Annual State Progress Analysis

2010

Governor Martin O'Malley
Lt. Governor Anthony G. Brown
Secretary Catherine A. Raggio
Deputy Secretary George P. Failla, Jr.

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

TABLE OF CONTENTS

I. Executive Summary 3

II. FY 2010 Accomplishments

- Health and Behavioral Health..4
- Employment and Training..8
- Transportation..11
- Community Living..12
- Housing...14
- Education..15
- Children and Family Support Services 17
- Technology 18
- Emergency Preparedness...19

III. FY 2010 State Plan Year-to-Date Status Report

- Health and Behavioral Health..20
- Employment and Training..23
- Transportation..27
- Community Living..30
- Housing...33
- Education..35
- Children and Family Support Services 38
- Technology 41
- Emergency Preparedness...45

IV. Performance Data 47

V. Glossary of Acronyms 56

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 State Plan Progress Report 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 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. Section III presents 2010 Strategies and their year-to-date status. 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:

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

II. FISCAL YEAR 2010 ACCOMPLISHMENTS

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

- In its 2009 report, the National Alliance on Mental Illness (NAMI) awarded Maryland's adult mental health system the highest grade awarded in that year's report. Maryland was one of only six states to receive such a grade and Maryland's evaluation was a full grade higher than the level the state achieved in the previous report.

- Despite challenges of the State and national economic crisis dramatically reducing State tax revenue, State leadership has maintained access to services in the Public Mental Health System. The number of consumers who received PMHS services actually increased approximately 7-8 percent in the past year.

- Maryland was the first state in the country to add a comprehensive veterans' portal to the State's Network of Care Website to help veterans and service members with behavioral health needs obtain access to services and ensure that they are a part of a healthy community. Network of Care is a web-based resource providing simple and fast access to information on local, state and national behavioral health services. The Network contains a library of mental health articles, links to support and advocacy organizations. In the coming year the core service agencies will seek ways to continue to promote use of this valuable consumer support tool.

- In this fourth and final year of the Mental Health Transformation State Incentive Grant (MHT-SIG), in collaboration with the Mental Health Transformation Office and On Our Own of Maryland, provided for Wellness and Recovery Action Plan (WRAP) and incorporating 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.

- Maryland is now working to establish Centers of Excellence among leading providers. This project will provide state-of-the art training and technical assistance, overseen by the Recovery Training Institute of our statewide consumer organization to ensure that recovery is optimally supported within these provider organizations.

- Also noteworthy are other MHTO supported consumer initiatives including Consumer Quality Teams and adult and child leadership institutes. Further reflecting the State's continued commitment to increase the availability of consumer and family-operated support services, this year's strategy to amend Maryland's Medicaid State Plan for community services to add Peer Support services, Supported Employment, and Crisis Services will promote the goals of recovery and resiliency. The Consumer Quality Team (CQT) continues to conduct unannounced visits to mental health service providers. In FY 2009, the CQT expanded into Prince George's and Cecil Counties and during the year, CQT conducted visits to Psychiatric Rehabilitation Programs (PRP's) in 10 jurisdictions. They also conducted visits to 5 of MHA's psychiatric facilities. The CQT conducted 170 site visits, interviewing more than 850 consumers. They also conducted 15 feedback meetings. During the year, training curriculum and materials were developed and 150 hours of training was provided to CQT members. CQT staff worked with members of the Transition Aged Youth Committee to assist with the development of a consumer evaluation team for programs serving Transition Aged Youth. Staff members also worked with the University of Maryland's Systems Evaluation Center (SEC) on SEC's evaluation of the CQT Program. MHA continues and expands the Implementation of training and technical assistance to enhance the cultural competence of mental health professionals.

- 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.

- Maryland, along with Missouri Department of Mental Health and the National Council for Behavioral Healthcare, adapted MHFA from Australia

for the United States. U.S. manual and teaching notes were published in October 2009. MHA, in collaboration with the Mental Health Association of Maryland, and OOOMD, has adopted the MHFA program to educate the general public to recognize signs of an emerging mental illness or a mental health crisis and to develop the capacity to respond to individuals experiencing psychiatric emergencies. In Maryland, 75 MHFA instructors and 1,521 “First Aiders” have been trained. Three area colleges also participated in this initiative.

- Maryland is working towards development of infrastructure and fiscal policy changes in Maryland to support tele-mental Health Services in the community. The State has drafted a proposed chapter of regulations that would govern psychiatric consultations in designated rural areas and set forth the technical requirements for bandwidth, monitoring, resolution, and security.

- Following national recognition of MHA’s Supported Employment Program, one of MHA’s Assertive Community Treatment Program sites, People Encouraging People, was awarded SAMHSA’s Science and Service Award in 2009. This award recognizes exemplary implementation of evidence-based interventions that have been shown to prevent and/or treat mental illnesses and substance abuse.

- Through the use of the transformation grant, MHA has retained a consultant with special expertise in the area of mental health services for older adults and their families to develop strategic plans for this population. Working with a broad range of stakeholders and experts in the field of geriatric mental health, the consultant has mobilized resources to collect data on the current mental health needs of older Marylanders using the state’s Medicaid database; survey residential service providers to determine the characteristics and service needs of older people with both physical health needs and psychiatric disorders; and identify best practices for addressing their needs.

- Outcomes Measurement System (OMS) in operation since September 2006, is the result of a collaborative relationship among MHA, the University of Maryland Systems Evaluation Center (SEC), and MHA’s Administrative Services Organization (ASO). The OMS was developed to collect information on individuals, age 6-64, who are receiving outpatient mental health treatment services from outpatient mental health centers (OMHCs), Federally Qualified Health Centers (FQHCs), and hospital-based mental health centers. In 2009, there were two major accomplishments related to OMS: 1) launch of an OMS data mart, and 2) continued development of analytical structures to begin to report client outcomes.

Children & Adolescents

- In June 2007, Maryland initiated its Youth MOVE (Youth Motivating Others through Voices of Experience) program, based on the national model. Currently 13 of Maryland's 24 counties are funded to develop local Youth MOVE advocates and chapters. A total of 65 youths from across the state are actively involved in this initiative.

- Ongoing implementation of the CMS funded Psychiatric Residential Treatment Facility (PRTF) Demonstration Project, a 1915(c) Medicaid waiver that currently is open in 18 jurisdictions, serving 92 enrollees and with an expanded capacity of 210 slots. The waiver provides community based services such as family to family peer support, youth to youth peer support, respite care, and other unique services in innovative new ways under an approach to care management rooted in a High Fidelity Wraparound philosophy.

- MHA has continued efforts to improve services for youth and young adults and, when appropriate, their families especially those who are in transition from the child and adolescent system to the adult life. The Healthy Transition Initiative (HTI) is a Substance Abuse and Mental Health Services Administration (SAMHSA) - funded service demonstration targeting Transition Aged Youth (TAY) ages 16-25 in Washington and Frederick Counties who also have serious mental illness.

- MHA has implemented the Substance Abuse and Mental Health Services Administration (SAMHSA) System of Care grants with the objective of improving mental health outcomes for children, youth, and families served by or at risk of entering the foster care system. Maryland CARES has a focus on children and youth in foster care in Baltimore City; and RURAL CARES operates in nine (9) eastern shore counties. Both projects use Care Management Entities (CMEs) and High Fidelity Wraparound processes.

