ANNUAL PROGRESS ANALYSIS

2013

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"Advancing the rights and interests of people with disabilities so they may fully participate in their communities"

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I. INTRODUCTION AND DEVELOPMENT PROCESS

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 Maryland Department of Disabilities (MDOD) 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 also hosted Listening Posts in five geographic regions across the State.

The Annual Progress Analysis is published each year to inform Marylanders of the accomplishments from the prior year and to identify areas where there is opportunity for improvement and progress. Updates in the status of goals and strategies build on the accomplishments (see Section II). The State Disabilities Plan is divided into nine domains which place emphasis on critical areas for all citizens:

- **Housing and Community Development**
- **Community Living**
- **Employment and Training**
- **Education**
- **Children, Youth and Families**
- **Technology**
- **Transportation**
- **Health and Behavioral Health**
- **Access Maryland**

Section III presents Performance Data from the Managing For Results Process in several key areas in partnership with other State Agencies. While Maryland has made significant progress towards meeting the needs of people with disabilities, the work described in the current plan will continue over the next two years and new State Disabilities Plan will be developed for January 2016 to encompass the next four years.

II. FISCAL YEAR 2013 ACCOMPLISHMENTS & STATUS REPORT

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

- MDOD, DHMH and DHCD collaborated to apply for the HUD Section 811 Project Rental Assistance Demonstration Program. As a result of this effort, Maryland was one of 13 states awarded funding to provide permanent supportive housing to very-low income people with disabilities who would otherwise be priced out of the market.
- $10.9 million in funding will be used to provide project rental assistance for up to 150 units over the next five years. The program will continue indefinitely contingent upon HUD funding.
- DHMH/MFP set aside $2.5 million dollars in Bridge Subsidy funding and is partnering with MDOD to provide rental assistance to eligible participants for up to 5 years.
- This past May, the first two eligible families successfully leased units funded by the Harry and Jeanette Weinberg/State of Maryland Affordable Housing Initiative in Cambridge, Maryland.
- DHMH, DHCD, MDOD established The Maryland Partnership for Affordable Housing (MPAH) for the purpose of developing and implementing housing policies and programs specifically for people with disabilities.
- MDOD staff will chair and support the MPAH as well as maintain the partnership's website.
- MPAH advisory group members developed a comprehensive case manager training manual to implement and sustain best practices for case managers across the state's service delivery system to assist individuals transitioning out of nursing facilities across the State.

HOUSING and COMMUNITY DEVELOPMENT

STATE PLAN YEAR-TO-DATE STATUS REPORT UPDATES

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 PHAs meet 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***

- Develop effective collaborative relationsips with housing providers in order to promote awareness of the extreme need for more accessible, affordable housing in the State. ***Responsible Unit(s): MDOD and DHCD***

STATUS UPDATE

- DHMH, DHCD, and MDOD applied for HUD funding through the Section 811 Program and the State was awarded $10.9 million over the next five years to provide a permanent source of housing for people with disabilities at SSI/SSDI level income.

- To date, 183 persons have had prescreen applications completed on their behalf and are enrolled on the Harry and Jeanette Weinberg Foundation/State of Maryland Affordable Housing Initiative applicant list. MDOD continues to manage the application and referral process for this initiative and work with service providers to identify applicants. DHCD has identified three additional projects which are in the pipeline for Calendar Year 2014. A total of 13-15 units will be created when all of $2 million in funds are utilized.

- MDOD/DHMH Money Follows the Person long-term housing initiative is working to bolster housing opportunities for anyone wishing to relocate from nursing facilities or stay in the community. Primary goals of the effort include identification of new sources of long-term funding for housing, increased collaboration across the housing system and targeted outreach to raise awareness of the extreme need in the State.

- The Maryland Partnership for Affordable Housing (MPAH), the embodiment of a ten year human services and housing partnership, will serve as the primary forum in the State where advocates, human service providers and housing providers discuss and develop partnerships to maximize housing opportunities for people with disabilities.

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

- The MPAH will conduct fair housing trainings for PHA's and Housing Developers as a result of the Sec. 811 PRA funds awarded to MD.

- MDOD is assisting PHAs to develop a legislative strategy to prohibit discrimination based on source of income which prevents Housing Choice Voucher program participants from finding housing in the locations of their choice.

- MDOD continues to gather and analyze data from the seven 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 and shared with other organizations engaged in regional planning efforts to assess unmet housing needs such as the Opportunity Collaborative of the Baltimore Metropolitan Council.

- State agencies in the past decade have created over 600 integrated and affordable housing opportunities for persons with disabilities with extremely low incomes and with access to supports and services to enable them to live independently in the community.

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 will convene a group of stakeholders (in late 2013) to facilitate the planning of a statewide accessible housing conference or symposium to discuss the incidence and need for home modifications; what is known of the service delivery; barriers to developing an effective system; best practices and promising developments; and a blueprint for action in Maryland.

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

- As part of the MDOD/DHMH MFP Housing Initiative, MDOD has engaged the Opportunity Collaborative of the Baltimore Metropolitan Council and provided input to ensure that the housing needs of people with disabilities are included in their regional sustainable community plan.

- Have begun outreach to developers of mixed-use affordable housing and TOD for the purpose of discussing and developing opportunities for partnership.

- MDOD is collaborating with DHCD's Rental Initiatives Office to develop a plan for bringing the State's housing resources to bear in TOD developments for the purpose of creating units affordable to people who rely on SSI/SSDI as their sole source of income.

COMMUNITY LIVING POLICY

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

- MDOD's Attendant Care Program (ACP) served 188 unduplicated individuals during Fiscal Year 2013, an increase over the 170 served in Fiscal Year 2012. In addition, a total of 17 new participants were enrolled throughout the year to include 12 participants who were employed, looking for work or enrolled in school. The Program had 86 individuals on the waiting list at the end of the fiscal year, all of whom are in the at-risk eligibility category.

- In Fiscal Year 2013, 348 individuals transitioned back to the community through the MFP program, for a total of 1688 transitions since the program's initial implementation in Fiscal Year 2008.

- The Governor-appointed Maryland Commission on Autism (established by HB 503 in 2009) concluded its work in December 2012. A final report, to include 12 recommendations and a detailed summary of the Commission's work, was completed and widely distributed.

- The Developmental Disabilities Administration (DDA) submitted an application to the Centers for Medicare and Medicaid Services (CMS) to renew New Directions and Community Pathways, its two home and community-based services (HCBS) waiver programs. DDA proposed in its application to merge the two waivers into one combined program and to include and/or enhance all services provided through the prior waivers.

- Maryland's HCBS waiver programs served a combined total of 24,924 individuals throughout Fiscal Year 2013. The Living at Home (LAH) and Older Adults Waiver (OAW) programs served 991 and 4,031, respectively. Both waivers were able to utilize an increased number of community-funded slots in this fiscal year (180 for LAH and 300 for OAW).

- Maryland continues to work on long-term service and support (LTSS) reform and rebalancing initiatives such as the continued implementation of the Money Follows the Person (MFP) Demonstration and the Balancing Incentives Payment Program (BIPP) as well as planning for the new Medicaid State Plan authority, Community First Choice (CFC).

- It is estimated Maryland will generate an additional $106 million in federal funds by participating in BIPP.

- DHMH continued planning for the implementation of the CFC Program in January 2014. As part of CFC implementation, Maryland will combine the LAH and OAW HCBS programs. In addition, the Medical Assistance Personal Care (MAPC) program will be restructured in an effort to standardize provider qualifications, service quality and rate structure.

COMMUNITY LIVING POLICY

STATE PLAN YEAR-TO-DATE STATUS REPORT UPDATES

GOAL 1 *Receive supports and services in the most integrated 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***

- Develop and implement a streamlined application process for individuals seeking long-term supports/services from multiple resources for which they qualify. ***Responsible Unit(s): Medicaid, DHR, DDA, MHA, MDoA, and MDOD***

STATUS UPDATE

- Individuals have continued to transition out of nursing facilities through waivers, MFP and MDS referrals. In Fiscal Year 2013, 348 individuals transitioned back to the community through the MFP program.

- DHMH continued to work on the implementation of BIPP by the piloting of and training on the interRai tool, the new standardized level of care assessment, which will be also be used to triage the current waiver registries (interest lists) to prioritize need based on risk of institutionalization.

- DHMH issued an RFP to solicit innovative pilot projects to expand HCBS LTSS, divert individuals from institutionalization, improve health outcomes for LTSS participants, and/or improve quality.

