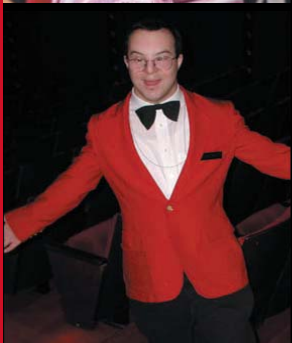

MARYLAND

DEPARTMENT OF DISABILITIES

Empowering People

2005

ANNUAL STATE PROGRESS ANALYSIS

Submitted to:

Governor Robert L. Ehrlich, Jr.
and the
Maryland General Assembly

Kristen Cox, Secretary
October 1, 2005

MARYLAND DEPARTMENT OF DISABILITIES
2005 ANNUAL STATE PROGRESS ANALYSIS

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Section I

Executive Summary

The Maryland Department of Disabilities (MDOD) is charged with developing a comprehensive State Disabilities Plan designed to coordinate, improve, unify, and consolidate services to individuals with disabilities and their families. To this end, MDOD issued its first plan in October, 2004. State Government Article, Department of Disabilities, Section 9-1117 requires that the Secretary of the Department of Disabilities submit an annual analysis of the State's progress in implementing the State Disabilities Plan and related performance objectives to the Governor and, in accordance with Section 2-1246 of the article, to the Maryland General Assembly on or before October 1 of each year. This report is submitted to fulfill that reporting requirement.

The comprehensive analysis along with its appendices describes major accomplishments, details on action steps achieved (implementation evaluation), information on MDOD's approach to balancing implementation efforts, and progress in developing measurable outcomes within various service domains (outcome evaluation). Barriers to implementing the State Disabilities Plan within each service domain were identified and MDOD asked units of government to identify proposed next action steps and areas in which the planning process could be improved during future planning and implementation cycles. Findings from this report will help to shape future State Plans and policy initiatives.

This report provides an opportunity for the public to be apprised of the State's progress and performance relative to implementing the State Disabilities Plan—a process which encourages government to be responsive and accountable to those it serves. MDOD encourages public input and feedback in its planning and evaluation efforts in the belief that consumer input is essential when designing high-quality services that address real needs. Consumer input is couched in MDOD's philosophical belief that people with disabilities can live productive, full, and meaningful lives when provided with the right training, supports, and opportunities—a belief that impacts this report's findings as well as all planning efforts.

Section II

Overview of State Disabilities Planning Process

A. Background

This report is based on the following planning and evaluation activities MDOD conducted during FY 2005:

- As mandated by State Government Article – Department of Disabilities, Section 9-1113 to 1117, MDOD submitted the charter 2005 State Disabilities Plan in October 2004 to the Governor. The Plan was based on input from over 100 state agencies, advocates, consumers, service providers, and other community organizations. The State Disabilities Plan includes goals, outcomes, and strategies organized by 10 specific service domains.
- MDOD subsequently convened a State Disabilities Planning Conference, presenting the State Plan and key strategies and action steps to units of state government, as well as an overview of state planning requirements and specific responsibilities of units of government.
- MDOD collaborated with units of government, as they developed unit plans to implement the key strategies of the State Disabilities Plan as required by Section 9-1108.
- Units of government provided MDOD with evaluations of their unit's performance in accordance with the unit's plan.
- In further accordance with Section 9-1108, MDOD collaborated with units of government to begin to identify and develop indicators to measure results for the State Plan's goals and to collect baseline data through the Managing for Results (MFR) process.

This report presents information regarding two types of evaluation:

1. Implementation Evaluation: This section discusses whether or not units of government were successful in achieving the milestones they identified in the State Disabilities Plan.
2. Outcome Evaluation: This section measures the progress made by units of state government in establishing baseline data for performance measures for services provided to individuals with disabilities.

B. Mission, Service Domains, and Goals

Mission:

The mission of the Maryland Department of Disabilities is to empower people with disabilities to achieve their personal and professional goals in communities where they live.

Service Domains:

Framed by this mission, the State Disabilities Plan addresses the service domains identified in statute or other mandates, including:

- Statewide capacity for communities to support individuals with disabilities with personal attendant care and other long-term care options that are self-directed;
- Availability of accessible, integrated and affordable housing options;
- Reliable transportation options;
- Employment and training options, including self-employment and non-congregant, competitive opportunities in an integrated environment of individuals with and without disabilities;
- Health and behavioral health options;
- Accessible and universally designed technology;
- Support services for children, youth, and their families to enable them to achieve successful learning;
- Family support services, including respite care;
- Emergency preparedness for individuals with disabilities; and
- Coordination of support services to people with disabilities to assure compliance with the Supreme Court Olmstead decision, intended to protect the civil rights of individuals with disabilities

Goals for Each Service Domain:

Community Support Services: To assure people with disabilities a wide range of choices in developing and implementing personal plans of care that allow flexibility, respond to consumer-defined issues and, when desired, are consumer-directed.

Housing: To provide people with disabilities with affordable, accessible housing in their communities with linkages to appropriate support services.

Transportation: To create reliable, cost-effective transportation enabling people with disabilities to access destinations of their choosing at the same rate as their non-disabled peers.

Employment and Training: To ensure Marylanders with disabilities receive individualized supports and quality training resulting in employment opportunities offering competitive wages, benefits and the opportunity for meaningful interaction with the general public.

Health and Behavioral Health: To assure that people with disabilities have access to a range of high quality and coordinated healthcare providers, including primary and specialty care physicians and other health care professionals and therapies to address their preventive, acute and chronic healthcare needs.

Technology and Communities: To provide (a) state agency services and employment accessible to people with disabilities through the use of assistive technology and accessible information technology, and (b) statewide systems to make assistive technology purchase more available and affordable for individuals with disabilities.

Education: To assure that all youth with disabilities have the necessary services and accommodations to succeed in their neighborhood schools and experience a smooth, successful transition to supported employment, job development, or institutions of higher education.

Family Support Services: To improve the capacity of communities to support children with disabilities and their families with individualized community-based services, such as inclusive child care, that are driven by family-defined needs.

Emergency Preparedness: To develop and implement a statewide plan to prepare people with disabilities for any natural or man-made emergency or general disasters, and prepare emergency personnel, provider agencies and employers to provide equally excellent emergency services to Maryland residents with and without disabilities.

Maryland's Olmstead Plan: To create an effective Olmstead Plan that will empower individuals with disabilities throughout Maryland to transition from institutional settings to community living.

Note: This document does not include detail on specific outcomes, strategies, and action steps. These components of the State Disabilities Plan, developed in collaboration with units of state government, are reflected in detailed State Progress Analysis Implementation Evaluation sheets which will be available upon request or in the future on the Department of Disabilities' web-site. Section IV of this report presents summary analysis for each domain reporting how successful units of government were in achieving milestones identified in their unit plans for completing action steps for key strategies identified in the State Disabilities Plan

Section III

FY 2005 Comprehensive Progress Analysis

Pursuant to MDOD's enabling statute, this section provides information on Maryland's progress in both implementing the State Disabilities Plan and developing measurable outcomes. Subsection 1 summarizes progress made in implementing the plan and subsection 2 addresses performance and outcome measures.

