



ANNUAL PROGRESS ANALYSIS 2014

Governor Martin O'Malley

Lt. Governor Anthony G. Brown

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"Putting People First in Policy, Programs, and Progress"

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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:

- **Employment and Training**
- **Housing & Community Development**
- **Community Living**
- **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 year and new State Disabilities Plan will be developed for January 2016 to encompass the next four years.

**II. FISCAL YEAR 2014
ACCOMPLISHMENTS & STATUS REPORT**

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

- In October 2013 Maryland was one of five states and one collaborative to be awarded a 5-year, \$31 million grant from the U.S. Department of Education. Over 2,000 Maryland youth on Supplemental Security Income (SSI) and their families will be recruited, 1,000 of which will receive intensive interventions to increase the educational and employment outcomes of both the youth and their families. Key interventions include: development of family and youth plans, provision of individualized services and supports including coordinated assertive community based case management, benefits counseling and financial education, and unpaid and paid work experiences for the youth.
- In Federal Fiscal Year (FY) 2013, 242 Transitioning Youth participated in Summer Youth Employment through the Maryland State Department of Education (MSDE), Division of Rehabilitation Services (DORS).
- Benefits counselors funded by DORS have served 2,424 individuals, significantly improving their employment outcomes, including an average wage of \$985.92, more than \$200 more than individuals who did not receive benefits counseling. *On average, those who receive benefits counseling services are 30 percent more likely to become employed and to earn over \$200 more per month than individuals who do not receive benefits counseling.*
- Seven students completed their first year in SUCCESS at UMBC and six completed their second year. Nearly 20 applications were received for Fall 2014 and eight new students were selected to start the program in September 2014.
- On March 26, 2014, the Developmental Disabilities Administration (DDA) Community Pathways Waiver renewal application was formally approved (effective July 1, 2013). Included were changes to begin the process of aligning Maryland's waiver with Centers for Medicare and Medicaid Services (CMS) Guidance on Employment.

- DDA began the first two cycles (October 2013 and May 2014) of the Employment Outcomes Data collection that reports employment and day activities for all people in DDA funded services. As of August 1, 2014, the Employment Outcomes Data collected: 1,940 (17.6 percent) reported individual competitive employment, 399 (3.6%) reported individual contracted jobs, 1,381 (12.6%) reported group integrated employment and 31 (0.3%) reported self-employment.
- Maryland had a 4.8 percent increase from 2011 to 2012, the most current data available, in the number of Social Security Disability Insurance (SSDI) beneficiaries who earned enough from work to stop their SSDI benefits.
- Forty-four (44) Marylanders with disabilities participated in the QUEST Internship program administered by Department of Budget Management (DBM) with support from MSDE/Division of Rehabilitation Services (DORS) from January 2014 – August 2014.
- In Program Year 2013, the Department of Labor and Licensing Regulation (DLLR) placed 3,612 job seekers with disabilities into competitive employment, an increase of 2,341 over the previous year.
- DORS placed 2,391 job seekers with disabilities in competitive employment.
- Between July 1, 2013 and June 30, 2014, 15 state disability tax credits were processed and 86 federal tax credits were processed specifically for those individuals deemed eligible because of disability.
- Three thousand three hundred and eighty-four (3,384) Behavioral Health Administration (BHA) consumers received supported employment services in Fiscal Year 2014. Of those, 2,508 consumers received Evidence-Based Practice supported employment services, representing 74 percent of those served in supported employment. *(Effective July 1, 2014, MHA was renamed the Behavioral Health Administration.)*
- In June 2013, Maryland was one of seven states selected through a competitive process to participate in the Employment Learning Community (ELC). The ELC assists states in improving systems and services to increase inclusive, competitive employment for individuals with developmental disabilities. Led by the Institute for Community Inclusion at the University of Massachusetts Boston, with funding from the Administration on Intellectual and Developmental Disabilities, the project partners include TransCen, Inc., and the National Association of State Directors of Developmental Disabilities Services. Through technology assistance (TA), the State developed the Maryland Employment Consortium of a state-level consortium focused on systems change and the development and implementation of a state strategic plan.

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, DLLR**

STATUS UPDATE

- The Maryland Higher Education Commission (MHEC) has engaged the institutions of higher education in a comprehensive data effort that will be implemented in 2013-2014 which will include disability based data expected to expand beyond community colleges and include four year institutions. MDOD presented on the topic with MHEC in a June 2014 meeting of the Segmental Advisory Committee.
- DLLR placed 3,612 job seekers with disabilities in competitive employment.
- DORS placed 2,391 job seekers with disabilities in competitive employment.
- DLLR has established written guidelines for (Maryland Disability Employment Tax Credit (MDETC) and Work Opportunity Tax Credit (WOTC) to be distributed with tax credit forms, with hopes to improve accurate completion and increase usage of tax credits.
- DLLR has hired a new Disability and Youth Services Coordinator to serve as a liaison to community and business partners throughout the state to improve employment services for job seekers with disabilities.

- DLLR provided statewide training to One Stop Youth Program Directors regarding the MDETC and WOTC.
- DLLR is partnering with the Governor’s Office of Deaf and Hard of Hearing to provide workshops on employment services for job seekers that are deaf or hard-of-hearing at two local One Stop locations. The workshops are scheduled for October 17, 2014 (Prince George’s County) and October 27, 2014 (Wicomico County).

**Note: DORS data for federal fiscal year 2014 will be included in 2015 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 (EID) program.
Responsible Unit(s): Medicaid
- Increase the number of individuals with disabilities receiving benefits counseling.
Responsible Unit(s): DORS and MDOD
- Increase the number of state and federal disability tax credits processed by DLLR.
Responsible Unit(s): DLLR
- **New Strategy:** Recruit and provide intensive interventions to 1,000 Maryland youth on SSI and their families to increase educational and employment outcomes.
- **New Strategy:** Expand availability of and access to financial education for families and youth with disabilities. **Responsible units: MDOD, MD CASH Campaign**

STATUS UPDATE

- The federal funds support for the Maryland Department of Disabilities (MDOD) EID outreach and enrollment support ended. Responsibility for enrollment has been transferred over to Department of Health and Mental Hygiene (DHMH) Division Eligibility Waivers (DEWS) as of July 2012. Enrollment in EID declined from 750 on June 30, 2013 to 743 on June 30, 2014.

- Benefits counselors funded by DORS have served 2,424 individuals. DORS consumers who have received benefits have been 71 percent more likely to become employed than those who have not received counseling, with average earnings 828 percent higher.
- DLLR has established written guidelines for MDETC and WOTC to be distributed with tax credit forms, with hopes to improve accurate completion and increase usage of tax credits.
- Maryland was one of five states and one collaborative to be awarded a \$31 million grant from the U.S. Department of Education, Social Security Administration, Department of Labor and Health and Human Services. Over 2,000 Maryland youth on Supplemental Security Income (SSI) and their families will be recruited, 1,000 of which will receive intensive interventions to increase the educational and employment outcomes of both the youth and their families. Key interventions include: development of family and youth plans, provision of individualized services and supports including coordinated assertive community based case management, benefits counseling and financial education, and unpaid and paid work experiences for the youth.
- MDOD has partnered with the Maryland Creating Assets, Savings and Hope (MD CASH) Campaign to develop curriculum and make available statewide financial education for individuals with disabilities with an emphasis on PROMISE participants and their families. This work will continue into 2015.
- As of July 1, 2014, Maryland had recruited 158 youth between the ages of 14 and 16 and they have been randomly assigned as follows: 84 in the usual services and 74 in enhanced services.

