Eligible individuals must:

1. Carry a diagnosis of a serious and persistent mental illness, as indicated below, which is diagnosed according to the DSM IV-TR (Eligibility for Transition Age Youth, age 16-22 is not limited to diagnoses listed below):
 - Schizophrenia Spectrum Disorder (295.xx)
 - Major Affective Disorder (296.xx)
 - Other Psychotic Disorder (297.x; 298.x)
 - Borderline or Schizotypal Personality Disorder (301.83; 301.22), with the exclusion of an abnormality that is manifested only by repeated criminal or otherwise antisocial conduct,
2. And have exhibited impaired role functioning, on a continuing or intermittent basis, for at least 2 years, including the inability to maintain independent competitive employment, AND at least two or more of the following:
 - Social behavior that results in intervention by the mental health system;
 - Inability, due to cognitive disorganization, to procure financial assistance to support living in the community;
 - Severe inability to establish or maintain a personal support system; or
 - Need for assistance with basic living skills.
3. And must:
 - Express an interest in competitive employment and desire to work in the community; and
 - Desire supported employment services; and
 - Require supported employment services to chose, to obtain, to maintain, or to advance within competitive employment; and
 - Demonstrate a work history which has been non-existent, interrupted, or intermittent due to a significant psychiatric impairment; and
 - Agree to be referred to DORS. In the rare instance, when the individual refuses to be referred for DORS services, and multiple failed attempts to engage the individual in DORS services have been documented, and all other avenues to resolution of issues precluding the individual from accessing DORS services have been exhausted, a waiver of the referral requirement may be granted, with CSA approval, and supporting documentation. However, such a scenario should be viewed as an exception, not the norm.

D. Service Delivery and Referral to DORS

The Mental Health Vocational Program (MHVP) provider submits the authorization

request for SE to the CSA for review within 48 hours of the request. The DORS referral and application are completed coincident with the request for authorization of the Pre-placement or Placement Phases. Upon CSA review and approval, DORS eligibility is presumed.

The supported employment service, funded under the Public Mental Health System consists of the following reimbursable service phases:

1. Pre-placement (funded by MHA)
2. Job development (funded by DORS)
3. Placement in a competitive job (funded by MHA)
4. Intensive job coaching (usually funded by DORS; funded by MHA with CSA approval, when consumer refuses referral to DORS or official documentation from the DORS field counselor of DORS denial of service is submitted on DORS letterhead and sufficient justification exists to support the request)

AND

5. Extended Support Services (non –EBP)(funded by MHA)
6. Psychiatric Rehabilitation to Individuals in Supported Employment (non-EBP) (funded by MHA)

OR

6. Extended Support Services (EBP)(funded by MHA)
7. Clinical Coordination (EBP) (funded by MHA)

Service definitions appear in the Appendix to this document.

IV. Areas of Cooperation

A. Shared Responsibilities of MHA and DORS – Regarding EBP supported employment, traditional supported employment, and ACT services:

1. Promote the dissemination and implementation of the Evidence-Based Practice in Supported Employment service approach, and annually increase the number of individuals who receive supported employment services and achieve competitive employment.
2. Promote and actively support consumer recovery, independent living and economic self-sufficiency through the use of work as a therapeutic service intervention.
3. Maximize use of public funds of DORS and MHA by blending and braiding

resources, while ensuring complementary, non-duplicative services and fiscal accountability.

4. Promote informed consumer choice, self-determination and empowerment in the identification of competitive employment goals and objectives.
5. Promote individualized benefits counseling and advisement and the use of work incentives to maximize consumer hours worked and earned income.
6. Create efficient access to and effective delivery of SE services in accordance with the EBP in SE service approach.
7. Evaluate the effectiveness of EBP implementation based on assessment of fidelity to the EBP in SE service approach and corresponding competitive employment outcomes, inclusive of successful DORS closures.
8. Establish collaborative partnerships at the local level among DORS, the CSAs, rehabilitation and clinical providers, and the business and employer communities in order to improve the efficiency and effectiveness of the service delivery system.
9. Systematically review, analyze and evaluate administrative policy, procedures, protocol, and regulations to ensure congruence with evidence-based and recovery-oriented principles and practices and to support ongoing systems transformation.
10. Provide cross training opportunities for DORS, MHA, CSA, and ASO staff, community providers, consumers, family members, and other stakeholders and constituencies on issues of mutual concern toward the development and evolution of a more transparent, integrated, and seamless service delivery system for consumers with SMI who desire meaningful and sustaining competitive employment.
11. Participate in joint planning activities, advisory councils, and ad hoc work groups and committees of both agencies to address identified systemic issues and to facilitate integrated, interagency program and policy development in the interest of effective and efficient service delivery. Within the scope of this agreement, both parties agree that any significant policy or programmatic actions proposed by one agency that may impact on the structure, financing, and/or delivery of supported employment services, across the other or both agencies, will be subject to review and comment by the other agency prior to the execution of unilateral action.
12. Actively participate as joint members of treatment teams in the discussion and planning of EBP in SE plans with consumers.