- MDoA received a $2.3 million three-year grant to enhance options counseling statewide to integrate the ADRC initiative with BIPP and other Affordable Care Act programs, and to develop a strategy for sustainability.

- MDOD and MDoA entered into a Memorandum of Understanding to work collaboratively in assessing the infrastructure related to options counseling readiness of regional designated disability partners and to provide ongoing consultation and technical assistance under the enhanced ADRC Options Counseling Program grant.

- DHMH completed the process of restructuring the various MA program data tracking systems, which integrated all systems into one coordinated and integrated database. The Long-Term Supports & Services-Tracking System (LTSS-TS) is a person-centered information system supporting a broad array of community-based care functions including a detailed chronology of participant interactions, unified and customized reports across community-based programs, and increased support for person-centered services planning. The LTSS-TS was implemented in early January 2013 and is being used by all appropriately designated professionals in order to plan for and track individual program participants' supports and services.

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

- DHMH directed funding and support to MDOD through a Memorandum of Understanding to design, administer and evaluate the CFC Self-Directed Training program.

- MDOD successfully recruited a qualified Program Manager and began planning the activities related to program development and implementation. The Self-Directed Training program will provide skill development and/or enhancement to interested participants on topics to increase success in self-direction and independence such as managing personal assistance staff, budgeting, and securing employment.

GOAL 3 *Increase access to accurate information that promotes increased awareness of available public and private resource options.*

STRATEGIES

- Through Maryland's MFP project and MDS 3.0 Section Q referrals, provide peer outreach, support, mentoring and options counseling to nursing facility and other institutionalized residents to inform them of available options for public and private community-based services and supports. ***Responsible Unit(s): (Medicaid, MDOD, MDoA, DDA, and MHA***

STATUS UPDATE

- MDOD awarded eight regional contracts to agencies to provide peer outreach and support services. Services were initiated in nursing facilities statewide beginning in October 2012 and continued through FY13.

- MDOD project staff conducted three contractor trainings as well as provided presentations to other stakeholders including state and local ombudsmen, nursing facility provider associations, and social workers throughout the fiscal year.

- Options counseling is provided through a partnership between the regional Maryland Access Point site and designated disability partner provider. During Fiscal Year 2013, options counseling was provided to a total of 2,253 nursing facility residents and 962 applications were completed as a result.

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

- The Department of Budget and Management organized and participated in a successful Disability Mentoring Day (job shadowing) for 21 youth with disabilities in October.
- Thirty eight Marylanders with disabilities engaged in the Quest Internship program led by DBM with support for MSDE/DORS.
- Benefits counselors funded by DORS have served 1,109 individuals, significantly improving their employment outcomes including an average wage of $1,002.46, several hundred dollars more than individuals who did not receive benefits counseling.
- EID enrollment has risen from 561 on December 31, 2010 to 740 on June 30, 2013.
- Six students completed their first year in SUCCESS at UMBC. Nearly 20 applications were received for fall 2013 and eight new students were selected to start the program in September 2013. MDOD received a second year of funding from the Weinberg Foundation to support employment and independent living activities for students enrolled in the program.
- Maryland sent a team of representatives from MDOD, DORS and GWIB to attend the National Governor's Association (NGA) Employment Summit, and developed an action plan for Employer Engagement.
- DDA's Home and Community Based Services waiver renewal application included revisions needed to support implementation of an Employment First policy in Maryland for individuals with developmental disabilities.
- Maryland had an 8.80 percent increase from the prior year in the number of Title II beneficiaries who returned to work.

- More than 225 people with disabilities who receive Temporary Cash Assistance or have low incomes received financial and credit education.
- Legislation eliminated the anticipated sunset for the Maryland State Disability Employment Tax Credit. Between July 1, 2012 through June 30, 2013, 11 state disability tax credits were processed and 39 federal tax credits were processed specifically for those individuals deemed eligible because of disability.

EMPLOYMENT AND TRAINING

STATE PLAN YEAR-TO-DATE STATUS REPORT UPDATES

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 which will include disability based data.
- DLLR referred 1,271 job seekers with disabilities to employment.

**Note: DORS data for federal fiscal year 2013 will be included in 2014 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***

- *New Strategy:* Increase the number of state and federal disability tax credits processed by DLLR. ***Responsible Unit(s): DLLR***

STATUS UPDATE

- The federal funds support for MDOD's EID outreach has ended. MDOD provided training to centers for independent living, DORS and other agencies to assist individuals in applying for EID and transitioned the enrollment over to DEWS/DHMH. Overall, EID enrollment rose from 561 on December 31, 2010 to 740 on June 30, 2013.

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

- MSDE, with funds from MDOD's federal grant, 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 was the first financial education curriculum in the nation to address the impact of work on public benefits FEFE is used in high schools in all 50 states and MSDE continues efforts to expand its use in Maryland. Videos have been created to accompany the modules.

GOAL 3 *Create and replicate best practices that increase integrated, individualized employment outcomes for Marylanders with disabilities.*

STRATEGIES

- Double the Quest internship program hosting a minimum of 50 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 develop and replicate best practices for individuals with developmental disabilities and autism. ***Responsible Unit(s): MDOD, DORS and DDA***

- *New Strategy:* Increase hiring and retention by Maryland State Government and continue to collaborate and partner with other states to identify best practices as follow through on the with the National Governor's Association's employment initiative. ***Responsible Units: DBM, DORS and MDOD***

STATUS UPDATE

- During 2012 and 2013 Quest Program, 38 individuals with disabilities had Quest internships.

- The Mental Hygiene Administration continues to work collaboratively on consultation; training; and technical assistance related to supported employment (SE) as an evidence-based practice (EBP) service approach. A white paper with employment data was prepared by the University of Baltimore using UI wage data for MHA.

- PDG Rehabilitation launched Aspire, a program inspired by Specialisterne, to train and place individuals with autism into technology related jobs and hired their first employee with autism.

- Five of the six students in the SUCCESS Program at UMBC worked in summer internship programs. Of those, three internships were paid and one included a training component to lead to an opportunity for payment in the future if the required credential was obtained.

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

STATUS UPDATE

- 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.
- Maryland sent a team of representatives from MDOD, DORS and GWIB to attend the National Governor's Association (NGA) Employment Summit, and developed an action plan for Employer Engagement.
- DORS has hired additional Business Services representatives and identified Regional Business Representatives to increase employer engagement and follow up.
- DLLR hosted a Business Services Forum that included DORS business services representatives.

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 ages 6-21 with disabilities being educated in general education settings (LRE A-with general education peers 80 percent of the time or more) increased slightly over the past two years to 67.97 percent in 2012 from 67.12 percent in 2011 and 66.75 percent in 2010.
- The Maryland Seamless Transition Collaborative (MSTC), administered by the Maryland State Department of Education-Division of Rehabilitation Services (DORS), concluded the 5 year grant from the U.S. Department of Education on September 30, 2012. Among the accomplishments of the grant:
    - Three hundred sixty five (365) students actively participated among 11 local school systems project sites
    - A majority of students participated in work experiences, including:
        - 288 in summer employment (paid internship)
        - 101 through informational interviews
        - 65 through work-site tours
        - 37 through job shadowing
        - 84 through job sampling and/or volunteering
        - 77 through unpaid internships
        - 66 in paid inclusive employment
    - Forty six (46) enrolled in postsecondary education

- Students with disabilities participating in Career and Technology Education (CTE) programs had a 99 percent graduation rate, up from 98 percent the previous year.
- In 2011-2012, 97 percent of students with an Individualized Education Program (IEP) had post-secondary goal(s) in employment, post-secondary education or training and 98 percent had transition services in the IEP that will enable the student to meet their post-secondary goal(s).
- The Maryland Department of Disabilities, Maryland Higher Education Commission and Baltimore City Public Schools held the 4th Forum for Students with Learning Disabilities Planning to Attend Community College.

EDUCATION

STATE PLAN YEAR-TO-DATE STATUS REPORT UPDATES

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 ongoing efforts continue to be supported through grant funding from the Maryland State Department of Education.

- As of the 2012-2013 school year, all 24 local school systems have implemented the Fitness and Athletics Equity for Students with Disabilities Act.
- The Children's Cabinet Agencies oversaw changes to COMAR that assure children residing in Residential Child Care Programs are enrolled in the local school system within three school days of placement (COMAR 14.31.06.12A(2)(a))

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

- In 2012, students receiving special education met the Reading Participation and Mathematics Participation rates for School Progress-Annual Measurable Objectives (AMO).
- Local school systems continue to identify opportunities for students to remain in public education settings and the total enrollment of students placed in nonpublic schools continued to decrease from 3,358 in 2011 to 3,180 in 2012.

