



# **State Disabilities Plan Annual Progress Analysis 2016**

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# I. INTRODUCTION

The Maryland Department of Disabilities (MDOD) is the voice within Maryland's government for people with disabilities. Created in 2004, it is the only department in the United States that represents people with all disabilities at the cabinet level of state government.

MDOD works in partnership with many other agencies to create a State Disabilities Plan in order to ensure that government services used by people with disabilities meet their needs and promote long-term independence and inclusion in the community.

The Maryland State Disabilities Plan is the blueprint for disability support services in Maryland. The 2012 – 2015 State Disabilities Plan was developed in partnership with people with disabilities, families, providers, and State agency staff and approved by the Interagency Disabilities Board in January 2012. A new State Disabilities Plan has been developed for 2016-2019.

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.

Section II of the Annual Progress Analysis examines the progress made in accomplishing goals and strategies. This year's analysis will also note strategies that will be carried over into the next State Disabilities Plan. Section III presents performance data from agencies that provide services to people with disabilities.

# II. GOALS AND STRATEGIES

The goals and strategies are organized around areas where there is opportunity for improvement and progress. Updates in the status of goals and strategies are a continuous process. This section of the Strategic Plan is divided into nine domains:

- **Employment**
- **Community Living and ADA Compliance**
- **Housing**
- **Education**
- **Children, Youth and Families**
- **Technology**

- **Transportation**
- **Health and Behavioral Health**

### **Agency Acronyms**

- BHA – Behavioral Health Administration (part of the Department of Health and Mental Hygiene)
- DBM – Department of Budget and Management
- DDA – Developmental Disabilities Administration (part of the Department of Health and Mental Hygiene)
- 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
- DORS – Division of Rehabilitation Services (part of the Maryland State Department of Education)
- GOC – Governor’s Office for Children
- GWDB – Governor’s Workforce Development Board
- MDoA – Maryland Department of Aging
- MDOD – Maryland Department of Disabilities
- MEMA – Maryland Emergency Management Administration
- MHEC – Maryland Higher Education Commission
- MDTAP – Maryland Technology Assistance Program
- MSDE – Maryland State Department of Education
- MTA – Maryland Transportation Administration
- WMATA – Washington Metropolitan Area Transit Authority

# EMPLOYMENT

**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.

## PROGRESS UPDATES

Goal 1: Ensure implementation/achievement of disability-related items within Maryland's Skills to Compete Action Plan.

*This goal refers to an initiative that has been discontinued, but many of the strategies will be carried forward into the next State Disabilities Plan, including:*

- **Measuring Postsecondary Participation.** MHEC and MDOD have obtained commitments from Maryland's public 2- and 4-year colleges to collect student information about utilization of campus Disability Supports Services offices. Data will be reported in future Annual Progress Analysis reports.
- **DORS Employment Outcomes.** In FFY2015<sup>1</sup>, DORS provided employment training to 7,390 individuals with disabilities, helped 2,441 consumers find competitive employment. DORS was able to help 804 youth with disabilities (ages 14-22) obtain competitive employment and supported 764 youth in postsecondary education settings, including 294 in colleges or universities, 383 in vocational or occupational skills programs, and 87 in Career and Technology Training. As of the drafting of this report, FFY2016 data was not yet available.
- **DDA Services and Employment Outcomes.** DDA has a total of 11,576 consumers enrolled in day and employment services, and a total of 2,171 people in integrated, competitive employment. DDA is in the process of conducting a rate study and looking at ways to create incentives to increase competitive, integrated employment outcomes.

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.

*Several of the strategies for this goal relate to initiatives or grants that have ended, but the following strategies continue to be monitored:*

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<sup>1</sup> "FFY" indicates Federal Fiscal Year, rather than "FY" which refers to the State Fiscal Year. The Federal Fiscal Year runs from October 1 – September 30. The State Fiscal Year runs from July 1 – June 30. Some agencies, depending on the source of their funding, collect and report data according to the Federal Fiscal Year.

- **EID Program.** The Employed Individuals with Disabilities (EID) Program, administered by DHMH, provides Medical Assistance to working Marylanders with disabilities who meet disability and income requirements. The program covers most medical services for individuals who have no other health insurance and serves as a wraparound service to those who have health insurance that is limited. The EID program saves participants \$1,000 - \$12,000 a year. In FY2016, an estimated 809 individuals were enrolled in this program.
- **Benefits/Work Incentives Counseling.** DORS and its contractors provide benefits counseling to jobseekers with disabilities who were interested in working while maintaining access to benefits. In FY2016, an estimated 869 jobseekers with disabilities received benefits counseling.
- **SOAR.** BHA provides benefits counseling and assistance through its SSI/SSDI<sup>2</sup>, Outreach, Access and Recovery (SOAR) program; in FY2016, there were 175 decisional SOAR cases. Of these, 81% were approved. 139 were initial cases and 85% of these were approved (compared with the SOAR national average of 65%) in an average of 81 days. Maryland's cumulative approval rate for initial cases is also 85%, with an average processing time of 77 days.
- **Community College Tuition Waiver for Students with Disabilities.** MHEC helps oversee the administration of the Tuition Waiver for Students with Disabilities, available to students with disabilities who are receiving SSI/SSDI and are attending eligible community college courses. In 2014-2015, 605 students received waivers totaling \$466,048.
- **PROMISE Grant Administration.** Maryland was one of six recipients of a national Promoting the Readiness of Minors in Supplemental Security Income (PROMISE) research grant from the U.S. Department of Education. Additional federal partners include the Social Security Administration, U.S. Department of Labor and U.S. Department of Health and Human Services. Maryland was awarded 31 million dollars for the five year grant in 2013. Over 2,000 youth on SSI and their families have been recruited, 996 of whom were randomly assigned to receive intensive interventions to increase the educational and employment outcomes of both the youth and their families. Key interventions include coordinated, assertive community-based case management, benefits counseling and financial education, and unpaid and paid work experiences for the youth. Over 160 Maryland PROMISE youth participated in paid employment experiences during summer 2016. PROMISE staff also engaged 1,130 in direct employer engagement activities and provided youth and their families with 140 unpaid work experiences.

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<sup>2</sup> SSI stands for Supplemental Security Income and SSDI stands for Social Security Disability Income.

