

Annual State Progress Analysis

2011

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*"Advancing the rights and interests of
people with disabilities."*

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ANNUAL STATE PROGRESS ANALYSIS

I. EXECUTIVE SUMMARY

The Maryland State Disabilities Plan is the blueprint for disability support services in Maryland. Citizens with disabilities and their families, advocates, and other stakeholders can access it at anytime and assess Maryland's progress and plans for the future. The accomplishments and on-going efforts of Maryland's state agencies is reflected in this report. The Maryland Department of Disabilities' goal is to advance the rights and interests of people with disabilities – so they can be among other Marylanders who are valued and respected and have the knowledge, opportunity, and power to make a difference in their lives and the lives of others.

The Annual State Progress Analysis is published annually to inform Marylanders of the accomplishments made in the prior year (see Section II) and to identify areas where there is opportunity for improvement and growth. The State Disabilities Plan is divided into nine domains which place emphasis on critical areas for all citizens.

The Maryland Department of Disabilities (MDOD) has partnered with consumers, families, providers, and State agency staff to modify the State Disabilities Plan for 2009 to reflect the needs of Maryland citizens with disabilities. MDOD is currently working with its partner agencies and other stakeholders to complete the 2012 version of the plan. As of this report, draft goals have been developed and shared with the Interagency Disabilities Board. Input for the 2012 State Disabilities Plan has included meetings with various stakeholder groups that include and represent people with disabilities. In conjunction with the Maryland Commission on Disabilities, the Department has also hosted Listening Posts in five geographic regions across the State. Section III presents 2011 Strategies and their year-to-date status as well as whether the goal or strategy is expected to be considered for inclusion in the 2012 plan. While we recognize Maryland has made significant progress towards meeting the needs of people with disabilities, there remain critical areas in which we must do better. This report provides highlights in the following domains:

- **EMPLOYMENT AND TRAINING**
- **TRANSPORTATION**
- **COMMUNITY LIVING**
- **HOUSING**
- **EDUCATION**
- **CHILDREN AND FAMILY SUPPORT SERVICES**
- **TECHNOLOGY**
- **HEALTH AND BEHAVIORAL HEALTH**
- **EMERGENCY PREPAREDNESS**

II. FISCAL YEAR 2011 ACCOMPLISHMENTS

EMPLOYMENT AND TRAINING

VISION:

Marylanders with disabilities will have a variety of meaningful employment and training opportunities, the incentive to work, and will choose and control the individualized services that support their diverse careers in integrated settings.

ACCOMPLISHMENT HIGHLIGHTS:

- In collaboration with DBM, DORS and hosting state agencies, a total of thirty-two Quest Interns were placed in opportunities throughout State Government.
- DORS helped move over 1,000 people from public benefits to employment in the past year. These new employees added \$35.2 million to Maryland's economy in 2010.
- Participated in DLLR's Tax Credit Workgroup that submitted a final report and recommendations to Senator Currie
- With the Maryland Higher Education Commission, facilitated passage of an enhanced Community College Tuition Waiver for people receiving Supplemental Security Income.
- Developed and created tools and resources for DBED, DORS and One-Stop Business Services (LWIA's and DLLR)
- MDOD and agency partners continued Community Service Provider Open House Event series including: 5 events at One-Stop Career Centers on the Upper Shore, Baltimore City, Waldorf, Bel Air and Largo.
- Universal Design Technical Assistance delivered to five local workforce investment areas: Baltimore County, Lower Shore, Montgomery County, Prince George's County, and Southern MD
- Creation of Disability Workforce Consortium as part of broader Mid-Atlantic Regional workforce Consortium. Addendum to existing MOU was signed by the Disability Leaders and Labor Leaders from DC, MD and VA.

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- Developed and implemented an Ignite presentation for 300 attendees of Maryland Economic Development Association conference.
 - Hosted a follow up meeting of representatives of Specialisterne Denmark and began Maryland feasibility study for replication to address employment for individuals on the Autism Spectrum.

Medicaid Infrastructure Grant Highlights:

- Maryland continued as the part of the national leadership team for the nationwide marketing campaign targeting employers titled “Think Beyond the Label”. Also coordinated a regional and statewide campaign in October 2010.
- Funded an Employment Data analysis for DDA through the University of Baltimore and continued to take a leadership role in Employment First planning efforts.
- Continued funding DDA’s participation in the State Employment Leadership Network (SELN), a multi-state collaborative project committed to improving the employment outcomes of adolescents and adults with developmental disabilities.
- Hosted a Healthcare Reform Summit attended by nearly 100 individuals, focusing on the impact of the Affordable Care Act on employment for individuals with disabilities.
- Obtained federal funding for Medicaid Infrastructure Grant of \$750,000 for final year. Assisted in development of 5 additional federal grants. One was not funded, two are pending determination and one was successfully awarded to MHEC.
- Developed and created the Maryland Work Matters website, a one stop portal for employers interested and engaged in hiring individuals with disabilities. Website was a collaborative project of the MDOD, DLLR, DBED and DORS. It includes information about the Business Case, innovative strategies and best practices, hiring and recruitment resources, and other useful resources and tools regarding employing individuals with disabilities. www.mdworkmatters.org
- MDOD created 30 Second Training Series for Employers: 18 part series of training modules for employers covering topics including the business

case, ADA, hiring, and reasonable accommodations at www.mdworkmatters.org

- Marketed and conducted Essential Workplace Skills webinars which are archived through www.mdeid.org
- Delivered 32 EID trainings and conducted outreach to over 70 organizations.
- Assisted in the completion of 709 new EID applications and 125 redetermination applications. (Total enrollment of 621 as of 7-31-11).
- MDOD created a state benefits certification process as a wrap around to the SSA certification. Certified eight counselors, (28 others are still pursuing certification); and delivered training and technical assistance to thirty benefits counselors. Training included state-specific benefits, residential program fees, private insurance and asset development.
- MDOD and agency partners continued the No Spare Marylander Workshop series- in October 2010- including 25 transitioning youth at Overlea High School in Baltimore County. A resource fair component included both students and family members.

TRANSPORTATION

VISION:

To create an array of reliable, cost-effective transportation options, enabling transportation patrons with disabilities to gain access to destinations of their choosing at the same rate as their peers without disabilities.

ACCOMPLISHMENT HIGHLIGHTS:

- MTA improved paratransit performance in the Baltimore area over the past five years by nearly 20%. Progress has continued through 2011.
- MTA and WMATA achieved a routine on-time performance in paratransit above 90%.
- MTA infused a philosophy of “*Nothing about me, without me*” by routinely involving people with disabilities in problem solving - resulting in a 30% increase in consumer satisfaction in the paratransit system.
- MDOT improved training of personnel by hiring people with disabilities to provide the training to drivers, managers, call center personnel and others.
- MTA infused upgraded communications technology throughout the system resulting in greater efficiencies and customer satisfaction.
- Brought the Maryland Transit Administration’s (MTA) operations into compliance with the Americans with Disabilities Act (ADA) standards – 100% of vehicles and ticket machines are accessible.
- Accessible ticket machines at Metro and MARC stations and Light Rail locations are quality tested by individuals with disabilities.
- MDOD worked with MTA to facilitate changes to the Taxi Access Program in the Baltimore metropolitan area which provides over one thousand rides every day through private contracts with seventeen Maryland companies. Taxi Access II is more cost effective than its predecessor, while remaining the most patron-favorable such program in the nation.
- Taxi Access pilot program in the Baltimore Metro Region for people undergoing kidney dialysis is being expanded to include additional dialysis centers.
- Beginning in April 2010, MTA initiated origin to destination, or “door to door” paratransit service, which is being further refined to enhance consumer satisfaction and efficiency.

- MTA and WMATA initiated expanded travel training and fixed route system orientation for paratransit patrons, prospective paratransit patrons, and other prospective passengers with a range of disabilities, in order that passengers with disabilities have an enhanced array of transportation options.
- Survey results from October 2009 to 28 February 2011 indicate that 59.5% of MetroAccess customers who have participated in travel training report decreased dependence on paratransit.
- MTA's "Mystery Rider" program for fixed route service now includes accessibility among the factors to be examined and reported on.

COMMUNITY LIVING

VISION:

Individuals with long-term support and service needs will have access to a wide range of options in their own community and will be served in the most integrated setting appropriate to their needs.

ACCOMPLISHMENT HIGHLIGHTS:

- The Governor signed the Lorraine Sheehan Act (Senate Bill 994) to provide an additional \$15 million in funding for a waiting list initiative of the Developmental Disabilities Administration and other community-based services.
- Work surrounding the Money Follows the Person Demonstration Project continued throughout the State. Since the implementation of the demonstration, a total of 934 individuals have transitioned out of institutions through the end of June 2011.
- Through a Memorandum of Understanding with DHMH, MDOD continued to provide peer outreach to nursing facility residents in 12 Maryland counties (2 regions-Eastern and Northern) to discuss community living options. Since beginning the project, a total of 6819 residents in the Northern region and 1962 residents in the Eastern region were referred for outreach and peers have attempted or completed contacts with 99.86% of the referred residents across both regions. MDOD will be managing peer support contracts statewide beginning January 2012.
- The statewide Autism Commission, established in 2009, issued its interim report to the Governor and General Assembly on August 15, 2011. The report included a summary of the activities of the Commission and its seven workgroups as well as preliminary findings and next steps. The final report is due by September 30, 2012.
- MDOD's Attendant Care Program (ACP) expanded access through regulatory revisions that permit family members (other than a spouse) to be personal assistance providers and increased the age of an eligible participant to older than 64 years if initial eligibility established prior to the individual's 65 birthday. The Program conducted its first participant satisfaction survey and had a 57% response rate. Ninety-six participants reported being satisfied with the program and 97% of respondents stated

that the ACP helped them go to work, school, or avoid nursing facility placement.

- Medicaid's Long-Term Payment Advisory Committee (LPAC) and Long-Term Services and Supports Reform Workgroup met throughout the year to make recommendations to DHMH regarding revising payment methodologies for LTC services as well as to identify reform strategies for balancing Maryland's service delivery system.
- DDA continued annual assessment of residents of State Residential Centers to identify and define individual service needs and evaluate whether individuals are receiving supports in the most appropriate integrated setting.
- DDA conducted a comprehensive review of the individuals on the waiting list to ensure that the individuals remained eligible and in need of DDA services and/or supports. As a result of this review, DDA categorized individuals accordingly:
 - 5,547 individuals were found to be already in service;
 - 721 were moved off of the waiting list into service;
 - 6,607 are currently in the implementation and validation process; and
 - 6,159 were placed in the appropriate priority category.
- DDA held several public meetings across the state to address Resource Coordination that included people with disabilities, families, advocates, and other stakeholders.
- In collaboration with DHMH, continued to convene a committee of individuals with Traumatic Brain Injury and family members and worked to identify priority areas and preliminary data on Traumatic Brain Injury.

HOUSING

VISION:

People with disabilities will have a full array of housing options similar to their non-disabled peers. People with disabilities will have access to affordable, accessible housing in their communities with linkages to appropriate support services.

ACCOMPLISHMENT HIGHLIGHTS:

- MDOD coordinated efforts with DHCD and DHMH to implement a state-private partnership with the Harry and Jeannette Weinberg Foundation to provide low-income housing for people with disabilities. The partnership is the first of its kind in the nation and is one of the many innovative strategies the State is pursuing to increase affordable housing for those who rely on SSI and SSDI as their sole source of income.
- Legislation (HB 437) was enacted requiring home builders to offer minimum visitability features as an option for purchase at the time they are offering new homes for sale in a subdivision.
- Convened the Statewide Housing Taskforce in response to the notice of funding availability under HUD's Section 811 Housing for Persons with Disabilities Program. The Taskforce is coordinating the State's application for Sec. 811 funds and to develop the infrastructure necessary to enhance our ability to bring these funds to Maryland.
- Maryland obtained 260 Category I and 112 Category II vouchers from HUD totaling \$3.9 million dollars. Category I vouchers are set aside for non-elderly individuals with disabilities to remain in their communities. Category II vouchers are designated for non-elderly people with disabilities who wish to transition from nursing facilities and other institutional settings. Of note, Maryland received 11.8% of the total number of Category II vouchers awarded nationally through this program.

EDUCATION

VISION:

Youth with disabilities will receive a free, high-quality public education in the least restrictive environment and emerge prepared and able to access employment or higher education. All youth with disabilities will have the necessary services and accommodations to succeed and experience a successful transition to post-secondary education or employment.

