



**State Disabilities
Plan
Annual Progress
Analysis
2019**

Secretary, Carol A. Beatty

Deputy Secretary, Christian J. Miele

Carol A. Beatty, Secretary
Christian J. Miele, Deputy Secretary

Larry Hogan, Governor
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December 1, 2019

The Honorable Lawrence J. 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 Adrienne A. Jones
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)

Ladies and 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 § 2-1257 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,

A handwritten signature in black ink that reads "Carol A. Beatty". The signature is written in a cursive, flowing style.

Carol A. Beatty, Secretary

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

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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 § 2-1257 of the State Government Article, to the General Assembly on or before December 1st 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 third 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.

- 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.
 - 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.
 - 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.
 - One area that was identified for particular focus was ensuring that systems designed to convey and receive emergency information are accessible to everyone. In addition, the State Disabilities Plan will track efforts to make all government communications accessible and transparent.

Outcomes

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

Strategies

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

Action Steps

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

Domains

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

Annual Progress Analysis

Self-Direction

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

Community Living

Outcome

Expanded opportunities for self-directed supports and services

Strategies

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

- **Participation in Medicaid-funded Services**
 - 14,480 individuals with disabilities are participating in the Community First Choice program
 - 5,057 individuals with disabilities are enrolled in the Community Options waiver.
 - 15,761 individuals with developmental disabilities are enrolled in the Community Pathways waiver.
 - In FY2019 1231 children were enrolled in the autism waiver.
- **Attendant Care Services**
 - MDOD administers the Attendant Care Program which helps people pay for the daily living supports they need to remain in their own home or in the community.
 - In FY2019, there were 190 people being served by MDOD's Attendant Care Program.
- **Maryland Access Point Network**
 - Tracking information and referral data in the Maryland Access Point (MAP) network is a new measure
 - 18,251 statewide information and referrals at the MAP sites as it relates to long-term services and supports (LTSS). 9,829 had in-depth interviews on LTSS as well.
 - The Maryland Access Point network served 56,585 clients in FY19.
 - The majority consisted of 47,398 persons (84%) age 60 and over
 - 5,884 persons (10%), were between the ages of 21-59.
 - The remaining 201 (0.3%) were age 20 and below.

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

- **Expand participation in the self-directed option under the Developmental Disabilities Administration (DDA) Community Pathways Waiver**
 - As of July 2017 the DDA provides Self-Direction Options to all participants in all of the DDA three (3) approved waivers by CMS.
 - The three (3) waivers are Community Pathways, Family Supports and Community Supports waiver.
 - DDA currently has a total of 1,075 people who are self- directing their services.

- DDA has conducted several presentations and webinars related to self-direction.
- DDA also created a Self-Direction Participant handbook which is currently being reviewed by families and participants for their feedback prior to finalizing, as well as a Self-Direction questionnaire, Self-Direction Implementation Plan, fact sheets on the Financial Management System, CCS Participant Encounter Form, Self-Direction Participation Policy, Service Agreement for Legally Responsible Persons, and several person-friendly informational brochures have been shared with the Self Direction Advocacy Network, and are being finalized for dissemination.
- The DDA remains committed to the development and refinement of materials and tools that will support a person choosing to self-direct their services.
- It is the DDA's intention to have these materials finalized by Feb 2020.
- **Use the Supports Intensity Scale (SIS) assessment tool to improve the person-centered planning process for people in the DDA Community Pathways waiver**
 - 1,636 SIS assessments were completed from January of 2018 to October 2019
- **Expand participation in and understanding of Self-Direction within 1915(i) behavioral health services**
 - Currently Maryland is implementing the old state amendment plan. 1915 i clients are allowed customized goods and services. These services will not continue once the new state plan amendment is processed and implemented.

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**
 - In FY2019, Medicaid provided services to 54,625 people in any setting;
 - 34,602 (63%) of these individuals were in home and community-based settings.
 - Almost all of DDA's enrollees are served in home or community-based settings:
 - Of the 25,046 individuals who received DDA services in FY2019,
 - 24,930 (99%) lived in the community.
 - 291,740 people received services from BHA,
 - 289,590 (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**
 - 2,602 nursing facility residents were referred for Options Counseling based on the MDS 3.0 Section Q assessment tool in FY19.
- **Through the Money Follows the Person Demonstration Project, provide options counseling for nursing facility residents who are considering moving into the community**
 - 569 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**
 - 231 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**
 - 260 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 FY2019.
- **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**
 - 5,344 individuals received a Level 1 screen in FY19.

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 304 units have been identified.
 - 81 of the 304 were identified during FY19
 - There are 135 units occupied;
 - 121 of the 135 were first occupied during FY19
- **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.
 - 27 are occupied.
 - The remaining 7 units are 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 43 housed;
 - 12 of the 43 were housed during FY19

- **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 are those who meet the criteria of homelessness and have a mental disability. This 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.
 - The program was able to serve 406 households in FY 2019.
- **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: 6
 - People with disabilities: 303
 - Number of units in DHCD-financed properties occupied by people or households with disabilities: 4,613
- **Ensure that units in DHCD-financed properties comply with Universal Federal Accessibility Standards or include accessibility features**
 - In FY2019, DHCD-funded projects included a total of 309 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): 4,458
 - Number of units in qualifying projects: 261
- **Ensure that housing is being developed that is affordable for people with disabilities with SSI/SSDI-level incomes**
 - In FY 2019, MDOD's Secretary served as the Chair of the Interagency Council on Homelessness (IAC) and shared information on disability-related resources, including services administered by the DDA system. MDOD's Director of Housing Policy and Programs (DHPP) served in an advisory role, developing initiatives to expand accessible shelter facilities and providing policy suggestions for increased access to integrated housing opportunities.
 - The Program officer overseeing the Homeless Solutions Program (HSP) at DHCD is collaborating with MDOD's DHPP to develop policy

priorities that support our goals of increasing the supply of affordable rental housing.