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

STRATEGIES

- Increase the number of Quest interns 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): BHA 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**
- 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 National Governor’s Association’s employment initiative. **Responsible Units: DBM, DORS and MDOD**
- **New Strategy:** Increase the number of individuals served by DDA achieving individualized integrated employment outcomes and/or receiving day services in the community. **Responsible Units: MDOD, DDA, DDC**

STATUS UPDATE

- During 2014, forty-four (44) individuals with disabilities had Quest internships with State government.
- The Department of Budget and Management (DBM) organized and participated in a successful Disability Mentoring Day (job shadowing) for 11 youth with disabilities in October.
- DBM updated the statewide job seekers disability webpage, including the addition of the *Think Beyond The Label* video, which provides insight on hiring individuals with disabilities.
- DBM partnered with the MDOD Maryland Technology Assistance Program (MD TAP), to offer state employer training on Assistive Technology (AT) in the workplace. Twenty-two (22) state employees are now trained on Assistive Technology.
- In conjunction with DORS, DBM updated the process for applying to the Special Options Eligible List. DORS will continue to provide the AWARE (Accessible Web-based Activity and Reporting Environment) letter for their consumers that have participated in workforce development trainings.
- DBM Recruitment and Examination Division Human Relations (HR) analysts collectively designed and developed a training for the recruiting and hiring of people with disabilities. This training is intended to provide guidance, structure and general information to hiring managers regarding the hiring people with disabilities.

- Working with the Executive Director, DBM Personnel Services Division (PSD) created an exit interview form for State Personnel Management System (SPMS) agencies to use. This form includes questions regarding individuals with disabilities.
- DBM Recruitment and Examination Division developed a training to inform DORS representatives on the Special Options Eligible process. The training was conducted at DORS in Spring 2014.
- In Federal Fiscal Year 2013, 242 Transitioning Youth participated in Summer Youth Employment through DORS.
- Three thousand three hundred eighty-four (3,384) Behavioral Health Administration (BHA) consumers received supported employment services in Fiscal Year 2014. Of those, 2,508 consumers received Evidence-Based Practice supported employment services, representing 74 percent of those served in supported employment. *(Effective July 1, 2014, MHA was renamed the Behavioral Health Administration.)*
- Developmental Disabilities Administration (DDA) began the first two cycles (October 2013 and May 2014) of the Employment Outcomes Data collection that reports employment and day activities for all people in DDA funded services. As of August 1, 2014, the Employment Outcomes Data collected: 1,940 (17.6%) reported individual competitive employment, 399 (3.6%) reported individual contracted jobs, 1,381 (12.6%) reported group integrated employment and 31 (0.3%) reported self-employment.
- On March 26, 2014, the DDA Community Pathways Waiver renewal application was formally approved (effective July 1, 2013). Included were changes to begin the process of aligning Maryland's waiver with CMS Guidance on Employment.
- An Employment First Regulations group reviewed and recommended changes to DDA's regulations and waiver that support employment outcomes.
- The DORS/DDA Cooperative Agreement was updated and signed.
- In October 2013, MDOD hosted an Employment First Summit that was attended by over 200 family members, providers, and other key stakeholders.
- MDOD created a series of videos featuring parents addressing their fears and highlighting the value of employment for all individuals with disabilities; the videos are available on the MDOD website and are being used statewide and nationally.

- MDOD staff were invited to provide state perspectives in several national dialogues including a Return to Work dialogue hosted by Mathematica and the U.S. Department of Labor’s Office on Disability Employment Policy, the State of the Science meeting hosted by Boston University’s Center for Psychiatric Rehabilitation and served as a discussant for a national research presentation on employment of individuals with disabilities, hosted by Mathematica.

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 Business Leadership Network (BLN), Lower Shore Business Leadership Network, and related public private partnerships. **Responsible Unit(s): DLLR, MDOD and DORS**

STATUS UPDATE

- Between July 1, 2013 and June 30, 2014, fifteen (15) state disability tax credits were processed and 86 federal tax credits were processed specifically for those individuals deemed eligible because of disability.
- MDOD facilitated a conference call with state agency and other key stakeholders to discuss employer driven best practices and to explore some public private partnerships.
- MD PROMISE has hired ten (10) Family Employment Specialists, with more to be hired, who received training on Employment Engagement and Customized Employment and have mapped employment opportunity for youth with disabilities across the state.
- MDOD created an Employer video featuring a Maryland business Acadia Windows and DORS that makes the business case for hiring individuals with disabilities that is available on the MDOD website.

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

- Eight (8) additional units were funded under the Harry and Jeanette Weinberg Affordable Housing Initiative bringing the total to ten. These units will be occupied in the fall of 2015. At least two more developments are currently discussing participation in the program.
- The Maryland Partnership for Affordable Housing (MPAH) continues to collaborate to position Maryland to take advantage of new affordable housing funding opportunities. Maryland submitted a second application for the HUD Section 811 Project Rental Assistance Program. Through this effort, Maryland is seeking an additional \$11 million for 150 units around the state. HUD will announce the awards in December 2014.
- 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.
- Department of Health and Mental Hygiene (DHMH)/Money Follows the Person (MFP) set aside \$2.6 million in Bridge Subsidy funding and is partnering with MDOD to provide rental assistance to up to 94 eligible participants for up to three years. MDOD has received interest and/or commitments to participate from all seven of the State's largest Public Housing Authorities. The program will begin accepting applications in Winter 2015.
- MPAH, with funding from DHMH/MFP, developed a comprehensive case manager train-the-trainer curriculum for supports planners across the state's service delivery system to assist individuals transitioning out of nursing facilities across the State. The trainings will be delivered throughout the roll-out of Maryland's Section 811 program.

- MPAH has nearly completed the development of an online application and referral system that supports planners can use to refer applicants to any MPAH housing programs for people with disabilities. By 2015, the system will be used to administer the Weinberg Affordable Housing Initiative, Maryland Section 811 Program, and the MFP Bridge Subsidy Program. The system has been reviewed by HUD and is being replicated by other states participating in the HUD's Section 811 Program.
- 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.

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 Supplemental Security Income (SSI)/Social Security Disability Insurance (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 Participants, DHCD, MDoA, DDA, BHA, 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 Americans with Disabilities Act (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 relationships 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

- Department of Health and Mental Hygiene (DHMH), Department of Housing and Community Development (DHCD), and Maryland Department of Disabilities (MDOD) applied for additional HUD funding through the Section 811 Program.

- To date, more than 500 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.
- The 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. An MOU executed between the agencies will continue the program through at least Fiscal Year 2015 and includes implementation of the Social Serve Registry.
- The Maryland Partnership for Affordable Housing (MPAH) continues to 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's July 2014 Program Financing Guide included projects in Transit Oriented Development (TOD) zones and those including integrated permanent supportive housing opportunities in their Priority Project Categories.
- The MPAH worked with the Opportunity Collaborative to ensure the housing needs of people with disabilities were reflected in the Regional Housing Plan.
- MDOD worked with the HOME Act Coalition by 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.

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 accessibility 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

- Throughout the year, MDOD met with stakeholders to facilitate discussion regarding the incidence and need for home modifications, barriers to developing an effective system, best practices and promising developments in local jurisdictions, and to develop a blueprint for action in Maryland.
- MDOD supported the work of the Maryland Department of Aging (MDoA) Interagency Group on Housing to discuss accessible housing for senior homeowners, older adults and individuals with disabilities.

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

- MDOD participated in the TOD Steering Committee in support of the Central Maryland Transportation Alliance to review funding status of projects in the region.

- Have begun outreach to developers of mixed-use affordable housing and TOD for the purpose of discussing and developing opportunities for partnership.
- MDOD continued its collaboration with DHCD's Rental Initiatives Office to develop a plan for leveraging the State's housing resources 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

- Maryland Department of Disabilities (MDOD) Attendant Care Program (ACP) served 207 unduplicated individuals during Fiscal Year 2014, an increase over the 188 served in Fiscal Year 2013. In addition, a total of 32 new participants were enrolled throughout the year to include seven additional participants who were employed, looking for work or enrolled in school. The Program engaged in a waiting list reduction initiative and added 15 new members and replaced 25 dis-enrolled members. At the close of Fiscal Year 2014, the waiting list was reduced to 40 individuals, all of whom are in the at-risk eligibility category.
- In Fiscal Year 2013, two hundred ninety-nine (299) individuals transitioned back to the community through the Money Follows the Person (MFP) Demonstration program, for a total of 2,010 transitions since the program's initial implementation in Fiscal Year 2008.
- The Governor appointed the Commission for Effective Community Inclusion of Individuals with Intellectual and Developmental Disabilities by Executive Order on September 17, 2013. An interim report was issued on January 9, 2014.
- The Developmental Disabilities Administration (DDA) 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 was formally approved on March 26, 2014.
- Maryland's HCBS waiver programs served a combined total of 13,157 individuals throughout Fiscal Year 2014. This reflects data from the Living at Home (LAH) and Older Adults Waiver (OAW) programs as well as medical day or personal care and reflects a 1 percent increase in the community based services since FY 2013.

