Carol A. Beatty, Secretary
William J. Frank, Deputy Secretary

Larry Hogan, Governor
Boyd K. Rutherford, Lt. Governor

MARYLAND
DEPARTMENT OF
DISABILITIES

December 1, 2017

The Honorable Larry Hogan
State House 100 State Circle
Annapolis, Maryland 21401

The Honorable Thomas V. "Mike'" Miller, Jr.
President
Senate of Maryland
State House, H-107
Annapolis MD 21401

The Honorable Michael E. Busch
Speaker
Maryland House of Delegates
State House, H-101
Annapolis MD 21401

Re: Report required by Human Services Article 7-113(f) HB128/Ch.211, 2017 (MSAR # 11200)
- Delayed Submission

Gentlemen:

This letter is to notify you that the State Disabilities Plan and related performance objectives that
we are required to submit pursuant to Human Services Article §7-113(f) HB128/Ch.211, 2017
and in accordance with § 2-1246 of the State Government Article will be provided on Tuesday,
December 5, 2017. We have experienced an unanticipated delay collecting the service data
needed to complete the Annual Progress Analysis and respectfully apologize for not submitting it
by the Dec. 1 deadline.

If further information is required, please do not hesitate to contact Elizabeth Hall, Director of
Interagency Affairs. She may be reached at (410) 767-3652 or Elizabeth.Hall@Maryland.gov.

Sincerely,

John P. Brennan, Jr.
Deputy Assistant Secretary

cc: Sarah Albert, Department of Legislative Services (5 copies)
    Tiffany Robinson, Deputy Chief of Staff, Office of Governor

State Disabilities Plan

Annual Progress Analysis

2017

Secretary, Carol A. Beatty

Deputy Secretary, William J. Frank

Introduction

Pursuant to Human Services Article § 7-113 (f) HB 128/Ch. 211, 2017 The Secretary of the Department of Disabilities shall submit an annual analysis of the State's progress in implementing the State Disabilities Plan and related performance objectives to the Governor and, in accordance with § 2-1246 of the State Government Article, to the General Assembly on or before December 1 of each year.

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 State Disabilities Plan provides for the coordination of those State services and policies that ensure compliance with State and federal civil rights laws and provide community-based supports, emergency preparedness, housing, transportation, employment, health care, accessible technology, education, and family supports to Marylanders with disabilities. The Plan provides a framework for delivering, monitoring, and striving for improvement in these services. Progress is measured annually by the Department of Disabilities in the Annual Progress Analysis.

Goals, Outcomes, Strategies, and Action Steps

The goals listed in this annual progress analysis are the long-term changes that Maryland's State agencies are working to achieve. These goals are interconnected and the approach to achieving them must be interdisciplinary and holistic.

State Disabilities Plan Goals

This is the first year of the three year State plan 2016-19. Updates in the status of goals and strategies are a continuous process. The plan is based on four main goals: Self-Direction, Financial Well-Being, Maximizing Resources and Accessible Communication. Each goal is described in detail below.

Self-Direction
- Individuals with disabilities will determine how they wish to live.
- People with disabilities should have the ability to participate in the design of their personal support systems, and the ability to live and participate fully in the community.
- Self-direction is essential to the processes and the outcomes of all services.

- o This section focuses in particular on ensuring that people have choice in their support services and housing, and have the ability to travel in their community – all foundations for leading a self-directed, independent life.

Financial Well-Being
- Individuals with disabilities will have equal opportunity to improve their financial well-being.
- Financial well-being, which is critical to people with disabilities' ability to live independently in the community, can be supported through access to employment, education, work incentives counseling and financial management or savings programs.
- Disability services should be designed with financial independence as a central goal and employment as one of the first options considered.
  - o This section focuses on common paths to financial independence, including employment, education and financial management.

Maximizing Resources
- Maryland state agencies and key stakeholders will utilize resources responsibly. Maryland state agencies will continue to identify ways to improve the efficiency of service delivery and, where appropriate, find ways to expand or develop programs.
- Maryland is committed to increasing resources by utilizing technology, building private-public partnerships, and seeking grant opportunities.
  - o This section focuses on maximizing resources in health and behavioral health care and family supports, but also tracks efforts to improve and expand resource capacity and delivery across all services.

Accessible Communication
- Maryland state agencies will be accessible, provide effective communication, and promote quality service delivery for individuals with disabilities.
- Accessible communication, critical to seamless service delivery, includes: ensuring that eligibility criteria and application processes are clear and accessible;
- Current and new rules and policies are communicated to service providers and recipients; and coordination among agencies, particularly those serving overlapping constituents, is consistent.
  - o One area that was identified for particular focus was ensuring that systems designed to convey and receive emergency information are accessible to everyone. In addition, the State Disabilities Plan will track efforts to make all government communications accessible and transparent.

Outcomes

- The outcomes listed in this annual progress analysis describe in more detail what steps need to be made to achieve the goals and outcomes listed in the State Disabilities Plan.

Strategies

- The strategies in this document guide the priority areas that fall within the purview of State agencies.
- They ensure that action steps are those most likely to
    - Have a widespread positive impact on stakeholders;
    - Contribute to the accomplishment of outcomes;
    - Are achievable and measurable;
    - Work together to reinforce each other.

Action Steps

- A mixture of specific short- and long- term actions which will support the strategies.

Domains

- Within the four goals, the outcomes, strategies and action steps are grouped under nine domains; Community Living, Housing, Transportation, Employment and Training, Behavioral Health, Technology, Education, Family and/or Peer Support, and Criminal Justice.

Annual Progress Analysis

Self-Direction

- Individuals with disabilities will determine how they wish to live.
- People with disabilities should have the ability to participate in the design of their personal support systems, and the ability to live and participate fully in the community.
- Self-direction is essential to the processes and the outcomes of all services.
    - This section focuses in particular on ensuring that people have choice in their support services and housing, and have the ability to travel in their community – all foundations for leading a self-directed, independent life.

Community Living

Outcome

Expanded opportunities for self-directed supports and services

Strategies

Strategy 1.1: Expand access to home and community-based programs and services

- ***Participation in Medicaid-funded Services.***
  - This year 100 individuals were served in the Brain Injury Waiver in FY17. This number includes 10 new enrollments.
  - 12,429 individuals with disabilities are enrolled in the Community First Choice waiver, a 45% increase from last year.
  - 4,508 individuals with disabilities are enrolled in the Community Options waiver, a 9% increase from last year.
  - 14,684 individuals with developmental disabilities are enrolled in the Community Options waiver, a 2% increase from last year.
  - In FY2017 1100 children were enrolled in the autism waiver. This is an increase of 100 slots from last year made possible by the funding support of Governor Hogan's 2018 budget.

- ***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 FY2017, there were 202 people being served by MDOD's Attendant Care Program, a 6% increase from last year's number of 190 served.
  - 1,968 adults received in home supports through DHR's In-Home Aides Service Program, an increase of over 200% from last year.
  - 462 people received case management services..

- ***Maryland Access Point Network***
  - Tracking information and referral data in the Maryland Access Point (MAP) network is a new measure
  - 10,648 statewide information and referrals at the MAP sites as it relates to long-term services and supports (LTSS). 86% of the 10,648 (9,152) had in-depth interviews on LTSS as well.
  - The Maryland Access Point network served 5,195 clients in FY17.
    - The majority, 94%, were between the ages of 21-59.
    - The remaining 6% (310) were age 20 and below.

Strategy 1.2: Maximize choice and self-direction within supports programs

- ***Establish Cash and Counseling model within Community First Choice and Community Options programs to allow individuals to self-direct their services****.*
    - o The Community First Choice and Community Options programs are in the procurement process for a fiscal management services vendor.
    - o Their goal is to have implementation begin spring or summer of 2018
- ***Expand participation in the self-directed option under the DDA Community Pathways Waiver***
    - o Of the total number of people enrolled in the Community Pathways waiver (14, 684), 760 (5%) are using the self-direction option.
    - o To increase the number of Community Pathways waiver enrollees using the self-direction option, DDA is implementing several initiatives. DDA developed a Self-Direction Steering Committee, whose purpose is to develop a Framework for the Self Direction service option so people are more aware of Self Direction and can easily navigate this option within the Waiver. The Committee is focused on the development of the following:
        - A participant handbook, a manual to outline the roles and responsibilities of Participant, Coordinator of Community Services and Financial Management Services.
        - Development of brochures and fact sheets to educate persons in self-directed services and tools for Coordinators to education persons on their caseloads on what the self-direction service option is and what it offers.
        - Development of policies, procedures and a quality framework.
        - Training, Education and Messaging strategy for participants, case management, families and stakeholders

- ***Use the Supports Intensity Scale (SIS) assessment tool to improve the person-centered planning process for people in the DDA Community Pathways waiver***
    - o The last vendor Support Network Inc. completed 557 total SIS from July 1, 2015- June 30, 2016.
        - Central Maryland Regional Office -208 (37%)
        - Eastern Shore Regional Office – 79 (14%)
        - Southern Maryland Regional Office - 213 (38%)
        - Western Maryland Regional Office -57   (10%)
    - o The DDA procured and awarded the Level of Need contract to Telligen. Effective October 2017, Telligen is responsible for conducting Supports Intensity Scale (SIS) assessments on all persons in service. Over the course of the next five years, Telligen will be conducting initial assessments (approximately 3500 SIS will be completed per year).
- ***Expand participation in and understanding of Self-Direction within 1915(i) behavioral health services***