- MHA has continued to support the Maryland Child and Adolescent Mental Health Institute to further develop and disseminate evidence based practices (EBPs) for Children & Adolescents including, treatment foster care, trauma informed care, functional family therapy and multi-systemic therapy; and research best practices in psychiatry to address the reduction of negative side effects of medication and prevention of obesity and morbidity for children in the child welfare system.

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:

- Continued collaboration with DLLR and DORS to host The No Spare Marylander Intensive Employment Workshops throughout Maryland.
- MDOD co-sponsored Employment Summit on Maryland's Eastern Shore attended by 56 businesses.
- In collaboration with DBM, DORS and hosting state agencies, twenty-one Quest Interns were placed in opportunities throughout State Government.
- Updated Employer and Job Seeker Work Matters fact sheets; created new fact sheets on Security Clearance, BRAC jobs, Addressing Criminal Records, Travel Training, Exit Document, Asset Development; provided over 20,000 copies at no cost to transition counselors, state agency partners, non-profit service providers and individuals with disabilities.
- Launched Job Seeker website, www.mdeid.org to assist individuals with disabilities in obtaining their work goals
- Created a series of Essential Workplace Skills webinars in partnership with DORS and Harford Community College. Over 65 individuals participated in the initial trainings, which will shortly be available available for viewing at www.mdeid.org.
- Served as the part of the national leadership team for the nationwide marketing campaign targeting employers titled "Think Beyond the Label". MD was given the opportunity to exhibit and share Employer Fact Sheets and related materials at the US Chamber of Commerce Small Business Summit in Washington DC. National marketing materials have also been customized for use statewide featuring the "MD Work Matters" logo and website address.
- In partnership with MSDE/DORS, DBED and DLLR developed a coordinated employer outreach plan with an emphasis on social marketing and launched www.mdworkmatters.org an employer portal connected to national Think Beyond the Label website.
- Initiated a data effort between DDA and Unemployment Insurance database to determine baseline employment data for all adults receiving DD services as a starting point for the Employment First effort.

- Hosted a Learning Disabilities Summit in partnership with MSDE and Howard Community College attended by over 60 parents and transition age youth with learning disabilities.
- Delivered 46 EID trainings and conducted outreach to over 90 organizations.
- Assisted in the completion of 501 new EID applications and 77 redetermination applications. (Total enrollment of 571).
- Delivered training and technical assistance to nineteen benefits counselors and EID Outreach staff. Training included:
  - state-specific benefits;
  - residential program fees,
  - private insurance and asset development; and
  - monthly conference calls addressing case studies
- Created a state benefits certification process as a wrap around to the SSA certification and certified 4 counselors, twelve others are still pursuing certification.
- Convened a statewide summit on asset development strategies co-hosted by DHR and GOC Finalized the NTAR State Leaders Innovation Institute action plan to increase access to Base Realignment and Closure (BRAC) jobs for qualified job seekers with disabilities.
- Completed the NTAR State Leaders Innovation Institute action plan to increase access to Base Realignment and Closure (BRAC) jobs for qualified job seekers with disabilities.
- Partnered with GWIB and other key agencies to launch a universal design initiative to assist One Stop Career Centers in serving all customers. Obtained technical assistance for five local One Stops at no cost to the state.
- DDA continued 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. Technical assistance was provided to seven providers interested in implementing employment first policies.
- Provided recommendations for the MHEC State Plan and the Task Force on Financial Literacy and partnered with MSDE to add disability specific curriculum to the Take Charge American Financial Curriculum, a national curriculum used in Maryland.

- Increased federal funding of Medicaid Infrastructure Grant by $150,000 to total of $750,000 annually.

- Provided funds to support three local job fairs for individuals with disabilities attended by several hundred job seekers.

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:

- Improved paratransit performance in the Baltimore area over the past five years by nearly 20%. Progress has continued through 2010.
- Achieved a routine on-time performance in paratransit above 90%.
- 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.
- Improved training of personnel by hiring people with disabilities to provide the training to drivers, managers, call center personnel and others.
- 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.
- 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.
- Initiated expanded travel training and fixed route system orientation for paratransit patrons and prospective paratransit patrons, in order that passengers with disabilities have an enhanced array of transportation options.

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:

- MDOD entered into an MOU with DHMH to provide peer outreach to nursing facility residents in 12 Maryland counties (2 regions-Eastern and Northern) to discuss community living options. Outreach began in the Northern region in early May 2010, and in the Eastern region in early July 2010.

- The Governor established the statewide Autism Commission with appointed representation from the General Assembly, State agencies, researchers, service providers, institutions of higher education, family members and individuals with Autism Spectrum disorders. The group began meeting in November of 2009. The interim report is due June 1, 2011, and its final report is due by September 30, 2012.

- MDOD's Attendant Care Program expanded access through regulatory revisions that permit family members (other than a spouse) to be personal assistance providers and increased the age of a n eligible participant to older than 64 years if initial eligibility established prior to the individual's 65 birthday.

- 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 clean up 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. DDA selected a targeted case management with enhanced choice of provider as its model in response to recurring themes identified at the meetings, which included that people with developmental disabilities wanted to: direct their lives, have viable support options, and have information to make decisions.

- Work surrounding the Money Follows the Person Demonstration Project continued throughout the State. Since the implementation of the demonstration, a total of 535 transitioned out of institutions by the end of June 2010.

- 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 six of the largest public housing authorities in Maryland to obtain 260 housing choice vouchers for individuals with disabilities.
- Supported successful legislation to expand transit oriented development that incorporated accessible housing features.
- Worked to achieve improved consensus around issues of Visitability and Homelessness. This work will continue in 2011.
- Continued to convene a Statewide Housing Taskforce to develop ways to increase housing opportunities for people who receive SSI or SSDI benefits and improve data analysis regarding housing measures.

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 Governor's Interagency Transition Council (IATC) approved its Strategic Plan in April 2010. The plan will measure the number of Maryland students who exit secondary school; who are employed while enrolled and upon exiting secondary school; are in postsecondary education upon exiting school; and whose families report they had the necessary information and supports during the transition process.

- The Maryland Department of Disabilities and Maryland State Department of Education held the *Statewide Forum for Students with Learning Disabilities Planning to Attend Community College*. The forum was targeted to Maryland students with learning disabilities in the 11th and 12th grades who are planning to attend community college and focused on three key areas: documentation students need to request supports and services at college; types of supports and services available to students; and students' rights and responsibilities at college. In total, 25 students and 32 family members participated.

- The *Maryland Exit Document* was distributed for the first time to students with IEPs upon exiting school. It was developed by the Maryland State Department of Education and is a companion document to the Maryland High School Diploma and the Maryland Certificate of Completion. The document is created using a web-based program and summarizes a student's skills, strengths, and interests, and indicates supports that may assist in ensuring success following secondary education. The Maryland Department of Disabilities developed a corresponding fact sheet detailing the Maryland Exit Document for students, families, and school personnel.

- The Maryland Seamless Transition Collaborative (MSTC), administered by the Maryland State Department of Education (DORS), approved three additional sites for funding: Baltimore County, Harford County, and Wicomico County. In addition, three existing sites, Carroll, Charles, and Anne Arundel counties, are now successfully sustaining their MSTC programs using county resources.