- 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.
 - MDOD partners with DHCD to determine how funding can be leveraged to produce additional subsidies for existing units. This has included conversation about the use of National Housing Trust Funds (NHTF) to help make units identified for PWDs in the last tax credit round more affordable
- **Ensure that people and households receiving SSI/SSDI are accessing rental assistance programs**
 - In FY19, 1306 people receiving SSI/SSDI were accessing rental assistance programs.
- **Improve communication and coordination among targeted housing activities which are intended to address homelessness among persons with disabilities**
 - 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 303 Section 811 units have been identified, exceeding the anticipated unit count of 300. For the Section 811 program, we currently have 133 units occupied, leasing in process for 42 and 128 in construction. DHCD and MDOD recently submitted a Letter of Interest to the Weinberg Foundation for the renewal of funding for the Weinberg Apartments program. In the new letter, the program will target transitioning youth (18-35 years of age) with intellectual and developmental disabilities who are living with aging caregivers or in a group home OR transitioning from permanent supportive housing; disabled individuals and/or families who are homeless; and youth aging out of foster care who are both disabled and homeless OR at risk of homelessness. 26 people live in Weinberg Apartments with another 3 in process, and 43 have been housed using the MFP Bridge Subsidy program.
 - MDOD and HOC's Community Choice Homes (CCH) program has successfully identified 6 units since its inception. Most recently, MDOD toured Westwood Apartments in Bethesda, which has designated a 2-bedroom non-UFAS unit for the program that is currently under lease up. Two 1 bedroom and one 2 bedroom units will start leasing in October at the new Fenton building in Silver Spring, which is currently under construction. 2 tenants have moved into CCH units so far.
 - MDOD will meet with DHCD in October to discuss the recent HUD 811 Project Rental Assistance (PRA) and Capital Advance (PRAC) NOFAs. It is anticipated that DHCD will apply for the PRA NOFA. One Housing

Authority has approached MDOD already to discuss providing a referral pipeline for a PRAC application they are considering submitting to HUD.

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

- **Support homeownership through the Homeownership Program for Person with Homeownership for Individuals with Disabilities**
 - Program is no longer under the supervision of Special Loans. Since it is a home acquisition program is now has been re-aligned with CDA Single Family Homeownership. The name of the program has been changed to HomeAbility is now originated by the 70+ Approved Lenders under Maryland Mortgage.
 - Homeownership for Individuals with Disabilities Program (HIDP) is a statewide lending program offered by DHCD to people with disabilities or caretakers of people with disabilities.
 - In FY2019,
 - Number of loans: 30
 - Dollar value of loans: \$1,570,091
 - Number of borrowers: 38 (8 loans/grants were executed jointly with husband and wife)
 - Number of borrowers under age 62: 37 borrowers under the age of 62

Housing and Technology

Outcome

Increased availability of integrated, affordable and accessible housing options

Strategy

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

- **Support home modifications through the DHCD Special Loan Program assistance for accessibility improvements**
 - Number of loans: 72
 - Dollar amount of loans: \$1,567,348
 - Number of borrowers: 80 (8 loans/grants were executed jointly with husband and wife)
 - Number of borrowers under age 62: 12 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 in 2016 to establish the Statewide Portable Ramp Loan Project which provides temporary ramp loans to people who need help accessing their homes.

- In FY19 MDTAP facilitated 41 portable ramp loans through partnership with six Centers for Independent Living.
- **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 FY19:**
 - Number of loans (2)
 - Dollar amount of loans (\$24,650)

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 2,151,231 paratransit rides (MTA) and 839,857(MTA) Call-a-Ride trips in FY19
 - Totaling 1,560,140 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.**
 - 30,485 riders were certified under the Maryland Transit Authority (MTA)
 - 21,560 Maryland residents with disabilities certified for paratransit by Washington Metropolitan Area Transit Authority (WMATA)
- **Ensure that riders with disabilities are included in changes to MTA route redesign.**
 - Riders with disabilities have been specifically included in the membership of the Citizen advisory committee (CAC) and the Citizens Advisory Committee for Accessible Transit (CACAT) to ensure input into changes to the MTA route redesign

Financial Well-Being

- Individuals with disabilities will have equal opportunity to improve their financial well-being.
- Financial well-being, which is critical to people with disabilities' ability to live independently in the community, can be supported through access to employment, education, work incentives counseling and financial management or savings programs.

- Disability services should be designed with financial independence as a central goal and employment as one of the first options considered.
 - This section focuses on common paths to financial independence, including employment, education and financial management.

Employment and Training

Outcome

Increased opportunities for competitive, integrated employment

Strategies

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

- **Assist jobseekers with disabilities get the skills they need to obtain competitive, integrated employment**
 - People receiving employment services from the Division of Rehabilitation Services (DORS)
 - FY 19: 22,096 served.
 - People receiving services from DORS who obtain integrated, competitive employment:
 - FY 19: 1,257 individuals obtained competitive integrated employment.
- **Increase number of youth served through Pre-Employment Transition Services**
 - Number of youth served through Pre-Employment Transition Services:
 - FY 19: 5,085 students with disabilities received Pre-Employment Transition Services.
- **Through employment and career supports, improve postsecondary outcomes for youth with disabilities**
 - Longitudinal Data from cohort exiting in 2016-17 and status in 2017-18
 - Enrolled in Higher Education: 26.46%
 - Enrolled in Higher Education or competitively employed: 65.07%
 - Enrolled in Higher Education or in some other education or training program; employed or in some other employment: 76.93%
- **Expand employment opportunities through Evidence-Based Supported Employment (EBSE) for persons with significant mental illness.**
 - 26 Evidence-Based Practice Supported Employment programs served 2,748 individuals in FY19, based on claims paid through September 30, 2019. This does not include individuals who were served in traditional supported employment.

- **Assist jobseekers with developmental disabilities get the skills they need to obtain competitive, integrated employment**
 - People receiving day or employment services from DDA; 13,783
 - Number of people in integrated and competitive jobs: 2,518
- **Assist jobseekers with behavioral health disabilities get job training**
 - Number of people receiving supported employment services: 3,789
 - Number of people who are using PBHS who report being employed: 57,068
- **Implement Maryland PROMISE**
 - Maryland was one of six recipients of a national 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.
 - The direct service interventions to youth and families ended in September 2018, with a final total of 724 Maryland PROMISE youth participating in paid employment experiences during the course of the grant.
 - PROMISE staff also supported 806 youth to access one or more unpaid work experiences.
 - Two non-cost extensions were approved, from September 2018-2020 for research, dissemination and systems changes activities.

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 - 7,323
- **Increase the number of people with disabilities obtaining employment**
 - Job-seekers with disabilities obtaining competitive employment – 2,185

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, 44 individuals (28 of whom were ages 14-22) have participated in the QUEST Internship Program.
- **Increase State hiring of individuals with disabilities through implementation of hiring preference legislation**
 - In the 2016 legislative session, the General Assembly passed HB928, which provides a hiring preference to job seekers with disabilities who apply to State jobs. As of FY2016, DBM has begun working with a software vendor to update the State's online application. This change will include a question asking applicants if they are seeking disability preference; if they elect to answer "yes," they will receive 5 additional points to their application score.
 - As a result of the hiring preference legislation, 130 persons, who checked they have a disability on the State application and received an additional five points, were hired by State agencies in 2019.

