



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

The Honorable Thomas V. Mike Miller, Jr.
President of the Senate
State House H-107
Annapolis, MD 21401-1991

The Honorable Michael E. Busch
Speaker of the House
State House, H-101
Annapolis, MD 21401-1991

**Re: Report on Written Plan of Habilitation for Individuals in State Residential Centers
(HB 794 – Chapter 396 of the Acts of 2005)**

Dear President Miller and Speaker Busch:

Enclosed please find a report pursuant to House Bill 794, Developmental Disability – Written Plan of Habilitation – State Residential Centers, Health General Article § 7-1006 which passed during the 2005 Session of the General Assembly. The report summarizes the Department's efforts in ensuring that written plans of habilitation are developed for individuals residing in State Residential Centers (SRCs) and includes charts that reflect regional and statewide information collected from resource coordinators and treating professionals regarding the most integrated setting for individuals living in SRCs. In addition, the report includes a brief analysis of the information.

If you have any questions or need more information, please do not hesitate to contact Michael S. Chapman, Executive Director, Developmental Disabilities Administration at (410) 767-5600.

Sincerely,

Michael S. Chapman
Executive Director
Maryland Developmental Disabilities Administration

Cathy Raggio
Secretary
Maryland Department of Disabilities

Enclosure

cc: John M. Colmers
Renata Henry
Anne Hubbard
Diane Dressler

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Report to the Maryland General Assembly: July 2009

Written Plan of Habilitation for Individuals in State Residential Centers
Department of Health and Mental Hygiene
Maryland Department of Disabilities

Background

House Bill 794 Chapter 396, entitled *Developmental Disability – Written Plan of Habilitation – State Residential Centers*, was signed into law as Health General Title 7-1006, effective July 1, 2005. This statute requires resource coordinators to be part of the development of a Written Plan of Habilitation (WPH) for all individuals residing in State Residential Centers (SRCs). This WPH, which is developed by the individual, a resource coordinator, and a treating professional minimally on an annual basis or more often as requested, includes recommendations from both the treating professional and the resource coordinator regarding the most integrated setting appropriate for the individual to live and work; a description of the services, supports and technology needed by the individual to live and/or work in the most integrated setting; and a list of barriers preventing the individual from receiving these services, supports and technology needs in the most integrated setting. The Developmental Disabilities Administration (DDA) was required to develop the planning protocol and written format for the plan of habilitation to be used by each SRC.

Implementation and Reporting

In July 2005, the DDA formed an Advisory Committee including representatives from The Arc of Maryland, resource coordination entities, SRCs, Maryland Department of Disabilities, and the Maryland Commission on Disabilities to advise and assist with implementing the requirements of this statute. The Advisory Committee provided input into the development of regulations for implementation of the statute, the format for the WPH, data collection, staff training, and development of strategies to overcome barriers to receiving services in the most integrated setting.

A series of reports describing the progress in implementing the statute and summarizing information collected from the Written Plans of Habilitation have been provided since July 2005. A table summarizing these reports is contained in Appendix 1. The current report is the fifth submitted to the Maryland General Assembly, and the fourth to include a full 12 months of data.

Training and revisions to the WPH Information Form were completed during the March 1, 2006 to February 28, 2007 reporting period, which resulted in more consistency in reporting and significantly greater agreement between resource coordinators and treating professionals regarding most integrated setting recommendations. The current WPH Information Form¹ has been in use since June 2007.

In December 2007, the focus of the WPH Advisory Committee was broadened to include discussion of activities related to implementation of the Money Follows the Person (MFP) grant. This broadening of focus came about as a result of recognition that the interests, activities and goals of the WPH and Money Follows the Person initiatives are similar. Since that time, the Committee has been focusing on providing advice to the DDA on addressing barriers to community placement, implementation of MFP rebalancing activities and continued implementation of WPH requirements.

Findings and Analysis

The information described in this report reflects data collected for the time period of March 1, 2008 through February 28, 2009. Governor Martin O'Malley's January 9, 2008 announcement of plans to close Rosewood Center by June 30, 2009 resulted in an enhanced focus of the DDA on transition activities for the 166 individuals who were residing at Rosewood Center when the announcement was made. Given the need to develop community-based supports for the individuals who were recommended for transition to a community setting, a major focus of the DDA since January 2008 has been to create and implement transition and community living plans or other placement strategies. Information from the WPH, in conjunction with Essential Lifestyle Plans, was used to develop plans for community-based supports. Between January 1, 2008 and May 22, 2009, when the last resident transitioned from Rosewood Center, 130 individuals transitioned to a community-based setting in the Baltimore Metropolitan area; 6 individuals transitioned to community-based settings in other regions of the State; 3 individuals moved to another state to live closer to family; 4 individuals transferred to another State Residential Center in Maryland; 11 individuals with court involvement transferred to a Secure Evaluation and Therapeutic Treatment program in Sykesville, MD; 2 individuals returned to jail to stand trial and 10 individuals died prior to transition. At the time of this report, the Rosewood Center is closed.

In addition to the transition activities at Rosewood Center, there were a number of individuals at Potomac Center who moved to community living or were otherwise no longer residing at that facility during this reporting period. Two individuals who had resided at Potomac Center for more than 18 years transitioned to community living. In addition, 15 individuals who had been admitted to Potomac Center on a short-term basis due to court involvement (time periods ranging from 3 months to 15 months) transitioned to community settings. Finally, one individual was transferred to a long-term care facility (Western MD Center), one individual was transferred to a correctional facility and 3 individuals died.

During this reporting period, a WPH was completed for 195 individuals statewide [Brandenburg Center – 13; Holly Center – 91; Potomac Center – 38; and Rosewood Center – 53]. It is notable that the number of individuals for whom a WPH was developed decreased significantly during this reporting period. Decreases in the census at the Brandenburg (6 fewer), Holly (2 fewer) and Potomac Centers (15 fewer) contributed to this decrease. However, the closure of Rosewood

¹ Appendix 8

Center impacted this number most significantly due to the number of discharges and the annual WPH meeting schedule. There were 106 fewer individuals at Rosewood Center for whom a WPH was developed.

The data summarized in this report, as well as in the charts submitted as appendices, include data from both the treating professional and the resource coordinator, and represents the information contained in these Written Plans of Habilitation.

Most Integrated Setting Recommendations

The recommendation regarding the most integrated setting for an individual to receive services is based on the following:

- Review of the services, supports and technology needs of the individual
- Assessment of the types of services, supports and technology needs currently being provided in community settings
- Determination regarding whether the services, supports and technology needs of the individual could be provided in a community setting

It is important to make a distinction between making a recommendation regarding the most integrated setting based on the above considerations, and planning for community placement. In general, the most integrated setting recommendation addresses the setting where an individual could receive services that would provide the most opportunity to interact with non-disabled persons. Planning for actual community placement requires consideration of many variables, including any barriers to the placement (opposition from the individual, family and/or legal guardians, court commitment, availability of services, supports and technology needs, and availability of funding).