- o BHA has introduced a customized goods and services option which is intended to introduce the idea of self-direction within the participant's plan of care.
- o This is for all children in targeted services which includes 1915(i)
- o **Strategy 1.3: Ensure that services are being delivered in the most integrated, least restrictive setting possible**
  - *Ensure that adults with disabilities (Medicaid, developmental disabilities, and behavioral health) are being served in community-based settings as much as possible*
    - o In FY2017, Medicaid provided services to 52,998 people in any setting;
    - o 32,201 (60%) of these individuals were in home and community-based settings. This is an increase from last year.
    - o Almost all of DDA's enrollees are served in home or community-based settings: of the 24,059 individuals who received DDA services in FY2017,
      - 23,942 (99%) lived in the community.
    - o 260,213 people received services from BHA,
      - 256,750 (99%) received these services in community-based settings.
  - *Using the MDS 3.0 Section Q assessment tool, evaluate nursing facility residents for readiness to transition into community living*
    - o In FY2017 there were 2,503 Level One Screens performed in total across all services, which help assess peoples' long-term care needs.
  - *Through the Money Follows the Person Demonstration Project, provide options counseling for nursing facility residents who are considering moving into the community*
    - o 778 Options Counseling referrals were made for nursing facility residents who are considering moving into the community.
  - *Through the Money Follows the Person Demonstration Project, provide ongoing peer support for nursing facility residents who are in the process of moving into the community*
    - o 258 ongoing peer support for nursing facility residents who are in the process of moving into the community.
  - *Transition eligible individuals residing in nursing facilities and state psychiatric hospitals to the community through the Money Follows the Person Demonstration Project*
    - o 186 total individuals' transferred from nursing facilities and state psychiatric hospitals to the community through the Money Follows the Person Demonstration Project

- ***Use the Level 1 screen, which assesses a person's risk for having to enter a nursing facility, to gather information about the long term care needs of Maryland's population***
  - 6,183 individuals were screened, an increase of over 1,000 from last year.

Housing

Outcome

Increased availability of integrated, affordable and accessible housing options

Strategies

Strategy 2.1: Improve quantity of and access to integrated, affordable and accessible rental housing in Maryland

- ***Implement HUD Section 811 program***
  - **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:
      - A total of 191 units have been identified.
      - 72 of the 191 were identified during FY17.
      - There are 47 units occupied; 26 of the 47 were first occupied during FY17

- ***Implement Weinberg Apartments***
  - **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
      - A total of 24 units have been identified.
      - 14 are occupied.
      - The remaining 10 units are under construction or in underwriting.

  - ***Implement interagency Bridge Subsidy housing program***
    - **The MFP Bridge Subsidy Program,** also a collaboration among MDH, DHCD and MDOD, helps expedite people with disabilities' access to affordable rental housing in the community.

- There are a total of 17 housed;
- 14 of the 17 were housed during FY17

- ***Support individuals with behavioral health disabilities and their families through the Continuum of Care Program***.
  - o **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.
    - ▪ Increased units served in the Continuum of Care program by 1.5% from the previous year

- ***Ensure that units in DHCD-financed projects are being created for and occupied by people with disabilities***
  - o Total projects closed; breakdown of the set-asides for units; 42,
  - o 38, Veterans
  - o 215, people with disabilities
  - o Number of units in DHCD-financed properties occupied by people or households with disabilities 4,158

- ***Ensure that units in DHCD-financed properties comply with Universal Federal Accessibility Standards or include accessibility features***
  - o In FY2017, DHCD-funded projects included a total of 213 units that complied with Universal Federal Accessibility Standards (UFAS) or included accessibility features such as roll-in showers. DHCD incorporates both visitability and universal design in the projects it finances through a mixture of incentives and requirements.
    - ▪ Number of DHCD-financed projects provide opportunities for people with disabilities to live in integrated settings (25% or fewer units identified for people with disabilities)
    - ▪ Number of units in qualifying projects: 4,254

- ***Ensure that housing is being developed that is affordable for people with disabilities with SSI/SSDI-level incomes***
  DHCD did not make any awards of its National Housing Trust funding in FY 2017. It was awaiting HUD approval of its allocation plan.

- ***Ensure that people and households receiving SSI/SSDI are accessing rental assistance programs***
    - o In the state of Maryland 890 people receiving SSI/SSDI are accessing rental assistance programs. This is an increase from last year's number of 826.
- ***Improve communication and coordination among housing activities targeted intended to address homelessness among persons with disabilities***
    - o FY 2017 saw increased communication and coordination among housing activities addressing homelessness among persons with disabilities.
    - o MDOD was added as an official member of the Interagency Council on Homelessness (IAC).
    - o MDOD's Director of Housing Policy and Programs (DHPP) sits on the Council and shares information about MDOD's housing work and the goals of ensuring integrated housing opportunities for persons with disabilities, including those who are experiencing homelessness.
    - o Informal conversations between the Director of Homeless Services at DHR/DHCD and MDOD's DHPP also occur on a regular basis.
    - o MDOD tracks the number of persons who transition from homelessness to housing under its Section 811 and Weinberg housing programs and shares this information with DHCD and the IAC.
    - o Legislation was passed in 2017 to move DHR's Homelessness Services programs to DHCD. This change is expected to improve delivery of homelessness services throughout the state.
    - o MDOD works closely with DHCD and monitors its policies affecting both the homeless and those with disabilities.

Strategy 2.2: Support opportunities for homeownership for people and families with disabilities

- o ***Support homeownership through the Homeownership Program for Person with Disabilities***
    - o **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.
        - o In FY2017,
            - ▪ Number of loans; *19*
            - ▪ Dollar value of loans; *$1,008,411*
            - ▪ Number of borrowers; *23 (4 loans/grants were executed jointly with husband and wife)*
            - ▪ Number of borrowers under age 62:*16 borrowers under the age of 62*

Housing and Technology

Outcome

Increased availability of integrated, affordable and accessible housing options

Strategy

Strategy 2.3: Improve access to and knowledge of home modifications and assistive technology that help people remain in their homes

- ***Support home modifications through the DHCD Special Loan Program assistance for accessibility improvements***
  - Number of loans; *50*
  - Dollar amount of loans; *$983,187*
  - Number of borrowers; 65 (15 loans/grants were executed jointly with husband and wife)
  - Number of borrowers under age 62: 15 borrowers under the age of 62
- ***Lend people temporary ramps through the Christopher Reeves grant***
  - MDTAP received a grant from the Christopher Reeve foundation to loan temporary ramps to people who need help accessing their homes.
    - In FY17 MDTAP loaned out 17 ramps
- ***Lend people money for home modifications through the Assistive Technology Loan Program***
  - **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.
    - **In FY17 :**
      - Number of loans (3)
      - Dollar amount of loans ($18,103)

Transportation

Outcome

Improved access to reliable transportation options

Strategies

Strategy 3.1: Improve effectiveness of paratransit services

- Provide paratransit rides to people with disabilities
  - Totaling 2,048,276 paratransit rides and 700,989 Call-a-Ride trips in FY17
  - Totaling 1,500,555 Number of paratransit rides provided to Maryland residents (WMATA)

Strategy 3.2: Increase public transportation ridership among people with disabilities

- Ensure that riders with disabilities are using fixed route.
  - 27,608 riders were certified under the Maryland Transit Authority
  - 21,339 Maryland residents with disabilities certified for paratransit by Washington Metropolitan Area Transit Authority (WMATA)
- Ensure that riders with disabilities are included in changes to MTA route redesign.
  - Riders with disabilities have been specifically included in the membership of the Citizen advisory committee (CAC) and the Citizens Advisory Committee for Accessible Transit (CACAT) to ensure input into changes to the MTA route redesign

Financial Well-Being

- Individuals with disabilities will have equal opportunity to improve their financial well-being.
- Financial well-being, which is critical to people with disabilities' ability to live independently in the community, can be supported through access to employment, education, work incentives counseling and financial management or savings programs.
- Disability services should be designed with financial independence as a central goal and employment as one of the first options considered.
  - This section focuses on common paths to financial independence, including employment, education and financial management.

Employment and Training

Outcome

Increased opportunities for competitive, integrated employment

Strategies

Strategy 4.1: Ensure that youth and adults with disabilities are given appropriate services, training and supports needed to enter and remain in the workforce

- ***Assist jobseekers with disabilities get the skills they need to obtain competitive, integrated employment***
  - People receiving employment services from DORS
    - FY 17: 24,861 served.
  - People receiving DORS services who obtain integrated, competitive employment:
    - FY 17: 1,853 individuals obtained competitive integrated employment.

