MARYLAND
DEPARTMENT OF DISABILITIES
Empowering People

Annual Progress Analysis

2012

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

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ANNUAL 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 are reflected in this report. The Maryland Department of Disabilities' vision is to advance the rights and interests of people with disabilities so they may fully participate in their communities**.**

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

The Maryland Department of Disabilities (MDOD) has partnered with people with disabilities, families, providers, and State agency staff to modify the State Disabilities Plan for 2012 - 2015 to reflect the needs of Maryland citizens with disabilities. In January 2012, the goals and strategies were approved by the Interagency Disabilities Board. Input for the 2012 - 2015 State Disabilities Plan included meetings with various stakeholder groups that include and represent people with disabilities. In conjunction with the Maryland Commission on Disabilities, the Department hosted Listening Posts in five geographic regions across the State. Section III presents the 2012 Strategies and their year-to-date status. While we recognize Maryland has made significant progress towards meeting the needs of people with disabilities, the work described in the plan will continue over the next four years. This report provides highlights in the following domains:

- EMPLOYMENT AND TRAINING
- TRANSPORTATION
- COMMUNITY LIVING
- HOUSING AND COMMUNITY DEVELOPMENT
- EDUCATION
- CHILDREN, YOUTH, AND FAMILIES
- TECHNOLOGY
- HEALTH AND BEHAVIORAL HEALTH
- ACCESS MARYLAND

II. FISCAL YEAR 2012 ACCOMPLISHMENTS

EMPLOYMENT AND TRAINING

VISION:

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

ACCOMPLISHMENT HIGHLIGHTS:

- Provided Employed Individuals with Disabilities (EID) outreach and application assistance – including delivering 31 basic EID trainings to 746 participants and helping complete 1,056 new applications and 127 redeterminations – to boost EID enrollment from 561 on December 31, 2010 to 708 on June 30, 2012.
- The Department of Budget and Management organized and participated in a successful Disability Mentoring Day (job shadowing) in October 2011.
- Benefits counselors funded by DORS have served 1,109 individuals, significantly improving their employment outcomes.
- In partnership with UMBC, the SUCCESS program was created. It is Maryland's first four year education program for students with intellectual disabilities. The first cohort of six students began classes in September 2012.
- Received grant from the Weinberg Foundation to support employment and independent living activities for students enrolled in UMBC's SUCCESS Program.
- In a partnership with University of Baltimore a white paper on Employment data for Marylanders with disabilities was released.
- Identified over 100 businesses in Maryland hiring individuals with disabilities in support of the National Governor's Association year long focus on disability employment.
- The Developmental Disabilities Administration and MDOD co-chaired Maryland's State team for the Alliance for Full Participation. Maryland had the highest turnout of any state.

TRANSPORTATION

VISION:

Marylanders with disabilities will access an array of reliable, cost-effective transportation options, enabling travel to destinations of their choosing at the same rate as their peers without disabilities.

ACCOMPLISHMENT HIGHLIGHTS:

- The Maryland Transit Administration's (MTA) improved paratransit performance in the Baltimore area over the past five years by nearly 20%. Progress has continued through 2012.
- MTA and the Washington Metropolitan Area Transit Authority (WMATA) achieved a routine on-time performance in paratransit above 90%.
- The Maryland Department of Transportation (MDOT) improved training of personnel by hiring people with disabilities to provide the training to drivers, managers, call center personnel and others.
- MTA infused upgraded communications technology throughout the system resulting in greater efficiencies and customer satisfaction.
- Brought the MTA's operations into compliance with the Americans with Disabilities Act (ADA) standards – 100% of vehicles and ticket machines are accessible.
- Accessible ticket machines at Metro and MARC stations and Light Rail locations are quality tested by individuals with disabilities.
- MDOD worked with MTA to facilitate changes to the Taxi Access Program in the Baltimore metropolitan area which provides over one thousand rides every day through private contracts with seventeen Maryland companies. Taxi Access II is more cost effective than its predecessor, while remaining the most patron-favorable such program in the nation.
- Taxi Access II (Limited): serves customers impacted by Mobility paratransit service area adjustments. Currently approximately 600 customers use Taxi Access II Limited.
- Taxi Center Card is a new service offered to dialysis customers specifically for trips to and from their dialysis centers. Dialysis patients are provided with a direct, non-shared trip, and flexibility for occasions when health problems after dialysis cause a scheduled paratransit pick-up time to be missed. Approximately 400 patrons participate in this program with a resulting 8,000 trips.

- MTA and WMATA initiated expanded travel training and fixed route system orientation for paratransit patrons, prospective paratransit patrons, and other prospective passengers with a range of disabilities, in order that passengers with disabilities have an enhanced array of transportation options.
- MTA's "Mystery Rider" program for fixed route service now includes accessibility among the factors to be examined and reported on.
- WMATA is currently recruiting wheelchair users to participate in their "Mystery Rider" program, evaluating the quality of the fixed route riding experience and the service provided by WMATA personnel encountered.

COMMUNITY LIVING

VISION:

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

ACCOMPLISHMENT HIGHLIGHTS:

- The Long-term Care Workgroup, enacted by HB 113 during the 2009 legislative session, completed its work during the first half of FY12. Findings and recommendations for improving the management of LTSS, as well as the exploration of several federal rebalancing initiatives were addressed, including a complete restructuring of the Medicaid Personal Care Program (MAPC) and the implementation of a standardized, statewide assessment tool to be utilized across all Medicaid (MA) programs.

- Maryland was only the second state in the nation to receive approval to implement the Balancing Incentives Payment Program and was awarded a total of $106M, to be utilized over the period of April 2012 through September 2015, to rebalance LTSS spending and improve HCBS services, supports, and infrastructure.

- DHMH initiated participation in Community First Choice (CFC), which is another ACA authorized rebalancing effort.

- DHMH began the process of restructuring the various MA program data tracking systems, with the ultimate plan to integrate all systems into one coordinated and integrated database. The LTSS tracking system (LTSS-TS) will be used by all appropriately designated professionals in order to plan for and track individual program participants' supports and services, regardless of program type. The LTSS-TS will also have the ability to keep a comprehensive participant profile and history and is targeted to be fully operational in early FY13.

- The Governor-appointed Autism Commission (established by HB 503 in 2009) continued its work throughout FY12, making a number of recommendations to be included in a final report to the Governor and General Assembly.

- MDOD's Attendant Care Program (ACP) served 170 unduplicated individuals during FY 12. ACP enrolled a total of 23 new participants and eliminated the eligibility-based waiting list for applicants who are employed, looking for work and/or enrolled in a post-secondary institution.

- Maryland's Money Follows the Person (MFP) Demonstration Program continued throughout the fiscal year, though there were several noteworthy program changes as a result of the federal reauthorization, which was effective on January 1, 2012. A total of 341 residents were successfully transitioned into community settings during FY 12.

- The Governor included nearly an additional $15 million dollars in the budget for long term care for seniors for FY 2013. This money was generated from the newly instituted alcohol tax.

Emergency Preparedness Activities

- Constituent Services staff continued to distribute "Path to Readiness Guide" and "Path to Readiness Assistant's Guide." These guides were developed with Urban Area Sheltering Initiative funds to be used primarily by individuals with disabilities and other special needs, including older adults who are living independently with minimal or no supports from provider organizations.
- MDOD continued to partner with MEMA, DHR and DHMH to plan for the needs of individuals with disabilities in Sheltering (Emergency Support Function 6) and Special Health Care Needs (Emergency Support Function 8).
- MDOD collaborated with MEMA, DHR, DHMH, the Governor's Office of the Deaf and Hard of Hearing and Local Emergency management staff during the series of weather events in the Summer of 2012 to determine level of disability related constituent concerns. Specific needs identified included priority power restoration, transportation to cooling centers and shelters, and community residential provider support.

HOUSING and COMMUNITY DEVELOPMENT

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:

- The Department of Health and Mental Hygiene (DHMH) received a $330,000 Real Choice System Change (RCSC) grant from the Centers for Medicare & Medicaid Services to develop sustainable partnerships that will result in long-term strategies to provide affordable housing to people with disabilities.
- The Maryland Department of Disabilities (MDOD), DHMH, and the Department of Housing and Community Development (DHCD) positioned Maryland to obtain funding for permanent supportive housing by partnering to submit an application to HUD for the Section 811 Project Rental Assistance Demonstration Program. Maryland was one of 35 states to apply for an available $85 million to provide permanent supportive housing to people with disabilities.
- DDA/MFP Bridge Subsidy program has reached the goal of providing rental subsidies to 21 people. The program provides rental assistance to eligible participants for up to 5 years, at which time the person will receive permanent assistance through the local Housing Choice Voucher (Section 8) program or in public housing.
- MDOD and DHMH began accepting applications for the first Weinberg Community Apartments which will be located in Cambridge, Maryland. DHCD has identified a development partner for the second project, located in Montgomery County, under this joint initiative between the Weinberg Foundation and the State of Maryland.

EDUCATION

VISION:

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

ACCOMPLISHMENT HIGHLIGHTS:

- The percentage of students with disabilities being educated in general education settings (LRE A-with general education peers 80% of the time or more) increased slightly to 67.12% in 2011 from 66.75% in 2010.

- In 2011-2012, 97% of students with an Individualized Education Program (IEP) had post-secondary goal(s) in employment, post-secondary education or training and 98% had transition services in the IEP that will enable the student to meet their post-secondary goal(s).

- Students with disabilities participating in Career and Technology Education (CTE) programs had a 98% graduation rate.

- The Maryland Department of Disabilities and Maryland Higher Education Commission held the *3rd Statewide Forum for Students with Learning Disabilities Planning to Attend Community College.*

- The Maryland Seamless Transition Collaborative (MSTC), administered by the Maryland State Department of Education (DORS), entered its last year of funding concluding the 5 year grant from the U.S. Department of Education on September 30, 2012. Among the anticipated accomplishments of the grant:
  - 349 students will have actively participated
  - 11 local school systems will have developed project sites
  - A majority of students will have participated in work experiences, including:
    - 176 in summer employment (paid internship)
    - 84 through informational interviews
    - 24 in work-site tours
    - 18 through job shadowing
    - 60 in job sampling and/or volunteering
    - 39 through unpaid internships, and
    - 49 in paid inclusive employment

- In the 2011-2012, school year, all 24 Local School Systems fully enacted the Fitness and Athletics Equity for Students with Disabilities Act ensuring that students with disabilities have equal opportunities to participate in physical education programs.

CHILDREN, YOUTH, AND FAMILIES

VISION:

Children and youth with disabilities (and their families) will have equal access to an integrated support system that is self-directed, responsive, flexible and available.