The State's commitment to close Rosewood Center entailed employing a number of strategies to overcome the barriers to living and working in community settings. Considerable costs are associated with the closure of an institution; both to fund the transition and placement activities and services and to maintain the operations of the facility to ensure the health and safety of the residents and to provide enhanced opportunities for community learning. Essential Lifestyle Plans, a form of person-centered planning, were developed for each individual and formed the basis for transition planning. Resource coordination services were enhanced to provide individuals and their family and friends with information about community resources. Peer-to-peer mentoring was expanded, which provided many residents of Rosewood with a personal connection to another individual who currently lives in a community setting for information and support. Family-to-family mentoring was also initiated to provide family and friends of residents with similar opportunities for support and information from parents of individuals whose loved-ones live in the community. Housing options were expanded through Housing Choice Vouchers from the Baltimore County Housing Office. Finally, DDA staff provided personal support for the families of residents to understand their needs and concerns and to ensure that these were addressed whenever possible. Through close attention to the existing barriers, 139 (84%) of the individuals residing at Rosewood Center were successfully transitioned to a community living setting that could meet their needs; and only 15 (9%) transitioned to an institution, either a State Residential Center or SETT program that could meet their needs or circumstances.

Residential Services Most Integrated Setting:

Statewide, resource coordinators recommended community as the most integrated setting for residential services for 98% (191 of 195) of the individuals; treating professionals recommended a community residential setting for 97% (190 of 195) of the individuals.² These data are very similar to the report to the Maryland General Assembly in July 2008, in which resource coordinators recommended community as the most integrated setting for residential services for 96% of the individuals (310 of 322) and treating professionals recommended community for 96% (309 of 322) of the individuals. Of the 195 individuals included in the current report, there were 190(97%) for whom both the treating professional and the resource coordinator recommended community as the most integrated setting for residential services. These 190 individuals currently reside in all regions of the State, (50 in Western Maryland, 52 in Central Maryland, and 88 on the Eastern Shore). There are, however, barriers to receiving services in a community setting for most of these individuals that will need to be addressed.

Day Services Most Integrated Setting:

Statewide, 48% (94 of 195) of the individuals included in this reporting period currently receive their day services in a community-based setting. Given that these individuals are currently receiving day services in the most integrated setting, no recommendation regarding the most integrated setting was required from the treating professional and resource coordinator. Of these 94 individuals, 43 reside in Western Maryland, 6 reside in Central Maryland, and 45 reside on the Eastern Shore.

The remaining 52% (101 of 195) receive their day services at a SRC, and therefore received a recommendation for the most integrated setting for day services from both the treating professional and the resource coordinator. It is significant to note that the number of individuals receiving day services in the State Residential Center decreased by 32 since the previous reporting period. This is largely due to the decrease in the census at Rosewood Center. During this reporting period both resource coordinators and treating professionals recommended the community as the most integrated setting for 100% (101 of 101) of these individuals.³ There continue to be barriers to receiving services in a community setting for most of these individuals that will need to be addressed before community placement can be accomplished.

Barriers to the Most Integrated Setting

Barriers are defined as obstacles preventing or inhibiting an individual from receiving services and supports in the most integrated setting appropriate to meet the individual's needs. Barriers to the most integrated setting were reported for individuals who are not currently in that setting for both residential and day services. Barriers were divided into four general categories: Community Capacity, Court Ordered Placement, Opposition, and Funding Requested but Not Currently Available. When reporting these barriers, resource coordinators and treating professionals reported more than one barrier for many individuals.

² Appendix 2: Most Integrated Setting – Residential Services – Statewide and by Center

³ Appendix 3 : Most Integrated Setting – Day Services – Statewide and by Center Where the Consumer is NOT Currently in that Setting

Barriers to Most Integrated Residential Setting:

An unduplicated count of general categories of barriers⁴ to the most integrated residential setting for the current reporting period revealed that Opposition was listed as a barrier for 75% (146 of 195) of the individuals, making this the most frequently cited barrier. This is consistent with the findings reported to the Maryland General Assembly in July 2008, in which 71% (229 of 322) of the individuals in the reporting period were noted to have opposition cited as a barrier. Opposition is defined as the individual, family member or legal guardian indicating their resistance to or disagreement with the individual leaving a SRC to move into a more integrated setting. In the current reporting period, Opposition was expressed by 10 individuals, 107 family members and 57 legal guardians.⁵ SRC staff and resource coordinators work with the individual, family member or legal guardian to educate them about options, introduce them to more integrated settings and otherwise attempt to address their concerns. The People Connections peer mentoring program through a contract with The Arc of Maryland, individuals with disabilities (self advocates) who reside in community settings have met with some of the individuals residing in State Residential Centers to provide them with information about receiving supports in community settings. These peer mentoring meetings have also provided opportunities for personal connections with individuals living in community settings. Family members at Rosewood Center were also offered an opportunity to receive family to family mentoring provided by the Friends and Family Ties mentoring program operated through a contract with Shared Supports Maryland. The DDA is currently planning to implement additional strategies to address this barrier, including development of enhanced peer mentoring services and expansion of family-to-family mentoring to the other three State Residential Centers. DDA has also contracted with staff through the Money Follows the Person Grant from CMS to work at the Brandenburg, Holly and Potomac Centers with individuals, family and guardians to address their specific concerns regarding the provision of services in community settings.

Community Capacity was cited as a barrier for 42% (82 of 195) of the individuals in this reporting period, making this the second most frequently cited general category of barriers. This is consistent with the findings reported to the Maryland General Assembly in July 2008. Citing Community Capacity as a barrier indicated that an appropriate provider or housing (i.e. affordable and/or accessible housing) has not been identified or is not currently available. Issues that can affect Community Capacity include availability of staff to meet the medical and/or behavioral support needs of individuals with complex medical and behavioral health conditions, availability of service providers who have expertise in meeting these complex needs and availability of housing resources to expand community capacity. The DDA is working to address these barriers by conducting outreach to existing community based service providers and prospective providers to create awareness of the need for specialized resources and to provide training and support to develop these resources; and by providing information regarding housing resources including opportunities for individuals to control their own housing through rental and homeownership programs. An important resource, the Bridge Subsidy Demonstration Program, successfully assisted more than 90 people with disabilities statewide by providing monthly rental assistance that bridged the gap between readiness for community living and the availability of rental assistance from Federal programs such as the Housing Choice Voucher program (formerly known as Section 8). As part of the Money Follows the Person grant, the DDA has committed an additional \$250,000 in funding for this program during FY 2010, and plans to provide this amount of funding during FY 2011, 2012 and 2013 with a goal of assisting up to 45 individuals with developmental disabilities with rental assistance.