- ***Increase number of youth served through Pre-Employment Transition Services***
  - o Number of youth served through Pre-Employment Transition Services:
    - ▪ FY 17: 1,356 students with disabilities received Pre-Employment Transition Services.
- ***Through employment and career supports, improve postsecondary outcomes for youth with disabilities***
  - o For FFY 2015-16 (most recent):
    - ▪ Enrolled in Higher Education: 23.45%
    - ▪ Enrolled in Higher Education or competitively employed: 54.63%
    - ▪ Enrolled in Higher Education or in some other education or training program; employed or in some other employment: 61.37%
- ***Assist jobseekers with developmental disabilities get the skills they need to obtain competitive, integrated employment***
  - o People receiving day or employment services from DDA; 11,328
  - o Number of people in integrated and competitive jobs   2,360
- ***Assist jobseekers with behavioral health disabilities get job training***
  - o Number of people receiving supported employment services 3,702
  - o Number of people who are using PBHS who report being employed 30,928
- ***Expand employment opportunities through Evidence-Based Supported Employment (EBSE) for persons with significant mental illness.***
  - o 26 EB SE Teams that served 2,804 individuals in FY 2017
- ***Implement Maryland PROMISE***
  - o 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.
  - o Additional federal partners include the Social Security Administration, U.S. Department of Labor and U.S. Department of Health and Human Services.
  - o 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.
  - o Key interventions include coordinated, assertive community-based case management, benefits counseling and financial education, and unpaid and paid work experiences for the youth.
    - ▪ 340 Maryland PROMISE youth participated in paid employment experiences during summer 2017. PROMISE staff also engaged in 2684 direct employer engagement activities and provided youth and their families with 459 unpaid work experiences.

- Over 85 percent of MD PROMISE youth have completed three or more of the interventions, and over 65 percent of the youth have had paid employment

Strategy 4.2: Ensure that all public vocational and career services programs are accessible to people with disabilities

- ### *Increase the number of people with disabilities served through America's Job Centers*
  - Number of Individuals with a Disability served by staff, active 4601

- ### *Increase the number of people with disabilities obtaining employment*
  - Job-seekers with disabilities obtaining competitive employment - 6,608
- ### Strategy 4.3: Support new employment and entrepreneurship opportunities for workers with disabilities

- ### *Increase number of Quest interns*
  - 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, 35 individuals (8 of whom were ages 14-22) have participated in the QUEST Internship Program.
- ### *Increase State hiring of individuals with disabilities through implementation of hiring preference legislation*
  - 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.
    - As a result of the hiring preference legislation, 98 persons, who checked they have a disability on the State application and received an additional five points, were hired by State agencies

Outcome

Improved opportunities for financial independence and stability

Strategies

Strategy 6.1: Expand access to work incentives and benefits counseling and programs for people with disabilities who receive public benefits and would like to work

- ### *Support peoples' access to ABLE program*
  - Maryland 529 launched Maryland ABLE, an innovative and landmark investment program that offers individuals with disabilities the opportunity to save money without jeopardizing access to federal and state means-tested benefits. The Stephen Beck, Jr., Achieving a Better Life Experience

Act of 2014 ("ABLE") is a federal law which allows states to establish and maintain these accounts. The Maryland ABLE Act was signed into law by Governor Larry Hogan on April 12, 2016.

- o Established in partnership with the State of Oregon and Sumday Administration, LLC, Maryland ABLE will accept online enrollment to its diverse financial investment options available through an accessible, easy-to-use website. With access to online account customization, account management, online recordkeeping, and a specialized customer service team, Maryland ABLE anticipates reaching a large number of eligible Marylanders with disabilities.

  - ▪ Maryland ABLE account features include:
    - Up to $100,000 in savings through an ABLE account before impacting SSI limits for cash benefits
    - Ability to save money without jeopardizing state and federal means-tested benefits such as Medicaid, food, or housing assistance
    - Access to an income deduction on Maryland State taxes of up to $2,500 for account contributions per beneficiary
    - $14,000 annual contribution limit in 2017 (increasing to $15,000 in 2018)
    - $350,000 maximum lifetime account value

- o Since the beginning of 2017, Maryland ABLE has expanded outreach to Marylanders with disabilities, family members, and agencies and organizations. Through presentations, expos, and direct community outreach, the program has connected to more than 2,900 Marylanders. In addition, the program established an active social media presence on Facebook & Twitter, expanded its email marketing list to nearly 3,000 contacts, and developed & distributed Partner Toolkits to over 30 agencies and organizations.

- **_Increase participation in Employed Individuals with Disabilities Program_**
  - o The Employed Individuals with Disabilities (EID) Program, administered by MDH 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 FY2017 an estimated 809 individuals were enrolled in this program.

- **_Number of people who receive work incentives counseling through DORS_**
  - o DORS and its contractors provide benefits counseling to jobseekers with disabilities who were interested in working while maintaining access to benefits

- In FY2017, DORS provided benefits counseling services for 1,069 individuals.

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- ***Provide people in the Public Behavioral Health System with benefits counseling through SOAR***
  - BHA provides benefits counseling and assistance through its SSI/SSDI2, Outreach, Access and Recovery (SOAR) program
    - In FY 2017, 177 out of 192 (92%) individuals were approved for SSI/SSDI through SOAR, compared with a national SOAR approval rate of around 65%

Technology

Outcome

Improved opportunities for financial independence and stability

Strategies

Strategy 6.2: Expand knowledge of and engagement in financial management programs

- ***Provide people with financial loans that help them build credit and purchase assistive technology***
  - In FY2017, MDTAP's Assistive Technology Loan Program made 67 new loans totaling $2,112,260 to people with disabilities who needed financial assistance to purchase assistive technology for education, employment and independent living.
- ***Help people save money on assistive technology purchases through recycling and cooperative buying options***

  - In FY2017, MDTAP helped Marylanders with disabilities save of $307,774 on assistive technology purchases through cooperative buying programs and helping people locate recycled devices.
- ***Help people with disabilities make informed assistive technology purchasing decisions***

  - In FY 2017, MDTAP made 170 loans of assistive technology devices to Marylanders with disabilities and gave 128 assistive technology demonstrations.

Maximizing Resources

- Maryland state agencies and key stakeholders will utilize resources responsibly. Maryland state agencies will continue to identify ways to improve the efficiency of service delivery and, where appropriate, find ways to expand or develop programs.
- Maryland is committed to increasing resource capacity by utilizing technology, building private-public partnerships, and seeking grant opportunities.

- This section focuses on maximizing resources in health and behavioral health care and family supports, but also tracks efforts to improve and expand resource capacity and delivery across all services.

Community Living
Outcome
Expanded opportunities for self-directed supports and services
Strategy
Strategy 1.4: Seek innovative methods for expanding the capacity of agencies and providers to support people with disabilities living in the community

- ***Streamline the DDA provider licensing approval process in a way that's efficient and transparent***
    - The DDA continues to work on the licensing approval process to ensure that it is efficient and transparent. DDA applicants are given information as to the reasons that they are not approved to provide services if they are denied. The newly developed applications for Behavior Support Services as well as services through the new waivers are currently on the website with FAQs and a guide to the services available.

- ***Increase DDA provider capacity and quality***
    - The DDA has added 15 new waiver providers in the past year.
    - All providers meet the DDA criteria and have completed the licensing process through OHCQ. All applicants must complete a background check prior to approval of the license.
    - They must be in good standing with the State Department of Assessment and Taxation.
    - Applicants must complete the Medicaid application and go through the Medicaid approval process, including verification with the Medicaid exclusions list and a site visit.
    - DDA also requires completion of the DDA contract and business associates agreement prior to approval for service provision.
- ***Increase waiver options***

    - **Family Supports Waiver**
        - The Developmental Disabilities Administration (DDA) Family Support Waiver was approved November 21, 2017 by the federal oversight agency, the Centers for Medicare and Medicaid Services (CMS). The program will provide individual and family supports for children birth to 21 with developmental disabilities on the DDA Waiting List.
        - DDA expects services under the waiver to start by February 2018, which will reduce the waiting list by 400 individuals.

- - - The goals for the Family Support Waiver include providing:
      - Innovative service options aimed at providing supports that build on the Support Families Community of Practice
      - Individual and family self-direction opportunities
      - Flexibility for individuals and families to move dollar amounts among line items within their approved person-centered plan to meet the emerging and cyclical needs of the child and family
      - Short term exceptions to the overall budget caps based on exceptional needs (for example family caregiver support needs, post hospitalization, short term care needs)

  - **Community Supports Waiver**

    - The Maryland Department of Health (MDH) is developing a new Community Supports Waiver program which will provide individual and family supports for persons with developmental disabilities on the Developmental Disabilities Administration (DDA) Waiting List.
    - The goals of this new program includes providing:
      - Innovative service options that support DDA's Community of Practices for Employment and Supporting Families
      - Community-based service options offered under the current Community Pathways Waiver (e.g. Supported Employment, Employment Discovery & Customization, Personal Supports, Respite, Assistive Technology, Behavioral Supports, etc.) with the exception of residential services
      - Self-direction opportunities
      - Flexibility to move dollar amounts among line items within the approved person-centered plan to meet emerging and changing needs; and (5) Short-term exceptions to the overall budget caps of $25,000 based on exceptional needs.

- ***Expand provider involvement in the Brain Injury Waiver***
  - One new provider was enrolled in the Brain Injury Waiver in FY17
  Expand availability of training for case managers and service providers to improve their capacity to support community living
  - 35 trainings were held in FY17 to deliver better services to support community living.