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 continue to ensure that students with disabilities have access to paid employment and career training while in school.
- The Governor's Interagency Transition Council for Youth with Disabilities held its annual conference in 2012 with a new format directed to youth and their families (previous events were primarily directed to professionals). The annual event primarily focuses on postsecondary education and employment opportunities.
- The Maryland Transitioning Youth Website continues to be updated to provide information on transition planning to youth beginning at age 14. This interagency website, maintained by the Department of Disabilities, is accompanied by 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.

ACCOMPLISHMENT HIGHLIGHTS

- There was an increase of $1.2 million to serve 100 additional children under Maryland's Autism Waiver.
- MSDE continues to implement an integrated Individualized Family Service Plan (IFSP) option for children from birth to age four with a federal incentive grant.
- The Governor's Interagency Transition Council's for Youth with Disabilities (IATC) hosted a conference on November 17, 2012 and included information on preparing for employment, postsecondary education and independence. The event was attended by 163 participants comprised of transition age youth, parents/guardians and professionals.
- Maryland hosted the 2013 Maryland Youth Leadership Forum attended by 29 high school students with disabilities.
- The Governor's Budget maintained State funding for Maryland Infants and Toddlers Program at $10.4 million.

CHILDREN, YOUTH AND FAMILIES

STATE PLAN YEAR-TO-DATE STATUS REPORT UPDATES

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. Through the Local Care Teams, families can now self refer for assistance in finding services in their communities.
- 100 additional slots are available for children with autism who are on the Autism Registry.
- The statewide Care Management Entity was operational as of July 1, 2012 and continues to serve more than 350 youth through DHR, DJS and MHA funded community initiatives.

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 continue to work with unified sports programs to increase access to extracurricular activities for children with disabilities.
- Curriculum for Maryland's Together We're Better annual inclusion project for LSS during Disability History and Awareness Month (October) is being redesigned and will now include a curriculum component for out-of-school time programs.

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 Governor's Interagency Transition Council for Youth with Disabilities (IATC) meets bi-monthly to ensure the effective, efficient and comprehensive delivery of services to meet the transition needs of Maryland youth with disabilities. A strategic plan, interagency website, and annual conference are joint efforts of the IATC.
- The IATC Strategic Plan was redrafted this past year to better reflect ongoing and forecasted efforts.
- The Maryland Department of Disabilities continues to maintain the interagency Maryland Transitioning Youth Website, quarterly newsletter and Facebook page.
- In 2012, the Maryland Transitioning Youth Conference changed formats and is now primarily targeted to youth with disabilities and their families instead of professionals as it was in previous year.
- There is increased development of local transition councils that is ongoing. The IATC has provided technical assistance to several local jurisdictions and is currently exploring additional opportunities to promote and increase the number of local councils.

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 Fiscal Year 2013, the Maryland Technology Assistance Program (MD TAP) provided 405 hands-on demonstrations and loans of devices to individuals with disabilities and their families, as well as education, employment, and community living professionals.
- MD TAP created six Assistive Technology Introduction awareness videos that demonstrated various assistive technologies. MD TAP continues to use social media, including Twitter, Facebook, YouTube, and the MD AT Blog to reach over 1,000 individuals per month.
- During Fiscal Year 2013, the Assistive Technology Loan Program received 113 applications for review and approved 35 loans. Additionally, the program managed 176 open loans during this period. 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 established an Equipment Exchange Listserv to better facilitate communications between equipment loan closets throughout the state.
- In Federal Fiscal Year 2013, Marylanders saved over $32,000 in purchases of new assistive technology devices through participation in the Assistive Technology Cooperative buying program.
- MDTAP implemented a targeted marketing campaign to inform special educators about MD TAP'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.

TECHNOLOGY

STATE PLAN YEAR-TO-DATE STATUS REPORT UPDATES

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 2,000 individuals with disabilities, families and professionals. ***Responsible Unit(s): MD TAP***

- 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***

STATUS UPDATE

- MD TAP and its subcontractors reached over 122,000 people through public awareness events, including exhibits, presentations, internet and print materials, radio public service announcements, and television appearances.

- MD TAP implemented a YouTube channel that contains six brief captioned videos highlighting types of AT in the Demonstration & Loan Library. These were publicized through our various social media outlets during FY13.

- MD TAP and its subcontractors reached 850 people through information & referral services, and provided AT-specific trainings to 1,073 individuals.

- To increase access to AT for all Marylanders, MD TAP is planning on developing an online distance training and demonstration plan that will increase the number of individuals to whom staff can provide services. 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 Fiscal Year 2014.

- MD TAP and its subcontractors provided AT demonstrations to 202 people and made device loans to 203 people.

- To improve MD TAP's demonstration and loan numbers, in Fiscal Year 2014 MD TAP 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 accessing MD TAP AT services.

- To increase access to specialized AT demonstrations and loans, MDTAP provided five start-up grants amounting to more than $28,000 to programs that would establish specialized equipment reuse and demonstration and loan programs to constituents across the state.

- In Fiscal Year 2013, MD TAP established an Emergency Preparedness & AT webpage that includes information and resources specific to accessing and securing AT during emergencies. In addition, it provides information on emergency alert systems, apps and disaster readiness.

- MD TAP collaborated with the Mid-Atlantic ADA Center and the Federal Emergency Management Agency (FEMA) to develop two PowerPoint presentations on "AT and Emergency Evacuations and Sheltering." These presentations were distributed to all six of the Mid-Atlantic Tech Act Programs.

- MD TAP provided the Department of Human Resources (DHR) written recommendations on AT to have available during emergencies, making it easier for individuals with disabilities to communicate with shelter staff during emergencies.

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 the assistive technology and durable medical equipment they need to live independently and seek employment opportunities. ***Responsible unit(s): MD TAP and partner financial institutions***

STATUS UPDATE

- In Fiscal Year 2013, Marylanders saved over $32,000 in purchases of new assistive technology devices through participation in the Assistive Technology Cooperative buying program.
- The Assistive Technology Loan Program and WorkABILITY Loan Program received 117 applications for review and approved 35 loans during Fiscal Year 2013. Additionally, the program managed 176 open loans during this period.

GOAL 3 *Provide technical assistance and information to improve the accessibility of State agency websites and other information technology-based services Marylanders with disabilities.*

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 accessibility tips on the AT Blog during Fiscal Year 2013. 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.

- Throughout Fiscal Year 2013, MD TAP participated in collaborative policy development efforts to establish state legislation that would improve access to accessible state websites.

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

- In Fiscal Year 2013, MD TAP reassigned a full-time staff member to work on the development of this strategy.

- MD TAP created a listserv to connect loan closets and CILs to facilitate communication about available used devices. In Fiscal Year 2013, 17 organizations joined this listserv.

- MD TAP provided a $9,000 grant to support the continued efforts of a non-profit organization that refurbishes and reassigns durable medical equipment and therapeutic devices for children with disabilities in Maryland. In Fiscal Year 2013, this program facilitated the exchange of 27 devices for children.

- In Fiscal Year 13, MD TAP aided in the exchange of eight devices through an online equipment exchange website with a savings of nearly $3,000 to Maryland AT consumers.

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

- MTA and the Washington Metropolitan Area Transit Authority (WMATA) achieved a routine on-time performance in paratransit above 90 percent.
- 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 their paratransit system, resulting in greater efficiencies and customer satisfaction, with an alternate online system for booking trips and checking accounts, as well as customer service agents notifying customers of projected late vehicle arrivals.
- Brought the MTA's operations into compliance with the Americans with Disabilities Act (ADA) standards – 100 percent 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.
- WMATA has added a Self-Service Trip History Report feature to their web offerings, so that MetroAccess customers can print a summary of their trips, as well as improved online booking with easier, expanded address entry, and developed the MetroAccess Fare Calculator, allowing paratransit customers to select the lowest available fares when planning travel, just as fixed route passengers can do with the Metro Trip Planner.
- MDOD worked with MTA to facilitate changes to the Taxi Access Program in the Baltimore metropolitan area which provides over 1,000 rides every day through private contracts with 17 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.

- WMATA has provided intensive travel training to more than 100 customers, delivered over 500 one-on-one and group travel training sessions, and conducted outreach to over 4,000 people with disabilities and senior citizens.

- MTA under contract with the IMAGE Center has trained 133 prospective passengers with cognitive disabilities, 28 with physical disabilities, 21 with mental health or emotional health disabilities, and 124 senior citizens.