⁴ Appendix 4: Barriers – General Category – Statewide and by Center

⁵ Appendix 5: Barriers – Statewide and by Center

When examining the subcategories within barriers statewide⁶, the three most frequently cited barriers to community residential services were: Family Opposition (107), Appropriate Provider Not Currently Available (76), and Legal Guardian Opposition (57). The first two subcategories remain consistent with the July 2008 report to the Maryland General Assembly. However, Legal Guardian Opposition occurred more frequently in this reporting period than in the period covered within the July 2008 report.

For the current reporting period, no significant regional differences were found in barriers to community as the most integrated residential setting. In the Central and Eastern Shore regions, Opposition was the most frequently cited general category barrier. In the Western Region, Community Capacity was the most frequently cited barrier. This is consistent with previous reporting periods.

It is notable that there was a 32% decrease in reported opposition to the most integrated setting during the 2009 reporting period at Rosewood Center, representing a 51% decrease in the reporting of Opposition as a barrier. The announcement of the closure of Rosewood Center may have affected the citing of this barrier as family and guardians became actively involved in planning for transition to community settings and were educated about community options. Indeed, a number of these opposing families have become family mentors through the Friends and Family Ties project.

It is also notable that Community Capacity was cited as a barrier for 81 individuals who resided at Rosewood Center during the previous reporting period. However, the successful community placement of 139 residents from Rosewood Center to community settings indicates that this is a barrier that can be overcome.

The table below represents the barriers to the most integrated residential setting expressed as percentages:

General Category Barriers to Most Integrated Residential Setting		
Region	#1 Barrier	Percent
Statewide	Opposition (146 of 195)	75%
Central	Opposition (19 of 53)	36%
Eastern Shore	Opposition (88 of 91)	97%
Western	Opposition (39 of 51)	76%

Barriers to Most Integrated Day Setting:

Barriers to receiving services in the most integrated day setting were identified for individuals from this reporting period who were not currently receiving services in the most integrated setting

⁶ Appendix 5: Barriers – Statewide and by Center

that was recommended by the resource coordinator or the treating professional⁷. Statewide, Opposition was cited as a barrier to receiving day services in the most integrated setting for 68% (69 of 101) of the individuals, making this the most frequently cited barrier. In addition, Community Capacity was cited for 42% of the individuals (43 of 101) statewide. When examining the subcategories within barriers statewide, the three most frequently cited barriers to day services in the most integrated setting were: Family Opposition (49), Provider Not Currently Identified/Available (40) and Legal Guardian Opposition (23). These findings are all consistent with the previous reporting period.

There were slight regional differences in barriers to community as the most integrated day setting. In the Central and Eastern Shore regions of Maryland, Opposition was the most frequently cited barrier to the most integrated day setting. In the Western region, Community Capacity was the most frequently cited barrier. It is notable that the number of individuals in the western region who were not receiving day services in the most integrated setting decreased from 14 to 8, a 57% decrease. Finally, Opposition was cited statewide as a barrier to placement in the most integrated setting for day services for 68% of the individuals, a decrease in percentage from 74% during the last reporting period. Again, it can be presumed that the announcement regarding the closure of Rosewood Center and related activities had an impact on this barrier.

The table below represents the barriers to the most integrated day setting expressed as percentages:

General Category Barriers to Most Integrated Day Setting		
Region	#1 Barrier	Percent
Statewide	Opposition (69 of 101)	68%
Central	Opposition (19 of 47)	40%
Eastern Shore	Opposition (47 of 47)	100%
Western	Community Capacity (3 of 8)	37%

Support and Service Needs

Resource coordinators and treating professionals listed a myriad of supports and services⁸ needed by individuals to receive residential and day services in the most integrated setting. These needs were listed regardless of availability. For reporting purposes numbers of service, support, and technology needs were listed as unduplicated numbers. Where the resource coordinator and treating professional both listed the same service, support and/or technology need, it was counted only once.

⁷ Appendices 4 and 5

⁸ Appendix 6: Support and Service Needs – Statewide and by Center

Residential Service and Support Needs:

Service and support needs are divided into seven categories: Interdisciplinary Services, Staffing Requirements, Site/Location Characteristics, Transportation, Community Integration, Legal Services and Service Characteristics. Several of the services within the Interdisciplinary Service category can be grouped into subcategories. Behavioral Health Services include psychiatric services, psychotherapy/counseling and behavior support services. Therapeutic services can be grouped into OT/PT services, speech/language pathology and nutrition/dietary services. Services within the Staffing Requirements category can also be grouped into subcategories. Staffing Requirements are largely medical in nature, which include daily physician assessment, daily physician intervention, as needed physician assessment, daily nursing assessment, daily nursing intervention, as needed nursing assessment/intervention, Certified Nursing Assistant, Certified Medication Technician and Skilled Nursing Assistant.

The table below lists the most frequently cited service and support needs within each category given the above described groupings:

Statewide Residential Service and Support Needs - Frequency of Citation				
Category	First	Second	Third	Fourth
Interdisciplinary Services	Therapeutic 421	Behavioral Health 202	Resource Coordination 190	Assistance w/ ADLs 181
Staffing Requirements	Medical 593	Awake Overnight Supervision 172	1:1 Supervision 48	n/a
Site/Location	Physical Accessibility 151	Sensory Accessibility 63	Perimeter Alarm 26	n/a
Transportation	Staff Assistance 185	Wheelchair Accessible 128	Public 13	n/a
Community Integration	Support for Relationship Building 185	Assistance w/ Family Visits 147	Mobility Skills Training 51	n/a
Legal Services	Support Making Decisions 121	Medical Surrogacy 114	Medical Guardian 102	Legal Representation 84
Service Characteristics	Alternative Living Unit 181	Community Supported Living Arrangement 11	SRC 7	Individual/Family Support Services 2

It is significant to note that 77% (151 of 195) of the individuals residing in State Residential Centers during this reporting period require physically accessible housing and 66% (128 of 195) require wheelchair accessible transportation.

Day Service and Support Needs:

Day service and support needs are also divided into the same seven categories, and have been analyzed using the groupings stated above.⁹ The table below lists the most frequently cited service and support needs within each category given these groupings.