Outcome

Improved opportunities for financial independence and stability

Strategies

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

- **Support peoples' access to ABLE program**
 - Maryland 529 launched Maryland ABLE, an innovative and landmark investment program that offers individuals with disabilities the opportunity to save money without jeopardizing access to federal and state means-tested benefits. The Stephen Beck, Jr., Achieving a Better Life Experience Act of 2014 ("ABLE") is a federal law which allows states to establish and maintain these accounts. The Maryland ABLE Act was signed into law by Governor Larry Hogan on April 12, 2016.

Established in partnership with the State of Oregon and Sunday 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.

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

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 over 25,000 Marylanders. In addition, Maryland ABLE established an active social media presence on Facebook & Twitter, expanded their email marketing list to over 13,000 contacts. At the end of FY19 Maryland ABLE has over 1,400 beneficiaries, over eight million dollars in total assets and 96% of account holders are Marylanders.

- **Increase participation in Employed Individuals with Disabilities Program**
 - 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**
 - DORS and its contractors provide benefits counseling to jobseekers with disabilities who were interested in working while maintaining access to benefits
 - In FY2019, DORS provided benefits counseling services for 1,616 individuals.

- **Provide people in the Public Behavioral Health System with benefits counseling through SOAR**
 - BHA provides benefits counseling and assistance through its SSI/SSDI2, Outreach, Access and Recovery (SOAR) program
 - In FY 2019, 180 out of 205 individuals (88%) 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 FY2019, MDTAP's Assistive Technology Loan Program made 58 new loans totaling \$1,821,073 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 FY2019, MDTAP supported a cooperative buying program that provided reduced-cost buying to 48 qualifying consumers, providing access to 884 devices valuing \$8,924 in savings to Marylanders.
 - MDTAP helped 109 Marylanders with disabilities save of \$313,347 on assistive technology by providing access to a device exchange platform, recycled devices, and long-term assistive technology loans at no or low cost.
- **Help people with disabilities make informed assistive technology purchasing decisions**
 - In FY 2019, MDTAP made 258 short-term loans of assistive technology devices to 356 Marylanders with disabilities and their families.
 - In FY2019, MDTAP provided 165 assistive technology demonstrations to 322 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 has implemented a single application licensing process.
 - DDA shares applications, approval letters and all supporting documentation for new licensing and renewal requests, via a shared drive with the Office of Health Care Quality (OHCQ) to expedite the review and approval process.
 - DDA providers receive communications siting application deficiencies that result in a non-approval through the review process.
 - Once approved, they receive a DDA approval that they are a certified DDA provider.
 - When applicable, they received a license from OHCQ for their licensed services as well as a list of all licensed sites and associated site-based services.
- **Increase DDA provider capacity and quality**
 - DDA continues to expand its provider capacity in all three waivers; with a specific focus on the Family Supports Waiver by educating existing provider to expand their current service offerings.
 - DDA also maintains an open enrollment for prospective providers to continue to increase capacity and quality.
- **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.

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

- **Community Supports Waiver**

- The Maryland Department of Health (MDH) 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.
- 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 availability of training for case managers and service providers to improve their capacity to support community living**

- 17 trainings were held in FY19 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**

- In 2016, as part of a Center for Medicare and Medicaid Innovation (CMMI)-funded State Innovation Model grant, the Department designed a model to integrate care for individuals dually-eligible for Medicare and Medicaid (dual eligibles), called the Duals Accountable Care Organization (Duals ACO).
- At this time, the MDH does not intend to actively pursue the Duals ACO model as presented in its 2016 concept paper. However, given the complex health and social status of the dually-eligible population—in addition to the ensuing high cost of care—the Department is actively pursuing several approaches to improving care for Maryland’s dual eligibles.
- The following avenues will be leveraged to advance an integrated care approach for the dually-eligible population.
 - Limited Adult Dental Pilot
 - The provision of proactive dental care has the potential to improve quality of life and decrease health care expenditures, particularly in the area of emergency department utilization. In 2018, Senate Bill 284 required the Department to implement an adult dental pilot program. Effective June 1, 2019, a limited dental benefit package—covering diagnostic, preventive, limited restorative and extraction services—with a maximum benefit allowance of \$800 per year—is available to dual eligibles between the ages of 21 and 64.
 - Program for All-Inclusive Care of the Elderly (PACE)
 - Maryland currently operates one Program for All-Inclusive Care of the Elderly (PACE), called Hopkins ElderPlus, which is approved to serve up to 200 individuals. The Department is favorable to expanding the program to new PACE providers and in the beginning of 2018, updated Maryland regulations to remove limits on the number of PACE programs able to operate within the state. The Department has since received several preliminary inquiries and one formal proposal.
 - Maryland Primary Care Program (MDPCP) Alignment
 - Chronic Health Homes
 - The Maryland Medicaid Chronic Health Home program builds on statewide efforts to integrate somatic and behavioral health services, targeting populations with behavioral health needs who are at high risk for additional chronic conditions. To avoid inciting confusion among the vulnerable individuals already receiving care coordination and support services through the Chronic Health Homes, MDPCP excludes the approximately 2,200 dually-eligible beneficiaries currently enrolled in the Medicaid Chronic Health Homes. The Medicaid program is engaged in

discussions with the Centers for Medicare and Medicaid Services (CMS) and the MDPCP's Program Management Office to establish the Chronic Health Homes as practices within the MDPCP, eligible to receive the care management and quality investments for their enrolled duals.

