

Maryland



State Disabilities Plan 2009

*"Advancing the rights and interests of people
with disabilities so they may fully participate in
their communities."*



Martin O'Malley, Governor

Anthony G. Brown, Lt. Governor

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Overview

The Maryland Department of Disabilities is committed to facilitating the partnership among Maryland's disability community, the Maryland Commission on Disabilities, the Interagency Disabilities Board and other State agencies to improve outcomes for people with disabilities. In its approach, MDOD works to ensure that State agencies deliver services in the most integrated setting possible and develop policies that are aligned and effective.

Mission:

The mission of the Department is to advance the rights and interests of people with disabilities so they may fully participate in their communities.

VISION:

The Department is committed to a vision that ALL Marylanders are valued and respected and have the knowledge, opportunity and power to make a difference in their lives and the lives of others. The Maryland Department of Disabilities and the Maryland Commission on Disabilities reach deep into the stakeholder community on an on-going basis. Through formal meetings with stakeholders, responses to constituent concerns, outreach activities, and informal listening sessions, these two entities are constantly in dialogue with the people most impacted by services provided by State government. It is this collaborative partnership that guides the ongoing revision of the State Disabilities Plan. Marylanders can view this blueprint for services at any time to see what's going on in Maryland's State agencies regarding disability services on the Maryland Department of Disabilities website at www.mdod.maryland.gov.

The plan unifies planning efforts across State government, highlighting current work, past accomplishments, and future endeavors. It holds government accountable by measuring progress and identifies barriers to improvement. It is aligned with and supported by other State agency planning efforts. The Maryland Department of Disabilities' policy and constituent services teams routinely collaborate with representatives from all branches of government to assure a focused approach that is guided by input gathered from people with disabilities. Priorities emerge that direct the State's efforts and resources where it is most needed. Effective and innovative approaches are modeled and expanded. In this fashion, partnerships among people with disabilities, community advocates, and governmental representatives are strengthened. Maryland's policies, programs, and budget reflect a deep commitment to

empowering people with disabilities. Highlights of that work are reflected throughout the plan and priorities for the future are identified.

Stakeholder Input:

The State Disabilities Plan reflects the varied input from people with disabilities and their families, advocates, providers, and government representatives. MDOD staff and representatives from the Interagency Disabilities Board held four statewide Stakeholder Input meetings and gathered information within all eight policy domains identified by the Department. The Department also welcomed written comment from stakeholders and continued implementation of key issues identified in the Disabilities Transition Workgroup.

The focus of the information gathering was to identify issues and obstacles as well as potential resolutions. A summary of the issues identified is included as Appendix One to this plan. Based upon the feedback received, the MDOD Policy Team and their counterparts in other State agencies outlined the goals, strategies and activities that will be implemented to better meet the needs of people with disabilities throughout Maryland.

The Interagency Disabilities Board:

The Interagency Disabilities Board is comprised of Cabinet Secretaries or their designees and is chaired by the Secretary of MDOD. It is charged with continuously developing recommendations; evaluating funding and services for individuals with disabilities; identifying performance measures; and working with the Secretary of MDOD to create a seamless, effective and coordinated delivery system. This body is responsible for both development and implementation of the revised State Plan.

Maryland Commission on Disabilities:

The Maryland Commission on Disabilities was established by statute to provide guidance to MDOD in the development of the State Disabilities Plan. Sixteen individuals with disabilities and/or representatives of stakeholder groups are appointed by the Governor and serve along with two members of the Interagency Disabilities Board and two legislators. Commission members chair, co-chair and implement the work of subcommittees created by the Commission. Since the Commission is primarily composed of individuals with disabilities, the Department has ongoing feedback and input from those most impacted by recommendations and outcomes of the State Disabilities Plan. The MCOD also acts as a liaison with local commissions and committees that serve people with disabilities and conducts outreach activities and listening posts around the State.

Performance Data – State Disabilities Plan

Data Related to MDOD Leadership and Interagency Collaboration Articulation of Leadership and Interagency Collaboration Function

The Maryland Department of Disabilities (MDOD) was created in statute in 2004 to work across all units of government that create policy or deliver services to people with disabilities. The State Disabilities Plan is developed in concert with those units of government, people with disabilities, providers of community programs and advocates. Please see Appendix 2 outlining MDOD's statutory roles and responsibilities regarding the State Plan.

The State Disabilities Plan articulates visions, goals, and strategies necessary to achieve forward movement in disabilities services in Maryland. MDOD staff includes a policy team comprised of experts in the policy areas of Employment, Health and Behavioral Health, Community Living, Emergency Preparedness, Housing, Transportation, Education and Family Supports. The policy team also includes the Project Director for the Access Maryland Program who serves as a resource for ADA compliance issues; and the Executive Director of the Maryland Technology Assistance Program. The policy experts work in tandem with units of government to unify program objectives, assessment measurements and data collection. Appendix 2 to the plan describes typical duties, decisions and recommendations, and contacts of MDOD policy experts.

Performance Data for Policy Areas

MDOD is engaged in an aggressive effort to increase accountability of government to achieve outcomes that are meaningful to people with disabilities. Aligning MDOD's Managing for Results (MFR) submission with MFR measures and indicators across departments through the State Disabilities Plan is a deliberate strategy to increase accountability. In the State Budget Book, MDOD identifies MFR performance measures with MDOD holding itself accountable to a standard that requires success in other departments' delivery of services for people with disabilities. MDOD is charged with improving outcomes for people with disabilities thereby improving overall quality of life.

To that end, State law requires MDOD to evaluate disability services and to develop performance measures of these services. MDOD collaborates with the Department of Budget and Management and other units of State government to gather disability performance data for eight policy areas:

Frequently participating units, by policy area are:

- Community Living*- Medicaid, DDA, MDoA, ODHH

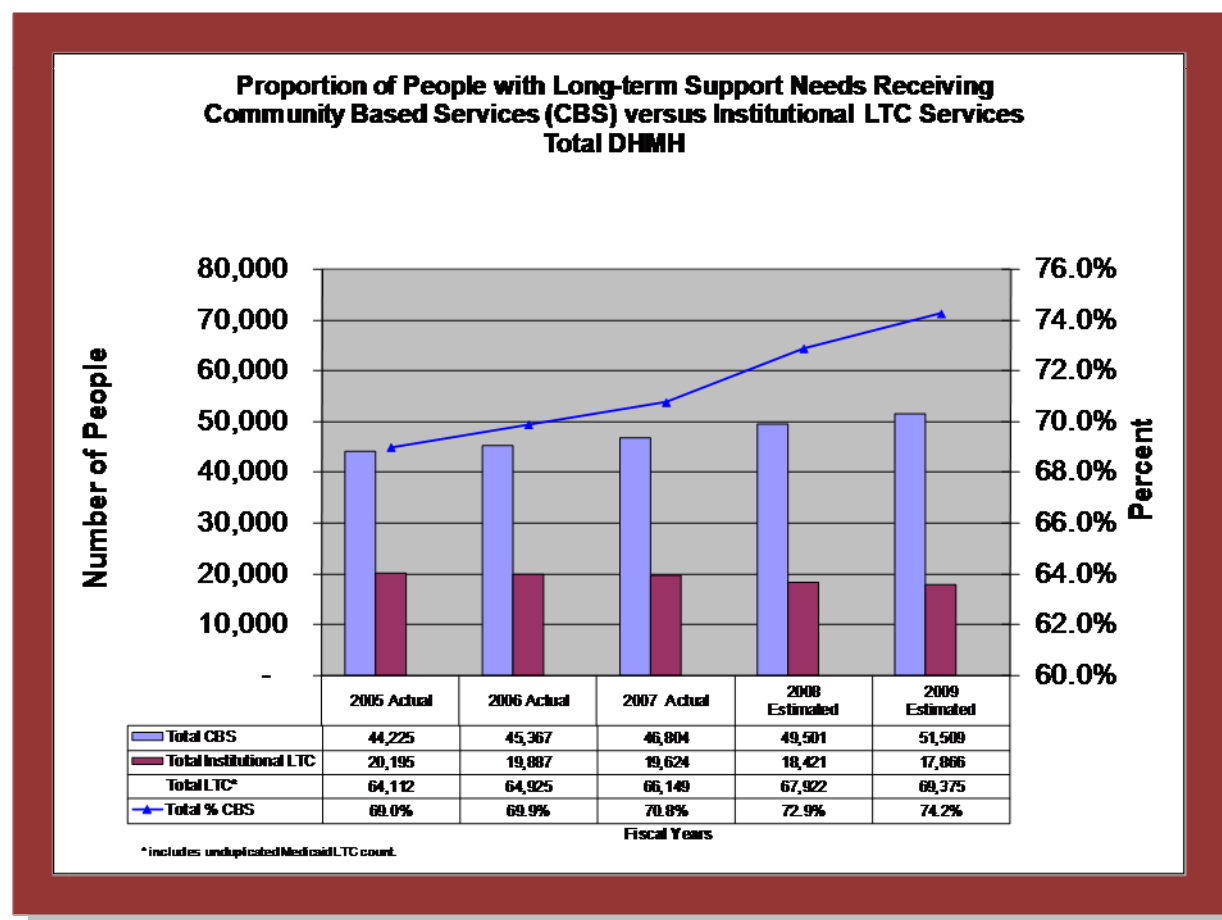
- Health and Behavioral Health*.- DHMH (MHA, Medicaid), ODHH
- Transportation* – MDOT, MTA and WMATA
- Emergency Preparedness- MEMA, MSP, DDA, DBM, ODHH
- Education and Family Supports MSDE (DSE/EIS, DORS, and MITP), DHR, MHA GOC, DJS
- Employment and Training* - MSDE/DORS, DLLR, DDA, and MHA
- Housing* – DHCD, DDA

Charts on the following pages show key results for indicated () policy areas. MDOD's FY 2009 Budget MFR submission is the data source.