Day Service and Support Needs – Frequency of Citation				
Category	First	Second	Third	Fourth
Interdisciplinary Services	Therapeutic 317	Resource Coordination 190	Assistance w/ ADLs 179	Behavioral Health 168
Staffing Requirements	Medical 520	1:1 Supervision 44	n/a	n/a
Site/Location	Physical Accessibility 151	Sensory Accessibility 63	Perimeter Alarm 18	n/a
Transportation	Staff Assistance 185	Wheelchair Accessible 128	Public 14	n/a
Community Integration	Support for Relationship Building 186	Mobility Skills Training 46	n/a	n/a
Legal Services	Support Making Decisions 119	Medical Surrogacy 110	Medical Guardian 95	Legal Representation 81
Service Characteristics	Day Habilitation 117	Vocational Training 57	Medical Day 46	Supported Employment 14

Technology Needs

Residential Services Technology Needs:

Technology needs are divided into two categories: Assistive Technology and Therapeutic Medical Equipment. The following table lists the most frequently cited technology needs within each category for residential settings.¹⁰

Most Frequently Cited Technology Need – Residential Services		
Category	Need	Frequency
Assistive Technology	Adaptive Mealtime Equipment	114
Therapeutic Medical Equipment	Safety Supports	139

Day Services Technology Needs:

Technology needs are divided into two categories for day services, as described above. The following table lists the most frequently cited technology needs within each category for day settings.

Most Frequently Cited Technology Need – Day Services		
Category	Need	Frequency
Assistive Technology	Adaptive Mealtime Equipment	114
Therapeutic Medical Equipment	Safety Supports	135

⁹ Appendix 6

¹⁰ Appendix 7: Technology Needs – Statewide and by Center

SUMMARY

The information described in this report reflects twelve months of data. These data are highlighted in the dashboard entitled “Written Plans of Habilitation for Individuals in State Residential Centers March 1, 2008 – February 28, 2009.”¹¹

Overall, there continues to be significant agreement between resource coordinators and treating professionals regarding the most integrated setting for both residential and day services. Statewide, both resource coordinators and treating professionals agree that the State Residential Center is the most integrated setting for 4 individuals. Statewide, there was only one individual for whom there was disagreement regarding the most integrated setting for residential services. There was no disagreement regarding the most integrated setting for day services for these individuals.

The DDA has implemented several strategies to overcome the barriers to receiving services in the most integrated setting during this reporting period.

- Three staff persons were hired on a contractual basis to assist with the implementation of the Money Follows the Person project and to assist with implementing strategies to overcome barriers to community living at the four State Residential Centers. These staff includes a Statewide Transition Coordinator and two Community Placement Specialists. During the closure of Rosewood Center, the staff focused most of their work on facilitating the transition process for the individuals residing at Rosewood. Plans for the staff include increasing their involvement at the remaining three State Residential Centers.
- Peer mentoring efforts are currently in place and plans are underway to enhance this service.
- A family mentoring program was initiated at Rosewood Center and several family members of individuals residing there participated. This program will be expanded to the other three State Residential Centers in coming months.
- Essential Lifestyle Plans (ELP), a type of person-centered planning, were developed by professional ELP facilitators for the majority of individuals who were residing at Rosewood Center when the closure of the facility was announced. These plans were critical to the development of community placement and transition plans. The ELP process was also critical to assisting individuals, family and guardians with recognizing the many strengths they or their family member have and the many opportunities for personal growth a community living situation can foster. As a result of this outcome, the DDA is developing opportunities for training facilitators in person-centered planning and for developing a person-centered plan for all of the individuals residing in the remaining three State Residential Centers. The WPH Advisory Committee recommends that the DDA utilize professional person-centered planning facilitators to begin this process while additional facilitation resources are being developed. It is also recommended that this process begin at the Potomac Center, where approximately 20 individuals will be transferred from state mental health facilities for assistance with behavioral health needs and community living skill development.
- In the spring of 2008, DDA announced an initiative to eliminate the use of restraints in its licensed programs. A Task Force has been established to provide recommendations

¹¹ Appendix 9: Dashboard Summary

for accomplishing this goal, with these recommendations due to the DDA in fall 2009. It is anticipated that the current structure for providing behavioral health services will be revised with an increased focus on positive behavior supports and trauma informed care. These efforts will increase the capacity of community settings to support individuals with challenging behavior.

- The DDA will use rebalancing funds from the Money Follows the Person grant to provide temporary rental assistance under the existing Bridge Subsidy Program for individuals who are transitioning from a SRC or who currently reside in an alternative living unit in the community and who choose to rent a place of their own. These individuals will receive a Housing Choice Voucher (Section 8) within 3 years of being enrolled in the Bridge Subsidy Program, which will provide long-term rental assistance. These individuals will be able to receive needed supports and services in their own home, allowing them to choose and change service providers without also needing to move.
- The DDA is conducting a longitudinal quality of life study for those individuals who move from a SRC to the community. The Ask Me survey was conducted for 61 individuals from Rosewood Center prior to their move to the community. This survey will be repeated at one year and two year intervals following placement. These data will be compared to overall statewide Ask Me data and to the CMS Quality of Life Survey data (a survey offered to MFP participants) and will inform the DDA on issues related to movement from institutional settings.
- The WPH Advisory Committee recommends that the resource coordinators and treating professionals focus on providing information and education opportunities to the individuals statewide who have indicated opposition to community residential placement.
- WPH Advisory Committee noted that 92 individuals residing at Brandenburg, Holly and Potomac Centers have a recommended need for speech pathology or a communication device but did not utilize communication assistance to participate in the development of their WPH. A number of factors that may have contributed to this have been discussed by the Advisory Committee. The Advisory Committee recommends that this issue be further investigated during the coming reporting period, and that changes in the WPH Information Form be made to more specifically collect information needed to address the facilitation of communication.
- The “Capacity” barrier is being addressed using a variety of strategies. Both the DDA Headquarters and Regional Offices work on an ongoing basis to provide information regarding opportunities for receiving a license to provide services in Maryland, including the western region. In addition, both resource coordinators and treating professionals have received additional training regarding the criteria required to select “Capacity” as a barrier. It was noted that “Capacity” may have been selected without specific knowledge regarding an actual lack of capacity for the individual. Staff has been requested to provide a referral for community transition to the regional office for any individual for whom “Opposition” is not an identified barrier. If, in pursuing community transition, a capacity issue is identified, the regional office would communicate this to the individual and their team. It is only at this point that “Capacity” could be selected as a barrier. Staff has also been instructed to ensure that they have received information regarding actual lack of capacity prior to selecting this as a barrier for anyone who also has “Opposition” as a barrier.

The DDA will continue to utilize the data received through this process to identify individuals who may be able to receive services in community settings, to identify the barriers that prevent individuals from receiving day and residential services in the most integrated settings and to work to alleviate these barriers.