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

*Many of these initiatives will continue to be reported on in the 2016-2019 State Disabilities Plan. In addition, there have been significant Federal and State policy changes affecting workers with disabilities, and the implementation of these policies will be tracked in the next State Disabilities Plan:*

- **QUEST Internship Program.** The QUEST Internship Program, a partnership of DORS, DBM and participating State agencies, affords State agencies the opportunity to provide mentoring services for persons with disabilities through unpaid part-time or full-time internships. In the past year, 46 individuals have participated in the QUEST Internship Program.
- **Employment First.** MDOD and DDA are working with stakeholder partners on Employment First, a policy many states have begun to adopt to make integrated, competitive employment the “first” service considered when serving individuals with developmental disabilities. DDA released its Employment First Strategic Plan in summer 2016.
- **Equal Employment Opportunity Act.** In May 2016, Maryland passed the Equal Employment Opportunity Act (HB420), an advocate-driven law that phases out the use of “14(c) certificates,” which are certificates that allowed sheltered workshops to pay workers with disabilities less than federal minimum wage (“subminimum wage”). Under HB420, over time the 14(c) certificates issued by the federal government will no longer be accepted in Maryland. In addition, as a result new regulations issued by the federal Centers for Medicare and Medicaid Services, sheltered workshops will not get reimbursements from the DDA for supported employment services provided to workers in integrated settings. DDA and MDOD, in consultation with other agencies and stakeholders, will submit an Implementation Plan in October 2017 that includes plans for transitioning workers into competitive, integrated employment and other meaningful activities.
- **Employment of Job Seekers with Disabilities.** DLLR continues to provide training services to all job seekers, including those with disabilities, through various programs that connect job seekers to employment through the Maryland Workforce Exchange. In FY2016, there were 7,564 jobseekers with disabilities registered in the Maryland Workforce Exchange and 6,744 jobseekers with disabilities obtained employment; 614 people with disabilities received services by DLLR-run America’s Job Centers. For summer 2016, the Local Workforce Development Boards utilized the Summer Youth Connection and Youthworks grants to provide summer employment to 120 youth with disabilities. These were paid work experiences in competitive integrated settings and were provided to youth between the ages of 14-24. These opportunities also provided

job readiness training and employment for 20-30 hours per week over a 5 to 6 week time period.

- **Workforce Investment and Opportunities Act (WIOA).** Maryland's workforce development agencies, particularly MSDE (DORS), DLLR, DHR and GWDB, have been significantly impacted by the federal Workforce Innovation and Opportunity Act (WIOA), which was signed into law on July 22, 2014 and went into effect July 1, 2015. WIOA represents new opportunities for the State's workforce system to support job seekers with disabilities by increasing the responsibility of Workforce Development Boards and American Job Centers to be fully accessible and offer necessary accommodations to provide job seekers with disabilities effective and meaningful participation in the use of skills training and career pathways for 21st century jobs. It also places increased priority on serving young adults with disabilities. Maryland has developed a WIOA Combined State Plan and is in the process of collaboratively developing policies and procedures to ensure compliance with the requirements. Final rules were released in July 2016.
- **Governor's Employment Initiative for Persons with Acquired Brain injury (ABI).** At the start of FY2017, there were 97 participants in the ABI program administered by DORS
- **Evidence-based Practice of Supported Employment (EBP-SE) for individuals with significant mental illness.** Employment opportunities for individuals served by BHA were expanded through EBP-SE. In FY2016, 60 providers in Maryland provide Mental Health Vocational Services. 63% of those providers have been exposed to EBP-SE, 41% have obtained EBP status approval, and two more are in training.
- **Project Search.** DORS has supported creation of a number of Project Search sites across the state. This is a business-led school-to-work program that takes place entirely at the workplace. There are nine programs currently operating in Maryland.
- **SUCCESS Program.** In spring 2016, the SUCCESS Pilot Program at University of Maryland Baltimore County graduated the first cohort of students. SUCCESS is a four-year postsecondary pilot program for students with intellectual disabilities. The program will discontinue once the final cohort graduates in three years, at which point quantitative and qualitative data will be analyzed and applied to future postsecondary program development in Maryland.

Goal 4: Promote awareness of the skills and abilities of job seekers with disabilities to large and small employers.

*The strategies for this goal have been revised. New strategies promoting this goal will be identified and measured in the 2016-2019 State Disabilities Plan and Implementation Plan.*

- **State Incentives for Employees with Disabilities.** In the 2016 legislative session, the General Assembly passed HB928, which provides a hiring preference to job seekers with disabilities who apply to State jobs. As of FY2016, DBM has begun working with a software vendor to update the State’s online application. This change will include a question asking applicants if they are seeking disability preference; if they elect to answer “yes,” they will receive 5 additional points to their application score.

## COMMUNITY LIVING

**VISION** *Promote the delivery of supports and services in the most integrated setting based on the needs and preferences of the individual, with an emphasis on self-direction and supported decision-making.*

### PROGRESS UPDATES

Goal 1: People with disabilities will receive supports and services in the most integrated community setting based on the needs and preferences of the individual, with an emphasis on rebalancing resource utilization and delivery of services in the community as opposed to institutional settings.

*Several of the strategies for this goal relate to initiatives or grants that have ended, but the following strategies will continue to be monitored:*

- **Participation in Medicaid-funded Services.** Waiver and State Plan programs provide services people need to live in their own home or in the community, rather than in a nursing facility. In FY2016, there were 1,000 people enrolled in the Autism Waiver administered by MSDE; 85 in the Brain Injury Waiver administered by BHA; 6,777 in Community First Choice Program and 4,130 in the Community Options Waiver administered by Medicaid; 14,385 in the Community Pathways Waiver administered by DDA.
- **Attendant Care and In-Home Aides Services.** MDOD and DHR both administer programs that help people pay for or access daily living supports that they need to remain in their own home or in the community. In FY2016, there were 190 people being served by MDOD’s Attendant CareCare Program, and 532 adults living in the community through DHR’s Project Home program.



