

Maryland Department of Disabilities

Annual Progress Analysis

2023

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Maryland Department of Disabilities

Overview

- The Maryland Department of Disabilities (MDOD) is charged with coordinating and improving the delivery of services to individuals with disabilities in the state of Maryland.
- MDOD, working collaboratively with all State government agencies, provides advocacy and guidance to ensure that State entities deliver services in the most integrated settings possible, develop consistent policies affecting those with disabilities, and consider the diverse needs of all when making decisions which impact Marylanders.
- MDOD focuses on independence and full community membership through its programs which address community living, accessible housing, transportation. employment, education, financial well-being, family support, civil rights, technology assistance and accessible communication.

Mission

Ensuring we leave no Marylander behind by promoting equality of opportunity, access, and choice for Marylanders with disabilities.

Vision

The Department of Disabilities is committed to the promise of a Maryland in which all people with disabilities have the knowledge and influence to make a difference in their lives and the lives of others.

Legal Authority

Human Services Article §7-132 outlines the requirements for the State Disabilities Plan, which is reported on annually in the Department of Disabilities Annual Progress Analysis:

- **(a) Coordination of support services.** The State Disabilities Plan shall provide for the coordination of support services that:
 - (1) ensure compliance with the federal Americans with Disabilities Act and other relevant federal and State provisions intended to protect the civil rights of individuals with disabilities;
 - (2) are necessary for individuals with disabilities to achieve maximum participation in the mainstream of the community in the most integrated setting possible; and
 - (3) address, on a statewide basis, the improvement of:
 - (i) the capacity of communities to support individuals with disabilities with personal attendant care and other long-term care options that are self-directed;
 - (ii) the availability of accessible, integrated, and affordable housing options;
 - (iii) reliable transportation options;
 - (iv) employment and training options, including selfemployment and non-congregant competitive opportunities available in an integrated environment in which there are individuals with and without disabilities;
 - (v) somatic and behavioral health options;
 - (vi) accessible and universally designed technology;
 - (vii) support services for children, youth, and their families to enable them to achieve successful learning;
 - (viii) family support services, including respite care; and
 - (ix) crime control, public safety, and correctional services that appropriately take into account the needs and rights of individuals with disabilities

2020-2023 State Disabilities Plan and Annual Progress Analysis

Framework

The Maryland Department of Disabilities (MDOD) is charged with coordinating and improving the delivery of services to individuals with disabilities in the State of Maryland. MDOD's vision for the next four years is: A Maryland in which all people with disabilities have the knowledge, opportunity, and influence to make a difference in their lives and the lives of others.

By working collaboratively with all State government agencies, the Department of Disabilities provides advocacy and guidance to ensure that State entities deliver services in the most integrated settings possible and develop consistent policies affecting those with disabilities. The current State Disabilities Plan is founded on five guiding principles: Self-Direction, Financial Well-Being, Health and Wellness, Maximizing Resources, and Accessible Communication. These principles are interwoven and integral to each outcome and activity under the current plan.



Guiding Principles

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



Outcomes

The outcomes listed in this plan describe in more detail what progress needs to be made to achieve the guiding principles. These outcomes can and will be measured.



Strategies

The strategies in this document guide the activities that are those most likely to have a widespread, positive impact on stakeholders, contribute to the accomplishment of outcomes, are achievable and measurable, and work together to reinforce each other.



Activities

Activities listed in this document are the broad data collection tools used to measure general, statewide progress towards achieving outcomes 2020-2023 State Disabilities Plan and Annual Progress Analysis

Guiding Principles

Self-Direction

Individuals with disabilities will determine how they wish to live.

- People with disabilities will have the ability to participate in the design of their personal support systems, and the opportunity to live and participate fully in the community in non-congregant settings.
 - This Guiding Principle focuses on ensuring that people have a choice in their support services and housing and maintaining 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.

- People with disabilities will achieve financial well-being through equal access to education, employment, work incentives and benefits counseling, financial management, and savings programs.
 - This Guiding Principle focuses on common paths to financial independence, including education, employment, and sound financial management.

Health and Well-Being

Individuals with disabilities will have access to resources and services that promote health and wellness.

- People with disabilities will improve their quality of life through multidisciplinary and integrative services and supports.
 - This Guiding Principle focuses on developing resources and building capacity in health, behavioral health care, family and peer supports, and improving access to recreational/wellness activities.

Maximizing Resources

Maryland state agencies and key stakeholders will maximize resources effectively.

- Maryland state agencies and key stakeholders will refine processes and infrastructure.
 - This Guiding Principle focuses on organizational capacity building and infrastructure development between state and non-state partners to better serve people with disabilities and their families.

Accessible Communication

Maryland state agencies will be accessible, and communicate information effectively, equitably, and in an accessible format.

- People with disabilities will have equal access to all state agency communications, programs, and services.
 - This Guiding Principle focuses on ensuring all government communications are accessible, promoting quality service delivery, and acquiring accessible communication services and products for individuals with disabilities.

2020-2023 State Disabilities Plan and Annual Progress Analysis

Outcomes

The outcomes listed below are detailed descriptions of progress that must be made within Maryland's state agencies to achieve and reach our measurable goals. These thirteen outcomes directly impact the five main guiding principles—or long-term changes—that are listed above in this plan. These outcomes play an integral role in each of the principles in the following ways:

Outcome One

Improved self-directed supports and services for people with disabilities and their families

Outcome Two

Improved availability of integrated, affordable, and accessible housing options for people with disabilities and their household

Outcome Three

Improved reliable transportation options for people with disabilities

Outcome Four

Improved employment and training options, including self-employment and non-congregant competitive opportunities available in an integrated environment in which there are individuals with and without disabilities

Outcome Five

Improved educational support services for children, youth, and life-long learners with disabilities

Outcome Six

Improved financial stability and independence for people with disabilities and their families

Outcome Seven

Improved physical and behavioral health care for people with disabilities and their families

Outcome Eight

Improved family and peer support services for people with disabilities and their families

Outcome Nine

Improved crime control, public safety, and correctional services emphasizing the needs and rights of people with disabilities

Outcome Ten

Improved accessible and universally designed communication and technology

Outcome Eleven

Improved disability equity, transparency, and efficiency in state government services

Outcome Twelve

Improved access to recreational and wellness activities for people with disabilities and their families

Outcome Thirteen

Improved capacity, infrastructure, and coordinated policy implementation in response to and recovery from public health emergencies

Self-Direction

Individuals with disabilities will determine how they wish to live.

People with disabilities will have the ability to participate in the design of their personal support systems, and the opportunity to live and participate fully in the community in non-congregant settings.



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

Applicable Outcomes

Outcome One - Improved self-directed supports and services for people with disabilities and their families

Outcome Two - Improved availability of integrated, affordable, and accessible housing options for people with disabilities and their households

Outcome Three - Improved reliable transportation options for people with disabilities

Outcome Thirteen - Improved capacity, infrastructure, and coordinated policy implementation in response to and recovery from public health emergencies

Self-Direction – Outcome One

Improved self-directed supports and services for people with disabilities and their families

Strategy One

Improve home and community-based services and programs

Activity: Annually collect qualitative and quantitative data and report on improvement in home and community-based services and programs

Medicaid Home and Community-Based Services

Home and community-based services (HCBS) provide opportunities to receive services in the home or community rather than institutions or other isolated settings.

These programs serve a variety of targeted populations groups, such as people with intellectual or developmental disabilities, physical disabilities, and/or behavioral health.

1. Autism Waiver

Maryland's Home and Community Based Services Waiver for Children with Autism Spectrum Disorder allows eligible children with autism spectrum disorder to receive specific waiver services and certain Medicaid services to support them in their homes and communities.

Maryland State Department of Education (MSDE) annual enrollment numbers

- The number of Autism Waiver participants receiving specific waiver services and certain Medicaid services to support them in their homes and communities
- The number of names on the Autism Waiver Registry
- 2021 Enrollment
 - 1,338 Autism Waiver participants received specific waiver services and certain Medicaid services to support them in their homes and communities
 - As of June 30, 2021, 5,992 names were on the Autism Waiver Registry
- 2022 Enrollment
 - 1513 Autism Waiver participants received specific waiver services and certain Medicaid services to support them in their homes and communities
 - As of June 30, 2022, 6,274 names on the AW registry
- 2023 Enrollment
 - 1697 Autism Waiver participants received specific waiver

services and certain Medicaid services to support them in their homes and communities.

■ As of June 30, 2023, 6,694 names on the AW registry

• 2022 Capacity

- FY2023 the Governor's budget approved funding for up to 1600 Autism Waiver Participants.
- The total number of slots approved by CMS for FY2023 was 1600.

• 2022 Capacity

- FY2022 the Governor's budget approved funding for up to 1400 Autism Waiver Participants.
- The Autism Waiver (AW) Application, approved by the Centers for Medicare and Medicaid Services (CMS), limited to 1300 Autism Waiver slots.
- The COVID-19 related Emergency Preparedness and Response, Appendix K, allowed an additional 200 slots, on top of those already approved by CMS, to keep transitioning youth enrolled during the public health emergency (PHE).
- Therefore, the total number of slots approved by CMS for FY2022 was 1600.

• 2023 Capacity

- FY2023 the Governor's budget approved funding for up to 1600 Autism Waiver Participants
- The total number of slots approved by CMS for FY2023 was 1600.

2. Brain Injury Waiver

Maryland's Home and Community-Based Services Waiver for Individuals with Brain injury provides specialized community based services to adults with brain injuries who meet program eligibility.

Covered services include: Residential habilitation, Day habilitation, Supported employment, Individual Support Services, Case management, and Medical Day Care.

Eligible individuals must be between the ages of 22 and 64, have sustained a brain injury after the age of 17, require a nursing facility or chronic hospital level of care and reside in a state owned and operated nursing facility, a CARF accredited chronic hospital, or a state psychiatric hospital. An individual's income and assets are reviewed to determine financial eligibility for Medical Assistance.

Behavioral Health Administration's annual enrollment numbers

- 2021 Enrollment
 - o 119 Individuals were enrolled in the Waiver for Individuals with

Brain Injury waiver (BI Waiver) in FY21. 118 individuals have been enrolled in the BI Waiver so far in FY22.

Demand and Capacity

- The BI Waiver was renewed in FY21 for five additional years. There are 135 available waiver slots in FY22.
- The BI Waiver renewal included a projected increase of 10 slots each fiscal year. FY22 135 slots, FY23 145 slots, FY24 155 slots, FY25 165 slots, and FY26 175 slots.
- The renewal also included a change in the individual support service definition, per CMS guidance, and approval to provide this service virtually. COMAR regulations are being modified to reflect these service changes.

2022 Enrollment

 120 Individuals were enrolled in the Waiver for Individuals with Brain Injury waiver (BI Waiver) in FY22. 121 individuals have been enrolled in the BI Waiver so far in FY23.

2023 Enrollment

 There are 13 new enrollments in the program in FY23. A total of 131 participants served in FY23.

Demand and Capacity

- The BI Waiver was renewed in FY21 for five additional years. There are 145 available waiver slots in FY23.
- The BI Waiver renewal included a projected increase of 10 slots each fiscal year. FY22 135 slots, FY23 145 slots, FY24 155 slots, FY25 165 slots, and FY26 175 slots.
- In September 2022, CMS approved MDH's Appendix K request that temporarily allows access to the program from private nursing facilities. This change will remain in effect until 6 months after the end of the public health emergency. The Department is currently evaluating the impact of amending the waiver program to allow access from private nursing facilities.

3. <u>Community First Choice</u>

- 2020
 - 14,929 individuals with disabilities are participating in the Community First Choice program.
- 2021
 - 18,851 individuals with disabilities are participating in the Community First Choice program

• 2022

 20,219 individuals with disabilities are participating in the Community First Choice program

DDA Waivers			
Community Supports	Family Supports	Community Pathways	
The Community Supports Waiver helps participants to live more independently in their homes and communities. The program provides a variety of Meaningful Day and Support Services that promote community living, including a self-directed service model and traditional, agencybased service model.	The Family Supports Waiver helps participants to live more independently in their homes and communities. The program provides a variety of Support Services that promote community living, including a self- directed service model and traditional, agency- based service model.	The Community Pathways Waiver helps participants to live more independently in their homes and communities. The program provides a variety of Meaningful Day, Support, and Residential Services that promote community living, including a self- directed service model and traditional, agency- based service model	
2021 Annual Enrollment			
1,143 Community Support participants	352 Family Support participants	15,866 Community Pathways participants	
	2022 Annual Enrollment		
1,649 Community Support participants	353 Family Support participants	15,846 Community Pathways participants	
	2023 Annual Enrollment		
2,339 Community Support participants	363 Family Support participants	15, 746 Community Pathways participants	

Social Services to Adults (SSTA)

MDOD and the Department of Human Services (DHS) administer state programs which financially assist or give access to daily living supports to remain in their own home or in the community.

1. Attendant Care Program (In-home aide supports)

The Attendant Care Program (ACP) provides financial reimbursement to assist individuals with severe chronic or permanent physical disabilities who require attendant care services to direct their own care and select their own service providers.

Annual Updates - 2021

- 2021 Enrollment
 - Annual participant enrollment: 165
 - Annual number/percentage at risk of nursing home
 - 96 participants (58%)
 - Annual number/percentage school, looking for work and working
 - 69 participants (42%)
- 2022 Enrollment
 - Annual participant enrollment: 164
 - Annual number/percentage at risk of nursing home
 - 95 participants (59%)
 - Annual number/percentage school, looking for work and working
 - 66 participants (41%)
- 2023 Enrollment
 - o Annual participant enrollment: 140
 - Annual number/percentage at risk of nursing home
 - 82 participants (59%)
 - Annual number/percentage school, looking for work and working
 - 58 participants (41%)
- Information on the demand and capacity for the program (data can be qualitative and/or quantitative)

2021

- o Annual number of applicants on waitlist: 69
- Annual number of participants on the registry: 58
 2022
- o Annual number of applicants on waitlist: 61
- Annual number of participants on the registry: 71'
 2023

- Annual number of applicants on waitlist: 25
 Annual number of participants on the registry: 137
- Annual discussion on agency's target goals (targets for % of nursing home, student, looking for work) and plan for next year's target goals
 - Per COMAR, the ACP must maintain a waiting list of eligible applicants.
 - The Program has developed a registry, separate from the waiting list allowing people to express interest in participating in the program by self-reporting information about their medical and financial eligibility.
 - This ensures a limited time frame from when a person completes the application, submits supporting documentation, and is enrolled in the program and can start receiving benefits.)
 - From historical enrollment numbers and with the current maximum reimbursement allowed under the program, it is estimated that 180 people can be enrolled at any given time
 - The Program's priority is to enroll more people who meet the criteria of working/looking for work/enrolled in postsecondary education. The regulations stipulate that at least 50% must meet this eligibility category. Targeting and enrolling people in this category will continue to be the Program's top priority in this year and subsequent ones. The Department has created and will distribute outreach materials and be available for speaking engagements to share information on the program.

2. In-Home Aides Service Program (In-home supports)

In-Home Aides Service Program (IHAS) offers aide services (personal care, chores, other activities of daily living) in the consumer's homes which allows an adult with a disability to continue living at home and to avoid unnecessary or premature moves to nursing homes or other out-of-home placements.

- Annual number of adults received in home supports through DHS's In-Home Aides Service Program.
 - 2021 1,858 people
 - 2022 1,718 people
 - 2023 2,397 people

3. Maryland Access Point (information and referrals for independent living services)

 Maryland Access Point (MAP) was established as the single-entry point for individuals seeking long term support services and a range of community supports.

- Maryland's 20 local MAP sites aim to assist consumers to navigate the complex system of services through individual, person-centered counseling.
- Maryland Access Point (MAP) is the gateway to long term services and supports in Maryland Managed by the Maryland Department of Aging, MAP specialists work with caregivers, professionals, and all individuals with long term care needs to plan, identify, connect, and assist with accessing private and public resources for long term services and supports.
- Long-term services and supports include information on health, transportation, income, and financial aid, senior and community centers and clubs, nutrition and meals, pharmacy assistance, housing, volunteer opportunities.
- MAP also offers Options Counseling, a service through which all individuals and their caregivers plan and make informed decisions regarding their longterm care.
 - Trained, professional Options Counselors use a person-centered approach and support individuals with matching their needs, preferences, and values with services in their community, developing a personalized action plan, getting connected to resources, making referrals to appropriate agencies and planning for current and/or future needs.
 - Options Counseling is a statewide program delivered by staff at the 20 local Maryland Access Point (MAP) sites.

- During FY2021 (October 1 Sept. 30, 2021) Maryland Access Point (MAP) provided a total of 16,742 units of application assistance related to LTSS services.
- Additionally, in FY2021 MAP conducted 8,861 Level One Screens to refer individuals to the CO Waiver registry.
- A total of 16,448 in depth interviews for LTSS were conducted, 8,752 (53.2%) of which included a written action plan for LTSS.
- The MAP network served a total of 49,469 clients in FFY2021.
 - This population consisted of 41,786 persons (84.4%) aged 60 and over, 6,360 persons (12.8%) ages 21-59, and 553 (0.01%) persons ages 20 and below.
 - Statewide I&R referrals at the MAP sites as it relates to LTSS: 159,125
 - o In-depth interviews as it relates to LTSS: 8,861

- During FY2022 (October 1 Sept. 30, 2021) Maryland Access Point (MAP) provided a total of 28,993 units of application assistance related to LTSS services.
- Additionally, in FY2022 MAP conducted 8,563 Level One Screens to refer individuals to the CO Waiver registry.
- A total of 11,183 in-depth interviews for LTSS were conducted, 2,492 (22.3%)

of which included a written action plan for LTSS.

- The MAP network served a total of 63,877 clients in FFY2022.
 - This population consisted of 54,601 persons (85.5%) aged 60 and over, 6,471 persons (10.1%) aged 21-59, and 427 (0.01%) persons ages 20 and below.

Statewide I&R referrals at the MAP sites as it relates to LTSS: 272,863 In-depth interviews as it relates to LTSS: 11,183

Annual Updates - 2023 (October 1, 2022 - Sept. 30, 2023)

- During FY2023 (October 1 Sept. 30, 2023) Maryland Access Point (MAP) provided a total of 29,261 units of application assistance related to LTSS services.
- Additionally, in FY2023 MAP conducted 9,353 Level One Screens to refer individuals to the CO Waiver registry.
- A total of 20,742 in-depth interviews for LTSS were conducted, 10,462 (50.4%) of which included a written action plan for LTSS.
- The MAP network served a total of 84,437 clients in FY2023.
 - This population consisted of 76,788 persons (90.9%) aged 60 and over,
 6,086 persons (7.21%) aged 21-59, and 1,969 (0.28%) persons ages 20 and below. Statewide I&R referrals at the MAP sites as it relates to LTSS:
 134,674

Strategy Two

Improve choice and self-direction within supports programs

Activity: Annually collect qualitative and quantitative data and report on improvement in choice and self-direction within supports programs.

1. <u>DDA Self-Direction Option under Medicaid Waivers (Family Supports Waiver, Community Supports Waiver, Community Pathways Waiver)</u>

Annual enrollment numbers from DDA

- FY21 Enrollment
 - 1,773 participants utilizing the self-directed service delivery model in one of the DDA operated Medicaid Waiver programs (i.e., Community Pathways, Family Supports, and Community Supports)
- FY22 Enrollment
 - 2,263 participants utilizing the self-directed service delivery model

in one of the DDA operated Medicaid Waiver programs (i.e., Community Pathways, Family Supports, and Community Supports)

- FY23 Enrollment
 - 2,679 participants with an approved self-direction person-centered plan (PCP) in one of the DDA operated Medicaid Waiver programs (i.e., Community Pathways, Family Supports, and Community Supports)
- Methods to improve person-centered planning process for people in the DDA
 Community Pathways waiver (e.g., Supports Intensity Scale and/or other assessment tool and/or other methods)

Annual Updates - 2021

- The DDA continues to work with Telligen, the contractor that was awarded the Level of Need contract. Telligen is responsible for conducting Supports Intensity Scale (SIS) assessments on all persons entering service. The contract was paused from 2/1/21-4/22/21 due to contract modification and approval process.
- Nov 2020-Nov 2021:
 - Central Maryland Regional Office 1,677
 - Eastern Shore Regional Office- 126
 - Southern Maryland Regional Office- 921
 - Western Maryland Regional Office-251

Annual Updates - 2022

■ 2,740 total SIS assessments

Annual Updates - 2023

■ 1,790 SIS total assessments

Strategy Three

Improve delivery of services in the most integrated and least-restrictive setting possible

Activity: Annually collect qualitative and quantitative data and report on improvement in services being delivered in the most integrated, least-restrictive setting possible

Medicaid Community-Based Setting /Any Setting * 2022 not available

Annual 2021 Updates

- Medicaid provided services to 52,298 people in any setting
 - o (56%) of these individuals were in home and community-based settings

Annual 2023 Updates

- Medicaid provided services to 48,989 people in any setting
 - o (57%) of these individuals were in home and community-based settings

• DDA Community-Based Setting/Any Setting

Annual Updates

2021

- 24,992 individuals received DDA services
 - o 17,764 people were served in community-based setting

2022

- 24,598 individuals received DDA services
 - o 18,625 people were served in community-based settings

2023

- 25,138 including CCS only, as of June 30, 202
 - o 19,748 people being served in community-based settings

• BHA Community-Based Setting/Any Setting

BHA's annual numbers of adults with disabilities being served in any settings and community-based settings

Annual Updates - 2021

- Number of people being served by BHA in any setting: 285,764
- Number of people being served in community-based setting: 283,947

Annual Updates - 2022

- Number of people being served by BHA in any setting: 299,120
- Number of people being served in community-based setting: 297,061

• Nursing facility residents' readiness to transition into community living using the MDS 3.0 Section Q assessment tool

Number of assessments administered by MDH

Annual Updates - 2021

- 7473 Level One Screens completed
- 35 Options Counselling referrals that were triggered by the MDS
 3.0 Section Q assessment tool
- 70 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
- 24 trainings related to supporting individuals with disabilities in housing

- 9,243 Level One Screens completed
- 551 Options Counselling referrals that were triggered by the MDS
 3.0 Section Q assessment tool
- 69 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
- 26 trainings related to supporting individuals with disabilities in housing

- Money Follows the Person Demonstration Project, and community transition eligible individuals residing in nursing facilities and state psychiatric hospitals
 - Number of nursing facilities and state psychiatric hospitals transitions into home and community-based waivers (broken down by waiver

2021

- Community Options Waiver: 144
- Brain Injury: 8
- DDA: 1
 - Total: 153
- Next Year's Goals
 - MDH has a goal of 333 transitions for next year
 - Community Options Waiver: 303
 - Brain Injury: 10
 - DDA: 20
 - The COVID pandemic caused a disruption in the number of transitions and the state was waiting for MFP to be reauthorized by Congress resulting in a period of time where efforts were further halted.

2022

Number of nursing facilities and state psychiatric hospitals transitions into home and community-based waivers (broken down by waiver

- Community Options Waiver: 90
- Brain Injury: 3
- DDA: 1
 - Total: 94
- Next Year's Goals
 - MDH has a goal of 170 transitions for next year
 - o Community Options Waiver: 15
 - o Brain Injury: 5
 - o DDA: 10
 - The COVID pandemic and limited housing inventory have continued to cause a disruption in the number of transitions. Additionally, vacancies within MDH have caused a backlog of plans of support approvals which has results in extensive delays for program enrollment

Number of nursing facilities and state psychiatric hospitals transitions into home and community-based waivers (broken down by waiver

- Community Options Waiver:51
- Brain Injury: 3
- DDA:0
 - o Total: 54
- Next Year's Goals 2023
 - o MDH has a goal of 170 transitions for next year
 - o Community Options Waiver: 15
 - o Brain Injury: 5
 - o DDA: 10
- Money Follows the Person Demonstration Project, Options Counseling and service to nursing facility residents who are considering moving into the community

Annual Updates – 2021

- 2021 Number of options counseling referrals, MDOD/Medicaid
 - 2,032 referrals for Options Counseling were made for nursing facility residents who expressed an interest in community transitions
 - Referrals were significantly impacted during the pandemic because of limited nursing facility access.