Outcome
Increased access to physical and behavioral health care
Strategies
- ***Strategy 7.1: Increase statewide access to culturally competent, accessible wellness and preventive health care services***
- ***Establish model to coordinate care delivery among those dually eligible for Medicare and Medicaid***

- o Throughout FY2017, the Maryland Department of Health (MDH) was engaged in the design of an Integrated Delivery Network (IDN) for individuals dually eligible for Medicare and Medicaid.
- o A central component of this work was the convening of a Duals Care Delivery Workgroup (Duals Workgroup) made up of a wide range of representatives: payers; providers from a variety of backgrounds; dual eligible consumers; community advocates; local health officers; academic and policy professionals; and state and local government officials.
- o The Duals Workgroup met nine times between January and November 2016 to discuss the needs of the dual eligible population, develop options models for the IDN, and provide feedback and input for MDH's final proposed design.
- o Workgroup discussion focused on the feasibility of three models:
  - a managed fee-for-service (MFFS) health home model,
  - a health plan model that would feature managed long term services and supports (LTSS) and managed care,
  - Accountable Care Organization for dual eligible (D-ACO) model.
    - The D-ACO model emerged as the consensus choice of the Duals Workgroup for the IDN.
- o The Duals ACO model is based on value-driven care coordination and grounded in well-established models including Patient Centered Medical Homes (PCMH) and the Medicare Shared Savings Program (MSSP) ACO model.
- o MDH issued an initial concept paper that was disseminated for public comment in December of 2016.
  - The concept paper laid out a detailed strategy for the D-ACO model regarding service delivery, associated savings and risk sharing opportunities, and other central activities such as information exchange and coverage networks. MDH received extensive comments and has taken the feedback under consideration.
- o MDH is currently evaluating next steps in the IDN process
- **_Implement HealthMatters, an evidence-based health promotion program to educate people with I/DD about proper nutrition and exercise_**
  - o 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.
    - In FY17 there were at least 62 participants and 8 participating community-based organizations.

- ***Increase accessibility of and expand access to health promotion programs for people with disabilities***
  - The Maryland Department of Health's Center for Chronic Disease Prevention and Control ("the Center") utilized funding from the Centers for Disease Control and Prevention's (CDC's) Improving the Health of People with Mobility Limitations and Intellectual Disabilities (1603) grant to lay the foundation for a Disability Health Inclusion Program (DHIP). The Center worked collaboratively with the Maryland Department of Disabilities (MDOD) to develop four work plan objectives.
  - The Center collaborated with the MDOD to establish a program to increase the capacity of the state health department to increase inclusion and access to health promotion programs for people with disabilities. .
  - Staff participated in 13 meetings with a mentor state, Massachusetts, to learn from their experiences building and growing a successful public health-focused disability inclusion program.
  - Staff from the Center and MDOD assembled existing resources, tools and guidelines to build capacity and better understand disability inclusion best practices.
  - The Center worked with the Department of Information Technology (DoIT) to build a website, which will be launched in Year 2.
  - The Center raised awareness and engaged other programs in the Cancer and Chronic Disease Bureau by adding disability inclusion as an agenda item at three Bureau leadership meetings, encouraging participation in the advisory committee and staff trainings; the response by internal Bureau programs (including the Center for Cancer Prevention and Control, Center for Tobacco Prevention and Control, and Office of Oral Health) was enthusiastic and positive.
  - The DHIP Program Administrator engaged the National Center on Health, Physical Activity and Disability to provide one training to a total of 21 Cancer and Chronic Disease Bureau staff. This training emphasized promoting accessible and inclusive communities by promoting physical activity for people with disabilities.
  - The Center drafted a Disability Inclusion Assessment to be disseminated to the Prevention and Health Promotion Administration to identify current disability inclusion practices and policies.
  - The Cancer and Chronic Disease Prevention Bureau Director sent surveys to program managers who were asked to complete a separate assessment form for each program/project within their Bureau, Center or Office. The results will inform the creation of new trainings, tools, and resources for staff in Year 2.
  - The Center worked in collaboration with MDOD to establish an advisory committee, which is intended to provide DHIP guidance and subject matter expertise for the full duration of the project.
  - The composition of the advisory committee is diverse, including professionals working in organizations implementing chronic disease prevention programs, health care professionals, public health

professionals, self-advocates and professionals working in organizations serving people with disabilities.

- o Advisory committee members committed to serving on at least one of the three established workgroups:
  - 1) training internal public health staff,
  - 2) increasing awareness through education and outreach campaigns, and
  - 3) increasing the accessibility and availability of accommodations for public health
- o Moving forward, the advisory committee will function as a forum for information dissemination on related projects at the state and local levels.
- o The Center initiated work to better capture and understand current data collection practices in evidence-based community programs addressing diabetes prevention and management,
- o DHIP staff began this work with Maintaining Active Citizens (MAC), an organization that holds the statewide license for the Stanford Chronic Disease Self-Management Program (CDSMP).
- o DHIP staff are working with MAC to request baseline data on disability status from these programs, as they are a Center partner working to increase access of the CDSMP through the state.
- o DHIP staff will continue to work with internal and external partners to standardize disabilities indicators to measure access and participation in evidence-based community programs for diabetes prevention and control.
- o Results from the Disability Inclusion Assessment will be used to tailor technical assistance and trainings to improve disability inclusive practices and initiatives within the Maryland Health Department.
- o DHIP staff supported the work initiated by the MDOD with the evidence-based program, HealthMatters. Utilizing carryover funds, MDOD staff worked with an initial 9 partner organizations to assure completion of the HealthMatters Assessment Survey with at least 25 percent of organization staff by April 2018.
- o MDOD staff used carryover funds to engage an additional six organizations to attend HealthMatters training, provide the 12-week program, and administer pre- and post-test surveys.

Outcome

Equal opportunity for participation in State government

Strategies

Strategy 11.1: Ensure that government buildings and programs are accessible to all people with disabilities

- ***MDOD will work with stakeholder groups to identify and monitor voter access issues during elections***
  - o Expressvote, an electronic accessible voting ballot machine, was an option in the past primary and general election of 2016.
  - o There was an issue with how many candidates can fit on the electronic accessible voting ballot brought up during the 2016 primary.

- o The State Board of Elections set a policy requiring election judges to tell each voter there is an accessible way to read and mark a ballot.
- o MDOD will continue to work with advocacy organizations on voter access this coming gubernatorial election

Strategy 11.3: Ensure that people with disabilities understand and can access civil rights protections

- ***MDOD will work with stakeholder groups and the Maryland Commission on Civil Rights to track civil rights complaints.***
  - o The most recent report on the civil rights of people with disabilities is the annual Maryland Commission on Civil Rights report for FY16. There were 52 complaints of unlawful public accommodations discrimination submitted by people with disabilities. This accounts for 76% of the total public accommodations discrimination cases (68). This is an increase from FY15 where MCCR received 34 (55%) of public accommodations complaints based on disability.
    - MDOD will continue to partner with MCCR and provide technical assistance as needed

Transportation

Outcome

Improved access to reliable transportation options

Strategies

Strategy 3.1: Improve effectiveness of paratransit services

- ***Improve on-time performance for paratransit services***
  - o For FY17, the on-time performance was 92.3% for MTA and 87% for WMATA.
    - WMATA's number reflects turnover for their vender during the year. During that time, the contractor experienced both staff shortages and the need to train many new drivers. With a more stable workforce, WMATA has seen on time performance improve more recently.
- ***Improve wait times for phone contact for scheduling, cancellations, late drivers***
  - o Mobility Paratransit are maintaining statistics and monitoring in order to ensure the promptness of the drivers.

- ***Increase availability of accessible taxis/Call-a-Ride options***
  - o Mobility Paratransit has worked with transit companies to increase the number of accessible taxis. There are approximately 16 in the service area (Baltimore, Baltimore County, Anne Arundel).
  - o This is an increase from last year's count of 12 accessible taxis.

Strategy 3.2: Increase public transportation ridership among people with disabilities

- ***Expand travel training options to help people with disabilities use fixed route public transportation***
  - o Center for Mobility Equity (formerly Central Maryland Regional Transit) has been retained by Mobility Paratransit to provide Travel Training.

- ***Ensure that accessibility features on public buses (lifts, tie-downs, stop announcements) are being maintained and utilized***
  - o Working with the Citizens Advisory Committee (CAC) and the Citizens Advisory Committee for Accessible Transit (CACAT) to ensure proper maintenance and utilization of accessibility features.

Strategy 3.3: Increase coordinated cross-jurisdictional transportation options for riders with disabilities

- ***Work with the State Commission on Human Services travel to improve cross-jurisdictional reciprocity***
  - o Currently MDOD related stakeholders are building capacity with voluntary cooperation among the metropolitan jurisdiction (Baltimore City, Baltimore County, and Anne Arundel).

Strategy 3.4: Support vehicle and parking access for drivers with disabilities

- ***Develop relationships with local parking authorities to do outreach on the importance of accessible parking enforcement***
  - o MDOD cooperated with the local parking authority in the introduction of parking spaces specifically designated for drivers with disabilities.

Employment and Training
Outcome
Increased opportunities for competitive, integrated employment
Strategies

Strategy 4.1: Ensure that youth and adults with disabilities are given appropriate services, training and supports needed to enter and remain in the workforce

- ***Ensure rates paid to DDA providers incentivize individualized, integrated employment outcomes***
  - o The DDA has been working with an independent consultant, Johnston, Villegas-Grubbs and Associates LLC (JVGA) since 2015. JVGA has been completing a comprehensive rate setting study. The study is nearing its completion, and will include a rate analysis and an impact study looking at the actual cost of providing community based services, including employment services. Areas of focus for the study have included transportation, appropriate wage and benefit levels for DSPs and Fiscal impact of non-billable days.