- Supported successful legislation designed to:
  - Change the term "Emotional Disturbance" to "Emotional Disability" for students with IEPs.
  - Create a task force to explore the incorporation of the Principles of Universal Design for Learning (UDL) into the Education System in Maryland.
  - Create standards for the mastery of Braille for use in English, language arts, and mathematics instruction of students who are blind or visually impaired in pre-kindergarten through the 12th grade.
  - Increase youth suicide awareness by providing students in the 6th through 12th grades with information on the Maryland Youth Crisis Hotline.

- Dropout rates for students with disabilities fell from 15.3% to 14.6% and suspension rates fell from 5.1% to 4.4%.

- More than 65% of students with disabilities are being educated in general education settings (LRE A- with general education peers 80% of the time or more).

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 received $14.4 million dollars in federal funding to implement an integrated Individual Family Service Plan (IFSP) option for children from birth to age five.
- 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)
- Through the work of the Children's Cabinet, three Care Management Entities (CME) were awarded and began serving youth in all areas of the state. Children in need of intensive supports in the community including youth served in DHR, DJS or MHA's RTC Waiver can access services implemented consistent with evidence-based High Fidelity Wraparound model. These intensive services can be accessed in the community for up to two years. There are 344 children accessing service throughout the state.

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:

- Assistive Technology Loan Program furthered its existing partnership with State Employees Credit Union of Maryland as a primary lender. This program provides people with low interest loans underwritten by the State to purchase assistive technology or for home modifications.
- With the Department of Information Technology, developed a series of fact sheets for information technology and web-development staff to improve non-visual access to State government websites to make information accessible for people with disabilities.
- Expanded the number of participating vendors providing discounts on products through the Maryland Assistive Technology Co-op to provide affordable technology to people with disabilities.
- Hosted representatives from Mongolia and Latvia to discuss ways to address assistive technology and access for services for people with disabilities in conjunction with the State Department and DBED.
- Continued to fund modifications to State owned property to improve physical and sensory accessibility through the Access Maryland Program. $1.6 million dollars in State funding is utilized annually to improve accessibility in government, education, and recreation settings. In FY 2010, eighteen projects were in the construction phase. In FY 2011 and 2012, an additional 17 projects were approved for funding.

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 UASI 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.
- Collaborated with Local Emergency management staff after the series of weather events in the winter of 2009-2010 to determine level of disability related constituent concerns. (No major incidents identified).
- 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).
- Facilitated planning with DHR, DHMH, MEMA and DGS regarding changes in federal guidance surrounding Functional Needs Sheltering.

REDUCED STAFFING IMPACT:

OVER THE PAST TWO 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 2010 STATE PLAN YEAR-TO-DATE STATUS REPORT UPDATES

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.	
Goal 1: People with disabilities will have access to high quality, consumer- centered behavioral health services.	
STRATEGIES	**2010 STATUS**
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	Ongoing - 2009 and 2010 objectives met; merged into one WRAP strategy in 2011(1-2A); indicators set
1.1 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	
1.2 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	Ongoing – 2010 objectives met; 2011 indicators set (1.3A)

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	Ongoing – 2010 objectives met; 2011 indicators set (1.2B)
Goal 2: People with a wide range of non-psychiatric disabilities and co-occurring psychiatric disabilities will have access to behavioral health services.	
STRATEGIES	**2010 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, ODHH** Reference: MHA FY2009 State Plan; Strategy 3.1F	Modified 2009 objectives achieved by applying 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; ODHH; consumers and family advocacy groups; local service providers** Reference: MHA FY2010 State Plan; Strategy 3.1C	Ongoing – 2010 objectives met; 2011 indicators set (3-2B)
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
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)

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

# 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.	
STRATEGIES	**STATUS**
1.1 Continue work with partner agencies to implement NTAR Action Plan. **Responsible Unit(s): MDOD, DHCD, MDOT, DLLR, GWIB,**	Ongoing
1.2 Create a BRAC specific section of the website by to highlight results of NTAR partnership. **Responsible Unit(s): MDOD**	In progress
1.3 Ensure economic development plans include accessible affordable housing, and transportation. **Responsible Unit(s): MDOD, MDOT, DHCD**	Ongoing
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
Goal 2: Increase awareness and availability of quality work incentives counseling and other resources to support individuals with disabilities in achieving their employment goals.	
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
2.2 MDOD will assist a minimum of 500 individuals per	Ongoing

	year in completing their EID applications resulting in at least 350 individuals being enrolled in the EID. **Responsible Unit(s): MDOD**	
[2.3	MDOD in partnership with the WIPA will facilitate creation of a proposed Benefits Counseling Infrastructure and develop appropriate curriculum and training plan using MIG resources. **Responsible Unit(s): MDOD, WIPA, and MIG**	Completed
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**	In progress
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- Five events in 2010
2.5	MDOD will develop sustainability plan for MIG activities. **Responsible Unit(s): MDOD**	In progress
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
Goal 3: Create and replicate best practices that increase integrated, individualized employment outcomes for Marylanders with disabilities.		
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**	In progress
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**	Ongoing

	and MIG	
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
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
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)
Goal 4: Promote awareness of the skills and abilities of job seekers with disabilities to large and small employers.		
STRATEGIES		**STATUS**
4.1	MDOD will continue efforts to promote the national Think Beyond the Label 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
	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	
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 Mobility'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 is a part of the business plan, additional funding is needed for expansion.
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**	Ongoing-added additional resources and links through new transitioning youth website
1.4 Increase the availability of accessible taxis for consumers. By December of **2010** examine the feasibility of purchasing additional accessible vehicles as prototypes of accessible taxicabs. **Responsible Unit(s): MDOT, MTA, and WMATA**	Study completed but purchase of additional vehicles delayed in current fiscal environment.
1.5 Include transportation considerations at each stage of	Ongoing

planning activities for Livable Communities and BRAC based initiatives. **Responsible Unit(s): MDOD, MDOT, MDP, DBED, DLLR, and DHCD**	
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 is contracting with individuals with disabilities to provide the service.
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 CCAT 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
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 revised policy anticipated in Spring 2011
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
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.	
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**	Bill failed in legislature.

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
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
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.		
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**	Ongoing
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**	Ongoing

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.	
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.
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 has expanded to include Baltimore County.
1.3 Continue to support MDoA's Nursing Facility Diversion Efforts. **Responsible Unit(s): Medicaid (Long Term Care), MDOD, and MDoA**	Ongoing
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 3 fiscal years. New Protocol being developed

		with DHMH and Stakeholder Advisory Group.
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**	Ongoing
1.6	Monitor individuals impacted by the closure of the Rosewood Center at 30, 60, and 90 days post transition. **Responsible Unit(s): Medicaid, DDA, MDoA, and MDOD**	Completed
1.7	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. MDOD entered into MOU with DHMH to provide peer outreach in the Northern and Eastern regions of the State.
1.8	Identify strategies to increase capacity among community-based service providers. **Responsible Unit(s): Medicaid, MHA, DDA, MSDE, DHR, MDOD, and MDoA**	Ongoing
1.9	Work with the Developmental Disabilities Administration to support delivery of community based services for individuals impacted by the closure of the Rosewood Center. **Responsible Unit(s): DDA and MDOD**	Completed
1.10	Work with families to address concerns of quality of life and continuity of care for residents of Rosewood during the transition to community-based settings. **Responsible Unit(s): DDA and MDOD**	Completed
Goal 2: Individuals with long-term service and support needs will report an improvement in their quality of life.		
STRATEGIES		**STATUS**
2.1	Partner with the MDoA and DHMH to obtain a federal grant from the Centers for Medicaid and Medicare Services	2009 Grant application