- 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 under Community First Choice (CFC).
- Maryland will generate an additional \$106 million in federal funds by participating in BIPP annually.
- Department of Health and Mental Hygiene (DHMH) combined the LAH and OAW HCBS programs into the Community Options Waiver. In addition, the Medical Assistance Personal Care (MAPC) program was restructured in an effort to standardize provider qualifications, service quality and rate structure in the course of CFC implementation.

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, BHA, 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, BHA, MDOD**
- Develop and implement statewide standards for Maryland Access Point (MAP) sites and regional Area Agencies on Aging (AAAs) and Centers for Independent Living (CILs) 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, BHA, MDoA, and MDOD**

STATUS UPDATE

- Individuals have continued to transition out of nursing facilities through waivers, MFP and Minimum Data Set (MDS) referrals. In Fiscal Year 2014, two hundred ninety-nine (299) individuals transitioned back to the community through the MFP program.
- DHMH continued implementation of the interRAI, 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.

- MDOD successfully hired a program manager to initiate and oversee the Centers for Independent Living Technical Assistance Project which is designed to assess the regional disability partners' operational readiness and future sustainability in providing Enhanced Options Counseling to constituents. The program manager has met with the Executive Directors of each CIL to conduct preliminary evaluations and is in the process of developing a Request for Proposal to recruit a consultant who will assess the CILs, create action plans to ensure their sustainability and provide technical assistance during the implementation phase.
- MDOD partnered with DHMH (DDA and BHA) and Department of Aging to consider policy changes needed for the implementation of new Community Rule under Medicaid for residential and other services.
- DHMH (Medicaid, DDA, and BHA), Aging and MDOD continue to address policy changes needed to support personal assistance service delivery consistent with changes proposed by the U.S. Department of Labor pursuant to the Fair Labor Standards Act.

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

- MDOD and DHMH outlined the CFC Self-Directed Training program and began developing training manual and curriculum for individual and group training for enhanced self-direction.

- 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 Medicaid requirements, needs assessment and preferences, hiring, managing, and terminating personal assistance staff, budget and administrative activities.
- DDA's application to merge the two self-directed waivers into one combined program and to include and/or enhance all services provided through the prior waivers was renewed effective July 1, 2013.

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 BHA)**

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 Fiscal Year 2014.
- 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 2014, options counseling was provided to a total of 3,173 nursing facility residents and 922 applications were completed as a result.

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 SUCCESS Program enters its third year at University of Maryland Baltimore County (UMBC) and the current cohort includes 14 students have been engaged in the first two years of the program. Curriculum development and work-based learning activities continue. Eight additional students began participation in Year three of the Program in the Fall 2014.
- The percentage of students aged 6-21 with disabilities being educated in general education settings (LRE A-with general education peers 80 percent of the time or more) continues to increase steadily: 68.40 percent in 2013, compared to 67.97 percent in 2012, 67.12 percent in 2011, and 66.75 percent in 2010.
- In 2012-2013, 98.74 percent of students with an Individualized Education Program (IEP) included postsecondary goals in employment, education, or training.
- Students with disabilities participating in Career and Technology Education (CTE) programs had a 97.43 percent graduation rate in 2013.

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, BHA, Local Departments of Social Services and Local School Systems**

STATUS UPDATE

- The Commission on Special Education Access and Equity met six times during the reporting year and submitted a list of special education policy recommendations in June 2014. The Commission recommended that Maryland State Department of Education (MSDE) convene a workgroup by September 1, 2015 to study the identification of students in special education and investigate disproportionate representation of racial and ethnic groups in special education.

- Legislation was passed requiring judges to consider the educational needs and stability of foster children during Children in Need of Assistance hearings.
- 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 MSDE.
- To better accommodate students with disabilities served in the general education setting, ongoing efforts continue to be supported through grant funding from MSDE.
- MSDE and local school systems have been charged with developing a funding formula to ensure that unified sports programs that provide access to extracurricular activities for children with disabilities receive adequate resources.

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 the 2013-2014 school year, Maryland’s schools began to transition from the Maryland State Assessment (MSA) to Partnership for the Assessment of Readiness for College and Career (PARCC). The corresponding shift in curriculum did have, and will continue to have, an impact on test scores for all students until the transition is completed during the 2014-2015 school year.
- Local school systems continue to identify opportunities for students to remain in public education settings. During the 2013-2014 school year, 3,527 (3.89%) of students with disabilities were enrolled in nonpublic schools.

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

- The Governor's Interagency Transition Council for Youth with Disabilities held its annual conference in 2013 directed to youth and their families. 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 regular newsletters, Facebook and Twitter updates.
- 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. Maryland is partnering on PROMISE a five year Federal Grant initiative to look at enhanced family supports for 1,000 youth and their families that includes a paid work experience for each student served.

- SUCCESS Program Implementation
 - First year students engaged in six courses (i.e., First Year Seminar, Independent Living, Service-Learning, Internship, Vision of Self: Digital Photography, Wellness) during their fall 2013 semester and eight courses (i.e., Acting Workshop, Independent Living, Service-Learning, Internship, Wellness, Computers as a Resource, Book Club/Basic Writing, Vision of Self: Digital Photography) during their Spring 2014 semester.
 - Second Year students engaged in seven courses (i.e., Drawing I, Independent Living, Service-Learning, Internship, Advanced Vision of Self: Videography, Basic Writing, Financial Education Introduction) during their fall 2013 semester and six courses (i.e., Computer Based Systems, Cultures of the World, Advanced Vision of Self: Filmmaking, Service-Learning, Independent Living, Internship) during their Spring 2014 semester.
 - SUCCESS project staff facilitated campus-based internships for all 14 students. In Spring 2014, three students changed internship sites to accommodate preferences.
 - Seven of the SUCCESS students engaged in paid employment in summer 2014. Placements include: the UMBC Bookstore, a small business, the UMBC Office of the Registrar, UMBC Facilities management (landscaping), and retail stores.

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

- Department of Health and Mental Hygiene Developmental Disabilities Administration (DDA) allotted an additional \$5 million in its Fiscal Year 2015 budget to provide support services for transition-aged youth.
- The Governor's Interagency Transition Council's for Youth with Disabilities (IATC) hosted a conference on November 16, 2013 and included information on preparing for employment, postsecondary education and independence. The event was attended by 226 participants comprised of transition age youth, parents/guardians and professionals.
- Maryland hosted the 2013 Maryland Youth Leadership Forum attended by 20 high school students with disabilities at Montgomery College and Towson University.
- Maryland State Department of Education (MSDE) Early Childhood Development programs received an additional \$10.9 million as part of the Prekindergarten Expansion Program.
- MSDE continues to offer an integrated Individualized Family Service Plan (IFSP) option for children from birth to age four. In 2013, over 1,000 families participated in the Extended IFSP Option.

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/BHA and Children’s Cabinet Agencies, Local Management Boards, and Care Management Entity (CME)**
- Continue the Department of Human Resources’ (DHR) 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/BHA**
- 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/BHA, DHMH/Medicaid, MSDE, DHR, and MDOD**

STATUS UPDATE

- Over the past year, the State Coordinating Council has revised its mission, regulations, and operating procedures. Moving forward, it will provide additional technical assistance to Local Care Teams.
- In Fiscal Year 2014, Department of Human Resources (DHR) met its Place Matters goals four months ahead of schedule, placing over 400 youth exiting the foster care system into guardianships by February 2014.
- The 2014 Together We're Better initiative, which focused on verbal bullying, reached over 1,000 people with its materials and inclusive video contest.
- The statewide Care Management Entity continues to serve more than 350 youth through DHR, Department of Juvenile Services (DJS) and Department of Health and Mental Hygiene (DHMH) Behavioral Health Administration (BHA) funded community initiatives.
- DHMH Developmental Disabilities Administration (DDA) revised the criteria governing Low Intensity Support Services (LISS) funding, reducing the maximum award from \$3,000 to \$2,000 so that more families could benefit from the service among other policy changes.