- o Along with the rate study and creation of a new hourly billing system, the DDA has been redrafting waiver service definitions around employment to be sure they will properly align with the new rate structure and adequately reimburse providers for the work necessary needed to support people to get and keep jobs.   When the rate study has been finalized, the DDA will compare rates with the new service definitions   for alignment.

- *__Implement Employment First Strategic Plan__*
  - o DDA continues to work on the E1st strategic plan with the Employment First group and State Partners by creating robust employment service definitions, changing funding models and moving forward with training certification. DDA continues to provide training and technical assistance for all levels of agency staff, families, and job seekers.

  - o DDA is using the data collection to develop policy and track progress of the strategic plan.

  - o DDA posts a monthly E1st news letter to keep all of their stakeholders connected to new information related to transformation, training and best practices in making employment a reality.

  - o DDAincreased their stakeholder engagement by getting feedback on the waiver renewal employment service definitions and created new services. DDA also participated in the Employment Community of Practice gatherings, regional meetings and monthly webinars

- *__Implement Equal Employment Opportunity Act legislation__*.
  - o 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 allow sheltered workshops to pay workers with disabilities less than federal minimum wage ("subminimum wage").
  - o Under HB420, over time, the 14(c) certificates authorizing this practice will no longer be issued, and sheltered workshops will not get reimbursements from the DDA for supported employment services provided to workers making subminimum wage.
    - ▪ DDA and MDOD, in consultation with other agencies and stakeholders, submitted an Implementation Plan in October 2017 that includes plans for transitioning workers into competitive, integrated employment and other meaningful activities. Once this law has been fully implemented, youth with disabilities who are leaving high school will now be directed first towards competitive, integrated employment opportunities.

Strategy 4.2: Ensure that all public vocational and career services programs are accessible to people with disabilities

- ***Implement Combined State Plan for Workforce Investment Opportunities Act***
    - o The Workforce Innovation and Opportunity Act (WIOA) was signed into law on July 22, 2014. The new law establishes a vision for a workforce system that is fully accessible to adults and youth with disabilities. In support of this vision, WIOA requires local workforce development boards and partner organizations in local workforce systems to ensure that American Job Centers (AJCs) are physically accessible and are able to provide accommodations that allow individuals with disabilities to achieve effective, meaningful participation in services.
    - o Below are highlights of Maryland's implementation of WIOA that are creating new opportunities for people with disabilities:
        - ▪ Benchmarks of Success for Maryland's Workforce System – The Benchmarks is a DLLR-led, stakeholder-driven initiative built on a commitment to excellence shared by the core WIOA partners, including (in addition to DLLR), the Maryland State Department of Education's Division of Rehabilitation Services (DORS) and the State's Department of Human Services. The Benchmarks initiative seeks to increase the earnings capacity of Marylanders by developing a system that is responsive to the needs of Maryland job seekers and businesses;
        - ▪ Disability Employment Initiative – The Department of Labor, Licensing, and Regulation (DLLR) and other State workforce system partners were awarded a 2.5 million dollar grant to increase the number of individuals with disabilities entering competitive integrated employment via services within AJCs;
        - ▪ Non-Discrimination Plan - DLLR is hosting a series of technical assistance workshops and conferences designed to equip local workforce systems with the knowledge and skills to effectively serve populations targeted for service under WIOA, including individuals with disabilities.

Education
Outcome
Improved opportunities for children, youth and life-long learners to access education
Strategies
Strategy 5.1 Ensure early intervention programs are equipped to address needs of infants, toddlers and young children with disabilities
- ***Number of students receiving services through Infants and Toddlers***
    - o 17,697 children received services through the MITP.
- ***Children will receive IFTP services in as integrated a setting as possible***

- o 97.8% of children were receiving the majority of their services in "natural environments" (environments with typically developing children).
- ***Children with disabilities will enter kindergarten ready to learn***
  - o 45% general education vs. 19% special education

Strategy 5.3: Improve coordination and outcomes for students' transition from school to post-school education, employment and training.

- ***Implement the IATC Interagency State Plan***
  - o The IATC plan is being implemented, the annual report was submitted in October 2017.
- ***Support events organized by local school system to educate students with disabilities and their families about the transition process***
  - o IATC funded two events one by DJS and one by Howard County Transitioning Youth Symposium, a partnership of the Howard County Autism Society, Howard County Public School System (HCPSS), Howard County Department of Community Resources and Services, the Howard County Department of Recreation and Parks, and Accessible Resources for Independence, Inc..
  - o The events explored issues around transition and had up to 150 participants
- ***Facilitate Capacity Building Technical Assistance for secondary transition for students with disabilities***
  - o The State of Maryland is continuing to develop a flow of service for transitioning youth which includes all state agencies and other partners that provide services, supports, or funding for youth in transition. Partners include: DORS, DDA, MDOD, BHA, DLLR, Higher Education, Local School Systems, and Career & Technology Education.
  - o Preliminary infrastructure analysis flow of ser**v**ices, and recommended technical assistance was shared in October, 2017 to the Interagency Transition Council.
- ***Share a revised Transition Handbook with parents of students with IEP***
  - o Transition Planning Guide will be disseminated in December, 2017.

Education and Technology

Outcome

Improved opportunities for children, youth and life-long learners to access education

Strategy

Strategy 5.2: Ensure that students with disabilities have access to appropriate supports and assistive technology in any educational setting

- ***Number of students receiving special education services in K-12***

- o According to the Maryland Special Education/Early Intervention Services Census Data Tables (October 1, 2016), 106,082 of the 886,221, or 12% of students age 3-21 received special education services.
- ***Students with disabilities will receive special education services in the most integrated setting possible***
    - o According to the Maryland Special Education/Early Intervention Services Census Data Tables (October 1, 2016), 64,827 of the 92,962, or 69.73% of students receiving IEP services receive them in general education setting 80% or more of the time.
- ***The "testing gap" between students with disabilities and their nondisabled peers will continue to close***
    - o Reading proficiency has improved for children with disabilities from 6.6% last year to 6.9% this year.
    - o For all students it has improved from 38.7% to 40.6%
- ***Support students in CTE programs***
    - o In the Class of 2016, 97.6% of the students with a disability that were Career Technology and Education concentrators completed high school

- ***Reduce the drop-out rate of students with disabilities***
    - o Non-completion rates of students with IEPs (Dropping Out)-
    3.9% (1,187/30474 students)
    - o Non-completion rates of students without IEPs (Dropping Out)-
    2.4% (5,776/240544 students)
- ***Support as many students with disabilities to leave school with a diploma***
    - o Students exiting between July 1, 2015-June 30, 2016:
    - o Diploma 4,928 (45.8%)
    - o Certificate of Program Completion- 714 (6.6%)
- ***Work with MHEC to collect data on rates of students with disabilities using rates of students with disabilities using Disability Supports Services offices on Maryland's public college campuses***
    - o The first year of data collection has been completed for state and state-aided independent institutions.
    - o MHEC is collecting data on second year retention and graduation for future analysis.
    - o The report framework will allow MHEC to capture short and long-term outcomes such as second year retention and graduation.
    - o Analysis will allow comparison of these rates to all students in the future.
    - o This year's report is currently under review and will be distributed in 2018.
- ***Expand postsecondary options for students with intellectual disabilities***
    - o A group of state agency partners including MSDE, DDA and MDOD submitted a grant for technical assistance. It was awarded to the University of Maryland, who planned and hosted 2 capacity building

institutes, one at Towson University, targeting 4 year institutions and one at Chesapeake College, focused on 2 year institutions. Over 160 individuals attended the two events. DDA is finalizing an RFP to support creation of programs aligned with the Think College standards.

- ***DORS will support students in career oriented postsecondary settings***

  o **Postsecondary Supports.** DORS supported 487 students ages 14-22 in postsecondary education: 210 in College/University, 193 in Vocational and Occupational Skills Training; and 95 in Workforce Technology Center trainings.

Education and Family Support

Outcome

Expanded access to family supports

Strategy

Strategy 8.4: Ensure that parents of children with disabilities are provided information and tools in order to effectively advocate for their child's needs within the educational system

- ***Improve parents' sense that they have been engaged in the IFTP or IEP progress***
  Preschool Survey Summary

  o For 2017, MSDE decided to begin using the Percent of Maximum approach for calculating Indicator 8.
  o Each survey response was converted into a percentage (Very Strongly Disagree-0%, Strongly Disagree- 20%, Disagree 40%, Agree-60%, Strongly Agree-80% and Very Strongly Agree-100%).
  o Each respondent's answers to the 24 questions were then averaged. MSDE chose a cut-off point of 60% for their Indicator 8 Parent Involvement value (or an average response of "Agree" or better to the survey items). The percentage of parents whose average score was above 60% was calculated for each LSS and for the entire state.
  o For the 2016-17 school year, 83% of parents had measures that exceeded the cut point measure of 60%. **Therefore, the value of OSEP Indicator 8 for parents of preschool students during the 2016-17 school year is 83%.**
    - Another way to analyze survey responses is to look at the average score respondents gave on each question. Only one question (Q24) received an average score below 60%.
      - *People from Preschool Special Education, including Teachers and Other Service Providers connect me with other families for mutual support. (Q24)*
  o This means that parents are by and large agreeing, strongly agreeing, or very strongly agreeing, with all the items on the survey.