	(CMS) in order to create a pilot program for Person-centered Hospital Discharge Planning. **Responsible Unit(s): MDoA, Medicaid, DHR, and MDOD**	unsuccessful. 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.		
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.	
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**	Requires further study
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**	MDOD supported successful voucher applications through seven largest PHAs.
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**	Ongoing conducted summit with GOC and DHR
1.4 By June 2009, include persons with long-term care needs in the State Housing Consolidated Plan. **Responsible Unit(s): DHCD**	Ongoing
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**	Supported expansion of Mellville Act at the federal level.
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**	Not yet implemented

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.	
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**	Strategy Refined On-going
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**	Completed- Re-referred to Interim study in Senate- new bill expected during 2011 session.
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 tabled
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.	
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
3.2 By April 2009, convene a group to promote and increase the availability of Universal Design in Maryland. **Responsible Unit(s): MDOD/MDTAP, MDoA, MSDE and DHCD**	Strategy abrogated
3.3 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**	Not yet implemented

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.	
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**	Not yet implemented
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 2010 – 2011 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
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.	
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- New Universal Design for Learning task force
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
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.	
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
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.	
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
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**	Website launched October 1, 2010 Updates ongoing
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

Goal 5: Increase the number of high-quality professionals and paraprofessionals serving students with disabilities in public schools.	
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**	Ongoing
Goal 6: Public schools will recognize and partner with parents in educational decision-making for students with disabilities.	
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
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**	Ongoing- with PPMD
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**	Not yet implemented
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**	Not yet implemented
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
6.6 Distribute resource information for parents of children with disabilities associated with BRAC. **Responsible Units: MSDE, MDOD, and DLLR**	Fact sheet completed Distribution ongoing

# 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.	
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 Expand family respite care throughout the state. **Responsible Unit(s): DDA, MHA, MDOD, GOC, and DHR**	Further implementation delayed
1.7 Encourage the development of partnerships in local jurisdictions to enhance opportunities for children with	Ongoing

disabilities to access intra-and extracurricular activities, 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.	
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**	Federal funding for birth to five for integrated IFSP option
Goal 3: Identify ways to improve utilization of support services available through Medicaid home and community based waiver programs and registries (interest lists).	
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**	Not yet implemented
3.3 Develop paradigm for caregiver networks that involve family and public service options. **Responsible Units: GOC and Local Management Boards**	Ongoing- 3 New CMEs, MD Cares and Rural Cares
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.	
STRATEGIES	**STATUS**
4.1 With Children's Cabinet agencies, study best local 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**	Ongoing
4.2 Ensure that informational material for children and	Not yet

	families is available in multiple languages, reading levels, American Sign Language, captions and non-visual formats. **Responsible Unit(s): MSDE, DHR, DHMH, and MDOD**	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: Provide technical assistance to improve State agency website compliance with Information Technology Non-Visual Access Policy.	
STRATEGIES	**STATUS**
1.1 Obtain on-going funding 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
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**	Completed
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**	Ongoing
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.	
STRATEGIES	**STATUS**
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**	Ongoing
2.2 Develop vendor training to explain compliance with hardware and software procurement laws and policy. **Responsible Unit(s): MDOD and MDTAP**	Completed September 2009
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.	
STRATEGIES	**STATUS**
3.1 Conduct outreach to individuals with disabilities, families and professionals about assistive technology and services through presentations, resource fairs and conferences, and other public forums to at least 1,900 people of a broad range of ages and disabilities throughout Maryland. **Responsible Unit(s): MDTAP**	Ongoing
3.2 Deliver 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**	Ongoing
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
Goal 4: MDTAP will improve gap-free 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.	
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**	Ongoing
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**	Not yet implemented
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.	
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**	Ongoing
5.2 Determine the extent to which Speech Language Pathologists are able to evaluate people with disabilities for AAC devices. **Responsible Unit(s): MDTAP**	Through Voices of Freedom Program recycled two devices, provided AAC to ten individuals and supported transition of ten individuals.
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**	Working with Centers for Independent Living throughout the State to facilitate this process.
Goal 6: Maryland will develop a plan with key agencies to create environmentally responsible, medically safe and fiscally sound durable medical equipment and other Assistive Technology reuse program.	
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**	Not initiated for fiscal concerns
6.2 Meet with Independent Living Centers to develop budget needs and plan for Equipment Reuse Program. **Responsible Unit(s): MDTAP and CILs**	Not yet implemented
6.3 Meet with DHMH and begin planning for Durable Medical Equipment Reuse Program. **Responsible Unit(s): MDOD and Medicaid**	Not initiated for fiscal concerns
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 recycling instructions. **Responsible Unit(s): MDTAP, DME vendors**	Not initiated for fiscal concerns
6.5 Develop funding package for Equipment Reuse program. **Responsible Unit(s): MDTAP GGO, and DBM**	Not initiated for fiscal concerns

Goal 7: Maryland Assistive Technology Co-operative (AT Co-op) will continue to give public schools and consumers with disabilities greater purchasing power.	
STRATEGIES	**STATUS**
7.1 Secure dedicated funding for AT Co-op in FY 2009. **Responsible Unit(s): MDTAP and GGO**	Completed
7.2 Research methods and opportunities to expand AT Co-op. **Responsible Unit(s): MDTAP and GGO**	Ongoing

# 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.	
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.	
STRATEGIES:	**STATUS**
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**	Tabled pending additional resources for planning staff.
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**	Ongoing
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**	Ongoing
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**	Ongoing
Goal 2: DDA licensed residential homes, State Residential Centers, Nursing Homes and Assisted Living Facilities will 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.	Ongoing

	Responsible Units: MDOD, MEMA, DDA, and MDoA	
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.		
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
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**	Not yet implemented
Goal 4: People with disabilities will be able to receive timely and accessible voice and text notification in the event of an emergency.		
STRATEGIES:		**STATUS**
4.1	Assess emergency notification systems used in each jurisdiction to determine communication 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**	Not yet implemented
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 2010 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

Chart 5: Percentage of Elderly and Disabled Served by DHR Adult Services Who Will Be Living at their Maximum Level of Independence in the Community.

Employment and Training

Chart 6: Employment Training or Services and Employment Outcomes for People with Disabilities Provided by the Developmental Disabilities Administration and the Mental Hygiene Administration; and

Chart 7: 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.