Community Living

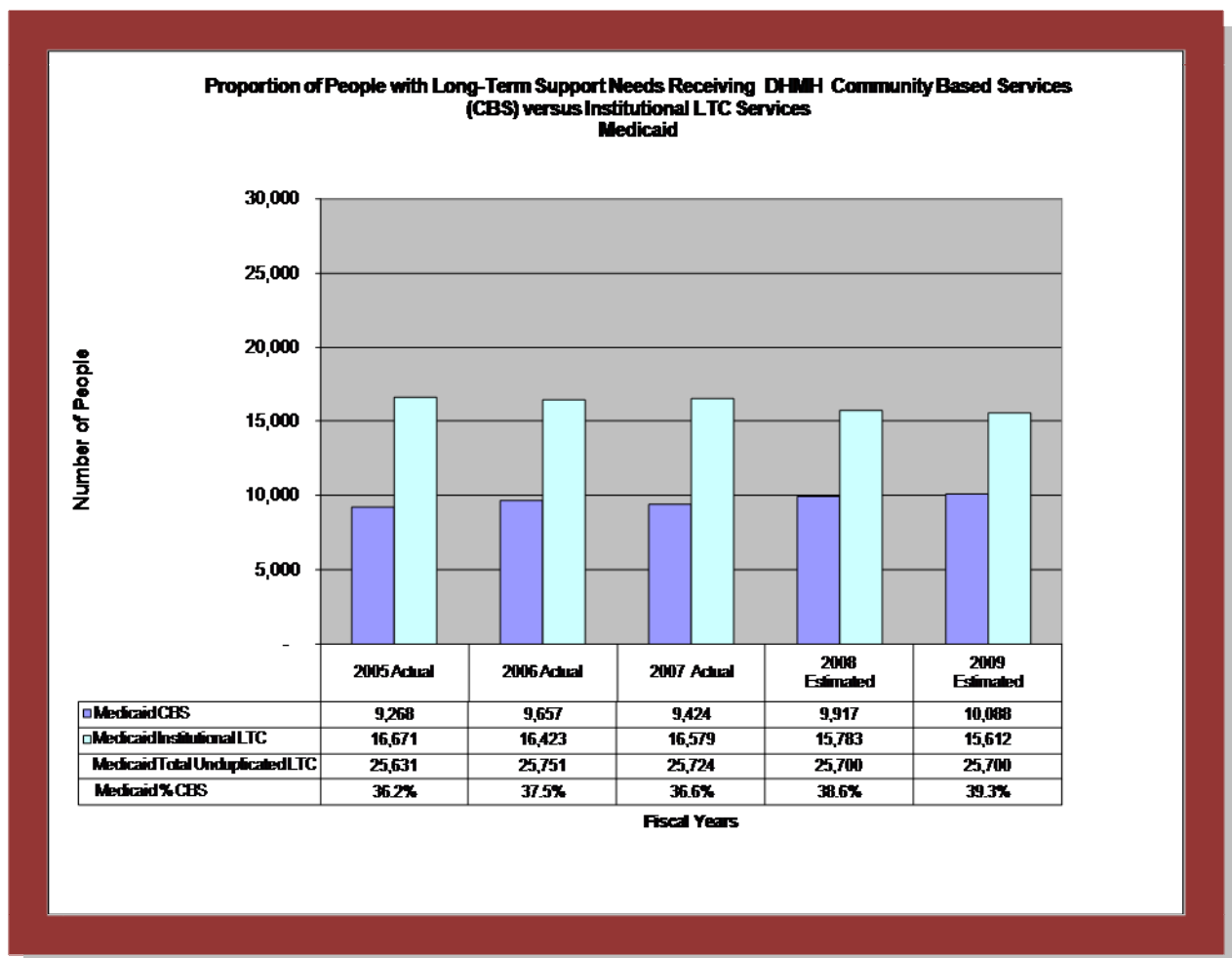
Exhibit 1 (a) shows the proportion of people with long-term support needs receiving community based services (CBS) versus those receiving institutional long-term care services. The data are totals for programs in three Department of Health and Mental Hygiene (DHMH) administrations: Medicaid, Developmental Disabilities, and Mental Health. The total number of people for whom DHMH provided community based services (CBS) increased by 2,579 from 2005 to 2007, and is expected to increase further in 2008 and 2009. At the same time, the number of people receiving institutional long-term supports increased by 2,037 from 2005 to 2007, and that trend is expected to continue in 2008 and 2009. Overall, the percent of people receiving CBS versus institutional services increased 1.8% from 2005 to 2007, and further increases are expected in 2008 and 2009. **Exhibits 1(b) to 1(d)** on the following pages show the same data broken down for each administration.

Exhibit 1(a): Community Living



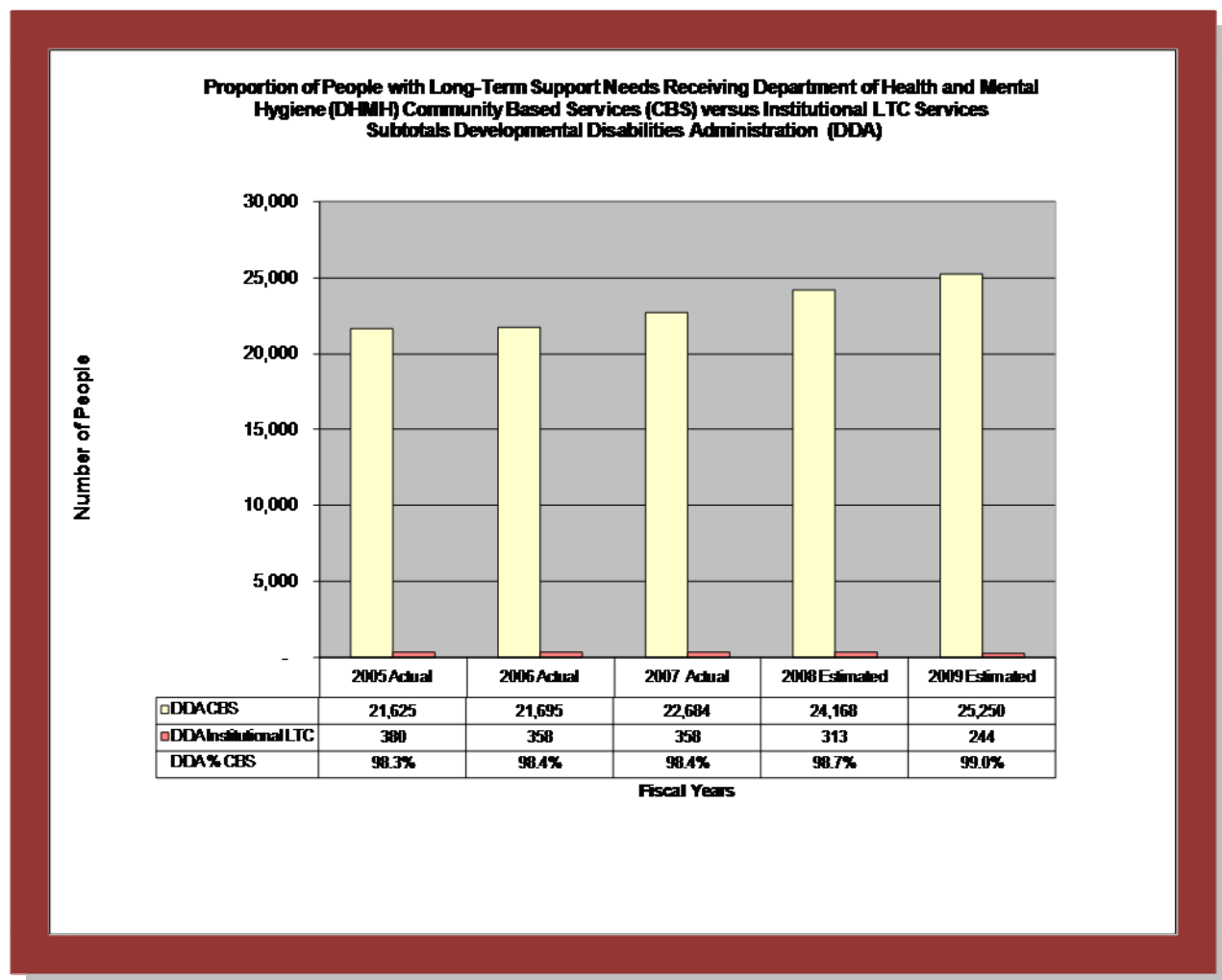
DHMH's Medical Care Programs Administration (MCPA) reported (Exhibit 1(b)) that the number of older adults and people with disabilities receiving MCPA funded services in community alternatives or CBS (Waiver for Older Adults, Living at Home Waiver, medical day care, or personal care), as measured in the first month of each fiscal year, increased by 156 from FY 2005 to FY 2007. Over the same period, there was a decline of 92 in the number of such people receiving MCPA funded services in nursing facilities, again as measured in the first month of each fiscal year. Reflecting these changes, the percent of older adults and people with disabilities receiving MCPA CBS versus nursing facility services increased .4% from FY 2005 to FY 2007.