Annual Updates - 2022

- 2022 Number of options counseling referrals, MDOD/Medicaid
 - MFP POS contractors made 339 referrals for Options Counseling for nursing facility residents who expressed an interest in community transitions
 - Referrals were significantly impacted in this reporting period. Additionally, MDOD did not renew contracts with two vendors which impacted outreach efforts in the nursing facilities

Annual Updates - 2023

- 2023 Number of options counseling referrals MDOD/Medicaid
 - 1044 for MA eligible residents (689 completed); 659 for non-MA eligible residents (278 completed)

- 2023 Number of ongoing peer support referrals
 109 referrals were made for Ongoing Peer Support
- Money Follows the Person Demonstration Project, peer support and nursing facility residents who are in the process of moving into the community

- o 2021 Number of ongoing peer support referrals.
 - 263 referrals were made for Ongoing Peer Support
- Information on the demand for the peer support
 - Efforts have been made to standardize the provision of Ongoing Peer Support Services across contractors.
 - Enhanced training opportunities are being discussed among MDH and MDOD for the contractors and strategies are being explored to improve collaboration with the Supports Planning Agencies.

Annual Updates - 2022

- o 2022 Number of ongoing peer support referrals.
 - 205 referrals were made for Ongoing Peer Support
- Information on the demand for the peer support
 - Supporting nursing facility residents transitioning has been challenging as a result of the COVID pandemic; supports had been mostly provided by telephonic means due to limited nursing facility access as well as the backlog of plans of service approvals within MDH.
 - Some counties and Baltimore City have not consistently been served by the program as a result of contract interruptions between the vendors and MDOD.

- o 2023 Number of ongoing peer support referrals
 - 109 referrals were made for Ongoing Peer Support

Self - Direction - Outcome Two

Improved availability of integrated, affordable, and accessible housing options for people with disabilities and their households

Strategy One

Improve quantity of and access to integrated, affordable, and accessible rental housing in Maryland.

Activity: Annually collect qualitative and quantitative data and report on improvement of availability and access to integrated, affordable, and accessible rental housing in Maryland

1. Section 811 program

Annual Updates -

- To date 331 Section 811 units have been identified, exceeding the anticipated unit count of 300.
 - For FY21, the Section 811 program, there are 232 units occupied, leasing in process for 6 and 7 in construction.
 - For FY22, the Section 811 program, there are 273 units occupied, leasing in process for 3 and 14 in construction.
 - For FY23, the Section 811 program, there are 278 units occupied, leasing in process for 3 and 11 in construction.

2. Weinberg Apartments

Annual Updates - 2021

- 27 households are in the Weinberg Apartments with 1 unit in construction. 1 participant passed away
- DHCD received an award in 2020 from the Weinberg Foundation of \$3 million to fund additional affordable units for people with disabilities.
- MDOD has identified units in Ellicott Gardens II and Artist Flats to participate in the new round of funding. MDOD has done outreach to the new priority populations, with targeted outreach to DHS Foster Care case managers.

- 32 households are in the Weinberg Apartments with 1 unit in leasing due to a program participant receiving a housing choice voucher
- DHCD received an award in 2020 from the Weinberg Foundation of \$3 million to fund additional affordable units for people with disabilities.

- MDOD has identified units in Willows at Forest, North Odenton, Cold Spring Lane and Uplands to participate in the new round of funding.
- MDOD has done outreach to the new priority populations, with targeted outreach to DHS Foster Care case manager

- 35 households are in the Weinberg Apartments with 2 units in leasing at Ellicott Gardens II.
- The following buildings have been identified as projects for unit funding out of the 2020 Award: Artist Flats, North Odenton, Willows at Forest, Uplands, and Cold Spring Ln. As of the last update from DHCD, these projects are under approval and review by the Foundation for funding.

3. Interagency Bridge Subsidy housing programs

Annual Updates – 2021

 63 individuals have been housed using the MFP Bridge Subsidy program and 38 individuals currently residing in units.

Annual Updates - 2023

70 individuals have been housed using the MFP Bridge Subsidy Program with 30 currently participating. The program is currently on hold. MDOD, MDH, and DHCD are attempting to identify more localities interested in participating in the program with a focus primarily on the in-demand areas of the state: Baltimore City, Baltimore County, Howard County, Anne Arundel County, and Montgomery County.

4. <u>Housing activities targeted to address homelessness among persons with disabilities through the Continuum of Care Program</u>

- In FY 2021, MDOD's Secretary continued to serve as the Chair of the Interagency Council on Homelessness (IAC) but the group's meetings were suspended by staff within the Homeless Solutions Program (HSP) at DHCD, who were tasked with obligating funds for emergency rental assistance and housing vouchers, allocated by the US Treasury and HUD to states.
- MDOD's Director of Housing Policy and Programs (DHPP) has continued attending the Balance of State Continuum of Care (CoC) board meetings, serving on the performance review committee most recently for the CoC Notice of Funding Availability (NOFA)

- released by HUD. Several projects from Local Homelessness Coalitions (LHCs) were reviewed and ranked, scored for their alignment with the goals and policy priorities of the NOFA.
- 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 Mainstream Vouchers in DHCD's Eastern Shore and Western Maryland jurisdictions, which have been historically underutilized, and ways that this program can be better targeted to the appropriate population.

- In FY 2022, MDOD's Secretary continued to serve as the Chair of the Interagency Council on Homelessness (IAC) and the group's activities resumed to pre-pandemic frequency. MDOD's Director of Housing Policy and Programs (DHPP) revived the Lived Experience Subcommittee, which has been tasked with recruiting additional ICH members with a lived experience of homelessness. In September, the ICH requested a review of policy recommendations to accompany the upcoming Annual Report on Homelessness. These items are to be voted upon by stakeholders at the final meeting of the calendar year.
- MDOD's Director of Housing Policy and Programs (DHPP) has continued attending the Balance of State Continuum of Care (CoC) board meetings, serving on the performance review committee most recently for the CoC Notice of Funding Availability (NOFA) released by HUD. Several projects from Local Homelessness Coalitions (LHCs) were reviewed and ranked, scored for their alignment with the goals and policy priorities of the NOFA. At this time, the DHPP is evaluating the feasibility of pairing PSH resources dedicated to the chronically homeless with existing housing subsidies for people with disabilities.
- 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 has developed partnerships with the Prince George's County Department of Housing and Community Development (DHCD) and the Baltimore County Department of Housing and Community Development (DHCD). MDOD is working on an MOU with Prince George's County that will create a rental subsidy program for people with disabilities who are experiencing chronic homelessness. Eligible individuals will be identified from MDOD's existing waitlist. MDOD will be tasked with creating a relationship with the Prince George's County Continuum of Care (CoC) to move this partnership forward, ensuring that eligible individuals are receiving needed

- services from the homeless services system, including case management support. The program will be funded using their HOME-ARP funds. Baltimore County's DHCD will also be using some of their HOME-ARP dollars to dedicated affordable and accessible units. Presently, MDOD is collaborating with a Public Policy Master's student from University of Maryland, College Park (UMD), who is conducting research for the county and will be producing a set of policy recommendations for developing an accessible unit program.
- DHCD received an award for additional HUD Section 811 PRA funding in the amount of \$6.9 million, which will roughly fund an additional 100 units. We have started to identify units for this program.
- MDOD and HOC's Community Choice Homes (CCH) program has successfully leased 22 units since its inception. MDOD is waiting to identify the remaining units in the program 8 remain
- HUD recently requested feedback on RAD conversions for the HUD 811 PRAC program. MDOD's DHPP is in the process of developing a letter with specific recommendations regarding ways to make the program compliant with Olmstead v. L.C. and other community integration objectives that align with the department's mission

- In FY 2023, Secretary Carol Beatty agreed to remain the ICH Chairperson as the Council worked to bring the new DHCD Secretary Jake Day up-to-date on their activities and mission. In April, DHCD and DLLR held a symposium to highlight ways that homelessness and workforce systems can partner together. Secretary Beatty provided opening remarks for the event. MDOD's Director of Housing Policy and Programs (DHPP) determined that the best course of action for the Lived Experience Advisory Committee (LEAC) would be to place a temporary hold on ramping up recruitment efforts for individuals with lived experience. Presently, the policy used by the ICH is inconsistent with that set forth by the Balance of State Continuum of Care (BOSCOC). The DHPP will complete more rigorous recruitment efforts once the ICH aligns how they compensate individuals with lived experience for their time with the policies used by the BOSCOC.
- The MDOD DHPP has attended the Balance of State Continuum of Care (BOSCOC) board meetings throughout FY23. The Board posted the CoC Consolidated Application in September, which included detailed instructions for Local Homelessness Coalitions (LHCs) to submit projects for funding consideration through HUD's Continuum of Care (CoC) competition. Individual board members completed project scorecards for each LHC applicant, which were reviewed and ranked. Frederick County LHC was added to the BOSCOC this year. In response to feedback from the DHPP, the BOSCOC added scoring criteria for Americans with Disabilities (ADA) Act compliance within the DHCD Shelter and Transitional Facilities Grant program to ensure that LHCs receiving funding from this source for new construction, acquisition, rehabilitation and purchase of capital equipment in emergency

shelters are developing buildings that meet the accessibility needs of the chronically homeless. MDOD will provide technical assistance to grantees in the process of utilizing this funding. In response to the shifting priorities at DHCD, MDOD collaborated with DHCD CDA to produce a \$15 million proposal to the Harry and Jeannette Weinberg Foundation that would provide comprehensive technical assistance to housing developers planning inclusive LIHTC projects that set-aside units for chronically homeless individuals with disabilities. At the time of this information request, the Foundation has not responded to the proposal.

- 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 has developed partnerships with the Prince George's County Department of Housing and Community Development (DHCD) and the Baltimore County Department of Housing and Community Development (DHCD). We have pivoted our partnership with Prince George's County DHCD to drive resources towards accessibility improvements to existing naturally occurring affordable properties located in the county. At this time, MDOD is waiting on the status of a submitted and approved Congressionally Directed Spending (CDS) request of \$500,000 to pilot this project in properties that receive assistance through the Right of First Refusal (RoFR) program that the county implemented in 2020. MDOD continues to have meetings with Baltimore County to discuss how to improve accessible housing availability within the existing unit stock. Due to HUD requirements for the HOME-ARP funds to be funneled through the Continuum of Care (CoC) system, there may be limited opportunities for MDOD to collaborate around HOME-ARP subsidy referrals, particularly as these resources are being directed to supporting the existing homeless population on the CoC waitlists. The
- DHCD received an award for additional HUD Section 811 PRA funding in the amount of \$6.9 million, which will roughly fund an additional 100 units.
 MDOD has started to identify units for this program.
- MDOD and HOC's Community Choice Homes (CCH) program has successfully leased 38 units since its inception. The remaining 2 units will be leased by the end of December 2023. MDOD is in the process of working with HOC to identify 5 additional units for this program.

Strategy Two

Improve homeownership for people and households with disabilities

Activity: Annually collect qualitative and quantitative data and report on improvement in homeownership for people and households with disabilities

- 1. Support homeownership through the HomeAbility Program
 - HomeAbility program is aligned with CDA Single Family Homeownership. It is originated by the 70+ Approved Lenders under Maryland Mortgage.

• HomeAbility is a statewide lending program offered by DHCD to people with disabilities or caretakers of people with disabilities.

Annual Updates

o FY21

• Number of loans: 25

o FY22

Number of loans: 24

Strategy Three

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

Activity: Annually collect qualitative and quantitative data and report on improvement in home-modification and assistive technology that help people remain in their homes

1. Christopher Reeves Temporary Ramp Loan Program

Annual Updates - 2021

- MDOD's FY21 number of ramps loaned and returned
 - o 12 ramps were actively loaned through the statewide portable ramp program
 - 15 ramps were returned during this period
- Information on the demand for the Christopher Reeves grant (data can be qualitative and/or quantitative) -
 - In FY21, the data indicates that consumers are using these ramps when the ramp can accommodate their needs while maintaining adherence to ADA compliance.
 - Every region in the state has conducted ramp loans during FY21 and facilitated the return of ramps actively on loan.
 - MDOD can also identify consumers borrow the ramps for anywhere between 120 to 180 days before returning the ramps with an identified long-term solution in place.
- Annual discussion on agency's target goals and plan for next year's target goals -
 - As COVID restrictions ease and people continue to return to active engagements in the community and as constituents return home from nursing facilities, MDOD expects a continued, steady use of the portable ramps.

- MDOD's FY21 number of ramps loaned and returned
 - o 11 ramps were actively loaned through the statewide portable ramp program
 - o 8 ramps were returned during this period
- Information on the demand for the Christopher Reeves grant (data can be qualitative and/or quantitative) -
 - In FY22, the data indicates that consumers are using these ramps when the ramp can accommodate their needs while maintaining adherence to ADA compliance.
 - Every region in the state has conducted ramp loans during FY22 and facilitated the return of ramps actively on loan.
 - MDOD can also identify consumers borrow the ramps for anywhere between 120 to 180 days before returning the ramps with an identified long-term solution in place.
- As COVID restrictions ease and people continue to return to active engagements in the community and as constituents return home from nursing facilities, MDOD expects a continued, steady use of the portable ramps

MDOD's FY23 number of ramps loaned and returned

- o 18 ramps were actively loaned through the statewide portable ramp program
- o 7 ramps were returned during this period
- Information on the demand for the Christopher Reeves grant (data can be qualitative and/or quantitative)
 - o In FY23, the data indicates that consumers are using these ramps when the ramp can accommodate their needs while maintaining adherence to ADA compliance.
 - o Every region in the state has conducted ramp loans during FY23 and facilitated the return of ramps actively on loan.
 - o MDOD can also identify consumers borrow the ramps for anywhere between 120 to 180 days before returning the ramps with an identified long-term solution in place.
- 3. We continue to see a growing increase in ramp loan requests. MDOD, in partnership with MDoA's Durable Medical Equipment Reuse Program, was able to facilitate the distribution of an additional 3 to 14 portable ramps at each CIL location, made available for free by MDoA.

2. Home modifications through the Assistive Technology Loan Program

- MDOD's annual number of loans
 - FY21- 10 home modification loan requests
- Dollar amount of loans \$75,324
- Number of applications processed
 - 10 of the 10 home modification loans were processed
- Number of loans approved
 - 4 home modification loans approved
 - 2 approved and closed, 1 approved & closing is pending, 1 closed without needing loan guarantee,
 - The remaining 6 either were either withdrawn or declined
- Number of loans issued to purchase technology
 - The number of home modification loans that closed/issued was 2
- Number of open loans managed
 - Collectively, the number of all loans managed by the ATLP is 203.
- Information on the demand for the Assistive Technology Loan Program
 - The ATLP has been seeing a slight uptick in the number of home modification loan requests.
- Annual discussion on agency's target goals and plan for next year's target goals
 - The loan programs target goals for home modification loans is to increase the number by 6 loans.
 - FY22- 9 home modification loan requests
- O Dollar amount of loans \$53,369.96
- Number of applications processed
 - o 9 of the 9 home modification loans were processed
- Number of loans approved
 - 9 home modification loans approved; 8 approved and closed; 1 approved & withdrawn after approval
- Number of loans issued to purchase technology
 - The number of home modification loans that closed/issued was 8
- Number of open loans managed
 - Collectively, the number of all loans managed by the ATLP is 230.
- Information on the demand for the Assistive Technology Loan Program

- The ATLP has seen a slight decrease in the number of home modification requests, with a higher rate of approval compared to FY21
- Annual discussion on agency's target goals and plan for next year's target goal
- The loan program's target goals for home modification loans is to increase the number by 6 loans

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- FY23- 19 home modification loan requests
- Total Dollar amount of loans requested -
 - \$219,573
- Number of applications processed
 - 19 of the 19 home modification loans were processed
- Number of loans approved
 - 9 home modification loans approved; 3 approved and closed; 1 approved & withdrawn after approval; 2 approved by lender; 3 pending closing
- Number of loans issued to purchase technology
 - The number of home modification loans that closed/issued was 3 in the amount of \$35,900
- Number of open loans managed
 - Collectively, the number of all loans managed by the ATLP is 227.
- Information on the demand for the Assistive Technology Loan Program
 - The ATLP has seen a marked increase in home modification requests in FY23 due, in part, to increased marketing & awareness
- Annual discussion on agency's target goals and plan for next year's target goal
 - The loan program's target goals for home modification loans is to increase the number approved by 6 loans

Self-Direction - Outcome Three

Improved reliable transportation options for people with disabilities

Strategy One

Improve effectiveness of paratransit services

Activity: Annually collect qualitative and quantitative data and report on improvement in the effectiveness of paratransit services

1. <u>Maryland Transit Administration (MTA)and Washington Metropolitan Area Transit Authority (WMATA)Paratransit Rides</u>

MTA and WMATA's annual number of paratransit rides given to Maryland residents with disabilities

Annual Updates

- o MTA annual number of paratransit rides
 - Annual number of paratransit rides provided, excluding Call-a-Ride
 - 2021 1,040,234
 - 2022 1,031,772
 - 2023 1,913,927
 - Annual number of paratransit Call-a-Ride trips provided
 - 2021 537,544
 - 2022 537,544
 - 2023 494,533
- WMATA
 - Annual number of paratransit rides provided to Maryland residents
 - 2021 633,042
 - 2022 793,079
 - 2023 853,702

2. <u>Maryland Transit Administration (MTA)and Washington Metropolitan Area Transit Authority (WMATA)On-time performance</u>

- o MTA On-time performance
 - 2021 MTA provided paratransit provided on time service (excluding Call-a-Ride) 89% of the time

- 2022 MTA provided paratransit provided on time service (excluding Call-a-Ride) 75% of the time
- 2023 MTA provided paratransit provided on time service (excluding Call-a-Ride) 95% of the time
- WMATA On-time performance
 - 2021- WMATA provided paratransit provided on time service system wide 96% of the time
 - 2022 WMATA provided paratransit provided on time service system wide 93% of the time
 - 2023 WMATA provided paratransit provided on time service system wide 93% of the time

Strategy Two

Improve public transportation ridership among people with disabilities

Activity: Annually collect qualitative and quantitative data and report on improvement of public transportation ridership among people with disabilities

- Monitor the utilization of fixed routes for riders with disabilities
 - MTA and WMATA annual number of disability passes used on fixed route transportation

MTA

- 2021 34,002 annual number of disability passes used on fixed route transportation
- 2022 34,677 annual number of disability passes used on fixed route transportation
- 2023 -35,809 annual number of disability passes used on fixed route transportation

WMATA:

- 2021 26,607 annual number of disability passes used on fixed route transportation
- 2022 19,957, annual number of disability passes used on fixed route transportation
- 2023 22,133 annual number of disability passes used on fixed route transportation

Strategy Three

Improve coordinated cross-jurisdictional transportation options for riders with disabilities

Activity: Increase state disability transportation representation

1. <u>Transportation entities which currently have disability representation</u> (boards/commissions/taskforces)

Annual Updates - 2021

- MDOD is engaged with MTA staff and the Citizens Advisory Committee for Accessible Transportation (CACAT)
 - The Maryland Transit Administration (MTA) is committed to providing the highest possible level of reliable, affordable, convenient and accessible service to all its customers. In order to establish and maintain consistent and responsive communications between the MTA and its customers, improve the quality of service from a customer's point of view, provide for direct input to management about customer perception of service, and to facilitate inclusion of customer observations into service monitoring and modification, the MTA has established a volunteer Citizens Advisory Committee for Accessible Transportation (CACAT).

Strategy Four

Improve private transportation for people with disabilities (transportation provided by self, family, friends, providers, ride sharing apps)

Activity: Annually collect qualitative and quantitative data and report on improvement in private transportation for people with disabilities (transportation provided by self, family, friends, providers, ride sharing apps)

1. Vehicle Adaptation Costs

2021 Updates

- MDTAP assistive technology loan vehicle adaptations statistics
 - o Annual number of adapted vehicle loans: 19
 - o Annual amount for adapted vehicle loans: \$606,278.31.
 - o Types of vehicle adaptations utilized:
 - Wheelchair accessible vehicles, hand controls.
 - o Average Vehicle Adaptation Costs: \$31,909.28.
 - Annual discussion on agency's target goals and plan for next year's target goals:
 - The loan programs target goals for adapted vehicles loans is to increase the number by 10 loans

2022 Updates

MDTAP assistive technology loan vehicle adaptations statistics

- o Annual number of adapted vehicle loans: 11
- o Annual amount for adapted vehicle loans: \$453,535.56
 - Two additional loans were issued for non-adapted vehicles that were simultaneously in process of being adapted through other funding sources. Those two loans totaled \$62,359.57.
- Types of vehicle adaptations utilized:
 - Wheelchair accessible vehicles, hand controls.
- Average Adapted Vehicle Cost: \$41,230.50
- Annual discussion on agency's target goals and plan for next year's target goals:
 - The loan programs target goals for adapted vehicles loans is to increase the number by 10 loans.

2023 Updates

MDTAP assistive technology loan vehicle adaptations statistics

- Annual number of assistive technology vehicle adaptation loan applications received: 78
- o Annual number of adapted vehicle loans: 25
- o Annual amount for adapted vehicle loans: \$\$941,006.00
- Types of vehicle adaptations utilized: hand controls; wheelchair accessible vehicles
- o Average Adapted Vehicle Cost: \$37,640.22
- Annual discussion on agency's target goals and plan for next year's target goals:
 - The loan programs target goals for adapted vehicles loans is to increase the number by 10 loans.

iDrive Maryland

- On 9/1/22, the ATLP launched iDrive Maryland, an initiative aimed at expanding access to affordable vehicle loans for Marylanders with disabilities, particularly those in rural areas of Maryland, who are more likely to face limited access to transportation, higher poverty rates, and greater unemployment.
- This project enables the ATLP to increase lending limits, extend repayment terms, and increase allowable debt-to-income ratios, making vehicle loans more attainable and affordable.
- Through partnerships with the Bay Area CIL, SMCIL and RFI CIL, the ATLP will expand marketing efforts in areas of the state where limited access to transportation is apparent, particularly the regions served by the three noted CILs.

 In addition, the program will conduct outreach to other related disability organizations, agencies, ARC's, the VA, the Division of Rehabilitation Services, and others. The ATLP will also publish an extensive Adapted Vehicle Funding Guide and host a series of companion webinars to increase awareness and application requests.

2023 Updates

- Over the course of the grant project period (9/1/22 8/30/23), we received a total of 90 vehicle loan applications. Six loan applications came from Western MD; 5 loan applications came from Southern MD; 17 loan applications came from the Eastern Shore; and 62 loan applications came from Central MD counties.
- Over the course of the project period, we approved 43 loan requests; and closed 16 guaranteed and 2 non-guaranteed/preferred interest rate vehicle loans (discounted rate as defined through our partnership agreement with the lender).
 - Of the 18 vehicle loans closed during the grant period, 4 reached their 6-month post loan survey marker. Of those 4 borrowers, 3 responded to the survey, with the below table reflecting the impact

Overall, how has this vehicle loan impacted your quality of life?		
Increased access to the community	67% (3)	
Increased access to health care	100% (3)	
Increased access to work easier	33% (1)	
Having my own vehicle helps me to		
Get into the community easier (greater ease getting to recreational activities)	100% (3)	
Get to health care appointments	100% (3)	
Get to work easier (new or expanded employment)	67% (2)	
Even though I have my own vehicle, I'm still having trouble with		
None of the below	100% (3)	
Access to the community	0	
Access to health care	0	
Access to work easier	0	

Products produced during the course of the project include:

• iDrive promotional materials, including a flier, post card, and presentation slide deck. These have been disseminated both in print and electronically to project partners and other

referring organizations in our network.