Summary – Written Plan of Habilitation Reports

Report To	Date	Time Period	Number of WPH	Most Integrated Setting Resource Coordinator		Most Integrated Setting Treating Professional		#1 Barrier		Comments
				Residential	Day *	Residential	Day *	Residential	Day	
MD General Assembly	July 2006	3/1/06 to 5/4/06	67	Community 60 (90%) SRC 3	Community 34 (87%) SRC 0	Community 22 (33%) SRC 44	Community 7 (18%) SRC 2	Opposition 48	Opposition 25	Initial use of WPH Reporting Form (3/1/06), initial reporting for Holly Center, training for all TP and RC
MD General Assembly	July 2007	3/1/06 to 2/28/07	352	Community 325 (92%) SRC 27	Community 214 (93%) SRC 2	Community 128 (36%) SRC 224	Community 74 (32%) SRC 4	Opposition 251	Opposition 159	First full year of data
MD General Assembly	July 2008	3/1/07 to 2/29/08	322	Community 309 (96%) SRC 12 (4%)	Community 194 (100%) SRC 0	Community 308 (96%) SRC 13 (4%)	Community 194 (100%) SRC 0	Opposition 229 (71%)	Opposition 150 (77%)	Statewide training for RC and TP, use of new reporting form on 3/1/07 with Glossary of Terms
MD General Assembly	July 2009	3/1/08 to 2/28/09	195	Community 191 (98%) SRC 4	Community 100 (100%) SRC 0	Community 190 (97%) SRC 5	Community 100 (100%) SRC 0	Opposition 146 (75%)	Opposition 69 (68 %)	Rosewood closed: 139 transitioned to community 11 transferred to SETT 4 transferred to SRC 2 returned to jail to stand trial 10 died before leaving Rosewood

* Where the individual is not currently receiving services in the most integrated setting.

Most Integrated Setting 3/1/2008 through 2/28/2009

Residential Services - Statewide and by Center

STATEWIDE: 195 individuals

Most Integrated Setting - Residential

191 consumers - Resource Coordinator indicated Community

190 consumers - Treating Professional indicated Community

Most Integrated Setting - Residential

4 consumers - Resource Coordinator indicated State Residential Center

5 consumers - Treating Professional indicated State Residential Center

BY CENTER:

State Center: Brandenburg - 13 individuals

Most Integrated Setting - Residential

13 consumers - Resource Coordinator indicated Community

13 consumers - Treating Professional indicated Community

Most Integrated Setting - Residential

0 consumers - Resource Coordinator indicated State Residential Center

0 consumers - Treating Professional indicated State Residential Center

State Center: Holly - 91 individuals

Most Integrated Setting - Residential

89 consumers - Resource Coordinator indicated Community

88 consumers - Treating Professional indicated Community

Most Integrated Setting - Residential

2 consumers - Resource Coordinator indicated State Residential Center

3 consumers - Treating Professional indicated State Residential Center

Most Integrated Setting 3/1/2008 through 2/28/2009 Residential Services - Statewide and by Center

BY CENTER:

State Center: Potomac - 38 individuals

Most Integrated Setting - Residential

37 consumers - Resource Coordinator indicated Community

37 consumers - Treating Professional indicated Community

Most Integrated Setting - Residential

1 consumers - Resource Coordinator indicated State Residential Center

1 consumers - Treating Professional indicated State Residential Center

State Center: Rosewood - 53 individuals

Most Integrated Setting - Residential

52 consumers - Resource Coordinator indicated Community

52 consumers - Treating Professional indicated Community

Most Integrated Setting - Residential

1 consumers - Resource Coordinator indicated State Residential Center

1 consumers - Treating Professional indicated State Residential Center

Most Integrated Setting 3/1/2008 through 2/28/2009
Day Services - Statewide and by Center Where the Consumer is NOT Currently in that Setting

STATEWIDE: RC = 101 individuals, TP = 101 individuals

Most Integrated Setting - Day

Community Where Current Setting is SRC

101 consumers - Resource Coordinator indicated Community

101 consumers - Treating Professional indicated Community

Most Integrated Setting - Day

State Residential Center where Current Setting is Community

0 consumers - Resource Coordinator indicated State Residential Center

0 consumers - Treating Professional indicated State Residential Center

BY CENTER:

State Center: Brandenburg RC = 2 individuals , TP = 2 individuals

Most Integrated Setting - Day

Community Where Current Setting is SRC

2 consumers - Resource Coordinator indicated Community

2 consumers - Treating Professional indicated Community

Most Integrated Setting - Day

State Residential Center Where Current setting is Community

0 consumers - Resource Coordinator indicated State Residential Center

0 consumers - Treating Professional indicated State Residential Center

State Center: Holly RC = 46 individuals , TP = 46 individuals

Most Integrated Setting - Day

Community Where Current Setting is SRC

46 consumers - Resource Coordinator indicated Community

46 consumers - Treating Professional indicated Community

Most Integrated Setting - Day

State Residential Center Where Current setting is Community

0 consumers - Resource Coordinator indicated State Residential Center

0 consumers - Treating Professional indicated State Residential Center

Most Integrated Setting 3/1/2008 through 2/28/2009
Day Services - Statewide and by Center Where the Consumer is NOT Currently in that Setting

BY CENTER:

State Center: Potomac RC = 6 individuals , TP = 6 individuals

Most Integrated Setting - Day

Community Where Current Setting is SRC

6 consumers - Resource Coordinator indicated Community

6 consumers - Treating Professional indicated Community

Most Integrated Setting - Day

State Residential Center Where Current setting is Community

0 consumers - Resource Coordinator indicated State Residential Center

0 consumers - Treating Professional indicated State Residential Center

State Center: Rosewood RC = 47 individuals , TP = 47 individuals

Most Integrated Setting - Day

Community Where Current Setting is SRC

47 consumers - Resource Coordinator indicated Community

47 consumers - Treating Professional indicated Community

Most Integrated Setting - Day

State Residential Center Where Current setting is Community

0 consumers - Resource Coordinator indicated State Residential Center

0 consumers - Treating Professional indicated State Residential Center

***Barriers - General Category 3/1/2008 through 2/28/2009
Statewide and by Center***

<i>Service Type</i>	<i>Group</i>	<i>Category</i>	<i>Statewide</i>	<i>Brandenburg</i>	<i>Holly</i>	<i>Potomac</i>	<i>Rosewood</i>
Day	Barriers	Opposition	69	1	47	2	19
		Court Ordered Placement	8	0	0	0	8
		Community Capacity	43	0	14	3	26
		Funding Requested and Not Currently Available	3	0	2	0	1
Residential	Barriers	Opposition	146	10	88	29	19
		Court Ordered Placement	9	1	0	0	8
		Community Capacity	82	5	12	37	28
		Funding Requested and Not Currently Available	1	0	0	0	1