Exhibit 1(b): Community Living



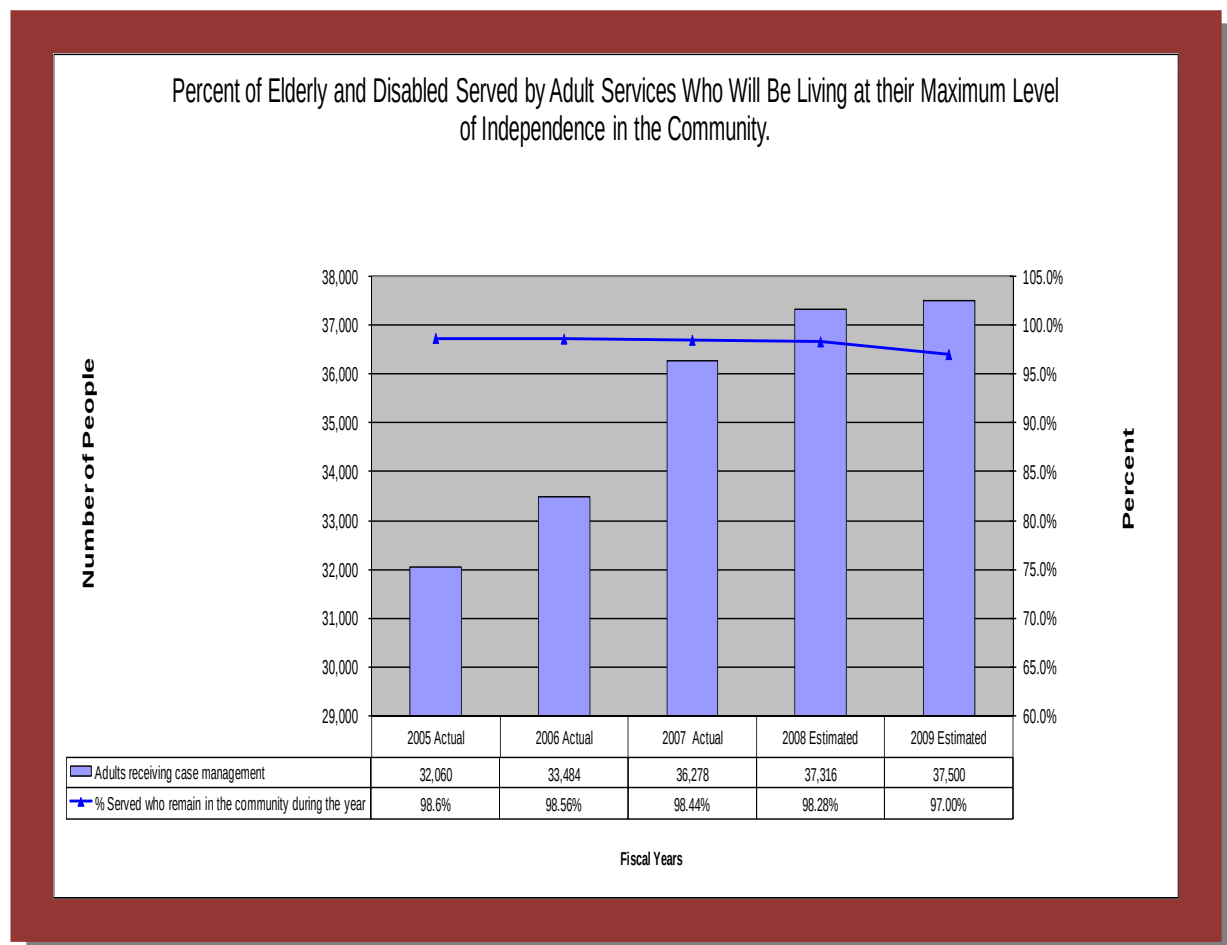
DHMH's Developmental Disabilities Administration (DDA) reported (Exhibit 1(c)) that 1,059 more people with developmental disabilities received DDA funded services in community alternatives or CBS in FY 2007 than in FY 2005. Over the same period, there was a decline of 22 in the number of people receiving services in State Residential Centers (SRC) funded by DDA. The percent of people with developmental disabilities receiving CBS versus SRC services remained above 98% from FY 2005 to FY 2007, and is expected to reach 99% by FY 2009.

Exhibit 1(c): Community Living



The Department of Human Resources (DHR), through local Departments of Social Services and community based agencies, provides services to the elderly and individuals with disabilities. This service delivery system protects vulnerable persons, promotes self-sufficiency, and prevents or delays institutional care. Adult Services is committed to services delivered in a manner that maximizes a person's ability to function independently. The Office of Adult Services administers Adult Protective Services, Adult Guardianship, Social Services to Adults (case management services), In-Home Aide Services, Project Home (a supportive Housing Program), and Respite Care (for unpaid caregivers of family members with disabilities).