- Central Maryland Regional Transit (CMRT) has conducted 41 travel training workshops during the last fiscal year, and 22 follow-up group bus or train rides, and expanded their training curriculum to meet the needs of the deaf and hard of hearing.

- 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.

- Forty MV-1 purpose-built accessible sedans have been added to the MTA paratransit fleet, to enhance the riding experience of paratransit customers.

- In partnership with Columbia Lighthouse for the Blind, WMATA has begun the development of audio maps for Metrorail stations, to enable independent station wayfinding for passengers who are blind or have low vision.

TRANSPORTATION

STATE PLAN YEAR-TO-DATE STATUS REPORT UPDATES

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. Fully utilize the 40 MV-1 purpose-built accessible sedans to provide a more flexible door to door paratransit experience. ***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 counties 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. Together with the travel training programs of WMATA and Central Maryland Regional Transit (CMRT), travel training has become an available alternative for a good portion of our population with disabilities and older adults.
- 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 in metropolitan areas served by WMATA, MTA and Central Maryland Regional Transit. 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. CACAT has worked with MTA in their public engagement process for setting major service change policy, in connection with MTA's civil rights reporting to the federal transit administration.
- 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.
- WMATA's Metrobus fleet has 1,516 vehicles, 1,227 of which are low floor buses. WMATA is scheduled to replace all the remaining 289 buses with new low floor buses by 2018. Eighty-five of the new low floor buses are to be added to the fleet by June 30, 2014.
- WMATA is continuing the installation of truncated dome safety tiles (tactile ground surface indicators) on Metrorail station platforms, and has secured funding and published a detailed plan for completion of "bumpy dome" safety tile installation at all remaining Metrorail stations.
- A functional assessment as a part of the paratransit 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 that 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, and have resulted in a draft of a statewide standard ADA Paratransit Services Application.

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.
- Common locations for health-related travel have been identified for special attention by the paratransit service.

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

- 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.
- Senate Bill 632 was signed into law on May 16, 2013 by Governor Martin O'Malley creating a State Traumatic Brain Injury Trust Fund that will help fund medical needs and other supports for Maryland residents who acquire traumatic brain injuries. In the long run it is expected that this trust fund will save the State money.
- 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 300 site visits, interviewing more than 1,100 consumers. Results of these site visits are shared with MHA, the Core Service Agency, and providers.

HEALTH AND BEHAVIORAL HEALTH

STATE PLAN YEAR-TO-DATE STATUS REPORT UPDATES

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 to facilitate coordination of care activities throughout the Public Mental Health System (PMHS) and study data to determine impact of wellness activities and coordination of care in the provision of community mental health services. ***Responsible Unit(s): MHA and DDA***

- 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. With the implementation of WRAP, enhanced peer support activities and the use of best practices within the community have evolved.

- 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 Fiscal Year 2013. There have been over 2,700 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 sixth year in Fiscal Year 2013. 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. The CQT has worked with more 1,100 individuals in over 300 site visits.

- The Statewide Suicide Prevention Commission presented a report to the Governor that included a provision that the commission continue to meet even though their required report was completed. Accordingly, the Suicide Prevention Commission continues to meet with the goal of reducing suicides in the State of Maryland.

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***

- Provide support and technical assistance to promote statewide access to culturally competent services for individuals who are deaf or hard of hearing. ***Responsible Unit(s): Mental Health subcommittee of the Maryland Advisory Council for Deaf and Hard of Hearing, MHA, CSAs, advocates, and other state and local agencies***

- 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 continuing to work with the MHA-MCO Coordination of Care Committee.

- The Maryland General Assembly passed Senate Bill 632 establishing a Traumatic Brain Injury Trust Fund in Maryland. The regulations are going to be written and funding for the trust fund will be developed soon.

- 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***

- Transition eligible individuals residing in State Psychiatric Hospitals to the community through the State's Money Follows the Person (MFP) Demonstration Project and other initiatives. ***Responsible Unit(s): Medicaid, MHA, DDA, and MDoA***

- Continue to monitor crisis response systems, diversion activities, and community aftercare to increase the diversion of inpatient and detention center utilization by individuals with mental illness. ***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 currently being provided to staff members on Discharge Readiness Procedures of patients from psychiatric facilities to better prepare the individuals for community living.

- There is a Maryland Crisis Response and Stabilization Service Initiative that provides 24/7 crisis services to youth in foster care in 13 jurisdictions. Further, there are mobile crisis teams in 11 jurisdictions that work with local law enforcement and help to intervene to diffuse situations with a person that may have a mental illness.

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 collaboration in Frederick and Washington Counties.

GOAL 5 *Improve access to care for people with disabilities and ensure Healthcare Reform efforts incorporate the needs of people with disabilities.*

STRATEGIES

- Continue to work with the mental health community to initiate educational activities and disseminate to the general public, current information related to psychiatric disorders, prevention mechanism – including reduction of bullying and harassment, treatment services and supports. ***Responsible Unit(s): MHA***
- Continue development of the State's plan for seamless entry into coverage to meet federal implementation deadlines and maximize federal funding for information technology systems and infrastructure. ***Responsible Unit(s): DHMH and MHA***
- Identify providers with skills and experience in treating health and behavioral health needs of children and adults with disabilities***. Responsible Unit(s): DHMH, MHA, MHCC, and OHCQ***
- Plan for the integration of accessible diagnostic equipment to improve identification and treatment of medical conditions among people with disabilities. ***Responsible Unit(s): DHMH, MHCC, and OHCQ***
- Partner with the Governor's Office of Health Care Reform to address issues that impact people with disabilities. ***Responsible Unit(s): DHMH, OHCQ, MDOD, and GOHCR***

STATUS UPDATE

- In light of the Maryland Health Care Reform Coordinating Council (HCRCC) report recommendations on how Maryland can implement the Affordable Care Act passed by the United States Congress and signed into law by President Obama, the Behavioral Health Integration project came to be. The kick-off for this was in March of 2012 and continued through Fiscal Year 2013.
- During this time there were many large stakeholder meetings and several smaller workgroup meetings which would develop a plan to present to DHMH for integration. During Fiscal Year 2013 this was report was established and now must be approved by DHMH to be implemented. There are more phases to this project to go through so this initiative can be fully implemented in Maryland.

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 Access Maryland 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 almost $35 million dollars and expended in excess of $33.5 million. Projects have ranged from signage installation to accessible interiors and exterior accessible routes to rest room modifications to construction of elevator towers.

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.

At the close of Fiscal Year 2013, there were 11 projects in design estimated to cost $1,018,010, and 14 projects under construction for $1,366,908.

ACCESS MARYLAND

PROJECTS COMPLETED DURING FISCAL 2013

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 six areas including Cherry Lane 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. Installed automatic doors and signage.
- Hilton Heights Community Center - $6,380. Made 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. 2013 STATE PROGRESS ANALYSIS PERFORMANCE DATA

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 seven 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).

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.

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.