- The *iDrive Maryland Funding and Resource Guide*, which is being widely disseminated in print and electronically on our website in a searchable PDF format.
- We conducted two educational webinars, which provided an overview of the resource guide. The webinars were attended by 32 people including potential borrowers and representatives from referring organizations.

Grant Activities completed by ATLP and CIL partners during the project period:

- Made 21 presentations reaching 504 consumers;
- Participated in 19 partnership/awareness meetings reaching 231 consumers;
- Participated in 24 expos and conferences reaching 1954 consumers;
- Distributed 8 newsletter/email blasts reaching 9,898 consumers;
- Made 64 promotional social media posts reaching 2,932 social media followers;
- Email outreach to 50 organizations, including State agencies;
- Created & launched an accessible online loan application
- Updated the <u>ATLP webpage</u> to include information on the iDrive program;
- Added the iDrive program information to the <u>MDTAP homepage</u>

Self-Direction - Outcome Thirteen

Improved capacity, infrastructure, and coordinated policy implementation in response to and recovery from public health emergencies

Strategy One – Response

Improve self-direction capacity, infrastructure, and coordinated policy implementation in response to public health emergencies

Activity: Annually collect qualitative and quantitative data and report on improvement in self- direction capacity, infrastructure, and coordinated policy implementation in response to public health emergencies

Response

2020

- Improved state self-direction capacity in Maryland's COVID-19 response by:
 - o Reviewing and monitoring PPE Grants for providers
 - Facilitating discussions with community stakeholders about federal CARES ACT funding allocation
 - Creating no-contact processes for delivery of Assistive Technology from MDTAP
 - Providing COVID-19 safe alternative drive-thru recognition events for direct support professionals. World Down Syndrome Day, BRAVE in the Attempt speaker series and Children's Mental Health Art Show
 - Improved state self-direction infrastructure in Maryland's COVID-19 response by:
 - Having MDOD staff detailed to Maryland Emergency Management Administration (MEMA) and collaborating with state partners for whole community preparedness and response for people with disabilities
 - Collaborating with state partners to provide more COVID-19 supports and supplies to congregant living settings
 - Collaborating with state partners to provide more COVID-19 supports and supplies to participants who self-direct services
 - Collaborating with state partners on the COVID-19 needs of

transitioning students

- Improved state self direction policy coordination in Maryland's COVID-19 response by:
 - Developing and implementing Medicaid emergency waivers (ex: Appendix K)
 - Expanding state guidance on what is an essential business to include organizations serving people with intellectual/developmental disabilities
 - Assisting in the development of the Governor's Executive Order designating paid community caregivers (direct support professionals) as essential healthcare workers
 - Developing and implementing Medicaid emergency waivers (ex: Appendix K)
 - Modifying housing tenant trainings obligations to be completed remotely via phone call or virtual meeting
 - Collaborating with state partners to develop
 - Hospital visitation guidance for Access to Support for Patients with Disabilities in Hospital Settings and a subsequent FAQ
 - Face coverings and face shields guidance and a subsequent FAQ

Strategy Two -- Recovery

Improved self-direction capacity, infrastructure, and coordinated policy implementation in recovery from public health emergencies

Activity: Annually collect qualitative and quantitative data and report on improvement in self- direction capacity, infrastructure, and coordinated policy implementation in recovery from public health emergencies

Recovery

2021

- Improved state self-direction capacity in Maryland's COVID-19 recovery by:
 - Collaborating with state partners in the Maryland vaccine rollout to include ADA reasonable accommodations, vaccine priority groups, and creating disability-specific vaccination sites partnering with non-profits and pharmacies.
 - Collaborating with state partners in the Maryland Nonprofit Recovery Initiative, providing grant assistance to nonprofits specifically targeting the BHA/DDA community.
- Improved state self-direction infrastructure in Maryland's COVID-19 recovery by:
 - Providing assistive technology equipment, training, and technical assistance for vaccine sites throughout Maryland including customized disability clinics
- Improved state self-direction policy coordination in Maryland's COVID-19 recovery by:
 - Collaborating with state and non-state partners on reopening efforts and Appendix K

2022

- Improved state self-direction capacity in Maryland's COVID-19 recovery by:
 - Continued collaborating with state partners in the Maryland vaccine and booster shot rollouts to include ADA reasonable accommodations, vaccine priority groups, and creating disability-specific vaccination sites partnering with non-profits and pharmacies.
 - Collaborating with state partners in the Maryland Nonprofit Recovery Initiative, providing grant assistance to nonprofits specifically targeting the BHA/DDA community.

- Improved state self-direction infrastructure in Maryland's COVID-19 recovery by:
 - Providing assistive technology equipment, training, and technical assistance for vaccine and booster sites throughout Maryland including customized disability clinics.
- Improved state self-direction policy coordination in Maryland's COVID-19 recovery by:
 - Collaborating with state and non-state partners on reopening efforts and unwinding of Appendix K.

2023

- Improved state self-direction capacity in Maryland's COVID-19 recovery by:
 - Continued collaborating with state partners in the Maryland vaccine and booster shot rollouts to include ADA reasonable accommodations, vaccine priority groups, and creating disability-specific vaccination sites partnering with non-profits and pharmacies.
- Improved state self-direction infrastructure in Maryland's COVID-19 recovery by:
 - Providing assistive technology equipment, training, and technical assistance for vaccine and booster sites throughout Maryland including customized disability clinics.
- Improved state self-direction policy coordination in Maryland's COVID-19 recovery by:
 - Collaborating with state and non-state partners on reopening efforts and unwinding of Appendix K.
 - Provided promotion of Medicaid eligibility campaign "Medicaid Check-In" to ensure people with disabilities understood the need for redetermination. Redeterminations were previously suspended and are now being required.

Financial Well-Being

Individuals with disabilities will have equal opportunity to improve their financial well-being.

People with disabilities will achieve financial well-being through equal access to education, employment, work incentives and benefits counseling, financial management, and savings programs.



This **Guiding Principle** focuses on common paths to financial independence, including education, employment, and sound financial management.

Applicable Outcomes

Outcome Four - Improved employment and training options, including self-employment and non- congregant competitive opportunities available in an integrated environment in which there are individuals with and without disabilities

Outcome Five - Improved educational support services for children, youth, and life-long learners with disabilities

Outcome Six - Improved financial stability and independence for people with disabilities and their families.

Outcome Thirteen - Improved capacity, infrastructure, and coordinated policy implementation in response to and recovery from public health emergencies

Financial Well-Being - Outcome Four

Improved employment and training options, including self-employment and non- congregant competitive opportunities available in an integrated environment in which there are individuals with and without disabilities

Strategy One

Improve employment services, training, and supports for youth and adults with disabilities

Activity: Annually collect qualitative and quantitative data and report on improvement in employment services, training, and supports for youth and adults with disabilities

• Pre-Employment Transition Services (DORS)

Annual Updates

- Annual number of youths served through Pre-Employment Transition Services (Pre-ETS)
 - 2021 6,134 youth served through Pre-ETS
 - 2022 5,917 youth served through Pre-ETS
 - 2023 6,452 youth served through Pre-ETS

• Competitive, integrated employment (DORS)Updates

Annual number of people receiving employment services from DORS

Annual Update 2021

- \circ 21,337 receiving employment services from DORS
 - 1,145 individuals obtained competitive integrated employment

Annual Update 2022

- 19,124 receiving employment services from DORS
 - 847 individuals obtained competitive integrated employment

Annual Update 2023

- \circ 19,986 receiving employment services from DORS
 - 1004 individuals obtained competitive integrated employment

• Employment Services (Developmental Disabilities Administration)

2021 Updates

- Annual number of people receiving employment services from DDA
 - o 13,426 people received day or employment services.
 - o 2,605 people and integrated and competitive jobs.

2022 Updates

- Annual number of people receiving employment services from DDA
 - o 15,585 people received day or employment services.
 - o 2,888 people and integrated and competitive jobs.

2023 Updates

- Annual number of people receiving employment services from DDA
 - o 13,932 people received day or employment services.
 - o 2,833 people and integrated and competitive jobs.

• Supported employment (Behavioral Health Administration)

Annual number of people receiving supported employment services

2021 Updates

 2,862 people receiving supported employment services from the Behavioral Health Administration

2022 Updates

 2,905 people receiving supported employment services from the Behavioral Health Administration

• Mental Health, Evidence- Based and Traditional Supported Employment (DORS)

Annual number of people in Mental Health, Evidence- Based and Traditional Supported Employment supported employment

- FY21:
 - Mental Health Supported Employment: 517
 - People in Evidence-Based Supported Employment: 2,219
 - o People in Traditional Supported Employment: 984
 - Total Supported Employment: 3,702
- FY22:
 - Mental Health Supported Employment: 478
 - People in Evidence-Based Supported Employment: 1,942
 - People in Traditional Supported Employment: 1,020
 - Total Supported Employment: 3,430
- FY23
 - Mental Health Supported Employment: 2,798
 - People in Evidence-Based Supported Employment: 2,068
 - o People in Traditional Supported Employment: 994
 - o Total Supported Employment: 5,860

Strategy Two

Improve participation of people with disabilities in public vocational and career services programs

Activity: Annually collect qualitative and quantitative data and report on improvement in participation of people with disabilities in public vocational and career services programs

1. Maryland Department of Labor

Annual Updates

- Annual number of people with disabilities served through America's Job Center
 - 0 2021 6,878
 - 0 2022 10,178
 - o 2023 7,598
- Number of people with disabilities obtaining employment:
 - 0 2021 2,401
 - o 2022 1,855

- 0 2023 1,761
- Labor's annual Number of jobseekers with disabilities in MWE who obtain employment.
 - 0 2021 408
 - 0 2022 340
 - 0 2023 316

Strategy Three

Improve state employment and state internship opportunities for people with disabilities

Activity: Annually collect qualitative and quantitative data and report on improvement in state employment and state internship opportunities

• State Employment Opportunities

Annual Updates – 2021

• 158 employees were hired who checked on their application that they had a disability and received the additional five points in their score.

Annual Updates -2023

- 379 employees were hired who checked on their application that they had a disability and received the additional five points in their score.
- State Internship Opportunities

Annual Updates - 2021

The QUEST Internship Program, a partnership of DORS, DBM and participating State agencies, affords State agencies the opportunity to provide mentoring services for persons with disabilities through unpaid part-time or full-time internships. In the past year, no individuals participated in the QUEST Internship Program due to the COVID-19 State of Emergency.

<u>Financial Well-Being - Outcome Five</u>

Improved educational support services for children, youth, and life-long learners with disabilities

Strategy Three

Improve coordination and outcomes for students' transition from school to postschool education, employment, and training

Activity: Annually collect qualitative and quantitative data and report on improvement in coordination and outcomes for students' transition from school to post-school education, employment, and training

1. Support as many students with disabilities to leave school with a diploma

Annual Updates - 2021

MD Special Education/Early Intervention Services Census Data & Related Tables, on October 1, 2020, of the total number of students ages 14-21 with disabilities

- 4,954 (47.8%) students ages 14-21 with disabilities exiting with a diploma
- 745 (7.2%) students ages 14-21 with disabilities exiting school with a certificate of program completion.

Annual Updates - 2022

MD Special Education/Early Intervention Services Census Data & Related Tables, on October 1, 2022, of the total number of students ages 14-21 with disabilities

- 4,918 (52.2%) students ages 14-21 with disabilities exiting with a diploma
- 781 (8.3%) students ages 14-21 with disabilities exiting school with a certificate of program completion.

2. DORS will support students in postsecondary training

Annual Updates - 2021

DORS supported 518 students ages 14-22 in post-secondary education:

- 235 in College/University,
- 264 in Vocational and Occupational Skills Training; and
- 19 in Workforce Technology Center training programs
- 3. <u>Rates of students with disabilities using Disability Supports Services offices on Maryland's public college campuses</u>

Annual Updates - 2021

Trends and data

- From FY 16 to FY 19, overall, more students (graduate and undergraduate students) sought services from the office disability services each year
- Undergraduate 2nd year retention rates stayed relatively the same for students registered with disability services over time. The rates of undergraduate 2nd year retention are comparable to all undergraduate students and hover between 83% and 86%
 - For the first time, the 2021 report provides completion data for community college and four-year institution undergraduate students. While "successful persister" rates are comparable (students registered with disability services versus all students), four-year graduation rates differ.
- The fifth year of data collection was completed for state (four-year institutions and community colleges) and state-aided independent institutions.
 - Findings from the previous reports show that students attending Maryland's four-year institutions (both public and state-aided independent) who were identified as registering for disability services had second-year retention rates that were comparable to the overall cohort. This suggests that students who seek disability services are obtaining the support and accommodations they need to successfully persist.
- The report allows for second year retention rate comparisons as well as four-year outcomes, and future iterations will provide six-year outcomes data for students at Maryland's public and state-aided institutions.

Annual 2022

- In fiscal year 2020, 15,873 undergraduate students and 1,468 graduate students were registered with their institutions' disability services office as students with disabilities, which represents 3.8% of all students enrolled in fiscal year 2020 (the same percentage as in fiscal year 2019).
- Specifically, this represents 4.4% of undergraduate students and 1.7% of graduate students enrolled.

Four-Year Institutions

- In fiscal year 2020, Maryland's four-year public and state-aided independent institutions reported that 9,436 students were registered as students with disabilities with disability services.
- Four-year public institutions reported 5,141 undergraduate students and 809 graduate students while state-aided independent institutions reported 2,827 undergraduate students and 659 graduate students.
- The data show that undergraduate students attending Maryland's four-year public institutions and state-aided independent institutions who are registered

with their disabilities services office have retention rates comparable to those for the general undergraduate population.

Community Colleges

- In fiscal year 2020, 7,905 undergraduate students registered with the disability services office of their community college campus.
 - This represents 5% of the total undergraduate enrollment at Maryland's community colleges
 - 44.5% of the undergraduate students registered with disability services offices either graduated or transferred within four years after initial enrollment.
 - The rate is 8.5 percentage points lower than the statewide graduation/transfer rate of 53% (Fall 2016 cohort), but this gap is smaller than the 10-point gap in the 2021 report.
 - 2023 report should have six year graduation rates for the entering Fall 2015 cohort - those who enrolled as first time, full time in fall 2015 at Maryland's four-year institution

Annual 2023

In fiscal year 2021, 15,937 undergraduate students and 2,024 graduate students were registered with their institutions' disability services office as students with disabilities

- o This represents 4.0% of all students enrolled in fiscal year 2021, almost no change from the previous year.
 - Specifically, this represents 4.5% of undergraduate students and 2.2% of graduate students enrolled.

Four-Year Institutions

In fiscal year 2021, Maryland's four-year public and state-aided independent institutions reported that

- 10,450 students were registered as students with disabilities with disability services.
- Four-year public institutions reported 5,368 undergraduate students and 927 graduate students, while state-aided independent institutions reported 3,058 undergraduate students and 1,097 graduate students

This is an increase of students over the past several years.

Maryland's four-year public and state-aided independent institutions also reported on the second-year retention rates of the Fall 2020 cohort of first-time, full-time, degree- or certificate-seeking students who were registered with the disability services office. A student counts as retained if they return to the institution the following fall.

Undergraduate students attending Maryland's four-year public institutions and stateaided independent institutions who are registered with their disability services office have retention rates comparable to those for the general undergraduate population. Retention rates for students registered with disability services at four-year institutions appear to be improving slightly over time, despite a drop for the 2019 cohort during the height of COVID-19 pandemic.

At both four-year public and state-aided independent institutions, the most recent is the highest retention rate out of the last four cohorts, at 85.8% and 86.5%, respectively.

For the 2022 reporting year, MHEC collected graduation rate data for students enrolled in the state's public and state-aided independent four-year institutions. Specifically, institutions reported on the six- year graduation outcomes of the first-time, full-time cohort who first enrolled in Fall 2015. That data reveal that among the first-time, full-time students who started in Fall 2015 and registered with disability services, 65.7% graduated within six years.

This rate is 3.6 percentage points lower than the 69.3% six-year graduation rate of all first-time, full-time undergraduate students from the Fall 2015 cohort

Community Colleges

- o In fiscal year 2021, 7,511 undergraduate students registered with the disability services office of their community college campus. This has remained stable at approximately 5% of the total undergraduate enrollment at Maryland's community colleges over the past 6 years. Maryland's community colleges report outcome data for undergraduate students registered with the disability services office.
 - 47.2% of the undergraduate students registered with disability services offices either graduated or transferred within four years after initial enrollment.
 - The rate is 6.6 percentage points lower than the statewide graduation/transfer rate of 53.8% for the Fall 2017 cohort.
 - However, this progress gap has decreased for three consecutive cohorts, going from a 9.9 point gap for the 2015 cohort, to 8.1 points for the 2016 cohort, to 6.6 points for the 2017 cohort.
- Undergraduate students registered with disability services offices have a successful persister rate of 75.3%, comparable to the statewide rate of 72.7%.
 - A successful persister rate is a rate which includes students within the cohort who, within four years, graduate or transfer, are still enrolled at the institution, or who complete at least 30 credits or more with a GPA of 2.00 or better.
 - Although there was an 8.6% increase in the number of students registered with disability services between Fall 2016 and Fall 2017, students in both groups persisted in their studies at similar rates at the four-year mark.

Conclusion

 The percentage of students who registered for disability services has remained stable in recent years.

- Undergraduates who registered for disability services have similar retention rates compared to the overall undergraduate population. Their retention data suggest a slight improvement over the last fourstudent cohorts, despite a drop for the 2019 cohort during the height of the COVID-19 pandemic.
- There is a slightly lower six-year graduation rate for students who registered for disability services compared to the overall undergraduate population at four-year institutions. The four-year graduation/transfer rate of undergraduate students at community colleges who registered with disability services offices is lower than their peers overall, but the gap has decreased for three consecutive cohorts. Undergraduate students at community colleges who registered with disability services offices have slightly higher rates of successfully persisting after four years compared to the overall undergraduate population.

Students with disabilities are a unique population. There are segmental graduation gaps at four-year institutions and graduation/transfer gaps at community colleges between all students and students that register with disability services. Despite these gaps, undergraduate students are seeking accommodations for their disabilities and are obtaining the support needed to successfully persist in their studies.

4. Post-Secondary Opportunities for Students with Disabilities Annual Updates – 2021

• DORS Pathways Program Expansion. The DORS Pathways Program, an educational support program for students in post-secondary education with an autism spectrum disorder diagnosis, is available at all three Community College of Baltimore County sites, Howard Community College, Anne Arundel Community College and Montgomery College. 20 individuals aged 14-22 participated from 7/1/20 to 6/30/21.

• 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 Developmental Disabilities Administration.

In 2021, The Developmental Disabilities Administration continued to explore and expand partnerships with three higher education institutions, two of which are summarized below. The DDA will be releasing information on the third partnership later this year.

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.

University of Maryland - Maryland Hub for Inclusive Higher Education

- Terps EXCEED Experiencing College for Education & Employment Discovery (TerpsEXCEED) is a new two-year pilot certificate program at the University of Maryland College Park for students with intellectual and developmental disabilities who would not be able to apply and attend University of Maryland College Park through a traditional pathway.
- This is a non-degree program that culminates in a University of Maryland (UMD) certificate which includes a transcript of all students' academic coursework that is aligned with students' career interests.
 - Students will participate in career development activities, work experiences, internships and paid jobs.
 - TerpsEXCEED students will be UMD students, like typical incoming freshman – with student IDs and email accounts, access to UMD facilities, activities, and student organizations, and the choice to live on campus in dorms.
 - Extra supports will be provided by TerpsEXCEED staff and a network of trained student Peer Mentors
- As of Fall 2023 the TerpsEXCEED program has the following
 - 10 students, all living in various dorms on campus.
 - 84 trained mentors in 38 different majors
 - 53 earning their Level 1 Peer Mentoring certification through the College Reading and Learning Association in a 3 credit course within the College of Education;
 - 24 are earning their Level 2 certification as Lead Peer Mentors,
 - 3 are already certified Lead Peer Mentors
 - 4 are completing a capstone or honors project with TerpsEXCEED
- TerpsEXCEED had 2 graduates this past May, and both have part-time jobs in their area of interest (one at UMD) and both had paid jobs while in their last semester.
- TerpsEXCEED's current 4 seniors have had or will have paid work before they graduate this coming May;
 - One freshman has paid work currently;
 - all 6 freshmen will have internships in an area of interest in the Spring.

- The students have enrolled in 74 different general education courses over 5 semesters. and accessed 16 clubs.
- TerpsEXCEED students and mentors have competed in 4 different UMD recreation league sports.
- The TerpsEXCEED director sits on the Mid-Atlantic Regional Planning Alliance for Inclusive Post Secondary Programs, along with representatives from DE (U of Delaware), NJ (The College of New Jersey), VA (VCU), WV, (West Virginia University,) and PA (Millersville University).
- Fun facts: A TerpsEXCEED student is a student manager for the equipment department of the UMD Football team and travels with the team, to all home and away games (including flights on chartered planes and trips in the UMD equipment buses). One of UMD's leading running backs on the UMD Football Team is a current mentor earning his Level 1 Peer Mentoring certificate

Financial Well-Being - Outcome Six

Improved financial stability and independence for people with disabilities and their families

Strategy One

Improve access to work incentives and/or benefits counseling and programs for people with disabilities.

Activity: Annually collect qualitative and quantitative data and report on improvement in work incentives and/or public benefits counseling and programs

1. <u>Improve participation in Employed Individuals with Disabilities (EID)Program</u> Annual Updates - 2021

• Participation in the EID program ranged from 912 - 963 participants with an average of 938 participants

2. Work Incentives Counseling (DORS)

Annual Updates - 2021

• DORS provided benefits counseling services for 1,730 individuals

Annual Updates – 2022

• DORS provided benefits counseling services for 1,119 individuals

Annual Updates 2023

• DORS provided benefits counseling services for 1,924 unique individuals

3. SOAR assistance and benefits counseling

- Annual Updates 2021
 - o In FY 2021, 164 out of 192 individuals (85%) were approved for SSI/SSDI through SOAR, compared with a national SOAR approval rate of around 60%.
- Annual Updates 2022
 - o In FY 2022, 218 SOAR applications submitted and 191 approved for either SSI/SSDI Benefits. Maryland's approval rate is 88%, with a 94-day average processing time. The National Average approval rate is 68%, with a 153-day average processing time. Maryland is among the top 10 states (3rd) with approval ratings of 81% or above.

Strategy Two

Improve knowledge of and participation in financial management programs

Activity: Annually collect qualitative and quantitative data and report on improvement in knowledge of and participation in financial management programs

1. <u>Provide people with financial loans to purchase assistive technology and build</u> credit

Annual Updates - 2021

- Number of applications processed:
 - 0 79
- Number of loans approved:
 - 0 51
- Number of loans issued to purchase technology.
 - 0 25
- Number of open loans managed.
 - o Collectively, the number of all loans managed by the ATLP is 199.
- Information on the demand for the Assistive Technology Loan Program (data can be qualitative and/or quantitative): The ATLP has been seeing a slight uptick in the number of home modification loan requests.
- Annual discussion on agency's target goals and plan for next year's target goal: The loan programs target goals for home modification loans is to increase the number by 6 loans.

Annual Updates - 2022

- Number of applications processed:
 - 0 49
- Number of loans approved:
 - 0 44
- Number of loans issued to purchase technology.
 - 0 31
- Number of open loans managed.
 - o Collectively, the number of all loans managed by the ATLP is 227

Annual Updates - 2023

- Number of applications processed:
 - \circ 90
- Number of loans approved:
 - 0 62
- Number of loans issued to purchase technology.