ACCOMPLISHMENT HIGHLIGHTS:

- The percentage of students with disabilities being educated in general education settings (LRE A-with general education peers 80% of the time or more) increased to 66% from 56%.
- The percentage of students exiting high school with a diploma increased 4% while the dropout rate for students with disabilities fell from 14.6% to 13.7%.
- The Maryland Department of Disabilities, Maryland Higher Education Commission, and Prince George's Community College held the 2nd *Statewide Forum for Students with Learning Disabilities*. Over 60 parents and transition age youth with learning disabilities who plan to attend community colleges participated.
- The Children's Cabinet revised the Maryland's Results for Child Well-Being which will now include bullying as a new indicator under Theme 2, Result 4: Education – School Success.
- The Maryland Seamless Transition Collaborative (MSTC), administered by the Maryland State Department of Education (DORS), approved the 11th and final site for funding: Somerset County. As of August, 2011 MSTC had served 281 of the 400 students projected to be served by the grants completion in 2012.

CHILDREN AND FAMILY SUPPORT SERVICES

VISION:

Maryland is a state where caregivers, children with disabilities and their families will have equal access to an integrated support system that is self-directed, responsive, flexible and available.

ACCOMPLISHMENT HIGHLIGHTS:

- Maintained State funding for Maryland Infants and Toddlers Program at \$10.4 million dollars.
- MSDE continues to implement an integrated Individual Family Service Plan (IFSP) option for children from birth to age five with federal stimulus funding through November 30, 2011.
- Supported successful legislation creating Local Care Teams in each jurisdiction to align Maryland's service delivery system with system of care values set forth in the Child and Family Services Interagency Strategic Plan and current practices in Maryland. The legislation will now provide families the option to self-refer for services without a lead agency.
- Through the work of the Children's Cabinet, three Care Management Entities (CMEs) served over 400 children and youth throughout the state. Youth are served through DHR, DJS or MHA's RTC Waiver funding with intensive services available in the community for up to two years.
- On October 1, 2010, a new transitioning youth website was established to provide information to students and families with disabilities in key areas such as post-secondary education, employment and access to health care and other support services. (www.mdtransition.org)
- A new quarterly Transitioning Youth Newsletter was created for students, families and professions highlighting transition planning information and programs available to transition age youth with disabilities.
- The Department of Human Resources-Social Services Administration (SSA) and the Department of Health and Mental Hygiene-Developmental Disabilities Administration (DDA) created a Memorandum of Understanding to ensure services are provided in a timely and efficient manner to youth with developmental disabilities in DHR's custody that are determined eligible for services from DDA.
- A new fact sheet for families was developed for transition age youth with disabilities and their families. The fact sheet: *Tips for Families* includes transition planning tips for families and a self advocacy practice guide for youth.

- Through the Governor's Interagency Transition Council's for Youth with Disabilities' (IATC) Strategic Plan approved in April 2010, a parent survey was released in June 2011. The survey is designed to capture information on the transition planning process of youth who exited high school in 2010 with an Individual Education Plan (IEP) or 504 Plan. The IATC will compile the survey results in the fall of 2011.

TECHNOLOGY

VISION:

Maryland citizens with disabilities will access State services and employment opportunities through the use of assistive technology and accessible information technology. People with disabilities will have increased options for assistive technology acquisition that is both accessible and affordable.

ACCOMPLISHMENT HIGHLIGHTS:

- The Assistive Technology Loan Program which provides people with low interest loans to purchase assistive technology or for home modifications approved 60 additional loans during FY 2011 and manages 148 open loans for these purposes.
- MD TAP helped Marylanders with disabilities acquire the technology they need to take advantage of home-based employment opportunities. From FFY09 to FFY10, the WorkABILITY Loan Program more than quadrupled the number of approved employment loans, supporting a larger number of Marylanders with disabilities in gaining and maintaining employment-related technology.
- From FFY09 to FFY10, Marylanders saved over \$56,000 in device exchanges via the Equipment Link assistive technology equipment reuse website.
- MD TAP partnered with the Department of Information Technology and the National Federation of the Blind to host the second conference to help teach State IT professionals about the technical aspects of accessible web design
- MD TAP is also facilitating ongoing web accessibility technical assistance via email and electronic newsletters to over 300 state agency IT staff, state contractors, and other recipients.
- Implemented the use of social media (Twitter and Facebook) and online marketing tools to inexpensively market the programs and services of MDTAP and share relevant, timely information with consumers, constituents, and providers. These tools have expanded outreach contacts to nearly 1000 individuals per month.
- Increased the number of participating vendors providing discounts on products through the Maryland Assistive Technology Co-op to total 102 options for providing affordable technology for people with disabilities.

HEALTH AND BEHAVIORAL HEALTH

VISION:

Maryland envisions that all citizens with disabilities have access to a system of high quality health care, including behavioral health services and supports. Maryland ensures that, within the health care system, people with disabilities are treated with dignity and respect and are protected from abuse, neglect, or other harm.

ACCOMPLISHMENT HIGHLIGHTS:

Adults

- The Governor included fifteen million dollars in the Supplemental Budget for the Mental Hygiene Administration (MHA) across FY 2011 and FY 2012.
- The Department of Health and Mental Hygiene, in collaboration with other agencies, will continue to provide behavioral health services coordination for veterans. (The services had been set to sunset May 31, 2011.)
- Maryland was one of the highest ranking states in SOAR success. "SOAR (SSI/SSDI Outreach, Access, and Recovery) is a strategy that helps states to increase access to healthcare among people receiving Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) benefits. Maryland exceeds the national average by 30 days. Maryland has been chosen to make a presentation on their SOAR program to the National Health Care for the Homeless Conference in Washington, D.C.
- In this fourth and final year of the Mental Health Transformation State Incentive Grant (MHT-SIG), MHA in collaboration with On Our Own of Maryland, incorporated Wellness and Recovery Action Plan (WRAP) into all Wellness and Recovery Centers (consumer-run centers) as part of ongoing efforts to increase the wellness and recovery orientation, enhance peer support activities, and utilize best practices within the consumer movement. Wellness and Recovery Centers are now operational in every area of the state. Support for the continuation of WRAP use is provided through a statewide WRAP coordinator position at OOOMD.
- MHA also supported consumer initiatives including Consumer Quality Teams (CQT) and adult and child leadership institutes reflecting the State's continued commitment to increase the availability of consumer and family-operated support services. The C Q T continues to conduct

unannounced visits to mental health service providers. In FY 2010, the CQT conducted visits to Psychiatric Rehabilitation Programs (PRP's) in 16 jurisdictions, up from 10 in FY 2009. The CQT conducted 180 site visits, interviewing more than 1,000 consumers.

- MHA's collaborative work with the Division of Rehabilitation Services (DORS) has increased the number of consumers employed through multiple strategies including evidence-based practices in supported employment. Several innovative strategies in the State Plan support this State priority as does Maryland's promotion of Ticket to Work and Employed Individuals with Disabilities (EID) programs.

Children & Adolescents

- House Bill 858 was signed into law after the General Assembly Session. The law mandates that schools must follow certain procedures when it comes to the risk of a youth athlete getting a concussion.
- The Governor's Office for Children to develop a plan for implementation of certification of Residential Child and Youth Care Practitioners. This report was issued on September 22, 2011.

EMERGENCY PREPAREDNESS

VISION:

People with disabilities and other special needs will be prepared for any natural or man-made disaster or emergency, and emergency personnel, employers, and others will be prepared to effectively address all major issues related to individuals with disabilities and other special needs during any disaster or emergency.

ACCOMPLISHMENT HIGHLIGHTS:

- Constituent Services staff continued to distribute “Path to Readiness Guide” and “Path to Readiness Assistant’s Guide.” These guides were developed with Urban Area Sheltering Initiative funds to be used primarily by individuals with disabilities and other special needs, including the elderly who are living independently with minimal or no supports from provider organizations.
- MDOD continued to partner with MEMA, DHR and DHMH to plan for the needs of individuals with disabilities in Sheltering (Emergency Support Function 6) and Special Health Care Needs (Emergency Support Function 8).
- MDOD facilitated planning with DHR, DHMH, MEMA, DGS, and the American Red Cross regarding changes in federal guidance surrounding Functional Needs Sheltering.
- MDOD collaborated with MEMA, DHR, DHMH, the Governor’s Office of the Deaf and Hard of Hearing and Local Emergency management staff during the series of weather events in the Fall of 2011 to determine level of disability related constituent concerns. Specific needs identified included accessible communication, evacuation of nursing facilities, and prescription medication access.

REDUCED STAFFING IMPACT:

OVER THE PAST THREE FISCAL YEARS, GRANT FUNDING FOR STAFF TO ENGAGE IN POLICY LEADERSHIP AND PLANNING HAS RESULTED IN REDUCED PRESENCE FOR THE DEPARTMENT IN THIS POLICY AREA. A TOTAL OF 2.0 FTE WERE LOST DUE TO FISCAL CONSTRAINTS.

III. FISCAL YEAR 2011 STATE PLAN YEAR-TO-DATE STATUS REPORT UPDATES

EMPLOYMENT AND TRAINING	
VISION: Marylanders with disabilities will have a variety of meaningful employment and training opportunities, the incentive to work, and will choose and control the individualized services that support their diverse careers in integrated settings.	
Goal 1: Leverage workforce and economic development activities that will increase availability of livable communities and employment opportunities for Marylanders with disabilities as it relates to BRAC.	Goal Completed will not be included in 2012 Plan.
STRATEGIES	STATUS
1.1 Continue work with partner agencies to implement NTAR Action Plan. Responsible Unit(s): MDOD, DHCD, MDOT, DLLR, GWIB,	Grant Activities Completed.
1.2 Create a BRAC specific section of the website to highlight results of NTAR partnership. Responsible Unit(s): MDOD	Grant Activities Completed.
1.3 Ensure economic development plans include accessible affordable housing, and transportation. Responsible Unit(s): MDOD, MDOT, DHCD	Ongoing within other domains in the 2012 Plan.
1.4 Increase economic self sufficiency of employed individuals with disabilities through programs and services such as benefits counseling, Medicaid Buy In (EID), Bridge Subsidy, Guaranteed Low Interest Loans and other related asset development activities. Responsible Unit(s): MDOD, DHR, DORS, GOC	Ongoing within other domains in the 2012 Plan.

P R O G R E S S A N A L Y S I S :
M A R Y L A N D S T A T E D I S A B I L I T I E S P L A N

Goal 2: Increase awareness and availability of quality work incentives counseling and other resources to support individuals with disabilities in achieving their employment goals.		Goal will continue within the context of sustainability plan.
STRATEGIES:		STATUS
2.1	MDOD will provide outreach concerning the Employed Individuals with Disabilities Program and other work incentives to a minimum of forty organizations per year. Responsible Unit(s): MDOD	Ongoing through July 2012.
2.2	MDOD will assist a minimum of 500 individuals per year in completing their EID applications resulting in at least 350 individuals being enrolled in the EID. Responsible Unit(s): MDOD	Ongoing
2.3	MDOD will assist DORS to create a system in which DORS funds benefits counseling on a fee-for-service basis to increase the availability of this service to Marylanders with disabilities statewide. Responsible Units: MDOD, DORS	Completed in 2011.
2.4	MDOD with key partners will host a new series of events for a minimum of 15 job seekers with disabilities in each location that will provide a brief overview of employment policy and intensive benefits counseling and job seeking supports. Responsible Unit(s): MDOD, DLLR, DBED, and DORS	Ongoing- Three events in 2011.
2.5	MDOD will develop sustainability plan for MIG activities. Responsible Unit(s): MDOD	Completed- Grant period concludes 12/31/11.
2.6	MDOD will highlight MIG accomplishments and assist in Ticket to Work and Work Incentives Act reauthorization efforts. Responsible Unit(s): MDOD	MIG Accomplishments completed. TWWIA-ongoing

P R O G R E S S A N A L Y S I S :
M A R Y L A N D S T A T E D I S A B I L I T I E S P L A N

Goal 3: Create and replicate best practices that increase integrated, individualized employment outcomes for Marylanders with disabilities.		Goal will continue in 2012 Plan and incorporate broader Skills to Compete activities.
STRATEGIES:		STATUS
3.1	DBM will continue the Quest internship program hosting a minimum of 25 interns in state government, look for ways for Quest interns to be hired by state government; and work to expand and replicate the model. Responsible Unit(s): DBM and State Agency hosts	Ongoing
3.2	MDOD will host a webinar, Artrepreneurship, for a minimum of 15 artists with disabilities to obtain relevant business training. Responsible Unit(s): MDOD	Strategy will be re-visited in the development of 2012 Plan.
3.3	DDA, in partnership with MDOD, the Maryland Developmental Disabilities Council, MIG and other stakeholders, will develop an "Employment First" Policy and an Employment Work plan designed to expand and improve integrated employment outcomes for individuals with developmental disabilities. Responsible Unit(s): MDOD, DDA, DDC and MIG	Ongoing- regulatory and policy changes are underway.
3.4	MDOD will work with partner agencies to implement Maryland's Skills to Compete Action Plan available at www.skills.maryland.gov . Responsible Unit(s): MDOD, MHEC, DLLR, DORS	Ongoing- Community College Tuition Waiver Legislation passed 2011 Session.
3.5	MDOD will continue to support and participate with DORS in the administration of the Governor's Employment Initiative for Persons with Acquired Brain Injuries; the program will assure that at least 50 persons with significant brain injuries maintain and are successful in employment. Responsible Unit(s): MDOD and DORS	Ongoing
3.6	MDOD will continue to support and participate with MHA and DORS to expand employment opportunities through Evidence-Based Supported Employment (EBSE) for persons with significant mental illness; Maryland will maintain its national leadership measured by the percent of public mental health system (Public Mental Health) consumers participating in employment (70%). Responsible Unit(s): MDOD, MHA, and DORS	Ongoing