ACCOMPLISHMENT HIGHLIGHTS:

- The Governor's Budget maintained State funding for Maryland Infants and Toddlers Program at $10.4 million dollars.
- MSDE continues to implement an integrated Individualized Family Service Plan (IFSP) option for children from birth to age four with a federal incentive grant.
- Through the work of the Children's Cabinet, Maryland's three Care Management Entities (CMEs) have been combined into one State entity allowing for increased flexibility in delivering services across regions. Youth are served through DHR, DJS and MHA funded community initiatives. The statewide CME was operational as of July 1, 2012.
- Through the creation of Local Care Teams (LCT) as of July 1, 2011, families now have the option to self-refer for services without a lead agency.
- The Maryland Transitioning Youth Website has a corresponding Facebook page where youth with disabilities and their families can access information on State and local trainings and other relevant updates.
- The most recent Governor's Interagency Transition Council's for Youth with Disabilities' (IATC) survey to parents of youth who exited high school in 2010 with an Individualized Education Program (IEP) or 504 Plan showed that a majority of youth had some work experience prior to exiting school including paid employment, volunteering, or job shadowing.
- Maryland hosted the 2012 Maryland Youth Leadership Forum attended by 29 high school students with disabilities.

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:

- In Federal FY11, the Maryland Technology Assistance Program (MD TAP) provided 330 hands-on demonstrations and loans of devices to individuals with disabilities, their families, and education, employment, and community living professionals.
- MD TAP expanded the publication of its Assistive Technology Blog, which was named by Nano Patents and Innovations as one of the "40 Best Blogs for Special Needs Parents" in the country. MD TAP continues to use social media, including Twitter and Facebook to reach over 1,000 individuals per month.
- The Assistive Technology Loan Program approved 80 additional loans during FY 2011 and managed 178 open loans, a 27% increase in activity from the previous fiscal year. The Assistive Technology Loan Program provides low-interest loans to persons with disabilities who need to purchase assistive technology, home modifications, and technology supports for home-based employment opportunities.
- MD TAP tripled the number of used or refurbished devices that were donated or loaned to individuals with disabilities.
- In Federal FY11, Marylanders saved over $53,000 in purchases of new assistive technology devices through participation in the Assistive Technology Cooperative buying program.
- MDTAP began collaboration with DLLR to develop a cost-effective list of assistive technology to include in One Stop Centers to ensure that persons with disabilities have access to employment resources.
- MDTAP began a targeted marketing campaign to inform special educators about MDTAP's support services for students transitioning out of high school, including loans of assistive technology devices to ensure there is no interruption in students' access to assistive technology.

HEALTH AND BEHAVIORAL HEALTH

VISION:

Citizens with disabilities will have access to a system of high quality health care, including behavioral health services and supports and people with disabilities are treated with dignity and respect and are protected from abuse, neglect, or other harm.

ACCOMPLISHMENT HIGHLIGHTS:

Adults

- The Department of Health and Mental Hygiene, in collaboration with other agencies, continued to provide behavioral health service coordination for veterans.

- Maryland was one of the highest ranking states in SOAR success. SOAR (SSI/SSDI Outreach, Access, and Recovery) is a strategy that helps states to increase access to healthcare among people receiving Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) benefits. Maryland exceeds the national average by 30 days.

- House Bill 1193 was signed into law mandating that mental health services be obtained for specified individuals affected by a traumatic event that occurred in a state facility of a unit and resulted in the death of an individual. Mental Health services must be provided within 48 hours of the traumatic event occurrence.

- MHA also supported consumer initiatives including Consumer Quality Teams (CQT) and adult and child leadership institutes reflecting the State's continued commitment to increase the availability of consumer and family-operated support services. The CQT continues to conduct unannounced visits to mental health service providers. Over the past year, the CQT conducted visits to Psychiatric Rehabilitation Programs (PRP's) in many jurisdictions. The CQT conducted 282 site visits, interviewing more than 1,100 consumers.

- MHA's collaborative work with the Division of Rehabilitation Services (DORS) has increased the number of consumers participating in supported employment. Strategies in the Mental Health State Plan support this State priority as does Maryland's promotion of Ticket to Work and Employed Individuals with Disabilities (EID) programs.

ACCESS MARYLAND

PROGRAM DESCRIPTION:

The Americans with Disabilities Act (ADA) mandates programmatic access to all State services and removal of physical barriers for people with disabilities. In compliance with the ADA, the Maryland Department of Disabilities (MDOD) administers the Access Maryland Program and solicits projects from State agencies each year to improve facilities that require accessibility modifications.

PROJECTS COMPLETED DURING FISCAL 2012:

Department of Health and Mental Hygiene

- Springfield Hospital Center Central Kitchen – $78,652
  Provided an accessible entrance to the second floor of the former Central Kitchen Building, an accessible route to the entrance from the street, and provided accessible parking spaces.

Department of Natural Resources

- Tuckahoe State Park – $241,088
  Renovated 6 areas including Cherry land Day-Use, Camping Loop A, Camping Loop B, Administration Office, Lakefront, and Amphitheater.

Department of General Services/Board of Public Works

- Denton Multi-Service Center - $11,915
  Automatic Doors and Signage
- Hilton Heights Community Center - $6,380
  Modifications to Entrance Doors

University of Maryland College Park

- Art-Sociology Building - $101,640
  Installed lift

UMBC

- Campus Way-Finding Phases I, II, and III - $264,284

III. FISCAL YEAR 2012 STATE PLAN YEAR-TO-DATE STATUS REPORT UPDATES

EMPLOYMENT AND TRAINING

VISION:

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

GOAL 1:

Ensure implementation/achievement of disability related items within Maryland's Skills to Compete Action Plan

STRATEGIES:

Collect data on retention, advancement and achievement of students with disabilities known to Disability Support Service offices.
Responsible Unit(s): MHEC, MDOD, and Maryland Colleges and Universities

Collect data on the number of clients with disabilities who achieve an employment outcome or receive a credential in middle or high skill jobs.
Responsible Unit(s): DORS

STATUS UPDATE:

The Maryland Higher Education Commission (MHEC) has indicated a new comprehensive data effort that will be implemented in 2013-2014. Disability based data will be included in that effort.

Note: DORS data for federal fiscal year will be included in 2013 Annual Progress Analysis.

GOAL 2:

Increase access to and availability of quality work incentives, higher education and other resources to support individuals with disabilities in achieving their employment goals

STRATEGIES:

Increase enrollment in Employed Individuals with Disabilities program.
Responsible Unit(s): Medicaid and MDOD

Increase the number of individuals with disabilities receiving benefits counseling.
Responsible Unit(s): DORS and MDOD

Ensure that the Family Economics and Financial Education (FEFE) curriculum modules that highlight public benefits, work incentives and the advantages of paid work for people who receive these benefits are used in grades 5 – 12 in every local school system.
Responsible Unit(s): MSDE and Local School Systems

STATUS UPDATE:

MDOD has provided EID outreach and application assistance in 31 trainings to 746 participants and new outreach staff assisted in the completion of 1,056 new applications and 127 redeterminations. EID enrollment rose from 561 on December 31, 2010 to 708 on June 30, 2012.

Benefits counselors funded by DORS have served over 1,100 individuals. DORS consumers who have received benefits have been 135% more likely to become employed than those who have not received counseling, with average earnings 18% higher.

MSDE collaborated with the University of Arizona to add modules on public benefits to the University's "Family Economics and Financial Education (FEFE)" high school curriculum. FEFE is now the first financial education curriculum in the nation to address the impact of work on public benefits (included Social Security Disability, Supplemental Security Income, Medicare, Medicaid, Temporary Assistance to Needy Families, Unemployment Insurance, Supplemental Nutrition Assistance Program, and HUD subsidized housing programs). FEFE is used in high schools in all fifty states and MSDE continues efforts to expand its use in Maryland.

GOAL 3:

Create and replicate best practices that increase integrated, individualized employment outcomes for Marylanders with disabilities

STRATEGIES:

Continue the Quest internship program hosting a minimum of 25 interns per year in state government. Look for ways for Quest interns to be hired by state government; and work to expand and replicate the model in local governments, where possible. Additional information and resources will be developed to market the program.
Responsible Unit(s): DBM, DORS, and State Agency hosts

Expand employment opportunities through Evidence-Based Supported Employment (EBSE) for persons with significant mental illness; and increase the number of consumers participating in employment.
Responsible Unit(s): MHA and DORS

Explore implementation and funding strategies to replicate Specialisterne, Project Search within state government, and a four year postsecondary college experience for individuals with intellectual disabilities.
Responsible Unit(s): MDOD, DORS, and DDA

STATUS UPDATE:

During the 2012 Quest Program, 27 Internships were recruited and 20 Intern placements were made. The closing ceremony for this group will be in October. There are currently 34 Quest graduates on the special options eligible lists.

The Mental Hygiene Administration, the University of Maryland's Evidence-based Practice Center (EBPC), and the Systems Evaluation Center (SEC) continue to work collaboratively on consultation; training; and technical assistance related to supported employment (SE) as an evidence-based practice (EBP) service approach. SE programs provide quarterly outcome measures and Assertive Community Treatment programs are piloting the provision of monthly outcome measures.

PDG Rehabilitation conducted a feasibility study for MDOD on the Specialsterne model; the final phase of which carries in FY 13.

GOAL 4:

Promote awareness of the skills and abilities of job seekers with disabilities to large and small employers.

STRATEGIES:

Continue marketing efforts to promote the skills and abilities of job seekers with disabilities.
Responsible Unit(s): MDOD and DLLR

Increase awareness and availability of federal state and local incentives for hiring individuals with disabilities.
Responsible Unit(s): DLLR, MDOD, DBED, and DORS

Partner with the Chamber of Commerce to identify models for a Distribution Center Initiative.
Responsible Unit(s): MDOD, DBED, DORS and Chamber of Commerce

Continue involvement with the Regional Disability Employment Consortium, Greater DC BLN, Lower Shore BLN, and related public private partnerships.
Responsible Unit(s): DLLR, MDOD, and DORS

STATUS UPDATE:

Think Beyond the Label continues its national efforts to engage businesses in hiring individuals with disabilities. Maryland continues to play a strong leadership role.

Between July 1, 2011 through June 30, 2012, 86 state disability tax credits were processed and 105 federal tax credits were processed specifically for those individuals deemed eligible because of disability.

In partnership with the District of Columbia and Virginia, Maryland co-sponsored a Regional Federal Employers awards luncheon hosted by Secretary Arne Duncan and the U.S. Department of Education.

Over 100 private sector businesses have been identified in Maryland that are actively hiring individuals with disabilities.

TRANSPORTATION

VISION:

Marylanders with disabilities will access an array of reliable, cost-effective transportation options, enabling travel to destinations of their choosing at the same rate as their peers without disabilities.