- **MDPCP Participation**
 - All other duals who are not enrolled in a Medicaid Chronic Health Home and can be attributed to a participating MDPCP provider are receiving enhanced primary care services through the MDPCP. There are approximately 31,000 duals currently-attributed to the MDPCP program. Another estimated 27,000 duals receive primary care services at federally-qualified health centers, which could become eligible to apply for MDPCP in 2021.
- **Single Case Manager**
 - The Department is currently exploring an approach in which a single case manager would be assigned to coordinate all services and supports to an individual participating in multiple Medicaid home- and community-based long-term services (LTSS) and supports programs. The first phase would implement a single case manager for the following programs: waivers administered by the Developmental Disabilities Administration, the Community Options waiver, Community First Choice and Community Personal Assistance Services. A second phase would bring in additional programs and continue to streamline the provision of case management services across all LTSS programs.
- **Total Cost of Care Agreement: Post-Acute and LTSS Requirement**
 - The Total Cost of Care Agreement includes language requiring the State to submit a proposal for payment and delivery transformation involving post-acute care and LTSS by January 1, 2021. Under this requirement, Maryland must provide a plan to progressively increase accountability for its Medicaid participants, in addition to the existing Medicare accountability under the Total Cost of Care Model. The dual eligibles constitute a major proportion of the Medicaid enrollees who utilize care across the post-acute and LTSS continuum; therefore, the State envisions the ensuing proposal to target the duals as a population of focus.
- **Global Budget Revenue: Rate Mandates**
 - As part of a 2018 rate review and subsequent global budget increase for Johns Hopkins Hospital, the HSCRC included contractual language requiring the hospital to collaborate with Medicaid and the HSCRC to address the Medicaid population residing within its primary service area. The Department views this mandate as an opportunity to work

with Johns Hopkins Hospital to develop an intervention or set of interventions to pilot for dual eligibles.

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**
 - Expressvote, an electronic accessible voting ballot machine, is the accessible Ballot Marking Device (BMD) used in Maryland elections since 2016.
 - The Maryland State Board of Elections (SBE) is allowing for the deployment of at least 2 BMDs per polling place without prior authorization.
 - During early voting each voting center may deploy up to 4 without prior authorization. SBE has increased the minimum threshold from 2 to 5 voters and has established a goal to meet this threshold by 1pm on a given election day.
 - The duty of notifying the voter of the option to use the BMDs shall be changed from the check-in judge to the ballot issuance judge;
 - The statement given by the election judge to the voter to notify them of the option to use the BMD shall be updated by SBE staff and be used across the State.
 - 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.**
 - The most recent report on the civil rights of people with disabilities is the annual Maryland Commission on Civil Rights report for FY18. There were 81 complaints of unlawful public accommodation discrimination were received in FY18. Across those 81 complaints, 97 bases were selected. 47 (48%) 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**
 - For FY19, the on-time performance for MTA was 86% and for WMATA was 91%. The MTA's decrease was due to MTA underwent a change in Mobility vendor contracts during the FY19 fiscal year. Prior to the changes, MTA employed three contractors to provide Mobility services. In FY19 MTA opted to renew two of the three vendor contracts instead of all three. This resulted in a transitional period, as one vendor was systematically phased out of and the remaining two vendors scaled their MTA Mobility operations up to meet the demands of the work which was being done by the no longer contracted third Mobility Vendor. This transition resulted in a temporary dip in Mobility OTP for FY19.
- **Improve wait times for phone contact for scheduling, cancellations, late drivers**
 - 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**
 - Mobility Paratransit has worked with transit companies to increase the number of accessible taxis and are investigating alternative transportation (e.g. Uber). 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**
 - 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**
 - Working with the Citizens Advisory Committee (CAC) and the Citizens Advisory Committee for Accessible Transit (CACAT) Maryland Bicycle and Pedestrian Advisory Committee (MBPAD) 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**
 - Currently MDOD related stakeholders are building capacity with voluntary cooperation among the metropolitan jurisdiction (Baltimore City, Baltimore County, Anne Arundel, Howard, Hartford, and Carroll).

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**
 - 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 collaborate with a wide variety of stakeholders and state partners related DDA's Employment First systems transformation efforts. This has included the development of new Employment service definitions that are due to phase in July, 2020, along with new billing and payment structures.
 - DDA continues to support capacity building efforts by providing technical assistance and support to provider organizations, families and regional office staff.
 - DDA uses data collected through the Employment Data Initiative to develop policy and track progress of strategic goals.
 - DDA keeps stakeholders aware of Employment First updates through dissemination of a monthly Employment First newsletter and recorded webinars.
 - DDA encourages regular stakeholder engagement through the collection of feedback on waiver renewals, and throughout the development of policies and guidance.

- **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.
 - 2019 Equal Employment Act Report Highlights
 - Reduction in Total Number of Maryland 14c certificates from 2018
 - In 2019 the number of 14c certificate providers will reduce from 23 providers in 2018 to four providers by the end of 2019 or by 83%
 - Number of 2019 Maryland 14c certificates expired by time of annual report
 - In the 2019 report the number of 14c certificate providers reduced from 23 providers in 2018 to eight providers in 2019 or a reduction of 65%
 - Number of 2019 Maryland 14c certificates partial renewal
 - The number of 2019 Maryland 14c certificates expired and not renewed 19 (83%) is a larger percentage than the Number of 2019 Maryland 14c certificates partial renewed 4 (17%)
 - The number of 2019 Maryland 14c certificates expired and not renewed is 19 providers out of the 23 providers or 83% either have expired or will expire by the end of 2019 and will not renew
 - Four out of the 23 14c providers or 17% have or will partially renew
 - The Average wage of individuals working in various categories of employment

- Overall, the hourly wage has continued to increase across all categories
- The number of people in various categories of employment
 - Data over the past three years shows an increase in the percentage of people taking part in competitive integrated employment, 20.1 % in October 2017 to 22.2% in May 2019. While the percentage of people taking part in sheltered work continued to decrease from 20.5 % in October 2017 to 9.2 % in May 2019.

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**
 - 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.
 - 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* are a stakeholder-driven initiative built on a commitment to excellence shared by the core WIOA partners, including (in addition to the Maryland Department of Labor (MD Labor)), 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 –MD Labor and other 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. The grant fosters increased inclusion of partner agencies at both the state and local level through two distinct program elements: Integrated Resource Teams (IRT) and the State and Local Cohesive Resource Committee (CRC). These groups help ensure that individuals are receiving adequate support to obtain and maintain employment.

The CRCs attempt to resolve system level barriers to providing support to individuals with disabilities in the workforce system and recommend competency-increasing training and technical assistance for the AJC staff. IRTs coordinate with other service providers to ensure that individuals have the supports and resources needed in order to maintain employment placement.