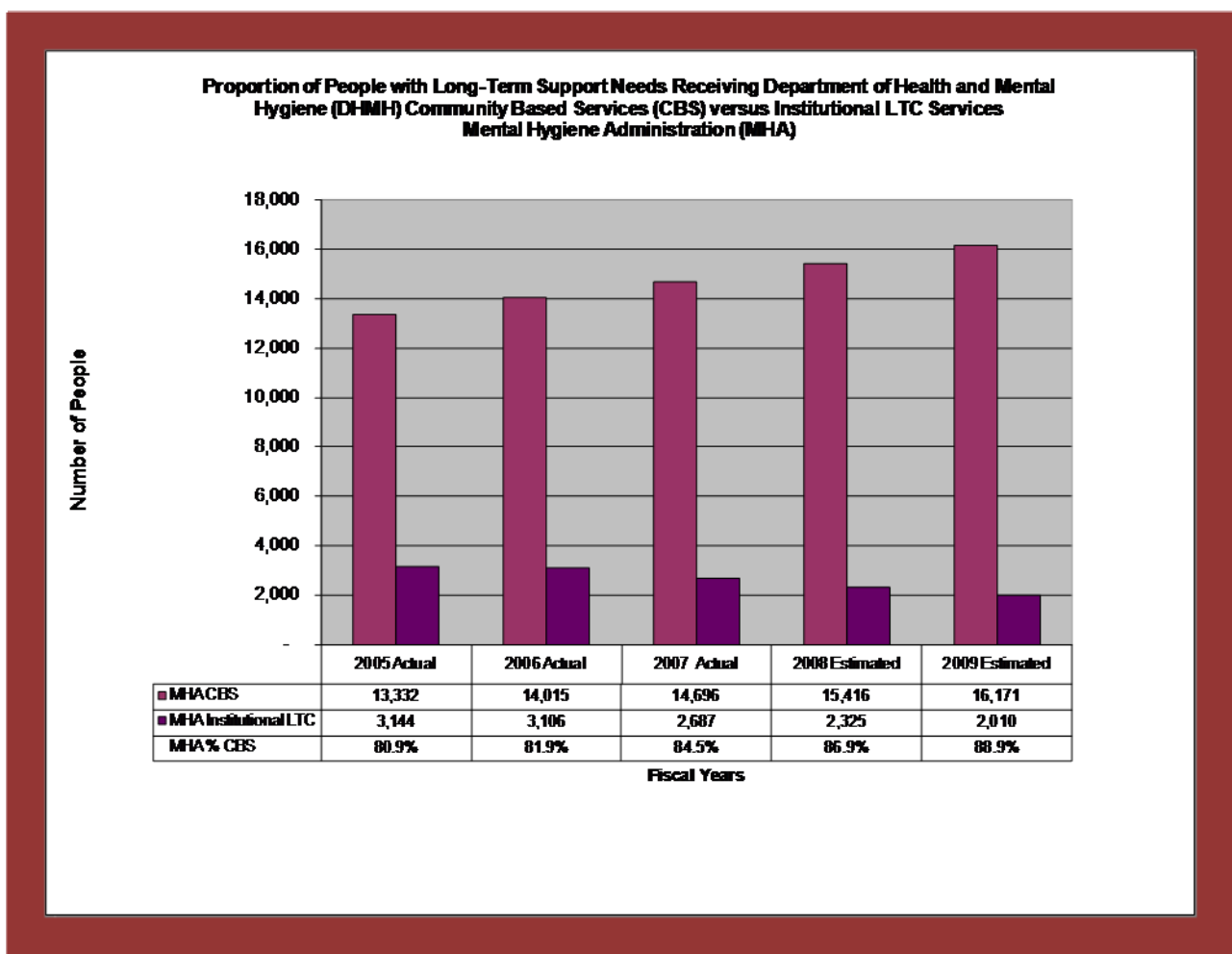
Exhibit 1(d): Community Living



Health and Behavioral Health

As DHMH's Mental Hygiene Administration (MHA) reported (Exhibit 1(d)), comparing FY 2007 to FY 2005, 1,664 more adults (18 and over) with a mental health diagnosis received MHA funded services in community alternatives (Psychiatric Rehabilitation Program (PRP), Case Management, or Mobile Treatment Services). Comparing the same two years, 457 fewer such adults were treated in State mental health inpatient facilities in FY 2007 than in FY 2005. The percent of people with a mental health diagnosis receiving CBS versus institutional services increased 3.6% from FY 2005 to FY 2007, with further increase expected in future years.

Exhibit 1(e): Health and Behavioral Health



Transportation

Exhibit 2 (a) shows the level of service and performance provided to Maryland paratransit customers, representing data from the Maryland Transit Administration (MTA) and the Washington Metropolitan Area Transit Authority (WMATA) for services in Montgomery and Prince Georges Counties. MTA and WMATA combined to provide 858,970 more paratransit rides to people certified for paratransit in 2007 than in 2005. The combined percent of on-time paratransit rides also increased from 91.1% in 2005 to 92.1% in 2007. Rides and the on-time percentage are expected to rise in 2008 and 2009.

Exhibit 2 (a): Transportation

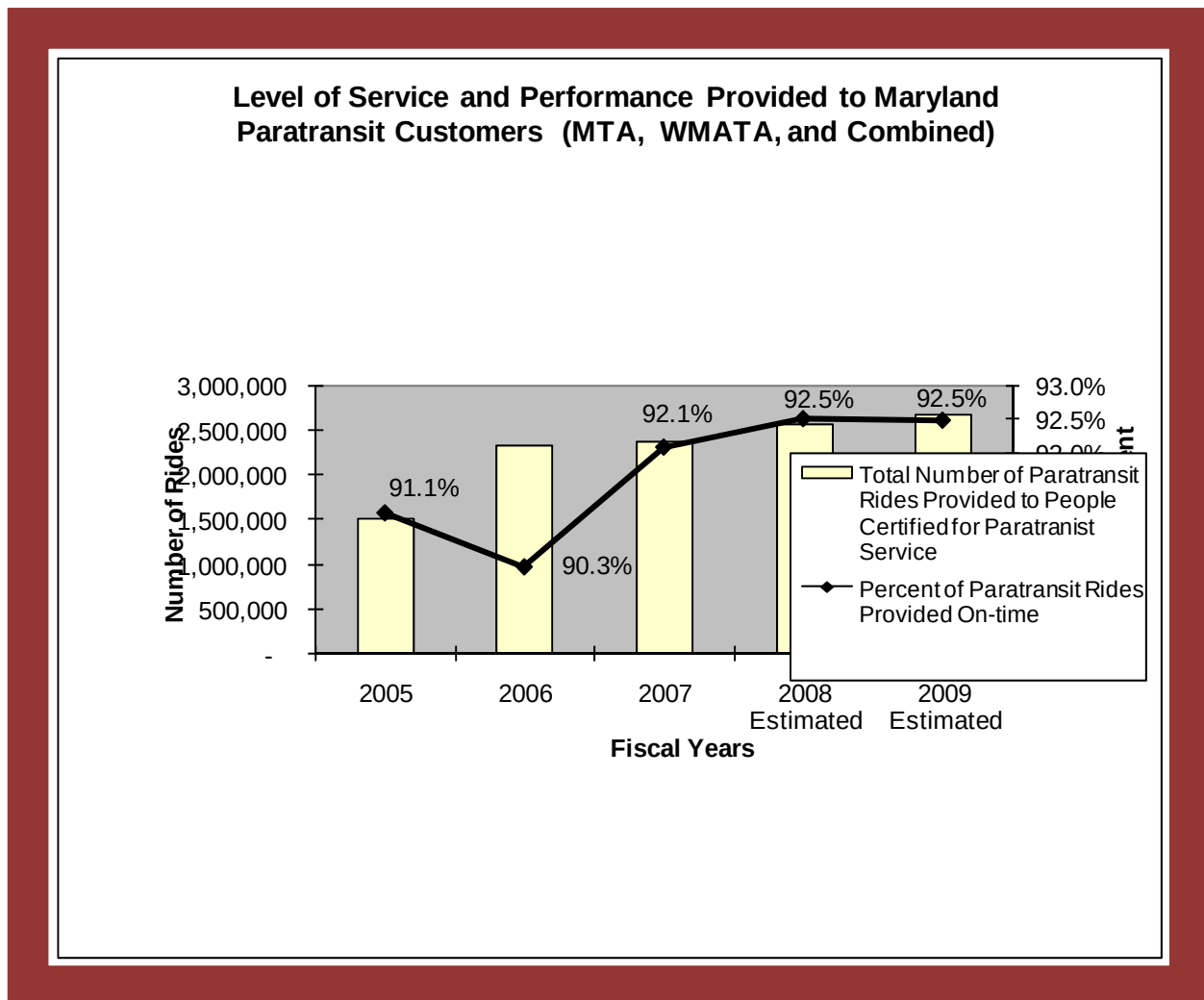


Exhibit 2(b): Transportation

RESULTS AND PERFORMANCE MEASURES		FISCAL YEARS				
		2005 Actual	2006 Actual	2007 Actual	Estimated ¹	
					2008	2009
Level of service and performance provided to MTA and WMATA paratransit customers	Number of people with disabilities certified for paratransit	20,036	30,229	33,386	35,692	38,344
	Number of paratransit rides provided (millions)	1.512	2.320	2.371	2.559	2.686
	Percent of paratransit rides provided on time	91.1%	90.3%	92.1%	92.5%	92.5%
	Customer satisfaction rating:					
	MTA from customer survey (from 0 to 5)	NA	3.93	*	*	4.5
	WMATA (measured as total number of complaints received per 1,000 trips completed)	3.8	8.9	12.2	NA	NA
Level of service and performance provided to people with disabilities using MTA and WMATA fixed route transportation	Number of people with disabilities certified for fixed route	26,463	27,563	30,992	31,992	32,992
	Percent of accessible buses in fixed route					
	MTA	97%	98%	100%	100%	100%
	WMATA	95%	93%	100%	NA	NA
	Number of people with disabilities receiving travel training					
	Individual (MTA & WMATA)	53	153	175	300	350
	Group (WMATA)	330	353	20	20	20
	Total number of monthly disabled passes purchased	270,960	291,534	219,419	219,968	220,468

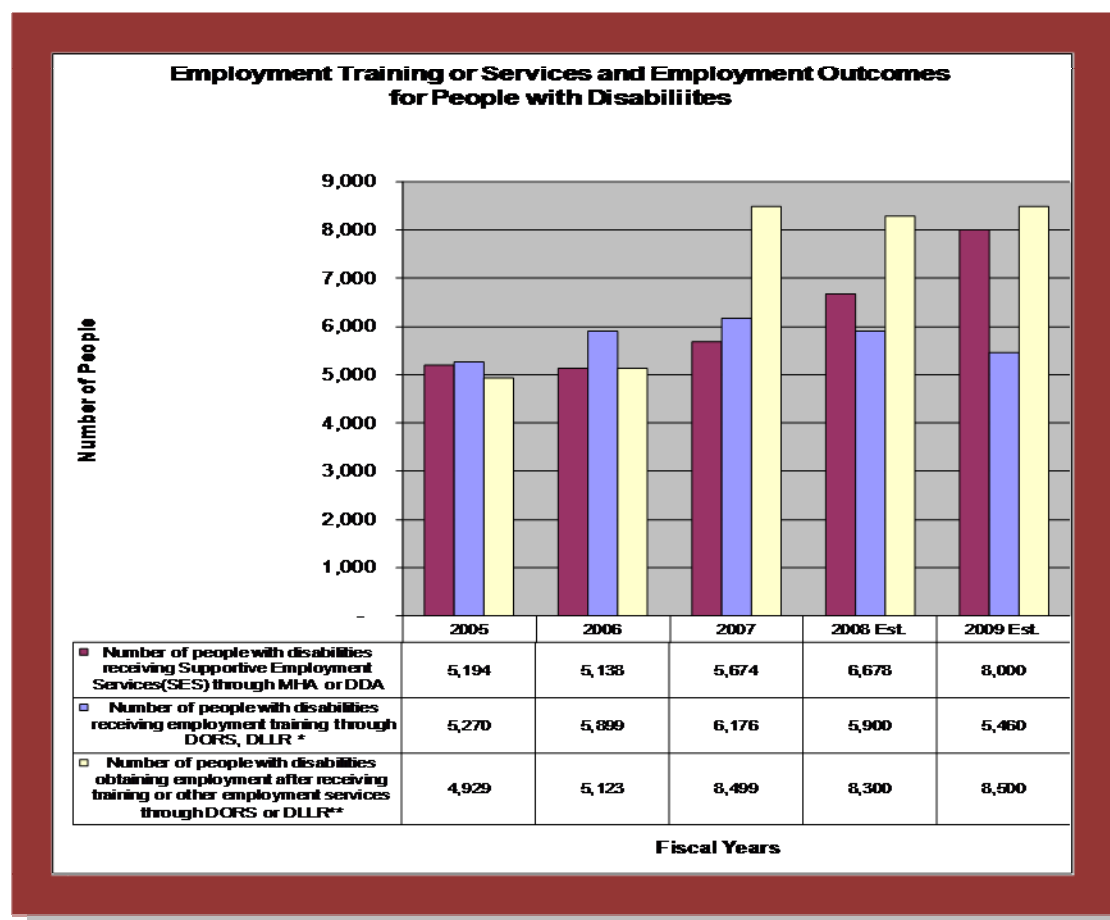
* No MTA survey in Calendar Year 2007 or planned in 2008.