- o Because of the change in methodology used to calculate Indicator 8, this year's data cannot be compared to estimates of the Indicator 8 published in previous years.
- o As a proxy measure for comparison purposes, ICF calculated the Indicator using the Percent of Maximum from the 2016 survey data, and found that last year the Parent Involvement Score for the Preschool survey using this methodology was 80% (CI 79% to 82%.)
- o This means that on average in 2016-17 the State did better on Indicator 8, than in 2015-16.

School Age Survey Summary

- o For 2017, MSDE decided to begin using the Percent of Maximum approach for calculating Indicator 8. Each survey response was converted into a percentage (Very Strongly Disagree-0%, Strongly Disagree- 20%, Disagree 40%, Agree-60%, Strongly Agree-80% and Very Strongly Agree-100%).
- o Each respondent's answers to the 24 questions were then averaged. MSDE chose a cut-off point of 60% for their Indicator 8 Parent Involvement value (or an average response of "Agree" or better to the survey items). The percentage of parents whose average score was above 60% was calculated for each LSS and for the entire state.
- o For the 2016-17 school year, 70% of parents had measures that exceeded the cut point measure. **Therefore, the value of OSEP Indicator 8 for parents of school-age students during the 2016-17 school year is 70%**. This means that on average 70% of parents, statewide, agree that their child's school facilitated parent involvement. The 95% CI for this Indicator is from 69% to 71%.
  - ▪ Another way to analyze survey responses is to look at the average response for each of the questions. Only one question (Q22) scored an average score below 60%.
    - *The school and/or school system offers me training about special education issues. (Q22)*
- o This means that on average parents are by and large agreeing, strongly agreeing, or very strongly agreeing, with all the items on the survey.
- o Because of the change in methodology used to calculate Indicator 8, this year's data cannot be compared to estimates of the Indicator 8 published in previous years. As a proxy measure for comparison purposes, ICF calculated the Indicator using the Percent of Maximum for the 2016 survey data, and found that last year the Parent Involvement Score for the school-age survey using this methodology was 69% (CI 68% to 70%.) This means that on average in 2016-17, the State did better on Indicator 8, then in 2015-16.

- • *Implement IEP translation legislation*
  - o Senate Bill 421/Chapter 204, 2016 requires that translation of IEPs and IFSPs be completed when requested by a parent of a child who speaks

the same language as 1% or more of that county's student population. In the event the language a parent speaks does not fall within the 1% threshold.

- o The Division of Special Education/Early Intervention Services (DSE/EIS) hosted a webinar outlining the requirements in SB 421 on June 28, 2016. Assistant State Superintendent Marcella E. Franczkowski led a discussion on implementation of those requirements, offering technical assistance to all local school systems and public agencies, responding to questions, informing local school systems and public agencies that cost savings connected with the sharing of resources may be available, and encouraging the local school systems and public agencies to further research this possibility. The DSE/EIS has provided programmatic support to local school systems and public agencies. The Policy and Accountability Branch of DSE/EIS has had direct conversation with each local school system and public agency to discuss and ensure plans for compliance are in place. Additionally, the DSE/EIS worked with local school systems to develop the reporting mechanism for each local school system and public agency to capture and report all data and costs associated with SB 421 to local school boards. Finally, the DSE/EIS revised the Maryland Procedural Safeguards that outline protections established by the federal IDEA, and issued a Technical Assistance Bulletin providing guidance to local school systems and public agencies on the areas in which native language adds a unique layer to the IEP process, not only with regard to oral communication but also the translation of certain documents.
- o The IEP template is translated into 17 languages. The Maryland Individualized Family Service Plan (IFSP) template is also available in 17 languages. Current translation services are procured by individual local school systems (LSS), public agencies, and infants and toddlers programs.

- ***Ensure that parents are given the opportunity to provide meaningful input or consent in the IEP process***
    - o On July 1, 2017, the Maryland Procedural Safeguards Notice: Infants and Toddlers Early Intervention Preschool Special Education and Special Education Parental Rights document was revised and posted on the MSDE website. Additionally, Assistant State Superintendent Marcella E. Franczkowski, Division of Special Education/Early Intervention Services (DSE/EIS) hosted a webinar outlining issues of parental consent, including the revised Maryland Procedural Safeguard Notice and a Parental Consent Technical Assistance Bulletin on June 28, 2017. Each local school system and public agency was also required to submit a dissemination plan outlining their local plan to disseminate and implement guidance documents received from the

DSE/EIS. Each Local School System and Public Agency is required to ensure the dissemination of materials to ensure implementation. Senate Bill 710/Chapter 727, 2017 requires consent from the parent of a child with a disability for certain reasons. On July 1, 2017, the Maryland On-Line IEP (MOIEP) and all vendors IEPs were updated to include specific consent requirements.

Behavioral Health

Outcome

Increased access to physical and behavioral health care

Strategies

Strategy 7.1: Increase statewide access to culturally competent, accessible wellness and preventive health care services

- ***Ensure that people administering information and referral hotlines are knowledgeable***
  - o BHA is working to implement requirements of the HOPE Act, which included providing training to Hotline providers.
  - o Training plans were reviewed by BHA, and specific recommendation were made by 10/31/17.
  - o In addition, BHA is holding monthly conference calls with the hotline providers and their respective core service agencies.

- ***Develop a strategic plan for delivering culturally and linguistically competent behavioral health services***
  - o A strategic plan for delivering culturally and linguistically competent behavioral health services isbeing developed by the Office of Deaf and Hard of Hearing.
  - o A draft is expected by December 1, 2017.

- ***Identify barriers to providers' participation in the public health and public behavioral health systems***
  - o BHA has made available funds for programs having difficulty with the expenses of obtaining an accreditation based license

- ***Expand access to 1915(i) behavioral health supports for youth with severe emotional disturbance and their families***
  - o The 1915(i) program has enrolled 106 individuals since its approval by CMS.
  - o BHA is continuing to expand the program.

Strategy 7.2: Increase statewide access to crisis and acute services

- ***Develop a strategic plan for expanding crisis services statewide***
  - o The Behavioral Health Advisory Council was established to make recommendations to the Behavioral Health Administration to address the State's behavioral health crises. A subcommittee of the Council was formed and charged with submitting a strategic plan providing an environmental scan to identify what crisis resources were available in each jurisdiction. A primary focus of the subcommittee is on walk-in crisis services and mobile crisis teams. In addition, the report will provide information to help guide the establishment of the crisis stabilization centers as outlined under the HOPE Act. The report is being drafted with the final report due by December 31st.

- ***Implement Center of Excellence in Crisis and Early Intervention Services***
  - o Early Intervention Program. 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.
  - o EIP is currently in the program sustainability phase. All EIP activities are guided by a multi-disciplinary Advisory Council, including youth, family and consumer advocacy.
    - Outreach and education activities were conducted at 539 events for over 52,861 attendees.
    - Services were provided to 1,362 individuals,
    - 316 consultations were provided.

Strategy 7.3: Streamline the coordination of care for people with disabilities with complex or transitional health care needs

- ***Coordinate services for people being released from inpatient treatment facilities***
  - o Individuals who present as high utilizers of services are identified using the Administrative Services Organization service data. This information is then shared with the local behavioral health authorities who work with the continuum of care service providers. The continuum of services includes psychiatric rehabilitation, mobile and assertive community treatment, targeted case management, and outpatient services as appropriate to the individuals' needs and choices.

- ***Identify partnerships between behavioral health and somatic health care practitioners***
  - ○ ***Progress update***
    - ▪ 85 providers approved as Health Homes:
    - ▪ 63 Psychiatric Rehabilitation Providers
    - ▪ 11 Mobile Treatment/Assertive Community Treatment Teams and
    - ▪ 11 Opioid Treatment Programs
- ***Pursue research grants designed to improve quality of behavioral health service delivery***
  - ○ BHA reported the participation of two Maryland Supported Employment providers, Corner Stone and Pathways, in the Social Security Administration funded Early Intervention Mental Health Demonstration.

Family and/or Peer Support

Outcome

Expanded access to family supports

Strategies

Strategy 8.1: Expand supports and protections for families with disabilities across the lifespan

- ***Work with advocates to develop trainings for front-line DHR staff on disability awareness***
  - ○ The Social Services Administration in partnership with the Child Welfare Academy at the University of Maryland, School of Social Workput together a series of Webinars focusing on parents and family members with disabilities in the child welfare system.
  - ○ The three (3) webinars include:
    - ▪ Disability Awareness in the Child Welfare System,
    - ▪ Working with Parents Who Have Disabilities, and
    - ▪ Transition Planning for Youth with Disabilities.
  - ○ These trainings are offered to local child welfare staff to enhance and refresh their skill set when working with parents with disabilities.