A. Implementation Evaluation

Implementation of Maryland's first State Disabilities Plan resulted in a variety of successes across departments. This subsection provides both an overview of key accomplishments units of government achieved during this first implementation cycle as well as an assessment of the State's overall status and performance related to implementing the State Disabilities Plan. Key accomplishments were measured against milestones units of government identified in their individual unit plans, and the status report summarizes data collected from every unit of government involved in the implementation process.

1. Major Highlights

Community Support Services:

- Maryland submitted a CommunityChoice long term care waiver infused with input from MDOD in the areas of consumer self-determination and the related issue of consumer involvement in quality monitoring. The proposed consumer-driven model outlined in the waver application will provide people with disabilities increased options and control over services as compared to the existing service packages offered by Medicaid.
- MDOD and MHA co-sponsored a Task Force on Self-Direction for mental health consumers which is currently in the final stages of completing its report and recommendations on how Maryland can proceed with piloting an approach to give mental health consumers more choice in directing their own lives and moving towards recovery from mental illness.
- MDOD in conjunction with DBM held a series of meetings with all appropriate state agency partners to initiate the process for collecting baseline data on rates of institutionalization versus community living to measure Maryland's Olmstead compliance and its progress in developing a community based system of care.
- MHA and MDOD initiated a planning process for the implementation of a Consumer Satisfaction Team that will involve mental health consumers in measuring the quality of programs in a regional pilot program, based largely on a model program developed in Philadelphia. In that model, consumer quality specialists make unannounced site visits to mental health and substance abuse programs to question those residing there

about living conditions, complaints, and general issues of satisfaction with the programs.

- MCPA initiated data collection and options counseling for people in nursing facilities as required by the Money Follows the Person legislation. Nursing facility residents who indicate in their responses to a federally mandated survey that they would like to be discharged into community living are provided counseling and discharge planning toward accomplishing the desired living arrangements.

Housing:

- DHCD committed to administer Maryland's first bridge subsidy pilot program. This pilot would allow people with disabilities to receive temporary housing subsidies until they can attain permanent housing vouchers—a process which can take 2 to 4 years due to the lack of affordable and accessible housing for this population. The pilot is scheduled to begin in January of 2006.
- The Governor's Housing Commission issued its final recommendations for improving housing for Marylanders. The needs of people with disabilities are incorporated into all aspects of the final recommendations, with four of the final eight recommendations primarily focusing on this population.

Transportation:

- MTA implemented a policy of "nothing about me, without me" whereby consumers who use paratransit are routinely consulted regarding procedures and solutions to problems.
- MTA installed new ticket reading machines for light rail and subway, with Braille stripes and an audio track, accessible irrespective of disability type MTA made progress in achieving interconnectivity of bus routes with light rail and subway, making a fully accessible fixed route system
- MTA implemented procurements to ensure a completely accessible bus fleet in fixed route by the end of Calendar Year 2005.
- MTA installed enunciators on the fixed route fleet, enabling people with disabilities to better ride public transportation.

Employment and Training:

- Comprised of representatives from state government, consumers, and service providers, the Employment Services Transformation Steering Committee issued its final report and recommendations. The report charts the course for future action steps and interagency strategies the state will undertake in order to improve employment services and outcomes for individuals with disabilities.
- MDOD and DLLR agreed to utilize US Dept of Labor's Employment and Training Administration's Disability Program Navigators' cooperative agreement funds for a portion of a staff person at the state level to engage in employer outreach and to increase the involvement of the Disability Program Navigators in One Stop Business Outreach.
- MDOD and DLLR jointly developed a written plan in conjunction to establish a Disability Program Navigator (DPN) for each of the twelve Workforce Investment Board regions, and identify funding for grants for assistive technology in One Stops.

Health and Behavioral Health:

- MDOD partnered with DHMH and the Governor's Office for Children to submit a successful Mental Health Transformation Grant to the federal Center for Mental Health Services. The grant was funded at an annual 2.7 million dollar level and will bring over 13.5 million dollars into the State of Maryland over the next five years.
- MDOD initiated an exploratory review of current measures of consumer /family satisfaction with Medicaid funded health care services that are collected in Maryland, and began developing recommendations for strategies to move toward the outcome of improved satisfaction levels with Medicaid-funded health care.
- MCPA initiated steps to plan and implement, by January 2006, a Medicaid "buy-in" program for a limited number of people with disabilities who, as a result of work, exceed the income limits for current Medicaid program eligibility.

Technology and Communities:

- MDOD established the general framework for a continuing, non-lapsing fund, to provide assistive technology needed by any state employee as a reasonable accommodation to perform his/her job, and a fund request to operate the program is included in the proposed State Disabilities Budget.
- MDOD established frameworks for:
    - Training, monitoring and remediation strategies for state agency websites to guarantee they are accessibly designed to enable people with sensory, learning and/or physical disabilities to use them easily and effectively.
    - Enhancing procurement standards to mandate that all information technology products purchased from that time forward are Section 508 compliant.

Education:

- DORS counselors were identified and assigned to each public high school in the state to ensure students with disabilities will have an individualized transition plan at the age of 14.
- The Interagency Transition Council submitted a proposal to MDOD to engage in a resource mapping process of transition services in Maryland. The project will result in comprehensive plan for improving services for youths transitioning from school to the adult delivery system, work, and/or institutions of higher learning.

Family Support Services:

- Implemented recommendations of the Taskforce on Inclusive Child and After-School Care**.** The Taskforce on Inclusive Child and After-School Care is a voluntary effort led by the Department of Disabilities and the Department of Human Resources Child Care Administration. The recommendations developed in 2004 involves the development of a comprehensive training infrastructure, as well as developing a process and programs to support child care providers and families in meeting the requirements of the American with Disabilities Act.

- Conducted a comprehensive evaluation of existing public and private health insurance programs available to children with disabilities, transitioning youth and their families. MDOD is in the process of reviewing policies and procedures that could negatively impact children with disabilities, transitioning youth and their families.

Emergency Preparedness:
- Held seven (7) conferences related to Emergency Preparedness for Individuals with Disabilities to a total audience of approximately 750 attendees.
- Established five (5) Regional Planning Councils for the purpose of localizing and coordinating preparedness efforts.
- Developed the first Appendix for MDOD to be used at the state Emergency Operations Center for management activities related to individuals with disabilities during a significant event.
- Collaborated with DDA to develop an MOU from DDA to MDOD in an effort to begin the preparedness and exercise effort for DDA provider agencies and SRCs.
- Developed a sheltering in place and evacuation plan for the office where MDOD is located as a first step in providing a best practice guideline for other state owned or leased facilities.

Maryland's Olmstead Plan:
- The Maryland Commission on Disabilities Olmstead Task Force submitted a report with recommendations for developing Maryland's Olmstead Plan. The report included recommended plan elements, planning process, key principles, guidelines and priorities.

2. Summary Data

Outcomes, Strategies and Focus Areas:

The FY 2005 State Disabilities Planning Process concentrated energy and scarce state resources on a set of 24 high priority outcomes in the 10 service domains and 35 key strategies aimed at achieving the outcomes. Strategies addressed five principle focus areas:

1. Accountability
2. Service Integration and Operational Improvements
3. Alignment of State Policies with Principles of Empowerment
4. Capacity Development
5. Community Integration

Recognizing that some strategies addressed multiple focus areas, analysis of the number of strategies that addressed each focus area shows that about 50% of energy is concentrated equally in addressing empowerment principles and capacity development, while nearly 20% is concentrated on community integration, with the balance in service integration and operational improvements (about 16%) and accountability (about 14%) (see Figure 1). Appendix 1 discusses the 5 focus areas in more detail.