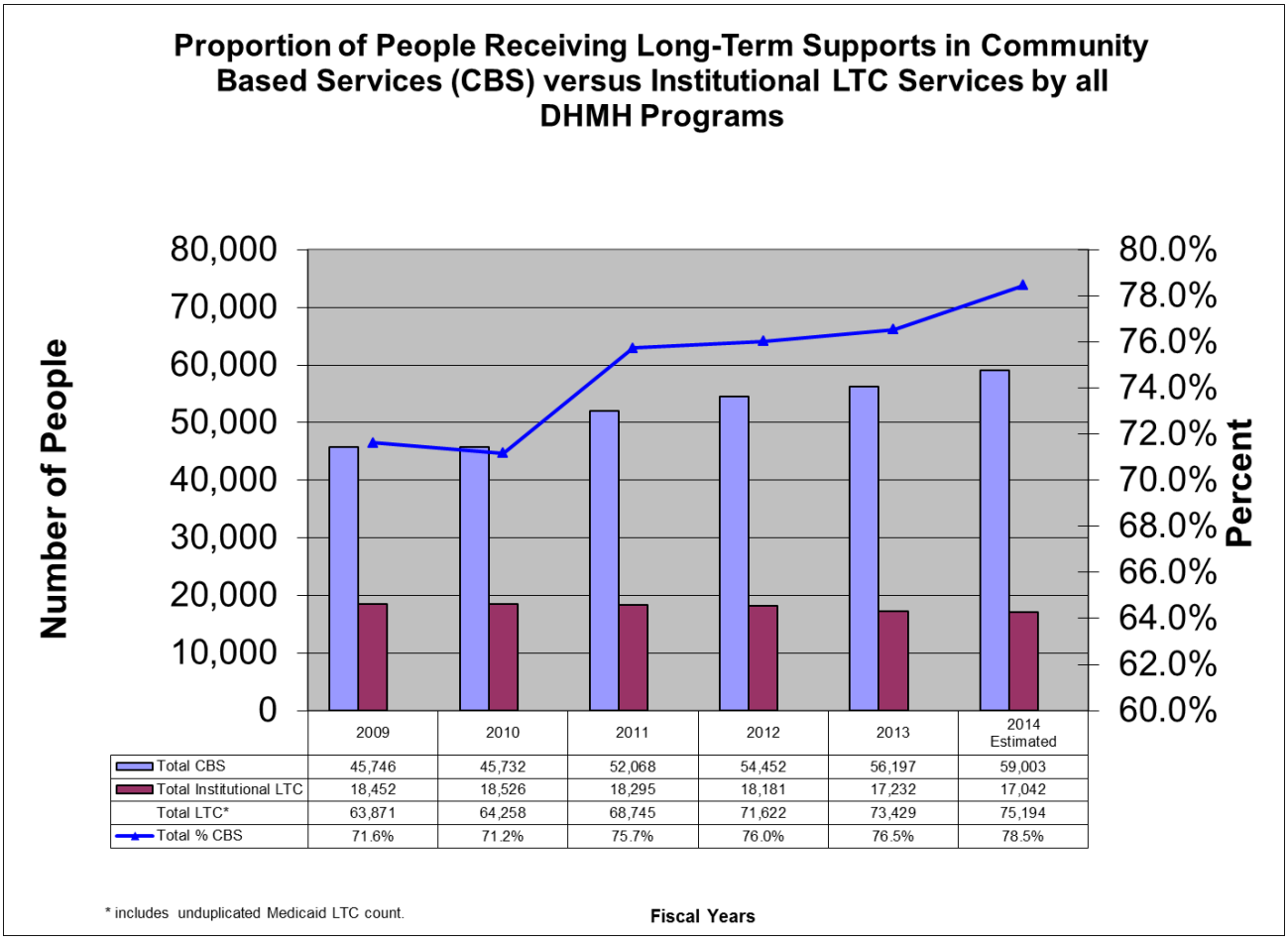
Transportation

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

COMMUNITY LIVING

Data in this area addresses Maryland's progress in rebalancing 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 approximately 7 percent from Fiscal Year 2009 to Fiscal Year 2014. At the same time the number of people served annually in institutions is expected to fall 1,410 to a level of 17,042 or 21.5 percent of the 75,194 total recipients. An estimated 13,257 more people are expected to receive Community Based Services in 2014 than in 2009 (Chart 1).

Chart 1

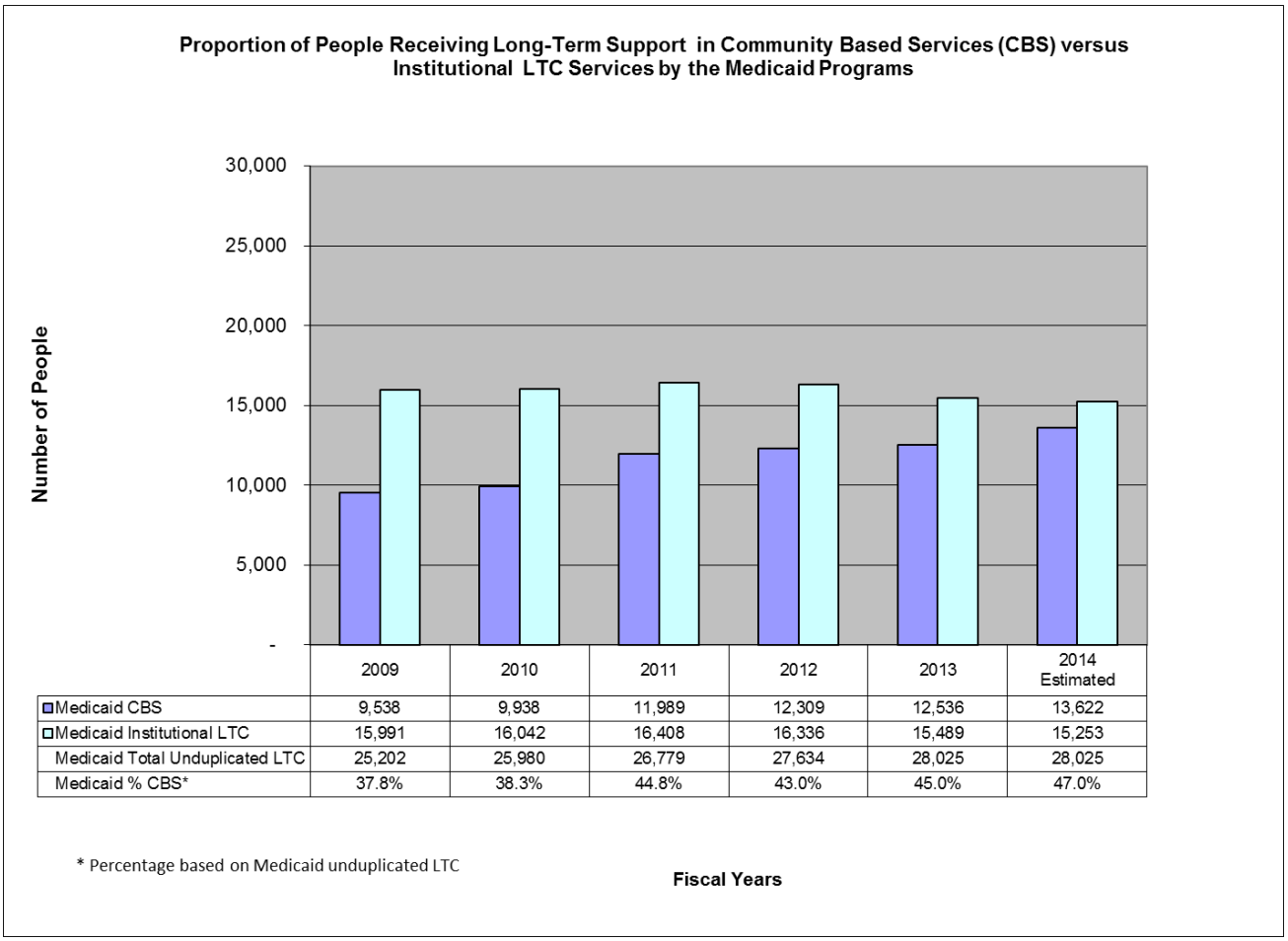


Source: MFR

COMMUNITY LIVING

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 2009, the percentage of people receiving Community Based Services versus nursing home or other institutional long term care has increased from 37.8 percent to an estimated 47 percent for 2014. With continuation of the Money Follows the Person Demonstration Project, this indicator is expected to show continued to improvement.

Chart 2



	2009	2010	2011	2012	2013	2014 Estimated
Medicaid CBS	9,538	9,938	11,989	12,309	12,536	13,622
Medicaid Institutional LTC	15,991	16,042	16,408	16,336	15,489	15,253
Medicaid Total Unduplicated LTC	25,202	25,980	26,779	27,634	28,025	28,025
Medicaid % CBS*	37.8%	38.3%	44.8%	43.0%	45.0%	47.0%