P R O G R E S S A N A L Y S I S :
M A R Y L A N D S T A T E D I S A B I L I T I E S P L A N

3.7	MDOD in partnership with DORS and other state agencies (DLLR, DDA, MHA) will assure the availability of quality transition services leading to post-secondary education and employment for young people with disabilities. Responsible Unit(s): MDOD, DORS, DDA, MHA, DLLR, MHEC, and MSDE (DSE/ELS)	Ongoing (IATC and NSM outreach). Launch of www.mdtransition.org completed 10/1/10.
Goal 4: Promote awareness of the skills and abilities of job seekers with disabilities to large and small employers.		Goal will continue in 2012 Plan with additional strategies.
STRATEGIES		STATUS
4.1	MDOD will continue efforts to promote the national Think Beyond the Label Campaign and launch a regional and local marketing campaign in October to drive Maryland employers to www.mdworkmatters.org . Responsible Unit(s): MDOD, DLLR, DBED, DORS	Completed in 2010. MDOD continues to work on National Advisory Board.
	Partner with DC and VA on a regional effort with the Greater DC BLN to share employer contacts and job leads. Responsible Units: MDOD, DLLR, DBED, DORS	Ongoing
4.2	Facilitate and maintain the Work Matters Business Partnership, which provides employers with a direct point of contact for hiring needs and allows them access to frequently updated resources, information, and events. Responsible Units: MDOD, DLLR, DBED, DORS	Ongoing

TRANSPORTATION	
VISION: To create an array of reliable, cost-effective transportation options, enabling transportation patrons with disabilities to gain access to destinations of their choosing at the same rate as their peers without disabilities.	
Goal 1: People with disabilities will have improved access to public and personal transportation	Goal will continue in 2012 Plan.
STRATEGIES	STATUS
1.1 Improve transportation options for people with disabilities who rely on the Washington Metropolitan Area Transportation Authority (WMATA) for transportation. Responsible Unit(s): MDOD, MDOT, and WMATA	Ongoing
1.2 Examine the feasibility of including travel training on demand in the business plan of the Maryland Transit Administration's (MTA's) Mobility paratransit. This would begin with paratransit patrons and prospective paratransit patrons, and students with disabilities, and eventually be extended to applicants for disability and senior citizen reduced fare cards from MTA's certification office, as well as people whose driving is restricted for medical reasons. A statewide travel training brokerage system should be examined as well. Responsible Unit(s): MDOD, MDOT, MTA, WMATA, and DORS	Travel training initiatives have begun in MTA catchment area.
1.3 Eliminate the barriers to driver education for people who are deaf or who have other disabilities. Each year increase driver education opportunities for people who are deaf or who have other disabilities, by coordinating with the Motor Vehicle Administration (MVA) to ensure that the concerns of drivers and prospective drivers with a range of disabilities are included in the workshops conducted by MVA to certify driver training instructors. Responsible Unit(s): MDOD, MDOT, ODHH, and DORS	Additional resources and links through new transitioning youth website in Fall of 2010.
1.4 Increase the availability of accessible taxis for consumers. By December of 2012 examine the feasibility of purchasing additional accessible vehicles as prototypes of accessible taxicabs. Responsible Unit(s): MDOT, MTA, and WMATA	A limited number of accessible taxis are in use and operate in Baltimore, Montgomery, and Prince George's

P R O G R E S S A N A L Y S I S :
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	Counties. Two accessible taxicabs work each shift at BWI-Marshall Airport, and the Maryland Public Service Commission has begun to address expansion of this initiative.
1.5 Include transportation considerations at each stage of planning activities for Livable Communities initiative. Responsible Unit(s): MDOD, MDOT, MDP, DBED, DLLR, and DHCD	Ongoing
Goal 2: People with disabilities will use fixed route transportation in greater numbers.	
STRATEGIES	STATUS
2.1 Expand and enhance available travel training options by providing a travel training system statewide that extends to school systems and to people whose driving is restricted for medical reasons. Responsible Unit(s): MDOD, MDOT, MTA, WMATA, and DORS	Ongoing. MTA has prepared a Request for Proposal to be awarded Fall 2011.
2.2 Expand and promote the MTA web-based route planning tool and pilot linkages to local transportation providers for paratransit and other service for people with disabilities. Responsible Unit(s): MDOD, MDOT, MTA, and OIT	Ongoing-feedback received regularly at CACAT meetings.
2.3 Assess potential revisions to certification of people with disabilities for paratransit services including: standards, frequency of recertification, functional assessment criteria, and education of the general public and physicians regarding prospective changes. Responsible Unit(s): MDOD, MDOT, MTA, and WMATA	Under review. Revised policy distributed in Summer of 2010.

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2.4	Examine the feasibility of using uniform standards to certify paratransit users that will include an assessment of whether or not travel training could allow an individual to ride fixed route. Responsible Unit(s): MDOD, MDOT, MTA, and WMATA	Under review to be continued into 2012 Plan.
2.5	By March 2009 develop Transportation Matters Fact Sheets on travel training targeted at transitioning youth and an overview of transportation options for individuals with disabilities. Responsible Unit(s): MDOD, MDOT, MSDE, and DHMH (MIG)	Completed 2010.
Goal 3: Examine cross-regional transportation capacity in both the fixed route and para-transit systems to enable people with disabilities to travel across regions using multiple systems.		Goal will be revised and continue in 2012 Plan, as Central Maryland Regional Transit seeks to expand its Transportation Resource Information Point (TRIP) program statewide.
STRATEGIES		STATUS
3.1	Facilitate local, regional and cross-jurisdictional strategies which increase efficiency, customer satisfaction, and fiscal accountability of state funded human-services transportation. Responsible Unit(s): MDOD, MDOT, MTA, WMATA and Regional Providers	Human Services Coordinating Committee has been re-constituted and began meeting in the summer of 2011 with the aim of fostering greater cross-regional and cross-jurisdictional coordination.
3.2	MDOD, MTA, and MHCC facilitated taxi pilot for kidney dialysis centers in Baltimore metro area Responsible Unit(s): MDOD, MDOT, MTA, and WMATA	Ongoing, with three centers and plans for gradual expansion to three additional centers.

3.3	Examine options for statewide cross-jurisdictional reciprocity of certification for paratransit service and disability or senior reduced fare. Responsible Unit(s): MDOD, MDOT, MTA, WMATA, and Regional Providers	Attempts to move beyond the ad hoc constituent request approach began in Spring 2010, and will be continued through the Human Services Coordinating Committee.
Goal 4: People with disabilities who attend community service agencies (DDA, MHA, MDoA, etc.) will experience shorter trips, increased flexibility, and streamlined scheduling of transportation.		Current Goal will be revised and focus on health related transportation.
STRATEGIES		STATUS
4.1	By July 2010, through the Medicaid Infrastructure Grant technical assistance, determine best practices being used by other states to facilitate seamless human service transportation. Responsible Unit(s): MDOD, Medicaid, and MIG	Strategy to be modified in 2012 Plan.
4.2	By July 1, 2010, develop an action plan and local pilot identified for a Coordinated Human Services Transportation system that is both cross agency and cross jurisdictional. Responsible Unit(s): MDOD, MDOT, MTA, WMATA, Medicaid, and MIG	Strategy to be revised in 2012 Plan.

COMMUNITY LIVING	
VISION: Individuals with long-term service and support needs will have access to a wide range of options in choosing their own community supports and will be served in the most integrated setting appropriate to their needs.	
Goal 1: Individuals with long-term service and support needs will receive community support services in the most integrated community setting based on their needs and preferences.	Goal will continue in 2012 Plan
STRATEGIES:	STATUS
1.1 Continue to conduct outreach and referral for the Money Follows the Person Project as well as the Living at Home and Older Adults Home and Community Based waiver programs. Responsible Unit(s): Medicaid, MHA, DDA, MDOD, DHR, and MDoA	Ongoing- MDOD carries out peer outreach in 12 counties for MFP. Peer Outreach model to be revised with MDOD support and management.
1.2 Partner with the Maryland Department of Aging (MDoA) and Maryland Department of Health and Mental Hygiene (DHMH) to expand Maryland Access Point (MAP) in order to provide support to individuals who are re-entering the community setting. Responsible Unit(s): Medicaid (Long Term Care), MDOD, and MDoA	The new Maryland Access Point website is up and running statewide. The number of MAP sites in Maryland will expand to 20 consistent with the new MAP Five year action Plan.
1.3 Continue to support MDoA's Nursing Facility Diversion Efforts. Responsible Unit(s): Medicaid (Long Term Care), MDOD, and MDoA	Ongoing

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1.4	Improve the process and rate of transitions from institutions by supporting the Transition Center initiative under the Money Follows the Person Demonstration Project. Responsible Unit(s): Medicaid (Long Term Care), MHA, DDA, MDOD, DHR, and MDoA	Transitions have increased each of last 4 fiscal years. Revised Protocol submitted by DHMH with Stakeholder Advisory Group participation.
1.5	Develop and implement recommendations to support the transition of individuals with behavioral health needs, including brain injury, mental illness, and cognitive disabilities from institutions to community based services. Responsible Unit(s): Medicaid, MHA, DDA, MDOD, DHR, and MDoA	DHMH hired a behavioral health specialist who will be responsible for coordinating the BH workgroup efforts and implementation of identified priorities.
1.6	Coordinate with state agencies and community stakeholders to identify opportunities for peer outreach in institutions and peer-to-peer options counseling for individuals at risk of entering a nursing facility. Responsible Unit(s): Medicaid, DDA, MDoA, and MDOD	Peer outreach initiatives are currently underway in all five regions of the state through DHMH, MDOD, and other partners.
1.7	Identify strategies to increase capacity among community-based service providers. Responsible Unit(s): Medicaid, MHA, DDA, MSDE, DHR, MDOD, and MDoA	Ongoing

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Goal 2: Individuals with long-term service and support needs will report an improvement in their quality of life.		Goal will be modified/ updated in 2012 state plan.
STRATEGIES		STATUS
2.1	Partner with the MDoA and DHMH to obtain a federal grant from the Centers for Medicaid and Medicare Services (CMS) in order to create a pilot program for Person-centered Hospital Discharge Planning. Responsible Unit(s): MDoA, Medicaid, DHR, and MDOD	MDOD and MDOA continue to look for additional opportunities.
2.2	Evaluate methods to reduce waiting lists for long-term supports and develop a comprehensive process to address service gaps to people with disabilities. Responsible Unit(s): Medicaid, MDOD, MDoA, and DHR	Considered through L-PAC and Long Term Care Reform workgroups.
2.3	Identify strategies to address annual cost-of-living adjustment (COLA) increases aligned with inflationary index for community based service providers Responsible Unit(s): DDA, MHA, MDOD, MDoA, DHR, and DBM	SB 633 passed during 2010 legislative session.
Goal 3: People with behavioral health needs will have access to community support services, including employment, housing, and transportation.		Goal will be refined in the 2012 Plan.
STRATEGIES		STATUS
3.1	Increase the number of people with behavioral health needs employed by continuing training to Public Mental Health System (PHMS) stakeholders on access to Employed Individuals with Disabilities program (EID) and implementing the Employment Network (EN). Responsible Unit(s): MHA	Ongoing
3.2	Maximize resources to promote affordable, safe, and integrated housing for individuals with behavioral health needs. Develop a Housing Plan that will maximize funding to expand housing options, promote and leverage DHMH's Community Bond funds and increase the number of individuals who obtain housing through the Bridge Subsidy Pilot Program. Responsible Unit(s): MHA, Office of Planning and Capital Financing, MDOD, and DHCD	Ongoing