GOAL 1:

Improve access to public and personal transportation for people with disabilities

STRATEGIES:

Improve transportation options for people with disabilities who rely on the Washington Metropolitan Area Transportation Authority (WMATA) for transportation, including expansion of accessible taxi services.
Responsible Unit(s): MDOD, MDOT, and WMATA

Examine the feasibility of expanding One Call-One Click pilot beyond Anne Arundel County, first to Prince George's and Montgomery County and then statewide.
Responsible Unit(s): MDOD, MDOT, MTA, and WMATA

Enhance and consolidate resources available to people with disabilities through the Motor Vehicle Administration (MVA) to ensure that the concerns of drivers and prospective drivers with a range of disabilities are accommodated.
Responsible Unit(s): MDOD, MVA, ODHH, and DORS

Increase the availability of accessible taxis for consumers in all regions of the State and examine the feasibility of purchasing additional accessible vehicles as prototypes of accessible taxicabs.
Responsible Unit(s): MDOT, MTA, and WMATA

Include transportation considerations at each stage of planning activities for Livable Communities and transit oriented development initiatives.
Responsible Unit(s): MDOD, MDOT, MDP, DBED, DLLR, and DHCD

Improve proper utilization and enforcement of parking requirements for people with disabilities.
Responsible Unit(s): MDOD, MDOT, MVA, MSP, and Local Law Enforcement

Increase awareness and availability of assistance with fueling vehicles driven by people with disabilities across the State.
Responsible Unit(s): MDOD, MDOT, CILs, and local Commissions on Disabilities

STATUS UPDATE:

The strategies under this goal are ongoing to improve the transportation options for people with disabilities. The MTA has begun travel training initiatives in their catchment area.

To eliminate the barriers to driver education there are additional resources and links through the Maryland Transitioning Youth Website.

A limited number of accessible taxis are in use and operate in the Baltimore area and in Montgomery and Prince George's counties. There are two accessible taxicabs that work each shift at the BWI-Marshall Airport. The Maryland Public Service Commission has begun work to address the expansion of this initiative.

GOAL 2:

Increase use fixed route transportation by people with disabilities

STRATEGIES:

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, Local School systems, and DORS

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 DOIT

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

STATUS UPDATE:

The MTA has awarded the travel training contract to the IMAGE Center, a Center for Independent Living. Travel training system is now available statewide. This strategy is therefore complete.

The Consumer Advisory Committee for Accessible Transportation (CACAT) meets regularly. MTA receives feedback on transportation options and their accessibility for people with disabilities.

The Maryland Department of Transportation has also conducted information sessions informing customers of service area changes. Mass mailings have been sent to patrons and facilities.

A functional assessment as a part of the certification process was initiated at the end of 2011 and continues in an ongoing manner.

GOAL 3:

Examine cross-regional transportation capacity in both the fixed route and paratransit systems to enable people with disabilities to travel across regions using multiple systems

STRATEGIES:

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

Develop a comprehensive Statewide Plan for coordinated human services transportation that optimizes State, federal, and local resources.
Responsible Unit(s): HSTCC

Support the deliberations and recommendations of the Human Services Transportation Coordinating Council as it relates to cross-regional transportation.
Responsible Unit(s): MDOD, MDOT, MTA, and WMATA

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

STATUS UPDATE:

The Human Services Coordinating Committee has been re-constituted and began meetings in the summer of 2011 with the aim of fostering greater cross-regional and cross-jurisdictional coordination. These meetings are ongoing.

GOAL 4:

People with disabilities will have improved access to specialized health related transportation options with flexibility and efficiency of scheduling

STRATEGIES:

Expand Taxi Access Pilot programs for services to people in need of dialysis and other chronic health conditions.
Responsible Unit(s): MDOD, MDOT Medicaid, and regional transportation providers

Identify all local and Medical Assistance transportation providers to assess current utilization and plan for future needs.
Responsible Unit(s): MDOD, MDOT, MTA, WMATA, Medicaid, and jurisdictional transportation providers

STATUS UPDATE:

With respect to dialysis treatment, the MTA has instituted a Taxi Center Card. This has been offered to dialysis customers specifically for trips to and from their dialysis centers. Non-stop and non-shared trips are also available for this population through MTA Mobility.

COMMUNITY LIVING

VISION:

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

GOAL 1:

Receive supports and services in the most integrated community setting based on the needs and preferences of the individual with an emphasis on rebalancing resource utilization and delivery of services in the community as opposed to institutional settings

STRATEGIES:

Increase transitions of individuals out of nursing facilities and other institutional settings to community-based settings through Medicaid Home and Community Based Services waivers, the Money Follows the Person (MFP) Demonstration, and MDS 3.0 Section Q referrals.
Responsible Unit(s): Medicaid, MHA, DDA, MDoA, DHR and MDOD

Investigate federal opportunities provided by the Affordable Care Act (ACA) to include the Health Home, 1915(i), and Balancing Incentive Payments Program (BIPP) options for development and implementation in Maryland.
Responsible Unit(s): Medicaid, MDoA, MHA, MDOD

Develop and implement statewide standards for MAP sites and regional AAA's and CIL's to provide Options Counseling to interested institutionalized residents and other stakeholders or individuals currently living in the community who seek information regarding available community-based long-term services and supports.
Responsible Unit(s): MDoA, Medicaid, and MDOD

STATUS UPDATE:

Individuals have continued to transition out of nursing facilities through waivers, MFP and MDS referrals. The number of transitions for FY 12 remained essentially level with FY 11 (341 & 337, respectively). DHMH and MDOD have been working throughout the fiscal year to design and implement an improved peer outreach model to be implemented through fiscal year 2013 and forward. As of June 30, 2012, MDOD was nearing

the end of the procurement process to award regional contracts to vendors to implement the new model as soon as feasible.

The overall number of MDS requests for Program Education and Options Counseling for non-Medicaid residents significantly increased from the previous year, with referrals in FY 11 for this population being just under 300 to over 2300 referrals by the end of FY 12.

DHMH has worked throughout FY 12 to investigate Affordable Care Act opportunities, meet with multiple representative stakeholder groups, and seek clarification from CMS in an effort to evaluate which of the options under ACA would best contribute to rebalancing in Maryland. DHMH has convened a cross-representative advisory group that meets monthly to provide guidance and feedback regarding the planning and implementation of the Balancing Incentives Payment Program in Maryland. Formal approval to begin participation was granted, effective April 1, 2012.

DHMH continues to work on the development of the work plan and other related initiatives and has targeted the end of FY 13 to complete all preparation in order to be in full compliance with all of the BIPP requirements.

A statewide assessment by an external consultant was conducted in early 2012 to evaluate the status of all existing and proposed MAP sites and to determine their capacity to function as fully operational Aging and Disability Resource Centers (ADRC) as well as to provide MFP Demonstration services.

Training and support has been provided to all existing MAP sites and regional CIL partners to establish formal contracts for collaboratively providing options counseling to interested nursing facility residents.

GOAL 2:

Benefit from Maryland policy initiatives that reflect the state's commitment to provide quality and more person-directed supports and services in community-based settings thereby offering individuals the opportunity to exercise greater control and choice

STRATEGIES:

Implement recommendations from the Long-term Care Reform workgroup to address the Community First Choice (CFC) option under the Affordable

Care Act allowing participants to choose agency-provided or self-directed options in managing services where appropriate.
Responsible Unit(s): Medicaid, DHMH, MDoA, DHR, and MDOD

STATUS UPDATE:

In response to recommendations by the Long-term Care Reform workgroup, DHMH began planning for and development of the Community First Choice option afforded by the ACA. Nominations were accepted and appointments were made by January 2012 for the CMS mandated Implementation Council. The members of the Council are comprised of a majority of people with life disabilities and/or recipients of long-term services through Medicaid.

In addition to the required services, DHMH intends to provide all of the optional services allowed under ACA. In addition, all Medicaid's participants that require personal assistance services (PAS) will be enrolled in the CFC program, regardless of which MA program they are enrolled, provided they meet nursing facility level of care.

Initiation of CFC enrollment is anticipated for Fiscal Year 2014.

GOAL 3:

Increase access to accurate information that promotes increased awareness of available public and private resource options

STRATEGIES:

Expand the MAP network across the state and improve the functioning and capacity of existing MAP sites to ensure that information and resources provided to individuals with disabilities are accurate and culturally competent.
Responsible Unit(s): MDoA, Medicaid, and MDOD

STATUS UPDATE:

As of June 2012, there are 20 MAP sites providing statewide services to all Maryland residents. All MAP sites include the following partners: local health department, regional Center for Independent Living or alternative disability partner, local department of social services and the county or regional Area Agency on Aging. Other partnerships are being developed with regional behavioral health and intellectual disability partners. Each MAP site also develops partnerships with local organizations that support local and state long term services and supports.

Partnerships provide information exchange and cross training to educate all of the partners who may be “entry” points to a broader array of services and to ways to assure cultural competent counseling.

The options counseling pilot includes requirements to ensure that information and resources provided to individuals with disabilities are accurate and culturally competent. Cross training at the state and local level are the methods used to implement this requirement.

HOUSING AND COMMUNITY DEVELOPMENT

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:

Create strategies to increase affordable, accessible, integrated housing for individuals with disabilities

STRATEGIES:

Identify long-term funding sources for rental subsidies for people with disabilities who rely on SSI/SSDI as their sole source of income.
Responsible Unit(s): DHCD, MDoA, Medicaid, MDOD and PHAs

Continue collaboration among non-profit service agencies, housing entities (Public Housing Authorities), and the disability community to maximize housing opportunities for people with disabilities.
Responsible Unit(s): MDOD Housing Taskforce Perticipants, DHCD, MDoA, DDA, MHA, Medicaid, and PHAs

Include persons with long-term service and support needs in the State Housing Consolidated Plan.
Responsible Unit(s): DHCD, MDOD, DHMH, and DHR

Assist the State's largest Public Housing Authorities to report the baseline number of housing choice vouchers for non-elderly individuals with disabilities.
Responsible Unit(s): PHAs (including DHCD) and MDOD

Assist PHAs to maintain compliance with Fair Housing and Equal Opportunity requirements to ensure that the PHA meets their obligations under Section 504 and the ADA to afford persons with disabilities, transitioning from institutions, opportunities to participate in public housing or Housing Choice Voucher program.
Responsible Unit(s): MDOD and DHCD

STATUS UPDATE:

DHMH, DHCD, and MDOD collaborated to establish interagency agreements and apply for HUD funding through the Section 811 Program. The funds will provide a permanent source of housing for people with disabilities at SSI/SSDI level income.

MDOD will also work with the DHCD Rental Housing Initiatives effort as part of this effort. Outreach will target community groups, housing developers, PHAs and others in the MD Affordable Housing System.

MDOD, DHMH, and DHCD continue to work with the Weinberg Foundation and the Weinberg Community Apartments Initiative. MDOD is managing the application and referral process for this initiative and is working with service providers to identify applicants.

DHCD will include persons with long-term service and support needs in the Consolidated Housing Plan in conjunction the development of the State Disabilities Plan.

MDOD continues to gather and analyze data from the 7 largest Public Housing Authorities on the number of SSI/SSDI recipients in subsidized housing served between the ages of 18-62. The data is included in the MDOD's annual Managing for Results (MFR) report.