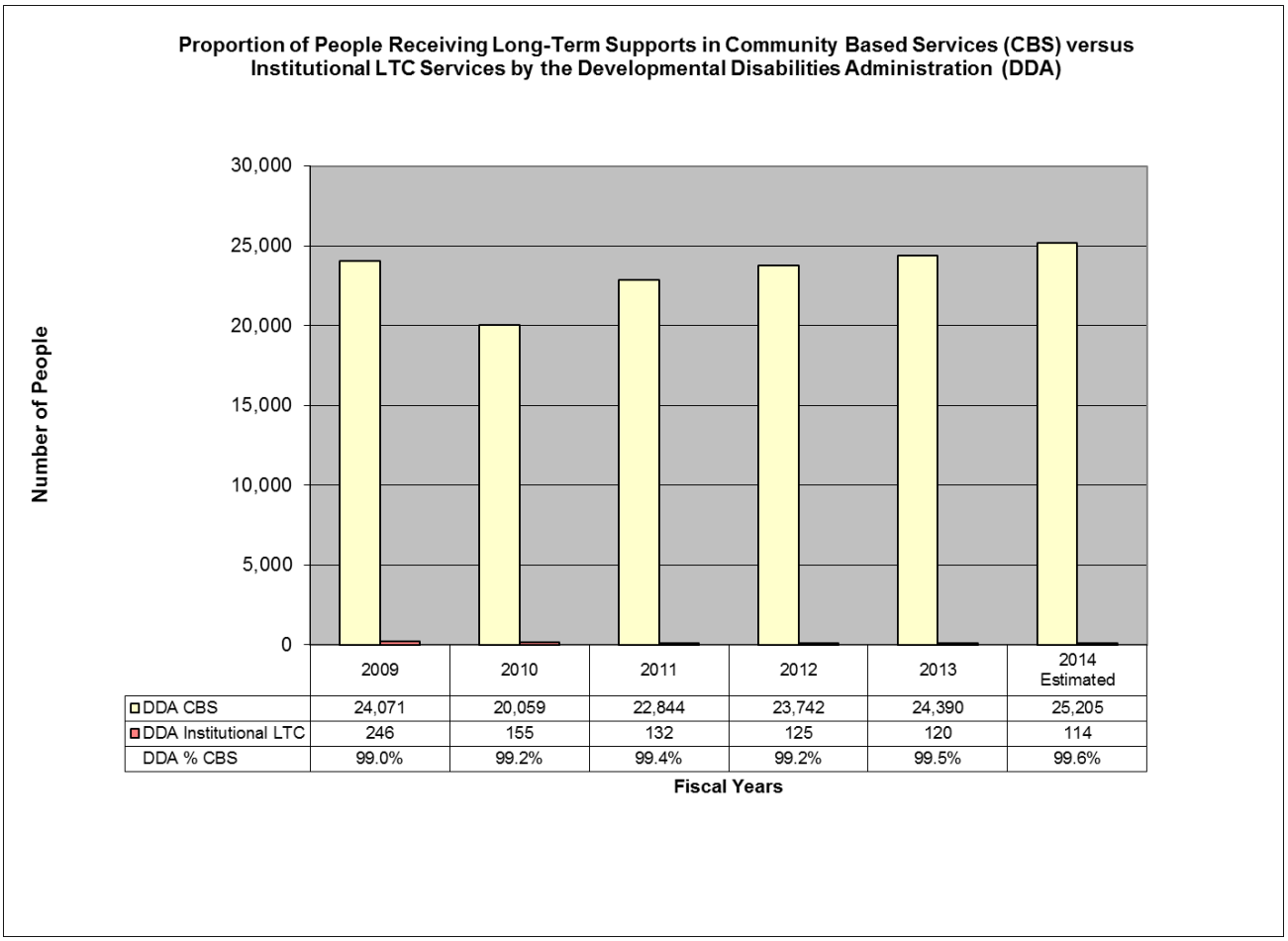
* Percentage based on Medicaid unduplicated LTC

Source: MFR

COMMUNITY LIVING

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 2013. This indicator is expected to increase to 99.6 percent in 2014 (Chart 3). The data shift noted in 2010 reflects a change in DDA's tracking of Low Intensity Support Services (LISS) service in institutional settings continues to decrease and CBS shows an increase since that change in data collection.[1]

Chart 3



	2009	2010	2011	2012	2013	2014 Estimated
DDA CBS	24,071	20,059	22,844	23,742	24,390	25,205
DDA Institutional LTC	246	155	132	125	120	114
DDA % CBS	99.0%	99.2%	99.4%	99.2%	99.5%	99.6%

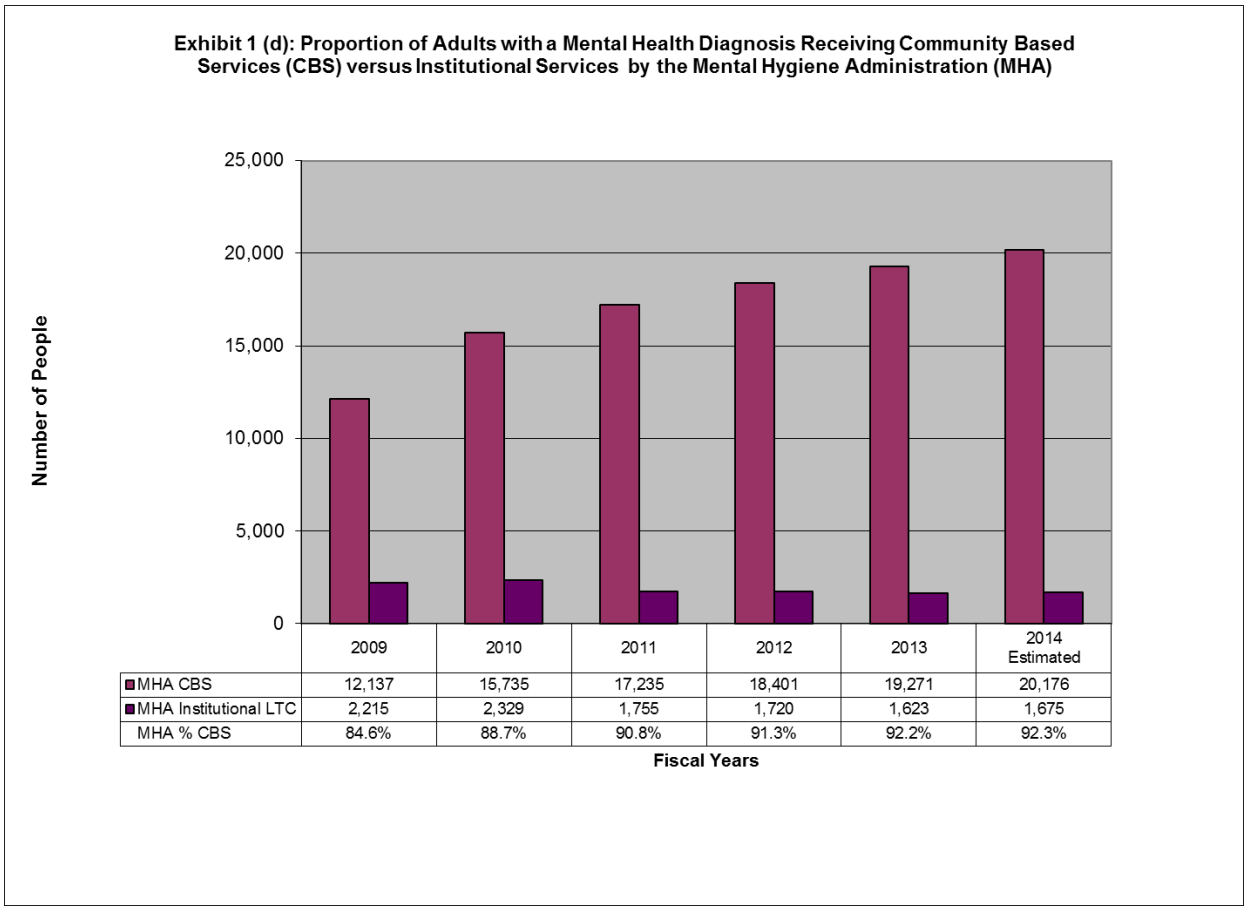
Source: MFR

[1] *In the past, DDA projections for Low Intensity Support Services (LISS) reflected a budgeted number of people expected to receive the service combined with 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 name. The current calculation reflects a more precise count for those individuals.*

COMMUNITY LIVING & AND HEALTH AND BEHAVIORAL HEALTH

Chart 4 shows that more than 92 percent of adults with a mental health diagnosis served by the Mental Hygiene Administration receive community based services. This progress is expected to continue through 2014**.**