13. Work together to develop, promote, and evaluate the effectiveness of innovative employment demonstration and pilot initiatives and collaborations designed to enhance employment opportunities for individuals with psychiatric disabilities.
14. Provide consultation and technical assistance as new Mental Health Vocational Programs (MHVP) are approved to deliver supported employment services, as Assertive Community Treatment programs are established, and as needed to existing providers.
15. Collaborate with consumer and family advocacy organizations and other agencies to develop and conduct coordinated programs for reducing stigma and promoting public understanding about the role of employment in the recovery of individuals with SMI.
16. Assure that written policies and procedures are disseminated to all agency staff, stakeholders, and constituencies interested in integrated planning and delivery of employment services to individuals with Serious Mental Illness.
17. Engage in a collaborative problem-solving and dispute resolution process when provider-specific issues are identified by one or both agencies with respect to the quality, effectiveness or efficiency of SE services delivered by MHVPs to joint consumers.
18. Collaborate to enhance the availability of appropriate services for individuals with co-occurring disabilities, including blind/vision impaired, deaf/hard of hearing and/or individuals with developmental disabilities.

B. Responsibilities/Implementation Activities of Participating Agencies

Division of Rehabilitation Services will

1. Provide service delivery, identify potential candidates for rehabilitation services, establish eligibility for services and facilitate development of an individualized plan for employment for each individual eligible for VR services, which may include supported employment.
2. Maintain a statewide network of skilled DORS psychiatric specialists assigned as liaisons to community rehabilitation programs and psychiatric rehabilitation programs to provide technical assistance and general information, and to facilitate resolution of mutual concerns. Ensure that each approved supported employment program site has at least one identified DORS liaison, and disseminate an updated list of DORS liaisons to MHA and the ASO quarterly.
3. Develop and maintain purchase of service agreements with employment service

- providers statewide.
4. Maintain a statewide data base, including information about services provided to individuals with mental illness.
 5. Conduct professional development activities to enhance the quality and effectiveness of vocational rehabilitation services.
 6. Facilitate service provision to all eligible individuals referred to DORS for vocational rehabilitation services and supported employment in an efficient and timely manner, consistent with established time lines, including through guest access into the ASO's electronic care management system for designated DORS liaisons. Ensure that designated DORS counselors/liaisons access the system at least monthly.
 7. Assist eligible individuals in exploring realistic options and making informed choices about assessments, employment goals, and types of services and service providers, consistent with federal law and regulation.
 8. In the provision of supported employment services: provide intensive level job coaching services based upon consumer need, including discrete post-employment services, as appropriate and facilitate development of extended services resources; and annually estimate the amount of funds to be expended and the projected number of individuals to be served.
 9. Except for assessment services, and for individuals who are beneficiaries of Supplemental Security Income and/or Social Security Disability Insurance, determine the financial need for services on an individual basis, consistent with state regulation. The individual or any person claiming the individual as a dependent for federal tax purposes may be required to participate in the cost of services.
 10. Ensure that supervisors and counselors working with an EBP site attend all joint trainings associated with EBP, as well as ensure attendance of the counselor and/or supervisor at joint integrated teams meetings for consumers.
 11. Assure that DORS staff is aware of and formally agree to strict confidentiality requirements regarding guest access to the Maryland Public Mental Health System's care management system.

