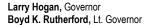# State Disabilities Plan

Annual Progress Analysis

2018

Secretary, Carol A. Beatty

Deputy Secretary, William J. Frank

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

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

MARYLAND
DEPARTMENT OF
DISABILITIES

December 1, 2018

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)

Gentlemen:

Pursuant to Human Services Article §7-113(f) HB128/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.

If further information is required, please do not hesitate to contact Elizabeth Hall, Director of Interagency Affairs, Maryland Department of Disabilities. Elizabeth can be reached at (410) 767-3652.

 Sincerely,

Carol A. Beatty

cc: Sarah Albert, Department of Legislative Services (5 copies)

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 second year of the three year State plan FY2017-FY2019. 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,
    o Have a widespread positive impact on stakeholders;
    o Contribute to the accomplishment of outcomes;
    o Are achievable and measurable;
    o 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.
    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.

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 106 individuals were served in the Brain Injury Waiver in FY18
    - This number includes 11 new enrollments.
  - 13,540 individuals with disabilities are participating in the Community First Choice program
  - 4,551 individuals with disabilities are enrolled in the Community Options waiver.
  - 15,224 individuals with developmental disabilities are enrolled in the Community Pathways waiver.
  - In FY2018 1200 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 budget.
- ***Attendant Care and In-Home Aides Services***
  - MDOD and the Department of Human Services (DHS) 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 FY2018, there were 186 people being served by MDOD's Attendant Care Program.
  - 1,359 adults received in home supports through DHS's In-Home Aides Service Program
  - 1,933 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
  - 9,728 statewide information and referrals at the MAP sites as it relates to long-term services and supports (LTSS). 95% of the 9,728 (9,279) had in-depth interviews on LTSS as well.
  - The Maryland Access Point network served 5,181 clients in FY18.
    - The majority, 97%, (5040) were between the ages of 21-59.
    - The remaining 3% (141) 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 have not implemented a self-direction option for the Community First Choice program due to the failure of the Fiscal Management Services procurement.
    - o They are working with executive leadership to resolve the procurement issues and anticipate implementing self-direction in the summer of 2019.
- ***Expand participation in the self-directed option under the Developmental Disabilities Administration (DDA) Community Pathways Waiver***
    - o Of the total number of people enrolled in the Community Pathways waiver (15,019), 822 (5.4%) are using the self-direction option.
    - o A participant handbook, has been developed outlining the roles and responsibilities of Participant, Coordinator of Community Services, Support Broker and Financial Management Services. The handbook will be distributed by December 2018.
    - o DDA will develop 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.
    - o DDA is currently developing policies, procedures and a quality framework. Training, Education and Messaging strategy for participants, case management, families and stakeholders is a part of the quality framework strategy.

- ***Use the Supports Intensity Scale (SIS) assessment tool to improve the person-centered planning process for people in the DDA Community Pathways waiver***
    - o Telligen has been awarded the Level of Need contract for the State of Maryland. 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, the following assessments will be done in the regions below:
        - ▪ Central Maryland Regional Office - 425 (70%)
        - ▪ Eastern Shore Regional Office - 52 (9%)
        - ▪ Southern Maryland Regional Office - 80 (13%)
        - ▪ Western Maryland Regional Office - 53 (9%)

- ***Expand participation in and understanding of Self-Direction within 1915(i) behavioral health services***
    - o The Behavioral Health Administration (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)

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 FY2018, Medicaid provided services to 54,035 people in any setting;
  - o 33,409 (62%) of these individuals were in home and community-based settings.
  - o Almost all of DDA's enrollees are served in home or community-based settings:
  - o Of the 24,273 individuals who received DDA services in FY2018,
    - ▪ 24,170 (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 3,322 nursing facility residents were referred for Options Counseling based on the MDS 3.0 Section Q assessment tool in FY18.
- ***Through the Money Follows the Person Demonstration Project, provide options counseling for nursing facility residents who are considering moving into the community***
  - o 341 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 160 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***
  - 256 total individuals transitioned from qualified institutions, including nursing facilities, state residential centers, state psychiatric hospitals, and chronic hospitals to the community through the Money Follows the Person Demonstration in FY2018.
- ***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***
  - 6,953 individuals received a Level 1 screen in FY18.

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, Department of Housing and community Development (DHCD) and Maryland Department of Health (MDH). 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 302 units have been identified.
        - 223 of the 302 were identified during FY18.
          - There are 61 units occupied;
            - 14 of the 61 were first occupied during FY18

- ***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 MDH. 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,

- $4 million has been funded
  - A total of 34 units have been identified.
    - 20 are occupied.
    - The remaining 14 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 44 housed;
      - 25 of the 44 were housed during FY18
- ***Support individuals with behavioral health disabilities and their families through the Continuum of Care Program.***
  - **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% from the previous year
- ***Ensure that units in DHCD-financed projects are being created for and occupied by people with disabilities***
  - Total projects closed; breakdown of the set-asides for units; 36,
  - Veterans: 0
  - People with disabilities: 345
  - Number of units in DHCD-financed properties occupied by people or households with disabilities: 4,421

- ***Ensure that units in DHCD-financed properties comply with Universal Federal Accessibility Standards or include accessibility features***
  - In FY2018, 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): 4,421
    - Number of units in qualifying projects: 249

- ***Ensure that housing is being developed that is affordable for people with disabilities with SSI/SSDI-level incomes***
  - o In FY 2018, MDOD's Director of Housing Policy and Programs (DHPP) participated on the Interagency Council on Homelessness (IAC) and shared information about MDOD's housing work and the goals of ensuring integrated housing opportunities for persons with disabilities, including those who are experiencing homelessness. She worked with a small group to put together the IAC's policy recommendations, which were adopted by the full IAC and presented to the Joint Legislative Committee on Homelessness
  - o Informal conversations between the Director of Homeless Services at DHCD and MDOD's DHPP continued.
  - 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 MDOD works closely with DHCD and monitors its policies affecting both the homeless and those with disabilities.