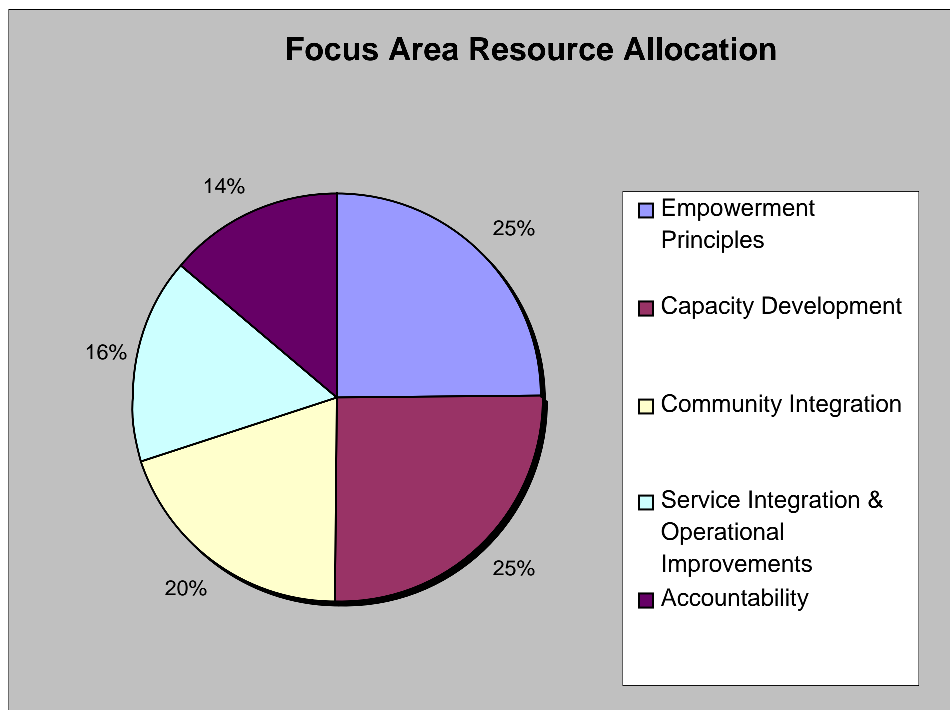

Figure 1

Status of Action Steps:

By Domain
MDOD identified a relatively limited number of units of state government that are responsible for completing action steps related to the key strategies. Said units of government submitted unit plans and unit evaluations for FY 2005. MDOD staff routinely interfaced with their counterparts in these units to collaborate on activities delineated in the State Disabilities Plan. The units of government evaluated their progress in FY 2005 in completing implementation plans for a total of 67 key strategic action steps and achieving milestones identified in their unit plans.

A total of 67 action steps were identified for FY 2005, 11 of which were modified during the implementation phase. Of the total 67 action steps, by June 30, 2005, 33 (49.3%) had been completed, 29 (43.3%) were in progress, and 5 (7.5%) had not been started. Figure 2 summarizes the statuses of action steps.

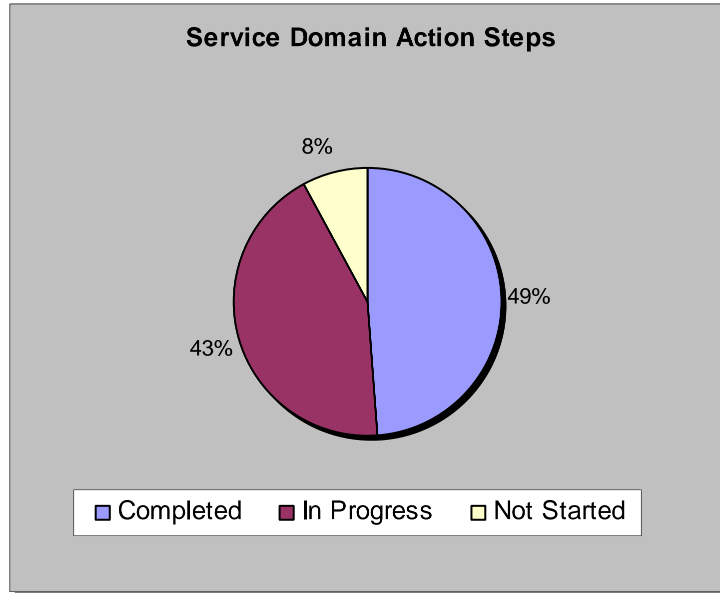

Figure 2

By Units of Government

Including the Maryland Department of Disabilities (MDOD), 11 units of Maryland State government submitted unit plans and unit evaluations for a total of 67 action steps as part of the 2005 State Disabilities planning process. Appendix 3 presents data on the distribution of lead or reporting responsibility for the action steps among the units of government. Appendix 3 also summarizes the status of the action steps by unit of government. The fact that MDOD was the lead or reporting agency on nearly half of the action steps reflects the nature of the initial planning processes. This pattern is expected to shift in future years toward broader and/or deeper participation of units of government in implementing the State Disabilities Plan.

B. Outcome Evaluation

The Maryland Department of Disabilities' enabling statute requires MDOD to evaluate disability services and to develop performance measures of said services. To this end, MDOD and the Department of Budget and Management have jointly conducted a series of collaborative meetings with other units of government to gather data for performance measures with regard to employment and training services; community support services; and transportation services.

Participants in these meetings have developed mutually agreed upon processes, standards and timeframes for producing data to be included in the MDOD's MFR submission. To the extent possible baseline data will be included for the FY 2007 Budget while in some instances data development will be for future years. Additional outcomes for other service domains will be developed once these initial measurements and processes are in place.

Participating Units, by Service Domain include:

- Community Support Services: Medicaid, DDA, and MHA
- Transportation Services: MDOT/MTA
- Training and Employment Services MSDE/DORS, DLLR, DDA, and MHA

The following content addressing performance measures for Community Support Services, Transportation Services, and Training and Employment Services provided individuals with disabilities appeared in MDOD's MFR submission in the FY 2006 Budget.

D12A02.01 Department of Disabilities General Administration

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

During FY 2006, MDOD will gather baseline data to determine:

- The percentage of individuals wishing to live in the community that are discharged from nursing facilities and other state facilities into service in the community, and
- The proportion of individuals with disabilities receiving state services in community alternatives instead of nursing facilities and other state facilities.

Goal 3: Persons with disabilities have access to reliable transportation options.

During FY 2006, MDOD will gather baseline data to document and evaluate:

- The level of service and performance provided to paratransit customers, and
- The level of use of fixed route transportation by individuals with disabilities

Goal 4: Persons with disabilities have access to integrated training and employment options in the community.

During FY 2006, MDOD will gather baseline data to determine:

- The number of people with disabilities who are receiving training services in integrated settings, and
- The number who go on to achieve successful integrated employment outcomes.

Section IV

Summary of Progress in Implementing the State Disabilities Plan by Service Domain

Domain: Community Supports

Goal: To assure people with disabilities a wide range of choices in developing and implementing personal plans of care that allow flexibility, respond to consumer-defined issues, and, when desired, are consumer-directed.