***Barriers 3/1/2008 through 2/28/2009
Statewide and by Center***

<i>Service Type</i>	<i>Group</i>	<i>Category</i>	<i>Issue</i>	<i>Statewide</i>	<i>Brandenburg</i>	<i>Holly</i>	<i>Potomac</i>	<i>Rosewood</i>
Day	Barriers Opposition		Legal Guardian	23	0	16	1	6
			Family	49	0	36	2	11
			Individual	5	0	2	0	3
		Court Ordered Placement	Yes	8	0	0	0	8
		Community Capacity	Appropriate provider not currently available	40	0	12	3	25
			Appropriate psychiatric services not identified/currently available	7	0	0	0	7
			Appropriate medical services not identified/currently available	5	0	2	1	2
		Funding Requested and Not Currently Available	Yes	2	0	1	0	1
Residential	Barriers Opposition		Legal Guardian	57	3	39	9	6
			Family	107	6	63	27	11
			Individual	10	2	2	3	3
		Court Ordered Placement	Yes	9	1	0	0	8
		Community Capacity	Appropriate provider not currently available	76	3	11	37	25
			Appropriate psychiatric services not identified/currently available	13	0	0	7	6
			Appropriate medical services not identified/currently available	38	1	1	33	3
			Appropriate housing not identified currently available	45	2	0	37	6
			Appropriate roommate not identified	40	0	0	37	3
		Funding Requested and Not Currently Available	Yes	1	0	0	0	1

Supports and Service Needs - Statewide and by Center
3/1/2008 through 2/28/2009

Category	Issue	Statewide		Brandenburg		Holly		Potomac		Rosewood	
		Day	Res	Day	Res	Day	Res	Day	Res	Day	Res
Interdisciplinary Service	Resource coordination and advocacy	190	190	11	11	86	86	38	38	55	55
	Assistance with ADLs	179	181	11	11	85	86	38	38	45	46
	Medical Services (other than routine)	104	126	4	7	63	77	15	18	22	24
	Psychiatric services	60	85	2	4	27	44	7	8	24	29
	Psychotherapy/counseling	13	20	0	3	1	2	1	1	11	14
	Behavior support services	95	97	5	5	43	44	10	10	37	38
	OT/PT (sensory stimulation, blind mobility, etc.)	142	144	11	11	67	71	33	32	31	30
	Speech Pathology	99	105	9	10	72	77	3	3	15	15
	Nutrition therapy/Dietary services	166	172	10	11	81	83	37	37	38	41
	Sign language interpreter	3	4	0	0	0	1	0	0	3	3
	Interpreter - Non-English speaking	0	0	0	0	0	0	0	0	0	0
Staffing Requirements	Daily physician assessment	2	2	0	0	1	1	0	0	1	1
	Daily physician intervention	0	1	0	0	0	1	0	0	0	0
	As needed physician assessment	174	184	2	8	86	86	38	38	48	52
	Daily nursing assessment	31	37	6	8	7	6	6	9	12	14
	Daily nursing intervention	22	31	4	5	7	13	5	6	6	7
	As needed nursing assessment/intervention	174	172	7	6	84	83	36	33	47	50
	1:1 supervision	44	48	0	0	17	19	7	9	20	20
	Certified Nursing Assistant	140	156	7	10	69	82	38	38	26	26
	Certified Medication Technician	126	161	11	11	46	77	36	37	33	36
	Skilled Nursing Assistant	25	21	0	0	13	8	1	1	11	12
	Awake overnight supervision	0	172	0	11	0	76	0	37	0	48
Site/Location Characteristics	Physical accessibility	151	151	9	9	73	73	35	35	34	34
	Sensory accessibility	63	63	4	4	40	40	1	1	18	18
	Perimeter alarm	18	26	0	1	10	13	3	5	5	7

Technology Needs - Statewide and by Center
3/1/2008 through 2/28/2009

<i>Category</i>	<i>Issue</i>	<i>Statewide</i>		<i>Brandenburg</i>		<i>Holly</i>		<i>Potomac</i>		<i>Rosewood</i>	
		Day	Res	Day	Res	Day	Res	Day	Res	Day	Res
Assistive Technology	Adaptive mealtime equipment	114	114	9	9	69	70	19	19	17	16
	Adaptive switches	77	84	4	7	62	65	5	6	6	6
	Communication device	81	81	1	1	71	72	3	2	6	6
	Braille materials	2	2	0	0	0	0	1	1	1	1
Therapeutic Medical Equipment	Safety supports	135	139	9	11	68	70	34	34	24	24
	Durable medical equipment	125	126	9	9	64	64	31	31	21	22

Developmental Disabilities Administration

WRITTEN PLAN OF HABILITATION INFORMATION FORM

1

Information about the Individual

Last Name: _____
 First Name: _____ MI _____
 Date of Birth: _____
 SSN: _____

State Residential Center: _____
 Current Day Setting: _____
 Date of latest SRC Admission: _____
 Date of Written Plan of Habilitation Mtg: _____

Form Completed by:

☐ **Resource Coordinator**
 Last Name: _____
 First Name: _____
 Agency & Office: _____
 Date Completed: _____

☐ **Treating Professional**
 Last Name: _____
 First Name: _____
 Date Completed: _____

Communication Supports Used to Facilitate Involvement of the Individual in Developing the Written Plan of Habilitation

☐ Sign Language Interpreter
☐ Braille materials
☐ Interpreter – Non-English speaking
☐ Communication device
☐ None

SUPPORTS & SERVICES NEEDED

A What is the supports and services the individual requires to live and work in the most integrated setting?

1 Category: Interdisciplinary Services

Day

a ☐ Resource coordination and advocacy
 b ☐ Assistance with ADL's
 c ☐ Medical Services (other than routine)
 d ☐ Psychiatric services
 e ☐ Psychotherapy/counseling
 f ☐ Behavior support services
 g ☐ OT/PT (sensory stimulation, blind mobility, etc.)
 h ☐ Speech Pathology
 i ☐ Nutrition Therapy/Dietary services
 j ☐ Sign Language Interpreter
 k ☐ Interpreter – Non-English speaking

Residential

aa ☐ Resource coordination and advocacy
 bb ☐ Assistance with ADL's
 cc ☐ Medical Services (other than routine)
 dd ☐ Psychiatric services
 ee ☐ Psychotherapy/counseling
 ff ☐ Behavior support services
 gg ☐ OT/PT (sensory stimulation, blind mobility, etc.)
 hh ☐ Speech Pathology
 ii ☐ Nutrition Therapy/Dietary services
 jj ☐ Sign Language Interpreter
 kk ☐ Interpreter – Non-English speaking