- 0 34
- Number of open loans managed.
 - o Collectively, the number of all loans managed by the ATLP is 226
- Number of people with disabilities participating in device demonstration
 215
- Number of people borrowing assistive technology devices.
 - 0 191
- Number of people receiving direct information and assistance related to accessing or funding assistive technology devices.
 - 0 1,112
- Number of people receiving assistive technology and accessible information technology training.
 - 0 980
- Number of people participating in public awareness activities that have increased their familiarity with assistive technology devices, services, or funding.
 - 0 8,543

2. ABLE program

Governor Hogan signed the Achieving a Better Life Experience (ABLE) Act (<u>HB431</u>) on April 12, 2016 enabling Maryland to begin building an ABLE program. The Maryland ABLE program is implemented by Maryland 529 and officially launched in November 2017. Maryland ABLE is pursuing a state-partnership to make available tax-advantaged savings accounts for Marylanders with disabilities, allowing individuals to save money for qualified disability expenses without jeopardizing state and federal means-tested benefits.

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
- Annual Updates 2021

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 36,940 Marylanders. In addition, Maryland ABLE established an active social media presence on Facebook

& Twitter, expanded their email marketing list to a total of 28,237 contacts. At the end of FY21 Maryland ABLE had 3,490 beneficiaries, thirty- five million dollars in total assets and 97% of account holders were Marylanders.

Annual Updates - 2022

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 51,787 Marylanders. In addition, Maryland ABLE established an active social media presence on Facebook & Twitter, expanded their email marketing list to a total of 31,395 contacts. At the end of FY22 Maryland ABLE had 4,773 beneficiaries, over forty-eight million dollars in total assets and 97% of account holders were Marylanders.

• Annual Updates - 2023

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 82,917 Marylanders. In addition, Maryland ABLE established an active social media presence on Facebook & Twitter, expanded their email marketing list to a total of 40,498 contacts. At the end of FY23 Maryland ABLE had beneficiaries, over sixty-three million dollars in total assets and 97% of account holders were Marylanders

Financial Well-Being - Outcome Thirteen

Improved capacity, infrastructure, and coordinated policy implementation in response to and recovery from public health emergencies

Strategy Three

Improve financial well-being capacity, infrastructure, and coordinated policy implementation in response to public health emergencies.

Activity: Annually collect qualitative and quantitative data and report on improvement in financial well-being capacity, infrastructure, and coordinated policy implementation for public health emergencies

Response

2020

- Improved state financial well-being capacity in Maryland's COVID-19 response by:
 - Facilitating PPE grants for providers
 - Facilitating discussions with community stakeholders about federal CARES ACT funding allocation
- Improved state financial well-being infrastructure in Maryland's COVID-19 response by:
 - o Having MDOD staff detailed to Maryland Emergency Management Administration (MEMA) and collaborating with state partners for whole community preparedness and response for people with disabilities.
 - Collaborating with state partners on the COVID 19 needs of transitioning students
 - Improved state financial well-being policy coordination in Maryland's COVID-19 response by:
 - Expanding state guidance on what is an essential business to include organizations serving people with intellectual/developmental disabilities.
 - Facilitating logistical solutions people with disabilities receiving state financial benefits (example: MDOD and DHS partnering to reduce food insecurity to SNAP recipients with disabilities beginning in March 2020)
 - Collaborating with state partners to facilitate distribution of employment guidance for people with disabilities.

Strategy Four

Improve financial well-being capacity, infrastructure, and coordinated policy implementation in recovery from public health emergencies.

Activity: Annually collect qualitative and quantitative data and report on improvement in financial well-being capacity, infrastructure, and coordinated policy implementation for public health emergencies

Recovery

2021

- Improved state financial well-being capacity in Maryland's COVID-19 recovery by:
 - o Collaborating with state partners to facilitate crosswalk between unemployed workers and needed essential positions with the BHA/DDA providers.
- Improved state financial well-being infrastructure in Maryland's COVID-19 recovery by:
 - Collaborating with state partners to highlight the employment of people with disabilities as essential workers.
- Improved state financial well-being policy coordination in Maryland's COVID-19 recovery by:
 - Collaborating with state partners to include people with disabilities in the vaccination advertising campaigns.

2022

- Improved state financial well-being capacity in Maryland's COVID-19 recovery by:
 - Collaborating with state partners to facilitate crosswalk between unemployed workers and needed essential positions with the BHA/DDA providers.
 - Work with DORS and Labor to increase access to America's Job Centers for people with disabilities.
 - MDTAP hosted series of webinars targeting financial education with MD Cash Campaign
 - Improved state financial well-being infrastructure in Maryland's COVID-19 recovery by:
 - Collaborating with state partners to highlight the employment of people with disabilities as essential workers and the Direct Support Professionals that support them.

- Improved state financial well-being capacity in Maryland's COVID-19 recovery by:
 - Work with DORS and Labor to increase access to America's Job Centers for people with disabilities
 - MDTAP hosted series of webinars targeting financial education with MD Cash Campaign
- Improved state financial well-being infrastructure in Maryland's COVID-19 recovery by:
 - Collaborating with state partners to highlight the employment of people with disabilities as essential workers and the Direct Support Professionals that support them.
 - MDOD staff on the Nursing Home taskforce
- Improved state financial well-being policy coordination in Maryland's COVID-19 recovery by:
 - Collaboration with partner agencies to improve access to employment opportunities for people with disabilities.

Health & Wellness

Individuals with disabilities will have access to resources and services that promote health and wellness.

People with disabilities will improve their quality of life through multidisciplinary and integrative services and supports.



This **Guiding Principle** focuses on developing resources and building capacity in health, behavioral health care, family and peer supports, and improving access to recreational/ wellness activities.

Applicable Outcomes

Outcome Seven - Improved physical and behavioral health care for people with disabilities and their families

Outcome Eight - Improved family and peer support services for people with disabilities and their families

Outcome Twelve - Improved access to recreational and wellness activities for people with disabilities and their families

Outcome Thirteen - Improved capacity, infrastructure, and coordinated policy implementation in response to and recovery from public health emergencies

Health and Wellness - Outcome Seven

Improved physical and behavioral health care for people with disabilities and their families.

Strategy One

Improve accessibility to culturally competent, accessible wellness and preventive health care services.

Activity: Annually collect qualitative and quantitative data and report on improvement in competent, accessible wellness and preventive health care services

1. Ensure that people administering information and referral hotlines are knowledgeable.

- Each of the current five 211 Press 1 crisis hotline call centers are audited by BHA twice annually. These site reviews include verification of the following information.
 - All five of our current crisis response call centers for 211 Press 1
 Maryland are accredited by a nationally recognized accreditation body. They are all accredited by the American Association of Suicidology (AAS).
 - All five of our current crisis response call centers for 211 Press 1
 Maryland follow all applicable legislative mandates,
 accreditation standards, and State regulations and policies
 related to providing phone, text, and chat crisis services.
 - Currently, 211 Maryland, Inc. (in partnership with our five crises call centers) maintains a database of behavioral health resources for use in referring callers to the most local and appropriate resource. 211 Maryland, Inc., has expanded this database to include resources provided by BHA and updates each of these resources in compliance with AIRS standards.
 - The database is being maintained and updated on a continual basis. 211 Maryland, Inc. was recently provided additional funding that allowed them to hire additional full-time staff whose sole responsibility is AIRS compliance. This now allows them to meet the database resource updating requirements.
 - All call center specialists have immediate access to a licensed mental health clinician.
 - Call center specialists use evidence-based/evidence informed screening tools specific to each caller's needs.
 - Call center specialists provide naloxone information to callers that disclose an opioid use related concern.
 - All call specialist trainees complete a training program as required by their agencies accrediting body and are supervised a

minimum of 15 hours before being allowed to work independently.

2. Develop a strategic plan for delivering culturally and linguistically competent behavioral health services.

- The Maryland Department of Health (MDH) Behavioral Health Administration's (BHA) FY 2019-2020 Cultural and Linguistic Competency Strategic Plan (CLCSP) is a result of collaborative efforts among various stakeholders. These include members of the Behavioral Health Advisory Council's Cultural and Linguistic Committee. Members of this Committee include representatives from the Governor's Office of the Deaf and Hard of Hearing, the Department of Housing and Community Development, MDH's Office of Minority Health and Health Disparities, local public behavioral health systems managers and various stakeholders.
 - o The following key goals are addressed in the CLCSP:
 - Establish and maintain culturally and linguistically competent behavioral health services.
 - Eliminate cultural and linguistic barriers to access behavioral health services.
 - Create a system of data driven decision making processes that result in the formation of culturally and linguistically competent policies and practices.
 - Support the usage of evidence-based practices to address the unique needs of individuals served in Maryland's Public Behavioral Health Services (PBHS).
 - Advocate for and institute ongoing workforce development programs in cultural and linguistic competence reflective of Maryland's diverse population.
 - During FY 2019-2020, BHA in collaboration with the University of Maryland Training Center, provided a series of in-person trainings on the use of the CLCSP and the National Culturally and Linguistically Appropriate Services (CLAS) Standards to our state partners, local public behavioral health systems managers and providers working in the Maryland Public Behavioral Health System.
 - O BHA also provided technical assistance to local public behavioral health systems managers in setting CLC strategies to achieve the five goals set in the CLCSP as part of their FY 2021 local behavioral health plans. Furthermore, the above mentioned in-person training sessions were turned into the following e-learning modules to help public behavioral health entities and providers conduct community and self CLAS assessments and set CLC strategic plans to address behavioral health disparities.

- Cultural and Linguistic Competence: Assessment and Strategic Planning explains the importance of cultural and linguistic competency when delivering services and provides an overview of the key components of strategic planning.
- Data-Driven Approaches to Addressing Disparities and Disproportionality in Behavioral Health defines disparity, disproportionality, and equity in the context of service delivery, and walks course participants through the steps involved in creating evidence-based programs that benefit underserved communities.
 - Additionally, a course with three consecutive series of elearning modules has also been developed. These elearning modules discuss the three major concepts that form the framework for achieving cultural competency as part of service delivery:
- Standing Up to Bias: Yours, Mine, and Ours explains the influence of implicit bias on service delivery and walks participants through exercises designed to help them examine their own implicit biases.
- Addressing Health and Health Equity: An Imperative underscore the importance of equity in service delivery and explores what it will take to achieve true health equity in behavioral health care.
- Another Ouch: The Anatomy of Micro aggressions and the 'isms defines and provides examples of micro aggressions and 'isms sexism, racism, ageism, heterosexism, etc. and breaks down how they can create barriers to effective service delivery.

<u>Health and Wellness – Outcome Eight</u>

Improved family and peer support services for people with disabilities and their families

Strategy One

Improve family disability supports across the lifespan.

Activity: Annually collect qualitative and quantitative data and report on improving supports and protections for families with disabilities across the lifespan

1. <u>Community of Practice framework to support families of persons with intellectual disabilities across the lifespan.</u>

Overview

In 2021 The MD CoP for Supporting Families Statewide Leadership Team restructured the format, focus and frequency of its meetings. Leadership Team meetings focus on the extensive work associated with the challenges and strategic planning to affect systems change, while the activities of Charting the Life Course (CtLC), completed by individual team members, to enhance their organization's/agency's support and services for people and families are shared and discussed during the new CtLC-In-Action Group meetings.

Leadership Team meetings moved from a bi-monthly to a quarterly schedule. Transition to Adulthood, based on stakeholder feedback as well as the ability of CtLC Ambassadors to implement policy, practice and procedure changes is the team's primary focus. The Transition Sub-committee was established in June. It is currently working with community and statewide partners to expand the use of CtLC before, during and after the transition process to facilitate planning,

CtLC-In-Action meetings take place bi-monthly. They are open to MD CoP Leadership Team members, MD CtLC Ambassadors and early adopters. The purpose is to share how CtLC is being used to enhance the lives of people with developmental disabilities and families within agencies /organizations and the community, as well as the challenges. In addition, it's an opportunity to receive feedback, build knowledge and skills, and connect with one another.

Highlights 2021

MD CoP for Supporting Families

MD CoP for Supporting Families Webinar Series

- The DDA and the MD CoP hosted and continue to host a webinar series for Supporting Families. The purpose is to bring people with intellectual and developmental disabilities, families and others together in order to share information and ideas in the hope of building knowledge, skills and resiliency within us and the community. Topics, concerns and challenges that people and families face in everyday life are addressed with the help of invited guests and subject matter experts and always through the lens of CtLC Framework.
- In 2021, twenty webinars took place with over 3000 families, self -advocates, Coordinators of Community Services and others attending. Topics included but were not limited to, Building Partnerships Between Families and Providers, Reopening, Transition, Person Centered Planning, CtLC Integrated Star, Behavioral Supports and Services, Housing, Using CtLC with Teachers & Families, MD ABLE, Self-Employment and MD Caregiver Resources, Support & Services
 - Leadership Team Members, Agencies/Organizations
 - Team members implemented CtLC within their respective agencies and organizations to establish policies and practices to better support people with I/DD and families across the lifespan.

• The Developmental Disabilities Administration (DDA)

- Person Centered Plan
 - Contracted with the University of Missouri Kansas City Institute for Human Development to complete and environmental scan of the DDA's person-centered planning process, identifying strengths and gaps at each "touchpoint" of the system, resulting in recommendations and a plan to enhance DDA's Person Centered Planning process that will result in supports and services that better meet the needs of individuals served.

DDA Interactive Webcasts

■ Continues to host a series of interactive webcasts designed to increase family engagement, where people receiving services and their families can speak directly to the DDA leadership about their experiences and ideas.

The MD Developmental Disabilities Council

- Annual Updates 2021
 - Continues to fund several projects which includes but are not limited to; Expectations Matter: "My Life, My Plan, My Choice", Assistive Technology Supports for Students, Addressing the Technology Needs of People with Developmental Disabilities, Partners in Policymaking, and Serving on Groups That Make Decisions: A Guide for Families etc.
 - Renewed its collaboration with DDA to facilitate the work of the MD CoP for Supporting Families

Towson University / Department of Special Education

- o Annual Updates 2021
- Continues to incorporate components of Charting the LifeCourse into undergrad and graduate courses that already placed an emphasis on a person-centered approach to supporting families and individuals with autism and intellectual and developmental disabilities as the encounter transitions across the lifespan.
- Towson University/Special Education is piloting the use of person-centered approaches within their undergraduate pre-service curriculum and methods of instruction course for teachers intending to work with middle and secondary students with disabilities.

- Pre-service teachers receive exposure to national, state and local data on transition outcomes of youth with disabilities and receive brief tutorials on the use of CtLC tools,
- Submitted a proposal for a Research Impact Award through the Towson University Undergraduate Research & Creative Inquiry (URCI) program for an undergraduate research award to conduct a small pilot qualitative study that includes interviews of individuals who participated in CtLC workshops, ambassador series, or person-centered planning meetings to determine the ongoing use of the tools and principles.

State Agencies Transition Collaborative of Maryland (SATC MD)

- SATC-MD is working statewide through regional and local levels to ensure all students with disabilities have a post school pathway and exit school connected to that path. Its members, see below, have agreed to promote CtLC throughout its systems.
 - Developmental Disabilities Administration (DDA)
 - Maryland State Department of Education (MSDE) Division of Early Intervention & Special Education Services
 - Division of Rehabilitation Services (DORS)
 - Parents Place of Maryland (PPMD)
 - Maryland Department of Disabilities (MDOD)
 - Maryland Department of Labor
 - Maryland Coalition for Inclusive Education (MCIE)
 - University of Maryland (UMD) College Park
 - Center for Transition and Career Innovation (CTCI)
 - Behavioral Health Administration (BHA)

Advocacy Entities

- People on the Go continues to use CtLC in its self-advocacy curriculum.
- The Parents' Place of MD continues to incorporate the principles and tools of CtLC within its training on Transition.

- SEEC continues to utilize CtLC to support their staff and their development, enabling them to get better support and work with families. In addition, it is utilizing CtLC to evaluate its current policies, programs and practices to better support people and families.
 - Developed a Moving Out Guide and hosted a pilot for adults with developmental disabilities and their families to assist them in developing a vision for where and how they want to live, identify associated challenges, find solutions using integrated support and services.

2022

- Deepening DDA's understanding of the cultural and linguistic inequities within the DDA communities.
 - These inequities often limit or make access to services impossible for families caring for children and adults with I/DD which only serves to isolate them further, diminishing their sense of belonging and their capacity to live their lives. Through knowledge and understanding DDA's hope is to address these issues through systems change in an effort to better support people with I/DD and their families across the lifespan.
 - o In 2022 the MD Community for Supporting Families Leadership Team made significant strides in implementing the principles of CtLC within their respective agencies and organizations to establish policies and practices to better support people with I/DD and families across the lifespan.

2022 Highlights

MD CoP-SF (Group Activity)

- Initiated its work in learning different frameworks for supporting diversity in its work with the assistance of invited guest speakers/experts on Cultural and Linguistic Competency, and Anticipatory Inclusion. A presentation on Disability Justice will take place in February 2023
- MD CoP for SF Webinar Series hosted several webinars on the following topics.
 - Assistive Technology.
 - o ABLE to Save Month
 - Transition III
 - Self-Employment.
 - o MD Caregiver Resources, Supports and Services.
 - o DDA: Celebrating Families & Partnerships
 - o Self-Direction: Living Your Best Life
 - Switching from Traditional to Self-Directed Services

MD DDA

- Hired two of its four Regional Coordinators of Family Support in its Central and Eastern Shore Regions
- Concluded its contract with the University of Missouri @ Kansas City Institute for Human Development (UMKC-IHD) to conduct an environmental scan of its Person-Centered Planning (PCP) process resulting in recommendations and a plan to enhance DDA's process that result in support and services that better meet the needs of individuals and families.
- Convened a contract with UMKC-IHD to implement its recommendation to enhance DDA's PCP process to better support individuals and families across the lifespan.

Towson University (TU) Department of Special Education (Dept. Spec. Ed.)

- Incorporated components of CtLC into its undergrad and graduate course emphasizing a
 person-centered approach to supporting students with Autism and intellectual and
 developmental disabilities and their families as they transition.
- Piloted PCP approaches, including CtLC in their undergraduate pre-service curriculum and methods of instruction course for teachers.
- Completed a small qualitative study that included interviews of MD CtLC Ambassadors to determine the ongoing use of the principles and tools in their respective work and across systems.
- Provided training on CtLC to MSDE Transition Coordinators.

2023 Highlights

In 2023, the MD Community of Practice for Supporting Families Leadership Team endeavored to further understand the impact of cultural and linguistic inequities on Maryland families caring for family members with intellectual and developmental disabilities (I/DD). Several Leadership Team members participated in the MD Charting the Life Course (CtLC) Capacity Building Summit to enhance their knowledge and skills in implementing the principles of CtLC within their respective agencies and organizations to establish policies and practices to better support people with I/DD and families across the lifespan.

As a result of the work of the MD Community of Practice for Supporting Families, CtLC is being utilized by several agencies throughout the DDA community. For example, CtLC is presently being used by:

- A DDA provider organization to improve internal communications and with families,
- A community medical practice to develop family navigators,
- A Coordination of Community Services agency to enhance their person-centered planning process,
- A non-profit organization supporting Ethiopian and Eritrean families to navigate state and local systems,
- Towson University's Department of Special Education, and

•	CtLC Ambassadors to train Howard County Public Schools Transition Educators, students, and families on the use of CtLC in the transition process from high school to adult life.

Strategy Two

Improve peer and family support networks.

Activity: Annually collect qualitative and quantitative data and report on improvement in improving peer and family support networks

- Recruit and train peer volunteers and employees in the Public Behavioral Health System peer network
 - o Annual Updates 2021
 - In FY21, BHA held 53 training events during which 1203 peer volunteers and employees attended.
 - o Annual Update 2022
 - In FY22, BHA held 61 training events during which 1610 peer volunteers and employees attended.
 - o Annual Update 2023
 - In FY23, BHA held 62 training events during which 1641 peer volunteers and employees attended.
- Explore Medicaid reimbursement of peer support in the Public Behavioral Health System.
 - o Annual Update 2021
 - BHA is currently hosting internal discussions around costs and impacts of reimbursement for Peer Recovery Specialist services within specific settings and for specific service interventions.
 - o Annual Update 2022
 - BHA and Maryland MA are currently promulgating regulations that have been developed to implement reimbursement for individual and group peer services with outpatient SUD settings including OTPs. These benefits are expected to go live in March 2023.
 - o Annual Update 2023
 - BHA and Maryland MA launched reimbursement for CPRS working in Clinical SUD settings on July 1, 2023

Strategy Three

Improve in-home assistance and respite care resources

Activity: Annually collect qualitative and quantitative data and report on improvement in in-home assistance and respite care resources

1. <u>Develop alternative models to support families through improved respite capacity and leveraging community partnerships</u>

In February 2021, the National Academy for State Health Policy invited the State of Maryland to participate in its State Medicaid Policy Institute on Family Caregiving. The Institute will engage up to five teams of state leaders for one year (3/21-2/22) to develop and/or strengthen health policies and strategies that support family caregivers, with a particular focus on home and community-based approaches for older adults.

Maryland received \$40,000 plus technical support.

The State Medicaid Policy Institute on Family Caregiving provided state leaders with opportunities for peer-to-peer discussion, targeted support on their state policy goals, and access to national expertise.

Representatives from the Departments of Aging, Health, and Human Services are participating in this initiative. In September 2020, the Administration for Community Living awarded the Lifespan Respite Enhancement Grant to Maryland Department of Human Services. This three-year grant will be used to provide emergency respite services, conduct info-socials (caregiver education programming), and deliver caregiver training. The MCC and its partners continue to support the work of this grant.

<u>Increase access to and available funding for emergency respite services to families across the lifespan</u>

- 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.
- o Caregivers across all 24 jurisdictions have used the grant.
- o The grant has been accessed 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.

- o 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

Strategy Four

Improve educational advocacy support for parents of children with disabilities

Activity: Annually collect qualitative and quantitative data and report on improvement in engagement of parents of children with disabilities

• IFTP and IEP Parent engagement survey

Preschool Survey – completed by the parents/guardians of children who received special education services in preschool during the 2020-21 school year and were between the ages of three and five as of September 30, 2020.

Annual Updates - 2021

• For the 2020-21 school year, 82 percent of parents had measures that exceeded the cut point measure of 60%. Therefore, the value of OSEP Indicator 8 for parents of preschool students during the 2020-21 school year is 82 percent. This means that on average 82 percent of parents statewide, agree that their A Preschool Survey – completed by the parents/guardians of children who received special education services in preschool during the 2020-21 school year and were between the ages of three and five as of September 30, 2020, from 80 to 83 percent.

Health and Wellness – Outcome Twelve

Improved access to recreational and wellness activities for people with disabilities and their families

Strategy One

Improve access to recreational activities for people with disabilities and their families

Activity: Annually collect qualitative and quantitative data and report on improvement in recreational activities for people with disabilities and their families

1. Recreation

Accessible Playgrounds

- MDOD visited and attended ribbon cutting ceremonies for the following opening of accessible playgrounds or additions of accessible playground components to existing playgrounds.
 - Harford County
 - April 2018
 - The Lieutenant Governor attended the Harford County accessible playground opening, which included many features for children with sensory disorders and physical disabilities.
 - Howard County
 - October 2020
 - There are communication boards added to school playgrounds and Parks/Rec playgrounds in partnership with Howard County Schools, Howard County Parks and Recreation and the Howard County Autism Society
 - City of Mount Airy
 - April 2021
 - The city of Mount Airy created accessible playground in partnership with Ava's T 21 foundation.
 - o Benedictine School in Caroline County
 - October 2021
 - Opened an accessible playground

Beach Access

- Ocean City, Maryland
 - April 2019
 - Ocean City MD has installed beach mats to allow for easier wheelchair access to the beach in and beach wheelchairs.
 - Department of Natural Resources

Accessible Fishing Pier

- Unicorn Lake, Queen Anne's County
 - November 2018
 - The Department of Natural Resources worked with the Maryland Department of Disabilities and the Department of General Services to create a fully accessible freshwater fishing pier on state land.
 - The 448 square-foot floating pier, located next to the boat launch, has enough space to accommodate multiple anglers.
 - The aluminum gangway to the pier is adjacent to a newly constructed parking space and portable bathroom.