- ***Ensure that people and households receiving SSI/SSDI are accessing rental assistance programs***
  - o In FY18, 1251 people receiving SSI/SSDI were accessing rental assistance programs.
- ***Improve communication and coordination among housing activities targeted intended to address homelessness among persons with disabilities***
  - o MDOD continues to work with DHCD and MDH to implement the Section 811 Project Rental Assistance, Weinberg Apartments and the MFP Bridge Subsidy programs. These three programs create housing affordable to people with disabilities with SSI/SSDI level incomes. The agencies meet monthly and to date all 300 Section 811 units have been identified, with 58 occupied, leasing for another 78 in process and 59 under construction. Twenty people live in Weinberg Apartments with another 14 in process, and 44 have been housed using the MFP Bridge Subsidy program.

  - o MDOD recently entered into a Memorandum of Understanding (MOU) with the Housing Opportunities Commission of Montgomery County (HOC) to create "Community Choice Homes" -- 30 HOC-owned units that will be leased to persons with disabilities referred by MDOD with household at or below 30% AM, including SSI/SSDI. The household will pay 30% of their income for rent plus utilities. HOC agrees to hold the units affordable for 15 years. The units will become available over the next three years with the first units expected to be available in FY2019.

  - o MDOD continues to meet with DHCD to encourage disbursement of Maryland's National Housing Trust funding. DHCD has not yet made any awards of its $6M in funding although HUD has approved both its FY 2016 and FY 2017 allocation plans. MDOD and DHCD met in October to discuss the National Housing Trust Fund (NHTF) and the FY 2018 Allocation

Plan. The NHTF funds must be used to serve households with incomes at or below 30% Area Median Income (AMI) and MDOD has recommended that DHCD target the funding for creation of units that meet the needs of those with SSI/SSDI level incomes.

o MDOD recently met with DHCD to discuss its Low Income Housing Tax Credit Qualified Allocation Plan (QAP), which DHCD is revising over the next few months. MDOD recommended increasing incentives for serving persons with incomes below 30% AMI and lowering the mandatory income targeting for units targeted to persons with disabilities from 60% AMI to 30% AMI.

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 FY2018,
    ▪ Number of loans: 17
    ▪ Dollar value of loans: $820,487
    ▪ Number of borrowers: 24 (7 loans/grants were executed jointly with husband and wife)
    ▪ Number of borrowers under age 62: 22 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***
  o Number of loans: 71
  o Dollar amount of loans: $1,564,912
  o Number of borrowers:84 (13 loans/grants were executed jointly with husband and wife)
  o Number of borrowers under age 62: 18 borrowers under the age of 62

- ***Lend people temporary ramps through the Christopher Reeves grant***
  - Maryland Technology Assistance Program (MDTAP) received a grant from the Christopher Reeve foundation to loan temporary ramps to people who need help accessing their homes.
    - In FY18 MDTAP facilitated 33 portable ramp loans

- ***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 FY18 :**
      - Number of loans: 6
      - Dollar amount of loans:$43,361

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 2,140,080 paratransit rides and 812,390 Call-a-Ride trips in FY18
  - Totaling 1,478,385 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.***
  - 27,992 riders were certified under the Maryland Transit Authority (MTA)
  - 21,353 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.
  - o 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***
  - o People receiving employment services from the Division of Rehabilitation Services (DORS)
    - ▪ FY 18: 21,647 served.
  - o People receiving services from DORS who obtain integrated, competitive employment:
    - ▪ FY 18: 1,365 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 18: 3,640 students with disabilities received Pre-Employment Transition Services.

- ***Through employment and career supports, improve postsecondary outcomes for youth with disabilities***
  - o Longitudinal Data from cohort exiting in 2015-16 and status in 2016-17
    - ▪ Enrolled in Higher Education: 22.66%
    - ▪ Enrolled in Higher Education or competitively employed: 58.09%
    - ▪ Enrolled in Higher Education or in some other education or training program; employed or in some other employment: 72.93%

- ***Assist jobseekers with developmental disabilities get the skills they need to obtain competitive, integrated employment***
  - o People receiving day or employment services from DDA; 13,819
  - o Number of people in integrated and competitive jobs 2,495

- ***Assist jobseekers with behavioral health disabilities get job training***
  - Number of people receiving supported employment services: 3,713
  - Number of people who are using PBHS who report being employed: 53,095

- ***Implement Maryland PROMISE***
  - Maryland was one of six recipients of a national 'Promoting the Readiness of Minors in Supplemental Security Income' (PROMISE) research grant from the U.S. Department of Education.
  - Additional federal partners include the Social Security Administration, Department of Labor and Department of Health and Human Services. Maryland was awarded 31 million dollars for the five year grant in 2013.
  - Over 2,000 youth on Supplemental Security Income (SSI) and their families have been recruited, 997 of whom were randomly assigned to receive intensive interventions to increase the educational and employment outcomes of both the youth and their families.
    - Key interventions include coordinated, assertive community-based case management, benefits counseling and financial education, and unpaid and paid work experiences for the youth.
    - A total of 722 Maryland PROMISE youth participated in paid employment experiences during the course of the grant.
    - PROMISE staff also supported 804 youth to access one or more unpaid work experiences.