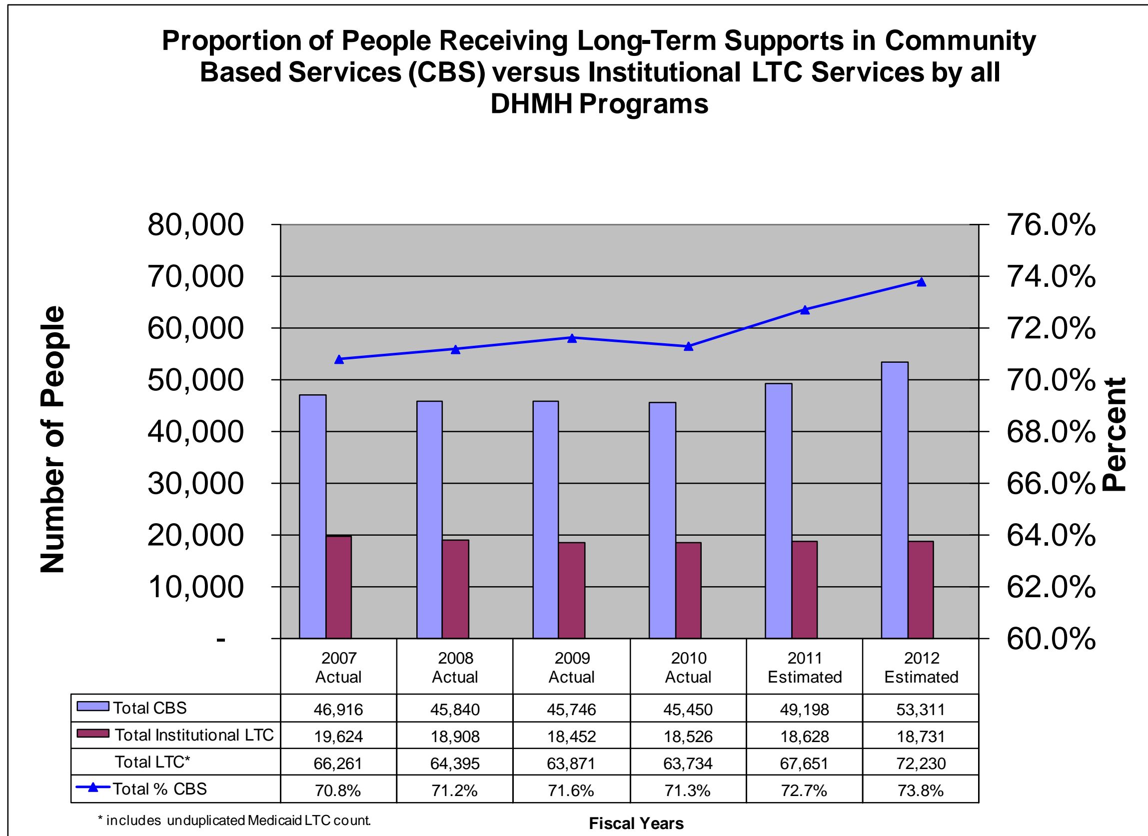
Transportation

Chart 8: 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 18,731 or one-fourth of the 72,230 total recipients. An estimated 6,395 more people are expected to receive Community Based Services in 2012 than in 2007 (Chart 1).

Chart 1



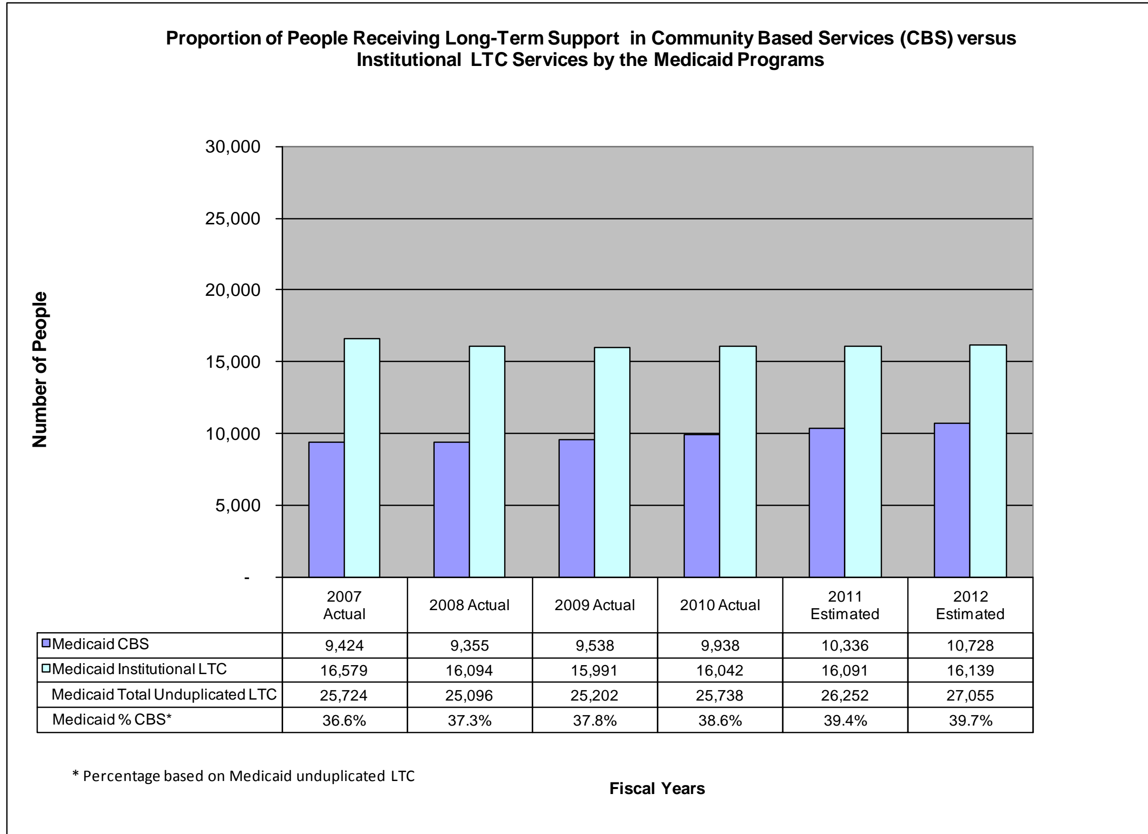
	2007 Actual	2008 Actual	2009 Actual	2010 Actual	2011 Estimated	2012 Estimated
Total CBS	46,916	45,840	45,746	45,450	49,198	53,311
Total Institutional LTC	19,624	18,908	18,452	18,526	18,628	18,731
Total LTC*	66,261	64,395	63,871	63,734	67,651	72,230
Total % CBS	70.8%	71.2%	71.6%	71.3%	72.7%	73.8%

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 re-balancing services is a study in contrasts between the high percentages of services being delivered in the community by DDA (99 percent) and MHA services (over 86.9 percent in 2010) on the one hand, while on the other hand this indicator has lagged at a strikingly lower percentage of community based Medicaid Long-Term Support Services for people with physical disabilities and seniors (38.6 percent in 2010).

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 39.7 percent in 2012. With continuation of the Money Follows the Person Demonstration Pilot, we should see this indicator continue to improve.