Annual Updates 2022

Accessible Playgrounds

- MDOD visited and attended ribbon cutting ceremonies for additional accessible playgrounds across the state.
- MDOD trained staff on accessible playground requirements
 - Sent two staff members to Mid-Atlantic ADA Conference to learn more about accessibility in recreation and playgrounds
- MDOD collected information and visited other accessible playgrounds
- MDOD is partnering with the MD Developmental Disabilities Council to expand access to accessibility across the state
 - Co-leading grant opportunity with MD Developmental Disabilities Council
 - Facilitating stakeholders' workgroups around accessible playgrounds
 - Facilitating listening posts to gather community feedback
 - Reviewed national best practices, potential barriers, funding streams, accessible features, developed a list of inclusive playgrounds in Maryland, and met with a variety of stakeholders in the disability field and those with lived experience to understand their needs when designing inclusive playgrounds and their hopes for the future
 - Working on developing the draft framework to share with state and local partners for feedback before releasing a finalized document in 2023.

Annual Updates 2023

Accessible Playgrounds

- o Framework published (see Appendix)
- MDOD staff presented at Maryland Municipalities League conference on inclusive playground design.
- MDOD staff presented at the Maryland Association of Counties Annual conference on inclusive playground design.

- o MDOD co-sponsored "Play for All" Fest to highlight the importance of inclusive recreation and play in July 2023.
- o MDOD participated in several ribbon cuttings for new accessible and inclusive playgrounds across the state.

Strategy Two

Improve access to wellness activities for people with disabilities and their families

Activity: Annually collect qualitative and quantitative data and report on improvement in wellness activities for people with disabilities and their families

1. Wellness

Annual Updates - 2021

- Disability Culture and Achievements Month
 - o July 26th, 2021
 - Commemorating the 31st anniversary of the signing of the Americans with Disabilities Act (ADA), Governor Larry Hogan enacted an <u>executive order</u> declaring that the State of Maryland will annually celebrate July as **Disability Culture and Achievements Month.** Throughout July, the state will celebrate the societal achievements and cultural contributions of Marylanders with disabilities.
- Museums
 - o 2020
 - MDOD toured Harriet Tubman Museum and highlighted the accessibility features
 - 0 2021
 - MDOD toured and held ADA celebration at Waters Edge with students in 2021
- Gaming (Accessible Gaming Nights, Free adaptive switches, events)
 - o 2019-2021
 - MDTAP distributed free adaptive gaming switches,
 - Hosted accessible gaming fun nights, tournaments and webinars on accessible gaming
- Ravens Stadium sensory room addition
 - M&T Bank Stadium has included a sensory room and sensory supplies with the help of Pathfinders for Autism to assist guests who need accommodations like headphones, quiet space, etc.

Annual Events

- Mental Health Film Festival
 - Each year MDOD promotes and attends the Horizon Foundation Mental Health Film Festival, Sprout film festival
- Children's Mental Health Art Contest/Show
 - Co-sponsor the Children's Mental Health Art Show Art Show with the First Lady Yumi Hogan
- We're Better Together
 - Co-sponsor the school art contest with Maryland Developmental Disabilities Council, Arc Maryland and TFL for Together We're Better Art contest (inclusion focused)
- BRAVE in the Attempt Speakers Series
 - TED Talk style event with 8 speakers with IDD to promote community inclusion

Annual Updates 2022

- Disability Culture and Achievements Month Awards July 2022
 - Commemorating the 32nd anniversary of the signing of the Americans with Disabilities Act (ADA), Governor Larry Hogan announced the creation of the Governors Awards for Disability Culture and for Disability Achievements. Awards were presented to four people, Darren Guest (posthumously), Sarah Stup, Janice Jackson and Ken Capone.
- Museums
 - o MDOD met with National Federation of the Blind to preview their new Museum featuring the progress of Blind people and equipment. The museum will be located in Baltimore City and accessible to all Marylanders.
- Telecommunications Access Maryland Program (TAM) is beginning the process of creating a museum dedicated to telecommunications technology that supports people with hearing loss or other communication disorders.
- Gaming (Accessible Gaming Nights, Free adaptive switches, events)
 - o MDTAP distributed free adaptive gaming switches through grant process
- Hosted accessible gaming fun nights, tournaments and webinars on accessible gaming
 - MDTAP created "Accessible Gaming Night" kits for organizations and community groups to use to host their own accessible gaming night in any part of the state. Night introduce people to Assistive Technology and promote socialization.
- MDOD attended the ground breaking and opening of the Chesapeake Regional Accessible Boating (CRAB) sailing facility in Annapolis.
 - Location includes accessible boating piers, classroom space to ensure all Marylanders have access to enjoy the Chesapeake Bay on the water.
- Mental Health Film Festival

- Each year MDOD promotes and attends the Horizon Foundation Mental Health Film Festival, Sprout film festival
- Children's Mental Health Art Contest/Show
- Co-sponsor the Children's Mental Health Art Show Art Show with the First Lady Yumi Hogan
- We're Better Together
 - Co-sponsor the school art contest with Maryland Developmental Disabilities Council, Arc Maryland and TFL for Together We're Better Art contest (inclusion focused)
- BRAVE in the Attempt Speakers Series
- TED Talk style event with 8 speakers with IDD to promote community inclusion
 - Co-sponsor the Inclusive Schools Week presentations with Arc of Maryland
 - o Presented at local schools on the importance of inclusion
 - Co-sponsor of World Down Syndrome Day (WDS) with Arc of Maryland, MD Developmental Disabilities Council, Archdiocese of Baltimore, local Down Syndrome groups from across the state
 - Event held in Annapolis to celebrate WDS

Disability Culture and Achievements Month Awards

Commemorating the 33rd anniversary of the signing of the Americans with Disabilities Act (ADA), Governor Wes Moore presented the Governors Awards for Disability Culture and for Disability Achievements. Awards were presented to four people, Tatyana McFadden (paralympian), Mike Bullis (long time professional and advocate), Aynex Mercado (quilter), Justin Valenti (artist). This year we honored a "Rising Star", and advocate under the age of 21. The award went to Abigail Leach (actress).

Museums

- MDOD held Americans with Disabilities Act 33rd anniversary celebration at National Federation of the Blind (NFB) with US Access Board. The US Access Board toured NFB and saw plans for the museum. A town hall on disability issues in Maryland and the Mid-Atlantic was held.
- MDOD also toured the Chesapeake Regional Accessible Boating facilities with the US Access Board. Location includes accessible boating piers, classroom space to ensure all Marylanders have access to enjoy the Chesapeake Bay on the water.

• Gaming (Accessible Gaming Nights, Free adaptive switches, events)

- MDTAP distributed free adaptive gaming switches through grant process
- Hosted accessible gaming fun nights, tournaments and webinars on accessible gaming
- MDTAP created "Accessible Gaming Night" kits for organizations and community groups to use to host their own accessible gaming night in any part of the state. Night introduce people to Assistive Technology and promote socialization.

Mental Health Film Festival

 Each year MDOD promotes and attends the Horizon Foundation Mental Health Film Festival, Sprout film festival

Children's Mental Health Art Contest/Show

- In 2023, art contest and show moved online and into schools and communities. Many activities including read-a-longs, webinars, festivals and other events were held throughout May across the state to recognize children's Mental Health Month.
- MDOD was co-sponsor of the activities throughout the month.

We're Better Together

- Co-sponsor the school art contest with Maryland Developmental Disabilities Council, Arc Maryland and TFL for Together We're Better Art contest (inclusion focused).
- MDOD presented winners at DD Day in Annapolis with the Governor in attendance.
- MDOD presented at local schools with the Together We're Better team from Arc Maryland.

BRAVE in the Attempt Speakers Series

- TED Talk style event with 8 speakers with IDD to promote community inclusion.
- Two BRAVE events held-one in February as part of the "Polar Bear Plunge" called BRAVE at the Beach, the second in June located in Howard County.

• Disability Community Events

- Co-sponsor the Inclusive Schools Week presentations with Arc of Maryland
- Co-sponsor of World Down Syndrome Day (WDS) with Arc of Maryland, MD Developmental Disabilities Council, Archdiocese of Baltimore, local Down Syndrome groups from across the state. Event held in Annapolis celebrating the Day in March.
- Held Autism Acceptance Month event with Governor Wes Moore in Annapolis, highlighting the importance of employment and community living opportunities for autistic people.

• Disability Pride Month

- Governor Moore released a video proclaiming July as "Disability Pride Month" in Maryland.
- Attended several Disability Pride events across the state in July.

Health and Wellness - Outcome Thirteen

Improved capacity, infrastructure, and coordinated policy implementation in response to and recovery from public health emergencies

Strategy Five

Improve health and wellness capacity, infrastructure, and coordinated policy implementation in response to public health emergencies

Activity: Annually collect qualitative and quantitative data and report on improvement in health and wellness capacity, infrastructure, and coordinated policy implementation in response to public health emergencies

Response

2020

- Improved health and wellness capacity COVID-19 response by
 - Reviewing and monitoring PPE grants for providers
 - Facilitating discussions with community stakeholders about federal CARES ACT funding allocation
 - Partnering with BHA to extend telehealth opportunities to DSPs of community programs
- Improved state health and wellness infrastructure in Maryland's COVID-19 response by:
 - Having MDOD staff detailed to Maryland Emergency
 Management Administration (MEMA) and collaborating with
 state partners for whole community preparedness and response
 for people with disabilities.
 - Collaborating with state partners to provide more COVID-19 supports and supplies to congregant living settings and to people who self-direct services.
 - Modifying annual events to be done virtually like Children's Mental Health Art Show and BRAVE in the Attempt.
- Improved state health and well-being policy coordination in Maryland's COVID-19 response by:
 - o Developing and implementing Medicaid emergency waivers (ex: Appendix K)

- Expanding state guidance on what is an essential business to include organizations serving people with intellectual/developmental disabilities
- Assisting in the development of the Governor's Executive Order designating paid community caregivers (direct support professionals) as essential healthcare workers
- Modifying housing tenant trainings obligations to be completed remotely via phone call or virtual meeting

Modifying ACP policies to allow for payment processes that do not require inperson contact

- o Collaborating with state partners to develop:
 - Updated hospital visitation guidance for Access to Support for Patients with Disabilities in Hospital Settings and a subsequent FAQ
 - Updated face coverings and face shields guidance and a subsequent FAQ

Strategy Six

Improved health and wellness capacity, infrastructure, and coordinated policy implementation in recovery from public health emergencies

Activity: Annually collect qualitative and quantitative data and report on improvement in health and wellness capacity, infrastructure, and coordinated policy implementation in recovery from public health emergencies

Recovery

2021

- Improved state health and well-being capacity in Maryland's COVID-19 recovery by:
 - Collaborating with state partners in the Maryland vaccine rollout to include ADA reasonable accommodations, vaccine priority groups, and creating disability-specific vaccination sites partnering with non-profits and pharmacies.
 - Providing assistive technology equipment, training, and technical assistance in vaccine sites throughout Maryland
- Improved state health and well-being infrastructure in Maryland's COVID-19 recovery by:
 - Collaborating with state partners to provide grant opportunities to BHA/DDA providers
 - Collaborating with state partners to provide vaccination site information in accessible ways
- Improved state health and well-being policy in Maryland's COVID-19 recovery by:
 - Developing and implementing Medicaid emergency waivers (ex: Appendix K)
 - Collaborating with state partners to implement waiver policy on purchasing limits for BHA/DDA providers for congregate settings.

2022

- Improved state health and well-being capacity in Maryland's COVID-19 recovery by:
 - Collaborating with state partners in the Maryland vaccine and booster rollout to include ADA reasonable accommodations, vaccine priority groups, and creating disability-specific vaccination sites partnering with non-profits and pharmacies.
 - Providing assistive technology equipment, training, and technical assistance in vaccine and booster sites throughout Maryland

- Improved state health and well-being infrastructure in Maryland's COVID-19 recovery by:
 - Collaborating with state partners to provide grant opportunities to BHA/DDA providers
 - Collaborating with state partners to provide vaccination and booster site information in accessible ways for COVID-specific websites
- Improved state health and well-being policy in Maryland's COVID-19 recovery by:
 - Developing a plan for unwinding of Medicaid emergency waivers (ex: Appendix K)

<u>2023</u>

- Improved state health and well-being capacity in Maryland's COVID-19 recovery by:
 - Collaborating with state partners in the Maryland vaccine and booster rollout to include ADA reasonable accommodations, vaccine priority groups, and creating disability-specific vaccination sites partnering with non-profits and pharmacies.
 - Providing assistive technology equipment, training, and technical assistance in vaccine and booster sites throughout Maryland
- Improved state health and well-being infrastructure in Maryland's COVID-19 recovery by:
 - Collaborating with state partners to provide vaccination and booster site information in accessible ways for COVID-specific websites
- Improved state health and well-being policy in Maryland's COVID-19 recovery by:
 - Developing a plan for unwinding of Medicaid emergency waivers (ex: Appendix K)
 - o Promoted the "Medicaid Check-In" campaign to ensure people with disabilities on Medicaid understand the need for redetermination process. The redetermination process has been on hold for three years and eligibility was assumed. Now, the eligibility process for Medicaid is resumed. Campaign promotes keeping contact information up to date, and responding to requests for information from Medicaid.

Maximizing Resources

Maryland state agencies and key stakeholders will maximize resources effectively.

Maryland state agencies and key stakeholders will refine processes and infrastructure.

This **Guiding Principle** focuses on organizational capacity building and infrastructure development between state and non-state partners to better serve people with disabilities and their families.

Applicable Outcomes

Outcome One - Improved self-directed supports and services for people with disabilities and their families

Outcome Three - Improved reliable transportation options for people with disabilities

Outcome Four: Improved employment and training options, including self-employment and non-congregant competitive opportunities available in an integrated environment in which there are individuals with and without disabilities

Outcome Five: Improved educational support services for children, youth, and life-long learners with disabilities

Outcome Nine: Improved crime control, public safety, and correctional services emphasizing the needs and rights of people with disabilities

Outcome Ten: Improved accessible and universally designed communication and technology

Outcome Eleven: Improved disability equity, transparency, and efficiency in state government services

Outcome Thirteen - Improved capacity, infrastructure, and coordinated policy implementation in response to and recovery from public health emergencies

Maximizing Resources – Outcome One

Improved self-directed supports and services for people with disabilities and their families

Strategy Four

Improve the capacity of agencies and providers to support people with disabilities living in the community

Activity: Track qualitative data related to the capacity of agencies and providers to support people with disabilities living in the community

1. DDA provider licensing approval process

Annual Updates - 2021 and 2022

- DDA continues to work with The Office of Health Care Quality (OHCQ) on the licensing approval process to ensure that it is efficient and transparent. DDA applicants are given information as to the reasons that they are not approved to provide services if they are denied.
- DDA is collaborating with stakeholders on a sole practitioners application to ensure flexibility and access for people eligible for I/DD services.

Annual Updates – 2023

 DDA continued to coordinate with OHCQ and held joint training sessions related to the licensing approval process. The DDA additionally issued policies and guidance related to tracking and standardizing the licensing process

2. DDA provider capacity and quality

Annual Updates - 2021

- DDA had temporarily suspended review of new provider applications until January 2021 due to the pandemic.
- o In January 2021 DDA began reviewing new applications in the order in which they were received.
- Applicants must complete the Medicaid application and go through the Medicaid approval process, including verification with the Medicaid exclusions list and a site visit.
- DDA also requires completion of the DDA contract and business associates' agreement prior to approval for service provision
- O Since resuming application review, and during the reporting period, DDA has gained the following number of new providers rendering the noted services:
 - o Total new providers:17
 - Services Rendered:
 - Employment (2)

- Community Development Services (3)
- Respite (6)
- Transportation (10)
- Assistive Technology (1)
- Live-in Caregiver (1)
- Transition Services (1)
- Remote Supports (1)
- Targeted Case Management (1)
- Day Habilitation (1)
- Housing Supports (2)
- Shared Living (1)
- Nursing Support Services (13)
- Personal Supports (14)
- Supported living (3)
- Behavior Support Services (1)
- Family and Peer Mentoring (1)
- Family Caregiver and Empowerment (1)
- Community Living Group Home (12)
- Community Living Group Home-Enhanced (1)
- DDA updated the dedicated Provider webpage that provides information related to provider requirements and application requirements.

Annual Updates - 2022

- The DDA is actively looking at opportunities to improve training for existing providers, as well as to improve the onboarding process for newly approved providers. In addition, we are working hand-in-hand with providers who are transitioning into LTSSMaryland, including any necessary training and technical assistance at both the regional and HQ DDA levels. Finally, we will soon be launching our new searchable provider directory that will allow stakeholders to search for providers by county, waiver type and/or service type or by keyword. This will greatly increase stakeholder access to provider options and information, as well as supporting participants' right to choose their services and provider.
- The DDA recently contracted with Liberty Healthcare Corporation as our Quality Improvement Organization-Like entity (QIO). This contract is important to the Deputy Secretary's longstanding commitment to services that are accountable and person-centered. The QIO is an organization that includes health quality experts and consumers that help to shape policy, practice, and quality improvements to improve the life outcomes of Marylanders with I/DD.

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The DDA has continued to launch initiatives and seek out opportunities related to provider capacity and quality. In 2023, Liberty Healthcare Corporation continued to contract with DDA as a Quality Improvement Organization (QIO) -like entity. The DDA QIO continued to conduct quality reviews throughout the DDA service network.

Capacity-related developments in 2023 included the launch of a number of new initiatives. In particular, the DDA launched or improved:

- A dual-diagnosis cohort to encourage research and best-practice development for individuals with dual diagnoses of I/DD and mental illness
- Monitoring of the hospital overstay list to expand services to individuals on the list
- o Children's respite services
- Process developments surrounding quarterly nursing reports, to ensure follow-up related to health and safety concerns
- Trainings and workgroups surrounding the long-standing Policy on Reportable Incidents and Investigations (PORII) to develop updates to the policy
- Tracking and monitoring of plans of correction (POC)
- A new directory for providers, CCS, and Support Brokers, which enables faster, more searchable, and more customizable updates to listings of people and businesses providing services within the DDA network (https://maryland.providersearch.com/)

The hyperlinks below include training materials for people, families, CCSs, and other involved parties related to the self-direction model.

Person-Centered Planning

• Person-Centered Planning (PCP) Manual

Self-Direction Resources

- Self-Directed Services: A Handbook for People with Developmental Disabilities Who Are Interested in Directing their DDA Services in Maryland Revised Jan 31, 2022
- Servicios Autodirigidos: Un manual para personas con discapacidades del desarrollo que están interesadas en dirigir sus DDA servicios en Maryland Revised January 31, 2022 (Español)

Self-Directed Budgets

- DDA SDS Budget Sheet Revised May 22, 2023
- DDA SDS Budget Modification Form May 31, 2023
- Instructions for DDA's SDS Budget Sheet Revised July 21, 2022 (FMCS Addition)
- Staff Recruitment and Advertisement Allowance June 5, 2019

Individual and Family Directed Goods and Services (IFDGS)

- <u>Guidance for Individual and Family Directed Goods and Services (IFDGS) Revised</u> July 7, 2023
- IFDGS Quick Guide
- IFDGS Request Form

Reasonable and Customary Rate

- DDA SDS Reasonable Provider Rates for July 1, 2023 Updated August 8, 2023
- DDA SDS Staff Reasonable and Customary Wages Final July 1, 2023
- DDA SDS Reasonable and Customary Wage and Rate Update Guidance
- DDA SDS Staff Reasonable and Customary Wages REVISED April 25, 2023
- DDA SDS Provider/Vendor Reasonable and Customary Rates REVISED July 1, 2022
- Self-Direction Setting Services Wages and Rates At A Glance March 11, 2021
- DDA SDS Staff Wage Exception Form May 1, 2021
- <u>Self-Directed Services Person-Centered Plan Process and Rate Increase December</u> 31,2020

Resources and Tools

- Invoice Template September 11, 2023
- Invoice Sample September 11, 2023
- Coordinator of Community Services_Support Broker_Day to Day Administration Roles
- DDA Provider Search Support Broker Listing
- Support Broker Sample Invoice April 4, 2023
- Self-Directed Services Budget Allocation Rate Change Guidance April 8, 2022
- Self-Directed Services Family As Staff Form Guidance Revised April 26, 2022
- DDA SDS Family As Staff Form Revised Jan 31, 2022
- DDA Self-Directed Services Participant Agreement Revised Jan 31, 2022
- Safety/Risk Assessment and Planning Tool (Aug. 24, 2015)
- Structured Support Broker Interview Checklist (Aug. 21, 2015)

• <u>Structured Support Interview</u> (Aug. 21, 2015)

Webinars

- Webinar Support Broker Services Updates July 19, 2023
 - o Webinar PPT July 19, 2023
- Webinar Individual and Family Goods and Services Updates June 21, 2023
- Webinar Support Broker Vendor Billing April 4, 2023
 - o Webinar PPT April 4, 2023
- Webinar The Arc CCR FMCS Electronic Billing System February 23, 2023
- <u>Virtual FMCS Open Enrollment Information Fair October 25, 2022 10:00am</u>
- <u>Virtual FMCS Open Enrollment Information Fair October 25, 2022 5:00pm</u>
 - o Webinar PPT October 25, 2022
- Servicio de Asesoramiento y Gestión Financiera (FMCS), Presentation en Español-Octubre 17, 2022
- FMCS Lunch and Learn Choice Form, LTSSMaryland Service Referrals, and Transfers September 9, 2022
 - o Webinar PPT September 9, 2022
- FMCS Lunch and Learn Choice, Open Enrollment, and FMCS Information August 26, 2022
 - o Webinar PPT August 26, 2022
- FMCS Lunch and Learn SDS Budget Sheet and Modifications August 19, 2022
 - o Webinar PPT August 19, 2022
- Webinar Financial Management and Counseling Services (FMCS) Open Enrollment Information Fair - August 1, 2022 (Session: 12-2 pm)
 - o Webinar PPT August 1, 2022 (Session: 12-2 pm)
- Webinar Financial Management and Counseling Services (FMCS) Open Enrollment Information Fair - August 1, 2022 (Session: 5 - 7 pm)
 - o Webinar PPT August 1, 2022 (Session: 5 7 pm)
- Webinar DDA -FMCS Transition, PCP, SDS Budget Sheet, and Timesheet/Invoice Process Updates and Guidance July 21, 2022
 - Webinar PPT July 21, 2022
- DDA Reasonable and Customary Updates Webinar May 25, 2022
 - o DDA Reasonable and Customary Updates Presentation May 25, 2022
- DDA Self Directed Services SDS Budget Sheet and Modification Updates Webinar -April 8, 2022
 - DDA Self Directed Services SDS Budget Sheet and Modification Updates
 Presentation April 8, 2022
- DDA Self Directed Services Family as Staff and Participant Agreement Webinar -November 29, 2021
 - DDA Self Directed Services Family as Staff and Participant Agreement Presentation - November 29, 2021
- DDA Self-Directed Services Staff Wages, Provider and Vendor Rate and Exception Process Webinar June 1, 2021
 - DDA Self-Directed Services Staff Wages, Provider and Vendor Rate and Exception Process Presentation – June 1, 2021

- The Self-Directed Budget Demonstration February 18,2021
 - o The Self-Directed Budget Demonstration PPT- February 18,2021
 - o Jane Doe Budget Sheet February 18,2021
- The Self-Directed Person-Centered Plan: Process, Rates, and COLA for Coordinators of Community Services and Providers Webinar January 26, 2021
 - The Self-Directed Person-Centered Plan: Process, Rates, and COLA for Coordinators of Community Services and Providers PowerPoint - January 26, 2021
- <u>The Self-Directed Person-Centered Plan: Process, Rates, and COLA for Participants and Families Webinar January 20, 2021</u>
 - The Self-Directed Person-Centered Plan: Process, Rates, and COLA for Participants and Families PowerPoint - January 20, 2021
 - Improve the capacity to support community living by training case managers and service providers
 - Annual Updates 2021
 - In 2021 there were 24 related to supporting individuals with disabilities in housing

Annual Updates - 2022

 In 2022 there were 26 related to supporting individuals with disabilities in housing

Maximizing Resources – Outcome Three

Improved reliable transportation options for people with disabilities

Strategy Two

Improve public transportation ridership among people with disabilities

Activity: Annually collect qualitative and quantitative data and report on improvement of public transportation ridership among people with disabilities

1. Accessible transportation and safety

Annual Updates 2021

Safety Concerns from the disabled and older age communities.