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 - 7,825

- ***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 Quality, Understanding, Excellence, Success and Training (QUEST) interns***
  - The QUEST Internship Program, a partnership of DORS, the Department of Budget and Management (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, 41 individuals (12 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***
  - o 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, 178 persons, who checked they have a disability on the State application and received an additional five points, were hired by State agencies in 2018.

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***
  - o 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 accepts 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.

  - o Maryland ABLE account features include:
    - ▪ Saving up to $100,000 in your ABLE account before impacting SSI limits for cash benefits
    - ▪ Saving money in your ABLE account without jeopardizing state and federal means-tested benefits such as Medicaid, food, or housing assistance

- $2,500 state income tax deduction
  per filer and up to $5,000 for joint filers
- $14,000 annual contribution limit
- $350,000 lifetime contribution limit
  - o Since the beginning of 2017, Maryland ABLE has expanded outreach to Marylanders with disabilities, family members, and agencies and organizations. Through presentations and expos, the program has connected with nearly 5,000 Marylanders. In addition, Maryland ABLE established an active social media presence on Facebook & Twitter, expanded their email marketing list to over 3,000 contacts. At the end of FY18 Maryland ABLE has nearly 600 beneficiaries, over two million dollars in total assets and 98% of account holders are Marylanders.

- ***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 FY2018, an estimated 854 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 FY2018, DORS provided benefits counseling services for 1,471 individuals.
.

- ***Provide people in the Public Behavioral Health System with benefits counseling through SOAR***
  - o BHA provides benefits counseling and assistance through its SSI/SSDI2, Outreach, Access and Recovery (SOAR) program

- In FY 2018, 130 out of 160 (81%) 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 FY2018, MDTAP's Assistive Technology Loan Program made 70 new loans totaling $1,989,110 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 FY2018, MDTAP helped Marylanders with disabilities savings of $109,801 on assistive technology through helping people locate recycled devices and providing long-term assistive technology loans at no or low cost.

- ***Help people with disabilities make informed assistive technology purchasing decisions***

  - In FY 2018, MDTAP made 198 short-term loans of assistive technology devices to Marylanders with disabilities and provided 156 assistive technology demonstrations to 258 participants

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.

- ***Increase DDA provider capacity and quality***
  - 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 provided individual and family supports for children birth to 21 with developmental disabilities on the DDA Waiting List.
    - In FY18, 65 people were enrolled in the Family Supports Waiver
    - 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)
  - o **Community Supports Waiver**

    - The Maryland Department of Health (MDH) developed a new Community Supports Waiver program which provides individual and family supports for persons with developmental disabilities on the Developmental Disabilities Administration (DDA) Waiting List.
    - In FY18, 237 people were enrolled in the Community Supports Waiver
    - 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***
  - o No new providers were enrolled in the Brain Injury Waiver in FY18
- ***Expand availability of training for case managers and service providers to improve their capacity to support community living***
  - o 34 trainings were held in FY18 for case managers and supports planners related to supporting individuals with disabilities in housing.

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 A research project of the Disability and Human Development College of Applied Sciences at the University of Illinois at Chicago in which MDOD participated is drawing to a close, reaching the 5th and final year of the grant cycle.
  - o The initiative seeks to create cultures of health and wellness within community-based organizations that support people with IDD for the benefits of their clients and their staff members. Since MDOD started the initiative in 2016, 14 community-based organizations supporting people with intellectual and developmental disabilities applied to participate.
  - o Participating organizations agreed to establish a wellness committee, develop a strategic action plan for health and wellness, train staff members on the 12-week evidence-based health promotion program, and administer the 12-week program to a small group of people with IDD. Organizations within MD are currently being evaluated through a HealthMatters Assessment to ascertain their progress and success.

- ***Increase accessibility of and expand access to health promotion programs for people with disabilities***
  - The Maryland Department of Health's (MDH) 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 collaborates with the Maryland Department of Disabilities (MDOD) to develop eight work plan objectives.
  - The Center collaborated with the MDOD to maintain a program to increase the capacity of the state health department to increase inclusion and access to health promotion programs for people with disabilities.
  - Center staff participated in 10 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.
  - MDH 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, and Maternal Child Health) was positive.
  - Center staff engaged the National Association of County and City Health Officials to train 43 Cancer and Chronic Disease Bureau staff through two live webinars. This training emphasized promoting accessible and health departments and communities by promoting ways to engage people with disabilities in all public health programs, processes, and policies.
  - The Center worked in collaboration with MDOD to maintain 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. The department partnered with the Center to develop a survey to examine the composition of the committee in order to grow and diversify member representation.
  - Advisory committee members committed to serving on at least one of the three established workgroups:
    - training internal public health staff,
    - increasing awareness through communication and outreach campaigns, and
    - recruiting and retaining advisory committee members

- o 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 Center 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). Center staff coordinated with staff from MAC to collect disability indicators in all CDSMPs. The intent is 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 Department of Health.
- o Center staff supported the work initiated by the MDOD with the evidence-based program, HealthMatters. Utilizing carryover funds, MDOD staff worked with 14 partner organizations to assure completion of the HealthMatters. The Center provided fiscal support to eligible organizations which evaluated their HealthMatters! Program, while MDOD provided support and technical assistance to participating organizations and monitored progress monthly.
- o The HealthMatters program has concluded, and the Center and DOD are considering opportunities to partner with a Center for Independent Living and/or Area Agency on Aging to administer the CDSMP Falls Prevention or Arthritis programs.