Baltimore, Anne Arundel and Howard Counties conducted fair housing workshops during the past calendar year. MDOD and DHCD are continuing their efforts to plan similar workshops in the remaining 4 large jurisdictions. The Maryland Affordable Housing Partnership will conduct fair housing trainings for PHA's and Housing Developers if Sec. 811 PRA funds awarded to MD.

GOAL 2:

Develop and implement access to housing in the communities where people with disabilities choose to live by increasing the availability of Visitability and other acessibility features in newly constructed or renovated housing in Maryland

STRATEGIES:

Work with Visitability Advocates, builders, and other stakeholders to develop and implement effective Visitability legislation for Maryland.
Responsible Unit(s): MDOD and DHCD

Identify and develop options for modifying existing housing stock to meet the needs of low income individuals with physical disabilities.
Responsible Unit(s): DHCD, MDOD, and MD TAP

STATUS UPDATE:

MDOD supported HB 437 in 2011 concerning Visitability proposed during the most recent session. Starting this calendar year 2013, MDOD will contact area housing developers to assess their level of marketing visitability features to potential homebuyers.

MDOD staff is working with the Baltimore Metropolitan Council (BMC) to identify sources of data that will help assess the need for accessible housing in the Baltimore Region. MDOD will work with the BMC Sustainable Community Initiative to identify tools for increasing the funding available for accommodations and encouraging developers to include accessibility features when rehabilitating vacant housing stock.

GOAL 3:

Incorporate the needs of people with disabilities into Transit Oriented Development (TOD) and the creation of livable communities

STRATEGIES:

Include the production of accessible and affordable housing at early stages of planning activities for Livable Communities at designated and non-designated TOD sites around the State.
Responsible Unit(s): MDOT,DGS, WMATA, DHCD, Medicaid, MDOD, and local governments

Engage Federal Counterparts responsible for building codes and standards to consider clear and flexible solutions for producing accessible units in multi-family dwellings.
Responsible Unit(s): MDOD, DHMH, and DHCD

Provide training and outreach to developers of multi-family mixed use properties at TOD sites on the practical accessibility requirements for units.
Responsible Unit(s): MDOD, Medicaid, and DHCD

STATUS UPDATE:

The MDOD/MFP Housing Initiative starting this year will focus its efforts around identified Sustainable Community Zones. High priority areas include the Baltimore Region and Montgomery and Prince Georges Counties. MDOD will actively partner with the BMC who was recently awarded a federal Sustainable Community Initiative grant to target TOD sites in the Baltimore Region.

EDUCATION

VISION:

Students 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:

Educate students with disabilities in the least restrictive environment with their nondisabled peers at a greater percentage

STRATEGIES:

Provide the professional development concerning supplementary aids and services, including the Educational Interpreter Performance Assessment (EIPA) that is needed for students with disabilities to succeed in the general education setting.
Responsible Unit(s): Local School Systems and MSDE

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 Unit(s): MSDE and Institutes of Higher Education

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 Unit(s): MSDE and Local School Systems

Facilitate the appropriate identification of students in special education, including monitoring the disproportionate representation of racial and ethnic groups.
Responsible Unit(s): MSDE and Local School Systems

Facilitate children placed in out-of-home care continued attendance in their community schools.
Responsible Unit(s): MSDE, DHR, DJS, MHA, Local Departments of Social Services and Local School Systems

STATUS UPDATE:

Local schools systems are providing professional development services that are needed for students with disabilities. This professional development is ongoing and is being done with the support of the Maryland State Department of Education.

To better accommodate students with disabilities served in the general education setting there are programs in place that fund additional opportunities concerning implementation of IEPs. These are ongoing through grant funding and will continue.

All 24 local school systems have implemented the Fitness and Athletics Equity for Students with Disabilities Act and are in compliance.

To facilitate the appropriate identification of students with emotional disabilities in special education, MSDE is working with local school systems and their school psychologists on this effort. It is ongoing at this time and will continue.

The Children's Cabinet Agencies have come together to assist with assuring that children have been placed in out-of-home care are attending their community schools. This facilitation is ongoing with the assistance of the Children's Cabinet Agencies and all 24 local school systems.

GOAL 2:

Increase the number of students with disabilities scoring proficient or advanced on the Maryland School Assessment (MSA) and increase the number of students with disabilities scoring proficient or advanced on the High School Assessments (HSAs) and receive a high school diploma

STRATEGIES:

Expand number of students with disabilities receiving access to general education curriculum with nondisabled peers.
Responsible Unit(s): MSDE and Local School Systems

Local School Systems will provide professional development and support to staff so they are knowledgeable about modifications to curriculum.
Responsible Unit(s): MSDE and Local School Systems

STATUS UPDATE:

It is the goal to increase the number of students with disabilities that access general education curriculum material alongside nondisabled peers. MSDE and the local school systems are working on this with programs that will acquaint students with disabilities to the general curriculum with nondisabled peers.

MSDE is working with local school systems to ensure that professional development training and support is in place.

GOAL 3:

Support effective transition planning so students with disabilities will exit high school better prepared for employment and/or post-secondary education

STRATEGIES:

Provide access to paid employment experiences, where appropriate as determined by the IEP team.
Responsible Unit(s): MSDE/DORS, MSDE/DCCR, DLLR, and Local School Systems

Ensure access to Career and Technology Education curriculum for students with disabilities.
Responsible Unit(s): MSDE/DCCR and Local School Systems

Expand access to information on programs and supports for post-secondary education and employment options.
Responsible Unit(s): MSDE/DORS, MDOD, Community Colleges, and Local School Systems

Provide students with an Individualized Education Program (IEP) with an Exit Document at the conclusion of high school that includes information on the student's course of study and academic success to assist the students as they move toward their post school goals.
Responsible Unit(s): MSDE and Local School Systems

STATUS UPDATE:

Local school systems, MSDE, and other state agencies are working to ensure that students with disabilities have access to paid employment and career training while in school.

The Maryland Transitioning Youth Website was set-up to help youth beginning at age 14 transition into adulthood with education and

employment. This interagency website, maintained by the Department of Disabilities, is updated quarterly, along with quarterly newsletters, and regular Facebook updates.

CHILDREN, YOUTH AND FAMILIES

VISION:

Children and youth with disabilities (and their families) will have equal access to an integrated support system that is self-directed, responsive, flexible and available.

GOAL 1:

Improve capacity that fosters individualized community-based services for children and youth with disabilities to remain in their communities and decrease reliance on out-of-state options

STRATEGIES:

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): DHMH/MHA and Children's Cabinet Agencies, Local Management Boards, and Care Management Entity (CME)

Continue the Department of Human Resources' Place Matters initiative; including increasing the number of high quality foster homes and kinship placements in the community while providing caregivers with supports to reduce the number of relocated children.
Responsible Unit(s): DHR, MSDE, DJS, and DHMH/MHA

Increase involvement of families and youth with disabilities in policy-making and quality assurance of community-based supports.
Responsible Unit(s): MDOD and Children's Cabinet Agencies

Expand Children and Family Teams (CFTs) to design and implement individualized plans of care for children with developmental disabilities.
Responsible Unit(s): DHR, Children's Cabinet Agencies, and CMEs

Increase and promote awareness of prevention and intervention strategies that ensure school and community-based settings for children and youth with disabilities are free from bullying, harassment and intimidation.
Responsible Unit(s): MSDE, Local School Systems, and Children's Cabinet Agencies

Work with state partners to identify alternative services, including respite, for families on registries or waiting lists.
Responsible Unit(s): DHMH/DDA and DHMH/MHA, DHMH/Medicaid, MSDE, DHR, and MDOD

STATUS UPDATE:

These strategies are ongoing. Local Care Teams are being developed to expand in-state options for services for children with disabilities that were removed from their homes.

Anti-bullying policies have been enacted and are being implemented in local school systems with the support of the Maryland State Department of Education.

GOAL 2:

Increase access to out-of-school time programs for children and youth with disabilities in settings with nondisabled peers

STRATEGIES:

Encourage the development of partnerships in local jurisdictions to enhance opportunities for children with disabilities to access intra-and extracurricular activities, including afterschool and summer programs in the community.
Responsible Unit(s): MSDE/Division of Instruction, Athletic Programs, MDOD, local school systems, and Out-of-School Time (OST) programs and organizations

Increase training to out-of-school providers in order to improve understanding of the ADA and resources available for providing accommodations.
Responsible Unit(s): MDOD, MSDE/DECD MSDE/DSE/EIS, Local Management Boards, and OST programs and organizations

STATUS UPDATE:

MSDE and local school systems are working with unified sports programs to increase access to extracurricular activities for children with disabilities. MSDE and local school systems also conduct statewide training for out-of-school time programs and organizations to promote the inclusion of children with disabilities. Training is ongoing, including a new disability law publication for the OST programs/organizations.

GOAL 3:

Increase access to transition planning information, supports and services for youth, young adults, and their families

STRATEGIES:

Expand access to information on transition planning programs and supports for youth with disabilities aged 14-21.
Responsible Unit(s): IATC members and local jurisdictions

Encourage the development of partnerships in local jurisdictions to create additional transition planning resource fairs and transition planning programs for youth ages 14 to 21.
Responsible Unit(s): IATC members, MHEC, Community Colleges, and local jurisdictions

Study best practices, including funding strategies, from other states that provide supports for youth ages 18-21.
Responsible Unit(s): MDOD, GOC DHR, DHMH/DDA, and DHMH/MHA

Increase supports and services for youth ages 18-21 who are not enrolled in high school.
Responsible Unit(s): MSDE/DORS, DDA, DHR, DJS, MDOD, MHA and local jurisdictions

STATUS UPDATE:

The Maryland Department of Disabilities maintains the interagency Maryland Transitioning Youth Website and produces the quarterly newsletter. The Facebook page is continually updated with information. An Annual Conference is dedicated to Transitioning Youth, their families and professionals that work with them.

There is increased development of local transition councils that is ongoing. This will help to further the collaboration within local jurisdictions to increase transition planning.

The IATC meets bi-monthly to ensure the effective, efficient and comprehensive delivery of services to meet the transition needs of Maryland students with disabilities. A strategic plan, interagency website, and annual conference are joint efforts of the IATC.

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 Marylanders with disabilities the information and training needed to make informed choices about selection, funding, acquisition, and operation of assistive technology

STRATEGIES:

Conduct general outreach to at least 15,000 individuals with disabilities, families and professionals about assistive technology and services through presentations, resource fairs and conferences, social media outlets, and other public forums assuring that abroad range of ages and disabilities throughout Maryland are exposed to assistive technology.
Responsible Unit(s): MD TAP

Deliver specific information and referral about assistive technology including how to obtain assessments, try out devices, secure funding and discounts, select vendors, and receive training, to at least 2000 individuals with disabilities, families and professionals.
Responsible Unit(s): MD TAP and MDOD

Demonstrate assistive technology devices and/or lend devices 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): MD TAP

Expand the reach and scope of the Voice for Freedom Project to include persons transitioning to the community via home and community-based waivers.
Responsible unit(s): MD TAP, DDA, Medicaid, and MDoA

STATUS UPDATE:

MD TAP and its subcontractors reached 86,446 people through public awareness events, including exhibits, presentations, internet and print materials, radio public service announcements, and television appearances. MD TAP's Assistive Technology Blog was named by an

online education group as one of the “40 Best Blogs for Special Needs Parents” in the country.