HOUSING	
VISION: People with disabilities will have a full array of housing options similar to their non-disabled peers. People with disabilities will have access to affordable, accessible housing in their communities with linkages to appropriate support services.	
Goal 1: The State including the members of the Interagency Disabilities Board will work together to create more affordable, accessible, integrated housing for individuals with disabilities.	Goal will be refined and continued in the 2012 Plan.
STRATEGIES	STATUS
1.1 Identify additional funding sources for rental subsidies to augment and sustain the progress under the Bridge Subsidy Program. Responsible Unit(s): DHCD, MDoA, DDA, MHA, and PHA's	MDOD is coordinating the effort to bring federal Sec. 811 Program funds to Maryland and played a key role in creating the partnership between the State and the Weinberg Foundation.
1.2 Increase collaboration among non-profit service agencies, housing entities (Public Housing Authorities) and the disability community. Responsible Unit(s): MDOD Participants: DHCD, MDoA, DDA, MHA, PHA's	Continuing the work of the housing task force, the State has supported and worked with PHA's to utilize all Non-elderly disabled (NED) vouchers awarded in Maryland. MDOD participates on the MAHRA

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		Special Needs Committee which regularly interacts with PHA's around the State to increase housing opportunities to people with disabilities.
1.3	Develop and conduct outreach activities to build/improve credit and increase asset development, including Individual Development Accounts (IDA's), for individuals with disabilities. Responsible Unit(s): MDOD, DHR, and GOC	Ongoing conducted summit with GOC and DHR in June 2010.
1.4	By June 2009, include persons with long-term care needs in the State Housing Consolidated Plan. Responsible Unit(s): DHCD	Ongoing - With changes to the Sec. 811 Program, DHCD will need to revise the Consolidated Plan to include persons with long-term care needs if the State is awarded 811 funds.
1.5	Identify long-term or permanent rental or housing subsidies that can be utilized by people receiving SSI/SSDI. Responsible Unit(s): DHCD, MDOD, MDOA, DBM, and DHMH	Engaged in pilot project with Weinberg foundation for 15-25 long term subsidies .
1.6	Enhance service delivery and community supports for individuals with disabilities at risk of homelessness, including residents of nursing facilities able to receive comparable community based services. Responsible Unit(s): DHCD, MDOD, MHA, MDoA and DDA	On-going (per 10 year plan to end homelessness)
1.7	Identify communication-rich housing options for people with disabilities allowing them to age in place. Responsible Unit(s): DHCD, ODHH, MDOD, and MDoA	Strategy to be refined in 2012 Plan

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Goal 2: Individuals with disabilities will have improved access to housing in the communities where they live by increasing Visitability Features among new and renovated housing in Maryland.		Goal to be continued with new strategies in the 2012 Plan.
STRATEGIES		STATUS
2.1	Work with Visitability Advocates, builders, and other stakeholders to develop effective Visitability legislation for Maryland. Responsible Unit(s): MDOD and DHCD	Successful Legislation was passed during the 2011 Session requiring marketing of visitability options by homebuilders. MDOD will continue to support efforts to put stronger legislation in place in 2012.
2.2	Support key stakeholders and provide information on the availability of housing options which include Visitability Features and work to establish visitability features in IBC/ ICC. Responsible Unit(s): DHCD and MDOD	Ongoing-Legislation effective date July 1, 2011.
2.3	By July 2009, identify additional local jurisdictions and builders poised to improve housing options with Visitability features. Responsible Units: DHCD, MDOD, and DBED	Strategy abrogated in light of legislative remedy.
Goal 3: Individuals with disabilities who have accessibility needs will find new homes or will return to or remain in their homes by expanding tools and strategies to create living environments that promote ease of use, safety, security and independence.		Goal will be continued in the 2012 Plan.
STRATEGIES		STATUS
3.1	Include integrated housing, employment and transportation considerations at each stage of planning activities for Livable Communities and BRAC based initiatives Responsible Unit(s): DHCD, MDOD, MDoA, DBED, DVA, DLLR, DBM and DHMH.	Ongoing-strategy will be refined in 2012 Plan consistent with Transit oriented development initiatives.

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3.2	Identify and develop options for modifying existing housing stock to meet the needs of individuals who acquire disabilities and lack resources to move into accessible housing. Responsible Unit(s): DHCD and MDOD	Strategy will be refined in 2012 Plan.
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EDUCATION	
VISION: Youth with disabilities will receive a free, high-quality public education in the least restrictive environment and emerge prepared and able to access employment or higher education. All youth with disabilities will have the necessary services and accommodations to succeed and experience a successful transition to post-secondary education or employment.	
Goal 1: Students with disabilities will be educated in the least restrictive environment with their nondisabled peers. Decrease the number of students with disabilities educated in separate public and private day schools and increase the number of students with disabilities who are removed from the general education setting less than 21% of the school day.	Goal will be retained in the 2012 Plan
STRATEGIES	STATUS
1.1 Local School Systems will provide the professional development concerning supplementary aids and services that are needed for students with disabilities to succeed in the general education setting. Responsible Units: MSDE and Local School Systems	Ongoing
1.2 Encourage teacher education programs to fund additional opportunities concerning Individualized Education Programs (IEP) for instruction in order to better accommodate the diverse needs of students with disabilities within the general education setting. Responsible Units: MSDE and Institutes of Higher Education	Strategy to be refined to align with MSDE's State Performance Plan.
1.3 Ensure compliance with the Fitness and Athletics Equity for Students with Disabilities Act, so that students with disabilities are welcomed in public school athletic and fitness activities. Responsible Units: MSDE, MDOD, Local School Systems, and advocates	Ongoing through 2011 – 2012 school year
1.4 Facilitate children placed in out-of-home care continued attendance in their community schools. Responsible Units: MSDE, DHR, DJS, and Local School Systems	Ongoing with the Children's Cabinet agencies assistance where needed.
Goal 2: Increase the number of students with disabilities scoring proficient or advanced on the MSAs and HSAs. Increase the number of students with disabilities who receive a high school diploma.	Goal will be continued in 2012.

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STRATEGIES	STATUS
2.1 Expand number of students with disabilities receiving access to general education curriculum with non-disabled peers. Responsible Units: MSDE and Local School Systems	Ongoing
2.2 Local School Systems will provide professional development and support to staff so they are knowledgeable about modifications to curriculum. Responsible Units: MSDE and Local School Systems	Ongoing-Strategy to be refined to align with MSDE's Highly Qualified Teachers initiatives
Goal 3: Continue efforts to create a mental health care continuum for students with disabilities receiving general and/or special education, particularly to address the 50.7% graduation rate for students with disabilities who have been diagnosed with emotional disabilities.	Goal to be refined consistent with 2010 Steering Committee Report.
STRATEGIES	STATUS
3.1. Support Maryland State Department of Education/Maryland Department of Health and Mental Hygiene effort to expand school-based behavioral health services. Responsible Units: MSDE, MHA, MDOD, and Local School Systems	Committee Report Completed; Additional finalizing recommendations regarding identification of students
3.2 Support expansion of Positive Behavior Intervention and Supports (PBIS) Responsible Units: MSDE, MDOD, and Local School Systems	Ongoing
3.3 Develop school-family-community partnerships dedicated to student behavioral health. Responsible Units: MSDE, MHA, MDOD, Local School Systems, Parents, and advocates	Ongoing
Goal 4: Students with disabilities will exit high school prepared for employment and/or post-secondary education within a year of leaving high school.	Goal to be continued in the 2012 Plan
STRATEGIES	STATUS
4.1 Students with disabilities, when appropriate, are to have access to paid employment experiences as determined by the IEP team; students with disabilities should continue to have access to Career and Technical Education curriculum. Responsible Units: MSDE/ DORS, MDOD, DBM, and Local School Systems, TransCen	Ongoing

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4.2	Expand access to information about programs and supports for post-secondary education and employment options. Responsible Units: MSDE/ DORS, MDOD, Community Colleges, and Local School Systems	Transitioning Youth Website updates occur quarterly. Quarterly newsletter launched
4.3	Expand linkages with service-providing agencies and the Employed Individuals with Disabilities (EID) program. Responsible Units: MSDE/ DORS, MDOD, Medicaid, and DDA	Ongoing through website and outreach activities.
Goal 5: Increase the number of high-quality professionals and paraprofessionals serving students with disabilities in public schools.		Goal and strategies to be refined to align with MSDE's State Performance Plan
STRATEGIES		
5.1	Establish and support related service provider training that is accessible, consistent and effective. Responsible Units: MSDE/ DORS, MDOD, DHMH, Institutions of Higher Education, and Local School Systems	Not yet implemented
5.2.	Encourage the use of the Maryland Quality Assurance Screening Program for American Sign Language (ASL) interpreters. Responsible Units: MSDE, MDOD, ODHH, DHMH, ASHLA, and Local School Systems	Refine in conjunction with ODHH to reflect the new, more rigorous assessment: the Educational Interpreter Performance Assessment (EIPA)
Goal 6: Public schools will recognize and partner with parents in educational decision-making for students with disabilities.		Goal consolidated into work under revised Goal 1 and 2 above for 2012 Plan.
STRATEGIES		STATUS
6.1	Partner with MSDE to develop training for Local School Systems on the role of parents in the IEP process. Responsible Units: MSDE, MDOD, and Local School Systems	Ongoing within refined Goal 1 and 2 above to address parent

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		involvement in IEP process and LRE decision-making.
6.2	Support training with family members on the importance and value of their participation in their children's schools. Responsible Units: MSDE, MDOD, Local School Systems, and parent advocates	Discontinued
6.3	Representatives of families and students will provide input in the development of training materials and presentation for educational professionals and paraprofessionals who serve children with disabilities. Responsible Units: MSDE and Local School Systems	Discontinued
6.4	Include families and students in development and training for educational professionals and paraprofessionals who will serve children with disabilities. Responsible Units: MSDE, MDOD, GOC, and Local School Systems	Discontinued
6.5	Support distribution of resources for family involvement services for preschool and school-aged students. Responsible Units: MSDE, MDOD, GOC, and Local School Systems	Ongoing within refined Goal 1 and 2 above

CHILDREN AND FAMILY SUPPORT SERVICES	
VISION: Maryland is a state where caregivers, children with disabilities and their families will have equal access to an integrated support system that is self-directed, responsive, flexible and available.	
Goal 1: Keep children with disabilities in their communities by improving the capacity of communities to support caregivers, children with disabilities and their families with individualized community-based services that are driven by family-defined needs.	Goal and strategies to be continued and refined to align with CC Interagency Strategic Plan.
STRATEGIES	STATUS
1.1 Develop additional in-state options for services that limit reliance on out-of-state placements for children with disabilities removed from their homes. Responsible Unit(s): DHR, MDOD, DJS, MHA, and GOC	CMEs implemented Ongoing
1.2 Continue to collaborate with the Department of Human Resources Place Matters initiative in order to reduce the number of children placed out-of-state, especially in residential treatment centers (RTCs). Responsible Unit(s): DHR, MDOD, and MHA	Ongoing
1.3 Support efforts to increase number of high-quality foster homes and especially kinship placements in the community for children with disabilities, while providing caregivers with greater supports to decrease the number of re-located children. Responsible Unit(s): DHR, MDOD, and MSDE	Ongoing
1.4 Increase involvement of families and children with disabilities in policy-making and quality assurance of community-based supports. Responsible Unit(s): DHR, MHCD, MDOD, and GOC	Ongoing
1.5 Expand Children and Family Teams (CFTs) to design and implement individualized plans of care for children with developmental disabilities. Responsible Unit(s): DHR, DDA, MDOD, and DDA	Ongoing
1.6 Encourage the development of partnerships in local jurisdictions to enhance opportunities for children with disabilities to access intra-and extracurricular activities,	Ongoing

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such as recreational sports, in the community. Responsible Unit(s): MSDE, MDOD, local jurisdictions		
Goal 2: Children with disabilities aged 3-5 will receive special education in settings with typically developing peers. Children with disabilities will enter kindergarten at age 5 with the skills necessary to learn.		Goal to be continued with strategies aligned with MSDE's State Performance Plan.
STRATEGIES		STATUS
2.1	Support improved technical assistance to Local School Systems to identify and implement best practices in early intervention and preschool services for children with disabilities. Responsible Unit(s): MSDE, MDOD	Ongoing
2.2	Prioritize early education for vulnerable children, including children with disabilities, to ensure that children and their families receive early intervention and supports. Responsible Unit(s): MSDE (MITP), and MDOD	Strategy to be revised consistent with MSDE's SPP for infants and toddlers and preschool students ages three to five.
Goal 3: Identify ways to improve utilization of support services available through Medicaid home and community based waiver programs and registries (interest lists).		Combined with Goal 1, Goal 3, and Goal 4 as refined in 2012 Plan.
STRATEGIES		STATUS
3.1	Examine alternative service delivery models from surrounding states. Responsible Unit(s): DHMH (Medicaid)	Ongoing
3.2	Work with state partners to identify alternative services for families on registries or waiting lists. Responsible Unit(s): DHMH, Children's Cabinet Agencies, and GOC	Ongoing
3.3	Develop paradigm for caregiver networks that involve family and public service options. Responsible Units: GOC and Local Management Boards	Strategy discontinued
Goal 4: Families and children with disabilities will have improved access to information on available supports, including education options, while agencies and service providers coordinate with increased efficiency and effectiveness to improve quality of service.		Goal to be refined within additional goals in the 2012 plan
STRATEGIES		STATUS
4.1	With Children's Cabinet agencies, study best local	Ongoing through