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 Americans with Disabilities Act (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

- The members of the Maryland After School Opportunities Fund (MASOF) are promulgating new regulations and developing a set of recommendations for State fiscal support of out-of-school and summer programs.
- MSDE and local school systems have been charged with developing a funding formula to ensure that unified sports programs that provide access to extracurricular activities for children with disabilities receive adequate resources.

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/BHA**
- 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, BHA 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 Maryland Department of Disabilities (MDOD) continues to maintain the interagency Maryland Transitioning Youth Website, newsletter and Facebook page. The newsletter distribution has been increased from quarterly to bi-monthly, and the IATC added a Twitter feed.

- The 2013 Maryland Transitioning Youth Conference was targeted to youth with disabilities and their families, and saw a significant increase in participation.
- The IATC continues to provide technical assistance to local transition councils and to provide sponsorship support to local transition fairs across Maryland.
- IATC members are working with the PACER Center on a study of state-level interagency transition councils across the country to help identify best practices that can be replicated across the country to improve outcomes for transitioning youth.

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 Fiscal Year 2014, the Maryland Technology Assistance Program (MD TAP) provided 424 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 continued to develop, publish, and caption videos that demonstrated various assistive technologies and apps on the MD TAP YouTube channel. MD TAP continues to use social media, including Twitter, Facebook, YouTube, and the MD AT Blog to reach over 1,000 individuals per month.
- 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. During Fiscal Year 2014, the Assistive Technology Loan Program received 117 applications for review and issued 58 loans. Additionally, the program managed 180 open loans during this period.
- MD TAP expanded its Equipment Exchange Listserv to better facilitate communications between equipment loan closets throughout the state.
- In Fiscal Year 2014, Marylanders saved \$29,137 in purchases of new assistive technology devices through participation in the Assistive Technology Cooperative buying program.
- MD TAP developed marketing materials and a Twitter account to support the initiative of the Interagency Transition Council as a means of sharing current and relevant news on students with disabilities who are transitioning into employment and/or higher education.
- MD TAP provided training on AssistiveTechnology@Work to the Department of Budget and Management for the state disability hiring initiative. This training included an overview of low tech and high tech assistive technology options for employees with a variety of disabilities.

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 a broad range of ages and disabilities throughout Maryland are exposed to assistive technology. **Responsible Unit: 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: 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: MD TAP**

STATUS UPDATE

- MD TAP and its subcontractors reached nearly 25,000 people through public awareness events, including exhibits, presentations, Internet and print materials, radio public service announcements, and television appearances.
- MD TAP continued to add videos to its YouTube channel highlighting types of AT available on the market. These were publicized through our various social media outlets during Fiscal Year 2014.
- MD TAP and its subcontractors reached 760 people through information and referral services, and provided AT-specific trainings to 890 individuals.

- MD TAP and its subcontractors provided AT demonstrations to 489 people and made device loans to 209 people.
- To improve MD TAP’s demonstration and loan numbers, in Fiscal Year 2015 MD TAP will begin partnering with Centers for Independent Living (CILs) to establish small demonstration and loan centers around the state in order to ensure that geography is not a barrier to accessing MDTAP AT services.
- Assistive Technology (AT) and Emergency Preparedness
 - In Fiscal Year 2014, MD TAP continued to update its Emergency Preparedness and 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.
 - MDTAP collaborated with the Mid-Atlantic ADA Center and the Federal Emergency Management Agency (FEMA) to distribute and present two PowerPoint presentations on “AT and Emergency Evacuations and Sheltering.” Along with the presentation, a training package was created. The PowerPoint, along with the training package, is now being marketed to all 24 Maryland counties. Some counties have already taken part in this Emergency Management training.

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): MDTAP, 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): MDTAP and partner financial institutions**

STATUS UPDATE

- In Fiscal Year 2014, Marylanders saved over \$29,000 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 58 loans during Fiscal Year 2014. Additionally, the program managed 180 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, MDTAP, DoIT, and agency partners
- Collaborate with Department of Labor, Licensing and Regulation (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): MDTAP, DLLR, and DORS

STATUS UPDATE

- MD TAP continued to provide web development accessibility tips on the AT Blog during Fiscal Year 2014. 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 Maryland State Department of Education (MSDE) Division of Rehabilitation Services (DORS) and University of Maryland University College. MD TAP has also provided specific web accessibility information to the Public Service Commission, DORS, and the Dorchester County Library.

- In the 2014 legislative session, the Maryland General Assembly enacted legislation establishing a workgroup to be staffed by MD TAP on behalf of MDOD. This workgroup will research the degree to which accessibility is presently taught in Computer Science and Information Technology courses in Maryland community colleges, as well as University System of Maryland colleges and universities. By June 2017, final recommendations to enhance student knowledge of accessibility in these fields will be suggested in a final report of this workgroup.

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): MDTAP, MDOD, MDoA, and Medicaid**
- Provide support to Centers for Independent Living (CILs) 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, MDTAP, 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 Maryland Assistive Technology Reuse (MATR) listserv to connect loan closets and CILs to facilitate communication about available used devices. In Fiscal Year 2014, seven organizations joined this listserv. To date, 24 organizations have joined the MATR listserv to receive real-time updates on available equipment and reuse-related news.
- In Fiscal Year 2014, MD TAP aided in the exchange of 15 devices through an online equipment exchange website with a savings of nearly \$60,000 to Maryland AT consumers.

- In Fiscal Year 2014, MD TAP and its regional partners supported additional assistive technology reuse activities including device refurbishment/recycling and open ended loans. In Fiscal Year 2014, 10 assistive technology/durable medical devices were refurbished and provided to Marylanders with disabilities, with a cost savings of over \$4,800. In addition, nine devices were loaned out on long-term loan, with a total cost savings of nearly \$1,000 to Marylanders.

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

- Maryland Department of Transportation (MDOT) Maryland Transit Administration (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 train its 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 customer service agents notifying customers of projected late vehicle arrivals.
- MTA's operational compliance with the Americans with Disabilities Act (ADA) standards grew such that 100 percent of vehicles and ticket machines are accessible.
- Accessible ticket machines at Metro and MARC stations and Light Rail locations were 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.
- Maryland Department of Disabilities (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.
- WMATA has extended accessible fixed route transportation in the National Capital Region by the opening of the new Silver Line, and the ongoing work on Phase 2 of the Silver Line.
- 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, 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 reviewed.
- 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 (40) MV-1 purpose-built accessible sedans have been added to the MTA paratransit fleet, to enhance the riding experience of paratransit customers. Eighty-four (84) new wheelchair vans were added to the paratransit fleet.

- In partnership with Columbia Lighthouse for the Blind, WMATA has begun the development of audio maps for Metrorail stations, to enable independent station way finding for passengers who are blind or have low vision.
- MTA Mobility paratransit reservations personnel have been upgraded from part time to full time, providing greater incentive for the retention of experienced personnel this function of interacting directly with paratransit customers.
- The installation of a new telephone system with additional telephone lines at the MTA paratransit operation enables more efficient communication of reservation information, customer complaints and compliments, and suggestions for service improvement.
- The relocation of the MTA paratransit certification office to the first floor of their building will provide a more spacious and accessible venue for the certification function.