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, is the accessible Ballot Marking Device used in Maryland elections since 2016.
  - o The navigation issue with how many candidates can fit on the electronic accessible voting ballot brought up during the 2016 primary was not solved prior to the 2018 election. The purveyor of the accessible voting machine has made updates that should be approved and implemented for the 2020 presidential election.
  - 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.

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 FY17. There were 88 complaints of unlawful public accommodation discrimination were received in FY2017, an increase of 20 from last year's 68. Across those 88 complaints, 94 bases were selected. 54 (57.4%) of those bases were lodged by a person or persons with a 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 FY18, the on-time performance for MTA and for WMATA was both at 93%

- ***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).

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***
  - The DDA is working with its stakeholders and rates consultant ensuring there is a fair and equitable rate system to render services promoting DDA's employment first initiative.
- ***Implement Employment First Strategic Plan***
  - DDA continues to work on the Employment First 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.
  - DDA is using the data collection to develop policy and track progress of the strategic plan.
  - DDA posts a monthly Employment First newsletter to keep all of their stakeholders connected to new information related to transformation, training and best practices in making employment a reality.
  - DDA increased 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***.
  - 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").
  - 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.
- o 2018 Equal Employment Act Report Highlights
  - ▪ Number of 2018 Maryland 14c certificates
    - In the 2018 report the number of 14c certificate providers has decreased from 41 providers to 23 providers or 41%
  - ▪ Agency Self-reports
    - According to agency self-reports, it is anticipated by the time of the submission of the 2019 annual report, only seven DDA provider agencies and one non-DDA provider agency will be utilizing a 14c certificate.
    - The majority of 14c providers have a formalized plan customized to their specific needs.
      - o Those that did not have a formalized plan in place said they were creating a plan.
    - The majority of the providers have a target date to phase-out their 14c certificates.
    - All responding providers communicated that all people working under 14c certificates have been notified.
      - o This seems to typically be happening during people's annual person centered planning times.
      - o Most providers mentioned multiple strategies to notify families, including person centered planning meetings and town hall type sessions. Several providers described communication with families about this issue to be complicated due to the multi-faceted approaches needed depending on each provider organization's unique business models and needs of people supported.
  - ▪ The Average wage of individuals working in various categories of employment
    - Overall, the hourly wage has increased across all categories over four data collection periods over the past two years.
  - ▪ The number of people in various categories of employment
    - In the past year data shows an increase in the percentage of people taking part in competitive integrated employment, 19.9 % in October 2017 to 21.4% in May 2018. While the percentage of people taking part in sheltered work continued to decrease from 16% in October 2017 to 12.8% in May 2018

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 and Local Workforce Development Areas are partnering with the Division of Rehabilitation Services (DORS) at the Maryland State Department of Education (MSDE) to equip the American Job Centers with assistive technology to enhance services for jobseekers 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 18,302 children and families received services through the Maryland Infants and Toddlers Program (MITP).
- ***Children will receive IFTP services in as integrated a setting as possible***
  - o 97.5% 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 47% general education vs. 17% special education

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

- ***Implement the Interagency Transition Council for Youth with Disabilities (IATC) Interagency State Plan***
  - o The IATC plan is being implemented, the annual report was submitted in October 2018.
- ***Support events organized by local school system to educate students with disabilities and their families about the transition process***
  - o IATC funded three local transitioning youth conferences in Howard County, Baltimore County and Carrol County.
  - o The local transitioning conferences were held in the winter, spring and fall of 2018.
  - o The local transitioning conferences focused on educating the local business community on transitioning youth with disabilities, educating the disability community about transitioning youth with disabilities and educating the local transitional youth with disabilities about adult services.
- ***Facilitate Capacity Building Technical Assistance for secondary transition for students with disabilities***
  - o The State Agencies Transition Collaborative of Maryland (SATCOM) continues to engage in cross-agency collaborative activities that involve the development of products which include a flow of service for transitioning youth, common messaging toward outcomes in college, career, and community with an emphasis on competitive, integrated employment which includes all state agencies and other partners that provide services, supports, or funding for youth in transition. Partners include: Division of Rehabilitation Services, Division of Early Intervention and Special Education Services, Division of College and Career Readiness, Developmental Disabilities Administration, Behavioral Health Administration, Department of Labor, License, and Regulation, Department of Disabilities, Higher Education, Local School Systems, and Parent Advocacy and Training.
  - o Members of SATCOM have presented together at a number of events. Products and common messaging have been shared amongst members. Several members of SATCOM participated in regional secondary transition meetings sponsored by the Division of Early Intervention and Special Education Services and were available to present information on services, eligibility, and supports.