Mental Hygiene Administration will:

12. Develop a consumer-driven service delivery system of publicly funded services and supports for individuals with mental illness and, in conjunction with stakeholders,

- provide treatment and rehabilitation in order to promote resiliency, health, and recovery.
2. Through collaboration with the University of Maryland Evidence-Based Practice Center, direct resources toward Evidence-Based Practice service approaches that provide higher quality of services in helping individuals with Serious Mental Illness to recover.
 3. Establish, interpret, and revise regulations on Mental Health Vocational Program (MHVP) services, as necessary, with DORS and stakeholder input, facilitate program and policy development consistent with regulatory requirements, and audit MHVP agencies to ensure compliance with program regulations.
 4. With Core Service Agencies, annually estimate the projected number of individuals with SMI to be served in SE.
 5. Evaluate deemed status requests of MHA-approved Mental Health Vocational Programs (MHVP). The Department of Health and Mental Hygiene's Office of Health Care Quality, Mental Health Unit will evaluate and approve MHVP programs in accordance with regulatory requirements. Notice of program approval will be forwarded to DORS.
 6. With CSAs, monitor the quality and effectiveness of supported employment services delivered by approved MHVP.
 7. Encourage the development of "best practice" models for young adults with psychiatric disabilities who are transitioning from school into post-secondary education or competitive employment.
 8. Develop a mechanism to make use of promising practices and emerging service delivery models in order to extend the collective knowledge base in psychiatric rehabilitation and recovery and guide and inform any future service implementation.
 9. Provide training and technical assistance to advocates, providers, CSAs, family members, youth and others on current developments in best practice for serving youth with emotional disabilities.
 10. Monitor CSAs regarding their performance in planning, coordinating, and evaluating services for individuals with mental illness.
 11. Provide resources within the Public Mental Health System, when available, for extended supports, as necessary, to assist consumers to sustain and advance within competitive employment, as necessary.

GLOSSARY

This listing includes definitions of common terms relevant to the participating agencies, but is not intended to be all-inclusive.

Assertive Community Treatment (ACT) means an evidence-based practice which provides intensive, mobile, assertive outreach, engagement, treatment, rehabilitation, and support services, including supported employment, by a multidisciplinary team to individuals whose mental health treatment needs have not been met by traditional outpatient treatment programs. ACT services are designed to enable the individual to achieve recovery; obtain stable, permanent housing; attain and retain competitive employment; and reduce the individual's unnecessary admissions to emergency rooms and inpatient psychiatric hospitals, and incarcerations in detention centers and jails.

Clinical Coordination (for EBP designated Programs only) means an MHA-reimbursable service phase in supported employment, which is designed to coordinate services and to integrate supported employment with mental health rehabilitation and treatment. The EBP approach dictates that the employment specialist regularly meets with and collaborates with members of a multidisciplinary treatment team, including the DORS counselor, case manager, the psychiatric rehabilitation counselor, the residential specialist, the therapist, the psychiatrist, and any other individuals who may be involved in the treatment and rehabilitation of the individual.

Competitive Employment means work in the competitive labor market that is not set aside or reserved for individuals with disabilities and that is performed on a full-time or part-time basis in an integrated setting; and for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled. A successful employment outcome for DORS consumers, consistent with the Rehabilitation Act, as amended and the federal VR regulations, requires at least 90 days of employment that is satisfactory to the consumer.

Evidence-Based Practice (EBP) means a practice, recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA) and MHA, which represents those standardized clinical or rehabilitative interventions for which clear, consistent research data derived from rigorous, scientifically controlled research experiments, across a number of practice settings, with a variety of clinical populations, demonstrate that employing such an approach improves the outcomes for recipients of the service intervention in some concrete and measurable way.

Evidence-Based Practice (EBP) in Supported Employment (SE) means an evidence-based practice which is integrated and coordinated with mental health treatment and rehabilitation and which is designed to provide individualized placement and support to assist individuals with mental illness, to attain, to maintain and to advance within

competitive community-integrated employment positions that pay at least minimum wage, are permanent, and are not set aside or reserved for individuals with disabilities.

Extended Services, Supported Employment, means ongoing support services and other appropriate services, as needed, to support and maintain an individual with a most significant disability in supported employment. Ongoing support must include, at a minimum, twice monthly face-to-face contact with the individual at the work site and one monthly contact with the individual's employer. In the event that the individual has not disclosed the presence of a disability, the employer will not be contacted and ongoing support will occur at the mutually agreed upon community-based location.