TRANSPORTATION

STATE PLAN YEAR-TO-DATE STATUS REPORT UPDATES

GOAL 1 *Improve access to public and personal transportation for people with disabilities.*

- 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**
- Expansion of the role of the State Coordinating Committee for Human Service Transportation will provide a venue for cooperative initiatives in human service transportation efforts within the various agencies of State government. **Responsible Unit(s): MDOD, MDOT, MTA, SHA, MVA, DHMH, DHR, DOA, DVA, DHCD, DLLR**

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 Maryland Transit Administration (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 (MDOT) 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 (85) of the new low floor buses were added to the fleet through 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: 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 Maryland Transit Administration (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

- On July 1, 2014 the Mental Hygiene Administration (MHA) and the Alcohol and Drug Abuse Administration (ADAA) merged, becoming the Behavioral Health Administration (BHA).
- Maryland continued to perform well in Supplemental Security Income SSI/SSDI Outreach, Access, and Recovery (SOAR). SOAR is an initiative funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and states increase access to health care for people receiving Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) benefits who are at risk of homelessness. Of the applications for SSI/SSDI Maryland received through SOAR, 86 percent were approved for SSI/SSDI -- significantly higher than the national acceptance rate of 65 percent.
- The Suicide Prevention Commission continued to meet to ensure implementation of the goals set forth in the report submitted to the Governor in Fiscal Year 2013 and expanded the focus of the Maryland Crisis hotline to signal the state's expanded focus of preventing suicide across the lifespan. Additionally, \$200,000 was allocated for an outreach campaign for the hotline, scheduled to begin in Fiscal Year 2015.

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: BHA**
- 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): BHA and DDA**
- Continue statewide expansion of the Consumer Quality Team (CQT). **Responsible Unit: BHA**
- Implement, evaluate, and refine the local pilot project of Self-Directed Mental Health Care. **Responsible Unit: BHA**
- 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): BHA 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): BHA and Governor’s Commission on Suicide Prevention**
- Ensure that mental health awareness and services are culturally competent. **Responsible Unit(s): BHA and DDA**

STATUS UPDATE

- BHA, through On Our Own of Maryland, continued to provide Wellness Recovery Action Plan (WRAP) trainings. In Fiscal Year 2014, the WRAP Outreach Project trained 79 facilitators. These facilitators were able to provide classes for 310 people.

- 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 2014. Over 2,500 people received the training in Fiscal Year 2014. The number of people trained increased each month, with 588 people receiving training in June 2014.
- The Consumer Quality Team (CQT) initiative entered its seventh year in Fiscal Year 2014. This initiative tracks consumers' experience with mental health services, and addresses individuals' concerns by conducting site visits and consumer interviews. The CQT conducted 322 site visits and interviewed 1,305 people in Fiscal Year 2014.
- The Suicide Prevention Commission continued to meet to ensure implementation of the goals set forth in the report submitted to the Governor in Fiscal Year 2013. One goal reached in Fiscal Year 2014 was to expand the focus of the Maryland suicide prevention hotline, previously called the Maryland Youth Hotline. The hotline has been changed to the Maryland Crisis Hotline to signal Maryland's expanded focus of preventing suicide across the lifespan. Additionally, \$200,000 was allocated for an outreach campaign for the hotline, scheduled to begin in Fiscal Year 2015. The Commission also increased its social medical presence by starting Facebook and Twitter accounts in order to communicate with more people.

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 individuals aged 50 years and above, with behavioral and somatic health needs, in Public Mental Health System (PMHS) residential programs. **Responsible Unit(s): BHA, Medicaid, DDA, and OHCC**
- 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, BHA, 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 BHA**

- 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): BHA 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, BHA, DDA, and MDOD**

STATUS UPDATE

- The Office of Health Care Quality disbursed over \$250,000 in funds from the Health Care Quality Account to support behavioral and somatic care for older adults, including a grant to the Baltimore County Department of Aging to train long-term residents to become in-house advocates.
- BHA has obtained a consultant to research evidence-based practices for serving older adults with behavioral health issues.
- The Office of the Deaf and Hard of Hearing's Advisory Council has a Human Services subcommittee that focuses on culturally competent care for the Deaf and hard of hearing community. In addition, ODHH staff have been attending the DHMH Outpatient Services Work Group. This collaboration has led to investigation of the development of a Statewide Center for Excellence that would promote access to culturally competent services.
- During Fiscal Year 2014, changes were made to the technical eligibility for the Brain Injury (BI) Waiver (formerly known as the Traumatic Brain Injury Waiver). The definition of brain injury used for the purposes of establishing waiver eligibility was changed from a "traumatic brain injury" definition to a broader "acquired brain injury" definition. There are currently 73 people enrolled in the BI waiver.
- The BHA Coordination of Care Committee provides a roundtable forum for the discussion and implementation of processes to enhance the integration of care for individuals with behavioral health and somatic care needs. Activities of the committee included: Integration of problem solving processes regarding Substance Use Disorders and Mental Health Disorders into one unified Behavioral Health framework interdisciplinary review of complex cases involving chronic physical problems as well as behavioral health problems, and collaboration with the "No Wrong Door Project" of the DHMH Prevention and Health Promotion Administration to integrate HIV prevention services into behavioral health services.

- Charlotte Hall Veterans Home became recognized a BI waiver point of entry, making the waiver services more accessible to eligible veterans.

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: BHA**
- 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, BHA, 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: BHA**
- 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): BHA 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): BHA, DDA, and Medicaid**

STATUS UPDATE

- Behavioral Health Administration (BHA) is working to expand crisis services across the state; and continues to chair the Maryland Behavioral Health Coalition, a coalition of advocacy organizations and providers. Among the six current providers, 303,574 calls were taken during Fiscal Year 2014.

- MDOD continues its participation on the Crisis Intervention Team (CIT) Subcommittee and the Data Link Subcommittee of the Criminal Justice and Mental Health Partnership created two subcommittees.
- The CIT Subcommittee developed standards for local CIT teams and conducted three regional trainings for law enforcement and behavioral health professionals around the state.
- The Data Link Subcommittee has been working to ensure that when Medicaid recipients with mental health-related medication needs are taken into custody by Department of Public Safety and Correctional Services (DPSCS) there is no delay in authorizing payment for medication.
- DHMH is in the process of finalizing federal approval to implement a 1915(i) State Plan Amendment to provide behavioral health services to children and families.
- DHMH is also pursuing approval for a new Targeted Case Management program for children and youth that will expand services to children and families not otherwise financially eligible for 1915(i) services.

GOAL 4 *Improve access for children and adolescents with mental health disabilities to supports and services within their communities.*

STRATEGIES

- Continue to collaborate with Centers for Medicare and Medicaid Services (CMS) to identify service delivery models for children to receive wraparound services in lieu of out of home placements; continue to utilize the Care Management Entity (CMEs) to administer waiver programs in collaboration with additional state funded mental health services where possible. **Responsible Unit(s): BHA, 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): BHA, 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): BHA and DHMH (somatic health care)**

STATUS UPDATE

- In Fiscal Year 2014, the Children's Cabinet published a Request for Proposals (RFP) and awarded a contract to continue to offer a statewide Care Management Entity (CME) in Maryland that provides care coordination using the Wraparound service delivery model. The Children's Cabinet also added a new population in the CME for children/youth with intensive needs who are exhibiting risk factors such as running away from home, using substances illegally, behavioral problems at school, involvement with Department of Juvenile Services (DJS), failure to complete teen court programs, and victims of maltreatment. Youth served in each population from July 1, 2013 - June 30, 2014: MD CARES – 40, Rural CARES – 90, RTC Waiver – 56, Stability Initiative - 582 Safety Initiative – 30, and Interim Case Fund – 3. All categories but Stability and Safety initiative have been closed to new enrollment.
- Moving forward into Fiscal Year 2015, the CME has budgeted 350 slots in the Stability and Safety initiative.
- Maryland Healthy Transitions Initiative (HTI) was in its fifth year of providing comprehensive services for transition age youth with mental health and co-occurring disorders, and facilitating supports to their families in Washington and Frederick counties. The Substance Abuse Mental Health Systems Administration (SAMHSA) funded five-year systems change, and the project is completing its final year of federal funding. However, HTI will continue to create developmentally appropriate and effective youth-guided local systems of care to decrease youth contact with the juvenile and criminal justice systems and improve outcomes in the areas of education, employment, housing, and community connectedness. Fifty (50) youth were served through HTI in Fiscal Year 2014.

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): BHA**

- 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 BHA**
- Identify providers with skills and experience in treating health and behavioral health needs of children and adults with disabilities. **Responsible Unit(s): DHMH, BHA, 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 (GOHCR) to address issues that impact people with disabilities. **Responsible Unit(s): DHMH, OHCQ, MDOD, and GOHCR**

STATUS UPDATE

- By the conclusion of Fiscal Year 2014, 205,496 Maryland residents were enrolled in Medicaid programs as a result of the Affordable Care Act expansion. The Office of Health Care Reform continues to release information and facilitate a number of committees on health care access.
- Through April 2014, 3,176 individuals received tele-mental health services.