- ***Share a revised Transition Handbook with parents of students with an Individual Education Plan (IEP)***
  - o The Transition Planning Guide for Individuals with Disabilities is currently posted in the MSDE website and is available in various languages. http://marylandpublicschools.org/programs/Documents/Special-Ed/147362_MdSecondaryTransitionPlanningGuide.pdf

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, 2017), 94,191 of students age 6-21 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, 2017), 66,021 of the 94,191, or 70.09% 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 The percentage of students with disabilities at performance level 4 has increased from 7.3% last year to 7.7% this year.
  - o For all students it has improved from 36.6% to 37.7%
- ***Support students in Career Technology and Education (CTE)programs***
  - o In the Class of 2017, 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)- 4.21% (1,282/30423 students)
  - o Non-completion rates of students without IEPs (Dropping Out)- 2.57% (6,301/244961 students)
- ***Support as many students with disabilities to leave school with a diploma***
  - o Students exiting between July 1, 2016-June 30, 2017:
  - o Diploma - 4,851 (44.5%)
  - o Certificate of Program Completion - 698 (6.4%)

- ***Work with Maryland Higher Education Commission (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 and independent college and university campuses__
- o *__Data from February 2018 Report__*
  - Data collected from Maryland's colleges and universities show that students are seeking services for their disabilities. The rates of students registered with disability services that are reported by the four-year institutions and community colleges are lower than the national estimates reported earlier in this report (11.1% of undergraduates and 5.2% of graduate students nationwide). One reason for this may be that the Maryland survey captures students registered with the disability services office, whereas the national figure uses estimates based on the number of disabled students in elementary and secondary education.

  - Another finding is that those students attending Maryland's four-year institutions who were identified in the survey as registering for disability services had second-year retention rates that were comparable to the overall cohort. This suggests that students who seek additional services are obtaining the support and accommodations they need to successfully persist. Their accommodations may help to level the playing field so that they can perform academically as well as their peers.
- o *__Second Year Report Updates__*
  - The second year of data collection has been completed for state and state-aided independent institutions.
  - MHEC is collecting data on student retention; completion data (transfer and graduation at the community colleges; graduation at the four-year institutions) will be collected in future as those data become available.
  - The report framework will allow MHEC to capture short- and long-term outcomes such as second-year retention, four-year transfer, and six-year graduation.
  - Analysis will allow comparison of these rates to all students in the future.
  - The second report will be distributed in winter 2019.
- • *__Expand postsecondary options for students with intellectual disabilities__*
  - o <u>University Funding</u>
    - This year, two of Maryland's universities are expanding their academic programs to include students with disabilities
      - • <u>Coppin State University</u>

        In May 2018 Governor Larry Hogan announced Coppin State University will be the recipient of a $250,000 grant given by the Developmental Disabilities Administration.

'Creating inclusive higher education opportunities for students with developmental disabilities that focus on both education and employment is incredibly important," said Governor Hogan. "Our administration is proud to work with the Developmental Disabilities Administration, Think College, and Coppin State University on this endeavor.' [1]

'This grant further helps us meet our goal to enhance the lives of people with developmental disabilities—starting at a younger age—to provide much-needed tools and knowledge so they can live active, full lives and to ultimately become working and living members in the communities of their choice' said Bernard Simons, Deputy Secretary Developmental Disabilities Administration.

- University of Maryland - College Park

  In July 2018 during the annual Americans with Disabilities Act Reception it was announced the University of Maryland College Park is starting a research center for students with disabilities.

  'The Center for Transition and Career Innovation for Youth with Disabilities (CTCI), housed in the University of Maryland College of Education, will foster partnerships among university faculty and local, state, and national agencies and organizations to promote research, improvements in practice, and supportive governmental policies that advance workforce readiness for youth with disabilities'.[2]

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

  o **Postsecondary Supports.** DORS supported 440 students ages 14-22 in postsecondary education: 191 in College/University, 162 in Vocational and Occupational Skills Training; and 87 in Workforce Technology Center trainings.

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[1]https://health.maryland.gov/newsroom/Pages/Governor-Hogan-Funds-Grant-to-Create-Inclusive-Higher-Education-Programs-for-People-with-Developmental-Disabilities.aspx)

[2]http://governor.maryland.gov/2018/07/30/governor-larry-hogan-university-of-maryland-announce-new-center-to-advance-workforce-readiness-for-youth-with-disabilities/

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

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

  - 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%).
  - 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.
  - For the 2017-18 school year, 81 percent 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 201718 school year is 81 percent.
    - This means that on average 81 percent of parents, Statewide, agree that their child's school facilitated parent involvement. The 95 percent confidence interval for this Indicator is from 80 to 83 percent.
  - 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%.
  - This means that parents are by and large agreeing strongly, or very strongly, with all the items on the survey. If the State would like to increase its measure, one thing it could do is focus its efforts on getting parents to agree with statements that parents agreed less frequently to, such as:
    - *People from Preschool Special Education, including Teachers and Other Service Providers connect me with other families for mutual support. (Q24)*
    - *People from Preschool Special Education, including teachers and other service providers give me information about organizations that offer support for parents (e.g., Parent Resource Centers, disability groups). (Q20)*

- *People from Preschool Special Education, including Teachers and Other Service Providers provide me with information on how to get other services (e.g., childcare, parent support, respite, regular preschool program, WIC, food stamps). (Q8)*
- *People from Preschool Special Education, including Teachers and Other Service Providers offer me information regarding parent training. (Q21)*

o This year's value of OSEP Indicator 8 is slightly below last year's- when it was 83% (CI 81% to 85%). This means that on average in 2017-18 the State did slightly lower on Indicator 8 than in 2016-17. Because of the change in methodology used to calculate Indicator 8, this year's data can only be compared to estimates of the Indicator 8 calculated after 2016-17.