- ***Begin collecting data on disability demographics of families involved with CPS***
  - ○ DHS will begin collecting data when the MD Think is fully implemented

- ***Establish Community of Practice framework to support families of persons with intellectual disabilities across the lifespan.***
  - ○ DDA's current strategy is to expand supports and protections for families with disabilities across the lifespan focus on the Community of Practice. The Maryland Community of Practice, co-facilitated by the MD Developmental Disability Administration and the Developmental Disability Council, convened a Maryland Community of Practice Statewide Leadership Team in August 2016. The team is composed of families, self-advocates, the DDA and the MD DDC, The Arc MD, MSDE - Office of Special Education, MD - DOD, MD -DHR, MDH - OGPSHCN,

The Parents' Place of MD, Special Olympics, SEEK, and Towson University Department of Special Education and meets on a bi-monthly basis.

- o In 2016, the Maryland Community of Practice Leadership Team hosted five regional Awareness Events across Maryland, with over 215 attendees, representing a broad group of stakeholders.
- o Information and feedback gathered at those events informed the Maryland Community of Practice Three Year Strategic Plan which was unveiled at the Maryland Community of Practice Statewide Meeting on June 14, 2017.Over the next three years the Leadership Team will focus on integrating and developing systems and supports for families across the LifeCourse; establish and support Local Community of Practice Leadership Teams, create systems change guided by the LifeCourse Framework; and promote communication and sharing of Best Practices.
- o The Maryland Community of Practice isdeveloping its Maryland Community of Practice/LifeCourse Info Folder to promote and educate communities about the Maryland Community of Practice/LifeCourse Framework.
- o In addition, it will list statewide resources according to the Life Domains and house the LifeCourse principles and tools. It will be disseminated to the Statewide Leadership Team Members, and Local Leadership Teams for use.
- o The Statewide Leadership Team has embarked on launching several Local Community of Practice Leadership Teams throughout October and November of 2017. The first launch took place on October 3rd in the Western Region where Garrett, Washington and Frederick Counties established their teams

Strategy 8.2: Expand peer and family support networks

- **_Recruit and train peer volunteers and employees in the Public Behavioral Health System peer network._**
    - o In FY17, BHA held 33 trainings and recruited and trained 1069 peer volunteers and employees.

- **_Explore Medicaid reimbursement of peer supports in the Public Behavioral Health System._**
    - o This project is on hold. MDOD will monitor the status and provide an update in next year's analysis.

Strategy 8.3: Expand in-home assistance and respite care resources

- ***Develop alternative models to support families through expanded respite capacity and leveraging community partnerships***
  - o September 2016, DHS received an ACL Fed. Respite Care Grant to Expand Respite Care through an Emergency Respite Project, Increase Access to Respite information and support, recruit and train additional respite providers, and develop respite for caregivers though on-site and virtual means across the state and the lifespan.

- ***Increase access to and available funding for emergency respite services to families across the lifespan***
  - o A nine month procurement was concluded and the emergency respite program began in September 2017 in partnership with the Elizabeth Cooney Agency offering 24 hour call in response as well as an expedited application process and approval for Emergency Respite. The first two emergencies were just served.

- ***Streamline process to apply for respite services across multiple programs through a universal application***
  - o The Lifespan Respite Project Access Committee including partners from MDOA and MDOD as well as non-profit partners and caregivers are meeting to enhance MAP as the repository for caregiver information with a goal of developing a universal application for respite.

- ***Expand coverage of family supports and respite care for families in the 1915(i) program***
  - o BHA provides grant funding to a local non-profit to provide family supports and respite care for families in the 1915(i) program.

Criminal Justice
Outcome
Appropriate interactions with law enforcement and public safety services
Strategies
Strategy 9.1 Expand advocate-driven awareness within the criminal justice, law enforcement and public safety systems

- ***Through the Ethan Saylor Alliance, train people with intellectual disabilities to provide community inclusion trainings to law enforcement***
  - o In the past year the Ethan Saylor Alliance has trained twelve people with intellectual and or developmental disabilities to become trainers to law enforcement on disabilities.

- o Fifteen law enforcement trainings were completed around the state of Maryland.
- o As a result of this effort, 196 law enforcement professionals were trained to better serve people with disabilities.

- ***Educate criminal justice professionals about the needs of people with behavioral health issues***
  - o The Behavioral Health's Administration's Office of Crisis Prevention and Criminal Justice Treatment and Diversion collaborates with local health authorities and detention centers to educate criminal justice professionals about the needs of people with behavioral health issues. BHA provides partial funding and technical assistance to implement two jail-based programs: the Maryland Community Criminal Justice Treatment Program (MCCJTP) and the Trauma, Mental Health, Addictions, and Recovery (TAMAR) Project. The latter is a manualized, 10 week trauma education program. Trauma specialists under the TAMAR Project are encouraged to provide in-service training to detention center staff. Upon request and based on availability, BHA provides staff to give workshops on trauma, trauma informed care, and provider self-care.

Strategy 9.2: Ensure that people with disabilities involved with the juvenile or criminal justice system receive appropriate supports and services

- ***Collect data on the number of people who have been court-ordered to psychiatric facilities***
  - o Number of individuals admitted in FY 2017 with a Forensic Admission Status:
    - State Psychiatric Facilities: 721
    - RTC/RICAs: 12
- ***Identify additional public safety/criminal justice steps***
  - o ***Partner development with criminal justice state agencies***
    - MDOD improved partnering opportunities with the addition of Governor's Office of Crime Control and Prevention, Department of Juvenile Services and the Department of Public Safety and Correction Services to MDOD's Interdisability Board.
    - MDOD provided technical assistance on a GOCCP grant proposal targeting services for women with disabilities.
    - MDOD is now on the Children's Justice Act Committee as their children with disabilities representative to improve services for children who experience sexual abuse.

Accessible Communication
- State agencies will be accessible, provide effective communication, and promote quality service delivery for individuals with disabilities.

- Accessible communication, critical to seamless service delivery, includes ensuring that eligibility criteria and application processes are clear and accessible.
- Current and new rules and policies are communicated to service providers and recipients; and coordination among agencies, particularly those serving overlapping constituents, is consistent.
  - One area that was identified for particular focus was ensuring that systems designed to convey and receive emergency information are accessible to everyone. In addition, the State Disabilities Plan will track efforts to ensure that all government communications are accessible and transparent.

Emergency Preparedness
Outcome
Appropriate, accessible communication during emergencies

Strategies
Strategy 10.1: Ensure that print and auditory emergency broadcasts and resources provided at shelters and recover centers are in accessible formats

- ***Work with the State and local emergency managers to ensure that the communications shared during emergencies are accessible***
  - MDOD has made progress by ordering necessary equipment and assistive technology through the procurement process.
- ***Develop a training on providing accessible communications during emergencies for State and local emergency managers***
  - MDOD is working with MEMA to develop just in time videos to teach emergency managers how to provide accessible communications.

Strategy 10.2: Ensure that the needs of the disability community are included in emergency management plans
- ***Work with MEMA to develop an executive summary for FEMA Region III detailing progress on programs and initiatives for emergency preparedness and response for people with disabilities***
  - MDOD's Director of Emergency Preparedness developed, wrote, and edited an executive summary that was delivered to FEMA.
- ***Working with MEMA to develop a curriculum to train emergency managers on how to provide emergency shelter people with disabilities***
  - MDOD's Director of Emergency Preparedness developed the Disabilities, Access and Functional needs toolkit for emergency managers.
  - MODD is working with MEMA on developing tandem training.
- ***Represent the needs of people with disabilities and serve as a subject matter expert at the State Emergency Operation Center to provide disability resources during emergencies***

o MDOD's Director of Emergency Preparedness participated in several training exercises and activations in 2016 and 2017.

Access Maryland

Outcome

Equal opportunity for participation in State government

Strategy

Strategy 11.1: Ensure that government buildings and programs are accessible to all people with disabilities

- **Provide funding to State agencies to make ADA improvements to State buildings**
    - o At the close of FY17 there were 4 projects in the construction stage, 3 projects completed during year.
    - o ADA access has been increased in 4 different state facilities (5 buildings).

Technology
Outcome

Equal opportunity for participation in State government

Strategy

Strategy 11.2: Ensure that government websites and other communications are accessible

- ***MDOD will work with State agencies to promote awareness of website and document accessibility***
    - o MDOD is in the process of establishing an Accessibility Coordinator position within state government.
    - o The Accessibility Coordinator will provide technical assistance to ensure state agency communication efforts adhere to accessibility best practices in an efficient and cost effective manner.
    - o This technical assistance will also allow state government to continue as a model employer for those with disabilities and offer support for Maryland businesses hoping to strengthen their communication accessibility.

Outcome
Increased transparent and timely information about government services

Strategies
Strategy 12.1: Utilize technology to streamline communication about services among agencies, providers and people with disabilities

- ***Work with rural regions to improve internet connection to underserved regions of the State***

- o Planning workined with the Rural Broadband Cooperative, Appalachian Regional Commission (ARC) and others to connect areas in need of service with providers.
- o ARC provided funding to strengthen broadband network and improve services to residents, businesses, and emergency services. The project also extended broadband service to every school in the County.
- o A [$500,000 ARC grant](#) in Garrett County extended fiber an additional 4.5 miles within the county.

Strategy 12.3: Engage in trainings and outreach activities designed to share information and solicit stakeholder feedback
- ### *Outreach and public awareness events about assistive technolog*
  - o In FY2016, MDTAP's outreach activities reached 1,690 people and their public awareness events reached 1,013,751 people.