Chart 2



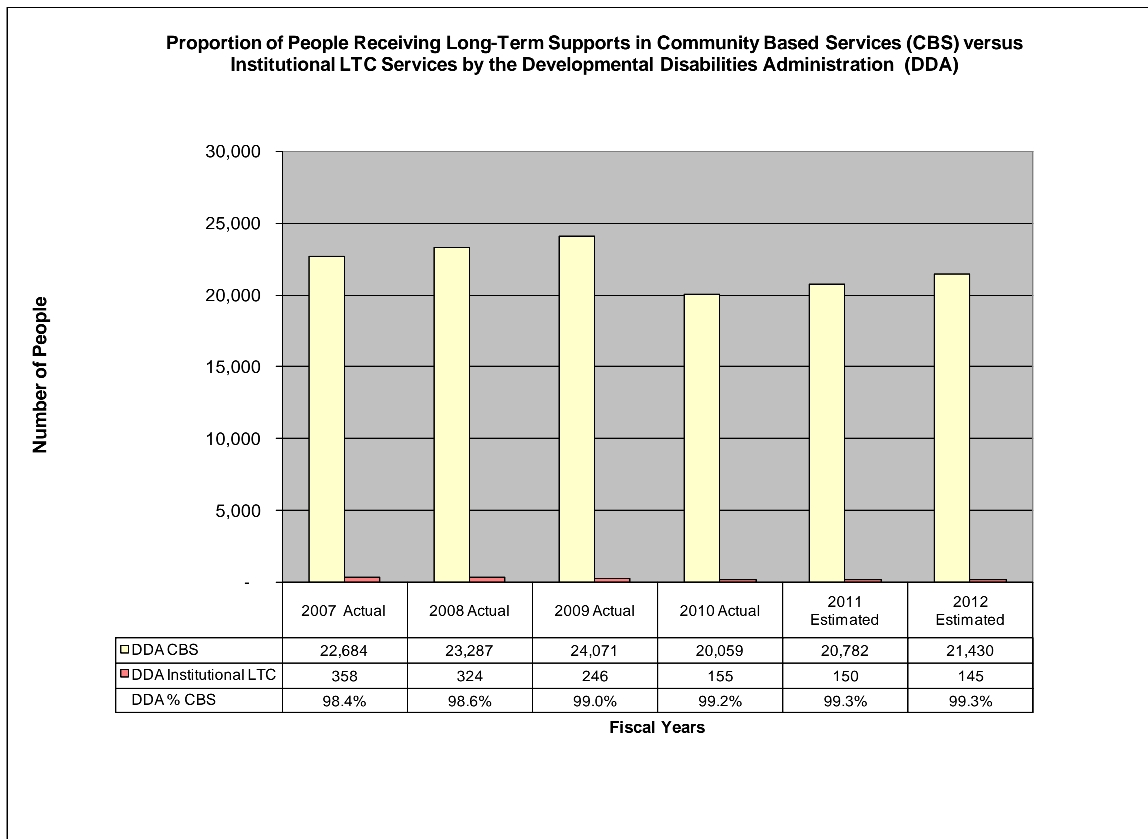
	2007 Actual	2008 Actual	2009 Actual	2010 Actual	2011 Estimated	2012 Estimated
Medicaid CBS	9,424	9,355	9,538	9,938	10,336	10,728
Medicaid Institutional LTC	16,579	16,094	15,991	16,042	16,091	16,139
Medicaid Total Unduplicated LTC	25,724	25,096	25,202	25,738	26,252	27,055
Medicaid % CBS*	36.6%	37.3%	37.8%	38.6%	39.4%	39.7%

Source: MFR

COMMUNITY LIVING (Continued)

The percentage of people receiving Community Based Services through the Developmental Disabilities Administration (DDA) has increased to 99 percent of the total served in 2009, and this indicator is expected to reach 99.3% in 2012(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



	2007 Actual	2008 Actual	2009 Actual	2010 Actual	2011 Estimated	2012 Estimated
DDA CBS	22,684	23,287	24,071	20,059	20,782	21,430
DDA Institutional LTC	358	324	246	155	150	145
DDA % CBS	98.4%	98.6%	99.0%	99.2%	99.3%	99.3%

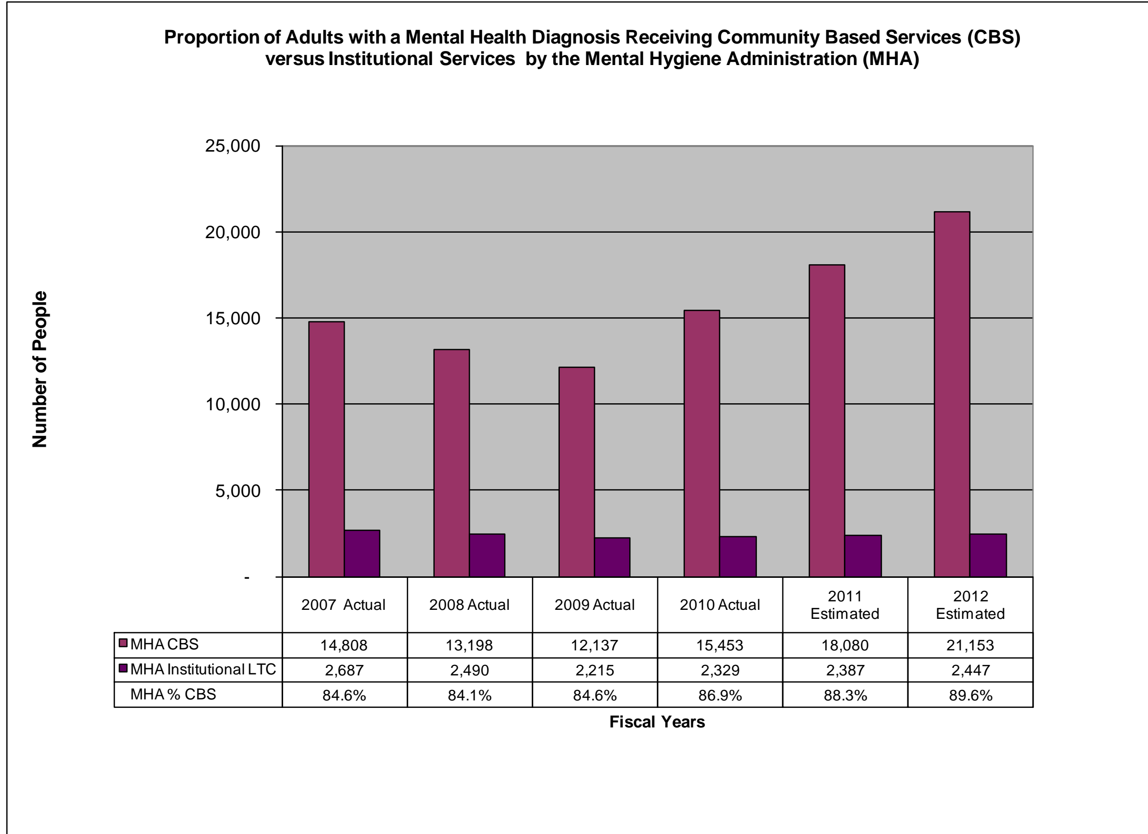
Source: MFR

[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 nearly 90% of adults with mental health diagnosis served by the Mental Hygiene Administration are expected to receive community based services in 2012.