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 2017-18 school year, 69 percent 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 2017-18 school year is 69%. This means that 69 percent of parents, Statewide, agree that their child's school facilitated parent involvement. The 95 percent confidence interval for this Indicator is from 68 to 70 percent.

o 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 60 percent or below. This means that on average parents are by and large agreeing strongly, or very strongly, with all the items on the survey. If the State would like to increase its measure, one thing it could do is focus its efforts on getting parents to agree with statements that parents agreed less frequently to, such as:
- The school and/or school system offers me training about special education issues. (Q22)
- The school and/or school system provides information on agencies that can assist my child in the transition from school. (Q23)
- I was given information about organizations that offer support for parents of students with disabilities. (Q7)

- The school and/or school system explains what options I have if I disagree with a decision of the school. (Q24)
  - o Because of the change in methodology used to calculate Indicator 8, this year's data can only be compared to estimates of the Indicator 8 calculated after 2016-17. Last year the Parent Involvement Score for the school-age survey using this methodology was also 70 percent (CI 69% to 71%) This means that on average in 2017-18, the State performance on indicator 8 decreased by one percent.

- ***Implement IEP translation legislation***
  - o Senate Bill 421/Chapter 204, 2016 requires that translation of Individualized Education Plans and Individualized Family Service Plans 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***
  - House Bill 1240/Chapter 715, 2017 required Individualized Education Program Studies, specifically The State Department of Education, in consultation with each local school system is responsible to review and assess the current allocation of State Department of Education staff, local school system staff, and other State agency staff and supporting resources that are available to assist the parents and guardians of children with disabilities to participate in the individualized education program (IEP) process.
  - The MSDE will submit its final report on the Individualized Education Program Studies to the Maryland General Assembly on or before December 31, 2018.
  - Additionally, House Bill 1240/Chapter 715, 2017 required an independent study of the individualized education program (IEP) process in the State that reviews and assesses the effectiveness of special education family support services provided by local school system staff members, and that reviews and assesses how local school systems utilize technical assistance provided by the State Department of Education to local school systems to assist parents in understanding their rights and responsibilities in the IEP process. The MSDE intends to submit its final report to the Maryland General Assembly on the independent study on or before July 1, 2019.

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***
  - BHA has worked to implement requirements of the HOPE Act (passed during the 2017 session of the Maryland General Assembly), which included providing training to Hotline providers.
    - Call centers are required to follow all applicable legislative mandates, accreditation standards, and state regulations and policies.

- ▪ MDCrisisConnect.org was established to be a statewide resource database for mental health and substance use services.
- ▪ The database call specialists use to search for resources is required to be updated every six months.
- ▪ All counselor trainees must complete a training program as required by the call center's accrediting body and be supervised a minimum of 15 hours before being allowed to work independently.

- *Develop a strategic plan for delivering culturally and linguistically competent behavioral health services*
  - o The FY 2019 - 2020 BHA Cultural and Linguistic Competency Strategic Plan indicates that the Office of Deaf and Hard of Hearing (ODHH) serves on the Behavioral Health Advisory Council and Co-chairs the Cultural and Linguistic Competency Committee, which works to promote and advocate for a culturally competent and comprehensive approach in the Maryland Public Behavioral Health System.
  - o ODHH has worked with the Department to increase the availability of mental health providers who are fluent in American Sign Language (ASL). ODHH and the Department of Health worked to draft changes to regulations which were adopted and approved, making Maryland the first state where Medicaid reimburses qualified providers who are fluent in ASL to provide clinically appropriate telehealth services to Medicaid participants who are Deaf and Hard of Hearing.

- *Identify barriers to providers' participation in the public health and public behavioral health systems*
  - o Accreditation cost was a barrier; however BHA has made available funds for programs having difficulty with the expenses of obtaining an accreditation based license.
  - o Providers received a rate increase by Medicaid which has reduced a barrier.
  - o Lack of start-up funding for new programs. BHA provided start-up funds to local jurisdictions to expand service continuum and to assist providers with start-up cost.

- *Expand access to 1915(i) behavioral health supports for youth with severe emotional disturbance and their families*
  - o Currently the 1915(i) program has enrolled approximately 128 individuals since its approval by CMS.
  - o BHA is continuing to expand the program. BHA is currently re-writing the 1915(i) Program. The renewal document must be approved and sent to CMS before the fall of 2019. BHA is studying the analysis of this program to make any changes per the renewal date. BHA is discussing adding the ages of 0-6 (early childhood) into the new renewal program. BHA is researching assessments that are appropriate for that age, along with services provided. BHA is also looking at the services already in place and determining what services are being best utilized.

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. The strategic plan was submitted on time with recommendations to increase walk-in crisis services and mobile crisis teams. Since the submission of the report, a crisis stabilization center opened in Baltimore City and Harford County. Additional walk-in centers/safe stations are planned for Anne Arundel, Calvert, Carroll, Cecil, Howard, and Washington Counties. Funding from State and federal dollars will result in an increase Mobile Crisis teams to 19 jurisdictions.

- ***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 49 events for over 2,870 attendees.
    - Services were provided to 137 individuals.
    - 61 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.

- o Developed a centralized admission process at BHA for admissions to state psychiatric hospitals through BHA's Office of Court Ordered Evaluations and Placements.
- o Community Forensic Aftercare Program monitors and work with community providers and hospitals to coordinate care for those discharged on conditional release from the hospital.
- o State Care Coordinators and/or Peer Support Specialist collaborate with residential substance use treatment, crisis stabilization, or crisis centers to coordinate services for individuals prior to release from inpatient settings.