- Blind and Low Vision Pedestrians are concerned for their safety while crossing on to a floating bus stop.
 - Most (Island) style bus stops intersect with a pedestrian bicycle lane.
 - Depending on the construction of the (Island) Style Bus Stop, wheelchair users could potentially have a safety concern from the end of the bus platform to the edge of the bus stop platform if they are not able to make a 45 degree turn, either left or right.
 - Although bicycle lanes are specifically for those who bicycle, unless prompted by visual signage or audible signals, bicyclists have a safety risk of running into pedestrians at crosswalks.

Possible Solutions

- Have open forum/discussions/public safety meetings to address safety concerns from the disables and older age communities along with any other stakeholders involved.
- Possible installation of audible and beacon devices along with visual signage and both longitudinal and latitudinal tactile strips for the blind.
- Adding tactile strips for the blind at both the end of the sidewalk cutaway and the beginning of the bus stop cutaway.
- Adding side railings so that buses have a specific stopping point to let wheelchair passengers off and on the bus to prevent potential safety concerns.
- Install speed reducing tactics to slow down bicyclists at bus stops and crosswalk intersection

Strategy Four

Improve private transportation for people with disabilities (transportation provided by self, family, friends, providers, ride sharing apps)

Activity: Annually collect qualitative and quantitative data and report on improvement in private transportation for people with disabilities (transportation provided by self, family, friends, providers, ride sharing apps)

1. <u>People with disabilities using private transportation who do not need vehicle adaptations</u>

Annual 2021 Updates

 MDOD's Transportation Policy Director is currently developing an outreach plan for studying this population and their needs.

Maximizing Resources – Outcome Four

Improved employment and training options, including self-employment and non- congregant competitive opportunities available in an integrated environment in which there are individuals with and without disabilities

Strategy Four

Improve interagency disability employment strategic planning and legislation implementation for youth and adults with disabilities

Activity: Annually collect qualitative and quantitative data and report on improvement in data related to improving interagency disability employment strategic planning and legislation implementation for youth and adults with disabilities

• Implement Combined State Plan for Workforce Investment Opportunities Act Workforce Innovation and 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.

• <u>Increase opportunities for cross-training to state agencies in providing competitive, integrated employment options</u>

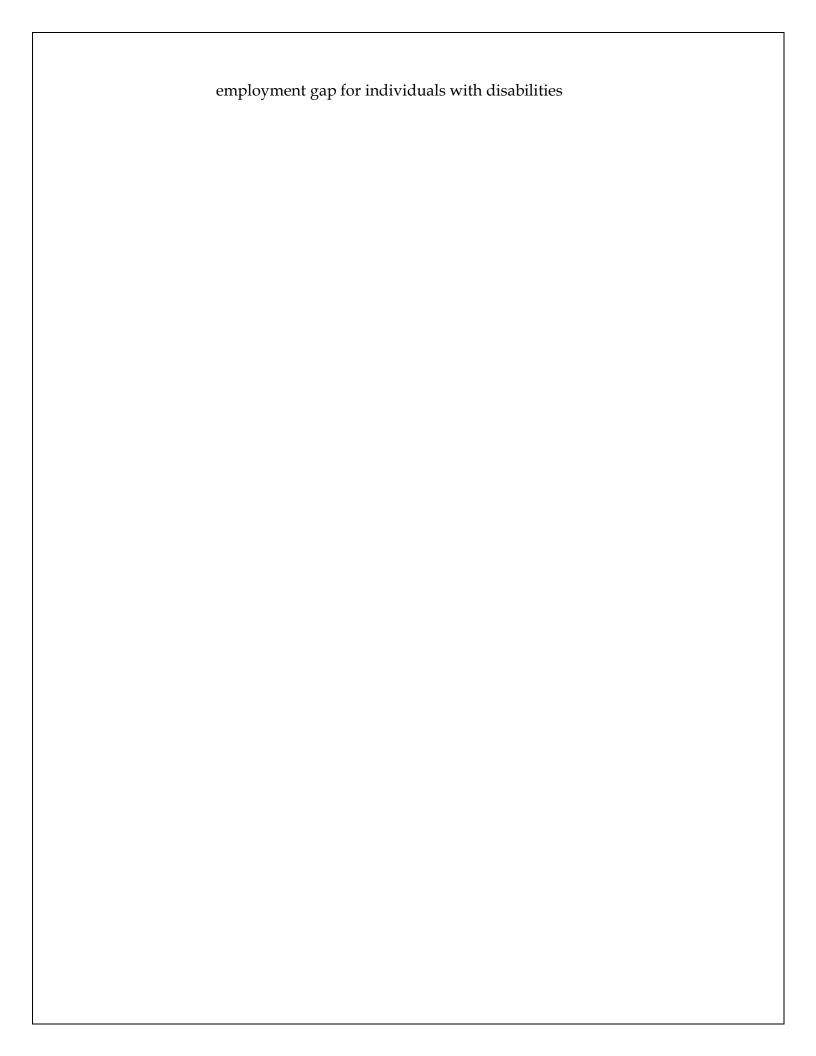
- Non-Discrimination Plan MD Labor and Local Workforce Development Areas are partner with the Division of Rehabilitation Services (DORS) at MSDE to equip the American Job Centers with assistive technology and provide staff training to enhance services for jobseekers with disabilities.
- Maryland WIOA partners established the Maryland Apprenticeship Think Tank in January of 2018. The Think Tank is a network of professional organizations committed to expanding apprenticeship opportunities to individuals with disabilities. Through a diverse array of initiatives research, education, public engagement, and on-the-ground innovation and practice the Think Tank shares information on emerging trends and opportunities, best practices in apprenticeship and highlights how apprenticeship can break into new industry sectors and serve a more diverse population of VR individuals. Think Tank members consist of a variety of leaders from DORS, including leadership from DORS' Workforce Training Center, along with MD Labor, Maryland Department of Disabilities, the Community College of Baltimore County, and community program providers such as, the ARC, who are collaborating to secure lasting change in the area of Youth, Pre-Apprenticeship and Registered Apprenticeship at the State and local level

• <u>Increase and improve data agreements among partners to measure effectiveness and improve quality outcomes</u>

- State Agencies' Transition Collaborative-Maryland (SATC-MD). In partnering with leadership from MSDE, DORS, MDOD, DDA, BHA, UMD, and training and information center *Parent's Place*, this collaborative has engaged in implementing systems change strategies to improve the education and employment outcomes of youth with disabilities that are transitioning from the education system to postsecondary and employment settings.
- In order to create a continued shared investment in the work of the group, a SUPER MOU was adopted by all of the agencies. MD Labor's continued engagement is to ensure that the state agencies understand Labor's role in the provision of WIOA Title I services across the state and to support communication to local providers of WIOA Youth Services, DORS Counselors, and MSDE Transition Coordinators.
 - The goal is to ensure that all students exiting the school system are connected to employment, postsecondary, and/or community resources.

• Increase/enhance the effectiveness and innovation of State agencies (including Education) to provide training and competitive integrated employment

- o EARN Maryland- In 2018, the "Highway to a Healthcare Career" Strategic Industry Partnership received EARN Maryland funding to pilot a project to train persons with disabilities for careers in healthcare. Prince George's County Residential service agencies have continually expressed how difficult it is to find qualified employees. This, paired with the fact that the unemployment rate of people with disabilities is disproportionately high, was the impetus for the Highway to a Healthcare Career Partnership. Led by Independence Now, this partnership worked closely with the Maryland State Department of Education's Division of Rehabilitation Services, Employ Prince George's, and Prince George's Community College. Students were prepared to earn their CNA/GNA certifications. Nine students enrolled in training, with six completing and earning their CNA certification. Five students obtained employment at an average wage of nearly \$14 per hour. While the partnership did not request additional EARN funds, there were several lessons learned and best practices gleaned from the pilot.
- Reasonable Accommodations Training for Apprenticeship Navigators On August 16th, 2022, Apprenticeship Navigators from the Maryland Apprenticeship and Training Program (MATP) took part in an in-service training led by DORS Business Services staff. The training helped the Apprenticeship Navigators better understand Maryland's reasonable accommodations policies and how they can encourage Registered Apprenticeship sponsors and employers to better serve employees with disabilities. DORS Business Relations team is an important resource for disability awareness training and inclusive workforce strategies for both employers and service providers alike. MD Labor continues to encourage Local Workforce Development Areas, American Job Centers, and partner organizations to leverage DORS' trainings and services in the development of inclusive service delivery.
- QR Codes on Assistive Technology in American Job Centers (AJC) One of the latest Diversity, Equity, Inclusion and Accessibility (DEIA) efforts undertaken by Maryland's AJCs is the development of QR Codes that are attached to the assistive technology equipment in the AJCs. These codes can be scanned using a QR code scanner app or built-in QR code camera in a smartphone and help the individual by providing instructions on how specific equipment is used. Once scanned, the patterned barcode is translated into a website that presents how-to videos on exactly how to operate each piece of equipment in the center. To ensure new staff are able to assist job seekers with the use of assistive technology, the QR codes provide instructions on how to use available equipment. This new action is one of many steps taken to ensure meaningful access to not only the equipment, but the services provided in the AJCs, and ultimately helps to reduce the



The Maryland Direct Support Professional Training Consortium (MDDSP) - The MDDSP is funded through a MD Labor EARN grant and spearheaded by Seeking Employment, Equality and Community for people with Developmental Disabilities (SEEC). The Consortium provides training for incumbent workers who are currently employed as Direct Support Professionals (DSPs) in Maryland. DSPs work with people with disabilities and provide them with all the necessary support and services, including employment, and although DSPs play a vital role in the workforce system and everyday life, there is significant turnover in this field resulting in a labor shortage. MDDSP combats this trend by offering the opportunity for Maryland DSPs to go through credentialing training that increases the level of confidence in their work, increases job satisfaction, and improves their work/life balance leading to greater retention rates. In addition, those that completed the training program received a \$1 per hour wage increase which also encouraged employment and retention at SEEC. According to surveys conducted after training, it was found that those who completed training and achieved the DSP-II level were significantly less likely to leave their agency or the DSP field compared to non-credentialed DSPs, ensuring that people with disabilities have the necessary support and services to engage in everyday life and participate meaningfully to the workforce system.

§ Customer Service Training with National Federation of the Blind. Division of Workforce Development and Adult Learning Disability and Youth Services Coordinator has worked with the National Federation of the Blind (NFB) and the Maryland Department Of Disabilities (MDOD) Assistive Technology Program to develop a comprehensive training for the direct service staff within MD Labor. The NFB completed the development of the training curriculum in October 2023 and it is currently being reviewed by MD Labor's Deputy Assistant Secretary with hopes of dissemination to staff in 2024. This training curriculum, alongside additional training offered throughout the year, reinforces MD Labor's efforts to ensure that AJC staff have the knowledge to provide services to any individual that seeks services through centers statewide.

§ Summer Youth Employment Program. During the summer months the Local Workforce Development Areas (Local Areas) provide summer employment experience for eligible youth across the state. MD Labor provides funding to the Local Areas to facilitate the summer employment programs. Several Local Areas provide these workforce experiences to youth with disabilities. For example, the Lower Shore devotes their entire funding allotment to service youth with disabilities. This summer there were over 250 youth with disabilities who were provided summer work experience through the state provided funds.

Maximizing Resources – Outcome Five

Improved educational support services for children, youth, and life-long learners with disabilities

Strategy One

Improve early intervention programs and services for infants, toddlers, and young children with disabilities and their families

Activity: Annually collect qualitative and quantitative data and report on improvement in educational statistics for children with disabilities in early intervention programs

1. MSDE statistics on children receiving services through Infants and Toddler

Annual Updates – 2021

17,760 children and families received services through the MITP.

99.67 % of children received the majority of their services in "natural environments" (environments with typically developing children).

Strategy Two

Improve educational supports in all settings

Activity: Annually collect qualitative and quantitative data and report on improvement in access to appropriate supports in any educational setting and services for infants, toddlers, and young children with disabilities

1. Annual number of students receiving special education services in K-12

Annual Updates 2021

- October 2020 101, 161 students received special education services in K-12
- 2. Provide cross-training to educational staff and partners to provide opportunities for self-advocacy instruction and career planning for students with IEPs beginning in middle school

Annual Updates - 2021

Irene Bal, lecturer in the Educational Technology Program, and Kelly Keane, Ed.D., senior lecturer and director of the Educational Technology Program at Loyola University Maryland, have been awarded a \$100,000 grant from the Maryland State Department of Education (MSDE), Division of Early Intervention/Special Education Services.

The grant will assist with the design, development, and pilot testing of four to five fully online micro-credential courses to address Individualized Education Program (IEP) meetings and support IEP chairpersons in Maryland public schools. The support from this grant is focused on narrowing the gap for children and youth with disabilities and their families by focusing on access, equity, and progress through a credentialing system for IEP chairs.

"Through competency-based learning, we are creating systems to ensure IEP chairperson who go through this program can demonstrate the skills needed to communicate, collaborate, and facilitate IEPs in both in-person and online environments," said Keane.

These micro-credentials for Maryland Special Education Services Chairs will support special education school leaders in navigating the legal requirements for IEPs, quality components of IEPs, and the communication, facilitation, coaching and information dissemination of

the IEP process through the lens of their local school system in Maryland.

Bal and Keane will partner with the MSDE, Division of Early Intervention/Special Education Services, and the Maryland Coalition of Inclusive Education to develop and launch this new series of courses. The courses will be designed through the spring and summer of 2021 with a pilot test including 50 Maryland IEP chairpersons beginning in fall 2021. The grant, "Micro-Credentials for Maryland Special Education Services Chairs - Addressing Best Practices for Leading IEP Meetings," will run through February 2022.

"We are excited to work with our partners to support Maryland students and families for equitable access to learning," said Bal. "Through this partnership, we will create courses that focus on the legal components of IEPs and support IEP chairpersons in the communication and collaboration skills needed in this socially distanced learning environment."

Maximizing Resources – Outcome Nine

Improved crime control, public safety, and correctional services emphasizing the needs and rights of people with disabilities and their families

Strategy One

Improve disability-related training within crime control, public safety, and correctional services

Activity: Annually collect qualitative and quantitative data and report on improvement related to disability-related training within crime control, public safety, and correctional services

1. Through the Ethan Saylor Alliance, train people with intellectual disabilities to provide community inclusion trainings to law enforcement

2021 Annual Updates

- Annual number of people with I/DD who become trainers through the Ethan Saylor Alliance
 - o Contract with Loyola University MD ran from Oct. 2019-June 202
 - 12 additional self-advocate educators were trained in the second cohort;
 - 10 from the previous contract period
 - Total of 22 self-advocate educators who were trained in the LEAD Model
 - 2 self-advocates were trained as co-trainers using the revised model I/DD curriculum
- Annual number of law enforcement trainings conducted
 - 19 Trainings were held: 6 were face to face and 13 were held in an online, synchronous format using Zoom; 398 first responders trained: 226 law enforcement personnel (209 entry-level, 17 in-service), 172 fire and rescue personnel
 - The Steering Committee, with input from other key stakeholders, is discussing strategies to promote the work of the Alliance.
 - o spearheaded by Special Olympics MD A coalition is in the process of developing a curriculum that can be delivered virtually which would equip people with I/DD with the necessary skills to serve in

2022 Annual Updates

- Annual number of people with I/DD who become trainers through the Ethan Saylor Alliance
 - Contract with Loyola University MD ran from February 1, 2022-June 30, 2022.
 - Due to the scope of work within the contract, there were no new self-advocate educators trained (22 were trained previously). 8 previously trained self-advocate educators participated in two

- entry-level training courses.
- Despite the limited number of opportunities, however, their involvement was increased as most of them were involved in delivering training content.
- Annual number of law enforcement trainings conducted
 - Only two entry-level courses of training were conducted in the contract period.
 - One training was held for the Prince George's Municipal Training Academy at the Prince George's Community College.
 - The other was for the Department of Natural Resources, a new law enforcement partnership. A new scenario was created for this group of law enforcement as it reflected more of what DNR officers would typically experience by patrolling a state park.
- The Steering Committee has been working on strategies to promote the work of the Alliance. It contracted with a graphic designer to create a logo. Additional discussions include the development of fact sheets and a standalone website.
- Saylor Alliance funds were used to support the Arc Maryland in forming a stakeholder group to evaluate strategies to increase safety for people with disabilities in the community. Other funds were used to reimburse organizations that include self-advocates in training roles.

2023 Annual Updates

- Annual number of people with I/DD who become trainers through the Ethan Saylor Alliance
 - Loyola University MD received a small grant to conduct one entry-level training to new recruits at the Department of Natural Resources in FY23
 - 4 previously trained self-advocate educators participated and 1 new self-advocate educator received training and participated
 - Since the beginning of Loyola's LEAD model program implementation, 27 self-advocate educators have been trained, 9 of whom were cross trained as co-trainers to deliver curriculum content
- Annual number of law enforcement trainings conducted
 - Only one entry-level training for the Department of Natural Resources was paid for by the Saylor Alliance with 15 new recruits in attendance
 - Other training courses have occurred throughout the state, but since it wasn't paid for through the Alliance, the number of self-advocates involved and officers trained isn't known.
 - The Saylor Alliance issued Community Impact Grants in April 2023 to 7 community-based organizations to create opportunities for more positive interactions among law enforcement and people with I/DD. More information on project reach and impact will be provided in FY24

Strategy Two

Improved disability-related supports and services within crime control, public safety, and correctional services

Activity: Annually collect qualitative and quantitative data and report on improvement in supports and services within crime control, public safety, and correctional services

Collect data on the number of people who have been court-ordered to psychiatric facilities

Annual Updates - 2021

o In FY21 there were 1,567 people court-ordered to psychiatric facilities and receiving forensic services in Maryland.

Annual Updates - 2022

o In FY22 there were 1,603 people court-ordered to psychiatric facilities and receiving forensic services in Maryland.

Annual Updates - 2023

 In FY23 there were 1,826 people court-ordered to psychiatric facilities and receiving forensic services in Maryland.

Maximizing Resources – Outcome Ten

Improved accessible and universally designed communication and technology

Strategy One

Improve the accessibility of emergency information by making it available in a variety of accessible formats (e.g., braille, large print, ASL) for emergency broadcasts and emergency resources provided at shelters and recovery centers

Activity: Annually collect qualitative and quantitative data and report on improvement in accessible formats for emergency broadcasts and resources

- 1. Work with the State and local emergency managers to ensure that the communications shared during emergencies are accessible
 - MDOD ensures that people with disabilities have communication supports at state sponsored COVID-19 test sites and alternate care facilities.
 - MDOD has invested in assistive technology and communication devices to ensure equal access to communication. These investments include remote video interpreters on demand, handheld devices, and the required internet capabilities.
 - 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
 - MDOD is a voting member of 911 Board and sits on two committees
 - MDOD facilitated communication/language access at 2,179 vaccination clinics for a cumulative total of 72,895 minutes of direct service.
 - MDOD arranged to provide video remote ASL interpreter services for 6 virtual town hall events hosted by MDH.
 - MDOD has formed a public health Assistive Technology deployment team.
 - MDOD arranged to provide video remote ASL interpreter services and live captioning for numerous virtual town hall events hosted by MDH.
 - MDOD disaster response iPads have the capability to provide livestream foreign language translation via a mobile app to the vendor (Language Line).

- 2. Develop a training on providing accessible communications and accessible information technology 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
 - MDOD had embedded a communications specialist with the COVID-19 Communications team to ensure videos and other products are accessible.
 - MDOD has a team of accessibility specialists conducting accessibility testing and analysis of state sponsored COVID-19 web pages and digital products.
 - MDOD co-presented a training session with Prince George's county Office of Homeland Security and Emergency Management.
 - MDOD has a team of accessibility specialists conducting accessibility testing and analysis of state sponsored web pages and digital products.

Strategy Four

Improved awareness of availability of Maryland Relay services amongst various stakeholder groups

Activity: Annually collect qualitative and quantitative data and report on improvement in awareness of availability of Maryland Relay services amongst various stakeholder groups

- 1. TAM Advertisements
 - Annual Number of TAM advertisements in newsletters and other media distributed by community organizations whose membership includes users of TAM, Deaf or Hard of Hearing, older adults, mobility or cognitive impairments.
 - 2021 Updates
 - 30 TAM advertisements in newsletters and other media distributed by community organizations whose membership includes users of TAM
 - 18 outreach events involving community organizations whose membership includes users of TAM that are Deaf or hard of hearing
 - 289 events focused on community organizations whose membership includes users of TAM that are older adults
 - 7 events focused on community organizations whose membership includes users of TAM that are DeafBlind

 21 events focused on community organizations whose membership includes users of TAM that have mobility or cognitive impairments

2022 Updates

- 69 TAM advertisements in newsletters and other media distributed by community organizations whose membership includes users of TAM
- 178 outreach events involving community organizations whose membership includes users of TAM that are Deaf or hard of hearing
- 80 events focused on community organizations whose membership includes users of TAM that are older adults
- 87 events focused on community organizations whose membership includes users of TAM that are DeafBlind
- 5 events focused on community organizations whose membership includes users of TAM that have mobility or cognitive impairments
- 56 events focused on community organizations whose membership includes users of TAM that have speech disabilities

Maximizing Resources – Outcome Eleven

Improved disability equity, transparency, and efficiency in state government services

Strategy One

Improve accessibility of government buildings and programs to all people with disabilities

Activity: Annually collect qualitative and quantitative data and report on improvement of disability equity, transparency, and efficiency in state government services

1. <u>Provide funding to State agencies and universities to make ADA architectural improvements to State buildings</u>

Maryland Access is a state-funded resource where state agencies and universities can apply for assistance in making ADA architectural improvements to state buildings.

Annual Updates -

Total number of projects receiving Access Maryland Funding for all active funding years

- 20 (FY21)
- 13 (FY22)
- 25 (FY23)

Number of projects completed during year

- 5 (FY21)
- 10 (FY22)
- 9 (FY23)

Number of State facilities (buildings or parks) with increased access as a result of projects completed during year (some projects are multi-facility and/or multi-year)

- 1 (FY21)
- 2 (FY22)
- 5 (FY23)

Number of open projects awarded funds by Access Maryland

• 28 (FY21)

- 27 (FY22)
- 25 (FY23)

Total number of requests for Access MD funding for all active funding years

• 23 (FY23) ** New metric for FY23**

Total awarded funding for Access MD projects in the current fiscal year (previous fiscal years continue to encumber and expend their annual award amounts)

• 2,208,000 **New metric for FY23**

Total encumbrances in the corresponding state fiscal year

227,558.89 ** New metric for FY23**

Increased Access Vignette

2021

The Tawes State Office Building located in Annapolis was the Maryland Access project completed this year. Below is a vignette detailing how the project resulted in increased access.