MD TAP is currently in the process of implementing a YouTube channel that will contain brief captioned videos highlighting AT in the Demonstration & Loan Library. These will be publicized during FY13. The videos have been filmed and are currently being captioned.

MD TAP and its subcontractors reached 823 people through information & referral services, and provided AT-specific trainings to 807 individuals.

To better work towards this goal, MD TAP is planning on developing a webinar platform that will increase the number of trainings that staff can deliver. MD TAP will also use its YouTube channel to share captioned video clips containing information normally shared through information and referral activities. These strategies will be implemented in FY13.

MD TAP and its subcontractors provided AT demonstrations to 211 people and made device loans to 183 people.

To improve MD TAP’s demonstration and loan numbers, in FY13 it is going to begin partnering with CILs to establish small demonstration & loan centers around the state in order to ensure that geography is not a barrier to access to these MD TAP services.

MD TAP is currently working with its CIL partner (Freedom Center) on a new plan for Voice for Freedom. MD TAP and Freedom Center are in the process of creating an MOU to create a collaboration between Voice for Freedom and the Peer Outreach component of Money Follows the Person to increase marketing and technical assistance for the program.

GOAL 2:

Reduce financial barriers to acquiring assistive technology for eligible Marylanders with disabilities who are seeking independent living and employment opportunities

STRATEGIES:

Continue to support and identify new statewide partners that provide assistive technology and durable medical equipment at a discounted price, and ensure Marylanders with disabilities have access to these cost-saving resources.
Responsible unit(s): MD TAP, MDOD, and Medicaid

Continue to ensure, through the Assistive Technology Loan Program and WORKAbility Loan Program, that eligible Marylanders with disabilities have access to low-interest loans that help them purchase assistive technology and durable medical equipment they need to live independently and seek employment opportunities.
Responsible unit(s): MD TAP and partner financial institutions

Seek out funding opportunities and partnerships with telecommunications carriers that would make broadband internet available to eligible Marylanders with disabilities at a reduced cost.
Responsible unit(s): MD TAP and MDOD

STATUS UPDATE:

MD TAP facilitated a collaboration between the AT Co-op and RESNA (the technical advisors for Tech Act programs) to market the AT Co-op's services available to Tech Act programs across the country. The rationale for this collaboration is that the more orders the AT Co-op receives, the more leverage they will have to negotiate discounts with vendors providing better discounts to Marylanders.

In FY12, Marylanders saved over $53,000 in purchases of new assistive technology devices through participation in the Assistive Technology Cooperative buying program.

The Assistive Technology Loan Program approved 80 loans during FY 2012 and manages 178 open loans. This is a 27% increase in activity from the previous fiscal year.

GOAL 3:

Provide technical assistance and information to improve the accessibility of State agency websites and other information technology-based services

STRATEGIES:

Support the creation of information that provides technical assistance to State agencies to help them comply with Information Technology Non-Visual Access Policy regarding agency website development and information technology purchasing decisions.
Responsible Unit(s): MDOD, MD TAP, DoIT, and agency partners

Collaborate with DLLR to establish guidelines, recommendations, and limited technical support on the further implementation of accessible workstations in Maryland One Stops and the improvement of accessibility of other information technology-based employment resources.
Responsible Unit(s): MD TAP, DLLR, and DORS

STATUS UPDATE:

MD TAP continued to provide web development tips on the AT Blog during FY12. MD TAP has also been actively updating its Accessible Web Developers Directory, which contains listings of web developers who specialize in website accessibility. MD TAP has provided this resource to several agencies and partners, including DORS and University of Maryland University College. MD TAP has also provided specific web accessibility information to the Public Service Commission, DORS, and the Dorchester County Library.

In February 2012, MD TAP provided DLLR with a list of recommendations for AT purchases that could help make One Stops accessible to a variety of users with disabilities.

GOAL 4:

Develop a plan with key agencies and stakeholders to create environmentally responsible, medically safe and fiscally sound durable medical equipment and assistive technology reuse programs.

STRATEGIES:

Work with agency partners to assess potential cost-savings to the State for a Durable Medical Equipment Reuse program, and to identify potential strategies for the joint implementation of such a program.
Responsible unit(s): MD TAP, MDOD, MDoA, and Medicaid

Provide support to Centers for Independent Living so they can create or maintain programs in which they receive and loan out used and donated assistive technology and durable medical equipment.
Responsible Unit(s): MDOD, MD TAP, CILs, and Medicaid

STATUS UPDATE:

MD TAP gathered program data from other programs that have a DME recycling program. This research brief was submitted to Medicaid in FY12 for consideration.

In FY13, MD TAP will be reassigning a full-time staff member to work on the development of this strategy.

MD TAP created a listserv to connect CILs to facilitate communication about available used devices. This list will be maintained by a staff member in FY13.

HEALTH AND BEHAVIORAL HEALTH

VISION:

Citizens with disabilities will have access to a system of high quality health care, including behavioral health services and supports and people with disabilities are treated with dignity and respect and are protected from abuse, neglect, or other harm.

GOAL 1:

Ensure access to high quality, consumer-centered behavioral health services

STRATEGIES:

Support statewide activities promoting the continuance 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.
Responsible Unit(s): MHA

Continue statewide expansion of the Consumer Quality Team (CQT).
Responsible Unit(s): MHA

Implement, evaluate, and refine the local pilot project of Self-Directed Mental Health Care.
Responsible Unit(s): MHA

Expand the Mental Health First Aid project in Maryland, including the development and implementation of the Children's Mental Health First Aid project.
Responsible Unit(s): MHA and Medicaid

Develop a statewide suicide prevention plan that includes youth, adults, older adults and special at-risk population groups with strategies that are specific to addressing the needs of each group.
Responsible Unit(s): MHA and Governor's Commission on Suicide Prevention

Ensure that mental health awareness and services are culturally competent.
Responsible Unit(s): MHA and DDA

STATUS UPDATE:

MHA, in collaboration with On Our Own of Maryland, has continued the implementation of the Wellness Recovery Action Plan (WRAP) trainings, which include the core concepts of recovery: Hope, Personal Responsibility, Education, Self-advocacy, and Support, and incorporated them into all Wellness & Recovery Centers (previously known as drop-in centers) as a model for peer support. Maryland now has over 90 facilitators trained.

Mental Health First Aid (MHFA), a 12-hour course that teaches lay people methods of assisting someone who may be in the early stages of developing a mental health problem or in a mental health crisis situation, continued to expand in FY 2012. There have been over 2,500 Maryland residents trained to date and training is ongoing.

The Consumer Quality Team (CQT) initiative, which allows consumers and family members to play a direct role in the improvement of mental health services by recording and addressing individual consumers' satisfaction with the services, entered its fifth year in FY 2012. The project continues to protect and enhance rights by obtaining first hand information from consumers about their experiences in programs and takes an active role in resolving issues right at the program level and, as needed, at other system levels.

MHA implemented a consumer self-directed care pilot program in Washington County managed through the local Office of Consumer Advocates. The Self-Directed Care Program currently has nearly 50 self-directed care plans. MHA is working to take this program statewide.

GOAL 2:

Improve access to behavioral health services for people with a wide range of non-psychiatric disabilities and co-occurring psychiatric disabilities

STRATEGIES:

Develop an integrated care model for consumers age 50 years and above, with behavioral and somatic health needs, in PMHS residential programs.
Responsible Unit(s): MHA, Medicaid, DDA, and OHCQ

Implement efforts to incorporate services for individuals with brain injury into long-term care efforts.
Responsible Unit(s): Medicaid and MHA

Continue to 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

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, DDA, and MDOD

STATUS UPDATE:

MHA is collaborating with the MHA-MCO Coordination of Care Committee, through monthly meetings, to identify other pilots to determine barriers and strategies for integrated care and to identify universal outcomes.

The TBI Waiver is growing and the definition has been changed to allow for more growth and inclusion. With this change it will allow services to be incorporated for all brain injury individuals.

The Money Follows the Person Behavioral Health Workgroup met several times as an entire group and as workgroups. Further, they have provided a report with recommendations to DHMH for their consideration of implementation.

GOAL 3:

Rebalance the State's behavioral health service delivery to ensure that people with disabilities have access to these services in the most integrated setting based on their needs and community living preferences

STRATEGIES:

Continue to develop and evaluate the Discharge Readiness Assessment Process, including the State's ongoing capacity to screen long-term residents of State Psychiatric Hospitals; solicit individuals' preferences and needs for living in the community, and transition successfully to the community those individuals who have expressed a desire to do so.
Responsible Unit(s): MHA

Continue training activities surrounding reduction of seclusion and restraint in the state-operated facility system and other inpatient settings to include child, adolescent, and adult inpatient programs.
Responsible Unit(s): MHA and DDA

Evaluate 1915(i) option to expand Medicaid waiver coverage to people with disabilities as a possible source for flexibility in categorical definitions of discrete eligibility definitions.
Responsible Unit(s): MHA, DDA, and Medicaid

STATUS UPDATE:

Regulations involving discharge readiness were evaluated and changed to better deal with the discharge of patients from psychiatric facilities and better prepare them for community living. Training is being provided to staff members on Discharge Readiness Procedures.

MHA has finished writing a 1915(i) state plan amendment to revise cost methodology for psychiatric rehabilitation services. Also, in light of interdepartmental efforts, with ADAA to align regulations and services, where possible, the MHA-convened work group on Medicaid and Crisis Services had temporarily stopped meeting and reconvened in 2012. The Work Group has drafted preliminary regulatory language but wants to ensure the inclusion of the needs of co-occurring individuals before proceeding further.

GOAL 4:

Improve access for children and adolescents with metal health disabilities to supports and services within their communities

STRATEGIES:

Continue to collaborate with CMS to identify service delivery models for children to receive wraparound services in lieu of out of home placements; Continue to utilize the CMEs to administer waiver programs in collaboration with additional state funded mental health services where possible.
Responsible Unit(s): MHA, Medicaid, GOC and CMEs

Continue to expand school-based mental health services and Positive Behavioral Interventions and Supports (PBIS) for students with the most significant mental health needs.
Responsible Unit(s): MHA, MSDE, Local School Systems, and PBIS partners

Collaborate with primary care physicians in conducting mental health screenings and making appropriate referrals for children and youth with mental health disabilities.
Responsible Unit(s): MHA and DHMH (somatic health care)

STATUS UPDATE:

Maryland Healthy Transitions Initiative (HTI), a five year systems change project that provides comprehensive services for transition age youth with mental health and co-occurring disorders entered its third year. HTI, a state/community partnership aimed at addressing issues transition-age youth encounter as they transition to adulthood is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and administered through the Mental Hygiene Administration (MHA). The project, which integrates traditional and nontraditional supports, has served approximately 133 youth and developed and/or enhanced transition related collaboratives (including youth and family representation) in Frederick and Washington Counties.