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 \$35 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 2014, there were 12 projects in design estimated to cost \$2,444,200 and eight projects under construction for \$628,306.

ACCESS MARYLAND

PROJECTS COMPLETED DURING FISCAL YEAR 2014

Department of Health and Mental Hygiene

- Western Maryland Hospital Center - \$106,157. Installed power assisted doors and completed Phase II of accessible patio project.

Department of General Services/Board of Public Works

- Ellicott City Multi-Service Center - \$88,165. Installed automatic doors, signage, and accessible sidewalk for path of travel.
- Edward F. Borgerding District Court (Baltimore City) - \$39,802. Completed design for six accessible courtrooms.

Maryland State Police

- Quartermaster Division - \$157,317. Completed accessible restrooms, installed vertical lift and signage.

University of Maryland College Park (UMCP)

- Francis Scott Key Hall - \$76,767. Completed multiple accessible restrooms and water fountains.
- Woods Hall - \$26,620. Completed multiple accessible restrooms.
- LeFrak Hall - \$22,313. Installed one accessible restroom and one accessible water fountain.
- Neutral Buoyancy Facility - \$16,958. Modified one unisex restroom.
- Tydings Hall - \$68,974. Completed accessible restrooms.

University of Maryland Baltimore County (UMBC)

- Multiple Facilities - \$132,415. Completed Phase II elevator modifications.

Towson University

- Media Center- \$467,893. Expanded elevator shaft, replaced elevator cab, and relocated accessible unisex restroom.

University of Maryland Baltimore

- School of Nursing - \$15,050. Reset door closers, installed door hardware, and signage.
- Bressler Research Building - \$12,600. Completed accessible restrooms, installed signage, and door hardware.
- Biomedical Research Facility - \$9,500. Adjusted door closers and installed automatic door.

III. 2014 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 Behavioral Health 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 Behavioral Health 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.

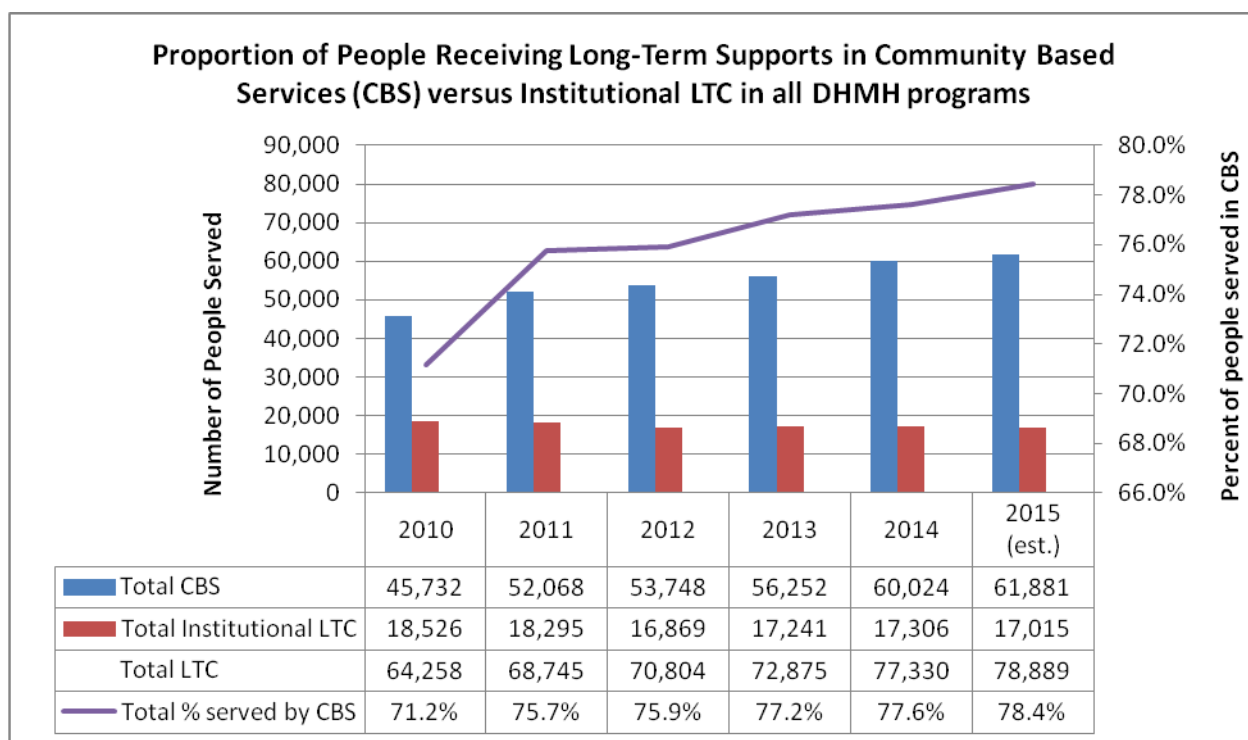
Transportation

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

COMMUNITY LIVING – Chart 1

Data in this section addresses Maryland’s progress in providing long-term care (LTC) services to people through community based services (CBS) rather than institutional settings. In Maryland, the percentage of people receiving supports in CBS has increased by approximately 6.4 percent from Fiscal Year 2010 to Fiscal Year 2014 (from 71.2% to 76.4%, respectively) and is expected increase to over 7 percent in Fiscal Year 2015. The number of people served annually in institutions continued to trend downward, and is expected to fall to 21.6 percent of the projected 78,889 individuals who will be served in Fiscal Year 2015. An estimated 16,149 more people are expected to receive Community Based Services in 2015 than in 2010.

Chart 1

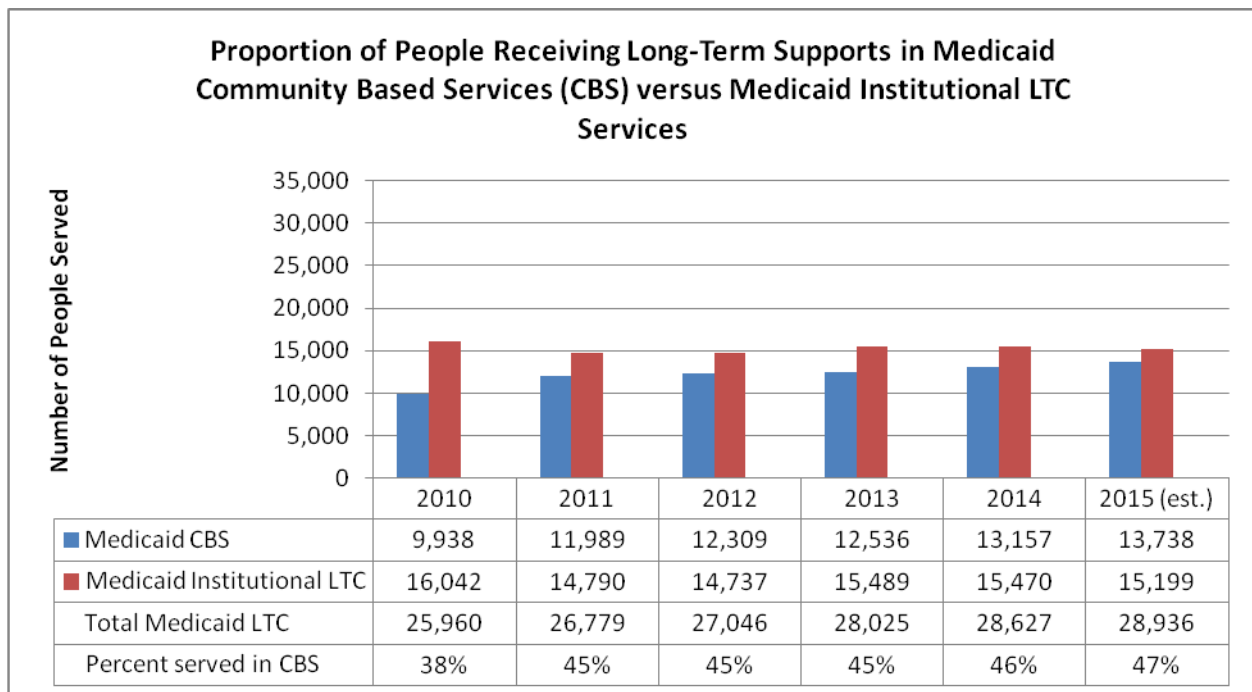


Source: MFR

COMMUNITY LIVING – Chart 2

Chart 2 shows data for programs that provided Medicaid State Plan and waiver funding for long-term care for older adults and people with disabilities. Since 2010, the percentage of people receiving supports via CBS versus in nursing home or other institutional settings has risen from 38 percent to an estimated 46 percent in 2014. With continuation of the Money Follows the Person Demonstration Project, this indicator is expected to show continuous improvement.