Chart 4



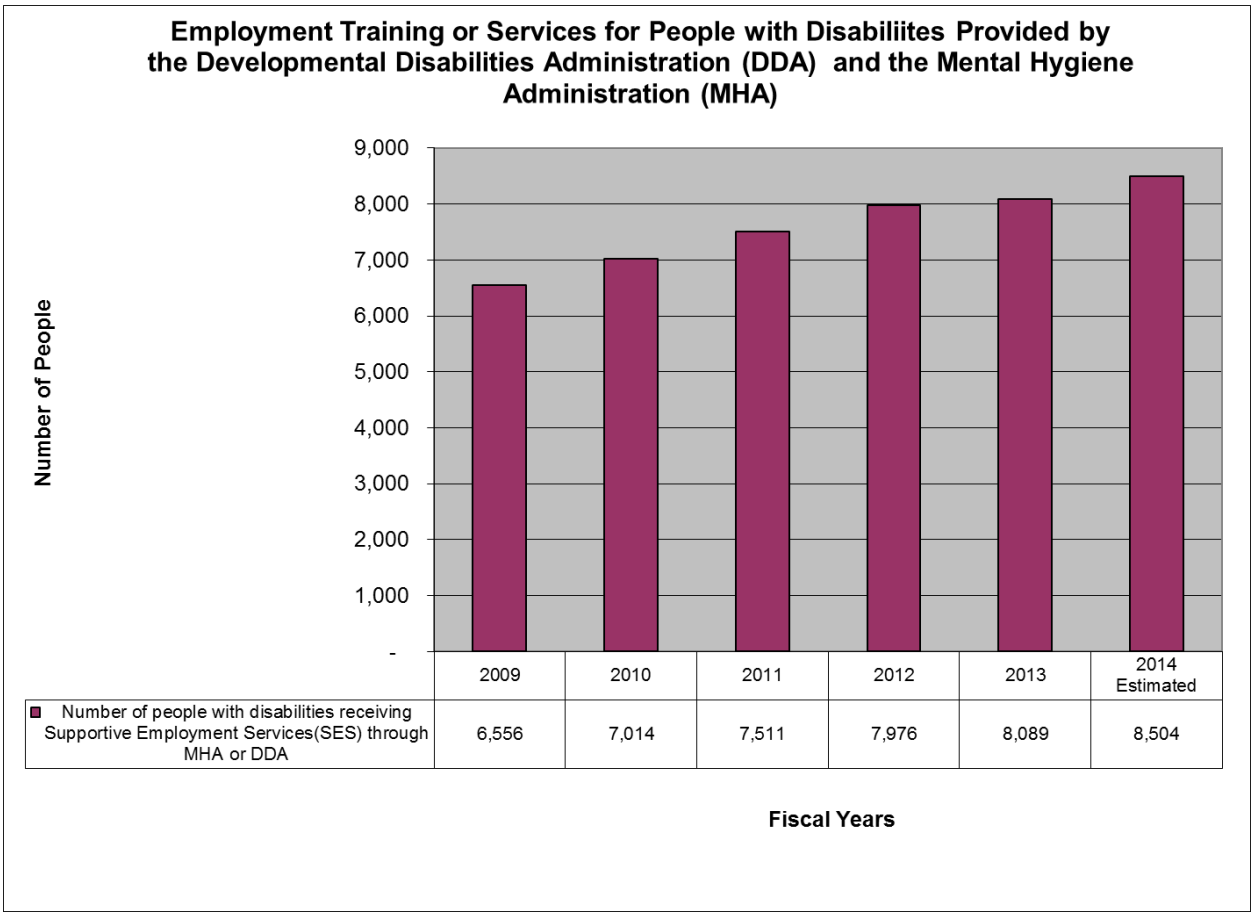
	2009	2010	2011	2012	2013	2014 Estimated
MHA CBS	12,137	15,735	17,235	18,401	19,271	20,176
MHA Institutional LTC	2,215	2,329	1,755	1,720	1,623	1,675
MHA % CBS	84.6%	88.7%	90.8%	91.3%	92.2%	92.3%

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 1,500 more people with disabilities received Supportive Employment Services through the Developmental Disabilities Administration (DDA) or the Mental Hygiene Administration (MHA) in 2013 than in 2009, and further increases are expected in 2014.

Chart 5

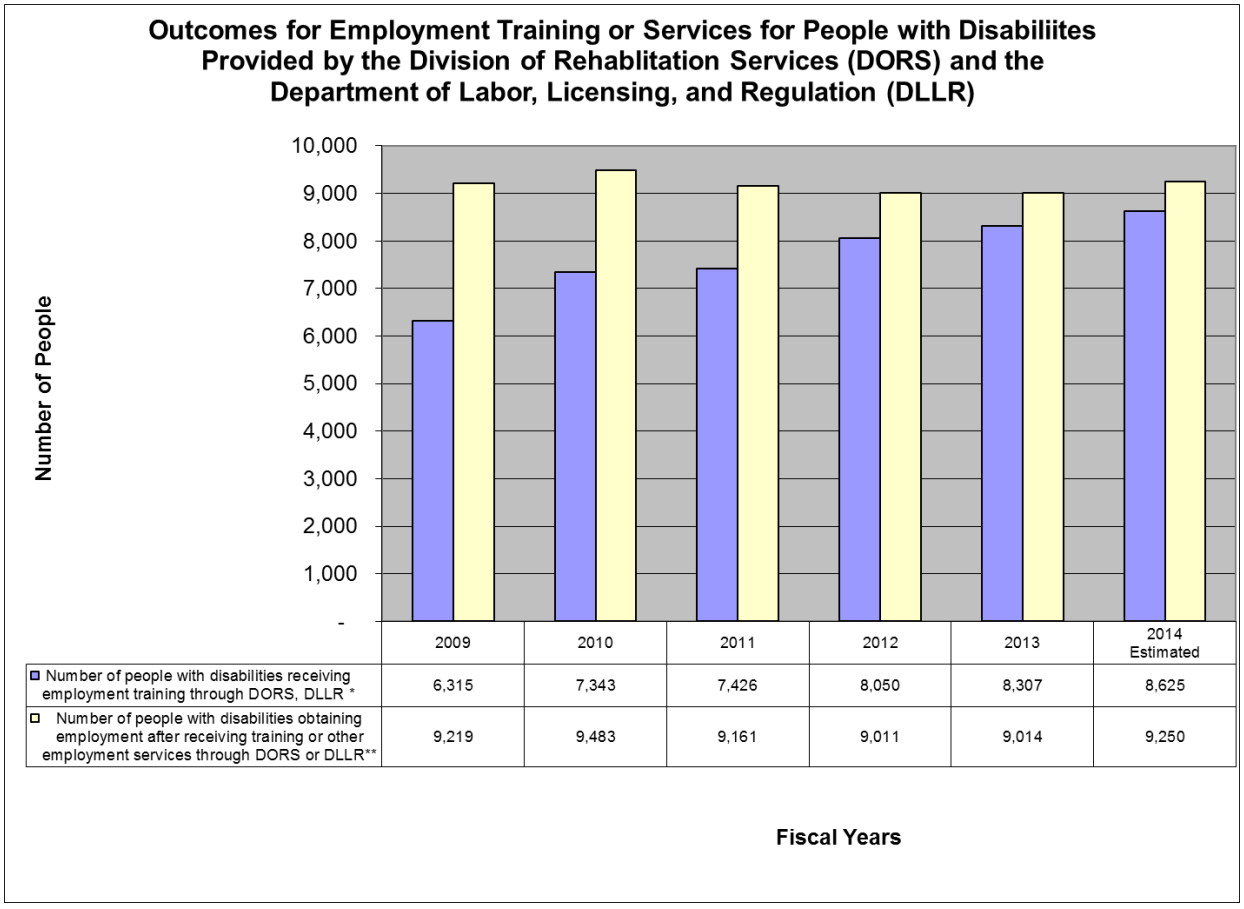


Source: MFR

EMPLOYMENT AND TRAINING

Chart 6 shows that employment training services provided to people with disabilities by the Division of Rehabilitation Services (DORS) and the Department of Labor, Licensing, and Regulation (DLLR) increased overall by 1,992 from 2009 to 2013. In Fiscal Year 2013 over 9,000 individuals obtained employment after receiving employment training services from DORS or DLLR. Both of these performance measures are expected to show further improvement in 2014.