ACCESS MARYLAND

PROGRAM DESCRIPTION: The Americans with Disabilities Act (ADA) mandates programmatic access to all State services and removal of physical barriers for people with disabilities. In compliance with the ADA, the Maryland Department of Disabilities (MDOD) administers the Access Maryland Program and solicits projects from State agencies each year to improve facilities that require accessibility modifications.

The program has received Capital Budget authorizations of $1,600,000 for each of the last ten years, except in 2005 and 2010, when it received $1,300,000 and $1,444,000, respectively. Since its inception, projects funded through Access Maryland have encumbered nearly $33 million dollars and expended in excess of $32 million dollars. Projects range in size and complexity from parking and ramps to rest room modifications to construction of elevator towers and are located in everything from State parks and prisons to institutions of higher learning.

PROCESS: Access Maryland funds are contained in the Maryland capital budget for accessibility modifications to State-owned facilities. The function of the Maryland Department of Disabilities (MDOD) is to request from state agencies their plans and projects for making facilities accessible and to forward the requests to the Maryland Commission on Disabilities which reviews and prioritizes all projects. Based on that prioritization, MDOD then recommends projects to the Department of Budget and Management (DBM) for inclusion in the Capital Budget. As part of this process, the projects are reviewed and approved by DBM and referred to the Department of General Services (DGS) for technical assistance.

Once a project is included in the capital budget, agencies submit their scope of work for approval by MDOD. Design of the project may then proceed based on the approved scope of work. Following Legislative approval, projects are eligible for funding for two years. If, at the end of the two-year period, design has not been completed and approved by MDOD, the project is permanently ineligible for funding through the Access Maryland Program. Following submission to and approval of design by MDOD, an agency has six months to initiate construction to retain eligibility for funding through the program. An extension may be granted but requires ongoing dialog with MDOD. Loss of funding eligibility does not alleviate the requesting agency's obligation to complete modifications necessary to comply with Federal and State mandates.

Currently, there are seven projects in design with a total allocation of $607,000 and nine projects in construction with a total allocation of $1,871,600.

IV. PERFORMANCE DATA FOR THE 2012 STATE PROGRESS ANALYSIS

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

Community Living

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

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

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

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

Employment and Training

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

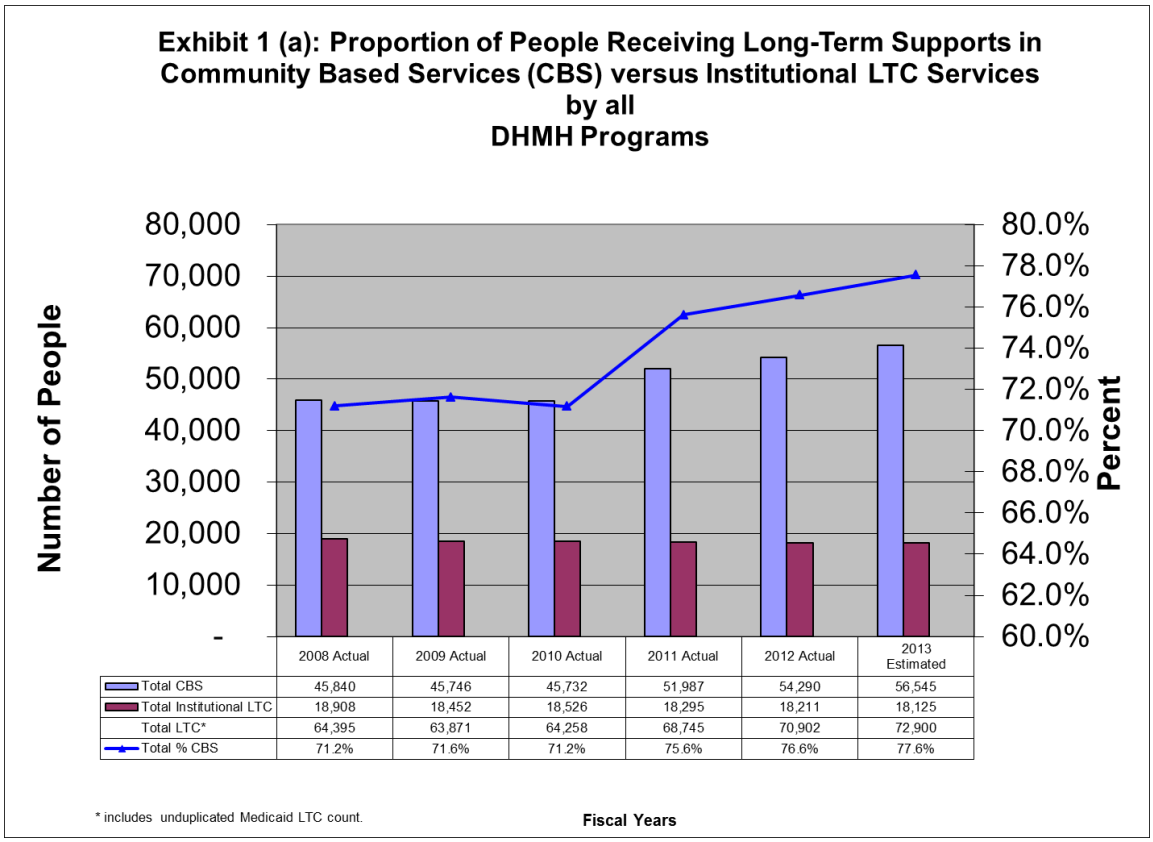
Chart 6: Outcomes of Employment Training or Services for People with Disabilities provided by the Division of Rehabilitation Services and the Department of Labor, Licensing, and Regulation.

Transportation

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

COMMUNITY LIVING

Data in this area address Maryland's progress in re-balancing long-term care services from institutional to community-based services (CBS).
In Maryland, the percentage of people receiving Long-Term Care Supports in Community Based Services (CBS) is expected to increase by 6% from FY 2008 to FY 2013. At the same time the number of people served annually in institutions is expected to fall 783 to a level of 18,125 or one-fourth of the 72,900 total recipients. An estimated 8,505 more people are expected to receive Community Based Services in 2013 than in 2008 (Chart 1).



	2008 Actual	2009 Actual	2010 Actual	2011 Actual	2012 Actual	2013 Estimated
Total CBS	45,840	45,746	45,732	51,987	54,290	56,545
Total Institutional LTC	18,908	18,452	18,526	18,295	18,211	18,125
Total LTC*	64,395	63,871	64,258	68,745	70,902	72,900
Total % CBS	71.2%	71.6%	71.2%	75.6%	76.6%	77.6%

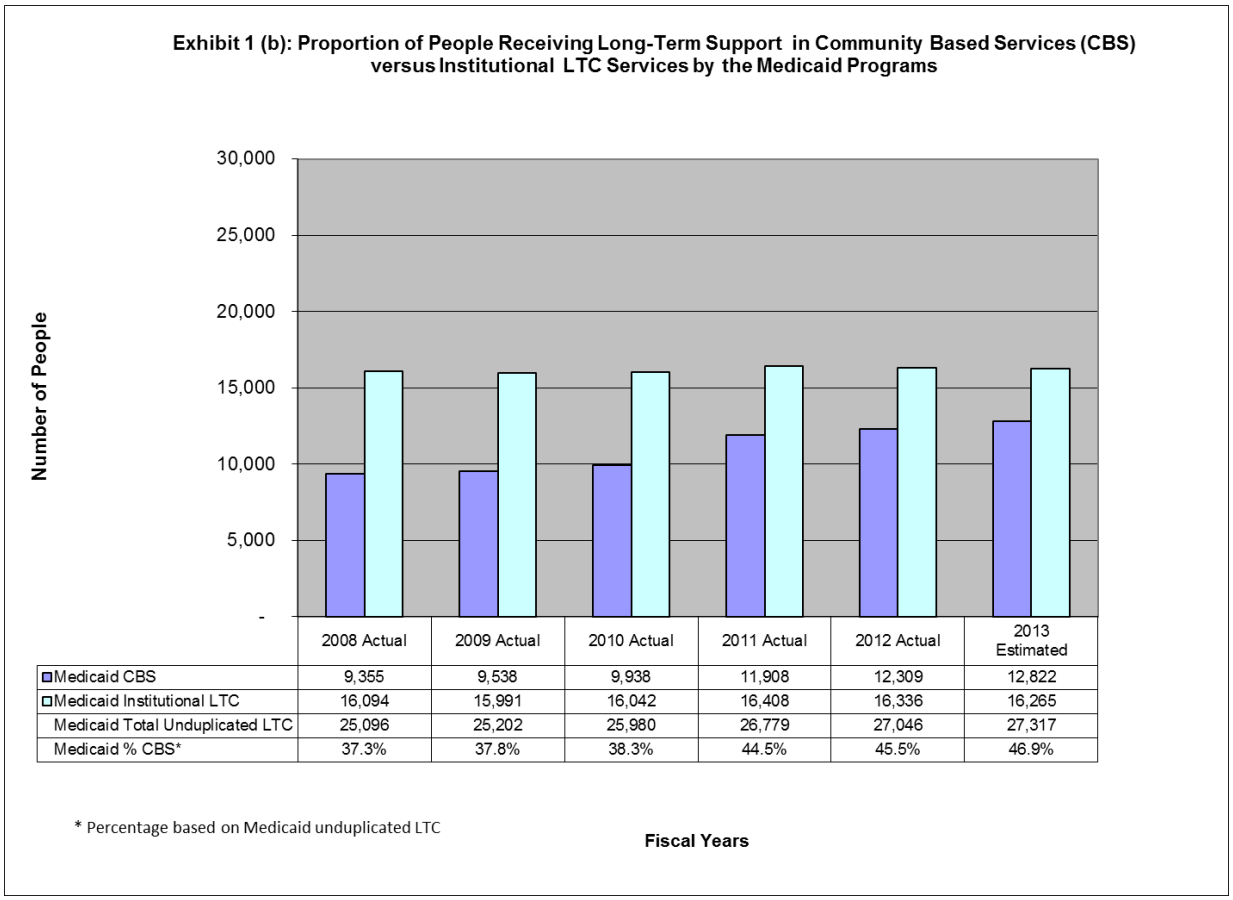
* includes unduplicated Medicaid LTC count.

Chart 1

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 2008 the percentage of people receiving Community Based Services versus nursing home or other institutional long term care has increased from 37.3 percent to an estimated 46.9 percent in 2013. With continuation of the Money Follows the Person Demonstration Project, this indicator is expected to show continued to improvement.