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	practices – including single points of access and family navigators – in order to improve access for children and families to information about available supports and services. Responsible Unit(s): Children’s Cabinet agencies and GOC	contract management for Local Access Mechanism.
4.2	Ensure that informational material for children and families is available in multiple languages, reading levels, American Sign Language, captions and non-visual formats. Responsible Unit(s): MSDE, DHR, DHMH, and MDOD	Not yet implemented
4.3	Contribute to Children’s Cabinet report on agency practices and programs, and Children’s Cabinet state-local workgroup, in order to improve interagency communication. Responsible Unit(s): Children’s Cabinet agencies and GOC	Ongoing
4.4	Participate in Maryland Youth and Family Information Sharing Protocol (MYFISP) to improve agency and service-provider access to shared information. Responsible Unit(s): Children’s Cabinet agencies and GOC	DHR/DJS Dashboard operational Ongoing

TECHNOLOGY	
VISION: Maryland citizens with disabilities will access State services and employment opportunities through the use of assistive technology and accessible information technology. People with disabilities will have increased options for assistive technology acquisition that is both accessible and affordable.	
Goal 1: Make available resources that provide technical assistance to improve State agency website compliance with Information Technology Non-Visual Access Policy.	Goal will continue in the 2012 Plan and will be refined so that it addresses both non-visual access and other access barriers,
STRATEGIES	STATUS
1.1 Obtain ongoing funding and resources for the provision of technical assistance to ensure that the websites of the State of Maryland are compliant with Information Technology Non-Visual Access Policy. Responsible Unit(s): MDOD, MDTAP, Agency partners	Ongoing. This strategy will be included in the 2012 Plan. One of the performance measures will be the replication of a web accessibility conference for State IT professionals.
1.2 Meet with the Chief Information Officer of Maryland and develop a strategy to provide consultation to agency web developers. Responsible Unit(s): MDTAP, MDOD, DOIT, and DBM	Strategy will be revised and included in 2012 State Plan
1.3 By July 2009, have staff in place to help web developers comply with Non-Visual Access provisions and monitor compliance. Responsible Unit(s): MDTAP, MDOD, and DOIT	Strategy will be consolidated within the 2012 Plan as part of the resources made available to help State IT professionals.
1.4 Collaborate with the Department of Labor, Licensing, and Regulation (DLLR) to establish guidelines, recommendations, and limited technical support on the implementation of Accessible Workstations in Maryland One Stop Centers. Responsible Unit(s): MDTAP, DLLR, DORS	Strategy will be refined in 2012 Plan facilitate further expansion of Universal Design in additional locations.

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<p>Goal 2: Provide technical assistance, training and product evaluation to ensure that all information technology products purchased are compliant with the Information Technology Non-Visual Access Policy.</p>	<p>Will be consolidated under Goal 3 in the 2012 Plan; responsible agencies will ensure that resources are made available to help State agencies make information technology purchasing decisions that are in compliance with Information Technology Non-visual access policy.</p>
<p>STRATEGIES</p>	<p>STATUS</p>
<p>2.1 Work with CIO and DOIT staff to develop policies and monitoring tools to verify vendor compliance with State NVA provisions. Responsible Unit(s): CIO, DOIT, and MDOD</p>	<p>Ongoing- within 2012 Plan .</p>
<p>2.2 Develop vendor training to explain compliance with hardware and software procurement laws and policy. Responsible Unit(s): MDOD and MDTAP</p>	<p>Completed September 2009</p>
<p>Goal 3: Marylander(s) with disabilities will receive the information and training needed to make informed choices about selection, funding, acquisition, and operation of assistive technology.</p>	<p>Included as part of revised Goal 1 in the 2012 Plan.</p>
<p>STRATEGIES</p>	<p>STATUS</p>
<p>3.1 Conduct general outreach to individuals with disabilities, families and professionals about assistive technology and services through presentations, resource fairs and conferences, social media outlets, and other public forums to at least 1,900 people of a broad range of ages and disabilities throughout Maryland. Responsible Unit(s): MDTAP</p>	<p>Ongoing. It will be included in 2012 Plan with an increase in the target number of people to be reached.</p>
<p>3.2 Deliver specific information and referral about assistive technology including how to obtain assessments, try out devices, secure funding and discounts, select vendors, and receive training, to at least 2000 individuals with disabilities, families and professionals. Responsible Unit(s): MDTAP</p>	<p>Ongoing. It will be Included in the 2012 Plan and MD TAP will enhance its tracking system to include more specificity of the types of information and referral requests tailor its information and referral</p>

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	services to the needs of Marylanders.
3.3 Demonstrate assistive technology devices and/or lend devices to “try before buying” to at least 1,300 individuals with disabilities, families and professionals to enable them to discover and select the most appropriate technologies. Responsible Unit(s): MDTAP	Ongoing. It will be included in 2012 Plan.
3.4 Expand the reach and scope of the Voice for Freedom Project, which allows nursing facility residents preparing to move to the community to receive assessment and training with assistive communication devices prior to their transition. MD TAP will work with other responsible agencies to make the program available to more persons transitioning to the community via home and community-based waivers. Responsible units: MDTAP, DDA, DoA	Updated and refined in the 2012 Plan.
Goal 4: MDTAP will collaborate with responsible state agencies to help ensure uninterrupted - access to assistive technology devices and services for eligible students including those who are transitioning from high school to work or higher education and individuals who receive services through DDA.	Goal will continue in the 2012 Plan.
STRATEGIES	
4.1 DORS and local school systems will collaborate to enter into Memoranda of Understanding with local school systems to ensure that eligible transitioning students receive assistive technology assessments, devices and training throughout the transition process from high school to employment or college. Responsible Unit(s): MDOD, DORS, and LSS	This strategy will refined in the 2012 Plan to address strategies n place to improve uninterrupted assistive technology access for transitioning youth.
4.2 Develop a policy for assistive technology to be considered at individual planning meetings for all individuals who receive services funded by the DDA. Responsible Unit(s): DDA and MDOD	Continued under 2012 Plan
Goal 5: Increase availability of augmentative and assistive communication (AAC) devices to eligible Marylanders with disabilities including: young children with developmental disabilities, teenagers and young adults with traumatic brain injury, multiple sclerosis, stroke, and other health related disabilities.	Consolidated under Revised Goal 1 in the 2012 Plan.

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STRATEGIES		STATUS
5.1	Research the extent to which there is an unmet need for AAC in Maryland and identify partners to assist with provision of services and equipment. Responsible Unit(s): MDTAP	Strategies relating to the Voice for Freedom Project are included in the 2012 Plan.
5.2	Determine the extent to which Speech Language Pathologists are able to evaluate people with disabilities for AAC devices. Responsible Unit(s): MDTAP	Consolidated under new Goal 1.
5.3	Coordinate community resources to develop an equipment reuse program within nursing homes, institutions, state residential centers, and other long-term care facilities unable to afford/obtain needed AAC devices. Responsible Unit(s): MDTAP, State Agency partners, and community organizations	Strategy will be included in the 2012 plan and the scope will be broadened to include other assistive technology in addition to AAC devices.
Goal 6: Maryland will develop a plan with key agencies and stakeholders to create environmentally responsible, medically safe and fiscally sound durable medical equipment and other Assistive Technology reuse program.		Refined in 2012 Plan.
STRATEGIES		STATUS
6.1	Develop a plan with key agencies to create a medically safe and fiscally sound durable medical equipment and other Assistive Technology reuse program. Responsible Unit(s): MDTAP, MDoA, Medicaid, MDE, and GGO	Strategy to be refined in 2012 Plan a to assess potential cost-savings to the State of a Durable Medical Equipment Reuse program, and to identify potential strategies for the joint implementation of such a program..
6.2	Meet with Independent Living Centers to develop budget needs and plan for Equipment Reuse Program. Responsible Unit(s): MDTAP and CILs	Strategy to be refined in 2012 Plan And MD TAP will provide support to CILs so they can create or maintain programs for this purpose.
6.3	Meet with DHMH and begin planning for Durable Medical Equipment Reuse Program. Responsible Unit(s): MDOD and Medicaid	Strategy to be included in the 2012 Plan.
6.4	Meet with Durable Medical Equipment (DME), vendors to develop cost figures for equipment refurbishing and buy-in for affixing stickers to equipment with appropriate redistribution or	Strategy to be revised in 2012 Plan.

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	recycling instructions. Responsible Unit(s): MDTAP, DME vendors	
6.5	Develop funding package for Equipment Reuse program. Responsible Unit(s): MDTAP GGO, and DBM	Strategy to be included with 5.1.
Goal 7: Maryland Assistive Technology Co-operative (AT Co-op) will continue to give public schools and consumers with disabilities greater purchasing power.		Refine as Goal 2 in the 2012 Plan.
STRATEGIES		STATUS
7.1	Secure dedicated funding for AT Co-op in FY 2009. Responsible Unit(s): MDTAP and GGO	Completed – will not be carried over to 2012 State Plan.
7.2	Research methods and opportunities to expand AT Co-op. Responsible Unit(s): MDTAP and GGO	Consolidated as part of 2012 Plan.

<h2 style="color: #C00000; margin: 0;">HEALTH AND BEHAVIORAL HEALTH</h2>	
<p>VISION: Maryland envisions that all citizens with disabilities have access to a system of high quality health care, including behavioral health services and supports. Maryland ensures that, within the health care system, people with disabilities are treated with dignity and respect and are protected from abuse, neglect, or other harm.</p>	
<p>Goal 1: People with disabilities will have access to high quality, consumer- centered behavioral health services.</p>	<p>Goal will continue with revisions in Mental Health Transformation sustainability plan</p>
<p>STRATEGIES</p>	<p>STATUS</p>
<p>1.1 MHA, in collaboration with the Mental Health Transformation Office (MHTO) and On Our Own of Maryland (OOOMD), will continue statewide implementation of Wellness and Recovery Action Plan (WRAP) training, as part of ongoing efforts to increase the wellness and recovery orientation, enhance peer support activities, and utilize best practices within the consumer movement; and begin to incorporate WRAP within community mental health programs. Responsible Unit(s): MHA (Mental Health Transformation Office) Reference: DHMH-MHA FY2010 Annual State Mental Health Plan, Strategy 2-1A</p>	<p>2011 objectives met. Final report for the grant due in the Fall of 2011.</p>
<p>1.2 Continue to further define “recovery-based mental health treatment” and establish guidelines for workforce development in the Public Mental Health System (PMHS); explore Medicaid reimbursement for Peer Support Counselors within PMHS. Responsible Units: MHA (Mental Health Transformation Office) Reference: MHA FY2009 State Plan; Strategy 2-1B</p>	<p>2011 objectives met. Final report for the grant due in the Fall of 2011.</p>
<p>1.3 Participate in oversight of the Consumer Quality Team (CQT) project and plan for statewide expansion. Responsible Unit(s): MHA Reference: MHA FY2010 State Plan; Strategy 2-3A</p>	<p>2011 objectives met. Final report for the grant due in the</p>

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	Fall of 2011.
1.4 Continue to implement, evaluate, and refine the local pilot project of Self-Directed Care Project in Washington County. Responsible Unit(s): MHA Reference: MHA FY2010 State Plan; Strategy 2-1D	2011 objectives met. Final report for the grant due in the Fall of 2011.
Goal 2: People with a wide range of non-psychiatric disabilities and co-occurring psychiatric disabilities will have access to behavioral health services.	Goal will Continue in 2012 Plan
STRATEGIES	STATUS
2.1 Conduct a needs assessment to determine the prevalence of people who are deaf, hard of hearing or deaf-blind in Maryland and need behavioral health services. Responsible Unit(s): MHA, with Mid-Shore CSA funding, ODHHS Reference: MHA FY2009 State Plan; Strategy 3.1F	Completed. Applied national prevalence rates to Maryland
2.2 Collaborate with the Maryland Advisory Council for the Deaf and Hard of Hearing, the Governor's Office of Deaf and Hard of Hearing (ODHH), CSAs, advocates, other state and local agencies, and colleges and universities to provide support and technical assistance to promote statewide access to services that are culturally competent for individuals who are deaf or hard of hearing, which includes application of new communication and technology, i.e. video phone, telepsychiatry, and Web-based training. MHA Office of Special Needs Populations; Office of Adult Services; Office of Planning, Evaluation, and Training; Office of Child and Adolescent Services; CSAs; ODHHS; consumers and family advocacy groups; local service providers Reference: MHA FY2010 State Plan; Strategy 3.1C	2011 objectives met. Final report for the grant due in the Fall of 2011.
2.3 Implement efforts to incorporate services for individuals with brain injury into long-term care efforts, including recommendations from the Money Follows the Person Behavioral Health Workgroup. Responsible Unit(s): Medicaid and MHA	Ongoing through MFP Project-workgroup re-initiated as of August 2011.
2.4 Develop, monitor, and evaluate community services and plans of care for consumers with traumatic brain injury (TBI) through the TBI waiver. Responsible Unit(s): MHA and Medicaid Reference: MHA FY2010 State Plan; Strategy 3-1B	Ongoing – 2011 indicators set (3-2A) and Advisory Group continues to meet with MHA and MDOD