The Tawes State Office Building houses the Administrative Offices of the Department of Natural Resources Headquarters and Annapolis Day Care Center.

The walkway to the building's main entrance was a wide sidewalk covered by pavers with a poured concrete curb cut, added some time after the initial construction. In the middle of the walkway there was a concrete roadway raised to the level of the pavers.

The current surface was worn and slippery, especially in wet and icy weather. The slope was challenging for users with limited mobility. Shifting ground loosened the pavers and caused gaps, irregularities, and unevenness.

This project improved accessibility to the building's facilities for all users, but particularly for members of the public and state employees with limited mobility. The project included replacement of the entry walkway leading to the main entrance of the Tawes State Office Building, in order to maintain compliance with the American with Disabilities Act.

The project area included the main entrance to the building (Area 1) and the entrance to the parking lot across from the building (Area 2), separated by the Herberd Sacks Boulevard. In Area 1, the existing walkway and concrete roadway were replaced with concrete slab with embedded electric snow melting system. The concrete slab now has a slope compliant with ADA 2010 requirements. In Area 2, the entrance to the parking lot was resurfaced with asphalt.

The project was an in-kind replacement of the existing sidewalk, which continues to provide increased access as a result of funding from Access Maryland

2022

A Maryland Access project completed this year was Davidge Hall. Davidge Hall is part of the University of Maryland, Baltimore (UMB) campus, located in Baltimore City.

Below is a vignette detailing how the project resulted in increased access.

Davidge Hall is a unique educational building with several distinctions to its name. It used to be known as the College of Medicine of Maryland, is on the National Register of Historic Buildings, and is currently the oldest building in use for medical education in the Western Hemisphere.

The building's main amphitheater consists of 2 round, superimposed amphitheaters, featuring stadium-seating type galleries. As the building was opened in 1812, 178 years before the Americans with Disabilities Act of 1990, much of the building lacked basic accessibility.

With Access Maryland funding, the university was able to make some accessibility changes such as to widening several doorways within main hallways and bathrooms. They were also able to make lecture halls more accessible within the building.

This project improved accessibility for faculty and staff with limited mobility. In addition to the faculty and staff at UMB, the project increased accessibilty for potential visitors coming in from across the country, as the university also conducts tours of Davidge Hall since it is on the National Register of Historic Buildings.

One Access Maryland project completed this year was the Morgan Run Natural Environment Area, located in Carroll County. Morgan Run is operated under the Maryland Department of Natural Resources.

Below is a vignette, detailing how the project resulted in increased access.

Morgan Run is a natural, protected area of over 1,900 acres for activities such as hiking, equestrian trail activities, catch and release trout fishing, and fly fishing. Previously, the area was not accessible for people with disabilities. Maryland DNR's vision was to design and install ADA signage and compatible parking spaces and an access path to the existing trout stream fishing platform. As a natural discovery area, users especially enjoy fishing, hunting, and hiking.

After a total design and construction time of two and a half years, DNR hosted Morgan Run NEA's ribbon cutting on October 24, 2023. This project increased accessibility for all its steadily increasing number of visitors and will do so for countless years to come.

2. <u>Create and implement an online ADA Facility Accessibility Notification Form to track and monitor access issues within state buildings</u>

Annual Updates - 2021

- The Facility Accessibility Notification went live in Jan of 2020.
 - The form tracks the following information: Agency/ Facility visited, location/ type of inaccessibility (counter space, restroom, entryway), a description of the inaccessibility, whether they notified anyone on-site (who and via what method). The issue is then forwarded to the appropriate ADA Coordinator to reach out to the constituent.
 - The goal of implementing this form is to collect and evaluate information related to the physical access of State facilities. This information can also assist us in marketing the Access MD program to State agencies/ facilities who may not have applied for funding in the past.
- Annual Updates 2022

MDTAP responded to 7 surveys and forwarded to corresponding agencies and ADA Coordinators.

• Annual Updates – 2023

Access MD responded to 6 surveys and forwarded them to corresponding agencies and ADA Coordinators.

Strategy Three

Improve understanding and accessibility of civil rights for people with disabilities and their families

Activity: Annually collect qualitative and quantitative data and report on improvement in civil rights for people with disabilities and their families

Maryland Commission on Civil Rights.

The Maryland Commission on Civil Rights (MCCR) is an independent state agency serving individuals, businesses, and communities throughout Maryland.

MCCR is governed by a nine-member Commission appointed by the Governor and confirmed by the Maryland State Senate to serve six-year terms.

The Commission meets once a month to set policy and review programmatic initiatives. MCCR's mandate is to ensure equal opportunity through enforcement of Title 20 of the State Government Article and Title 19 of the State Finance & Procurement Article (the state's Commercial Non-Discrimination Policy), Annotated Code of Maryland.

Since 1968, the Commission has had authority to administer and enforce the Maryland Public Accommodations Law, the Discrimination in Housing Law and the Fair Employment Practices Law. To achieve this, MCCR has a deferral relationship and funding provided by the Equal Employment Opportunity Commission and the U. S. Department of Housing & Urban Development.

2020 Disability Cases

- Employment
 - For the first time in 2020 disability replaced race as the #1
 protected class among individuals filing discrimination
 complaints with MCCR, followed by race.
 - o 233 disability employment discrimination complaints
- Housing
 - Consistent with historic trends, disability complaints related to accessibility remained the #1 type of complaint this year, followed by race.
 - o 109 disability housing complaints
- Public Accommodation

- Consistent with history, disability remained the #1 reported protected class for public accommodation complaints in 2020.
 - 30 public accommodations complaints

2021 Disability Cases

- Employment
 - For the second time in 2021 disability replaced race as the #1
 protected class among individuals filing discrimination
 complaints with MCCR, followed by race.
 - o 542 disability employment discrimination complaints
- Housing
 - Consistent with historic trends, disability complaints related to accessibility remained the #1 type of complaint this year, followed by race.
 - 169 disability housing complaints
- Public Accommodation
 - Consistent with history, disability remained the #1 reported protected class for public accommodation complaints in 2021.
 - o 25 public accommodations complaints

2022 Disability Cases

- Employment
 - Employment discrimination complaints account for more than 70% of MCCR's total intake. In 2022, for the first time in three years, the number of retaliation complaints began to stabilize, with the agency receiving a total of 906 different retaliation cases as compared to 915 in 2020. Fear of retaliation still continues to have a chilling effect on efforts to encourage reporting of employment discrimination. Since 2017, retaliation has been the #1 employment related complaint received by MCCR. For the first time in three years, disability is the #2 employment-related complaint, followed by harassment at #3.
 - o 601 disability employment discrimination complaints
- o Housing
 - In recent years, MCCR has been concerned that its typical annual caseload of approximately 100 housing discrimination cases is an inappropriately low level of reporting based on the state's population of six million residents. Through targeted outreach, we have actively worked to educate the public about their rights and about MCCR's role in investigating housing discrimination complaints. Understanding the pain and suffering

experienced by the victims of housing discrimination, MCCR seeks to investigate and issue a written finding within 100 days of receipt of complaints in this area. In FY 2022, we saw a slight decrease in total cases: from 159 in FY2021 to 120 for FY2022. Disability complaints related to accessibility remained the #1 type of complaint, followed by race.

211 disability housing complaints

o Public Accommodation

- Complaints of discrimination against an owner or operator of a place of public accommodation slightly rose in 2022 as a percentage of MCCR's total caseload. The increase can be attributed to increased traffic to retail establishments, restaurants, and other commercial businesses when Maryland's COVID-19 state of emergency was lifted. Consistent with history, disability remained the #1 reported protected class for public accommodation complaints in 2022. Race and national origin complaints were #2 and #3, respectively.
 - 21 public accommodations complaints

1. Voting Rights to identify and monitor voter access issues during elections

The State Disabilities Plan includes the monitoring of voting every year. Maryland has its four-year state election for the Maryland General Assembly and Governor in the national midterm year. 2022 was the next state election year. For this year, below is a summary of last year's activities during the national election and a related bill during the 2021 General Assembly.

Disability Voting 2020 Election Summary

Disability Rights Maryland (DRM) and other stakeholders had a Voters Rights hotline open starting on the first day of early voting in Maryland. DRM acted as the disability ombudsman relaying disability/accessibility concerns of Maryland voters to the state and the respective local board of elections.

An issue which came up was the height of the ballot drop boxes for wheelchair users. DRM mediated these concerns and is following up on uniform accessibility guidance for drop boxes going forward.

2021 Maryland General Assembly Disability Voting New Law

SB0683/HB1048 - Election Law - Voting - Permanent Absentee Ballot List, Ballot Drop Boxes, and Reports

Senator Kramer/Delegate Wilkins

- Requiring a local board of elections to designate the locations of ballot drop boxes;
- Requiring each local board to submit proposed ballot drop box locations to the State Administrator of Elections
- Requiring a local board to ensure the security of ballot drop boxes
- Requiring that certain guidelines for absentee voting established by the State Board provide for a permanent absentee ballot list
- Prohibiting canvassing, electioneering, or posting campaign material on a ballot drop box; etc.
- This bill became effective June 1st 2021

Disability Voting 2022 Election Summary

Disability Rights Maryland (DRM) and other stakeholders had a Voters Rights hotline open starting on the first day of early voting in Maryland. DRM acted as the disability ombudsman relaying disability/accessibility concerns of Maryland voters to the state and the respective local board of elections.

Strategy Six

Improve trainings and outreach activities designed to share information and solicit stakeholder feedback

Activity: Annually collect qualitative and quantitative data and report on improvement in trainings and outreach activities

Annual Updates - 2021

In 2021 MDTAP had 78 unique public awareness events, 570 direct information and assistance on AT topics; 851 training participants at 31 unique training events.

Maximizing Resources – Outcome Thirteen

Improved capacity, infrastructure, and coordinated policy implementation in response to and recovery from public health emergencies

Strategy Seven

Improve maximizing resources capacity, infrastructure, and coordinated policy implementation in response to public health emergencies

Activity: Annually collect qualitative and quantitative data and report on improvement in maximized resources capacity, infrastructure, and coordinated policy implementation in response to public health emergencies

Response

2020

- Maximized state capacity resources in Maryland's COVID-19 response by:
 - o Facilitating PPE grants for providers
 - Facilitating discussions with community stakeholders about federal CARES ACT funding allocation
 - Partnering with BHA to extend telehealth opportunities to DSPs of community programs
- Maximized state infrastructure resources in Maryland's COVID-19 response by:
 - Having MDOD staff detailed to Maryland Emergency Management Administration (MEMA) and collaborating with state partners for whole community preparedness and response for people with disabilities
 - Embedding state disability leadership in overall state COVID-19 communications planning and implementation
 - o state agencies facilitating solutions to the early COVID-19 Personal Protection Equipment (PPE) shortage for eye and face protection, hand protection, body protection, respiratory protection example (masks, sanitizer, disposable gloves etc.)

- Increasing state social media resources such as COVID-19 specific social media posts, newsletter with information and resources, additional COVID-19 specific webpage on MDOD's website
- Providing technical assistance to ensure the accessibility of state
 COVID -19 websites
- MDOD's Information Technology accessibility team training Governors staff on accessibility of websites and PDFs
- Streamlining reasonable accommodation requests for testing sites
- Maximized state policy coordination resources in Maryland's COVID-19 response by:
 - o Ongoing participation in national policy COVID 19 calls
 - MDOD and ODHH collaboration on two sets of guidance for COVID-19 Testing (mobile testing sites and medical staff).
 - Assisting in the development of the Governor's Executive Order designating paid community caregivers (direct support professionals) as essential healthcare workers.
 - o developing and implementing Medicaid emergency waivers (ex: Appendix K

Strategy Eight

Improved maximizing resources capacity, infrastructure, and coordinated policy implementation in recovery from public health emergencies

Activity: Annually collect qualitative and quantitative data and report on improvement in maximizing resources capacity, infrastructure, and coordinated policy implementation in recovery from public health emergencies

Recovery

2021

- Maximized state capacity resources in Maryland's COVID-19 recovery by:
 - Having multiple MDOD staff detailed to the vaccine response
- Maximized state infrastructure resources in Maryland's COVID-19 recovery by:
 - Providing assistive technology equipment and technical assistance for vaccine sites throughout Maryland
 - o Streamlining vaccine sites reasonable accommodation requests
- Maximized state policy coordination resources in Maryland's COVID-19 recovery by:
 - o Developing vaccine priority guidance for people with disabilities
 - Collaborating with state and non-state partners on reopening efforts and Appendix K

2022

- Maximized state capacity resources in Maryland's COVID-19 recovery by:
 - o Having MDOD staff detailed to the vaccine and booster response
- Maximized state infrastructure resources in Maryland's COVID-19 recovery by:
 - Providing assistive technology equipment and technical assistance for vaccine and booster sites throughout Maryland
 - Streamlining vaccine and booster sites reasonable accommodation requests
- Maximized state policy coordination resources in Maryland's COVID-19 recovery by:

 Collaborating with state and non-state partners on reopening efforts and Appendix K

<u>2023</u>

- Maximized state capacity resources in Maryland's COVID-19 recovery by:
 - Having MDOD staff detailed to the vaccine and booster response as needed on committees.
- Maximized state infrastructure resources in Maryland's COVID-19 recovery by:
 - Providing assistive technology equipment and technical assistance for vaccine and booster sites throughout Maryland
 - Streamlining vaccine and booster sites reasonable accommodation requests
- Maximized state policy coordination resources in Maryland's COVID-19 recovery by:
 - Collaborating with state and non-state partners on reopening efforts and Appendix K.
 - Collaborating with MDH on "Medicaid Check-In" campaign to ensure people with disabilities on Medicaid know that they must comply with eligibility redeterminations.

Accessible Communications

Maryland state agencies will be accessible, and communicate information effectively, equitably, and in an accessible format.

People with disabilities will have equal access to all state agency communications, programs, and services.



This **Guiding Principle** focuses on ensuring all government communications are accessible, promoting quality service delivery, and acquiring accessible communication services and products for individuals with disabilities.

Applicable Outcomes

Outcome Ten - Improved accessible and universally designed communication and technology

Outcome Eleven - Improved disability equity, transparency, and efficiency in state government services

Outcome Thirteen - Improved capacity, infrastructure, and coordinated policy implementation in response to and recovery from public health emergencies

Accessible Communications - Outcome Ten

Improved accessible and universally designed communication and technology

Strategy One

Improve the accessibility of emergency information by making it available in a variety of accessible formats (e.g. braille, large print, ASL) for emergency broadcasts and emergency resources provided at shelters and recovery centers

Activity: Annually collect qualitative and quantitative data and report on improvement in accessible formats for emergency broadcasts and resources

- 1. Work with the State and local emergency managers to ensure that the communications shared during emergencies are accessible
 - MDOD ensures that people with disabilities have communication supports at state sponsored COVID-19 test sites and alternate care facilities.
 - MDOD has invested in assistive technology and communication devices to ensure equal access to communication. These investments include remote video interpreters on demand, handheld devices, and the required internet capabilities.
 - 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
 - MDOD is a voting member of NG911 Commission
- 2. Develop a training on providing accessible communications and accessible information technology 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
 - MDOD had embedded a communications specialist with the COVID-19 Communications team to ensure videos and other products are accessible.
 - MDOD has a team of accessibility specialists conducting accessibility testing and analysis of state sponsored COVID-19 web pages and digital products.

Strategy Two

Improve the integration of the needs of the disability community and emergency management plans

Activity: Annually collect qualitative and quantitative data and report on improvement in integration of the needs of the disability community and emergency management plans

- 1. 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.
 - MDOD is the State Coordinating Function (SCF) lead for Whole Community preparedness, response, and recovery in the State Emergency Operations Plan
 - The SCF operating plan was revised in 2022
- 2. 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.
- 3. 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 is a member of MEMA's State Hazard Mitigation Plan steering committee
 - MDOD's Director of Emergency Preparedness participated in several state activations and periods of enhanced monitoring in 2019

Strategy Three

Improved telecommunications accessibility services for people with difficulty using a traditional telephone

Activity: Annually collect qualitative and quantitative data and report on improvement in telecommunications accessibility services for people with difficulty using a traditional telephone

1. **RCC**

Annual Updates

- Annual Number of RCC minutes
 - o 2021 80,970 minutes
 - o 2022 81,765 minutes
 - o 2023 35,745 minutes

2. MAT Utilization

Annual Updates

- Annual Number of people applying for accessible telecommunication equipment from MAT
 - 0 2021 241
 - 0 2022 236
 - 0 2023 500
- Annual Number of people receiving equipment from MAT
 - 0 2021 387
 - 0 2022 409
 - 0 2023 969

Accessible Communications – Outcome Eleven

Improved disability equity, transparency, and efficiency in state government services

Strategy Two

Improve accessibility of government websites and other forms of communication

Activity: Annually collect qualitative and quantitative data and report on improvement in accessibility of websites and other communications

- 1. MDOD will work with State agencies to promote awareness of website and document accessibility
 - Number of State agencies requesting accessibility remediation/consultation services during the year
 - 0 2021 27
 - 0 2022 19
 - 0 2023 21
 - Number of State agencies resolving accessibility incidents during the year
 - 0 2021 19
 - 0 2022 17
 - 0 2023 18
 - Number of IT Accessibility trainings during the year
 - 0 2021 16
 - 0 2022 30
 - 0 2023 34
 - Number of Procurement Accessibility trainings during the year
 - 0 2021 7
 - 0 2022 5
 - 0 2023 2
 - Number of Marylanders attending ICT Accessibility training sessions during the year ** new metric for 2023**
 - 0 2023 419

2. Work to improve internet connection to underserved regions of the State

Annual Updates

2021

- Office of Statewide Broadband
 - Created by Governor Hogan via Executive Order in 2018 as Governor's Office of "Rural Broadband". Digital Connectivity Act of 2021 reestablished the Office as Office of Statewide Broadband (OSB) at the Department of Housing and Community Development (DHCD).
 - Mission: To ensure that every Marylander has access to broadband services, regardless of their zip code. Through partnerships with local jurisdictions and the private sector, OSB offers direct funding and technical assistance to help entities applying for federal funding opportunities.

Major Funding Programs:

- o Broadband Network Infrastructure Grant Program -
 - Offers grants between \$1 Million \$3 Million to ISP's in partnership with Local Jurisdictions for up to 50% of the construction costs for new broadband networks to service unserved areas.
- Expansion of Existing Broadband Networks Grant Program -
 - Offers grants of up to \$200,000 to Local Jurisdictions for up to 50% of the construction costs related to an ISP extending service to unserved neighborhoods.
- Federal Funding Application Assistance Offers 100% grants to Local Jurisdictions and their ISP partners for the costs associated with Federal Funding Applications.
- Maryland Emergency Broadband Benefit Program (Service Subsidy & Device Subsidy)

Strategy Five

Improve customer service and communication with people seeking information about services and eligibility determination

Activity: Annually collect qualitative and quantitative data and report on improvement customer service

Develop plans to track customer service data

- MDOD and MDTAP newsletters continue to serve as a proactive method of communication with direct links to news and valuable topics
- MDOD published a weekly newsletter to include updated COVID response and recovery information.
- MDOD added COVID-19 Resources page to the state agency website. MDOD has also reinstituted the MDTAP blog "Where It's AT".
- Customer Inquiry Response Times and Overall Time-to-ResolutionTimeliness of Responding to Customer Inquiries
 - Customer inquiry calls are responded to within 24 hours. Due to the
 complex nature of the situations many of MDOD's callers it may take 2-3
 days to reach resolution. MDOD lets callers know that it may take time to
 find the best resource to meet their complicated needs. MDOD strives to
 provide each caller with a name and a phone number. Finding the best
 resource to refer them to in their community often requires research
 MDOD staff. MDOD's Director of Constituent Services has built
 relationships throughout the state and with individual county offices.
- MDOD social media sites are also monitored and messages have responses within 24 hours including weekends and holidays.
- MDOD telephone lines are monitored hourly during emergencies like hurricanes, floods, and other disasters to provide any assistance to constituents with disabilities.
- MDOD continued to answer and respond to customer inquiries in a timely manner.
- MDOD's Director of Constituent Services regularly checks back with constituents to ensure they received a response from outside agency and partners.

Accessible Communications - Outcome Thirteen

Improved capacity, infrastructure, and coordinated policy implementation in response to and recovery from public health emergencies

Strategy Nine

Improve accessible communications capacity, infrastructure, and coordinated policy implementation in response to public health emergencies.

Activity: Annually collect qualitative and quantitative data and report on improvement in accessible communications capacity, infrastructure, and coordinated policy implementation in response to public health emergencies

Response

2020

- Improved state accessible communications capacity in Maryland's COVID-19 response by:
 - Monitoring PPE grants for providers
 - Facilitating discussions with community stakeholders about federal CARES ACT funding allocation
 - Partnering with BHA to extend telehealth opportunities to DSPs of community programs.
 - Providing assistive technology equipment and technical assistance in testing sites throughout Maryland
 - o MDOD's Information Technology accessibility team training Governors staff on creating accessible documents.
- Improved state accessible communications infrastructure in Maryland's COVID-19 response by:
 - Having MDOD staff detailed to Maryland Emergency Management Administration (MEMA) and collaborating with state partners for whole community preparedness and response for people with disabilities.
 - Increasing state social media resources such as COVID-19 specific social media posts, newsletter with information and resources, additional COVID-19 specific webpage on MDOD's website
 - Providing technical assistance to ensure the accessibility of state COVID -19 websites.

Improved state accessible communications policy coordination in Maryland's COVID-19 response by:

- MDOD and ODHH collaborate on two sets of guidance for COVID-19 Testing (mobile testing sites and medical staff).
- o Multiagency accessibility coordination response for surge hospitals
- o Collaborating with state partners to develop
 - Hospital visitation guidance for Access to Support for Patients with Disabilities in Hospital Settings and a subsequent FAQ
 - Face coverings and face shields guidance and a subsequent FAQ

Strategy Ten

Improved accessible communications capacity, infrastructure, and coordinated policy implementation in recovery from public health emergencies.

Activity: Annually collect qualitative and quantitative data and report on improvement in accessible communication capacity, infrastructure, and coordinated policy implementation in recovery from public health emergencies

Recovery

2021

- Improved state accessible communications capacity in Maryland's COVID-19 recovery by:
 - Collaborating with state partners in the Maryland vaccine rollout to include ADA reasonable accommodations, vaccine priority groups, and creating disability-specific vaccination sites partnering with nonprofits and pharmacies.
 - o Providing assistive technology equipment, training, and technical assistance in vaccine sites throughout Maryland
- Improved state accessible communications infrastructure in Maryland's COVID-19 recovery by:
 - o Streamlining reasonable accommodation requests for vaccine sites
 - Collaborating with state partners to provide accessible vaccination site lists on state websites.