- Non-Discrimination Plan – MD Labor and Local Workforce Development Areas are partnering with the Division of Rehabilitation Services (DORS) at MSDE to equip the American Job Centers with assistive technology and provide staff training 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**
 - 19,214 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**
 - 98.14% 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**
 - 51% general education vs. 19% special education

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

- **Implement the Interagency Transition Council for Youth with Disabilities (IATC) Interagency State Plan**
 - The IATC plan is being implemented, the annual report was submitted on September 30, 2019.
- **Support events organized by local school system to educate students with disabilities and their families about the transition process**
 - The IATC funded five local transitioning youth conferences in Howard County, Calvert County, Somerset County, Baltimore County and Carroll County. The local transitioning conferences focused on families of youth with 504 Plans, educating the local business community on transitioning youth with

disabilities, and educating the local transitional youth with disabilities about adult services, about transition opportunities within the school system, and how to access postsecondary supports

- **Facilitate Capacity Building Technical Assistance for secondary transition for students with disabilities**

- The State Agencies Transition Collaborative of Maryland (SATC-MD) continues to engage in cross-agency collaborative activities that involve the development of products which include a flow of services of recommended practices and activities 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.
- Current products include:
 - Student Resource Map,
 - Student and Family Transition Path to Adulthood Folder,
 - Benefits Fact Sheet,
 - SATC-MD Fact Sheet
- 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.

Members of SATC-MD have presented together at a number of events. Products and common messaging have been shared amongst members. Several members of SATC-MD attended, participated with local school system teams, and made presentations at the Professional Learning Institute sponsored by the Division of Early Intervention and Special Education Services and were available to present information on services, evidence-based practices, statewide projects, eligibility, and supports.

- **Share a revised Transition Handbook with parents of students with an Individual Education Plan (IEP)**

- Several products have been developed, revised, and released to local school system teams and for dissemination to other state partners. They include:
 - **Revised "Secondary Transition Planning Guide for Individuals with Disabilities:"-**
 - Disseminated at annual IEP meeting to parents of students with an IEP- The Secondary 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-Education/147362_MdSecondaryTransitionPlanningGuide.pdf

- **Maryland Secondary Transition Tracker-**
 - Developed as an outgrowth of Maryland PROMISE ---Two critical components and intended outcomes of the Tracker is the ability for data sharing between schools and adult service agencies and highlights work experiences and the ability to track referrals. This is beneficial as we aim to strengthen our post-school employment outcomes (Indicator 14) and the ability to share data between schools and agencies.
- **Secondary Transition Process Performance Indicators (PPI)-**
 - This document presents an overview of each component of the Secondary Transition planning process followed by compliance indicators and best practices.
- **A Guide for Implementing the Secondary Transition Planning Process-**
 - Tool that supports local school systems in developing Secondary Transition Plans that are part of the Individualized Education Programs that meet the needs of youth with disabilities.

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**
 - According to the Maryland Special Education/Early Intervention Services Census Data Tables (October 1, 2018), 95,918 of students age 6-21 received special education services.
- **Students with disabilities will receive special education services in the most integrated setting possible**
 - According to the Maryland Special Education/Early Intervention Services Census Data Tables (October 1, 2018), 67,334 of the 95,918, or 70.20% 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**
 - The percentage of students with disabilities at performance level 4 has increased from 7.4% last year to 8.4% this year.
 - For students without disabilities it has improved from 45.9 % to 48.2%
- **Reduce the drop-out rate of students with disabilities**
 - Non-completion rates of students with IEPs (Dropping Out)- 4.21% (1,282/30423 students)

- 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**
 - Students exiting between July 1, 2017-June 30, 2018:
 - Diploma - 4,625 (43.7%)
 - Certificate of Program Completion - 764 (7.2%)
- **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**
 - **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.
 - **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.

Data From February 2019 Report

- Data collected from Maryland's colleges and universities indicate 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 (19.4% of undergraduates and 11.9% 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 students with disabilities in elementary and secondary education.
- Findings also show that students attending public four-year institutions and identified in the survey as registering for disability services had second-year retention rates at 1.6 percentage points higher than their peers. However, in general, students attending Maryland's four-year institutions (both public and independent) 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 as well as their peers academically. In coming years, the data collected by MHEC will allow for additional outcome measures to be analyzed, including six-year graduation rates for students enrolled in the state's four-year institutions, and retention, graduation, and transfer rates for community college students. With these additional measures, Maryland's colleges and universities will be able to track the success of their students seeking disability services and Maryland will be able to report on statewide results. The information may give institutions greater insight into how these students compare to the larger student body and perhaps identify ways to ensure they have the support needed to succeed.
- **Third Year updates**
 - The third 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 third report will be distributed in winter 2020.
- **Expand postsecondary options for students with intellectual disabilities**
 - **Grants to Expand Inclusive Higher Education Options in Maryland**
 - Since May of 2018, \$500,000 has been allocated to the Maryland Department of Health’s Developmental Disabilities Administration (DDA) for grants designed to create an inclusive higher education program for students with developmental disabilities. Two institutions of higher education have been awarded grants to develop and implement inclusive higher education opportunities.
 - “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 for the DDA.
 - **Coppin State University**
 - The first round of grant funding was awarded to Coppin State University (CSU), who has worked to develop and expand upon inclusive higher education options available for people with intellectual and developmental disabilities on their campus. Through Coppin’s Comprehensive Transition Program (CTP), students are able to increase independence, improve social and communication skills, explore career interests, participate in college classes and develop relationships with peers.
 - Coppin’s first cohort of 9 students started in the fall of 2018 by attending orientation and getting acclimated to campus life. In the spring 2019 semester, the students began their academic classes as well as individualized exploration and taking part in campus life. Two of the students are living on campus.
 - Students that are part of this initial cohort include students from Baltimore City, Howard County, Baltimore County and one student from New Jersey. Students have expressed interest in Art, Math, Technology, Child Care Services, Music, Theater and Fitness Training.

- Each student is paired up with a graduate intern who serves as a mentor to students with disabilities. The mentors assist their fellow students to navigate campus life both academically and socially. Students are supported to identify their own academic and career path, including earning a degree and support with job placement.
 - Harford Community College
 - In July 2019, Harford Community College (HCC) was awarded the second round of grant funding from DDA. HCC will be developing a College & Career Experience for Self Sufficiency (ACCESS) Program to provide inclusive higher education opportunities for adults with intellectual disabilities. The ACCESS Program will provide person-centered planning, individualized supports, and services for the academic and social inclusion of students in the program leading to certificates and employment in: customer service, applied culinary arts, hospitality, and building maintenance as well as opportunities to earn additional stackable credentials through credit and noncredit programs.
 - HCC's ACCESS Program will offer inclusive experiences focusing on academic enrichment and extracurricular activities, socialization, independent living skills, self-advocacy skills as well as integrated work experience and career development services. Students will have access to all College facilities and support services.
- **DORS will support students in career oriented postsecondary settings**
 - **Postsecondary Supports.** DORS supported 417 students ages 14-22 in postsecondary education: 163 in College/University, 161 in Vocational and Occupational Skills Training; and 93 in Workforce Technology Center trainings.