Individualized Plan for Employment (IPE) means a plan that is developed in partnership with each eligible individual with a disability and provider that is designed to identify and describe services needed to achieve the employment goal of the individual, who will provide those services, who will pay for those services, how the services will be evaluated, and when employment is expected to occur.

Integrated Setting means a setting typically found in the community in which applicants or eligible individuals interact with non-disabled individuals, other than non-disabled individuals who are providing services to them, to the same extent that non-disabled individuals in comparable positions interact with other persons.

Job Development means an interactive, individualized process taking into consideration the consumers interests, strengths and abilities that includes resume development, application completion, informational interviews, job interviews, and advocacy. Conducted primarily through face to face contact with the consumer in the community, job development includes employment counseling, support, debriefing and discussion of previous efforts to develop and adjust strategies in order to achieve employment. Includes contact with and education of employers regarding the benefits of hiring individuals with disabilities, applicable tax credits, reasonable accommodations/assistive technology, short-term on-job-training, as appropriate.

Order of Selection means a system required according to the federal Vocational Rehabilitation regulations, section 361.36 and COMAR, 13A.11.01.13, when a state does not have the resources to provide the full range of VR services to all eligible individuals. Maryland has had an order of selection since 1991. It includes three categories of severity of disability of eligible individuals: most significant disability; significant disability; and non-severe disability. DORS is required to provide services to individuals with most significant disabilities on a priority basis. Depending on resources of the agency, eligible individuals may be placed on a waiting list for services.

Placement in a Competitive Job, Supported Employment, means an MHA-reimbursable service phase in supported employment, which includes assisting the consumer in negotiating with the employer a mutually acceptable job offer and advocating for the

terms and conditions of employment in a competitive job, not agency-sponsored employment, to include any reasonable accommodations and adaptations requested by the individual.

Pre-placement Phase, Supported Employment, means an MHA-reimbursable service phase in supported employment, which includes, at a minimum, MHVP Assessment, referral to the Division of Rehabilitation Services (DORS), benefits and entitlements counseling, and discussion of the risks and benefits of disability disclosure and informed choice.

Psychiatric Rehabilitation Program (PRP) services to Individuals in Supported Employment (SE), means those psychiatric rehabilitation service interventions needed to assist the individual to develop symptom management, coping skills, and compensatory strategies to manage the individual's mental illness while on the job. The service must be provided on the job, unless the person has chosen not to disclose his or her disability to the employer, upon which occasion, the service may be performed in a mutually agreed upon community-based location, as indicated in the Individual Rehabilitation Plan (IRP) or disclosure plan.

Supported Employment means competitive employment in integrated work settings , consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals, for individuals with the most significant disabilities--

- a. (i) for whom competitive employment has not traditionally occurred; or
(ii) for whom competitive employment has been interrupted or intermittent as a result of a significant disability; and
- b. Who, because of the nature and severity of their disability, need intensive supported employment services to attain, to maintain, and to advance within competitive employment.

V. Dissemination

This agreement will be distributed to the signatories and their state level representatives. The representatives will be responsible for disseminating the document to appropriate staff. The state level representatives will plan and develop a mailing, including emailing and electronic posting, for the dissemination of the document to councils, organizations, advocacy groups and others interested in coordinated planning and delivery of employment services to individuals with mental illness.

Contact Persons:

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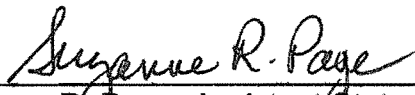
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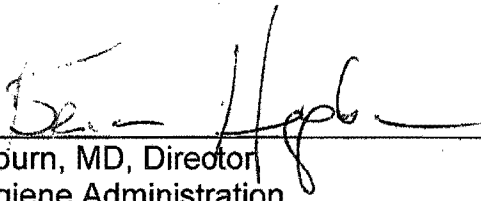
VI. Assurances and Signatures

It is agreed that each partner will identify and designate staff who will be responsible for coordinating and implementing activities specified in this Agreement.

The parties agree to review and update this Agreement as often as appropriate and to conduct a formal review every three (3) years.

In witness thereof, the parties have executed this agreement.

By 
Suzanne R. Page, Assistant State Superintendent,
in Rehabilitation Services

By 
Brian Hepburn, MD, Director
Mental Hygiene Administration