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*

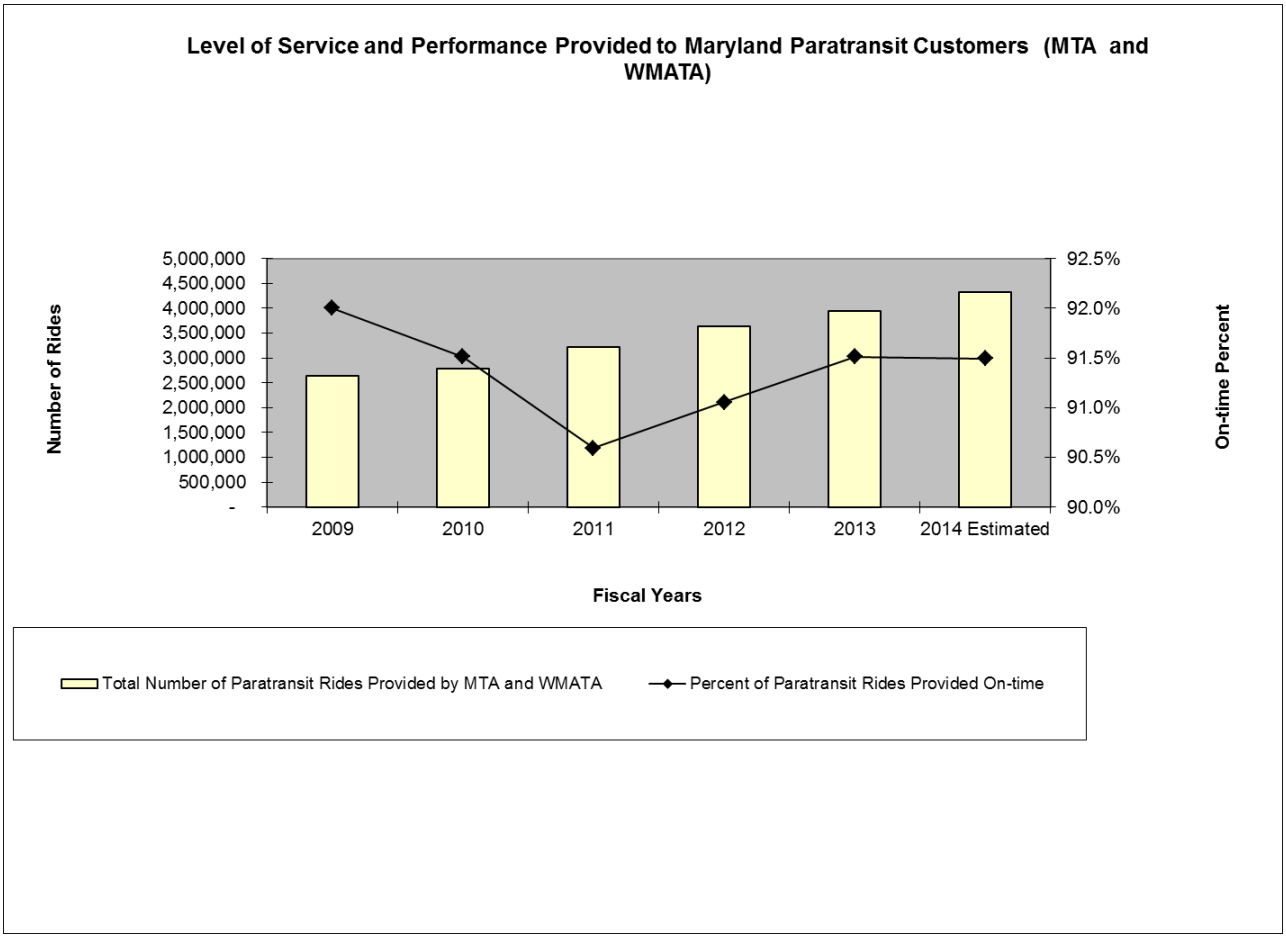
*** DLLR data for employment includes both WIA and LE customers.*

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 1,309,096 more rides to people certified for paratransit service in 2013 than in 2009. The combined percent of on-time paratransit rides also increased from 88 percent in 2004 (not shown) to 91.5 percent in Fiscal Year 2013. While rides are expected to increase in 2014, the on-time percentage is expected to be maintained at or above 90 percent.

Chart 7



Source: MFR

IV. Members of the Maryland Commission on Disabilities

Andrew D. Levy (Chairperson)

Denise Camp

Harry L. Chase

William DuSold

Patricia M. Heagy

Nancy G. Jenkins

Kavita Krishnaswamy

Martin Lampner

Mark Leeds (DHMH)

Karen-Ann Lichtenstein

Lauren A. Newman

Marc Nicole (DBM)

Norma Rodriquez

Denise Thomas

Christine Towne

Kristi Wilson-Hill

Nollie P. Wood

Lauren Young

Delegate Eric Luedtke

Senator Karen Montgomery

GLOSSARY OF ACRONYMS

ACA	Affordable Care Act
ACP	Attendant Care Program
ADA	Americans with Disabilities Act
ADAA	Alcohol and Drug Abuse Administration, Department of Health and Mental Hygiene
ADRC	Aging and Disability Resource Center
ATLP	Assistive Technology Loan Program
BIPP	Balancing Incentive Payments Program
CACAT	Citizens Advisory Counsel for Accessible Transportation
CBS	Community Based Services
CEO	Chief Executive Officer
CFC	Community First Choice
CIL	Center for Independent Living
CMRT	Central Maryland Regional Transit
CMS	Centers for Medicare and Medicaid Services
COMAR	Code of Maryland Regulations
CQT	Consumer Quality Team
CTE	Career and Technology Education
DPN	Disability Program Navigator
EBSE	Evidence Based Supportive Employment
EID	Employed Individuals with Disabilities Program (also referred to as the Medicaid Buy-In)
EIPA	Educational Interpreter Performance Assessment
FEFE	Family Economic and Financial Education
FHA	Family Health Administration, Department of Health and Mental Hygiene

FY	Fiscal Year
HCBS	Home and Community Based Services
HCRCC	Maryland Health Care Reform Coordinating Council
HTI	Maryland Healthy Transition Initiative
ICF/MR	Intermediate Care Facility for the Mentally Retarded
IEP	Individualized Education Program
IDA	Individual Development Accounts
IFSP	Individualized Family Service Plan
IMD	Institutions of Mental Disease
IT	Information Technology
JHU	Johns Hopkins University
JPG	Jurisdictional Planning Groups
LAH	Living At Home
LE	Labor Exchange
LRE	Least Restrictive Environment
LSS	Local School System
LTC	Long Term Care
LTSS	Long Term Services and Supports
LTSS-TS	Long Term Service and Support Tracking System
MAP	Maryland Access Point
MAPC	Medical Assistance Personal Care
MARC	Maryland Rail Commuter (train rail passenger service system)
Medicaid	Medical Care Program within the Maryland Department of Health and Mental Hygiene
MFP	Money Follows the Person

MFR	Management for Results
MHFA	Mental Health First Aid
MIG	Medicaid Infrastructure Grant
MOU	Memorandum of Understanding
MPAH	Maryland Partners for Affordable Housing
MPSSA	Maryland Public School Athletic Association
MSTC	Maryland Seamless Transition Collaboration
MWE	Maryland Workforce Exchange
NED	Non-elderly disabled
NF	Nursing Facility
NGA	National Governor's Association
NVA	Nonvisual Access
OAW	Older Adults Waiver
PHA	Public Housing Authority
PBIS	Positive Behavior Intervention and Supports
PMHS	Public Mental Health System
PRP	Psychiatric Rehabilitation Program
RFP	Request for Proposal
RTC	Residential Treatment Center
SAMHSA	Substance Abuse and Mental Health Services Administration
SES	Supported Employment Services
SILC	State Independent Living Council
SRC	State Residential Center
SSA	Federal Social Security Administration
SSI	Supplemental Security Income

SSDI	Social Security Disability Insurance
SOAR	SSI/SSDI Outreach, Access and Recovery
TAM	Telecommunications Access of Maryland
TBI	Traumatic Brain Injury
TOD	Transit Oriented Development
UASI	Urban Area Security Initiative
UI	Unemployment Insurance
US	United States
VOAD	National Volunteer Organization Active in Disasters
VR	Vocational Rehabilitation
WEB EOC	Web Emergency Operations Center
WIA	Workforce Investment Act
WMATA	Washington Metropolitan Area Transit Authority
WRAP	Wellness and Recovery Action Plan

DBM	Department of Budget and Management
DDA	Developmental Disabilities Administration, Department of Health and Mental Hygiene
DECD	Division of Early Childhood Development, Maryland State Department of Education
DGS	Department of General Services
DHCD	Department of Housing and Community Development
DHMH	Department of Health and Mental Hygiene
DHR	Department of Human Resources
DLLR	Department of Labor, Licensing, and Regulation
DOIT	Department of Information Technology
DORS	Division of Rehabilitation Services, Maryland State Department of Education
MEMA	Maryland Emergency Management Agency
MCOD	Maryland Commission on Disabilities
MDOA	Maryland Department of Aging
MDOD	Maryland Department of Disabilities
MDOT	Maryland Department on Transportation
MHA	Mental Hygiene Administration, Department of Health and Mental Hygiene
MHEC	Maryland Higher Education Commission
MITP	Maryland Infant and Toddlers Program, Maryland State Department of Education
MSDE	Maryland State Department of Education
MTA	Maryland Transit Administration, Department of Transportation

MD TAP Maryland Technology Assistance Program

MVA Motor Vehicle Administration, Department of Transportation

Governor's Coordinating Offices

GOC Governor's Office for Children

GOSV Governor's Office on Services and Volunteerism

GWIB Governor's Workforce Investment Board

IATC Governor's Interagency Transition Council for Youth with Disabilities

ODHH Governor's Office of the Deaf and Hard of Hearing