- *__Identify partnerships between behavioral health and somatic health care practitioners__*
  - o *__Progress update__*
    - 89 providers approved as Health Homes:
    - 60 Psychiatric Rehabilitation Providers
    - 10 Mobile Treatment/Assertive Community Treatment Teams and
    - 19 Opioid Treatment Programs

- *__Pursue research grants designed to improve quality of behavioral health service delivery__*
  - o BHA reported the continued participation of two Maryland Supported Employment providers, Corner Stone and Pathways, in the Social Security Administration funded Early Intervention Mental Health Demonstration Study.
    - Cornerstone reports 65 individuals and Pathway reports 68 individuals referred.
    - Both teams report a focus on assertive outreach and engagement and staff training on the fidelity tool being used in the study.

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 DHS staff on disability awareness__*
  - o The Social Services Administration in partnership with the Child Welfare Academy (CWA) at the University of Maryland, School of Social Work put

together a series of Webinars focusing on parents and family members with disabilities in the child welfare system.

- o 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.
- o These trainings are offered to local child welfare staff to enhance and refresh their skill set when working with parents with disabilities.
- o The Raising Disability Awareness in the Child Welfare System: Transition Planning for Youth with Disabilities was offered on February 13, 2018, 10:30 am - 12:00 pm. This session was co-facilitated by a CWA trainer and a representative from DDA.
- o CWA is working on offering the webinars on a consistent basis throughout the year.

- • ***Begin collecting data on disability demographics of families involved with CPS***
  - o 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.***
  - o In 2018 the MD Community of Practice (CoP) for Supporting Families & Charting the Life Course (CtLC) Framework enhanced its foundation established in 2016 -17 by expanding its infrastructure to increase the capacity and competencies of the Statewide Leadership Team in CtLC, and strengthened the development and sustainability of the of the Local Community of Practices.
  - o The expansion includes the growth of the MD CoP Statewide Leadership Team. Representatives from the following new agencies (for a total of 17)
    - Towson University/Department of Special Education,
    - The Department of Natural Resources
    - People on the Go
    - The Coordinating Center
  - o Fourteen people including Leadership Team Members and Local CoP facilitators participated in the CtLC Ambassador Series providing them with the skills, knowledge and competencies to create systems change.
  - o In addition, the following sub-committees; Executive, Communication and Orientation were created to complete and facilitate the work of the MD CoP.
    - As a result, the MD CoP has launched and sustains eight local CoPs
      - Baltimore (City &County)
      - Frederick
      - Garrett
      - Harford
      - Mid-Shore Eastern Shore
      - Montgomery
      - Prince Georges

- Washington Counties
  - o The local CoPs are engaged in building their leadership teams, hosting monthly or bi-monthly meetings, developing their visions for supporting families, identifying issues, creative solution making, introducing families to the principles and tools of CtLC, participating in monthly and quarterly TA with State and national Leadership. Local Facilitators also have the opportunity to participate in Maryland's and National meetings.
- The MD CoP Statewide Leadership Team developed a resource folder - *Strategies for a Good Life*. It includes key statewide supports and services available to MD families through government agencies, non- profit and private organizations. *Strategies for a Good Life* identifies basic supports and services available to families across the lifespan (birth-death) and are listed according to life domains (i.e. Daily Life & Employment, Community Living, Safety & Security, Healthy Living, Social & Spirituality, and Citizenship & Advocacy).
- A sampling of resources include Childcare, Respite, Pediatric Specialty Hospitals, Mental Health, Special Education, Advocacy, Legal Aid, Able Act, Technology Assistance, Behavioral Health, Housing, Medicaid, Social Security, Health Benefits Exchange, Oral Health, and supports for Aging Caregivers etc.
- Folders were disseminated on October 23, 2018 to members of the Statewide Leadership Team. Team members are charged with distributing the folders throughout their networks to families. Internal monitoring is in place to track to whom folders have been issued, the number and purpose.

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 FY18, BHA held 31 training events and trained 1,408 peer volunteers and employees

- ***Explore Medicaid reimbursement of peer supports in the Public Behavioral Health System.***
  - o In FY18, instructed by the State Legislation (HB772/SB0765) BHA convened a stakeholder workgroup to develop a report containing recommendations related to the reimbursement of services delivered by Certified Peer Recovery Specialist. This report is in the final review and approval phases within the Maryland Department of Health. It is anticipated that this report will be delivered to the State Legislation on or before December 1, 2018, as required by the legislation.

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, the Department of Human Services received an ACL Federal Respite Care Grant to Expand Respite Care through an Emergency Respite Project, and to Increase Access to Respite information and support. A web site is in development that will provide information about a variety of other topics for caregivers across the lifespan.
    - ▪ The web site will contain three major sections organized different stages of the lifespan:
      - Children, adolescents and young adults;
      - Adults; and
      - Older adults.
    - ▪ It will also contain a section with information pertaining to caregiver needs. The web site is expected to launch in early 2019.

- ***Increase access to and available funding for emergency respite services to families across the lifespan***
  - o In 2018, the Emergency Respite grant has served over 40 families, and another 50+ families have pre-registered for Emergency Respite or inquired about Emergency Respite grant.
  - o Multiple outreach activities have been conducted to increase awareness of the Emergency Respite grant. These outreach efforts include: conference calls with sister department such as the Maryland Department of Aging (MDOA), MDOD, local departments of social services, and organizations serving caregivers and their families such as hospitals, the Veterans Administration, and advocacy groups; participation at caregiver events and expos; and face-to-face meetings with organizations that serve caregivers.