¹ WMATA does not forecast this information. For consistency of presentation here and in Exhibit 2(a), 2008 and 2009 estimated figures were conservatively set equal to the MTA estimate for the year plus the WMATA 2007 actual.

Employment and Training

Exhibit 3 shows performance data for employment training or services and employment outcomes for Marylanders with disabilities served through four different units of State Government. A total of 487 more people with disabilities received Day Services or Supported Employment Services through DDA or MHA in 2007 than in 2005, and further increases are expected in 2008 and 2009. The Division of Rehabilitation Services (DORS) and the Department of Labor, Licensing, and Regulation (DLLR) provided employment training services to 906 more people with disabilities in 2007 than in 2005. Decreases are expected in 2008 and 2009 because of resource and capacity limitations reported by DORS. In 2007, 3,570 more people with disabilities than in 2005 were reported to have obtained employment after receiving employment training or services from DORS or DLLR. This performance measure was expected to level off in 2008 as the significant DORS resource issues were anticipated to impact both service levels and outcomes.

Exhibit 3: Employment and Training



Notes:

* The DLLR data for training incorporated in Exhibit 3 includes only Workforce Investment Act (WIA customers) but not Labor Exchange (LE) customers. LE does not capture number of participants trained.

**DLLR data for employment incorporated in Exhibit 3 includes WIA and LE customers and Youth Program Participants.

Housing

The Bridge Subsidy Demonstration Program for adults with disabilities was created by reallocating a portion of existing resources from the Maryland Department of Housing and Community Development for the purpose of providing short term rental assistance for up to three years while individuals await permanent housing assistance such as a Section 8 Housing Choice Voucher. The program was fully implemented in Fiscal Year 2007, and provided an average monthly rental subsidy of \$723 to 34 participants in the first full year and a total of 75 participants over the duration of the Pilot Program.

Exhibit 4: Housing

RESULTS AND PERFORMANCE MEASURES	FISCAL YEARS				
	2005 Actual	2006 Actual	2007 Actual	Estimated	
				2008	2009
Utilization of the Bridge Subsidy Demonstration Program by individuals with disabilities transitioning or diverting from institutional to community-based services.					
Number of Bridge Subsidy Demonstration Program participants ²	NA	3	34	75	75

² The inter-departmental MOUs to implement this program became effective 7/1/06.

Constituent Services Program (CSP)

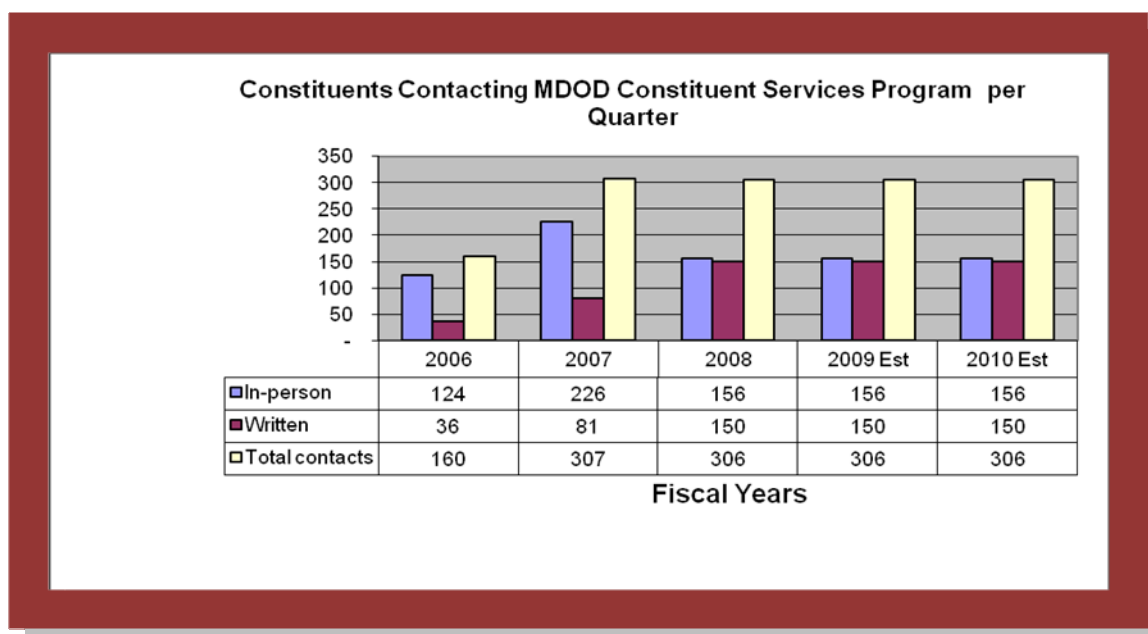
Program Description

The Constituent Services Program serves Marylanders by providing information and assistance to individuals as they navigate the human services system so they can advocate for themselves to receive quality, comprehensive, and consumer-directed services. There are four Constituent Service Coordinators at MDOD, each specializing in different areas in order to better serve individuals with disabilities and their families or caregivers.

Constituents Contacting CSP (Chart 1)

The number of constituents contacting the Maryland Department of Disabilities through the CSP in a typical quarter³ nearly doubled from FY 2006 to FY 2007 and maintained that level in FY 2008. The low baseline in FY 2006 reflects the transition to a new reporting system. Based on FY 2008 data, “in-person” contacts with constituents were about evenly split between contacts through office visits, telephone calls, or voice messages and “written” contacts through letters or emails, reflecting constituents increasingly using email to contact MDOD in FY2008 over FY2007.

Chart 1: Constituent Services Program



³ CSP experienced a gap in automated data collection from October 2005 to March 2007 during a change from a prior data tracking system to implementation of a new data tracking process in Fiscal Year 2007. Because complete fiscal year data were not available until FY2008, the numbers of constituents per “typical quarters” were determined as follows:

- FY 2006 is based on one quarter (July to September 2005);
- FY 2007 is based on one quarter (April to June 2007); and
- FY 2008 is based on full year data (July 2007 to June 2008).

Maryland Technology Assistance Program (MD-TAP)

Program Description

The Program provides information and technology services to people with disabilities. To enhance the quality of life for Marylanders with disabilities, the Program helps people to locate, evaluate, and purchase adaptive devices. The Program offers technology-related training and referrals in cooperation with the Office on Aging, the Division of Rehabilitation Services of the Maryland State Department of Education, and the Developmental Disabilities Administration of the Department of Health and Mental Hygiene. Three model technology demonstration centers have been established by the Program in Cumberland, Hagerstown, and Salisbury. The primary site is located at the Workforce Technology Center in Baltimore where technology resource specialists serve and other MD-TAP staff members are based.