Education and Family Support

Outcome

Expanded access to family supports

Strategy

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

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

Preschool Survey and School-Age Survey

- For the 2018-19 MSDE Parent Survey, the parents of 1,825 Preschool and 9,598 School-Age students across the State of Maryland responded.

- The response rate was 16% for Preschool and 10% for School Aged, which is a 3 percent increase for Preschool and no change for School Age, compared to the previous year.
 - The demographic categories of survey respondents were generally similar to those in the State Census, except for a few race/ethnic, disability, and age discrepancies (for the Preschool respondents only and similar to previous years). This year the MSDE used the Percent of Maximum approach for calculating Indicator 8.
 - Survey responses were converted to percentages, and then averaged.
 - The 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 value of OSEP Indicator 8 for parents of preschool students during the 2018-19 school year is 82%.
 - This means that on average 82% of parents, Statewide, agree that their child’s school facilitated parent involvement. The 95% CI for this Indicator is from 80% to 84%.
 - The value of OSEP Indicator 8 for parents of school-age students during the 2018-19 school year is 69%.
 - This means that on average 69% of parents, Statewide, agree that their child’s school facilitated parent involvement. The 95% CI for this Indicator is from 68% to 70%.
 - Because of a change to the methodology used to calculate Indicator 8 implemented in 2016-17, this year’s data can be compared to estimates of Indicator 8 reported in the last two years.
 - This year’s results are slightly higher than estimates from last year for Preschool (81%), which indicates a slight increase in parent perceptions that their child’s school facilitated parent involvement. It remained the same for School Age (69%).
 - Parents responding to both surveys provided low responses to issues of training or support.
 - In addition, parents of students in preschool responded less favorably to receiving information about community services and supports.
 - Parents of school-age students responded less favorably to the school providing them information on agencies that can assist their child in transition from school, providing information about organizations that support parents of students with disabilities, and explaining what options parents have if they disagree with the decision made by a school.
- **Implement IEP translation legislation**
 - 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.

- MSDE reports the legislation is now fully implemented
- 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**
 - MSDE continues to provide technical assistance to local school systems, public agencies, and special education professionals, including its family support staff. MSDE has focused on federal and State rights and responsibilities that support meaningful input in the IEP process. Also, MSDE continues to provide technical assistance to support the development of an understanding of the Dispute Resolution process and the collaborative skills necessary to resolve disputes informally.

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.
 - 211 maintains responsibility for database operations including integration with local call centers and updating of resource database
 - Database is to be updated for behavioral health services every six months
 - Call specialists shall have immediate access to a mental health/substance use disorder clinician as needed

- Call specialists use evidence based screening tools in response to consumers' needs
 - Call specialists provide naloxone information to every consumer that indicates opioid use as a concern
 - All call specialist trainees complete a training program as required by the accrediting body and are 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**
 - The BHA continues its partnership during FY19-FY20 with the Deaf Addiction Services at Maryland (DASAM). DASAM is a state-wide behavioral health treatment program for Deaf and Hard of Hearing individuals struggling with substance use (SUD) and/or co-occurring mental health disorders. Operating under the University of Maryland Medical Center's (UMMS) community psychiatry, DASAM provides a variety of clinical services. These services include: SUD and Mental Health screenings, behavioral health assessments, consultations, as well as on-site and off-site services available through mobile counseling. All DASAM staff are fluent in American Sign Language (ASL). BHA has several contractual agreements throughout Maryland's 24 jurisdictions to provide a variety of behavioral health and dual diagnosis treatment services for the Deaf and Hard of Hearing.

- **Identify barriers to providers' participation in the public health and public behavioral health systems**
 - Accreditation cost was a barrier; however, BHA have made available funds over the past years to assist providers with obtaining an accreditation based license;
 - Certificate of need process;
 - Rates were a concern; however providers received a rate increase which has reduced barriers;
 - Cost associated with start-up;
 - Federal regulatory guidelines for MAT including providing Methadone in correctional setting and skilled nursing facilities;
 - Workforce recruitment and retention of staff; and
 - Skilled Nursing Facilities face barriers addressing the needs of individuals who have both psychiatric and substance related disorders.

- **Expand access to 1915(i) behavioral health supports for youth with severe emotional disturbance and their families**
 - Currently the 1915(i) program has enrolled approximately 10 individuals.
 - During the process of the renewal of 1915i, CMS alerted Medicaid that it was also time to renew the 1915b waiver. In order to renew the 1915b waiver, an independent assessment through a third party is required for

submission of the application. CMS has offered to provide technical assistance to Medicaid regarding the independent assessment. Due to this, the new 1915i changes will have to be put on hold until the 1915b waiver has been approved. There are no new updates at this time. Presently the old 1915i is still in effect until CMS gives Medicaid further instruction

Strategy 7.2: Increase statewide access to crisis and acute services

- **Develop a strategic plan for expanding crisis services statewide**
 - 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. In addition, in FY19/20, crisis centers were established in Anne Arundel, Calvert, Carroll, and Howard Counties. Also, Safe Stations were implemented in Anne Arundel, Wicomico, and Worcester Counties.
 - With additional funding as a result of HB1092, mobile crisis services have expanded in the Mid Shore region, Baltimore City, and Baltimore, Carroll, Harford, and Washington Counties.
 - Funding from State and federal dollars supported an increase Mobile Crisis teams to 19 jurisdictions.

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**
 - Administrative Services Organization and the local behavioral health authorities to coordinate care prior to release from an inpatient treatment facility. The local behavioral health authorities work with a continuum of services providers, which may include psychiatric rehabilitation, mobile and assertive community treatment, targeted case management, and outpatient services, housing and peer recovery services based on individuals' needs and choices.
 - Maryland Department of Health, Operations have a centralized admission process for admissions to state psychiatric hospitals through BHA's Office of Court Ordered Evaluations and Placements.