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		support.
2.5	Partner with community advocates to identify behavioral health needs of people with disabilities transitioning from institutions, including people served under Money Follows the Person (MFP); design and implement strategies for addressing these needs. Responsible Unit(s): Medicaid, MHA, and MDOD	Ongoing through MFP Project-workgroup re-initiated in August 2011

<h1>EMERGENCY PREPAREDNESS</h1>	
<p>VISION: People with disabilities and other special needs will be prepared for any natural or man-made disaster or emergency, and emergency personnel, employers, and others will be prepared to effectively address all major issues related to individuals with disabilities and other special needs during any disaster or emergency.</p>	
<p>Goal 1: People with disabilities and other special needs will be prepared to survive an emergency or general disaster, and to meet all basic needs while either sheltering in place or evacuating for a minimum of 72 hours.</p>	<p>Work within Emergency Support Function 6 will continue as a part of Community Living Domain</p>
<p>STRATEGIES:</p>	<p>STATUS</p>
<p>1.1 Develop and implement up to six additional jurisdictional planning groups (JPGs) to ensure inclusive planning for emergencies for people with disabilities and other special needs. Responsible Units: MDOD, MEMA, GOSV, MHA, and Dept. of Homeland Security</p>	<p>Tabled pending additional resources for planning staff.</p>
<p>1.2 Conduct Preparedness training via workshops, tabletop and functional exercises to organizations and individuals providing support to people with disabilities and other special needs living independently using the “Path to Readiness Planning” training guides. Responsible Units: MDOD, MEMA, MHA, DDA, MDoA, and Dept. of Homeland Security</p>	<p>Incorporated in participation Strategy 1.3 below.</p>
<p>1.3 Participate in local, regional and statewide exercises and develop a solid volunteer base of people with disabilities and other special needs for participation in these exercises. Responsible Units: MDOD, MEMA, MHA, and local or regional planning entities</p>	<p>Ongoing</p>
<p>1.4 Develop appropriate sheltering in place and evacuation plans and training programs for employees and visitors who work in or visit state owned or leased buildings. Responsible Units: MDOD, MEMA, MHA, and DGS</p>	<p>Ongoing with MEMA and DGS</p>
<p>Goal 2: DDA licensed residential homes, State Residential Centers, Nursing Homes and Assisted Living Facilities will</p>	

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be prepared to shelter in place or evacuate.	
STRATEGIES	STATUS
2.1 Develop and implement training and exercises to support the development of emergency plans for human services facilities consistent with the regulations related to HB 770 (2006) for Nursing and Assisted Living Facilities. Responsible Units: MDOD, MEMA, DDA, and MDoA	Ongoing-will coordinate with OHCQ.
2.2 Develop and implement training and exercises to support the development of emergency plans for human services facilities consistent with the regulations related to HB 770 (2006) for State Residential Centers. Responsible Units: MDOD, MEMA, MHA, Medicaid, and DDA	Additional training discontinued.
2.3 Evaluate the effectiveness of training and revise exercises to improve future training activities. Responsible Units: MDOD, MEMA, MHA, Medicaid, MDoA, and DDA	Not yet implemented
Goal 3: People with disabilities will know where shelters are located, which are accessible, and what equipment and supplies are available at each.	Goal will continue as a part of FNS
STRATEGIES	STATUS
3.1 Develop uniform standards of accessibility and inventory management (equipment and supplies) for shelters related to serving people with disabilities and other special needs. Responsible Units: MDOD, MEMA, DHMH, ODHH, and local or regional planning entities	Ongoing-through functional needs sheltering (FNS) workgroup with MEMA and DHR.
3.2 Determine the accessibility, inventory supply, and location of all public shelters in each local jurisdiction based on above standards, including supplies typically provided by the American Red Cross. Responsible Units: MDOD, MEMA, DHMH and local or regional planning entities	Ongoing-through functional needs sheltering workgroup with MEMA and DHR.
Goal 4: People with disabilities will be able to receive timely and accessible voice and text notification in the event of an emergency.	May be incorporated under Technology to enhance communication and response in emergencies in 2012 Plan
STRATEGIES:	STATUS
4.1 Assess emergency notification systems used in each jurisdiction to determine communication	Not yet implemented

	accommodation gaps and to identify the steps necessary to notify people with disabilities of emergencies in a timely and accessible manner. Responsible Units: MDOD, MEMA, DDA, MHA, ODHH, and local or regional planning entities	
4.2	Report on identified gaps and promising practices through the assessment. Responsible Units: MDOD, MEMA, DDA, MHA and local or regional planning entities	Not yet implemented
4.3	Identify funding sources and strategies for addressing the identified gaps. Responsible Units: MDOD, MEMA, DDA, MHA, Medicaid, ODHH, and local or regional planning entities	Not yet implemented

IV. PERFORMANCE DATA FOR THE 2011 STATE PROGRESS ANALYSIS

The enabling statute for the Maryland Department of Disabilities requires MDOD to evaluate disability services and to develop performance measures of said services. The following eight charts show progress on key performance data currently available for several policy areas.

Community Living

Chart 1: Proportion of People Receiving Long-Term Supports in Community Based Services versus Institutional Services by all DHMH programs;

Chart 2: Proportion of People Receiving Long-Term Supports in Community Based Services versus Institutional Services by the Medicaid Programs;

Chart 3: Proportion of People Receiving Long-Term Supports in Community Based Services versus Institutional Services by the Developmental Disabilities Administration;

Chart 4: Proportion of Adults with a Mental Health Diagnosis Receiving Community Based Services versus Institutional Services by the Mental Hygiene Administration (Also related to **Health and Behavioral Health**); and

Employment and Training

Chart 5: Employment Training or Services and Employment Outcomes for People with Disabilities Provided by the Developmental Disabilities Administration and the Mental Hygiene Administration; and

Chart 6: Outcomes of Employment Training or Services for People with Disabilities provided by the Division of Rehabilitation Services and the Department of Labor, Licensing, and Regulation.

Transportation

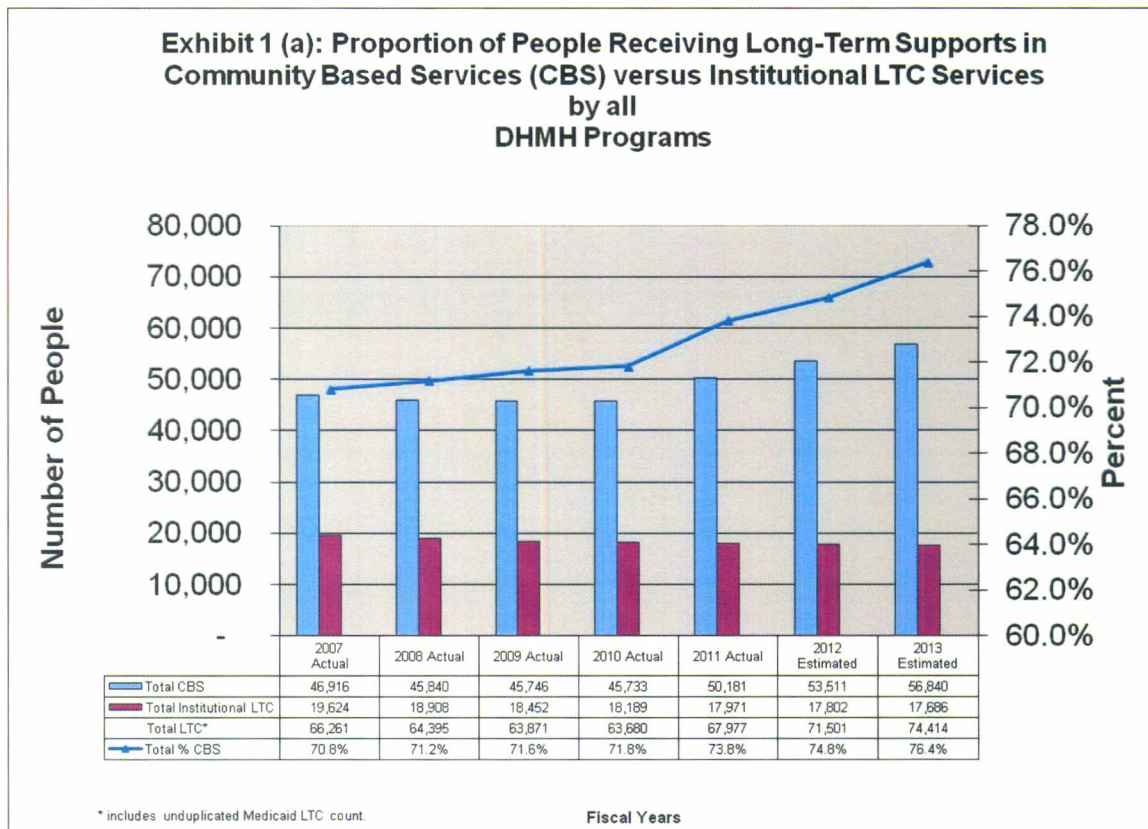
Chart 7: Level of Services and Performance Provided to Maryland Paratransit Customers.

COMMUNITY LIVING

Data in this area address Maryland's progress in re-balancing long-term care services from institutional to community-based services (CBS).

In Maryland, the percentage of people receiving Long-Term Care Supports in Community Based Services (CBS) is expected to increase by 3% from FY 2007 to FY 2012. At the same time the number of people served annually in institutions is expected to fall by 893 to a level of 17,686 or one-fourth of the 74,414 total recipients. An estimated 9,924 more people are expected to receive Community Based Services in 2013 than in 2007 (Chart 1).

Chart 1

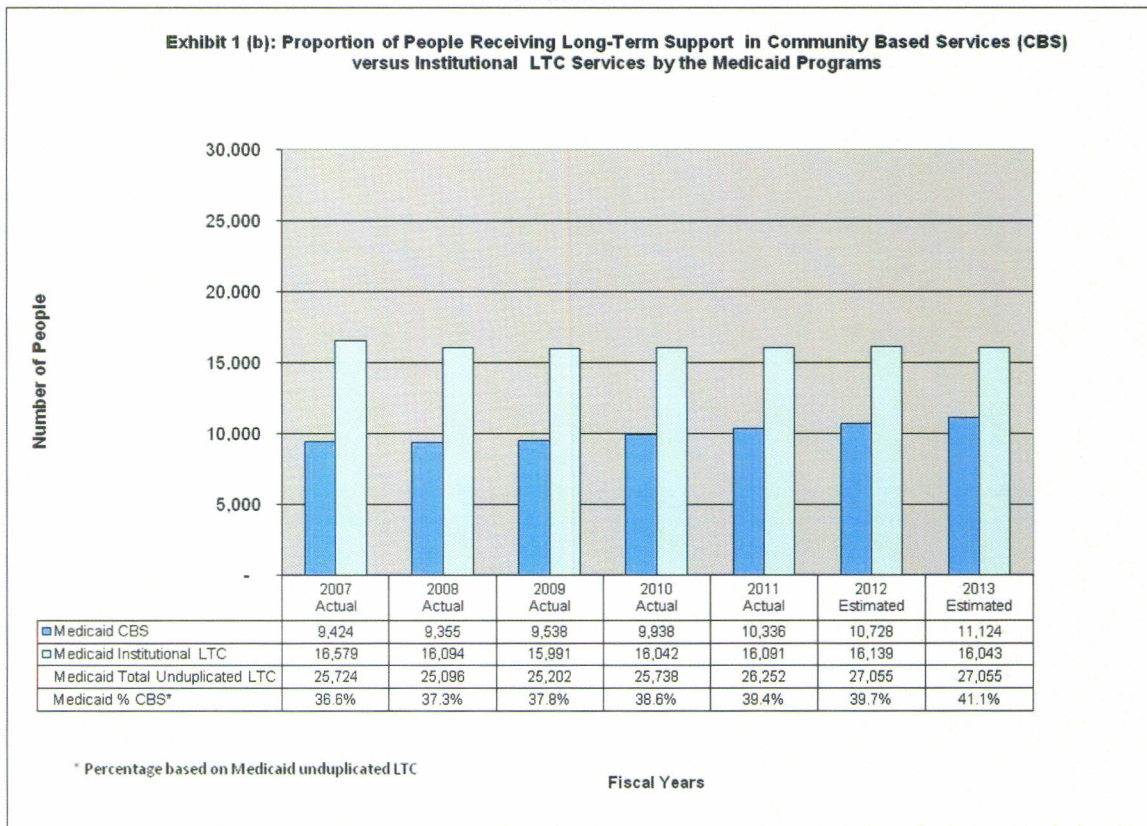


Charts 2, 3, and 4 on the following pages show the same data broken down for each of the three DHMH administrations. In short, Maryland's progress in rebalancing services demonstrates the high percentages of services being delivered in the community by DDA and MHA. However, community based Medicaid Long-Term Support Services for people with physical disabilities and seniors shows a different result. *Medicaid data in Charts 1 and 2 reflects an estimate as of September 30, 2011.*

COMMUNITY LIVING (Continued)

Chart 2 shows data for older adults and people with disabilities whose long term care is funded through Medicaid state plan and waiver programs. Since 2007 the percentage of people receiving Community Based Services versus nursing home or other institutional long term care has increased from 36.6 percent to an estimated 41.1 percent in 2013. With continuation of the Money Follows the Person Demonstration Project, this indicator is expected to show continued to improvement.