- **Least Restrictive Settings.** In FY2016, Medicaid provided services to 32,914 people in any setting; 17,326 of these individuals were in home and community-based settings. Almost all of DDA’s enrollees are served in home or community-based settings: of the 23,501 individuals who received DDA services in FY2016, 23,403 lived in the community. And of the 129,303 people who received services from BHA, 127,738 received these services in community-based settings.
- **MDS 3.0 Section Q and Level 1 Screens.** The MDS 3.0 Section Q assessment tool is used to evaluate nursing facility residents for readiness to transition into community living. In FY2016, 6121 Medicaid and non-Medicaid recipients were referred for Options Counseling as a result of receiving MDS 3.0 Section Q assessments. Additionally, there were 5,037 Level One Screens performed in total across all services, which help assess peoples’ long-term care needs.
- **Money Follows the Person Nursing Home Transitions.** Many of Maryland’s efforts to help individuals with disabilities move from nursing homes to the community have been supported by the Money Follows the Person Demonstration Project, a federally-funded grant that has been extended through FY2020. In FY2016, 259 people transitioned out of nursing facilities into community-based waivers.
- **Options Counseling.** Options counseling, provided at the Maryland Access Point (MAP) sites, is a person-centered planning process that facilitates informed decision making about available supports and services in the community. In FY2016, a standardized form for options counseling was finalized.
- **Streamlining Funding, Wait Lists and Applications.** New strategies will be identified and measured in the 2016-2019 State Disabilities Plan and Implementation Plan. DDA has made progress in streamlining the provider application process, and will continue to work with the Office of Health Care Quality. At the present time new providers can apply directly to DDA for their initial approval. Once approved by DDA, the information is shared with OHCQ to expedite licensing approval. DDA also has created Provider Relations and Quality Enhancement units to focus on Provider Capacity and Basic Assurances.
- *Updates on 1915(i) and other health and behavioral health-related initiatives are included in the Health and Behavioral Health section of this report.*

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.

*There have been significant Federal and State policy changes affecting workers with disabilities, and the implementation of these policies will be tracked in the next State Disabilities Plan:*

- **Lifespan Respite Support.** DHR was recently awarded federal funding in the amount of \$200,000 over a three-year period from the Administration for Community Living to establish a Lifespan Respite Support Program across the state to support caregivers and their families. The monies will be used to implement four interventions: (1) to establish an emergency respite program which will provide caregivers access to needed services in an effective, user-friendly, and expeditious manner; (2) to streamline access to respite services across multiple programs by creating a universal respite application form; (3) to build the capacity of respite care providers by leveraging partnerships with faith-based organizations and postsecondary education programs; and (4) to create training and respite opportunities for both caregivers and their care recipients in a community-based forum. The project period is from September 1, 2016-August 31, 2019.
- **Community First Choice.** The Community First Choice Program, administered by DHMH, went through a programmatic change in FY2015. In the original "self-directed model" option, CFC participants were given the choice to hire independent contractors for their personal care needs. This arrangement positioned DHMH as a "joint employer" with the participant. In order to comply with the U.S. Department of Labor's new rules regarding payment to personal care assistants, however, DHMH changed CFC to an "agency only model." As a result, DHMH is now the sole "employer" of DHMH-licensed personal care agencies, and CFC participants must use personal care assistants employed by these agencies. This change went into effect October 1, 2015. DHMH continues to administer the program by way of an "agency with choice" model. The Community Options Advisory Council made up of self-advocates and community partners met regularly to discuss the development of a Cash and Counseling model which would allow participants complete employer and budget authority. There are no updates on the progress of this model.
- **Community Pathways Waiver.** In order to expand the number of people enrolled in DDA's Community Pathways Waiver, DDA is conducting listening sessions and actively investigating best practices in Self Direction.
- **Home and Community Based Waivers.** Maryland residents receiving services through Home and Community Based (HCBS) Waivers will have new opportunities for full integration into the community. In March 2015, DHMH submitted a 5-year transition plan to the CMS to bring Maryland's Home and Community Based Waivers into compliance with new Centers for Medicare and Medicaid Services regulations. DHMH has been leading stakeholder meetings to address current HCBS Waiver programs within the state and their compliance with the HCBS final rule. HCBS Waiver program providers have completed site surveys to provide DHMH with an idea of current compliance status. Maryland's State Transition Plan has been updated to reflect changes

to the various Waiver programs, the timeline for implementation, and the State remediation strategies. The revised plan has been made available to the public and public comment is due by October 31, 2016.

DDA and BHA have also analyzed their services for compliance with these new rules. The Waiver for Individuals with Brain Injury (BI waiver) is a 1915c waiver that served 85 people in FY2016, and the residential and day habilitation services will be subject to the integrated setting rule. BHA has provided input to Medicaid on BI waiver regulations and waiver applications that were incorporated into the State Transition Plan. BI waiver providers were surveyed along with the other DDA providers. Additionally BHA operates a 1915(i) State Plan amendment program, and the impact for that program is that participants must reside in settings that meet the integrated setting rule. DDA is working with Medicaid to revise the plan which will be shared with the Centers for Medicare and Medicaid Services in FY2017. DDA will be conducting public meetings in September and October 2016 to share updates with the public.

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

*The strategies for this goal continue to be monitored.*

- **Money Follows the Person (MFP) Peer Outreach and Support Services.** DHMH and MDOD oversee eight regional contracts to organizations that provide peer outreach and support services under the MFP Demonstration Program. Seven of these eight regions also have contracts to offer Peer Outreach and Support Services. These contractors provide peer outreach and ongoing peer support services to nursing facility residents and other institutionalized residents who are interested in transitioning to community-based housing.
- **MAP Capacity-Building.** Maryland's Aging and Disability Resource Centers, referred to as Maryland Access Points (MAPs), are information and referral centers for people with disabilities and seniors. In FY2016, Maryland received a grant to help MAP sites partner with MDOD's Technology Assistance Program (MDTAP) to begin providing information about assistive technology to MAP consumers.

Goal 4: Increase access to resources and information that supports community living and addresses functional needs in response to emergency situations.