- Community Forensic Aftercare Program monitors and work with community providers and hospitals to coordinate care for those discharged on conditional release from the hospital.
 - 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 residential substance use treatment.
 - BHA have developed an “in-reach” model for medication management in Subacute Nursing Facilities (SNFs) using Opioid Treatment Programs (OTPs). Opioid Use Disorder (OUD) medication is started while the individual is hospitalized and continued upon discharge. Jurisdictions participating in this pilot model provide case coordination for continuity of care.
 - BHA is reimbursing for buprenorphine or methadone treatment that are not reimbursable by Medicaid.
 - BHA funds SSI/SSDI, Outreach, Access and Recovery (SOAR) specialist in two State psychiatric hospitals to assist individuals with applying for SSI and SSDI benefits using the SOAR model.
 - Expanded employment opportunities through Evidence-based Supported Employment.
- **Identify partnerships between behavioral health and somatic health care practitioners**
 - **Progress update**
 - 102 providers approved as Health Homes:
 - 343 Psychiatric Rehabilitation Providers
 - 30 Mobile Treatment/Assertive Community Treatment Teams and
 - 62 Opioid Treatment Programs

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

- **Establish Community of Practice framework to support families of persons with intellectual disabilities across the lifespan.**
 - The DDA has established a Community of Practice framework to supporting families of persons with intellectual disabilities across the lifespan. The Maryland Communities of Practice (MD CoP) Statewide Leadership Team expanded its membership by welcoming the MD Center for Developmental Disabilities (MCDD) as its newest member. In addition, it enhanced its foundation established over the last three years. All members including the MCDD initiated the development of plans to implement Charting the LifeCourse (CtLC) within their specific organizations, and in the community to better support people with developmental disabilities and their families. The MD CoP will continue to provide opportunities for its leadership team members, people with disabilities, family members and community stakeholders to enhance their knowledge and skills to facilitate the utilization of CtLC across the state.
 - The MD CoP provides technical assistance and guidance to those people and organizations interested in learning about and implementing CtLC in their lives and work. it will become a clearing house through which all information related to the MD CoP, Local CoP and CtLC can be sought, disseminated and highlighted. And finally, it will establish itself as an advisory group from which other organizations, and state systems can seek resources and information as they work to support people with disabilities and their families to lead meaningful, self-directed and integrated lives.
 - This year, Towson University's (TU's) Department of Special Education planned and hosted a Charting the LifeCourse Workshop, facilitated by the National CtLC Consultants, in September 2019, for 88 undergraduate students, graduate students, faculty, current educators, and community members. Participants learned about CtLC - its principles, tools and application thereof when working with students and families in the school setting and throughout the transition process. Initial responses to the workshop were positive and suggested that the information was very well received!
 - "Every parent needs to have this training."

- “Charting the LifeCourse has shown me the significance of seeing the ability in a place where the disability is always seen.”
- “This is exciting and important work to be a part of. To actively change and broaden our definitions of “typical,” “appropriate,” or acceptable.”
- Throughout the year members representing non-profit agencies that support people with developmental disabilities utilized and continue to use CtLC in variety of ways to enhance their person center planning and admissions processes for students transitioning from high school to adult life. In addition, they’ve applied CtLC to their hiring practices and are using CtLC to develop strategies to better support their staff so they, staff, are better prepared to work with people with disabilities and their families.
- The MD State Department of Education (MSDE) is planning to share CtLC with its Transition Coordinators to assist Coordinators as they work with students and families to create a vision and plan for transition. Also, CtLC has been introduced and offered as a tool to case managers working in the Rare and Expensive Case Management (REM) program, and in some Infant & Toddler programs, as well as Transition Training for parents and Employment 1st.
- MD has 9 Local CoP. They include Baltimore, Harford, the Eastern Shore (Mid & Lower Shore), Frederick, Garrett, Montgomery, Prince Georges and Washington Counties. In 2019 they held 32 meetings, with a total of 318 attendees of which 224 were families, 13 self-advocates and 81 other stakeholders. The focus of each Local CoP varied depending upon the composition of the group and their interests. Some Local CoP worked with families to employ the principles and tools of CtLC to develop a vision for their family member; identify challenges; and find solutions utilizing integrated supports and services. Other Local CoP focused solely on transition or educating families and community stakeholders about state and local resources, while others (those that are agency based) applied CtLC within their organization to bring about cultural, and programmatic change.
- In December, the MD Developmental Disability Administration convened the Maryland Family and Advocate Leadership Summit, led by the National Charting the LifeCourse Team to build the capacity of MD family leaders, advocates and other stakeholders to implement and spread CtLC to support people with disabilities and their families.

- Eleven family members and professionals (Ambassadors) participated and complete the CtLC Ambassador Series to build their understanding and use of CtLC for personal and organizational implementation and statewide sharing. As a result, they have the opportunity to receive technical assistance and to participate in ongoing capacity building activities over the next year with the National Consultants as they (Ambassadors) move forward to implement CtLC in their work and lives.
- The CtLC Badge Academy is one example of this technical assistance. Its purpose is to build the confidence and capacity of Ambassadors in specific implementation and facilitation of CtLC activities. Ambassadors can become certified in any or all of the following areas; Foundation of the CtLC Framework Training (CtLC 101); CtLC Family Perspective Training (Family Perspective Toolkit) ; CtLC in Action (Implementation Learning Collaborative); CtLC Stakeholder Planning and Hosting (Broad group); and CtLC Good Life Groups (For Families and Self-Advocates). Certification in any and all areas allows Ambassadors to train other people with disabilities, families, organizations and systems thus enhancing the foundation of CtLC in MD.
- Finally, the MD CoP for supporting families was recognized by Consultants from the The Lewin Group, a national evaluation team, for its good and innovative work. The Lewin Group requested permission to attend, the MD CoP Annual Meeting to observe and discuss MD's success over the past three years.
- "Due to the unique activities occurring in Maryland, the evaluation team determined that a site visit would help inform the national evaluation (of the National COP for supporting families, of which MD is part)," said Natalie Boonchaisri, a research consultant with The Lewin Group.
- The MD CoP for Supporting Families across the lifespan is looking forward to continuing its work in 2020 to create a community in which ALL people can live, love, work, learn, play and pursue their aspirations and thrive!