Background: The delivery of community support services for people with disabilities has proven a major challenge for states nationwide. The difficulty of this challenge is at the heart of the Supreme Court's Olmstead decision, which requires states to move toward increased availability of community supports as alternatives to institutional care. The issue of access to community supports has a far broader impact on people with disabilities, however, than opportunities for freedom from institutionalization. The challenge is ultimately about realizing a person's ability to direct the course of their own existence and make choices that shape their personal dreams and futures.

Community support services, at their best, further a person's participation in activities that give meaning to life. Unfortunately, Maryland has historically lagged behind other states in the overall proportion of expenditures for community support services when compared with total institutional spending. According to the Center for Medicare and Medicaid Services, Maryland's ratio of spending is $8 for the cost of institutional care for every $1 dollar spent in the community. In contrast, a number of other states have reduced this ratio to $2 to $3 for institutional care settings for every $1 spent on community support. As a result, the challenge in Maryland is to strengthen the state's ability to reshape this imbalance in the direction of community support, individual hope and self-determination.

List no more than top 5 highlights, key accomplishments from detail sheets:

- CommunityChoice long term care waiver submitted with strong input from MDOD in the areas of consumer self-determination and the related issue of consumer involvement in quality monitoring.
- MDOD-MHA completed initial work in piloting a Self direction pilot for mental health consumers.
- MDOD in conjunction with DBM made initial progress in establishing baseline data in the community supports domain of managing for results indicators.
- MHA and MDOD initiated planning process for the implementation of a Consumer Satisfaction Team.
- MCPA initiated initial data collection and options counseling for people in nursing facilities.

Summary Data Sheet:

Number of Outcomes: 3
Number of Strategies: 3
Number of Action Step: 10

Number of action steps modified during implementation phase: 2

Number of action steps completed: 3
Number of action steps in progress: 7
Number of action steps not started: 0

Why not completed? List no more than top 5 key challenges/barriers identified:
Because this is an early stage of implementation for these projects, there are no major barriers identified in the current implementation status.

List no more than 5 key next steps recommended by units or indicated based on this analysis:
The key next steps are to formulate new action steps to further progress the status of these projects.

List no more than 5 issues with process (What MDOD can do to improve the state and unit planning process relative to this domain):
Reporting with some units is a process barrier.

Domain: Housing

Goal: To provide people with disabilities with affordable, accessible housing in their communities with linkages to appropriate support services.

Background: The lack of affordable and accessible housing continues to be a primary challenge for thousands of individuals with disabilities. Recent figures suggest that approximately 28,000 Marylanders with disabilities cannot afford or locate accessible housing. The housing shortage is compounded by the extensive waiting lists for section 8 housing and other housing subsidies — waiting lists that often last for two to four years. The lack of affordable and accessible housing prevents many people with disabilities from transitioning from institutional settings into the community, maintaining stable employment and building assets. Addressing the housing shortage for individuals with disabilities requires a focused, proactive, and interagency approach that recognizes both the social and fiscal benefits of assisting people to become stable and contributing members of their communities.

List no more than top 5 highlights, key accomplishments from detail sheets:

- DHCD convened an ongoing work group, including non-DHCD stakeholders to discuss program parameters and issues for the Bridge Subsidy Demonstration program.
- Assessed the viability of including costs associated with housing in the proposed 1115 waiver, report such findings to MDOD, and planned to include such a proposal in the application to implement a managed long term care program under an 1115 if it is a viable option according to CMS requirements.
- DHCD began developing a implementation plan for the Governor's Commission on Housing recommendations that will benefit individuals with disabilities.
- Included a request to fund a housing coordinator within Maryland's Long-Term Care Systems Change grant application.

Summary Data Sheet:

Number of Outcomes: 2
Number of Strategies: 2
Number of Action Step: 5

Number of action steps modified during implementation phase: 0

Number of action steps completed: 2
Number of action steps in progress: 2
Number of action steps not started: 1

Why not completed? List no more than top 5 key challenges/barriers identified:

- The scheduled timeframe for implementing the Bridge Subsidy Demonstration program overlapped two years.

- Implementation teams for all recommendations of the Governor's Commission on Housing have not been formed**.**
- Funding needs to be identified to hire a position to establish and maintain a comprehensive housing registry.

List no more than 5 key next steps recommended by units or indicated based on this analysis:

- Complete the implementation steps for the Bridge Subsidy Demonstration program scheduled for FY 2006.
- The waiver application went to the federal government in June 2005, and the flexibility proposed in the application would allow Community Care Organizations to spend funds to support community housing. How such expenditures would be tracked for future rate-setting will be subject to negotiation with the federal government.
- Form implementation teams and develop implementation plans for balance of recommendations of the Governor's Commission on Housing that will benefit individuals with disabilities.
- Identify funding to hire a position for the comprehensive housing registry.
- If the application to include a request to fund a housing coordinator within Maryland's Long-Term Care Systems Change grant application is not approved, re-consider an MOU between the participating departments.

List no more than 5 issues with process (What MDOD can do to improve the state and unit planning process relative to this domain):

- Decision needs to be made on how housing register position will be funded.

Domain: Transportation

Goal: To create reliable, cost-effective transportation enabling people with disabilities to access destinations of their choosing at the same rate as their non-disabled peers

Background: Obstacles to improving transportation options for individuals with disabilities have been both systemic and a matter of hardware. Because of the long useful lifespan of buses, fixed-route public transportation in the Baltimore metropolitan area has not become entirely accessible to people in wheelchairs because older buses lack the appropriate mechanisms for access. Paratransit, under the system which existed before July 2004, had reached a performance plateau with an on-time rate of 82 to 83 percent. Ticket vending machines had no audio track to match viewing screens, and therefore were not equally accessible to blind patrons. Braille and raised-letter directions had not kept pace with changes in the fare structure.

List no more than top 5 highlights, key accomplishments from detail sheets:

- New ticket reading machines for light rail and subway, with Braille stripes and an audio track, accessible irrespective of disability type.
- Interconnectivity of bus routes with light rail and subway, making a fully accessible fixed route system.
- The Greater Baltimore Bus Initiative, the ongoing realignment of bus routes, will feature interconnectivity with the light rail and subway, and compatibility with utilization by paratransit patrons.
- Implementing procurements to ensure a completely accessible bus fleet in fixed route by the end of Calendar Year 2005.
- Enunciators on the fixed route fleet, enabling people with disabilities to better ride public transportation, and aiding tourists as well.

Summary Data Sheet:

Number of Outcomes: 2
Number of Strategies: 5
Number of Action Step: 8

Number of action steps modified during implementation phase: 0

Number of action steps completed: 6
Number of action steps in progress: 2
Number of action steps not started: 0

Why not completed? List no more than top 5 key challenges/barriers identified:

- Training for Mobility personnel is a continuous process.
- The lack of Taxi-cab options accessible to users of power chairs.