*The strategies for this goal have been revised. New strategies promoting this goal will be identified and measured in the 2016-2019 State Disabilities Plan and Implementation Plan. Additionally, the following actions will be monitored:*

- **Ethan Saylor Alliance.** The Ethan Saylor Alliance Steering Committee, staffed by MDOD, awarded funding to the Maryland Center for Developmental Disabilities at Kennedy Krieger Institute, in partnership with advocacy organizations such as People on the Go, the Arc of Maryland, and Pathfinders for Autism, to train and support self-advocates to educate both in-service and entry-level law enforcement personnel on appropriate and effective means of communicating and interacting with people with intellectual and developmental disabilities. . These partners will comprise the Ethan Saylor Alliance for Self-Advocates as Educators and will support up to 15 self-advocates within the year to provide at least two trainings in the following counties: Frederick, Prince George's, Baltimore, Montgomery, Harford, Carroll, Howard, Calvert, Charles, and St. Mary's counties. Law enforcement training is expected to begin in February 2017.
- **MEMA and MDOD Partnership.** MEMA and MDOD partnered to support a Director of Emergency Management position within MDOD that focuses on ensuring that the needs of people with disabilities are included in statewide emergency planning and management efforts. The position was filled on June 17, 2015. MDOD and MEMA will begin reporting on initiatives in the 2016-2019 State Disabilities Plan.

Goal 5: Increase access to information and resources concerning the Americans with Disabilities Act (ADA).

*The strategies for this goal have been revised. New strategies promoting this goal will be identified and measured in the 2016-2019 State Disabilities Plan and Implementation Plan. Additionally, the following actions will be monitored:*

- **ADA-Compliant Access to State Buildings.** The Americans with Disabilities Act (ADA) mandates programmatic access to all State services and removal of physical barriers for people with disabilities. MDOD administers the Access Maryland Program, which provides funds to State agencies each year to improve facilities that require accessibility modifications. At the close of FY2016, there were eight projects in the design phase, seven under construction and six that had been completed. Since several projects involved more than one facility, a total of 31 state facilities will be improved by the FY2016 projects.
- **ADA Anniversary.** July 26, 2016 marked the 26th anniversary of the Americans with Disabilities Act (ADA). MDOD and partner agencies participated in a number of events commemorating the signing of the ADA, culminating in a statewide community educational event held in Baltimore on July 26th.

# HOUSING

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

## PROGRESS UPDATES

Goal 1: Create strategies to increase affordable, accessible, integrated housing for individuals with disabilities.

*The strategies for this goal will continue to be monitored in the 2016-2019 State Disabilities Plan.*

- **The State of Maryland and Harry and Jeanette Weinberg Foundation Affordable Rental Housing Opportunities Initiative for Persons with Disabilities (“Weinberg Apartments”)** is a private-public collaboration among The Harry and Jeanette Weinberg Foundation, DHCD, MDOD and DHMH. The Weinberg Foundation is providing a total of \$4 million to support the creation of affordable, accessible and integrated apartments restricted for occupancy to people with disabilities with SSI level incomes. Since program inception, \$2 million has funded 20 units, with 16 occupied, 1 in lease-up and 3 in underwriting review with DHCD.
- **The HUD Section 811 Rental Assistance Project** is a federally-funded collaboration among MDOD, DHCD and DHMH. In February 2015, Maryland received a second award of the U.S. Department of Housing and Urban Development (HUD) Section 811 Project Rental Assistance Funds totaling \$9.8 million. The funding will augment the funding from the original \$11 million award and will also enable the State to locate Section 811 units statewide. Since program inception, 123 units have been identified, 49 of them in FY2016. The first 13 units were occupied in FY2016. All Section 811 units are affordable and integrated with accessibility features appropriate for the resident.
- **The MFP Bridge Subsidy Program**, also a collaboration among DHMH, DHCD and MDOD, helps expedite people with disabilities’ access to affordable rental housing in the community. The program has begun a new cycle with funding of \$2.3M in FY2016 targeted solely to Money Follows the Person (MFP) participants transitioning from institutions to independent renting. The goal is to enable approximately 90 persons to move to affordable, integrated and accessible rental units.
- **The Continuum of Care (CoC) Program** administered by BHA provides permanent housing and supportive services to individuals with disabilities and to families with children in which one adult member has a disability. The target population for this

program is those who meet the criteria of homelessness and have a mental disability, and includes those who are incarcerated in a local detention center for less than 90 days who were homeless prior to incarceration. There is no designated length of stay for the participant. However, continuation in the program is contingent on program rules and regulations being met and continued funding from HUD. In FY2016, the program supported 226 units for individuals, 143 units for families, and supported housing for 710 children and adults total.

- **Affordable and Integrated Rental Housing.** In FY2016, DHCD's entire portfolio contained 37,709 units; based on snapshot data taken in CY2015<sup>3</sup>, 4,076 (11%) of these units were reported as being occupied by people with disabilities. It was also reported by DHCD and Public Housing Authorities in Anne Arundel, Howard, Montgomery and Prince George's counties that 8,076 households receiving SSI/SSDI live in housing supported by the local housing agency.

The DHCD portfolio includes 44 projects with 4,674 that closed in FY2016. Of these FY2016 closed projects, seven are family projects with 1,083 units subsidized by project-based section 8, and 12 are elderly projects with 2,050 subsidized by project-based Section 8. It can be assumed that both the subsidized units and those occupied by persons with disabilities are affordable. It is less clear whether these units are integrated.

For integration, MDOD looked to the Section 811 Program to identify a measure for assessing integration. The Section 811 Program requires that no more than 25% of the units in a property be restricted for occupancy to persons with disabilities. DHCD reports that, in FY2016, 24 properties with 236 units targeted for persons with disabilities met this standard. These 236 units include 31 Section 811 and 2 Weinberg units, as well as 203 units with higher income restrictions of 60% Area Median Income (AMI).

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.

*The strategies for this goal will continue to be monitored in the 2016-2019 State Disabilities Plan.*

- **Homeownership for Individuals with Disabilities Program (HIDP)** is a statewide lending program offered by DHCD to people with disabilities or caretakers of people with disabilities. In FY2016, DHCD made 15 loans totaling \$2,298,987; loans were made to 18

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<sup>3</sup> "CY" refers to "Calendar Year" (January 1-December 31) as opposed to State Fiscal Year ("FY") or Federal Fiscal Year ("FFY").

borrowers (some loans had two borrowers, such as a husband and a wife), 13 of whom were under age 62.