Chart 4



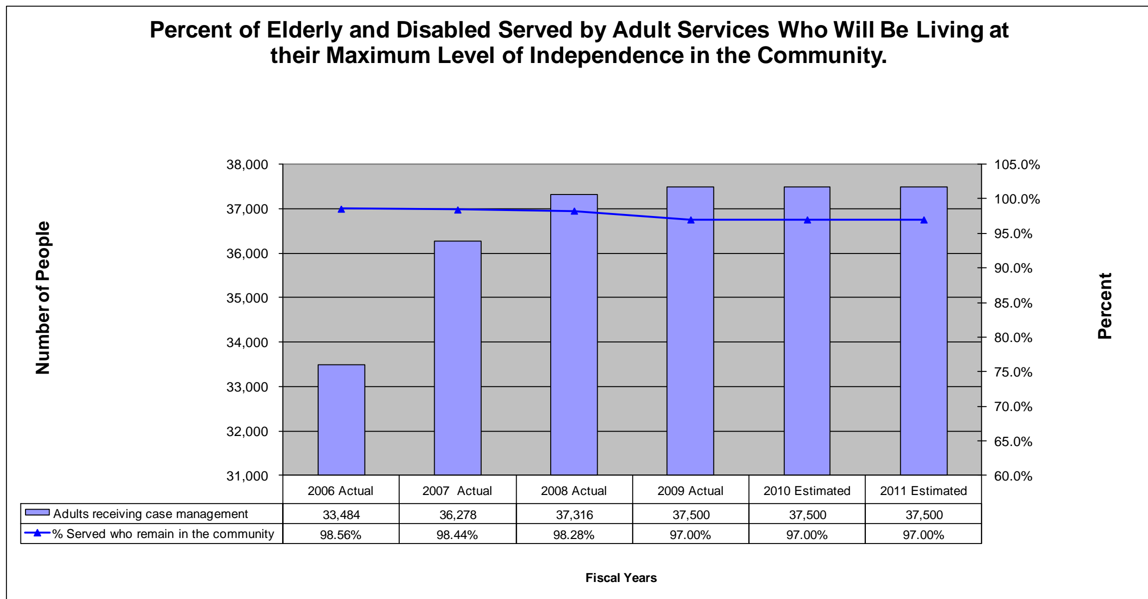
	2007 Actual	2008 Actual	2009 Actual	2010 Actual	2011 Estimated	2012 Estimated
MHA CBS	14,808	13,198	12,137	15,453	18,080	21,153
MHA Institutional LTC	2,687	2,490	2,215	2,329	2,387	2,447
MHA % CBS	84.6%	84.1%	84.6%	86.9%	88.3%	89.6%

Source: MFR

COMMUNITY LIVING (Continued)

The Department of Human Resources (DHR), through local Departments of Social Services and community based agencies, provides services to the elderly and individuals with disabilities. This service delivery system protects vulnerable persons, promotes self-sufficiency, and prevents or delays institutional care. Adult Services is committed to services delivered in a manner that maximizes a person's ability to function independently. The Office of Adult Services administers Adult Protective Services, Adult Guardianship, Social Services to Adults (case management services), In-Home Aide Services, Project Home (a supportive Housing Program), and Respite Care (for unpaid caregivers of family members with disabilities).

Chart 5



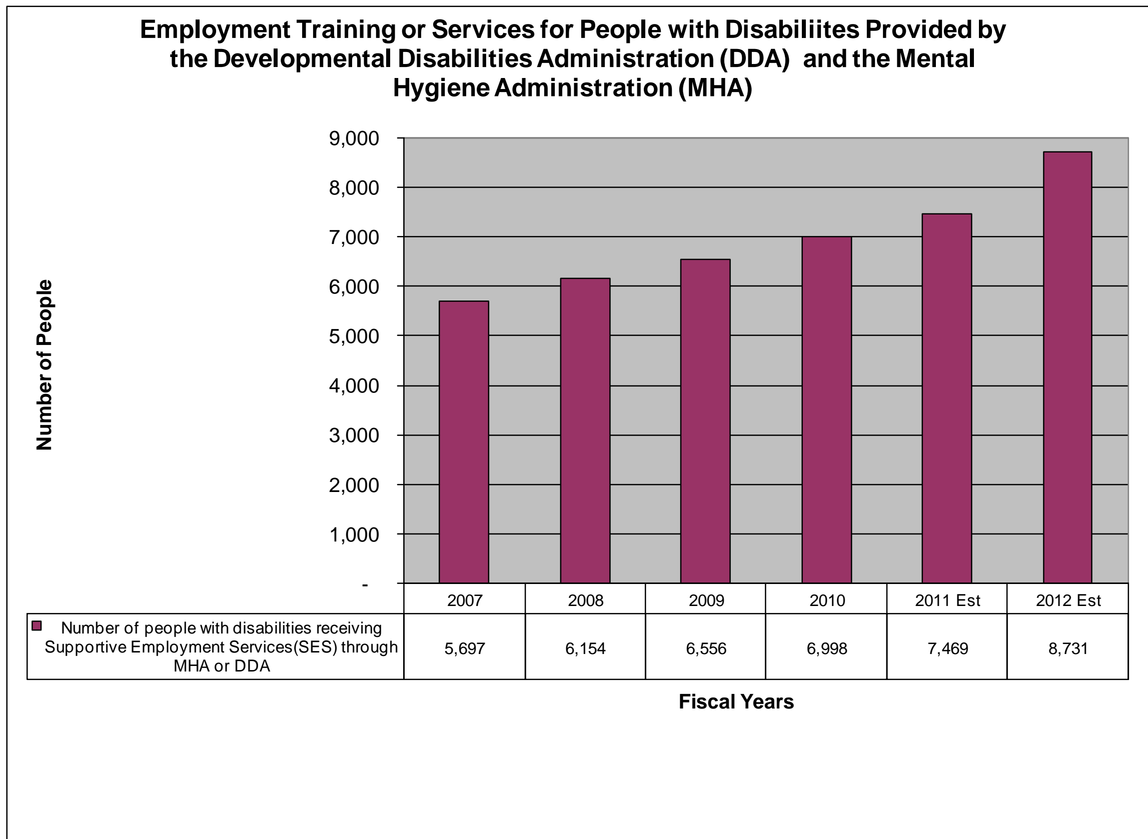
	2006 Actual	2007 Actual	2008 Actual	2009 Actual	2010 Estimated	2011 Estimated
Adults receiving case management	33,484	36,278	37,316	37,500	37,500	37,500
% Served who remain in the community	98.56%	98.44%	98.28%	97.00%	97.00%	97.00%

Source: MFR

EMPLOYMENT AND TRAINING

Chart 6 and 7 show performance data for employment training or services and employment outcomes for Marylanders with disabilities served through four different units of State Government. Chart 6 shows that over 1,301 more people with disabilities received Day Services or Supported Employment Services through the Developmental Disabilities Administration (DDA) or the Mental Hygiene Administration (MHA) in 2010 than in 2007, and further increases are expected in 2011 and 2012.