List no more than 5 key next steps recommended by units or indicated based on this analysis:

- Assess and meet ongoing Mobility personnel training needs.
- Continue policy of routine consultation with the CACAT Committee on operational policy.
- Continue MTA Mobility's Customer First Award incentive program.
- Establish an ex officio seat on Consumers Advisory Committee for Accessible Transportation (CACAT) for the Chair of the Maryland Commission on Disabilities.
- Assess system utilization of MTA's reporting and monitoring process
- Examine possibility of further extending Taxi Access.
- Explore ways to stimulate increase in supply of Taxi-cab options accessible to people in power chairs.

List no more than 5 issues with process (What MDOD can do to improve the state and unit planning process relative to this domain): N/A

Domain: Employment and Training

Goal: To ensure Marylanders with disabilities receive individualized supports and quality training resulting in employment opportunities offering competitive wages, benefits and the opportunity for meaningful interaction with the general public.

Background: Historically, employment policies and practices for individuals with disabilities were driven by a medical model resulting in programs designed to protect and provide for individuals with disabilities. Beginning in the 1930s, federally-funded, preferential contracts were created for the establishment of sheltered workshops. In the 1970s, employment opportunities for individuals with disabilities expanded to contracts for services, which allowed for work in groups in sheltered and non-sheltered environments, known as enclaves or mobile work crews.

More recently, individuals with disabilities have challenged stereotypes and gone on to achieve professional, skilled employment. This shift in thinking and expectations, coupled with advances in technology and other supports, has led to the recognition that individualized, integrated employment is possible, with appropriate supports and services.

In spite of these advances, the employment rate of individuals with disabilities continues to lag well behind that of the general population. During the years 1998-2002, only an estimated 32 percent of non-institutionalized people with disabilities, aged 18-64, were employed. The long-term consequences of the continued high unemployment rate of people with disabilities are both ethical and economic given the rising costs of entitlement programs and a shrinking workforce.

List no more than top 5 highlights, key accomplishments from detail sheets:

- Final report to the Employment Services Transformation Steering Committee (ESTSC) submitted to MDOD Secretary and the Governor.
- MDOD and DLLR agreed to utilize US Dept of Labor's Employment and Training Administration's Disability Program Navigators' cooperative agreement funds for a portion of a staff person at the state level to engage in employer outreach and to increase the involvement of the Disability Program Navigators in One Stop Business Outreach.
- MDOD and DLLR jointly developed a written plan in conjunction to establish a Disability Program Navigator (DPN) for each of the twelve Workforce Investment
- Board regions, and identify funding for grants for assistive technology in One Stops.

Summary Data Sheet:

Number of Outcomes: 3
Number of Strategies: 6
Number of Action Step: 11

Number of action steps modified during implementation phase: 0

Number of action steps completed: 10
Number of action steps in progress: 0
Number of action steps not started: 1

Why not completed? List no more than top 5 key challenges/barriers identified:
N/A

List no more than 5 key next steps recommended by units or indicated based on this analysis:

- Next steps to be determined based on meeting scheduled for early September. by Secretary Cox with DDA, MHA, DORS and DLLR to agree on an action plan based on recommendations**.**
- Approval of Medicaid Infrastructure Grant for monies to support Action Steps (due August 26th with funding to being in January 2006).

List no more than 5 issues with process (What MDOD can do to improve the state and unit planning process relative to this domain): N/A

Domain: Health and Behavioral Health

Goal: To assure that people with disabilities have access to a range of high quality and coordinated healthcare providers, including primary and specialty care physicians and other health care professionals and therapies to address their preventive, acute and chronic healthcare needs.

Background: The delivery of health care for people with disabilities faces a number of unique challenges within the broader context of a complex health care system. This system, public and private, currently is in a period of unprecedented flux. The complex issues that affect public sector health care delivery are closely intertwined with issues affecting private health care. Some of these issues include: employers' benefits policies, the private and public insurance sectors and managed care, specialization in behavioral health care management, rapid growth in private provider networks, the issues of large private health care systems, state hospital systems, and, most recently, policies governing insurance carriers that provide coverage for medical malpractice. Many expert commentators describe the health care system as being in a state of crisis. While grappling with myriad issues associated with this crisis, such as proposed changes to federal entitlements, ever increasing numbers of older Americans, fragmentation in the public behavioral health sector and compelling evidence of cost shifting from private to public sector, it is important for Maryland to keep a focus on the broad spectrum of health care needs of people with disabilities.

Public health care policy currently contains substantial disincentives for people with disabilities in gaining employment. These disincentives involve a person's loss of federal entitlement to health care resulting from an increase in income. Among the many ironies of this problem is the fact that this health care coverage barrier further compounds other powerful social barriers faced by people with disabilities in gaining meaningful work.

List no more than top 5 highlights, key accomplishments from detail sheets:

- MDOD initiated an exploratory review of current measures of consumer /family satisfaction with Medicaid funded health care services that are collected in Maryland, and began developing recommendations for strategies to move toward the outcome of improved satisfaction levels with Medicaid-funded health care.
- MCPA initiated steps to plan and implement, by January 2006, a Medicaid "buy-in" program for a limited number of people with disabilities who, as a result of work, exceed the income limits for current Medicaid program eligibility.

Summary Data Sheet:

Number of Outcomes: 2
Number of Strategies: 2
Number of Action Step: 3

Number of action steps modified during implementation phase: 0

Number of action steps completed: 0
Number of action steps in progress:3
Number of action steps not started: 0

Why not completed? List no more than top 5 key challenges/barriers identified:

- The unit plan gave a target date to begin administrative system changes of June 2005, contingent on CMS approval. As of June, CMS had not yet formally acted on the waiver request for the Medicaid "buy-in" program.
- Formal marketing/outreach for the Buy-In program cannot be completed until the second half of 2005 once the program parameters are in place.

List no more than 5 key next steps recommended by units or indicated based on this analysis:

- Eligibility criteria will be proposed through the regulatory process in July; System changes will begin after CMS approval and continue into early 2006.
- Once eligibility criteria are determined, information can be posted through the MDOD website as well as a new website that will be developed solely for the purpose of the Buy-In program. Project website is targeted for completion sometime in September 2005.

List no more than 5 issues with process (What MDOD can do to improve the state and unit planning process relative to this domain): N/A

Domain: Technology and Communities

Goal: To provide (a) state agency services and employment accessibility to people with disabilities through the use of assistive technology, accessible information technology, and the principles of universal design, and (b) statewide systems to make assistive technology purchases more available and affordable for individuals with disabilities.

Background: In many cases, the success of individuals with disabilities in achieving their personal and professional goals hinges upon access to the same services, physical structures, and technologies that Maryland's non-disabled citizens often take for granted. People with disabilities are often able to fully utilize these resources only through the application of assistive technology, the use of accessible information technology to gain entry to the broad array of information linking citizens to services, and by the appropriate design of public buildings to allow for universal access.

By successfully implementing the strategies under this domain, the Maryland Department of Disabilities seeks to improve access for state employees and consumers with disabilities.

List no more than top 5 highlights, key accomplishments from detail sheets:

- MDOD established the general framework for a continuing, non-lapsing fund, to provide assistive technology needed by any state employee as a reasonable accommodation to perform his/her job, and a fund request to operate the program is included in the proposed State Disabilities Budget.
- MDOD established frameworks for:
  - Training, monitoring and remediation strategies for state agency websites to guarantee they are accessibly designed to enable people with sensory, learning and/or physical disabilities to use them easily and effectively.
  - Enhancing procurement standards to mandate that all information technology products purchased from that time forward are Section 508 compliant.