Chart 2

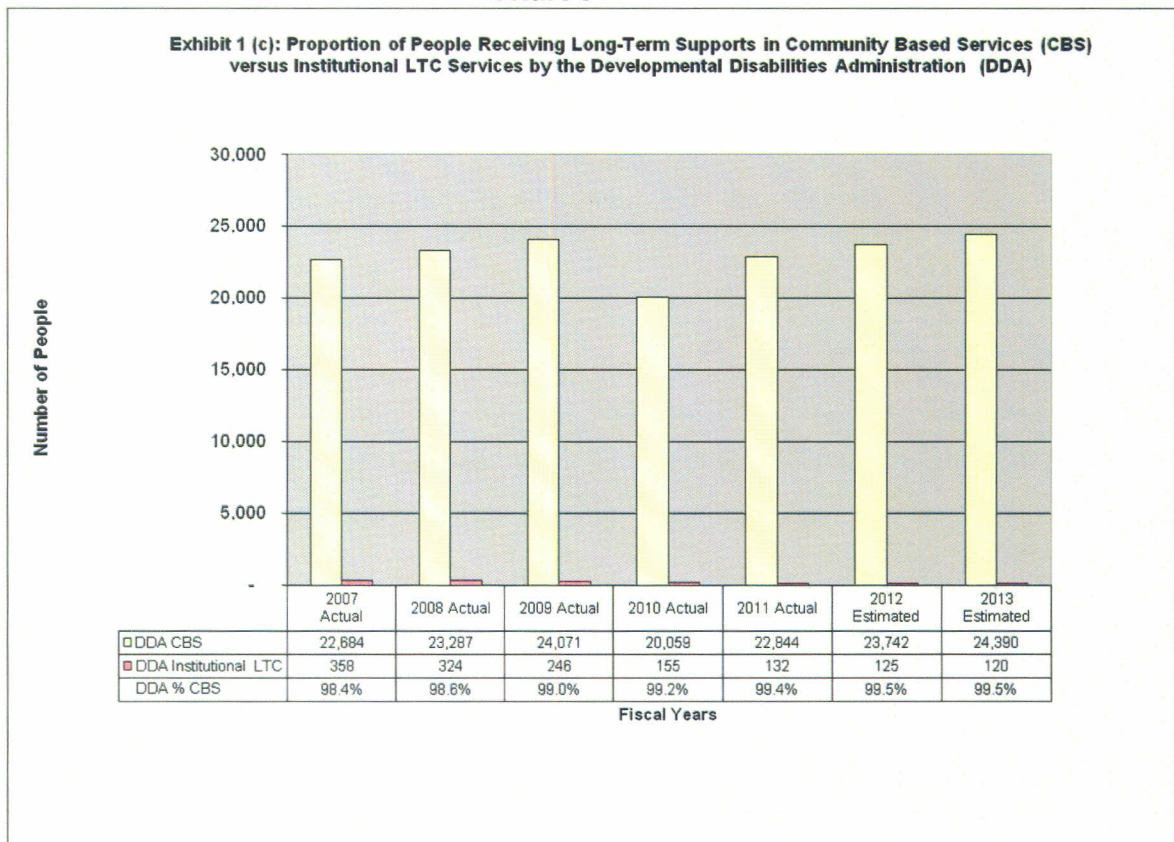


Source: MFR

COMMUNITY LIVING (Continued)

The percentage of people receiving Community Based Services through the Developmental Disabilities Administration (DDA) has increased to 99.4 percent of the total served in 2011. This indicator is expected to reach 99.5% in 2013 (Chart 3). The apparent reduction in people receiving community based services beginning in FY 2010 is an artifact of a change in DDA's tracking of one category of CBS. In FY 2010, DDA began tracking Low Intensity Support Services (LISS) in a new module in the DDA data system and is now able to reduce the previous duplication of service reporting for those individuals that receive a traditional service and also LISS.¹

Chart 3



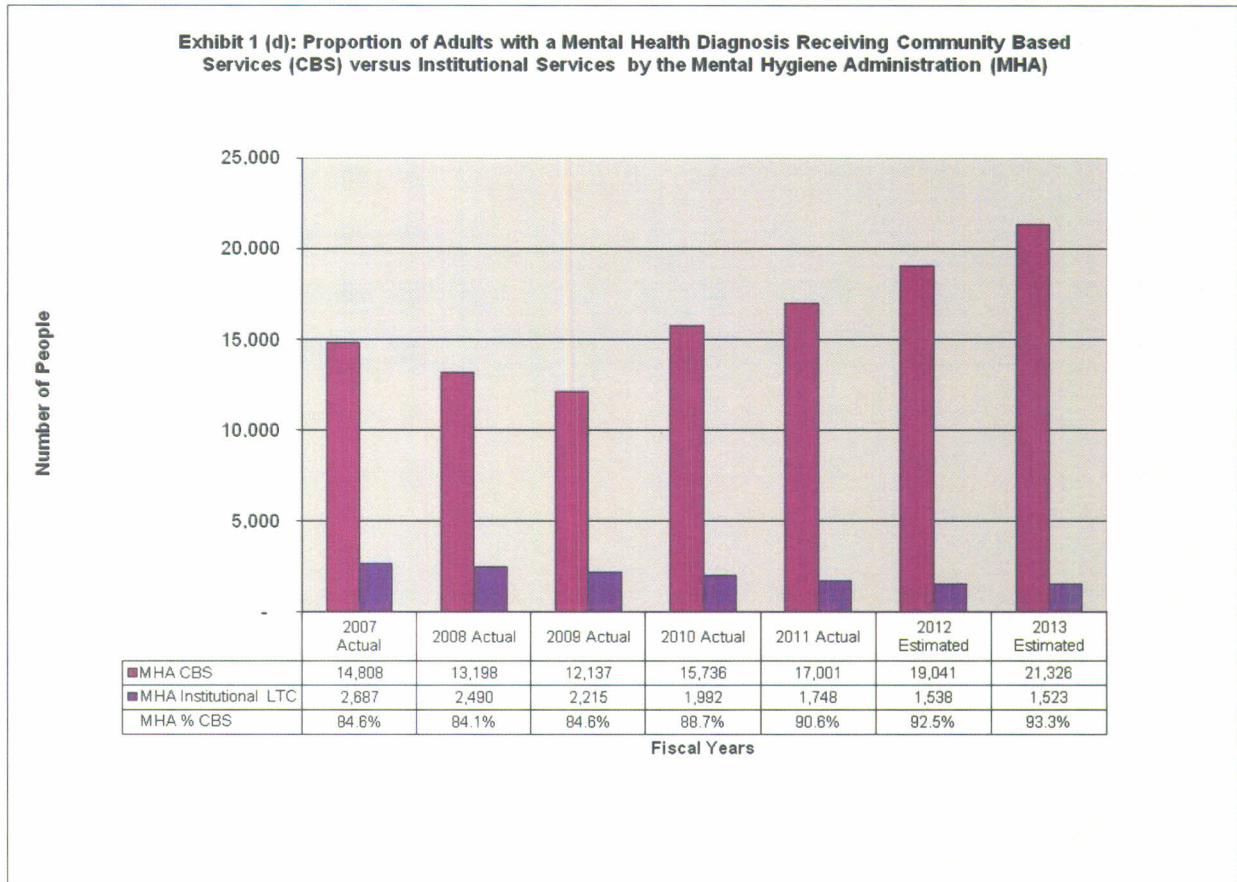
Source: MFR

¹ In the past, DDA did not account for 'actual' people receiving Low Intensity Support Services (LISS); rather a budgeted number of people that were supposed to receive the service were added to the unduplicated number of people from our other services. DDA has now developed a new module in its data system that can account for everyone receiving the service by actual name. DDA has found that many people who access LISS also accessed one of DDA's traditional services, and therefore they were counted twice in the past because of the method of calculation. DDA is now able to generate a true unduplicated count for those individuals.

COMMUNITY LIVING (AND HEALTH AND BEHAVIORAL HEALTH)

Chart 4 shows that more than 90% of adults with a mental health diagnosis served by the Mental Hygiene Administration receive community based services. This progress is expected to continue through 2013.

Chart 4

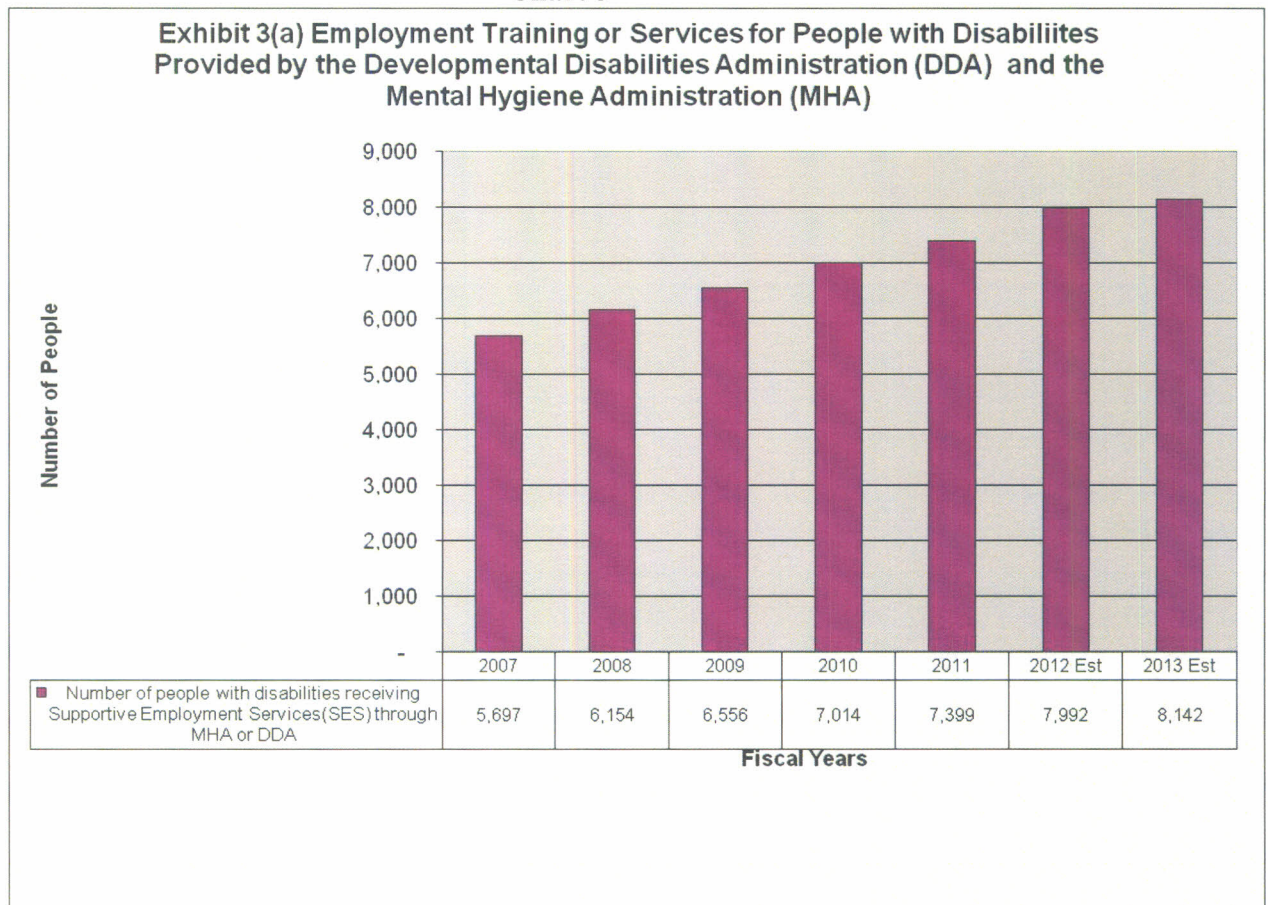


Source: MFR

EMPLOYMENT AND TRAINING

Chart 5 shows performance data for employment training or services and employment outcomes for Marylanders with disabilities served through two different units of State Government. Chart 5 shows that over 1,700 more people with disabilities received Day Services or Supported Employment Services through the Developmental Disabilities Administration (DDA) or the Mental Hygiene Administration (MHA) in 2011 than in 2007, and further increases are expected in 2012 and 2013.