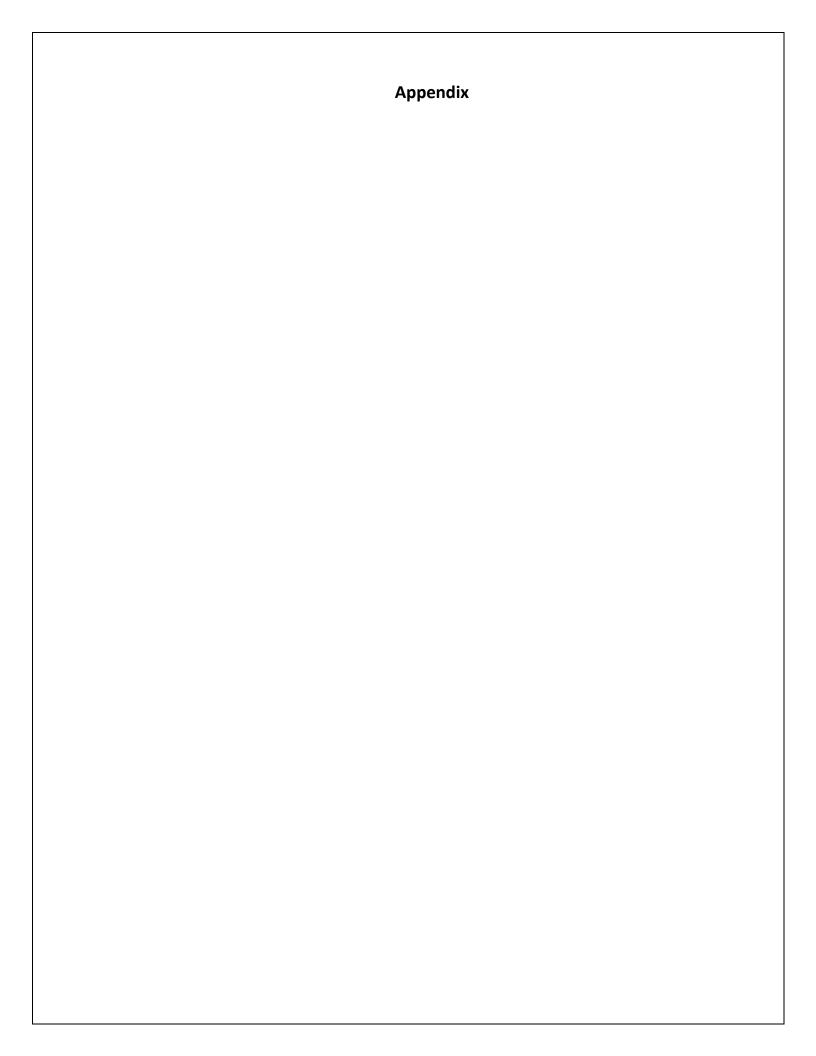
2022

- Improved state accessible communications policy coordination in Maryland's COVID-19 recovery by:
 - Developing accessible vaccine and booster operations protocol
- Improved state accessible communications capacity in Maryland's COVID-19 recovery by:
 - Collaborating with state partners in the Maryland vaccine and booster shot rollout to include ADA reasonable accommodations, vaccine priority groups, and creating disability-specific vaccination sites partnering with non-profits and pharmacies.
 - Providing assistive technology equipment, training, and technical assistance in vaccine and booster sites throughout Maryland
- Improved state accessible communications infrastructure in Maryland's COVID-19 recovery by:
 - Streamlining reasonable accommodation requests for vaccine and booster sites
 - Collaborating with state partners to provide accessible vaccination and booster site lists on state websites.
- Improved state accessible communications policy coordination in Maryland's COVID-19 recovery by:
 - Developing accessible vaccine and booster operations protocol

<u>2023</u>

- Improved state accessible communications policy coordination in Maryland's COVID-19 recovery by:
 - Developing accessible vaccine and booster operations protocol
- Improved state accessible communications capacity in Maryland's COVID-19 recovery by:
 - Collaborating with state partners in the Maryland vaccine and booster shot rollout to include ADA reasonable accommodations, vaccine priority groups, and creating disability-specific vaccination sites partnering with non-profits and pharmacies.
 - Providing assistive technology equipment, training, and technical assistance in vaccine and booster sites throughout Maryland

• Improved state accessible communications infrastructure in Maryland's COVID-19 recovery by:	
0	Streamlining reasonable accommodation requests for vaccine and booster sites
0	Collaborating with state partners to provide accessible vaccination and booster site lists on state websites





Framework and Toolkit for Inclusive Playgrounds in Maryland







This document is a partnership of the Maryland Developmental Disabilities Council(Council) and the Maryland Department of Disabilities (MDOD). The document was written by Stephanie Dolamore (Council), Kirsten Robb-McGrath(MDOD), and Bong Delrosario (MDOD) with input from Rachel London (Council) Chris Rogers (Council) Lisa Belcastro (MDOD), and Cait Gardiner (consultant).

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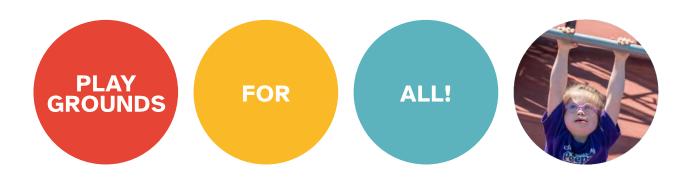
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This document includes photos from Blandair Regional Park in Howard County and Pinecliff Park in Frederick County. Thank you to local park staff for their support and to the community members who are featured in the images.

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Maryland needs more playgrounds where all children and their families can play.

Most playgrounds are built for a limited type of play. Many playgrounds in Maryland are not fully inclusive because they often leave out people with disabilities who may play in different ways. This means a lot of playgrounds exclude people. Those people miss out on the opportunity to develop social skills, like trying new things in a safe place or building independence.

We need to make playgrounds welcoming and usable for everyone. This is called an inclusive playground. Inclusive playgrounds are outdoor play spaces that can be used by everyone because they are designed to meet needs of different people. They encourage people to come together to play and they make people feel good when they are there. This is important because inclusive playgrounds provide many benefits for everyone.

The Americans with Disabilities Act (ADA) requires playgrounds to be accessible.¹ But accessible is not the same as inclusive. The ADA only provides a minimum level of access. It often does not focus on inclusion. Many playgrounds that are ADA accessible still limit or isolate people with disabilities to one small section of the playground. The goal of this document is to help change that. This framework is designed to create more access to inclusive playgrounds for all Marylanders. A framework is a document that explains the important parts of an idea. This document explains the important parts of inclusive playgrounds. If we use this framework to create more inclusive playgrounds, we will create a more inclusive Maryland.

This framework provides an overview of what inclusive playgrounds are and what the benefits are. Following the framework are toolkits to promote inclusion at Maryland's playgrounds. We hope readers use this document as a starting point for making inclusive play spaces in their communities where everyone can learn and play together.



How did you develop this document?

This framework was developed by collecting information online and from people in Maryland.

We collected information from many places to write this document. We did interviews with community-based organizations in Maryland and visited playgrounds in Maryland to make observations (primary data collection). We also read documents online about research on playgrounds (secondary data collection). When it is important, we include references in this document to websites where you can learn more information.













What are inclusive playgrounds?

Inclusive playgrounds welcome everyone to participate.

Playgrounds in Maryland should be fully inclusive for all. That means everyone can learn and play together. Inclusive playgrounds include an outdoor playground and all the nearby areas, like parking and bathrooms. Inclusive playgrounds want all members of the community feel like they belong. Fully inclusive playgrounds are those that are physically, socially, and emotionally welcoming.²

Inclusive playgrounds have four important characteristics:

They can be used by everyone (accessible);

- They meet needs of different people (adaptive);
- They encourage people to come together to play and learn (welcoming); and
 - They make people feel good when they are there (promote feelings of emotional well-being).

There is a difference between inclusive playgrounds and accessible playgrounds.³ Accessible playgrounds are designed to meet the minimum standards of the requirements in the law. This means that everyone can access some part of the playground without a challenge.

But accessibility does not mean that everyone can use the playground meaningfully. Inclusive playgrounds welcome any individual so they feel like they belong on all parts of the playground. Inclusion goes beyond accessibility because everyone can enjoy all parts of the playground without a challenge.

Here are some examples of the difference between an accessible playground and an inclusive playground.





Example 1

A playground with pathways to and around the equipment that can be used by someone in a wheelchair is accessible playground. But changes in ground type create a barrier that makes enjoying all parts of the

playground not possible. For example, when the ground at playground changes from concrete to mulch, the areas wit mulch cannot be accessed by a person in a wheelchair.

Aninclusive playground provides accessible ground material throughou the playground and reduces surface changes for a person in a wheelch





Example 2

A playground with adaptive swings and non-adaptive swings is an accessible playground. Adaptive swings are swings with a high back and harness that can suppor people with physical disabilities. They can also be swings that can support a person in a wheelchair. But if the adaptive swings are separated from other swings, this creates a barrier to enjoying all parts of the playground.

Aninclusive playground wouldtn separate the adaptive swings. Instead, an inclusive playground would have many types of adaptive and nonadaptive equipment located together. This allows everyone to feel welcome so they can play and learn together.



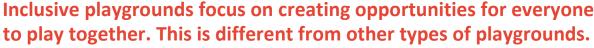


Example 3

Inclusive playgrounds consider the needs of

children and adults. When the needs of both children and adults are met, they are more likely to enjoy their time at the playground.

For example, adults need places that are comfortable and accessible when visiting a playground. One of the easiest ways to do this is by making sure there is plenty of adult seating, with tables available in the shade. This allows adults to enjoy the playground while kids are also enjoying playtime. Playgrounds can also offer equipment designed for all ages, encouraging all members of the community to play.



For example, children and adults with and without disabilities need comfortable and accessible spaces when visiting a playground. These spaces should create opportunities to learn and play together. One way to do this is by offering equipment designed for all ages. This encourages all members of the community to play together. Another example would be to make sure there is plenty of seating around the playground for adults with and without disabilities.



Some playgrounds create exclusion, where some people can use the playground and some people cannot. For example, if a playground does not have accessible sidewalks and does not have accessible equipment, some people with disabilities cannot go there to play. Everyone is not able to access the playground.



There are also playgrounds that create **segregation**, where certain parts of the playground are accessible, but not the main part of the playground. This happens if a playground has areas that have different things. For example, if there is one space for a large play structure that is not accessible and another space for a smaller play structure with accessible equipment. The equipment for people with disabilities is separated from the main playground. Everyone is not able to play together.



There are also playgrounds that promote integration. That means everyone is in the same playground, but not everything is accessible. For example, if a playground has ramps that lead to the play structures but the play structures have a climbing wall and stairs to reach the slide. Everyone can access the play structures, but not everyone can access all parts of the play structures. Everyone is not able to play equally.



Playgrounds that promote inclusion are designed for everyone to play together. Inclusive playgrounds can be used by everyone because they meet needs of different people. Inclusive playgrounds are welcoming and they make people feel good when they are there.

Everyone is able to play and learn together.



What are the benefits of inclusive playgrounds in Maryland?

Everyone, both people with and without disabilities, benefit from the positive impact of inclusive playgrounds.

For people with disabilities, inclusive playgrounds mean better access to spaces for play, recreation, and exercise. Many people with disabilities have other health challenges⁴ and exercise less often than people without disabilities.⁵ People with disabilities also experience more negative feelings and stress.⁶ Inclusive playgrounds provide the opportunity for people with disabilities to increase their exercise and play with others. Play develops social skills in three major areas—it allows for opportunities of independence, trying new things in a safe place, and interacting with others. These are important skills that help in all areas of life.

For people without disabilities, inclusive playgrounds mean the opportunity to be part of a stronger community. One of the key benefits of inclusive playgrounds are opportunities to interact with others. The more community members of all ages and abilities interact and build relationships, the stronger the community becomes. The National Recreation and Parks Association explains that inclusive playgrounds can "bring people together and celebrate the diversity of communities in which they live."

The number of children and adults with disabilities in Maryland can be found in

statewide data. About 1 in 10 children in public schools have a disability.

And, about 1 in 5 Marylanders have a disability.8

Where are inclusive playgrounds located in Maryland?



There is not yet a resource where you can find all the inclusive

playgrounds in Maryland on one list.

Finding inclusive playgrounds in Maryland is hard. There is not yet one website or organization that tracks all the inclusive playgrounds. There are several organizations that have websites with some information. These websites might list accessible parks, but not information about what makes the playgrounds accessible. The kinds of access available varies from park to park. For example, one park might have wheelchair accessible equipment on the playground and another park might have a universal changing table in the bathroom near the playground. A universal changing table is one where the personal care needs of both children and adults can be met. The Maryland Department of Natural Resources lists all the accessible playgrounds but only for state parks. Other websites list inclusive parks in a small geographic area. The website Let Kids Play! includes a list of accessible and inclusive playgrounds, but the list for Maryland is incomplete.

We reviewed the available information. We found that inclusive playgrounds are not spread around Maryland in equal amounts. Counties in Central and Northern Maryland have more inclusive playgrounds than those in Southern, Western, and Eastern Maryland. This means that areas with more people living close together (urban area) have more inclusive playgrounds than areas with people living farther apart (rural area).

Many inclusive playgrounds are located within state parks. People with disabilities and their families may face barriers accessing these locations. People may assume they have to pay the entrance fee. They may not be aware of the Universal Disability Pass that lets them get into state parks for free. In addition, some people with disabilities use public transportation to get to places in their communities. Many state parks cannot be accessed by public transportation. For people with disabilities and their families who use public transportation, they cannot enjoy these state parks and playgrounds.

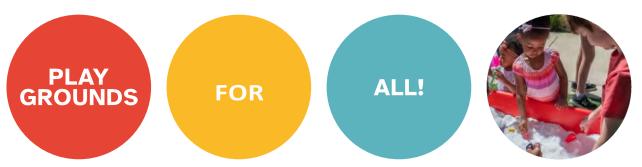
Our goal is to see more inclusive playgrounds in Maryland. Everyone deserves to feel welcome so they can play and learn together. It is important for Maryland to invest in (use money for) inclusive playgrounds equally across all of Maryland.



Getting Started:

Toolkit for Inclusive Playgrounds in Maryland





Everyone deserves a chance to play. Use this toolkit to expand inclusive playgrounds in your community.

This part of the document is the toolkit. A toolkit is a document that explains the important steps to reach a goal. This toolkit offers information on how to create inclusive playgrounds or to improve existing playgrounds to be more inclusive. The toolkit has six sections. Each section starts with a definition of the topic. Then the section explains why the topic is important. Finally, the section provides links to additional resources.

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Create a Committee and Build Collaboration

What is it?

Collaboration is when people work together to achieve a common goal. When more than one person collaborates on a formal project the group is called a workgroup. Sometimes this workgroup is called a committee. The committee is the group of people who lead the project. For a playground to be inclusive (welcoming), leaders and other members in the area must collaborate (work together). This allows everyone to play a role in making things better for everyone. Inclusive playgrounds create opportunities for collaboration before, during, and after construction of a play space. Collaboration is not when leaders tell other people what to do. Collaboration requires leaders to make sure everyone has a fair opportunity to be involved and supported in the planning or activities of a project.

Why does it matter?

Playgrounds do not work without a community. When designing a playground, leaders should ask community members to be involved. Leaders should use many different ways to ask people to be involved such as phone, emails, and in-person meetings. Leaders should give people more than one chance to get involved. Also, leaders should plan for ways to reach people who communicate using a language other than English. This might mean using spoken language translators or American Sign Language interpreters.



Create a Committee and Build Collaboration continued

People who are not usually included in playgrounds should be specifically included in planning

for inclusive playgrounds. For example, people with disabilities are the best people to share about their barriers at playgrounds and should be included in the process. The American Society for Landscape Architects explains that when designing a playground, including and supporting people of all abilities is important.¹¹

Everyone brings their own experience and understanding. A committee with many different perspectives is important when designing inclusive playgrounds to make sure everyone can learn and play together. When the committee has a diverse group of people who are equally supported to participate, the planning and design of the playground can reflect the diverse committee. Collaboration with many people also helps to stop the idea that inclusive playgrounds are only for children with disabilities. For example, consider how playgrounds can be designed to promote inclusion or not. Many playgrounds have ramps but they also have equipment with stairs or climbing units that stop people with disabilities from being able use all parts of the playground. An inclusive playground should have ramps that lead to an element a person with a disability can play with.

This could be a sensory board, a



TO LEARN MORE:

Forming a Viable Project Committee and Holding Successful Meetings by Iowa State University

How to Create An Inclusive

Playground Designby Inclusive

Playgrounds

<u>Designing Parks with</u> <u>Community-Based Planning</u> by Parks for All Californians

<u>Community Engagement Resource</u> <u>Guide</u>by the National Recreation & Parks Association

<u>Inclusive Healthy Spaces</u> by the National Recreation & Parks Association

slide, or a communication board.



What is it?

Resources are the things you have access to for a project. For example, some of the resources needed to build an inclusive playground include money, time, and a committee. When you want to start a new inclusive playground, or update an existing playground to be more inclusive, you will need to assess the resources you have to make it happen. Sometimes this is called doing a needs assessment. A needs assessment looks at the resources as well as what people say they need in a new playground.



Why does it matter?

Assessing resources is an important part of the planning process. During the assessment, you will learn a lot of important information that will help you make decisions. For example, how much money you have for a project impacts how big or small your playground design will be. And what the community wants and needs will help you decide how to spend the project money you have available. If people in your community say they only want slides in the new playground, you may have to prioritize money for inclusive slides over other inclusive play equipment.

Assessing

Assessing Community Needs and Resources by The Community Toolbox

playground, you will need funding. Funding can be money, but it can also be people who give their time or skills to support a project.

TO LEARN MORE:

Funding

What is it?

Funding is a word used to describe the money or other resources available to achieve a particular goal. For example, if you want to build a new



Why does it matter?

Playgrounds cost money to create, maintain, and update. Without funding, a playground cannot be created or stay in good condition. One obstacle to creating inclusive playgrounds is the cost. But there are many ways to find money for projects. Money for playgrounds can come from the government, businesses. community organizations, or individuals. Support for playgrounds can also come from people, like volunteers who build a playground for free instead of charging money.

TO LEARN MORE:

Funding Tool by PlayCore
Request for Grant
Information page by Landscape
Structures
Community Parks & Playgrounds
Program Grant Proposal Process by
Maryland Department of Natural



KABOOM! Grants by KABOOM

Fundraising by KABOOM Playground Grants Guide by Little Tykes

Grant Opportunities for Playgrounds by Play & Park Structures











Universal Design

What is it?

Universal design¹² is the process of creating something to be as functional as possible for as many people as possible. Universal design can be used for things, places, or programs. It is an idea that can be applied to many areas of design.

Why does it matter?

The goal of universal design for a playground is to create maximum usability. This means the most use by the most people. Universal design provides benefits to everyone who uses a space. When a playground uses universal design, the playground creates safety and enjoyment for the most people possible. This matters because people with disabilities can not always enjoy playgrounds and universal design helps create more inclusive playgrounds.



TO LEARN MORE:

<u>Principles of Universal Design (with graphics)</u> by North Carolina State University Center for Universal Design

<u>Universal Design</u> by the American Society of Landscape Architects <u>Inclusive Play Design Guide</u> by Accessible Playgrounds

<u>Designing for Inclusive Play: Applying the Principles of Universal Design to the Playground</u> by National Center on Health, Physical Activity and Disability

7 Principles of Inclusive Playground Design by PlayCore

There are seven principles of Universal Design¹³ and each is an important part of inclusive playgrounds. The seven principles are explained below as they relate to playgrounds.

- **1 EQUITABLE USE:** The playground is useful. The playground appeals to people with diverse abilities. *For example, the play structure has ramps or slopes instead of stairs.*
- **2 FLEXIBILITY IN USE:** The playground supports a wide range of preferences and abilities. *For example, swings at various heights and styles in the same area of a playground.*







3 SIMPLE AND INTUITIVE USE: The playground is easy to understand by everyone. The playground does not require certain knowledge or concentration levels to understand it. *For example, universal symbols used on park signs instead of only written words.*



4 **PERCEPTIBLE INFORMATION:** The playground communicates information effectively in different conditions. Information can be seen and used when the playground is crowed or empty. Communication also meets the needs of people with different sensory abilities. For example, textured warning strips on slides to indicate the slide is coming to an end.



TOLERANCE FOR ERROR: The playground is safe and tries to reduce accidents. *For example, swings are not too close to other parts of the playground so people do not get kicked by accident.*



LOW PHYSICAL EFFORT: The playground can be used by everyone without getting tired. For example, the material on the ground allows everyone to move around without a lot of effort.



SIZE AND SPACE FOR APPROACH AND USE: The size of the playground and the space around parts of the playground allows everyone to play. *For example, an activity board should be within reach of a standing or sitting person.*

Freedom of Choice

What is it?



When an inclusive playground is welcoming, it means that all children and adults can make decisions for themselves about what they want to do. This is called freedom of choice. For example, all children should be able to decide for themselves if they want to play on the slide or use a swing. Freedom of choice also includes the ability to choose where you want to play and who you want to play with.

Why does it matter?

Freedom of choice is a human right. People with disabilities are entitled to the same freedom of choice as people without disabilities.

But throughout history, and still today, people with disabilities have been prevented from making decisions about what they need and want. Playgrounds that are accessible do not always allow freedom of choice. For example, sometimes a playground has many



TO LEARN MORE:

The Right to Make Choices:
International Laws and
Decision-Making by People
with Disabilities the Autistic
Self-Advocacy Network

Leveling the Playing Field by Dr. Mary Ann Devine in Disability Studies Quarterly

Transformational Impact:
Designing Public Spaces to
Promote Intergenerational
Play & Recreation Play Core

different slides. But if only one slide is accessible to people with disabilities, they have no choice about which slide to play on. Playgrounds that are inclusive always include freedom of choice so everyone has the choice about where and how to play. **Safety**

What is it?

Inclusive playgrounds emphasize the importance of safety for everyone. Safety includes the physical body and the emotions of people. Inclusive playgrounds are designed so that people with and without disabilities feel comfortable and stay healthy while playing.



Why does it matter?

Many of the safety guidelines for playgrounds do not meet the standards for inclusion.

For example, the <u>U.S. Consumer Product Safety Commission</u> lists many types of materials that can be used for the ground, such as gravel, sand, or mulch. These materials meet safety guidelines for the general population, but they are not always safe for people with disabilities. They can also exclude some people with disabilities because they may not be easy to navigate for someone who uses a wheelchair or has other mobility challenges.

Another example are slides. The static electricity buildup on traditional slides can interfere with hearing aids. This can cause sudden, unexpected loss of hearing. Instead of traditional slides, a roller slide can be used. The individual tubes on roller slides prevent static electricity from building up. They also provide additional sensory stimulation that can be especially beneficial to children with disabilities that impact their senses like autism, cerebral palsy, or other conditions.





TO LEARN MORE:

<u>Inclusive Playgrounds vs. Accessible Playgrounds</u> by Playworld

Chapter 10: Play Areas by the U.S. Access Board
The Daily Dozen: A 12-point Playground Safety
Checklist by the Nation Recreation and Park Association
Surfacing the Accessible Playground: 7 Things Every
Playground Owner Should Know About the
Accessibility of Their Playground Surfaces by the U.S.
Access Board

ADA Checklists by the U.S. Access Board

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REFERENCES:

- 1. U.S. Access Board. <u>A Summary of Accessibility Guidelines for Play Areas</u>.
- 2. MRC. The Ultimate Guide to Inclusive Playgrounds.
- 3. National Center on Health, Physical Activity and Disability. <u>Discover Inclusive Playgrounds</u>.
- 4. Centers for Disease Control and Prevention. <u>Increasing Physical Activity Among Adults</u> with Disabilities.

- 5. Gregory Heath and David Levine. <u>Physical Activity and Public Health among People with</u> Disabilities: Research Gaps and Recommendations.
- 6. Centers for Disease Control and Prevention. The Mental Health of People with Disabilities.
- 7. National Recreation and Parks Association. Parks and Recreation Inclusion Report.
- 8. Data about people with disabilities includes information about adults and information about children. Adults are people over 18 years old and children are people under 21 years old. The number of adults with disabilities is about 1 in 5 Marylanders. This is the data for adults who are not in institutions (for example, prison or the army). The number of children with disabilities is about 1 in 10 in public schools. This data is limited, which means it is the best estimate we have. The real numbers of people with disabilities may be higher.
- 9. Maryland Department of Natural Resources. Public Lands Accessible Playgrounds.
- 10. Let Kids Play. Maryland Accessible Playground Directory.
- 11. Maryland Department of Natural Resources. <u>Universal Disability Pass: Questions and Answers.</u>
- 12. American Society of Landscape Architects. <u>Universal Design</u>.
- 13. The UD Project. What is Universal Design?
- 14. North Carolina State. Center for Universal Design.