Chart 2: Maryland Technology Assistance Program (MD-TAP)

RESULTS AND PERFORMANCE MEASURES		FISCAL YEARS				
		2006 Actual	2007 Actual	2008 Actual	Estimated	
					2009	2010
Number of eligible individuals able to purchase assistive technology through loans received from the Assistive Technology Loan Program	Number of applications processed	177	103	89	115	125
	Number of loans approved	108	57	53	65	75
	Number of loans issued to purchase technology	49	44	34	50	60
	Number of open loans managed	239	217	168	200	210
Number of individuals, families, and professionals MD-TAP assisted through outreach and training, information and assistance, and technology demonstration and loan	Outreach & training	1,692	7,450	11,670	12,020	12,380
	Information & assistance	4,151	2,746	3,361	6,462	3,566
	Technology demo & loan	1,095	3,095	1,116	1,540	1,591

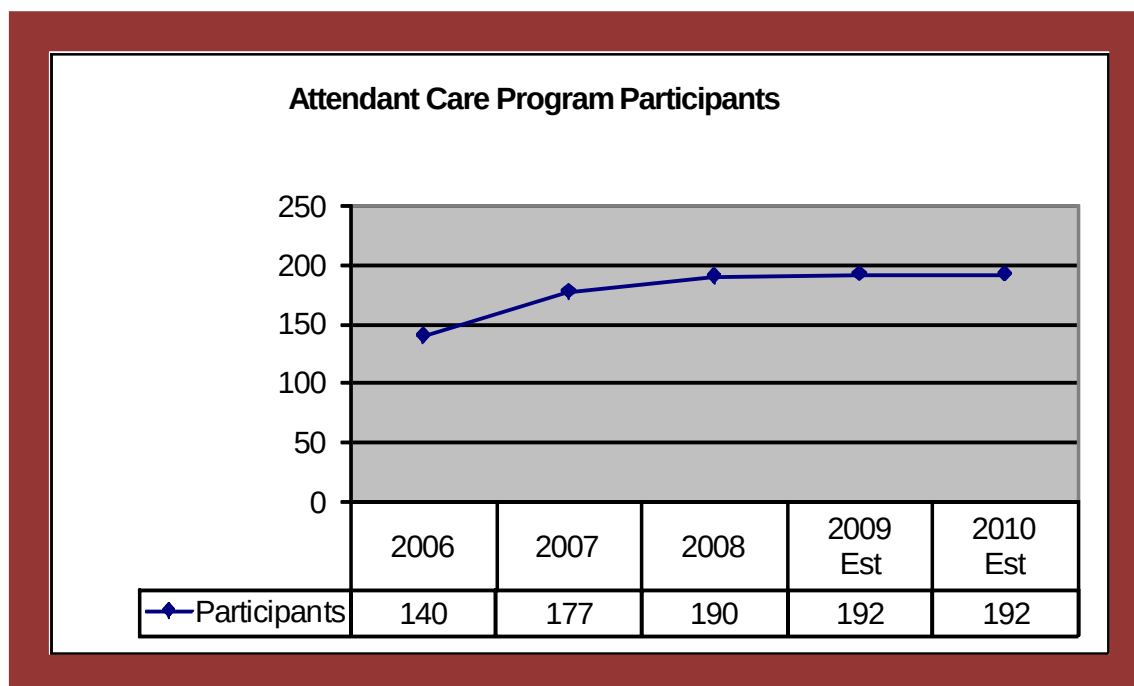
Attendant Care Program

Program Description

The Attendant Care Program provides financial reimbursement to eligible individuals, 18 to 64 years of age, with severe chronic or permanent physical disabilities so they can meet their attendant care services needs. The goal of the program is to supplement the cost of attendant care to support and encourage participants to remain employed, seek gainful employment, enroll in an institution of post secondary education, or transition from or avoid nursing home placement.

The Attendant Care Program was established in July 1982 in the Maryland State Department of Education (MSDE), and was subsequently transferred from the Department of Human Resources (DHR) and effective July 1, 2004 to the Maryland Department of Disabilities (MDOD). The total number of individuals served in the program has increased by almost one-third (31%) from 140 in FY 2006 to 190 in FY 2008 (**Chart 3**). This increase is due to expanded funding to the service budget in FY 2007, allowing enrollment of all eligible and interested individuals from the program's waiting list. The increased enrollment reflects the ever-growing needs of individuals who wish to remain in their homes and community. While the program continues to operate on this increased budget, another waiting list has been established for community supports provided by the Attendant Care Program.

Chart 3: Attendant Care Program



Access Maryland

Program Description

The Access Maryland Program assists State agencies with ensuring that their facilities are in compliance with federal mandates requiring accessibility for persons with disabilities. Access Maryland project sites primarily include Maryland institutions of higher education, state office buildings, state parks and museums. The program provides funds to eliminate architectural barriers in State-owned facilities (buildings or parks) and provide programmatic access for Marylanders with disabilities. This will permit the State to comply with the Americans with Disabilities Act of 1990, which mandated that physical access be provided for all State services. These renovations are a long-term effort, which will require funding beyond FY 2016.

Fluctuations in Chart 4 in the numbers of projects from year to year primarily relate to the size of the projects, with larger projects requiring significantly more time to both design and construct. The Access Maryland Program has been level funded at \$1.6 million since FY 2000 with the exception of FY 2006 when the program was funded at \$1.3 million dollars.

Chart 4: Maryland Access Program

RESULTS AND PERFORMANCE MEASURES		FISCAL YEARS				
		2006 Actual	2007 Actual	2008 Actual	Estimated	
					2009	2010
Number of Maryland State facilities that have increased physical access for persons with disabilities as a result of projects funded through the Maryland Access Program	Number of projects in design stage (initiation stage) at end of year	8	10	6	5	4
	Number of projects in construction stage at end of year	9	4	11	8	9
	Number of projects completed during year	15	16	9	11	9
	Number of State facilities (buildings or parks) with increased access as a result of projects completed during year	15	22	9	14	9

(Note: Some projects are multi-year.)

HOUSING

VISION:

People with disabilities will have a full array of housing options similar to their non-disabled peers. People with disabilities will have access to affordable, accessible housing in their communities with linkages to appropriate support services.

ACCOMPLISHMENTS:

- Supported successful legislation to permit local tax credits for homeowners that install accessible features in a home (HB 54).
- Supported successful legislation to modify the Department of Housing and Community Development's (DHCD) Rental Assistance Program for Individuals with Disabilities to streamline the existing requirements (HB 231).
- Widely distributed the Maryland Housing Modification Resource Guide to individuals with disabilities who need to modify their homes for accessibility.
- Widely distributed a Guide for Homeownership for individuals with disabilities that promotes the creative use of all available affordable housing programs to expand homeownership.

GOAL 1:

The State including the members of the Interagency Disabilities Board will work together to create more affordable, accessible, integrated housing for individuals with disabilities.

STRATEGIES

- 1.1 Identify additional funding sources for rental subsidies to augment and sustain the progress under the Bridge Subsidy Program.
Responsible Unit(s): DHCD, MDoA, DDA, MHA, and PHA's
- 1.2 Increase collaboration among non-profit service agencies, housing entities (Public Housing Authorities) and the disability community.
Responsible Unit(s): MDOD Participants: DHCD, MDoA, DDA, MHA, PHA's
- 1.3 Develop and conduct outreach activities to build/improve credit and increase asset development, including Individual Development Accounts (IDA's), for individuals with disabilities.
Responsible Unit(s): MDOD

- 1.4 By June 2009, include persons with long-term care needs in the State Housing Consolidated Plan.
Responsible Unit(s): DHCD
- 1.5 Identify long-term or permanent rental or housing subsidies that can be utilized by people with incomes at 25% or less than the median income of each area of the state
Responsible Unit(s): DHCD, MDOD, MDOA, DBM, and DHMH
- 1.6 Enhance service delivery and community supports for individuals with disabilities at risk of homelessness, including residents of nursing facilities able to receive comparable community based services.
Responsible Unit(s): DHCD, MDOD, MHA, MDoA and DDA
- 1.7 Identify communication-rich housing options for people with disabilities allowing them to age in place.
Responsible Unit(s): DHCD, ODHHS, MDOD, and MDoA

GOAL 2:

Individuals with disabilities will have improved access to housing in the communities where they live by increasing Visitability Features among new and renovated housing in Maryland.

STRATEGIES

- 2.1 By November 2008, complete Interim Study activities regarding HB 448.
Responsible Unit(s): MDOD and DHCD
- 2.2 By April 2009, support key stakeholders and provide information on the availability of housing options which include Visitability Features that highlight existing successful programs in Montgomery and Howard County, as well as Baltimore City.
Responsible Unit(s): DHCD and MDOD
- 2.3 By July 2009, identify additional local jurisdictions and builders poised to improve housing options with Visitability features.
Responsible Units: DHCD, MDOD, and DBED

GOAL 3:

Individuals with disabilities who have accessibility needs will find new homes or will return to or remain in their homes by expanding tools and strategies to create living environments that promote ease of use, safety, security and independence.

STRATEGIES

- 3.1 Include integrated housing, employment and transportation considerations at each stage of planning activities for Livable Communities and BRAC based initiatives.
Responsible Unit(s): DHCD, MDOD, MDoA, DBED, DVA, DLLR, DBM and DHMH
- 3.2 By April 2009, convene a group to promote and increase the availability of Universal Design in Maryland.
Responsible Unit(s): MDOD/MDTAP, MDoA, MSDE and DHCD
- 3.3 Identify and develop options for modifying existing housing stock to meet the needs of individuals who acquire disabilities and lack resources to move into accessible housing.
Responsible Unit(s): DHCD and MDOD

TRANSPORTATION

VISION:

To create an array of reliable, cost-effective transportation options, enabling transportation patrons with disabilities to gain access to destinations of their choosing at the same rate as their peers without disabilities.