Summary Data Sheet:

Number of Outcomes: 1
Number of Strategies: 5
Number of Action Step: 7

Number of action steps modified during implementation phase: 5

Number of action steps completed: 0
Number of action steps in progress: 7
Number of action steps not started: 0

Why not completed? List no more than top 5 key challenges/barriers identified:

- A framework for a non-lapsing fund has been established; however, a report has yet to be compiled due to a lack of staff resources.
- Draft of MOU for accessible website initiative needs to be approved by DBM.
- DBM approval of latest proposed MOU for information technology Section 508 compliance initiative and commitment to creating and expanding project modules to eventually encompass the entire state.
- Lack of MDOD staff resources to complete the research necessary to identify the essential components of the Maryland Universal Design Code.
- Enlisting support of other cabinet members in to identifying opportunities for their agency ADA coordinators to take a more active role in policy development and programming.

List no more than 5 key next steps recommended by units or indicated based on this analysis:

- Once funding for the non-lapsing fund program completed, work with DBM to determine how the fund will be administered and where it will be located.
- Continue to work with DBM on accessible website and information technology Section 508 compliance initiatives. If MOUs are agreed upon, place revised strategy and action steps in 2006 State Disabilities Plan. If agreement on latest MOU is not reached, remove from State plan and substitute with another relevant and pressing need.
- Encourage DHCD Codes Administration in developing a MD Universal Design Code.
- Complete balance of steps in implementation plan for empowering ADA coordinators.

List no more than 5 issues with process (What MDOD can do to improve the state and unit planning process relative to this domain): N/A

Domain: Education

Goal: To assure that all youth with disabilities have the necessary services and accommodations to succeed in their neighborhood schools and experience a smooth, successful transition to supported employment, job development, or institutions of higher education.

Background: The decline in employment rates for individuals with disabilities during the 1990s, a time of burgeoning economic growth, has underscored the need for improving both education and employment outcomes for students with disabilities. Compared to non-disabled people of working age, individuals with disabilities are less likely to achieve a high school education, and even less likely to pursue post-secondary educational opportunities. For young adults with disabilities, level of education is positively associated with employment even when controlling for factors such as severity of disability and SSI participation.

List no more than top 5 highlights, key accomplishments from detail sheets:

- DORS counselors were identified and assigned to each public high school in the state to ensure students with disabilities will have an individualized transition plan at the age of 14.
- The Interagency Transition Council submitted a proposal to MDOD to engage in a resource mapping process of transition services in Maryland.

Summary Data Sheet:

Number of Outcomes: 2
Number of Strategies: 2
Number of Action Step: 3

Number of action steps modified during implementation phase: 0

Number of action steps completed: 2
Number of action steps in progress: 1
Number of action steps not started: 0

Why not completed? List no more than top 5 key challenges/barriers identified:

- Transition resources mapping process implementation plan covers two years.

List no more than 5 key next steps recommended by units or indicated based on this analysis:

- Complete balance of implementation plan for transition resources mapping process.

List no more than 5 issues with process (What MDOD can do to improve the state and unit planning process relative to this domain):

- Continue to support and participate on the Interagency Transition Council for Youth with Disabilities and the Department's annual transitioning conference.

Domain: Family Support Services

Goal: To improve the capacity of communities to support caregivers, children with disabilities and their families with individualized, community-based services, such as inclusive child care, that are driven by family-defined needs.

Background:
Children and youth with disabilities, as well as their families, often face multiple challenges in meeting their needs within the existing service delivery system. Families report difficulty with obtaining and maintaining affordable health insurance that will adequately cover their child's various medical, rehabilitative, or behavioral-related expenses. Community support services, such as behavioral supports, respite care, home modifications and specialty equipment often are not sufficiently covered through private health insurance or publicly funded programs.

Families report difficulties in accessing childcare, extraordinary financial strains and increasing frustration with each attempt to locate help. Meeting the needs of a child who has a disability requires both financial and community resources that are currently not available statewide.

List no more than top 5 highlights, key accomplishments from detail sheets:

- **Implementing recommendations of the Taskforce on Inclusive Child and After-School Care.** The Taskforce on Inclusive Child and After-School Care is a voluntary effort led by the Department of Disabilities and the Department of Human Resources Child Care Administration. The recommendations developed in 2004 involves the development of a comprehensive training infrastructure, as well as developing a process and programs to support child care providers and families in meeting the requirements of the American with Disabilities Act.
- **Conducting a comprehensive evaluation of existing public and private health insurance programs available to children with disabilities, transitioning youth and their families**. MDOD is in the process of reviewing policies and procedures that could negatively impact children with disabilities, transitioning youth and their families.

Summary Data Sheet:

Number of Outcomes: 3
Number of Strategies: 4
Number of Action Step: 12

Number of action steps modified during implementation phase: 3

Number of action steps completed: 8
Number of action steps in progress: 3
Number of action steps not started: 1

Why not completed? List no more than top 5 key challenges/barriers identified:

- During the 2005 Maryland General Assembly the Child Care Administration under the Department of Human Resources was relocated the Maryland State Department of Education as the Office of Child Care. As a result of the relocation, implementation of some action step has been delayed.
- The availability of information and temporary loss of intern has delayed the research phase; however, implementation of this action step remains within the anticipated timeframe for completion.

List no more than 5 key next steps recommended by units or indicated based on this analysis:

- Recognizing the time limitation of the Taskforce, The Maryland Department of Disabilities and the Office of Child Care will continue the work initiated under the Taskforce on Inclusive Child and After-School Care, through the Committee on Inclusive Child and After-School Care. The Committee's composition will mirror that of the Taskforce.
- Codify the newly developed draft regulations regarding inclusive child care, bringing Maryland's Office of Child Care in compliance with Federal law. It is necessary for the State of Maryland to develop additional regulations supporting full implementation and enforcement of the ADA as well as Section 504 in child care settings.
- Establish the Governor's Office for Children.

List no more than 5 issues with process (What MDOD can do to improve the state and unit planning process relative to this domain): N/A

Domain: Emergency Preparedness

Goal: To develop and implement a statewide plan to prepare people with disabilities for any natural or man-made disaster or emergency, and prepare emergency personnel, provider agencies and employers to provide equally excellent emergency services to MD residents with and without disabilities.

Background: America's disability community includes 54 million men, women and children. Many of these are individuals with physical disabilities that impact their hearing, vision and mobility, and others are individuals with mental and emotional disabilities. Approximately one million of these individuals reside in Maryland. Special preparedness efforts for those with disabilities are necessary for natural and man-made emergencies, as one Harris Survey research project found that people with disabilities are less prepared and more anxious than their non-disabled counterparts. People with disabilities, therefore, have a great stake in the effectiveness of public programs aimed at preparing for and responding to all types of disasters. To this end, this initiative will ensure that the special needs of people with disabilities are adequately addressed prior to an emergency or disaster, and that people with disabilities are included in the emergency planning process at all levels of the government and private sector.