Strategy 8.2: Expand peer and family support networks

- **Recruit and train peer volunteers and employees in the Public Behavioral Health System peer network**
 - In FY19, BHA held 50 training events and trained 1,408 peer volunteers and employees
- **Explore Medicaid reimbursement of peer supports in the Public Behavioral Health System.**
 - No updates to report at this time

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**
 - September 2016, DHS received a three-year ACL Federal Respite Care Grant to Expand Respite Care through an Emergency Respite Project, and to Increase Access to Respite information and support.
 - In August 2019, DHS received a one-year, no-cost extension, extending the life of the grant through August 31, 2020.
 - In April 2019, DHS and its committed partners (Anne Arundel and Howard County Departments of Aging and Disabilities, the Arc of Central Maryland, Easter Seals, and Chana Baltimore) launched a caregiver resource web site titled "Training Resources for Caregivers" that provides information about a variety of other topics for caregivers across the lifespan.
 - The web site contains three major sections organized different stages of the lifespan:
 - Children, adolescents and young adults;
 - Adults
 - Older adults
 - The website will also contain a section with information pertaining to caregiver needs. The web site is housed on the Maryland Commission on Caregiving's web site at <http://dhs.maryland.gov/maryland-commission-caregiving/training-resources-caregivers/>
- **Increase access to and available funding for emergency respite services to families across the lifespan**
 - During the most recent 12-month period for which data are available (9/1/2018 to 8/31/2019), the Emergency Respite grant has served over 150 families.
 - The most common reasons for caregivers using the grant are to attend to a caregiver's own medical need and to attend a funeral.
 - Caregivers across all 24 jurisdictions have used the grant.
 - The grant has been access by caregivers across the lifespan:
 - 33% of the care recipients have been children,
 - 36% adults 18 to 64, and
 - 51% of the care recipients have been 65 and older.
 - 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 MDOA, MDOD, local departments of social services, and organizations serving caregivers and their families such as hospitals, the VA, and advocacy groups
 - Participation at caregiver events and expos
 - Face-to-face meetings with caregiver serving organizations
- **Streamline process to apply for respite services across multiple programs through a universal application**
 - No updates at this time
- **Expand coverage of family supports and respite care for families in the 1915(i) program**
 - 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**
 - 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
 - 5 training sessions in FY19.
 - 89 law enforcement professionals trained
- **Educate criminal justice professionals about the needs of people with behavioral health issues**
 - 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.

- With the passage of HB116 and the support of federal dollars, certain local detention centers have provided medication assisted treatment (MAT). Harford, Howard, Prince George's and Queen Anne counties are providing treatment. Baltimore, Calvert, Caroline, and Cecil counties will begin November, 2019. HB116 names Howard, Montgomery, Prince George's and St. Mary's counties to provide a more comprehensive MAT program with an anticipated launch date of January 1, 2020.

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**
 - Number of individuals admitted in FY 2019 with a Forensic Admission Status:
 - State Psychiatric Facilities: 867
 - RTC/RICAs: 22
- **Identify additional public safety/criminal justice steps**
 - **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.
 - 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 recovery centers are in accessible formats

- **Work with the State and local emergency managers to ensure that the communications shared during emergencies are accessible**
 - MDOD has placed 18 accessibility kits in strategic locations for rapid deployment to mass care operations, emergency shelters, disaster recovery centers, and repatriation operations.
 - MDOD has invested in large screen electronic message signage to provide critical information in large print, reverse contrast, and multiple languages for individuals in mass care/emergency shelters, disaster recovery centers, and repatriation operations
- **Develop a training on providing accessible communications during emergencies for State and local emergency managers**
 - MDOD has trained several emergency managers and public information officers on how to make web products, critical alerts/information and social media accessible to individuals who use assistive technology

Strategy 10.2: Ensure that the needs of the disability community are included in emergency management plans

- **Work with MEMA to develop an executive summary for FEMA Region III detailing progress on programs and initiatives for emergency preparedness and response for people with disabilities**
 - MDOD's Director of Emergency Preparedness 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**
 - 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**

- . MDOD's Director of Emergency Preparedness participated in several state activations and periods of enhanced monitoring in 2019 which included
 - 4 Activations
 - 11 Periods of Enhanced Monitoring for:
 - Snow/ice (5)
 - Rain/flash flooding (3)
 - Extreme heat (1)
 - Hurricane (2)

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 FY19 there were 2 projects in design phase, 5 projects in pre-construction, 5 projects in active construction, and 5 projects completed during year.
 - During FY19, ADA access has been increased in 3 different state facilities and 2 universities/colleges

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.

- Per Executive Order, hired an IT Accessibility Coordinator to collaborate with the Department of Information Technology (DoIT) and the Department of General Services (DGS) to provide accessibility technical assistance during State procurement processes and address accessibility concerns of State employees utilizing State provided IT solutions.
- Conducted three Information and Communications Technology webinars geared toward state agency and IT staff reaching 18 participants.

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.

The Appalachian Regional Commission (ARC) received federal funding to receive

- \$16 million for a program of basic infrastructure improvements in distressed counties in Central Appalachia [an increase of \$10 million over the FY18 level]

- \$10 million to continue a program of broadband deployment in distressed counties in Central Appalachia.
- The report also directs ARC to engage in a partnership with a rural consortium that includes academic entities, rural health care providers, and economic development entities to develop information and data on overall agricultural and human health issues and how economic distress can be overcome through addressing those issues, along with strategies for implementing solutions. ARC is directed to submit a report to Congress describing these activities within one year.

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**
 - MDTAP provided direct information and assistance to 838 constituents; conducted over 250 public awareness events across the state of Maryland, and provided 20 assistive technology trainings to 330 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**
 - All State agencies were required to develop and implement customer services strategies which include tracking customer service data for FY19. These reports are published to each agency's website. Each agency is required to continue customer service plan implementation with a new annual report due for FY20 in October of 2020.
 - Highlights of the FY19 Report
 - **Social Media Usage to Improve the Customer Experience**
 - 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
3810	1382	323

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

New Followers	Mentions*	Impressions*
45	46	22,200

- 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.
- The most important aspect of the customer experience with our department is efficient, accurate, and accessible information. For most calls, our constituents are frustrated and confused by complicated service delivery systems. We strive to provide answers and clear instructions, recognizing that when constituents call out of desperation, listening empathically cannot be replaced. The two highest scoring categories (at 90% satisfaction rating) on our Customer Service Surveys were “Truthful and Transparent” and “Made it Easy to Handle”.
- **Develop plans to improve communications with people waiting for determination of eligibility for services**
 - Per the Maryland Department of Disabilities FY19 Customer Service Plan, MDOD has analyzed processes and implemented changes to the Attendant Care Program (ACP) to improve processes for eligibility and recertification. Online service delivery continues to be a goal.
 - MDOD staff met with the Department of Information Technology (DoIT) staff to discuss development of an online portal for ACP participants and applicants. This continues as a long-term goal for the program.
 - 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 FY19.