2 Category: Staffing Requirements

Day

a ☐ Daily physician assessment
 b ☐ Daily physician intervention
 c ☐ As needed physician assessment
 d ☐ Daily nursing assessment
 e ☐ Daily nursing intervention
 f ☐ As needed nursing assessment/intervention
 g ☐ 1:1 supervision
 h ☐ Certified Nursing Assistant
 i ☐ Certified Medication Technician
 j ☐ Skilled Nursing Assistant

Residential

aa ☐ Daily physician assessment
 bb ☐ Daily physician intervention
 cc ☐ As needed physician assessment
 dd ☐ Daily nursing assessment
 ee ☐ Daily nursing intervention
 ff ☐ As needed nursing assessment/intervention
 gg ☐ 1:1 supervision
 hh ☐ Certified Nursing Assistant
 ii ☐ Certified Medication Technician
 jj ☐ Skilled Nursing Assistant
 Kk ☐ Awake overnight supervision

3 Category: Environmental Characteristics

Day

a ☐ Physical accessibility
 b ☐ Sensory accessibility
 C ☐ Perimeter alarm

Residential

aa ☐ Physical accessibility
 bb ☐ Sensory accessibility
 cc ☐ Perimeter alarm

4 Category: Transportation

Day

a ☐ Wheelchair accessible
 b ☐ Public
 C ☐ Staff assistance

Residential

aa ☐ Wheelchair accessible
 bb ☐ Public
 cc ☐ Staff assistance

**Developmental Disabilities Administration
WRITTEN PLAN OF HABILITATION INFORMATION FORM**

2

SUPPORTS & SERVICES NEEDED (Con't)

5 Category: Community Integration

- Day**
- | | | |
|---|--------------------------|-----------------------------------|
| a | <input type="checkbox"/> | Support for relationship building |
| b | <input type="checkbox"/> | Mobility skills training |
| c | <input type="checkbox"/> | |

- Residential**
- | | | |
|----|--------------------------|-----------------------------------|
| aa | <input type="checkbox"/> | Support for relationship building |
| bb | <input type="checkbox"/> | Mobility skills training |
| cc | <input type="checkbox"/> | Assistance with family visits |

6 Category: Legal Services

- Day**
- | | | |
|---|--------------------------|--|
| a | <input type="checkbox"/> | Medical guardian |
| b | <input type="checkbox"/> | Medical surrogacy |
| c | <input type="checkbox"/> | Support making decisions (not by agency/SRC staff) |
| d | <input type="checkbox"/> | Legal representation |

- Residential**
- | | | |
|----|--------------------------|--|
| aa | <input type="checkbox"/> | Medical guardian |
| bb | <input type="checkbox"/> | Medical surrogacy |
| cc | <input type="checkbox"/> | Support making decisions (not by agency/SRC staff) |
| dd | <input type="checkbox"/> | Legal representation |

7 Category: Service Characteristics (Please check only one each for day and residential services)

- Day**
- | | | |
|---|--------------------------|------------------------|
| a | <input type="checkbox"/> | Competitive Employment |
| b | <input type="checkbox"/> | Self-employment |
| c | <input type="checkbox"/> | Supported Employment |
| d | <input type="checkbox"/> | Day Habilitation |
| e | <input type="checkbox"/> | Vocational Training |
| f | <input type="checkbox"/> | Medical Day |
| g | <input type="checkbox"/> | Psychosocial |
| h | <input type="checkbox"/> | Volunteer |
| i | <input type="checkbox"/> | Senior program |
| j | <input type="checkbox"/> | Retirement |

- Residential**
- | | | |
|----|--------------------------|--|
| aa | <input type="checkbox"/> | Alternative Living Unit |
| bb | <input type="checkbox"/> | Community Supported Living Arrangement |
| cc | <input type="checkbox"/> | Individual/Family Support Services |
| dd | <input type="checkbox"/> | Individualized Family Care |
| ee | <input type="checkbox"/> | SRC |

TECHNOLOGY NEEDS

B What technology does the individual need to live and work in the most integrated setting?

1 Category: Assistive Technology

- Day**
- | | | |
|---|--------------------------|-----------------------------|
| a | <input type="checkbox"/> | Adaptive mealtime equipment |
| b | <input type="checkbox"/> | Adaptive switches |
| c | <input type="checkbox"/> | Communication device |
| d | <input type="checkbox"/> | Braille materials |

- Residential**
- | | | |
|----|--------------------------|-----------------------------|
| aa | <input type="checkbox"/> | Adaptive mealtime equipment |
| bb | <input type="checkbox"/> | Adaptive switches |
| cc | <input type="checkbox"/> | Communication device |
| dd | <input type="checkbox"/> | Braille materials |

2 Category: Therapeutic Medical Equipment

- Day**
- | | | |
|---|--------------------------|---------------------------|
| a | <input type="checkbox"/> | Safety supports |
| b | <input type="checkbox"/> | Durable medical equipment |

- Residential**
- | | | |
|----|--------------------------|---------------------------|
| aa | <input type="checkbox"/> | Safety supports |
| bb | <input type="checkbox"/> | Durable medical equipment |

3 Category: None (the individual has no technology needs)

- Day**
- | | |
|---|--------------------------|
| a | <input type="checkbox"/> |
|---|--------------------------|

- Residential**
- | | |
|----|--------------------------|
| aa | <input type="checkbox"/> |
|----|--------------------------|

Most Integrated Setting

C Based on the individual's service, support and technology needs, what is the most integrated setting for this individual? (Please answer this question without regard to barriers.)

- Day**
- | | | |
|---|--------------------------|-----------|
| a | <input type="checkbox"/> | SRC |
| b | <input type="checkbox"/> | Community |

- Residential**
- | | | |
|---|--------------------------|-----------|
| a | <input type="checkbox"/> | SRC |
| b | <input type="checkbox"/> | Community |

If the SRC is determined to be the Most Integrated Setting, in the text box below please briefly indicate the primary reason the individual's support, service and/or technology needs cannot be met in a community setting. Please do not indicate barriers to community placement in this section.

Developmental Disabilities Administration
WRITTEN PLAN OF HABILITATION INFORMATION FORM

3

BARRIERS TO MOST INTEGRATED SETTING

D Are there any barriers to placement in the most integrated setting?

Day

a ☐ Yes ☐ No (do not complete this section)

Residential

aa ☐ Yes ☐ No (do not complete this section)

1 Category: Opposition

Day

a ☐ Legal Guardian
b ☐ Family
c ☐ Individual

Residential

aa ☐ Legal Guardian
bb ☐ Family
cc ☐ Individual

2 Category: Court Ordered Placement

Day

a ☐ Yes

Residential

aa ☐ Yes

3 Category: Community Capacity

Day

a ☐ Appropriate provider not identified/currently available
b ☐ Appropriate psychiatric services not identified/currently available
c ☐ Appropriate medical services not identified/currently available

Residential

aa ☐ Appropriate provider not currently available
bb ☐ Appropriate psychiatric services not identified/currently available
cc ☐ Appropriate medical services not identified/currently available
dd ☐ Appropriate housing not identified currently available
ee ☐ Appropriate roommate not identified

4 Category: Funding Requested and Not Currently Available

Day

a ☐ Yes

Residential

aa ☐ Yes

PLAN TO OVERCOME BARRIERS TO MOST INTEGRATED SETTING

E What plans have been made to overcome the barriers indicated in Section D of this form?