Chart 2

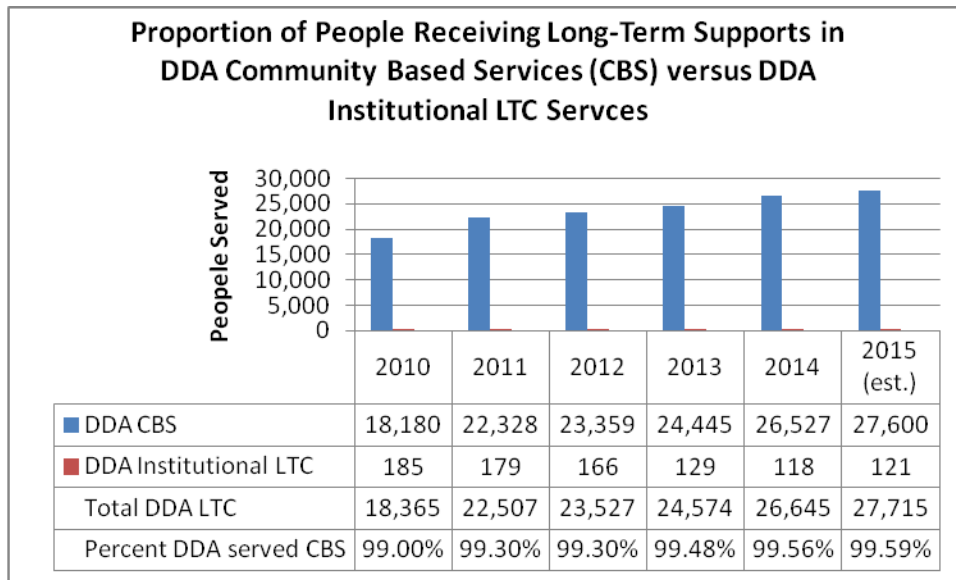


Source: MFR

COMMUNITY LIVING – Chart 3

In Fiscal Year 2014, the percentage of people receiving Community Based Services (CBS) through the Developmental Disabilities Administration (DDA) increased to 99.56 percent of the total individuals served. This indicator is expected to increase incrementally to 99.59 percent in 2014.

Chart 3

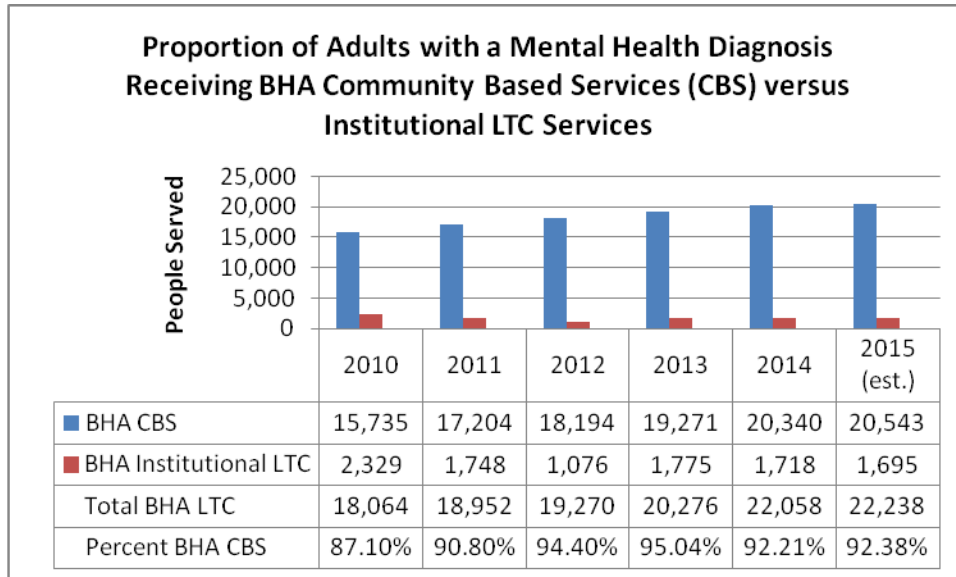


Source: MFR

COMMUNITY LIVING & AND HEALTH AND BEHAVIORAL HEALTH – Chart 4

Chart 4 shows that more than 92 percent of adults with a mental health diagnosis served by the Behavioral Health Administration received community based services in Fiscal Year 2014. This progress is expected to continue through 2015.

Chart 4

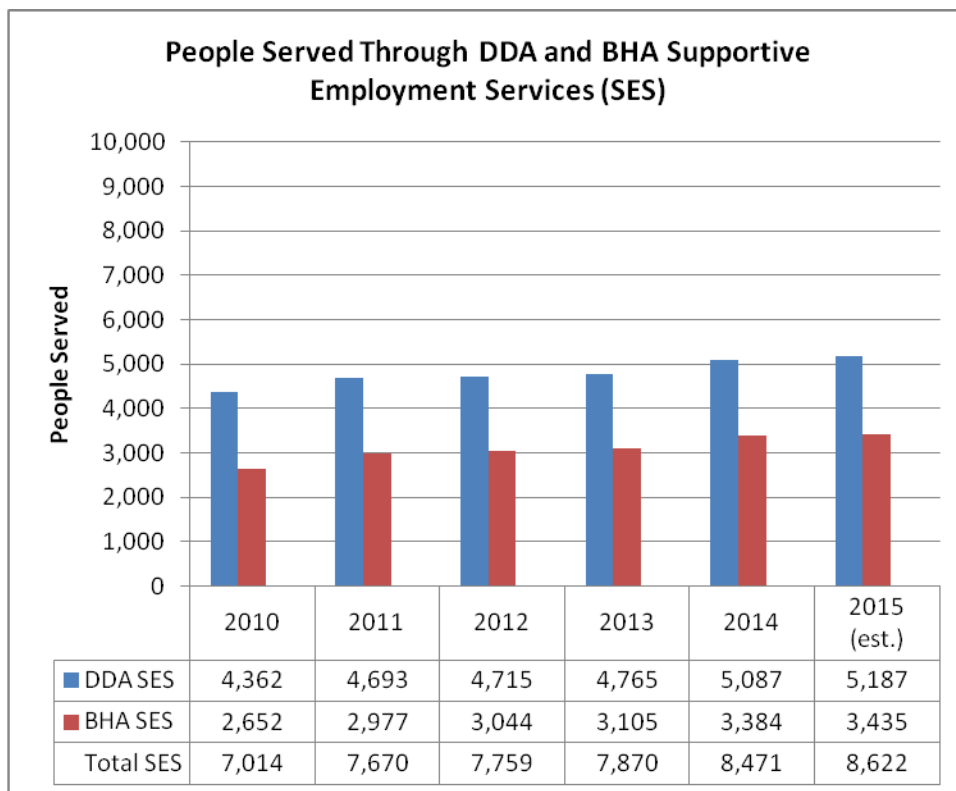


Source: MFR

EMPLOYMENT AND TRAINING – Chart 5

Chart 5 shows performance data for employment training or services and employment outcomes for Marylanders with disabilities served through two different DHMH agencies, the Development Disabilities Administration (DDA) and the Behavioral Health Administration (BHA). The number of people served through Supportive Employment Services has climbed steadily, increasing 7,014 in Fiscal Year 2010 to 8,471 in Fiscal Year 2014, an increase of nearly 1,500 people.