Chart 6



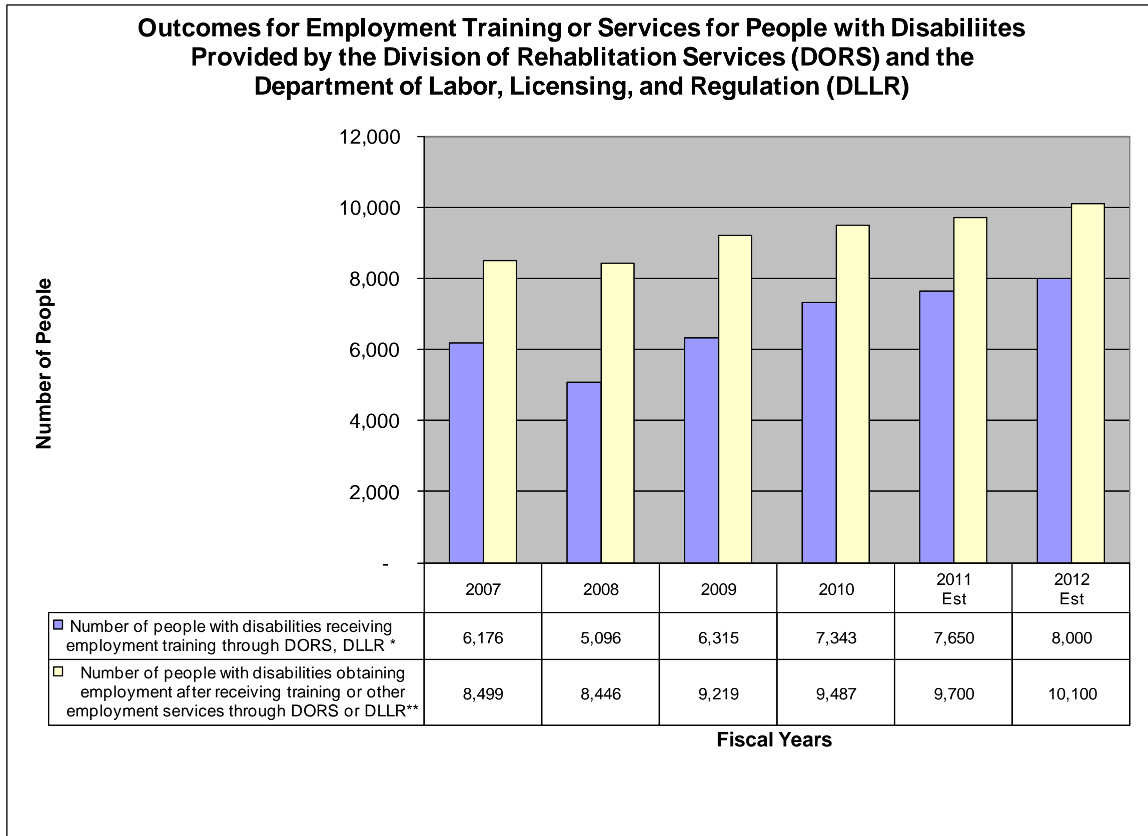
	2007	2008	2009	2010	2011 Est	2012 Est
Number of people with disabilities receiving Supportive Employment Services(SES) through MHA or DDA	5,697	6,154	6,556	6,998	7,469	8,731

Source: MFR

EMPLOYMENT AND TRAINING (Continued)

Chart 7 shows that employment training services provided people with disabilities by the Division of Rehabilitation Services (DORS) and the Department of Labor, Licensing, and Regulation (DLLR), while declining in 2008 because of resource and capacity issues reported by DORS, has increased overall by 1,167 from 2007 to 2010. Similarly, 988 more people with disabilities were reported to have obtained employment after receiving employment training or services from DORS or DLLR in 2010 than in 2007. Both of these performance measures are expected to show further improvement in 2011 and 2012.

Chart 7



	2007	2008	2009	2010	2011 Est	2012 Est
Number of people with disabilities receiving employment training through DORS, DLLR *	6,176	5,096	6,315	7,343	7,650	8,000
Number of people with disabilities obtaining employment after receiving training or other employment services through DORS or DLLR**	8,499	8,446	9,219	9,487	9,700	10,100

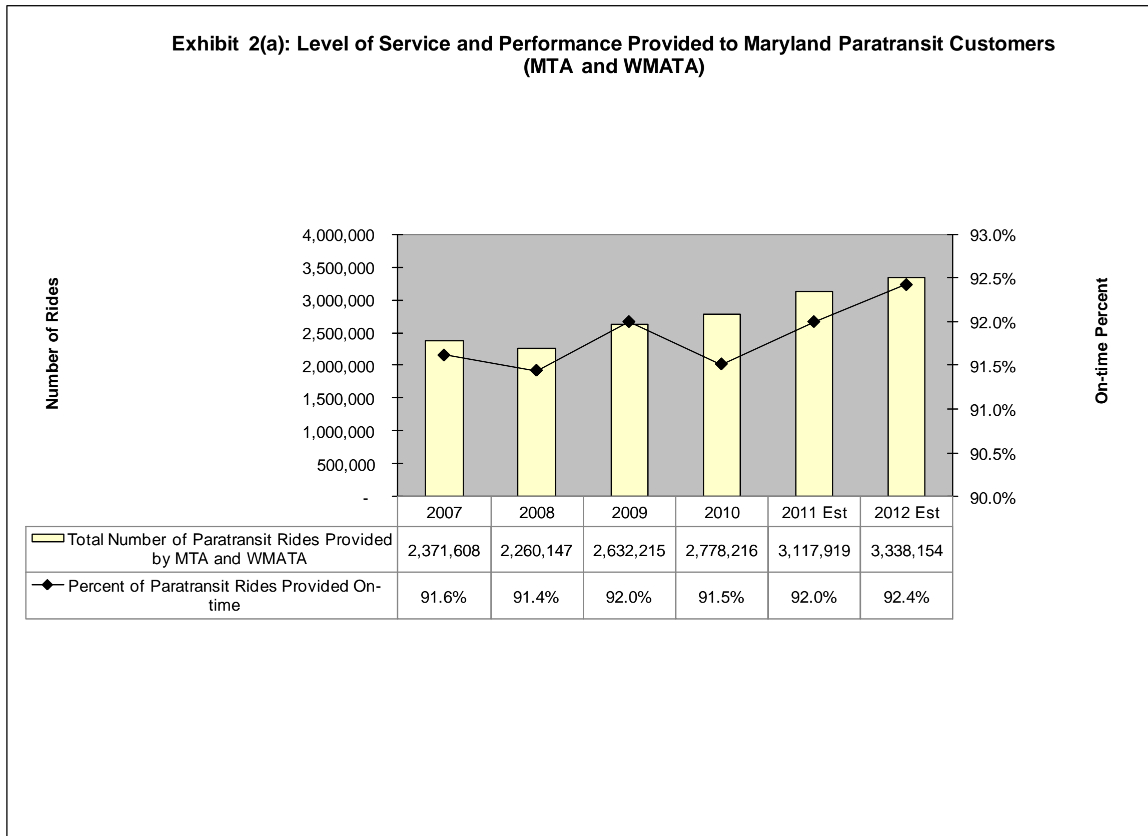
*The DLLR data for training includes only Workforce Investment Act (WIA Customers) but not Labor Exchange customers. LE does not capture number of participants trained
** DLLR data for employment includes both WIA and LE customers.

Source: MFR

TRANSPORTATION

Chart 8 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 406,608 more paratransit rides to people certified for paratransit in 2010 than in 2007. The combined percent of on-time paratransit rides also increased from 88 percent in 2004 (not shown) to 92 percent in 2009, and 91.5 percent in FY 2010. While rides are expected to increase in 2011 and 2012, the on-time percentage is expected to maintain at or above 92 percent in those years.

Chart 8



	2007	2008	2009	2010	2011 Est	2012 Est
Total Number of Paratransit Rides Provided by MTA and WMATA	2,371,608	2,260,147	2,632,215	2,778,216	3,117,919	3,338,154
Percent of Paratransit Rides Provided On-time	91.6%	91.4%	92.0%	91.5%	92.0%	92.4%

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