- **Home Modifications.** MDOD’s Assistive Technology Loan Program (ATLP) offers financial loans that allow people with disabilities to borrow money to make modifications for their homes. Since inception, the ATLP has made 114 loans totaling \$1,054,721 and there are 18 open home modification loans totaling \$173,979.86. In addition, in FY2016, DHCD made 44 home modification loans totaling \$945,595; loans were made to 53 borrowers (some loans had multiple borrowers, such as a husband and wife), 3 of whom were under 62.
- **Rental Housing.** In FY2016, DHCD-funded projects included a total of 233 units that complied with Universal Federal Accessibility Standards (UFAS) or included accessibility features such as roll-in showers. This may be an underreported number, and going forward, DHCD will work to track actual number of accessible units. DHCD incorporates both visitability and universal design in the projects it finances through a mixture of incentives and requirements.

Goal 3: Incorporate the needs of people with disabilities into transit oriented development (TOD) and the creation of livable communities.

*The strategies for this goal have been revised. New strategies promoting this goal will be identified and measured in the 2016-2019 State Disabilities Plan and Implementation Plan.*

## 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.*

### PROGRESS UPDATES

Goal 1: Educate students with disabilities in the least restrictive environment with their nondisabled peers at a greater percentage.

*The strategies for this goal have been revised. New strategies promoting this goal have been identified and measured in the 2016-2019 State Disabilities Plan and Implementation Plan.*

- **Least Restrictive Setting.** During the 2014-2015 school year, there were 94,237 students receiving special education services in Maryland’s K-12 schools; 57% were receiving these services in integrated settings.

Goal 2: Provide preschool services to children with disabilities in settings with their nondisabled peers to facilitate entry into kindergarten ready to learn.

*The strategies for this goal have been revised. New strategies promoting this goal have been identified and measured in the 2016-2019 State Disabilities Plan and Implementation Plan.*

- **Least Restrictive Setting.** In the 2014-2015 school year, 17,503 students were receiving services through the Infants and Toddlers Program; 97% were served in their “natural environment.”
- **School Readiness.** In the 2014-2015 school year, the “ready to learn” rate for students entering Kindergarten was 19% for students with disabilities versus 47% for students without.

Goal 3: Increase the number of students with disabilities scoring proficient or advanced on the MSAs and increase the number of students with disabilities scoring proficient or advanced on the HSAs and receive a high school diploma.

*Due to changes in Maryland’s standardized testing, the strategies for this goal have been revised. New strategies promoting this goal have been identified and measured in the 2016-2019 State Disabilities Plan and Implementation Plan.*

- **Testing Gap.** Maryland teachers began implementing the Maryland College and Career Ready Standards (MDCCRS, based on the Common Core Standards) in the 2012-2013 school year with full implementation taking place in the 2013-2014 school year. The Partnership for Assessment of Readiness for College and Career (PARCC) assessment, aligned to the MDCCRS, is now being administered. The 2016 PARCC results were released in August 2016 indicating that all students saw improved results in math. The gap is beginning to narrow. For example, the gap decreased from 36.6-33.8 for Grade 8 students in reading and 20.6-18.6 for grade 8 in math. For students in Grade 4, the gap remains the same.
- **Graduation Rates.** During the 2014-2015 school year, the high school drop-out rate of students with IEPs (Individualized Education Program to provide special education services) was 4.73%, compared to 2.6% for students without IEPs. As of October 1, 2015, there were 4,596 students with disabilities exiting Maryland’s high schools with a diploma and 799 students with disabilities exiting school with a certificate of program completion.



Goal 4: Support effective transition planning so students with disabilities will exit high school better prepared for employment and/or post-secondary education.

*The strategies for this goal will continue to be monitored in the 2016-2019 State Disabilities Plan but will in part be integrated into other goals.*

- **Supported Employment and Competitive Employment.** During the reporting period, 9,049 consumers ages 14-22 received services through DORS; 828 consumers attained competitive employment. In FY2016, BHA provided 298 transition-age youth with Supported Employment services. DDA served 601 transition-age youth through the Governor's Transitioning Youth Initiative in FY2016. DDA administered the funds to provider agencies to support these Transitioning youth in Supported Employment, Community Learning Services, Day Habilitation and Discovery and Customization services. There were also a number of transitioning students and their families who chose to individualize their services through self-directed services.
- **Updated Transitioning Youth Handbook.** The Transition Planning Guide is in the process of being revised. The updated version is expected by December 2016. Content includes information on eligibility requirements for adult services and transition planning strategies and resources. MSDE is also in the process of implementing the Maryland Digital Portfolio, which will serve in the place of the Maryland Summary of Performance.
- **Transitioning Youth Conference.** The 2016 Maryland Professional Transition Institute, organized and hosted by the Governor's Interagency Transition Council for Youth with Disabilities (co-chaired by MDOD and DORS), was held in March 2016. The conference, which was attended by over 200 professionals and advocates who work with transitioning youth, included interactive sessions covering transition planning, employment, postsecondary education, health care and supported decision-making.
- **Capacity Building within Maryland's Transition Services.** Maryland was represented at a national transition-age youth capacity-building institute by an interdisciplinary team that included representation from MDOD, MSDE, DORS, DDA, BHA, DLLR, local school systems and advocacy organizations. This team continues to work together to gain knowledge and skills, specific to collaborative planning and service delivery, capacity building strategies specific to data based decision making, high school completion rates, and improved post-school outcomes of youth with disabilities.

# 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.*

## PROGRESS 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.

Goal 2: Increase access to out-of-school time programs for children and youth with disabilities in settings with nondisabled peers.

Goal 3: Increase access to transition planning information, supports and services for youth, young adults, and their families.

*These goals and strategies reflect initiatives and priorities that have concluded, or are reported on in other parts of this report. The 2016-2019 State Disabilities Plan will reexamine the ways in which families of children and adults with disabilities receive supports. In addition, Maryland is working on the following initiatives that will have an impact on families:*

- **ABLE Program.** The federal Achieving Better Life Experiences (ABLE) Act, signed into law in December 2014, allowed states to create programs to manage tax-exempt accounts for qualified people who acquired a disability prior to the age of 26. Assets kept in these accounts will not disqualify account beneficiaries from federally-funded benefits programs such as Medicaid or SSI. Maryland passed SB355 in April 2016, which directs Maryland 529 (formerly College Savings Plans of Maryland) to implement the Maryland ABLE Program. Maryland 529 will work with MDOD on program development and outreach strategies, and has added a seat for the Secretary of MDOD to the Maryland 529 Board of Directors. The Maryland ABLE Program is expected to be operational by October 2017.
- **Addressing Service Gaps.** GOC is taking the lead in working with partner agencies to support Governor Hogan's goal of an economically secure Maryland by improving outcomes among disconnected youth ages 16-24 who are not working and not enrolled in school. Youth with disabilities are often disconnected and struggle to enter the adult workforce due to multiple systemic and individual barriers.