Chart 2

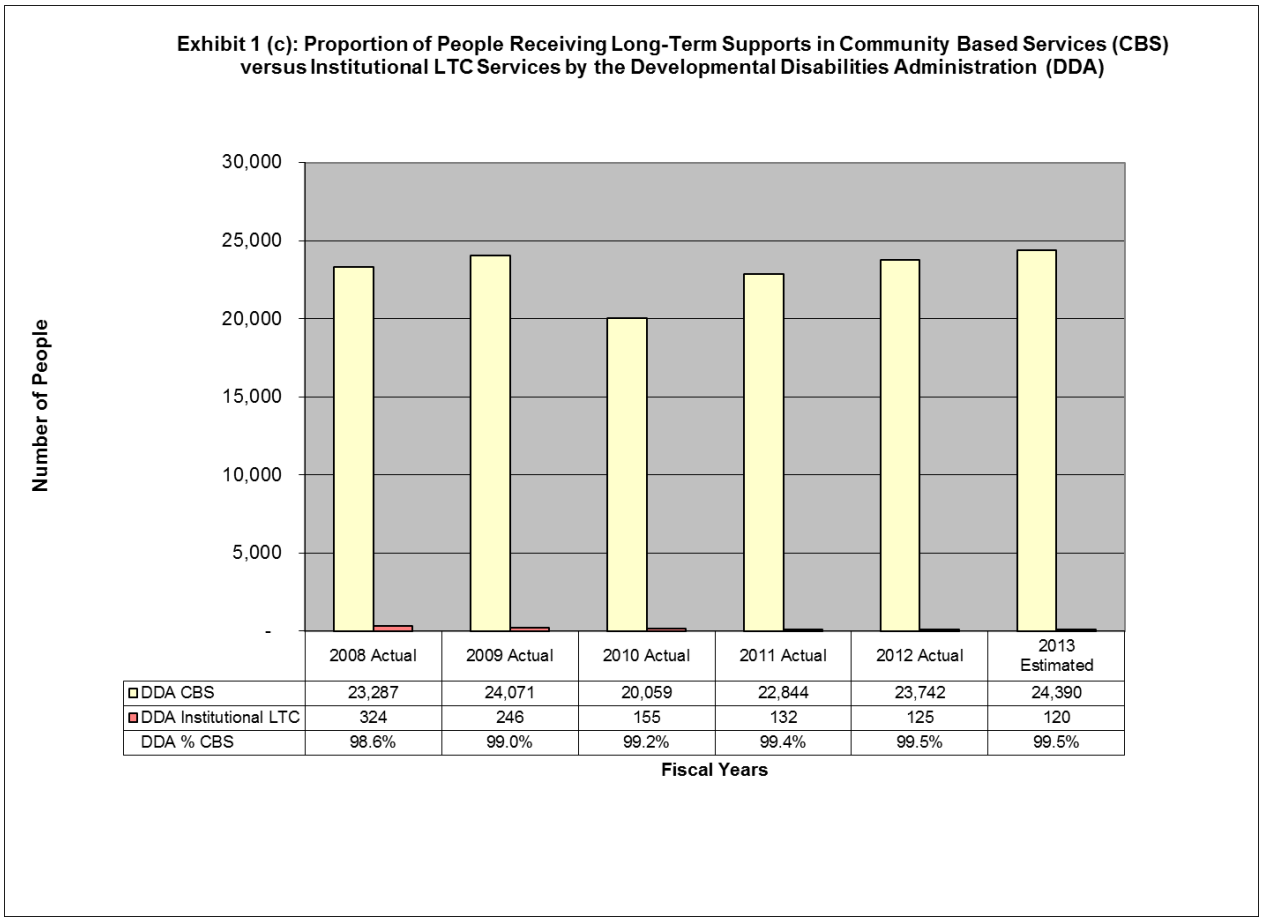


Source: MFR

COMMUNITY LIVING (Continued)

The percentage of people receiving Community Based Services through the Developmental Disabilities Administration (DDA) has increased to 99.5 percent of the total served in 2012. This indicator is expected to stay at 99.5% in 2013 (Chart 3). The apparent reduction in people receiving community based services beginning in FY 2010 is an artifact of a change in DDA's tracking of one category of CBS. In FY 2010, DDA began tracking Low Intensity Support Services (LISS) in a new module in the DDA data system and is now able to reduce the previous duplication of service reporting for those individuals that receive a traditional service and also LISS.[1]

Chart 3



	2008 Actual	2009 Actual	2010 Actual	2011 Actual	2012 Actual	2013 Estimated
DDA CBS	23,287	24,071	20,059	22,844	23,742	24,390
DDA Institutional LTC	324	246	155	132	125	120
DDA % CBS	98.6%	99.0%	99.2%	99.4%	99.5%	99.5%

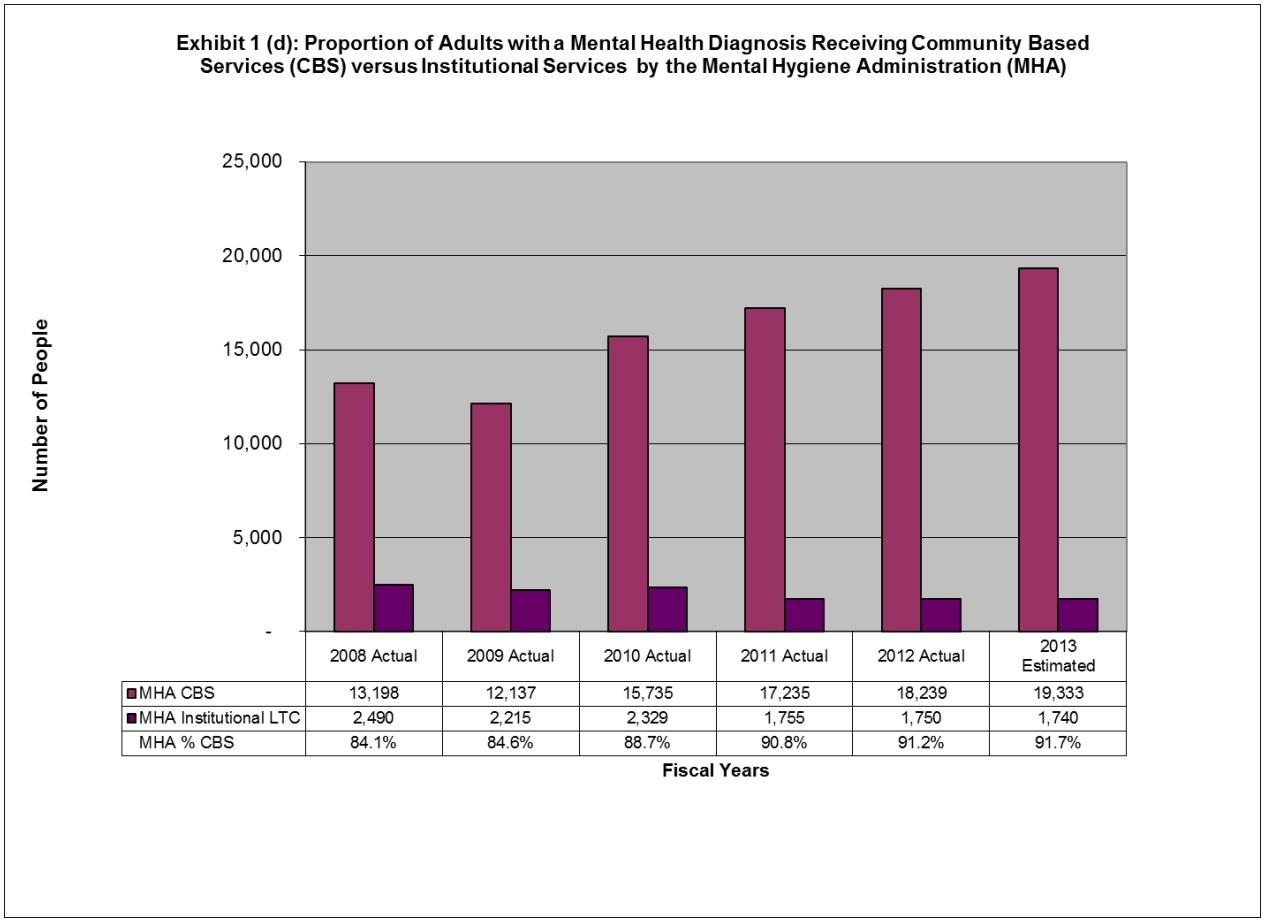
Source: MFR

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

COMMUNITY LIVING (AND HEALTH AND BEHAVIORAL HEALTH)

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

Chart 4



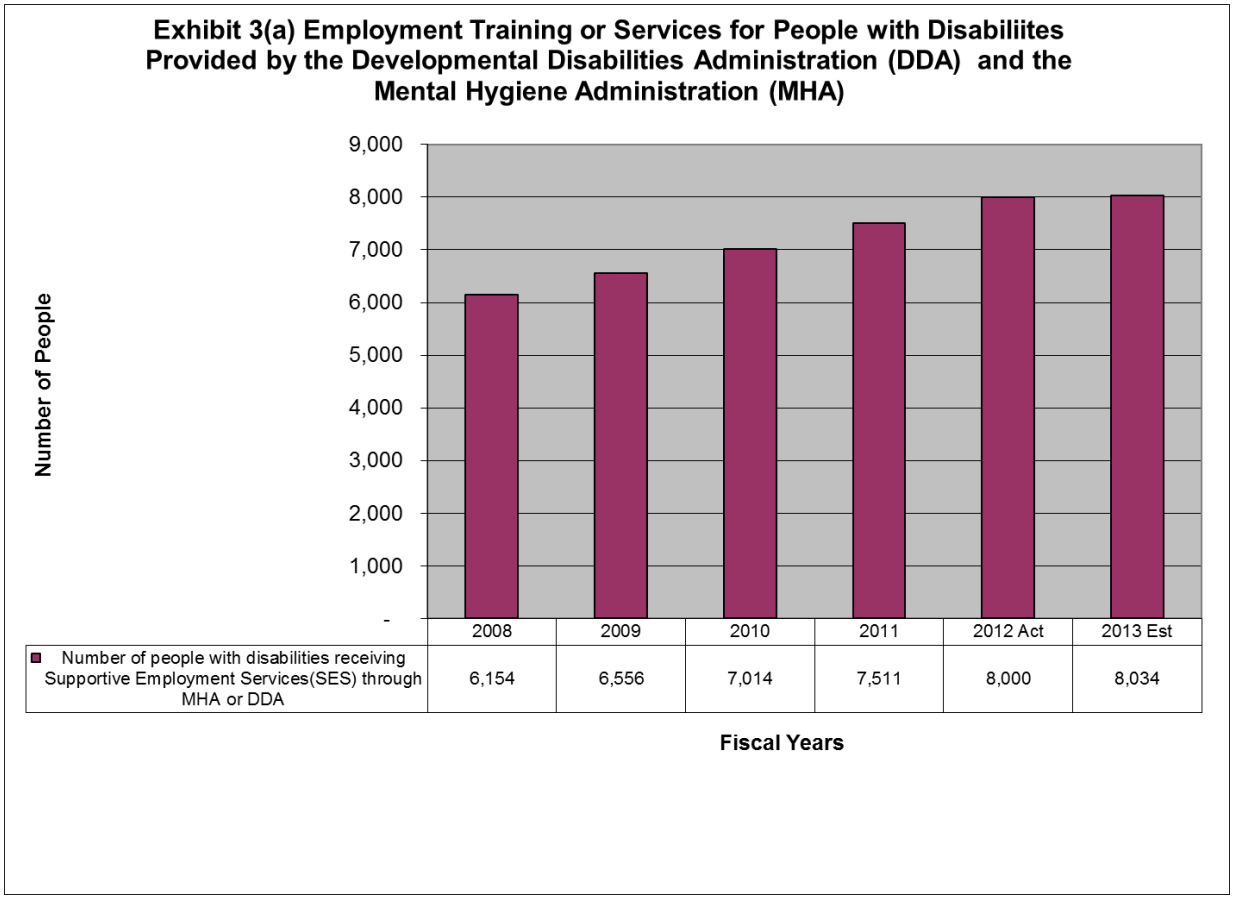
	2008 Actual	2009 Actual	2010 Actual	2011 Actual	2012 Actual	2013 Estimated
MHA CBS	13,198	12,137	15,735	17,235	18,239	19,333
MHA Institutional LTC	2,490	2,215	2,329	1,755	1,750	1,740
MHA % CBS	84.1%	84.6%	88.7%	90.8%	91.2%	91.7%