List no more than top 5 highlights, key accomplishments from detail sheets:

- Held seven (7) conferences related to Emergency Preparedness for Individuals with Disabilities to a total audience of approximately 750 attendees.
- Established five (5) Regional Planning Councils for the purpose of localizing and coordinating preparedness efforts.
- Developed the first Appendix for MDOD to be used at the state Emergency Operations Center for management activities related to individuals with disabilities during a significant event.
- Collaborated with DDA to develop an MOU from DDA to MDOD in an effort to begin the preparedness and exercise effort for DDA provider agencies and SRCs.
- Developed a sheltering in place and evacuation plan for the office where MDOD is located as a first step in providing a best practice guideline for other state owned or leased facilities.

Summary Data Sheet:

Number of Outcomes: 3
Number of Strategies: 5
Number of Action Steps: 5

Number of action steps modified during implementation phase: 0

Number of action steps completed: 1
Number of action steps in progress: 3
Number of action steps not started: 1

Why not completed? List no more than top 5 key challenges/barriers identified:
- Time has prevented the development of additional Regional Planning Councils.
- Funding for website and mailings must first be secured to enable the completion of formation of a broad emergency preparedness network of communication.
- Development of MOU for preparedness and exercise effort is in progress. The remainder is a future activity.

List no more than 5 key next steps recommended by units or indicated based on this analysis:
- Continue development of Regional Planning Councils
- Continued requests for funding from various private and public sources for development of emergency preparedness communication network.
- Sign and implement MOU for preparedness and exercise effort. After initial agencies and SRCs are trained, extend this training and exercise concept to all providers.
- Continue implementation steps for sheltering in place and evacuation plans.

List no more than 5 issues with process (What MDOD can do to improve the state and unit planning process relative to this domain): N/A

Domain: Maryland's Olmstead Plan

Goal: To create an effective Olmstead Plan that will empower individuals with disabilities throughout Maryland to transition from institutional settings to community living.

Background: In 1999, the Supreme Court of the United States decided in the case of Olmstead v. L.C. that: (1) unjustified segregation of persons with disabilities in institutions is a form of discrimination; (2) states are required to provide community-based services for persons with disabilities who would otherwise be entitled to institutional services; (3) a comprehensive working plan for placing qualified people with disabilities in less restrictive settings is required (a fairly-paced waiting list is an example of a reasonable modification to avoid discrimination on the basis of disability).

Although there have been prior attempts to create an Olmstead Plan for Maryland, there are no established guidelines at this time. Governor Ehrlich has stated his unequivocal commitment to the adoption of an Olmstead Plan for Maryland that will be the best in the nation. As part of his vision to empower individuals with disabilities throughout the state, the Maryland Department of Disabilities was established by law on July 1, 2004.

List no more than top 5 highlights, key accomplishments from detail sheets:

- The Maryland Commission on Disabilities Olmstead Task Force submitted a report with recommendations for developing Maryland's Olmstead Plan. The report included recommended plan elements, planning process, key principles, guidelines and priorities.

Summary Data Sheet:

Number of Outcomes: 3
Number of Strategies: 1
Number of Action Steps: 2

Number of action steps modified during implementation phase: 1

Number of action steps completed: 1
Number of action steps in progress:
Number of action steps not started: 1(Omitted from the plan.)

Why not completed? List no more than top 5 key challenges/barriers identified:

- Need to determine the designation for the report, and the appropriate domain(s) to be utilized to reflect the report's recommendations.

List no more than 5 key next steps recommended by units or indicated based on this analysis:

- The Department will consider including recommendations from the report submitted March 23, 2005 when making changes within all service domains for the 2006 State Disabilities Plan.

List no more than 5 issues with process (What MDOD can do to improve the state and unit planning process relative to this domain): N/A

Section V

Challenges to Systematic Reform

Within the course of implementing its charge during year one, MDOD encountered certain challenges which warrant discussion. Some of the challenges are inherent in any systems change effort or in implementing a new and comprehensive statute, while others are specific to MDOD's mandate. Overcoming these challenges hinge both on MDOD's initiatives and resources as well as the gradual acclamation of other departments to MDOD's presence and role within state government.

In addition to the three broad challenges discussed below, MDOD asked units of government to identify specific barriers related to implementing their action steps as well as suggestions for how MDOD could improve the state planning and implementation processes. These specific challenges are included in the summary information for each domain which precedes this section.

Operationalizing specific requirements of MDOD's statutory charge:

Part of successful reform will reside in operationalizing MDOD's statutory charge within state bureaucracies and protocols. For example, MDOD is charged with reviewing all regulations which primarily impact people with disabilities prior to public notification. Despite efforts to operationalize this mandate, state agencies' compliance with this requirement varies—with some proactively providing MDOD with proposed regulations, while others take action with no reference to the requirement.

Resolving this issue and others like it will require identifying existing systems and processes upon which MDOD could piggy-back its requirements; developing new processes when necessary; and continuing to educate state agencies on MDOD's statutory charge. In addition, developing measures by which state agencies will be held accountable for complying with MDOD's new statute will support successful implementation. MDOD has already taken steps towards addressing these operational issues and intends to address them aggressively during the next year.

Interfacing with certain units of government:

While most agencies have embraced change and are engaged in a meaningful partnership with MDOD, others are slow to partner, to accept change, and/or to acknowledge MDOD's oversight role. In these latter cases, information requested by MDOD is not always forthcoming, positions are often developed in isolation from the broader disability agenda, and improving services for individuals with disabilities is not always seen as a priority.

Addressing these deficiencies requires a multi-faceted approach. First, MDOD is actively implementing strategies that will make it easier for units of government to comply with their statutory obligations (see challenge 3 for more details). Second, with a commitment to transparent government and accountability, MDOD will hold units of government accountable for meaningful and consumer-driven outcomes—a process which will encourage cultural shifts and improved services. Finally, the best outcomes will result when MDOD is a full partner at the table in the early stages of program and policy development. To this end, MDOD has increasingly initiated partnerships and convened work groups in an effort to establish priorities and consensus around disability issues. MDOD will continue to expand its leadership role—recognizing that its ability to do so is limited by staff time and resources.

Coordinating planning and implementation activities:

During the first year of implementing its charge MDOD learned important lessons on how to better transmit and gather information from units of government—especially those ones directly involved in implementing the State Disabilities Plan. To improve how MDOD transmits and gathers information, it will launch an on-line project management tool accessible to units of government. This tool will allow project team members from multiple organizations to be literally on the same decision making page in regards to the State Disabilities Plan. Specifically, it will allow units of government to access tasks, timelines, and milestones. Its interactive functionality will also allow units to pose questions; to download and upload files; and to view their role within the broader context of the entire plan. Equally important, this knowledge management tool will allow MDOD to communicate directly, quickly, and consistently with sister agencies. This new project management initiative will lay the foundation for streamlined processes and improved communication during the upcoming year.

Appendix 1

Five Areas of Focus

State planning efforts and recommendations will revolve around five principle areas of focus. They include: accountability, service integration, capacity development, *Olmstead* compliance, and alignment of policies and funding decisions with principles that empower consumers. The following information describes these five focus areas and provides a succinct rationale for each.

Accountability

Accountability is fundamental to quality, programmatic improvements, and the effective use of limited resources within the service delivery system. It informs decision-makers, demands change, reshapes organizational cultures, challenges misperceptions, and democratizes policy development. The Department of Disabilities is committed to holding government and service providers accountable for their outcomes while concurrently promoting consumer responsibility.