- **Supporting Parents with Disabilities.** DHR has begun to work with MDOD and disability advocates to examine the experience of parents with disabilities who are involved with the child welfare and foster care systems. Strategies and updates will be provided as part of the 2016-2019 State Disabilities Plan.
- **Community of Practice.** DDA has been working with stakeholders to establish a Community of Practice framework to support families of persons with intellectual disabilities across the lifespan. A leadership team for a community of practice supporting families has been established and began meeting in FY2017.
- **Behavioral Health Peer and Family Support Networks.** BHA has begun exploring ways to expand the peer and family support network for people receiving services in the Public Behavioral Health System (PBHS). Additional data will be identified and reported on as part of the 2016-2019 State Disabilities Plan.
- **Respite Programs.** Implementation of the Lifespan Respite Program Grant (discussed in Community Living Section) begins September 2016, and will look at ways to improve access to emergency respite care services and create a universal application for respite care that could be used across systems.
- **Tracking Family Experiences in Special Education.** MSDE is using a survey developed by the National Center for Special Education Accountability Monitoring (NCSEAM) to measure family perceptions and involvement in the early intervention and special education process. Local school systems receive the survey results for each survey; survey item rankings pinpoint specific areas where the system is performing best, as well as areas that may require attention. This serves as a blueprint for improving parent engagement and involvement as a means of improving services for children with disabilities birth to 21. Technical assistance is also provided to systems and parents as needed by the MSDE Division of Special Education and Early Intervention Services' Family Support and Resolution Branch.
- **Supporting Parents' Rights in Special Education.** HB86 passed in 2016, requiring that IEPs be provided in parents' native language. MSDE has provided information about this requirement to local schools and hosted a comprehensive legislative webinar on June 28, 2016 to address the requirements of HB86 and other pertinent passed legislation. MSDE Division of Special Education and Early Intervention Services posted the revised Parental Rights Maryland Procedural Safeguards Notice in July 2016 and sent it out

electronically to all Local Directors of Special Education and each Local Infants and Toddlers Director.

- MSDE has an Education Advisory Committee that functions as a direct advisory committee to Assistant State Superintendent Marcella Franczkowski and has held numerous discussions on ways to examine issues around parental consent in the IEP process. On July 27, and August 24, 2016 MSDE held informal discussions on parental consent and due process with stakeholders, and has heard public comment on these issues.

## 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.

### PROGRESS 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. *The strategies for this goal will continue to be monitored in the 2016-2019 State Disabilities Plan, but will be integrated into different goals.*

- **Outreach, Device Demonstrations and Loans.** In FY2016, MDTAP's outreach activities reached 729,836 people; the program made 117 loans of assistive technology devices to Marylanders with disabilities and gave 48 assistive technology demonstrations to 121 participants.

Goal 2: Reduce financial barriers to acquiring assistive technology for eligible Marylanders with disabilities who are seeking independent living and employment opportunities.

*The strategies for this goal will continue to be monitored in the 2016-2019 State Disabilities Plan, but will be integrated into different goals*

- **Financial Assistance.** In FY2016, MDTAP's Assistive Technology Loan Program made 33 new loans totaling \$533,790 to people with disabilities who needed financial assistance to purchase assistive technology for education, employment and independent living.

- **Cost Savings.** In FY2016, MDTAP helped Marylanders with disabilities save \$18,345 on assistive technology purchases through cooperative buying programs and helping people locate recycled devices.
- **Accessible Tablets.** The Maryland Accessible Telecommunications Program of the Maryland Department of Information Technology began in early FY2017 a program that provides free tablets for people who are eligible for services through the MAT Program. Tablets may be used as an alternative form of communication by people who cannot use traditional phones, such as people who are deaf or hard of hearing, or who have mobility limitations.

Goal 3: Provide technical assistance and information to improve the accessibility of State agency websites and other information technology-based services.

*The strategies for this goal will continue to be monitored in the 2016-2019 State Disabilities Plan, but will be integrated into different goals*

- **Computer Accessibility Task Force.** Maryland enacted legislation in the 2014 regular session requiring MDOD to establish a work group to examine higher education courses in computer science, information technology and computer information systems to determine the degree that concepts of technology accessibility are included in college curricula. The workgroup will evaluate the courses provided to technology specialists for their accessibility content, determine where accessibility content may be added and propose initiatives that encourage adding of necessary accessibility instruction. The workgroup provided an interim report to the General Assembly December 2016 and will provide a final report in June 2017. MDTAP is facilitating this work group with support from the National Federation of the Blind.

Goal 4: Collaborate with responsible state and local agencies to help ensure uninterrupted access to assistive technology devices and services for eligible students including those who are transitioning from high school to work or higher education and individuals who receive services through DDA.

*This goal and related strategies has concluded; future strategies on the provision of assistive technology in different sections will be incorporated into other sections of the 2016-2019 State Disabilities Plan.*

Goal 5: 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.

*The strategies for this goal will continue to be monitored in the 2016-2019 State Disabilities Plan, but will be integrated into different goals*

- **Loan Closet Networks.** MDTAP has developed a referral network of eleven loan closets, which are independent organizations, typically non-profits, which collect and distribute secondhand durable medical equipment at no cost. Consumers can contact MDTAP and receive referrals to their nearest available loan closet. MDTAP also received a grant from the Christopher Reeve foundation to loan temporary ramps to people who need help accessing their homes; this program will be operational in FY2017.
- **Equipment Link.** MDTAP maintains Equipment Link, a website that acts as an online marketplace for secondhand durable medical equipment and specialized technology. In FY2016, Maryland consumers experienced a savings of \$331,515.

## 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.

### PROGRESS UPDATES

Goal 1: Ensure access to high quality, consumer-centered behavioral health services.

Goal 2: Improve access to behavioral health services for people with a wide range of non-psychiatric disabilities and co-occurring psychiatric disabilities.

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.