Customer Service

Outcome

Increased transparent and timely information about government services

Strategy

Strategy 12.2: Reduce response time and ensure ongoing communication with people seeking information about services and eligibility determinations

- ### *Develop plans to track customer service data*
  - o All State agencies were required to develop and implement customer services strategies which include tracking customer service data for FY17. These reports were submitted to the Governor's Customer Service liaisons for review on October 3rd and published to each agency's website. Each agency is required to continue customer service plan implementation with a new annual report due for FY18 in October of 2018.
  - o The Maryland Department of Disabilities tracks customer service data in response to all constituent requests for assistance or complaints. This information is reported to the full department monthly via aggregate data regarding county of caller and issue type.

- ### *Develop plans to improve communications with people waiting for determination of eligibility for services*
  - o Per the Maryland Department of Disabilities FY18 Customer Service Plan, our department will analyze processes and implement changes (including online services) to the Attendant Care Program (ACP) to improve processes for eligibility and recertification.
  - o MDOD staff met with DoIT staff to discuss development of an online portal for ACP participants and applicants.
  - o All State agencies were required to develop and implement customer service strategies which include increasing online customer service and

response time. The plans have been published on each agency website and the decreased response time goal must be met for FY18.

Maryland Department of Disabilities

KEY GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

Note: Measures for the Maryland Department of Disabilities (MDOD) come from the Maryland State Department of Education (MSDE), the Department of Labor, Licensing and Regulation (DLLR), the Department of Health and Mental Hygiene - Developmental Disabilities Administration (DHMH - DDA), the Behavioral Health Administration (DHMH - BHA), the Medical Care Programs Administration (DHMH - Medicaid), the Department of Housing and Community Development (DHCD), the Maryland Transit Administration (MTA), Maryland Department of Transportation (MDOT), and the Washington Metropolitan Area Transit Authority (WMATA).

Goal 1.   Persons with disabilities have access to integrated training and competitive employment options in the community.

   Obj. 1.1   Increase the number of people with disabilities receiving training that leads to competitive employment.

Performance Measures	2013 Act.	2014 Act.	2015 Act.	2016 Act.	2017 Act.
Consumers with an Individual Plan for Employment (MSDE)	15,188	15,683	16,006	16,233	14,746
Consumers receiving training (MSDE)	7,257	7,441	7,390	7,068	7,071
Consumers obtaining competitive employment (MSDE)	2,360	2,420	2,441	2,520	1,853
Job-seekers with disabilities registered in Maryland Workforce Exchange (DLLR)	9,877	10,553	9,453	7,564	7,825
Job-seekers with disabilities receiving training through America's Job Centers programs (DLLR)	807	891	807	614	421
Job-seekers with disabilities obtaining competitive employment (DLLR)	6,414	7,012	7,041	6,744	6,608
People with developmental disabilities receiving state-funded services in State Residential Facilities or in community alternatives (DHMH – DDA)	24,445	25,183	25,315	23,501	24,509
Number of adults receiving employment services and supports (DHMH-DDA)	4,765	4,800	4,800	3,893	11,398
Number of adults being supported in integrated competitive employment (DHMH DDA)	N/A	N/A	3,970	3,693	2,360

Maryland Department of Disabilities

Obj. 1.1 Increase the number of people with disabilities receiving training that leads to competitive employment.

Performance Measures	2013 Act.	2014 Act.	2015 Act.	2016 Act.	2017 Act.
Adults (18 or over) receiving community-based Outpatient OMS mental health treatment who answer the employment question (DHMH – BHA)	50,675	54,618	59,532	62,184	65,968
Adults (18 or over) receiving community-based mental health treatment receiving supportive employment services (DHMH – BHA)	3,138	3,370	3,446	3,628	3,474
Adults (18 or over) receiving community-based Outpatient OMS mental health treatment who report being employed (DHMH – BHA)	16,968	19,388	21,723	23,053	25,695

Goal 2. Persons with disabilities have access to community based, self-directed long-term services that enable them to live in the community.

Obj. 2.1 Increase the proportion of individuals with disabilities receiving State services in community alternatives instead of nursing facilities and other State facilities.

Performance Measures	2013 Act.	2014 Act.	2015 Act.	2016 Act.	2017 Act.
Total unduplicated number of persons with disabilities receiving state-funded services in nursing facilities, assisted living facilities, or community alternatives (DHMH – Medicaid)	28,025	28,627	29,039	32,914	29,704
Number of persons with disabilities receiving state-funded long-term services and supports in community alternatives excluding assisted living facilities (DHMH – Medicaid)	12,536	13,157	13,271	17,326	12,857
Percentage of individuals with disabilities receiving state-funded services in community alternatives versus nursing and assisted living facilities (DHMH – Medicaid)	45.0%	46.0%	46.0%	52.5%	43.0%
Total number of persons with developmental disabilities receiving state-funded services in State Residential Centers (SRCs)	129	116	108	98	117
Number of persons with developmental disabilities receiving state-funded services in community alternatives (DHMH DDA)	24,445	25,183	25,315	23,501	24,059
Percent of adults with developmental disabilities receiving state-funded services in community alternatives versus State Residential Centers (DHMH – DDA)	99.5%	99.5%	99.6%	99.6%	99.5%

Maryland Department of Disabilities

Obj. 2.1 Increase the proportion of individuals with disabilities receiving state services in community alternatives instead of nursing facilities and other state facilities.

Performance Measures	2013 Act.	2014 Act.	2015 Act.	2016 Act.	2017 Act.
Unduplicated number of individuals served by the public mental health system (DHMH – BHA)	94,217	103,958	119,807	125,754	131,905
Unduplicated non-forensic individuals served in State inpatient psychiatric facilities (DHMH-BHA)	381	343	298	256	224
Unduplicated forensic individuals served in State inpatient psychiatric facilities (DHMH-BHA)	1,240	1,368	1,330	1,371	1,368
Average length of stay for forensic patients in State inpatient psychiatric facilities (DHMH-BHA)	1,122	977	963	1,061	753
Average length of stay for non-forensic patients in State inpatient psychiatric facilities (DHMH-BHA)	2,097	2,272	2,225	2,430	2,066
Percent of individuals served in settings other than State Psychiatric facilities (DHMH-BHA)	98.3%	98.4%	98.7%	98.7%	98.8%

Goal 3. Persons with disabilities will have access to affordable, accessible housing in communities of their choosing.

Obj. 3.1 Increase affordable and accessible housing opportunities for people with disabilities in Maryland.

Performance Measures	2013 Act.	2014 Act.	2015 Act.	2016 Act.	2017 Act.
Number of persons receiving Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) who use a Housing Choice Voucher or public housing as reported in a survey of six of the largest Public Housing Authorities	13,426	12,688	15,132	16,672	16,725
Number of Group Home loans made for homes licensed for four or fewer individuals (DHCD)	10	4	2	5	3
Number of loans made to assist individuals with disabilities become homeowners through Homeownership for Individuals with Disabilities Program (DHCD)	18	25	17	15	19
Number of loans made for accessibility related improvements through the Assessible Homes for Seniors program (ages 55 and older) (DHCD)	13	8	14	41	50

Maryland Department of Disabilities

Goal 4. **Persons with disabilities improve their quality of life by acquiring assistive technology needed for work, employment, education, independent living, and transportation.**

Obj. 4.1 Approve, issue, and maintain an increased number of loans to qualified individuals to purchase assistive technology.

Performance Measures	2013 Act.	2014 Act.	2015 Act.	2016 Act.	2017 Act.
Number of applications processed	117	120	109	114	142
Number of loans approved	56	80	43	52	99
Number of loans issued to purchase technology	35	61	24	34	81
Number of open loans managed	176	134	163	123	240

Goal 5. **Persons with disabilities have access to reliable transportation options.**

Obj. 5.1 Increase the level of service and performance provided to paratransit customers.

Performance Measures	2013 Act.	2014 Act.	2015 Act.	2016 Act.	2017 Act.
Number of people with disabilities certified for paratransit by Maryland Transit Administration (MTA)	24,880	25,732	24,959	25,807	27,608
Number of paratransit rides provided, excluding Call-a-Ride (MTA)	1,879,328	1,781,084	1,892,901	1,981,257	2,048,276
Number of paratransit Call-a-Ride trips provided (MTA)	432,534	507,718	601,578	574,245	700,989
Paratransit service provided on time, excluding Call-a-Ride (MTA)	89.0%	91.2%	87.7%	92.1%	92.3%
Maryland residents with disabilities certified for paratransit by Washington Metropolitan Area Transit Authority (WMATA)	14,361	17,529	19,488	20,627	21,339
Number of paratransit rides provided to Maryland residents (WMATA)	1,207,675	1,269,603	1,400,000	1,436,689	1,500,555
Percent of paratransit service provided on time system-wide (WMATA)	93%	92%	92%	93%	87%

Goal 6. **Maryland's State facilities are accessible and universally designed, promoting independence and participation of people with disabilities.**

Obj. 6.1 Increase the number of State facilities (buildings or parks) that have increased physical access for persons with disabilities as a result of projects funded through the Access Maryland Program.

Performance Measures	2013 Act.	2014 Act.	2015 Act.	2016 Act.	2017 Act.
Number of projects in construction stage at end of year	23	8	7	7	3
Number of projects completed during year	5	14	8	6	4
Number of State facilities (buildings or parks) with increased access as a result of projects completed during year (some projects are multi-facility and/or multi-year)	39	40	30	31	5