1 Category: Opposition

Day

a ☐ Provide information about community options
b ☐ Arrange for visit to community programs
c ☐ Arrange contact with individual receiving the service
d ☐ Arrange contact with family of individual receiving the service

Residential

aa ☐ Provide information about community options
bb ☐ Arrange for visit to community programs
cc ☐ Arrange contact with individual receiving the service
dd ☐ Arrange contact with family of individual receiving the service

2 Category: Court Ordered Placement

Day

a ☐ Request Conditional Release from the Court
b ☐ Provide Court information about community options

Residential

aa ☐ Request Conditional Release from the Court
bb ☐ Provide Court information about community options

3 Category: Community Capacity

Day

a ☐ Work with Regional Office to identify/develop appropriate provider
b ☐ Work with Regional Office to identify/develop psychiatric service needs
c ☐ Work w/Regional Office to identify/develop medical service

Residential

aa ☐ Work with Regional Office to identify/develop appropriate provider
bb ☐ Work with Regional Office to identify/develop psychiatric service needs
cc ☐ Work w/Regional Office to identify/develop medical service
dd ☐ Work with Regional Office to identify/develop appropriate housing
ee ☐ Work with Regional Office to identify roommate

4 Category: Funding Requested and Not Currently Available

Day

a ☐ Ensure request remains current

Residential

aa ☐ Ensure request remains current

Written Plans of Habilitation for Individuals in State Residential Centers

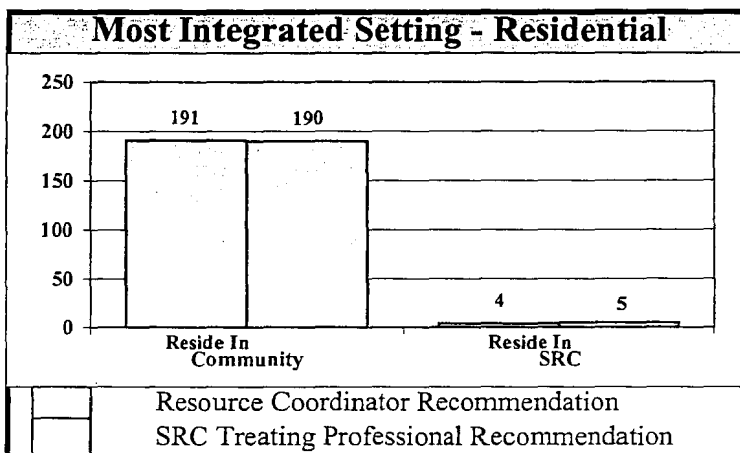
March 1, 2008 - February 28, 2009

State Residential Center - 195 WPH	
Brandenburg	13
Holly	91
Potomac	38
Rosewood	53

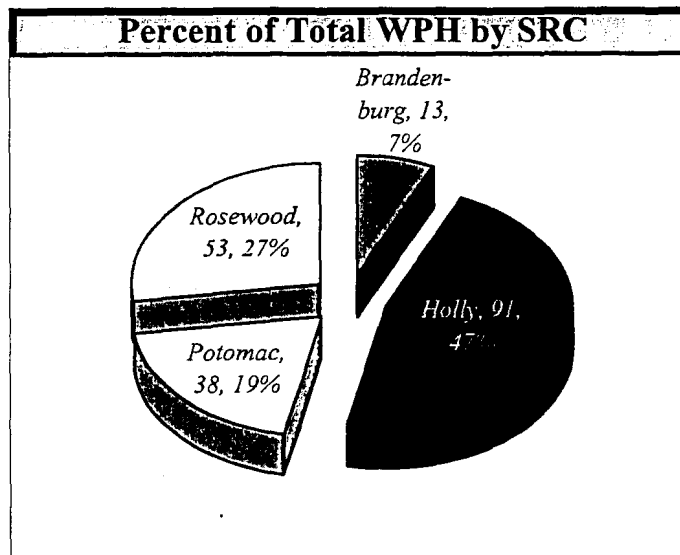
Barrier General Categories - Residential	
Opposition	146
Community Capacity	82
Court Ordered Placement	9

Barrier General Categories - Day	
Opposition	69
Community Capacity	43
Court Ordered Placement	8

Note: More than one barrier could be reported for each individual.

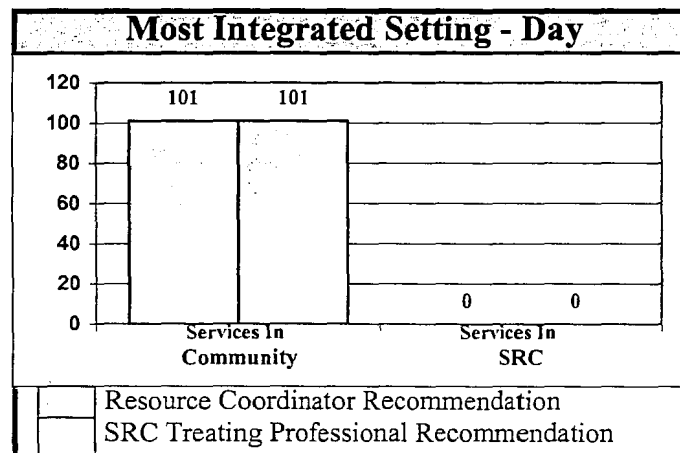


Note: SRC refers to a State Residential Center.



Total number of WPH = 195

Note: SRC = State Residential Center



Notes: Recommendation for day services is for those not currently in that setting. SRC refers to a State Residential Center

Most Frequent Support/Service and Technology Needs			
Residential Service		Day Service	
Medical Services	593	Medical Services	520
Therapeutic Services	421	Therapeutic Services	317
Behavioral Health	202	Resource Coordination	190
Resource Coordination	190	Support - Relationship Building	185
Residential Technology		Day Technology	
Safety Supports	139	Safety Supports	135
Durable Medical Equipment	126	Durable Medical Equipment	125
Adaptive Mealtime Equipment	114	Adaptive Mealtime Equipment	114
Adaptive Switches	84	Communication Device	81

Notes: Data reflects discrete numbers of services and technology needs. Where the Resource Coordinator and Treating Professional both listed the same service and/or technology need for a consumer, this service or technology need was listed once.