*Some of these strategies are reported on elsewhere in this report, particularly in the Community Living and Children, Youth and Families sections. The reporting on some of these strategies has been discontinued and new strategies promoting these goals have been identified and measured in the 2016-2019 State Disabilities Plan and Implementation Plan.*

- **Crisis Services.** BHA has begun developing a Strategic Plan for statewide crisis service delivery and is working to implement a Center of Excellence in Crisis and Early

Intervention Services. Progress updates will be made as part of the 2016-2019 State Disabilities Plan.

- **Suicide Prevention Hotlines.** In FY2016, BHA staff conducted four conference calls and created five training videos for suicide hotline providers to help ensure quality service.
- **Culturally Competent Care.** BHA will be working on a Strategic Plan for delivering culturally and linguistically competent behavioral health services in FY2017. Progress updates will be made as part of the 2016-2019 State Disabilities Plan.

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

*The strategies for this goal will continue to be monitored in the 2016-2019 State Disabilities Plan, but will be integrated into different goals*

- **1915(i) Expansion.** The 1915(i) State Plan Amendment provides intensive behavioral health services for children, youth and families. Maryland began statewide implementation of this program in October 2014 and enrollment is underway. Approximately 29 individuals were enrolled in 1915(i) services in FY2016. More in-depth reporting on enrollment, self-directed services, family support services, and respite services will be provided in subsequent Annual Progress Analysis reports.
- **Transition Age Youth Programs.** Core Service Agency (local mental health authority) representatives from 12 local jurisdictions with state grant-funded Transition Age Youth (TAY) programs met together on June 14th for a policy forum to align local implementation with state-level model and policy development in order to address broader systemic and financing issues necessary for sustainability and expansion of the TAY initiative statewide. Funding of the TAY initiative continues into FY2017.
- **The Maryland Early Intervention Program (EIP)** is a specialized program with expertise in the early identification, evaluation, and comprehensive psychiatric treatment of adolescents and young adults with psychotic disorders. The EIP is comprised of three components: (1) outreach and education services; (2) clinical services; and (3) training and implementation support. Research is integrated into each of these components and focuses on the development of objective methods for early detection and prediction of disease emergence, progress or recovery; and intervention development to enhance efficacy and effectiveness. All EIP activities are guided by a multi-disciplinary Advisory Council, including youth, family and consumer advocacy. Outreach and education

activities were conducted at 33 events for over 3,260 attendees. Services were provided to 111 individuals, and 80 consultations were provided.

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

*New strategies promoting these goals have been identified and measured in the 2016-2019 State Disabilities Plan and Implementation Plan.*

- **HealthMatters Grant.** Effective July 1, 2016, MDOD was chosen to participate in the HealthMatters Program Scale Up, a research project developed at the University of Illinois at Chicago, to pilot and evaluate health promotion programming for people with intellectual and developmental disabilities. The program involves health and wellness education for participating individuals and training community-based organizations on how to replicate the curriculum across the state.
- **CDC Grant.** With assistance from MDOD, DHMH's Center for Chronic Disease Prevention and Control (CCDPC) was recently awarded a 5-year grant entitled Improving the Health of People with Mobility Limitations and Intellectual Disabilities through State-based Public Health Programs from the Centers for Chronic Disease Control and Prevention (CDC). The grant's aim is to expand access and inclusion for people with disabilities within public health promotion. MDOD will provide technical assistance to DHMH as it examines its programs for accessibility.

## 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.*

### PROGRESS UPDATES

Goal 1: Improve access to public and personal transportation for people with disabilities.

*The strategies for this goal will be expanded and monitored in the 2016-2019 State Disabilities Plan, but will be integrated into different goals.*

- **Paratransit Rides.** MTA provided nearly 2,250,000 paratransit rides and WMATA provided over 1,300,000 paratransit rides to Maryland residents with disabilities.



- **MTA On-time Performance.** The on-time performance rate of MTA’s Mobility increased from under 90% in FY2015 to 92% in FY2016. MTA continues to work to improve the on-time performance of the paratransit services, including purchasing new vehicles for its fleet. In FY2016, MTA began hiring additional customer service staff, and is in the process of upgrading its ride scheduling software.
- **Accessible Taxis.** MDOD is working with the Public Services Commission to increase the number of accessible taxis available to people in the Baltimore metropolitan region. In FY2016 there were 12 wheelchair-accessible taxis operating in the greater Baltimore region.

Goal 2: Increase use fixed route transportation by people with disabilities.

*The strategies for this goal will be expanded and monitored in the 2016-2019 State Disabilities Plan, but will be integrated into different goals*

- **Travel Training.** MTA awarded a contract for travel training in FY2016, and the program should begin training people with disabilities to use fixed route transportation in FY2017.

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.

*The strategies for this goal will be expanded and monitored in the 2016-2019 State Disabilities Plan, but will be integrated into different goals*

- **Reciprocity.** The State Commission on Human Services Transportation, an interagency collaboration that looks at issues affecting transportation for people with special needs, continues to work on streamlining cross-jurisdictional travel. The Commission has been exploring the potential creation of standardized forms to help facilitate reciprocity among paratransit systems in the state, which would give people certified to use one paratransit system automatic access to other paratransit systems without having to go through a separate certification process.

### III. STATE DISABILITIES SERVICE DATA

MDOD collects data from Maryland agencies as part of the Department of Budget and Management's Managing for Results process. Below is the data that was collected for FY2016 services.