State planning efforts will focus on a variety of accountability strategies. They include: creating common interagency outcomes; developing meaningful performance indicators; establishing knowledge management systems; assessing consumer satisfaction; promoting public access to government and provider performance data; providing incentives for improved performance; and collecting benchmark data. These and other accountability standards will generate the transparency and knowledge needed to create and sustain peak performance.

Service Integration and Operational Improvements

With the absence of a single unifying plan for service delivery, programs and funding decisions were historically developed in isolation from one another – often resulting in different and sometimes even contradictory outcomes, values and processes. This disjointed approach fostered fragmentation, duplication and confusion for the end-user. Eliminating this chaotic approach within the existing disability delivery system is a priority for the Department of Disabilities and disability community alike.

Achieving this goal will require a thoughtful examination of the structure and operations of disability services followed by a planned and rational approach for change. Specifically the state plan will recommend strategies to consolidate administrative redundancies, reduce needless process burden, synthesize appropriate personnel functions, and restructure workflow. When indicated, the Maryland Department of Disabilities will recommend program consolidation and the relocation of programs within State government.

Alignment of State Policies and Practices with Principles of Empowerment

The principles and values upon which policies are predicated fundamentally impact programmatic and consumer outcomes. A service delivery system that is not driven by clearly understood and articulated principles based on consumer empowerment will inevitably (and often unconsciously) adopt practices that are contradictory, undermine successful consumer outcomes, and foster mediocrity. In contrast, deliberately aligning policies and practices with expressed values such as consumer choice and self-determination creates programs that are both empowering and successful.

The state plan strives to align the broad spectrum of disability services with principles of empowerment. Expanded consumer choice, self-directed and individualized planning, integration, community-based services, consumer responsibility, elevated expectations, and equal access are just some of the values at the center of MDOD's planning efforts and recommendations. Consistently applying these values to state practices and policies will promote a cohesive and unified approach to service delivery.

Capacity Development

Developing the service delivery system's capacity to meet the real needs of people with disabilities is key to implementing systemic change. Inadequate capacity inevitably impedes an individual from accessing the variety of services needed to live an independent and productive life. In addition, limited capacity can drain minimal resources and put an undue strain on other services—often resulting in cost shifting. For example, lack of affordable housing forces many individuals to continue residing in nursing homes rather than their communities. Sporadic and sometimes poor coordination of transportation funding consumes limited resources that otherwise could be used more effectively for employment, independent living and other important services.

The State Disabilities Plan focuses on improved system capacity by adopting goals to identify: gaps in service delivery; numbers of individuals needing services; projected costs for additional services; and other quantifiable factors. This benchmarking effort lays the foundation for creating realistic solutions that consider interagency resources and needs. Initial and future plans will recommend strategies to improve specific capacity needs such as housing, transportation, community-based services, education and other areas that warrant expansion and/or retooling.

Community Integration

In 1999, the US Supreme Court issued the *Olmstead v. L.C.* decision. *Olmstead* interpreted Title II of the Americans with Disabilities Act by requiring that states administer services "in the most integrated setting appropriate to the needs of qualified individuals with disabilities." In its decision, the Supreme Court noted that unnecessary institutionalization of individuals with disabilities is discriminatory. This interpretation, combined with accompanying federal changes to policies and funding reflects society's growing awareness that individuals with disabilities can thrive and live meaningful lives in their communities rather than in nursing homes or other institutions.

The Governor Robert L. Ehrlich, Jr. Administration is committed to fully complying with the *Olmstead* decision. To this end, MDOD is collaborating with other state agencies to develop innovative and fiscally-viable strategies by which individuals with disabilities can access services in their communities. This requires identifying those in need of community-based services; aligning the funding of services with community-based alternatives; expanding the quality and quantity of community providers; educating consumers about their community options; reviewing policies, regulations and practices to ensure that they support community; and collaborating with all stakeholders to create appropriate and integrated options for people with disabilities. The state's efforts to comply with the *Olmstead* decision will allow individuals with disabilities to contribute to their communities in ways that enrich the lives of all Maryland citizens.

Appendix 2

STATE PLAN SCORE SHEET

Mission and Consumer Perspective

Critical Success Factors:

Principles of Empowerment (Focus Area 3)
Does the recommendation incorporate the following principles?

- Expanded choice and options for consumers
- Consumer control
- Increased community capacity
- High expectations
- Involvement of consumers in policy-making implementation
- Involvement of consumers in program evaluation
- Information flow

Community Integration (Focus Area 5)
Does the recommendation incorporate one or more of the following measures to help gain full compliance with the Olmstead decision?

- Designing innovative means by which individuals with disabilities can access services in their communities rather than in institutions or nursing homes
- Identifying those in need of community-based services
- Aligning the funding of services with community-based alternatives
- Expanding the quality and quantity of community providers
- Educating consumers on their community options
- Reviewing policies, regulations and practices to ensure they support community options
- Collaborating with all stakeholders to create appropriate and integrated alternatives for persons with disabilities

Organizational Performance Perspective

Critical Success Factors:

Program Evaluation and Accountability (Focus Area 1)
Does the recommendation address the following accountability standards?

- Current baseline data
- Measurable and consumer-based outcomes
- Performance measures and indicators
- Data tracking system and identification of relevant data sets
- Strategies to ascertain consumer satisfaction

Capacity Development (Focus Area 4)
Will the recommendation result in one or more of the following outcomes?

- Identifying gaps in service delivery, numbers of individuals needing services, projected costs and other quantifiable factors
- Creating realistic solutions that consider interagency resources and needs
- Improving capacity to meet needs in specific service domains that warrant expansion and/or retooling

Processes and Structures

Critical Success Factors:

Service Integration and Operational Improvements (Focus Area 2)
Will the recommendation facilitate one or more of the following outcomes?

- Program consolidation
- Process consolidation
- Enhanced coordination
- Consolidation of personnel functions
- Elimination of a service gap
- Increased connection to other services
- Reduction in paperwork (when appropriate)
- Reduction in process burden (when appropriate)

Appendix 3

Maryland Department of Disabilities
2005 Annual State Progress Analysis
Table 1: Summary Data by Units of Government

				Progress Analysis			
Units of Government		**Action Steps**	**Modified**	**Completed**	**In Progress**	**Not Started**	**Total**
Maryland Department of Disabilities (MDOD)		33	7	15	14	4	33
**Office for Children, Youth and Families (OCYF)		3	3	3	0	0	3
MDOT/Maryland Transit Administration (MTA)		7	0	5	2	0	7
DHMH/Mental Hygiene Administration (MHA)		3	0	1	2	0	3
DHMH/Developmental Disabilities Administrations (DDA)		1	0	0	1	0	1
DHMH/Medical Care Programs Administration (MCPA)		6	1	1	5	0	6
DHR**/Child Care Administration (CCA)		7	0	5	2	0	7
Department of Labor, Licensing, and Regulations (DLLR)		1	0	1	0	0	1
MSDE/Division of Rehabilitation Services (DORS)		2	0	2	0	0	2
Department of Housing and Community Development (DHCD)		3	0	0	2	1	3
Interagency Transition Council		1	0	0	1	0	1
Totals:	12	67	11	33	29	5	67
Percents:				49.3%	43.3%	7.5%	100.0%

**Since implementation of the State Disabilities Plan the agency has been transferred or re-organized.