Chart 5

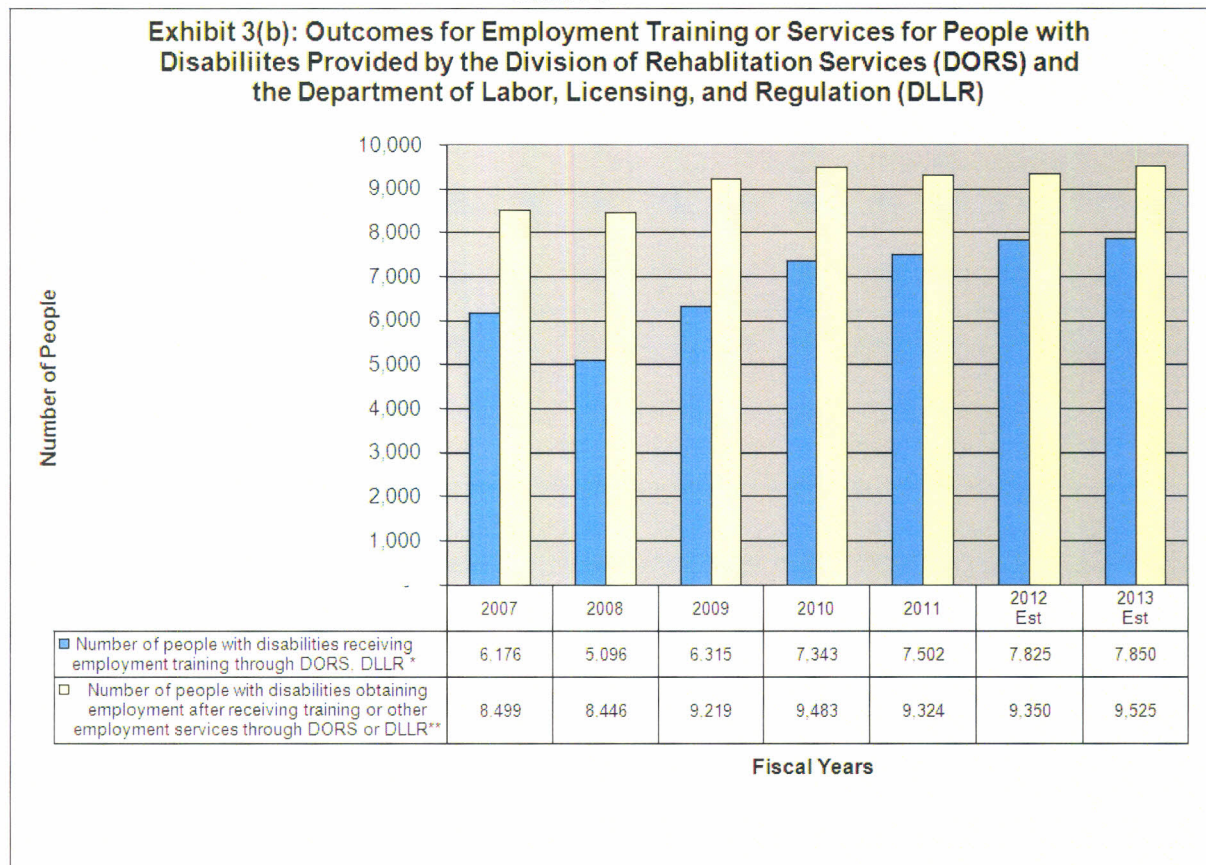


Source: MFR

EMPLOYMENT AND TRAINING (Continued)

Chart 6 shows that employment training services provided to people with disabilities by the Division of Rehabilitation Services (DORS) and the Department of Labor, Licensing, and Regulation (DLLR) increased overall by 1,326 from 2007 to 2011. Similarly, 825 more people with disabilities were reported to have obtained employment after receiving employment training or services from DORS or DLLR in 2011 than in 2007. Both of these performance measures are expected to show further improvement in 2012 and 2013.

Chart 6



*The DLLR data for training includes only Workforce Investment Act (WIA Customers) but not Labor Exchange customers. LE does not capture number of participants trained

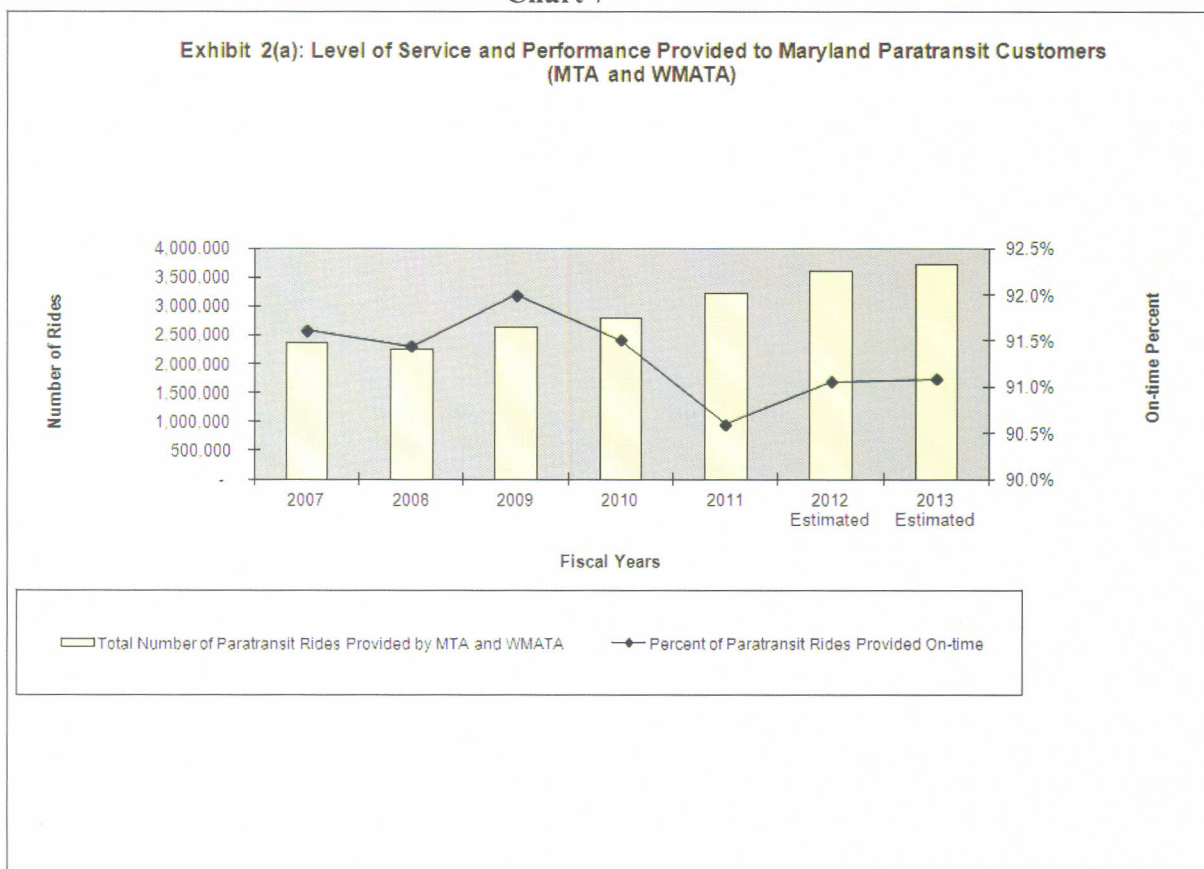
** DLLR data for employment includes both WIA and LE customers.

Source: MFR

TRANSPORTATION

Chart 7 shows the level of service and performance provided to Maryland paratransit customers, representing data from the Maryland Transit Administration (MTA) and the Washington Metropolitan Area Transit Authority (WMATA) for services in Montgomery and Prince Georges Counties. MTA and WMATA combined provided 841,947 more paratransit rides to people certified for paratransit in 2011 than in 2007. The combined percent of on-time paratransit rides also increased from 88 percent in 2004 (not shown) 90.6 percent in FY 2011. While rides are expected to increase in 2012 and 2013, the on-time percentage is expected to be maintained at or above 90 percent in those years.

Chart 7



Source: MFR

V. GLOSSARY OF ACRONYMS

ADA – Americans with Disabilities Act

ADAA – Alcohol and Drug Abuse Administration within the Maryland State Department of Health and Mental Hygiene

ADRC – Aging and Disability Resource Center

CACAT – Citizens Advisory Counsel for Accessible Transportation

CBS – Community Based Services

CEO – Chief Executive Officer

CMS – Centers for Medicare and Medicaid Services

COMAR – Code of Maryland Regulations

DBM – Maryland State Department of Budget and Management

DDA – Developmental Disabilities Administration within the Maryland State Department of Health and Mental Hygiene

DECD – Division of Early Childhood Development within the State Department of Education

DGS – Maryland State Department of General Services

DHCD – Maryland State Department of Housing and Community Development

DHMH – Maryland State Department of Health and Mental Hygiene

DHR – Maryland State Department of Human Resources

DLLR – Maryland State Department of Labor, Licensing, and Regulation

DORS – Division of Rehabilitation Services within the Maryland State Department of Education

DPN – Disability Program Navigator

EID – Employed Individuals with Disabilities Program (also referred to as the Medicaid Buy-In)

FHA – Family Health Administration within the Maryland State Department of Health and Mental Hygiene

FY – Fiscal Year

GOC – Governor's Office for Children

GOSV – Governor's Office on Services and Volunteerism

GWIB – Governor's Workforce Investment Board

ICF/MR – Intermediate Care Facility for the Mentally Retarded

IEP – Individualized Education Program

IDA – Individual Development Accounts

IMD – Institutions of Mental Disease

IT – Information Technology

JHU – Johns Hopkins University

JPG – Jurisdictional Planning Groups

LE – Labor Exchange

LSS – Local School System

LRE – Least Restrictive Environment

LTC – Long Term Care

MARC – Maryland Rail Commuter (train rail passenger service system)

MEMA – Maryland Emergency Management Agency

MCOD – Maryland Commission on Disabilities

MDOA – Maryland State Department of Aging

MDOD – Maryland State Department of Disabilities

MDOT – Maryland State Department on Transportation

Medicaid – Administration within the Maryland State Department of Health and Mental Hygiene

MFR – Management for Results

MHA – Mental Hygiene Administration within the Maryland State Department of Health and Mental Hygiene

MHEC – Maryland Higher Education Commission

MH-TWG – Mental Health Transformation Working Group

MIG – Medicaid Infrastructure Grant

MITP – Maryland Infant and Toddlers Program

MOU – Memorandum of Understanding

MPSSA – Maryland Public School Athletic Association

MSDE – Maryland State Department of Education

MTA – Maryland Transit Administration within the Maryland State Department of Transportation

MTAP – Maryland Technology Assistance Program

MVA – Motor Vehicle Administration within the Maryland State Department of Transportation

MWE – Maryland Work Employment

NF – Nursing Facility

NF-MFP – Nursing Facility transitions under the Money Follows the Person demonstration grant

NTAR – National Technical Assistance and Research Center to Promote Leadership for Increasing Employment and Economic Independence of Adults with Disabilities

NVA – Non Visual Access

ODHH – Office of the Deaf and Hard of Hearing

OIT – Office of Information Technology

PHA – Public Housing Authority

RFP – Request for Proposal

SES – Supported Employment Services

SILC – State Independent Living Council

SRC – State Residential Center

SSA – Federal Social Security Administration

UASI – Urban Area Security Initiative

UI – Unemployment Insurance

U.S. – United States

VOAD – National Volunteer
Organization Active in Disasters

VR – Vocational Rehabilitation

WEB EOC – Web Emergency Operating
Center

WMATA - Washington Metropolitan
Area Transit Authority

WIA – Workforce Investment Act