MFR Data

\*Not reporting estimates for this MFR\*

<b>Chart 1 Performance Measure - Employment</b>	<b>2011 Act.</b>	<b>2012 Act.</b>	<b>2013 Act.</b>	<b>2014 Act.</b>	<b>2015 Act.</b>	<b>2016 Act.</b>	<b>Endnotes / Comments</b>
Consumers with an Individual Plan for Employment (MSDE)	15,620	14,834	15,188	15,683	16,006		Data will be available after 9/30/2016
Consumers receiving training (MSDE)	6,724	7,335	7,257	7,441	7,390		Data will be available after 9/30/2016
Consumers obtaining competitive employment (MSDE)	2,238	2,338	2,360	2,420	2,441		Data will be available after 9/30/2016
Job-seekers with disabilities registered in Maryland Workforce Exchange (DLLR)	10,501	9,073	9,877	10,553	9,453	7,564	
Job-seekers with disabilities receiving training through America's Job Centers programs (DLLR)	702	715	807	891	807	614	
Job-seekers with disabilities obtaining competitive employment (DLLR)	6,724	6,505	6,414	7,012	7,041	6,744	
People with developmental disabilities receiving state-funded services in State Residential Facilities or in community alternatives (DHMH – DDA)	22,328	23,359	24,445	25,183	25,315	23,501	
Number of adults receiving employment services and supports (DHMH-DDA)	4,693	4,715	4,765	4,800	4,800	3,893	
Number of adults being supported in integrated competitive employment (DHMH DDA)	N/A	N/A	N/A	N/A	3,970	3,693	This data was not collected prior to FY2015; data employment in May 2016; numbers include "any competitive, individual contracted, group integrat
Adults (18 or over) receiving community-based Outpatient CMS mental health treatment who answer the employment question (DHMH-BHA)	N/A	48,066	50,675	54,618	59,522	62,044	
Adults (18 or over) receiving community-based mental health treatment receiving supportive employment services (DHMH-BHA)	2,977	2,992	3,138	3,372	3,445	3,542	
Adults (18 or over) receiving community-based Outpatient CMS mental health treatment who report being employed (DHMH-BHA)	N/A	9,458	10,814	12,674	14,164	15,643	

Chart 1 shows performance data for employment services and employment outcomes for Marylanders with disabilities served through DORS, DLLR, DDA and BHA. FY2016 data was not available from DORS as of the drafting of this report. In FY2011, DORS served 6,724 received training and 2,238 found employment; these number increased to 7,390 receiving training and 2,441 finding employment in FY2015. DLLR provided training to 814 job seekers with disabilities in FY2016, up from 702 in FY2011. The number of people receiving employment supports from DDA has decreased from 4,893 in FY2011 to 3,893 in FY2016. DDA recently began tracking outcomes, and reports that 3,693 of tis enrollees are in some form of integrated employment. BHA has increased the number of people receiving supportive employment services from 2,977 in FY2011 to 3,542 in FY2016.

<b>Chart 2 Performance Measures – Community Living</b>	2011 Act.	2012 Act.	2013 Act.	2014 Act.	2015 Act.	2016 Act.	Endnotes/Comments
Total unduplicated number of persons with disabilities receiving state-funded services in nursing facilities, assisted living facilities, or community alternatives (DHMH – Medicaid)	26,779	27,653	28,025	28,627	29,039	32,914	
Number of persons with disabilities receiving state-funded long-term services and supports in community alternatives excluding assisted living facilities (DHMH-Medicaid)	11,989	11,998	12,536	13,157	13,271	17,328	
Percentage of individuals with disabilities receiving state-funded services in community alternatives versus nursing and assisted living facilities (DHMH-Medicaid)	45%	43%	45%	48%	46%	53%	
Total number of persons with developmental disabilities receiving state-funded services in State Residential Centers (SRCs) (DHMH-DDA)	147	138	129	116	108	99	
Number of persons with developmental disabilities receiving state-funded services in community alternatives (DHMH-DDA)	22,328	23,359	24,445	25,183	25,315	23,501	
Percent of adults with developmental disabilities receiving state-funded services in community alternative versus State Residential Centers (SRCs) (DHMH-DDA)	99.30%	99.41%	99.47%	99.54%	99.60%	99.58%	

Unduplicated number of individuals served by the public mental health system (DHMH – BHA)	134,883	145,581	94,149	103,936	123,393	129,303	measure has expanded to include ALL people se
Unduplicated non-forensic individuals served in State inpatient psychiatric facilities (DHMH-BHA)	509	477	381	343	298	256	measure has expanded to include ALL people se
Unduplicated forensic individuals served in State inpatient psychiatric facilities (DHMH-BHA)	1,276	1,277	1,240	1,368	1,330	1,364	measure has expanded to include ALL people se
Average length of stay for forensic patients in State inpatient psychiatric facilities (DHMH-BHA)	674	598	1,122	977	963	1,061	
Average length of stay for non-forensic patients in State inpatient psychiatric facilities (DHMH-BHA)	1,264	1,196	2,097	2,272	2,225	2,430	
Percent of individuals served in settings other than State Psychiatric facilities (DHMH-BHA)	98.61%	98.74%	98.30%	98.35%	98.69%	98.79%	

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 FY2011, the percentage of people receiving supports via community-based settings versus in nursing home or other institutional settings has risen from 45% to 53% in FY2016. With continuation of the Money Follows the Person Project, this indicator is expected to show continuous improvement. In FY2011, the percentage of people receiving community-based services through the Developmental Disabilities Administration (DDA) reached 99.30% of the total individuals served, and reached 99.58% in FY2016. More than 98% of adults with a mental health diagnosis served by the Behavioral Health Administration received community-based services in FY2011; this progress continued through FY2016.

<b>Chart 3 Performance Measures – Transportation</b>	<b>2011 Act.</b>	<b>2012 Act.</b>	<b>2013 Act.</b>	<b>2014 Act.</b>	<b>2015 Act.</b>	<b>2016 Act.</b>	<b>Endnotes/Comments</b>
Number of people with disabilities certified for paratransit by Maryland Transit Administration (MTA)	19,036	23,021	24,880	25,732	24,959	25,807	
Number of paratransit rides provided, excluding Call-a-Ride (MTA)	1,504,812	1,717,773	1,879,328	1,781,084	1,892,901	1,981,257	
Number of paratransit Call-a-Ride trips provided (MTA)	308,662	345,469	432,534	507,718	601,578	574,245	
Paratransit service provided on time, excluding Call-a-Ride (MTA)	89.0%	90.0%	89.0%	91.2%	87.7%	92.1%	
Maryland residents with disabilities certified for paratransit by Washington Metropolitan Area Transit Authority (WMATA)	17,652	13,810	14,361	17,529	19,488	20,627	

Number of paratransit rides provided to Maryland residents (WMATA)	1,708,743	1,245,385	1,207,675	1,269,603	1,400,000	1,436,689	
Percent of paratransit service provided on time system-wide (WMATA)	92%	93%	93%	92%	92%	93%	

Chart 3 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 George’s Counties.) MTA and WMATA provided over 3,200,000 rides to people certified for paratransit service in FY2011, and provided over 3,400,000 in FY2016.