ACCOMPLISHMENTS:

- Improved paratransit performance in the Baltimore area over the past five years by nearly 20%. Progress has continued into 2008.
- Achieved a routine on-time performance in paratransit above 90%.
- Infused a philosophy of *"Nothing about me, without me"* by routinely involving people with disabilities in problem solving - resulting in a 30% increase in consumer satisfaction in the paratransit system.
- Improved training of personnel by hiring people with disabilities to provide the training to drivers, managers, call center personnel and others.
- Infused upgraded communications technology throughout the system resulting in greater efficiencies and customer satisfaction.
- Provided an unprecedented increase in funding to bring the Maryland Transit Administration's (MTA) operations into compliance with the Americans with Disabilities Act (ADA) standards – 100% of vehicles and ticket machines are accessible. That level of funding has continued into 2008.
- Continuing maintenance and upgrading of paratransit vehicles resulted in the acquisition of 64 new vehicles that replaced 26 of the oldest vehicles and resulted in the expansion of the paratransit fleet by 38 vehicles.
- Accessible ticket machines at Metro and MARC stations and Light Rail locations are quality tested by individuals with disabilities.
- Created a critically acclaimed Taxi Access Program in the Baltimore metropolitan area which provides over one thousand rides every day through private contracts with seventeen Maryland companies.
- Initiated expanded travel training and fixed route system orientation for paratransit patrons and prospective paratransit patrons, in order that passengers with disabilities have an enhanced array of transportation options.

INTERAGENCY COLLABORATION:

- Citizen's Advisory Committee for Accessible Transportation (CACAT)
- Project Ride Advisory Committee (WMATA Area)
- Senior Rides Program Evaluation Panel
- MTA Paratransit Contract Committee
- Baltimore Metropolitan Planning Committee for the Coordinated Transportation Plan
- MTA Committee on Accessibility of Bus Stops
- Maryland Coordinating Committee for Human Services Transportation
- State Highway Administration's ADA Advisory Committee

GOAL 1

People with disabilities will have improved access to public and personal transportation

STRATEGIES

- 1.1 Improve transportation options for people with disabilities who rely on the Washington Metropolitan Area Transportation Authority (WMATA) for transportation.
Responsible Unit(s): MDOD, MDOT, and WMATA
- 1.2 Examine the feasibility of including travel training on demand in the business plan of the Maryland Transit Administration's (MTA's) Mobility paratransit. This would begin with paratransit patrons and prospective paratransit patrons, and students with disabilities, and eventually be extended to applicants for disability and senior citizen reduced fare cards from Mobility's certification office, as well as people whose driving is restricted for medical reasons. A statewide travel training brokerage system should be examined as well.
Responsible Unit(s): MDOD, MDOT, MTA, WMATA, and DORS
- 1.3 Eliminate the barriers to driver education for people who are deaf or who have other disabilities. Each year increase driver education opportunities for people who are deaf or who have other disabilities, by coordinating with the Motor Vehicle Administration (MVA) to ensure that the concerns of drivers and prospective drivers with a range of disabilities are included in the workshops conducted by MVA to certify driver training instructors.
Responsible Unit(s): MDOD, MDOT, ODHHS, and DORS

- 1.4 Increase the availability of accessible taxis for consumers. By December of 2008 examine the feasibility of purchasing additional accessible vehicles as prototypes of accessible taxicabs.
Responsible Unit(s): MDOT, MTA, and WMATA
- 1.5 Include transportation considerations at each stage of planning activities for Livable Communities and BRAC based initiatives.
Responsible Unit(s): MDOD, MDOT, MDP, DBED, DLLR, and DHCD

GOAL 2

People with disabilities will use fixed route transportation in greater numbers.

STRATEGIES

- 2.1 Expand and enhance available travel training options by providing a travel training system statewide that extends to school systems and to people whose driving is restricted for medical reasons.
Responsible Unit(s): MDOD, MDOT, MTA, WMATA, and DORS
- 2.2 Expand and promote the MTA web-based route planning tool and pilot linkages to local transportation providers for paratransit and other service for people with disabilities.
Responsible Unit(s): MDOD, MDOT, MTA, and OIT
- 2.3 Assess potential revisions to certification of people with disabilities for paratransit services including: standards, frequency of recertification, functional assessment criteria, and education of the general public and physicians regarding prospective changes.
Responsible Unit(s): MDOD, MDOT, MTA, and WMATA
- 2.4 Examine the feasibility of using uniform standards to certify paratransit users that will include an assessment of whether or not travel training could allow an individual to ride fixed route.
Responsible Unit(s): MDOD, MDOT, MTA, and WMATA
- 2.5 By March 2009 develop Transportation Matters Fact Sheets on travel training targeted at transitioning youth and an overview of transportation options for individuals with disabilities.
Responsible Unit(s): MDOD, MDOT, MSDE, and DHMH (MIG)

GOAL 3

Examine cross-regional transportation capacity in both the fixed route and paratransit systems to enable people with disabilities to travel across regions using multiple systems.

STRATEGIES

- 3.1 Facilitate local, regional and cross-jurisdictional strategies which increase efficiency, customer satisfaction, and fiscal accountability of state funded human-services transportation.
Responsible Unit(s): MDOD, MDOT, MTA, WMATA and Regional Providers
- 3.2 By December 2008, determine best practices being used by other States regarding cross-regional transportation.
Responsible Unit(s): MDOD, MDOT, MTA, and WMATA
- 3.3 Examine options for statewide cross-jurisdictional reciprocity of certification for paratransit service and disability or senior reduced fare.
Responsible Unit(s): MDOD, MDOT, MTA, WMATA, and Regional Providers

GOAL 4

People with disabilities who attend community service agencies (DDA, MHA, MDoA, etc.) will experience shorter trips, increased flexibility, and streamlined scheduling of transportation.

STRATEGIES

- 4.1 By December 2008, through the Medicaid Infrastructure Grant technical assistance, determine best practices being used by other states to facilitate seamless human service transportation.
Responsible Unit(s): MDOD, Medicaid, and MIG
- 4.2 By July 1, 2009, develop an action plan and local pilot identified for a Coordinated Human Services Transportation system that is both cross agency and cross jurisdictional.
Responsible Unit(s): MDOD, MDOT, MTA, WMATA, Medicaid, and MIG

EMPLOYMENT AND TRAINING

VISION:

Marylanders with disabilities will have a variety of meaningful employment and training opportunities, the incentive to work, and will choose and control the individualized services that support their diverse careers in integrated settings.

ACCOMPLISHMENTS:

- Completed Capstone Project with the Johns Hopkins University to develop a plan to capture longitudinal employment outcome data across agencies.
- Hosted first Employment Policy Institute attended by 15 individuals with disabilities
- Co-sponsored Employment Summit on Maryland's Eastern Shore attended by 56 businesses.
- In 2007, twenty-three Quest Interns were placed in State Government opportunities and twenty-two interns were placed in 2008.
- Data compiled through the Division of Rehabilitation Services indicates that 84% of former Quest interns are gainfully employed, including two State Employees from the Special Options Eligible List.
- Updated two Work Matters fact sheets; created a new fact sheet on postsecondary education for individuals with disabilities; provided over 5000 copies at no cost to transition counselors, state agency partners, nonprofit service providers and individuals with disabilities.
- Initiated marketing efforts to increase enrollment in the EID program through hiring of a Work Incentives Project Director, an Intern Coordinator, and trained 8 interns.
- Between 2007 and 2008 demonstrated a 58% increase in EID applications received and increased the percentage of approved applications by 68%.
- Participated in a team that finalized draft regulations for Maryland's EID program and incorporated them into the Medicaid State Plan.
- Hosted a meeting regarding new regulations for the Social Security Administration's Ticket to Work attended by over 75 individuals.
- Sent two participants to attend a national benefits infrastructure planning meeting and hosted a series of meetings to draft a plan for Maryland.
- Selected as one of three states for the State Leaders Innovation Institute to increase access to Base Realignment and Closure (BRAC) jobs, ensures a pool of qualified job seekers with disabilities, maximizes limited state resources and results in an increase in employment outcomes for job

seekers with disabilities, and results in integrated workforce development and economic development systems.

- DDA joined the State Employment Leadership Network (SELN), a multi-state collaborative project committed to improving the employment outcomes of adolescents and adults with developmental disabilities.

INTERAGENCY COLLABORATION:

- Employed Individuals with Disabilities regulation workgroup,
- Governor's Workforce Investment Board Subcabinet (recently renamed to GWIB Interagency Workforce Committee),
- Untapped Workforce Subcommittee of Governor's Workforce
- Artpreneurship planning team.