- ***Streamline process to apply for respite services across multiple programs through a universal application***
  - o Progress has not been made toward this goal because of vacancies at Maryland Department of Aging (MDOA) and the Department of Human Services (DHS).

- ***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 MDOD has an established contract with Loyola University of MD to prepare and support a cohort of self-advocates to serve as trainers alongside law enforcement.
        - ▪ 10 Self-Advocates were trained
        - ▪ 4 training sessions held in July and August 2018 and participated in one in-service training at the Prince George's County Municipal Training Academy at the community college thus far.
        - ▪ Two entry-level trainings and two additional in-service trainings are planned in the upcoming months.

- ***Educate criminal justice professionals about the needs of people with behavioral health issues***
    - o The Behavioral Health's Administration's Office of Crisis and Criminal Justice Services 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 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 2018 with a Forensic Admission Status:
  - State Psychiatric Facilities: 804
  - RTC/RICAs: 10
- **_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 (GOCCP), Department of Juvenile Services (DJS) and the Department of Public Safety and Correction Services (DPSCS) to MDOD's Interagency Disabilities Board.
    - MDOD is on the Children's Justice Act Committee as their children with disabilities representative to improve services for children who experience sexual abuse.
    - MDOD has provided technical assistance to GOCCP and DPSCS in the past year.

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.
  - 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 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_**

- o MDOD has placed eight accessibility kits in strategic locations for rapid deployment to mass care operations, emergency shelters, disaster recovery centers, and repatriation operations.
- ***Develop a training on providing accessible communications during emergencies for State and local emergency managers***
  - o MDOD has trained several emergency managers and public information officers on how to make information and social media accessible to assistive technology. MDOD has also sponsored 3 webex classes providing training on how to make social media accessible.

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***

  - o MDOD's Director of Emergency Preparedness developed, wrote, and edited an executive summary that was delivered to FEMA.
  - o MDOD's Director of Emergency Preparedness continues to review the Emergency Operations Plans of local jurisdictions, upon request.
- ***Working with MEMA to develop a curriculum to train emergency managers on how to provide emergency shelter people with disabilities***

  - o MDOD's Director of Emergency Preparedness developed the Disabilities, Access and Functional needs toolkit for emergency managers.
  - o MDOD Director of Emergency Preparedness continues to train state and local entities on the Disabilities, Access and Functional Needs toolkit for emergency managers.

- ***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 operations, including 5 state and 2 federal exercises, and 10 state activations in 2018.

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**
  - At the close of FY18 there were 8 projects in design phase, 5 projects in construction phase, and 5 projects completed during the year.
  - ADA access has been increased in 5 different state facilities.

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***

  - Reviewed MD Business Express website and offered accessibility guidance;
  - Offered technical assistance to DoIT and General Assembly as web accessibility legislation received an update in the 2018 general session with enactment of Senate Bill 286;
  - MDOD has begun the process of establishing an Accessibility Coordinator position within state government. 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, which according the SB286 will require consistency with federal Section 508 by January 2020. 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***
  - Broadband

- A $250,000 Appalachian Regional Commission (ARC) grant in Garrett County designed & installed wireless broadband in remote areas of unserved or underserved areas, providing over 1,000 residents and business access to wireless internet.
- Western Maryland Fiber project will make necessary connections to create redundancy and lite over 60 miles of exciting fiber. The project is in cooperation with the Rural Broadband Corporation.
  - o Americans with Disabilities Act (ADA) Compliance
    - Lower Eastern Shore Regional Planners assisting the Town of Vienna on the management of a CDBG grant to make ADA accessible enhancements to its Town Hall
    - Upper Eastern Shore Regional Planner assisting the Town of Galena to revise its zoning code for ADA compliance

Strategy 12.3: Engage in trainings and outreach activities designed to share information and solicit stakeholder feedback

- **_Outreach and public awareness events about assistive technology_**
  - o In FY2018 MDTAP conducted public awareness that reached 3,817 people; provided direct information and assistance to 1,131 constituents; and provided 25 assistive technology trainings to 533 participants.

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 Highlights of the FY18 Report
    - **Social Media Usage to Improve the Customer Experience**
      - This year MDOD hired a Constituent Services and Outreach Specialist to improve engagement with our constituents. One area of focus is social media usage and

the specialist is responsible for content on both the MDOD and MDTAP Facebook and Twitter accounts. The position was filled in the last quarter of the fiscal year and MDOD's use of social media has increased. MDOD uses social media platforms to inform and engage with our constituents about important issues and events.

- For the coming fiscal year, MDOD plans to add more interactive features to MDOD's pages as well as increase the number of videos. MDOD is also planning a series of staff member highlights to help constituents better understand various roles and the overall mission of the department.

- *Facebook Metrics*

Followers (end FY18)	Daily Page Reach	Daily Page Engagement
2924	647	87

- *Twitter Metrics* (FY 18 monthly averages) **2000+ followers**

New Followers	Mentions*	Impressions*
33	21	16,000

  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, MDOD has analyzed processes and will implement changes (including online services) to the Attendant Care Program (ACP) to improve processes for eligibility and recertification.
  o MDOD staff met with the Department of Information Technology (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.