Source: MFR

EMPLOYMENT AND TRAINING

Chart 5 shows performance data for employment training or services and employment outcomes for Marylanders with disabilities served through two different units of State Government. Chart 5 shows that over 1,800 more people with disabilities received Day Services or Supported Employment Services through the Developmental Disabilities Administration (DDA) or the Mental Hygiene Administration (MHA) in 2012 than in 2008, and further increases are expected in 2012 and 2013.

Chart 5

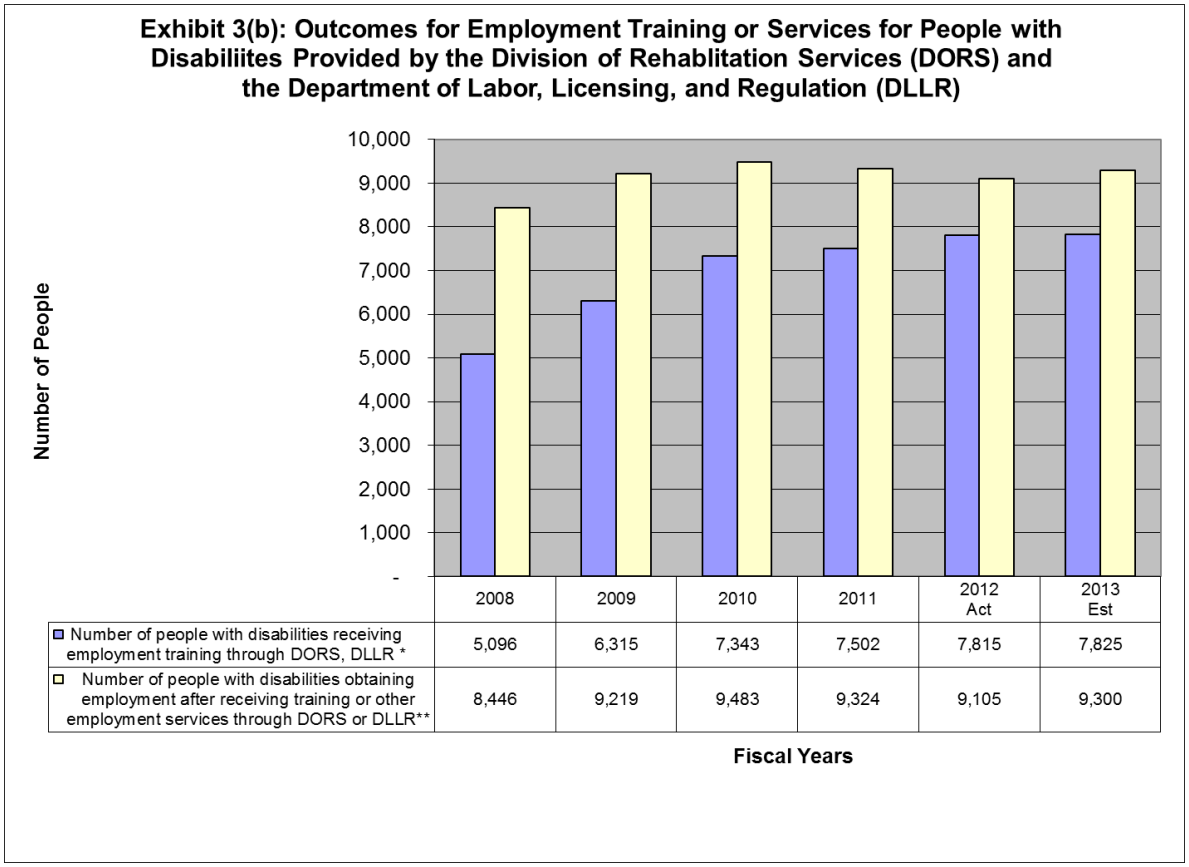


Source: MFR

EMPLOYMENT AND TRAINING (Continued)

Chart 6 shows that employment training services provided to people with disabilities by the Division of Rehabilitation Services (DORS) and the Department of Labor, Licensing, and Regulation (DLLR) increased overall by 2,719 from 2008 to 2012. Similarly, 659 more people with disabilities were reported to have obtained employment after receiving employment training or services from DORS or DLLR in 2012 than in 2008. Both of these performance measures are expected to show further improvement in 2013.

Chart 6



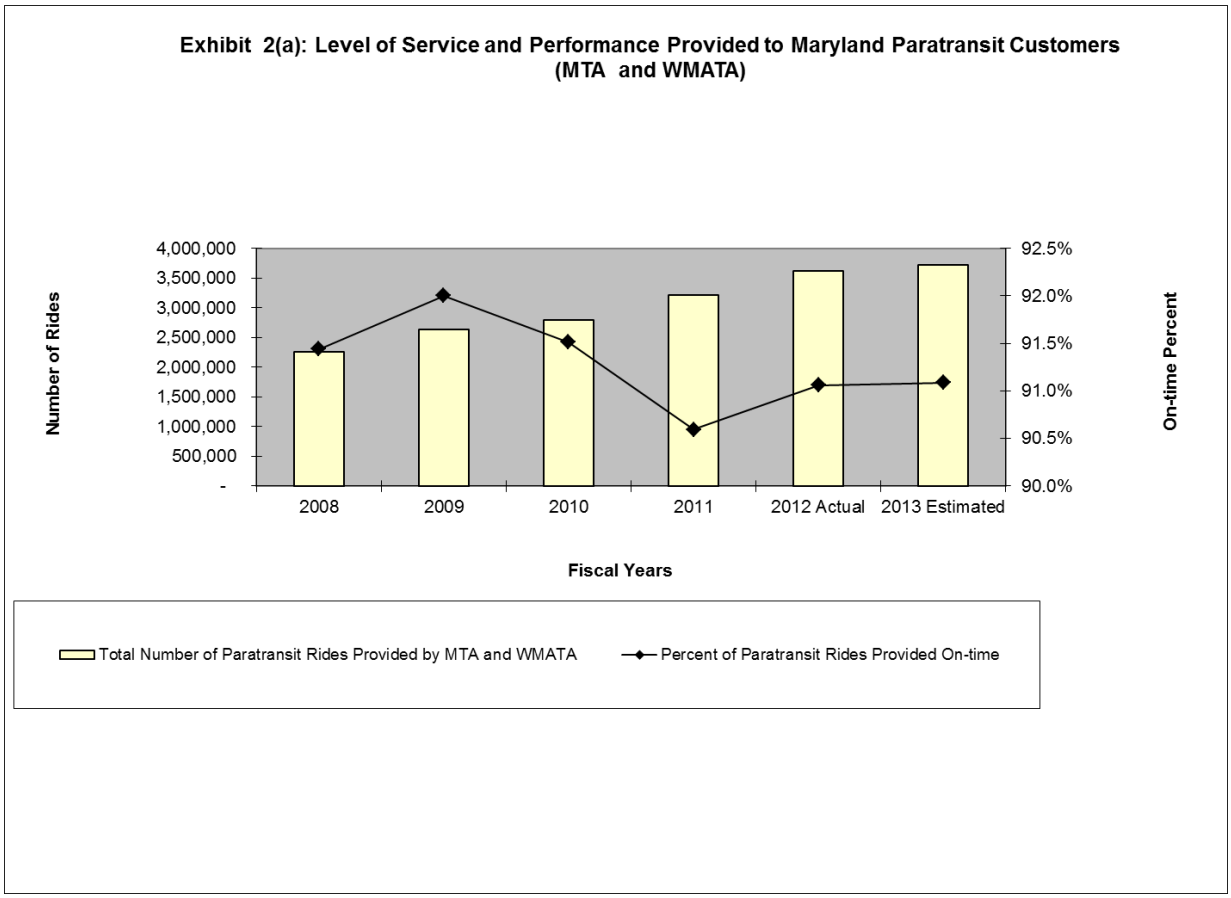
*The DLLR data for training includes only Workforce Investment Act (WIA Customers) but not Labor Exchange customers. LE does not capture number of participants trained
** DLLR data for employment includes both WIA and LE customers.

Source: MFR

TRANSPORTATION

Chart 7 shows the level of service and performance provided to Maryland paratransit customers, representing data from the Maryland Transit Administration (MTA) and the Washington Metropolitan Area Transit Authority (WMATA) for services in Montgomery and Prince Georges Counties. MTA and WMATA combined provided 1,358,445 more paratransit rides to people certified for paratransit in 2012 than in 2008. The combined percent of on-time paratransit rides also increased from 88 percent in 2004 (not shown) to 91.1 percent in FY 2012. While rides are expected to increase in 2013, the on-time percentage is expected to be maintained at or above 90 percent in those years.

Chart 7



Source: MFR

V. MEMBERS OF THE MARYLAND COMMISSION ON DISABILITIES

Andrew D. Levy (Chairperson)
Harry L. Chase
Christine L. Towne
James D. McCarthy
Nancy G. Jenkins
Norma Rodriquez
Lauren A. Newman
Kavita Krishnaswamy
Lauren Young
Patricia M. Heagy
Karen-Ann Lichtenstein
Nollie P. Wood (Alliance of Committees and Commissions on Disabilities)
Marc Nicole (DBM)
Mark Leeds (DHMH)
Delegate Eric Luedtke
Senator Karen Montgomery
Jamey E. George*
Juliette Rizzo*
David C. Ward*
Kenneth R. Wireman*
Denise Camp**
William DuSold**
Kristi Wilson-Hill**
Denise Thomas**
Martin Lampner**

* Completed service to the Commission in June 2012
** Began serving on the Commission in September of 2012

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

MD TAP – 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 Operations Center

WMATA - Washington Metropolitan Area Transit Authority

WIA – Workforce Investment Act