Chart 5

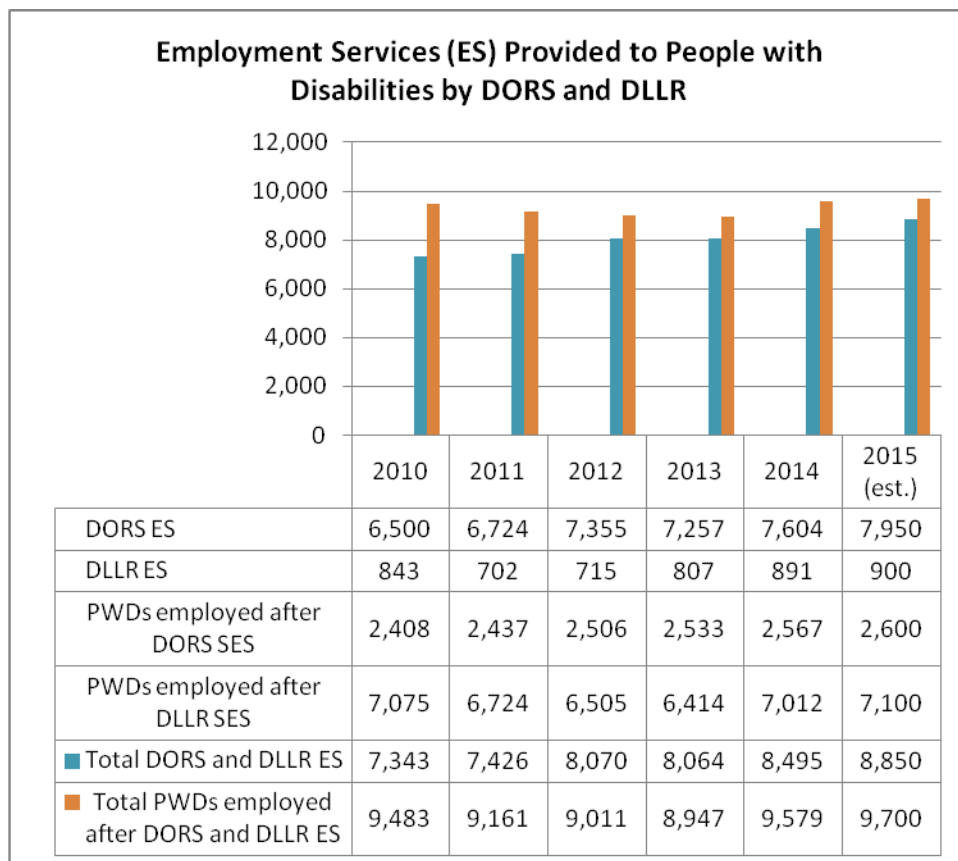


Source: MFR

EMPLOYMENT AND TRAINING – Chart 6

Chart 6 shows that the Division of Rehabilitation Services (DORS) and the Department of Labor, Licensing, and Regulation (DLLR) provided employment services to 8,495 people with disabilities in Fiscal Year 2014, an increase of over 1,000 people since Fiscal Year 2010. The employment of people with disabilities who have received employment training and/or who are seeking employment through the Maryland Workforce Exchange increased in Fiscal Year 2014 and is expected to continue to increase in Fiscal Year 2015.

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*

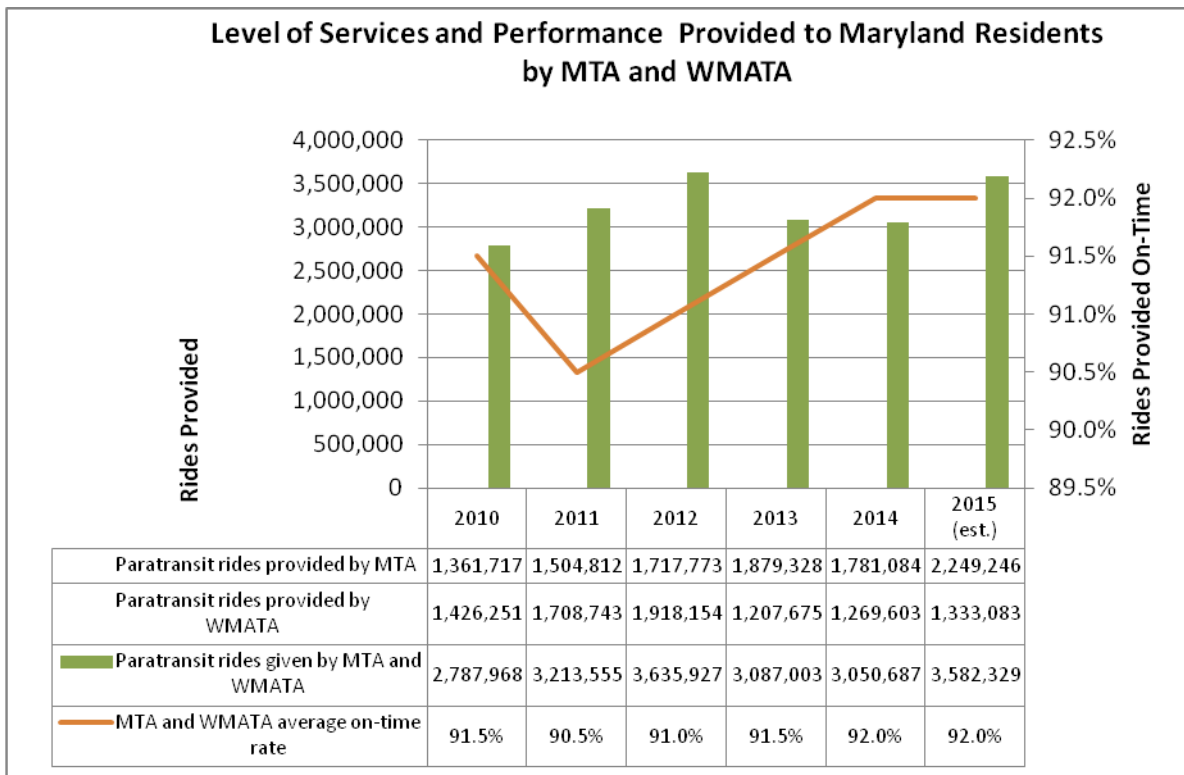
*** DLLR data for employment includes both WIA and LE customers.*

Source: MFR

TRANSPORTATION – Chart 7

Chart 7 shows the level of service and performance provided to Maryland paratransit riders by the Maryland Transit Administration (MTA) and the Washington Metropolitan Area Transit Authority (WMATA) (for services in Montgomery and Prince Georges Counties.) MTA and WMATA provided over 3,000,000 rides to people certified for paratransit service in 2014, and expects to provide over 3,500,000 in 2015. The on-time rate for the systems remains 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 Rodriguez

Denise Thomas

Edward Willard

Kristi Wilson-Hill

Nollie P. Wood

Lauren Young

Delegate Eric Luedtke

Senator Karen Montgomery

V. GLOSSARY OF ACRONYMS

AAA	Area Agencies on Aging
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
AWARE	Accessible Web-based Activity and Reporting Environment
BIPP	Balancing Incentive Payments Program
BLN	Business Leadership Network
CACAT	Citizens Advisory Counsel for Accessible Transportation
CBS	Community Based Services
CEO	Chief Executive Officer
CFC	Community First Choice
CFT	Children and Family Team
CIL	Center for Independent Living
CME	Care Management Entity
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
HSA	High School Assessment
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)
MASOF	Maryland After School Opportunities Fund
MDA	Minimum Data Set
MD CASH	Maryland Creating Assets, Savings and Hope
MDETC	Maryland Disability Employment Tax Credit
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

PARCC	Partnership for the Assessment of Readiness for College and Career
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
SPMS	State Personnel Management System
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
WOTC	Work Opportunity Tax Credit
WRAP	Wellness and Recovery Action Plan

Maryland State Agencies

BHA	Behavioral Health Administration , Department of Health and Mental Hygiene
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