GOAL 1:

Leverage workforce and economic development activities that will increase availability of livable communities and employment opportunities for Marylanders with disabilities as it relates to BRAC.

STRATEGIES

- 1.1 MDOD, DLLR and NTAR team members will create and implement a plan that includes short term outcomes driven and long term systems change action steps that create shared measures across economic, workforce development and disability employment agencies and implement recommendations from Johns Hopkins University Capstone plan.
Responsible Unit(s): MDOD, DLLR and NTAR team members
- 1.2 Develop integrated sector strategies to include workforce development for individuals with disabilities.
Responsible Unit(s): MDOD, DLLR and NTAR team members
- 1.3 Retool existing generic regional and statewide training programs/curricula and ensure access for individuals with disabilities.
Responsible Unit(s): MDOD, DLLR and NTAR team members
- 1.4 Develop mechanisms for identifying individuals with disabilities statewide and link them to demand driven training programs and employment opportunities.
Responsible Unit(s): MDOD, DLLR and NTAR team members
- 1.5 Ensure economic development plans include accessible affordable housing, and transportation.
Responsible Unit(s): MDOD, DLLR and NTAR team members

- 1.6 Increase economic self sufficiency of employed individuals with disabilities through programs and services such as benefits counseling, Medicaid Buy In, Bridge Subsidy, Guaranteed Low Interest Loans and other related asset development activities.
Responsible Unit(s): MDOD, DLLR and NTAR team members

GOAL 2:

Increase awareness and availability of quality work incentives counseling and other resources to support individuals with disabilities in achieving their employment goals.

STRATEGIES:

- 2.1 MDOD will provide outreach concerning the Employed Individuals with Disabilities Program and other work incentives to a minimum of forty organizations.
Responsible Unit(s): MDOD
- 2.2 MDOD will assist a minimum of 500 individuals in completing their EID applications resulting in at least 350 individuals being enrolled in the EID.
Responsible Unit(s): MDOD
- 2.3 MDOD in partnership with the WIPA will facilitate creation of a proposed Benefits Counseling Infrastructure and develop appropriate curriculum and training plan using MIG resources.
Responsible Unit(s): MDOD, WIPA, and MIG
- 2.4 MDOD with key partners will host a series of daylong events in October in 5 locations for a minimum of 15 job seekers with disabilities in each location that will provide a brief overview of employment policy and intensive benefits counseling and job seeking supports.
Responsible Unit(s): MDOD, DLLR, DBED, and DORS
- 2.5 MDOD will host the second annual Employment Policy Institute for a minimum of 12 individuals with disabilities.
Responsible Unit(s): MDOD and DORS
- 2.6 MDOD will create a fact sheet targeted at parents and family members of transition age youth to encourage work as an outcome and continue fact sheet outreach.
Responsible Unit(s): MDOD, MSDE, and DORS

GOAL 3:

Create and replicate best practices that increase integrated, individualized employment outcomes for Marylanders with disabilities.

STRATEGIES:

- 3.1 DBM will continue the Quest internship program hosting a minimum of 25 interns in state government, look for ways for Quest interns to be hired by state government; and work to expand and replicate the model.
Responsible Unit(s): DBM and State Agency hosts
- 3.2 Medicaid and MDOD will explore options to increase employment of individuals requiring Personal Assistance Services.
Responsible Unit(s): MDOD and Medicaid
- 3.3 DDA, in partnership with MDOD, the Maryland Developmental Disabilities Council, MIG and other stakeholders, will develop an “Employment First” Policy and an Employment Work plan designed to expand and improve integrated employment outcomes for individuals with developmental disabilities.
Responsible Unit(s): MDOD, DDA, DDC and MIG
- 3.4 DLLR in partnership with MDOD and community colleges will explore potential of a training partnership with IBM.
Responsible Unit(s): MDOD, DLLR, and Community Colleges
- 3.5 MDOD will continue to support and participate with DORS in the administration of the Governor’s Employment Initiative for Persons with Acquired Brain Injuries; the program will assure that at least 50 persons with significant brain injuries maintain and are successful in employment.
Responsible Unit(s): MDOD and DORS
- 3.6 MDOD will continue to support and participate with MHA and DORS to expand employment opportunities through Evidence-Based Supported Employment (EBSE) for persons with significant mental illness; Maryland will maintain its national leadership measured by the percent of public mental health system (Public Mental Health)consumers participating in employment (70%).
Responsible Unit(s): MDOD, MHA, and DORS
- 3.7 MDOD will partner with other state agencies and local partners to host Artpreneurship, a national model, to provide training to a minimum of 25 artists with disabilities interested in self employment.
Responsible Unit(s): MDOD, DORS, DDA

- 3.8 MDOD in partnership with DORS and other state agencies (DLLR, DDA, MHA) will assure the availability of quality transition services leading to post-secondary education and employment for young people with disabilities.
Responsible Unit(s): MDOD, DORS, DDA, MHA, DLLR, MHEC, and MSDE (DSE/ELS)

GOAL 4:

Promote awareness of the skills and abilities of job seekers with disabilities to large and small employers.

STRATEGIES

- 4.1 MDOD will host at least two employer outreach activities a year and will work with assistance from GWIB to recruit a lead employer to head the Maryland Business Leadership Network.
Responsible Unit(s): MDOD and GWIB
- 4.2 MDOD through MIG will provide funding to local partners to host a series of local job fairs.
Responsible Unit(s): MDOD and local partners
- 4.3 MDOD will participate in planning for a national marketing campaign through the MIG.
Responsible Unit(s): MDOD and MIG

COMMUNITY LIVING

VISION:

Individuals with long-term care needs will have access to a wide range of options in choosing their own community supports and will be served in the most integrated setting appropriate to their needs.

ACCOMPLISHMENTS:

- Governor O'Malley announced that the closure of the Rosewood Center, the oldest State Residential Center for individuals with developmental disabilities, would occur by June 30, 2009.
- Through the Mental Hygiene Administration (MHA) and the Developmental Disabilities Administration (DDA), community support options were expanded for all people with disabilities including new initiatives for children with psychiatric disabilities as well as for individuals with Traumatic Brain Injury, learning disabilities, mental illness, developmental disabilities and substance abuse issues.
- DDA assessed residents of State Residential Centers to identify and define individual service needs and evaluate whether individuals are receiving supports in the most appropriate integrated setting.
- DHMH expanded community service accessibility to individuals with physical disabilities by increasing the maximum age at time of enrollment from age 59 to age 64 and by enhancing waiver service options by adding environmental assessment, nutritional/dietitian services, and home delivered meals in the Living at Home waiver program. Transition services are also being added to the Older Adults Waiver.
- MDOD became a standing member of the State Advisory Council on Quality Care at the End of Life.
- Supported proposals, along with MDoA and DHMH, for federal grants to the Centers for Medicare and Medicaid Services (CMS) and U.S. Administration on Aging to integrate planning efforts and enhance long-term care options for people with disabilities.
- In collaboration with DHMH, continued to convene a committee of individuals with Traumatic Brain Injury and family members and worked to identify priority areas and preliminary data on Traumatic Brain Injury.

INTERAGENCY COLLABORATION:

- Money Follows the Person Demonstration Project Advisory Committees
- Maryland Access Point Advisory Committees

- Nursing Home Diversion Grant Committees
- State Traumatic Brain Injury Advisory Board
- Brain Injury Association of Maryland Provider Council
- Maryland Caregivers Support Coordinating Council
- Maryland Health Care Commission-Long-Term and Community-Based Services Advisory Committee
- Living at Home Waiver Advisory Committee
- Older Adults Waiver Advisory Committee

GOAL 1:

Individuals with long-term care needs will receive community support services in the most integrated community setting based on their needs and preferences.

STRATEGIES:

- 1.1 Continue to conduct outreach and referral for the Money Follows the Person Project as well as the Living at Home and Older Adults Home and Community Based waiver programs.
Responsible Unit(s): Medicaid, MHA, DDA, MDOD, DHR, and MDoA
- 1.2 Partner with the Maryland Department of Aging (MDoA) and Maryland Department of Health and Mental Hygiene (DHMH) to expand Maryland Access Point (MAP) in order to provide support to individuals who are re-entering the community setting.
Responsible Unit(s): Medicaid (Long Term Care), MDOD, and MDoA
- 1.3 Continue to support MDoA's Nursing Facility Diversion Grant.
Responsible Unit(s): Medicaid (Long Term Care), MDOD, and MDoA
- 1.4 Improve the process and rate of transitions from institutions by supporting the Transition Center initiative under the Money Follows the Person Demonstration Project.
Responsible Unit(s): Medicaid (Long Term Care), MHA, DDA, MDOD, DHR, and MDoA
- 1.5 Develop and implement recommendations to support the transition of individuals with behavioral health needs, including brain injury, mental illness, and cognitive disabilities from institutions to community based services.
Responsible Unit(s): Medicaid, MHA, DDA, MDOD, DHR, and MDoA

- 1.6 Monitor individuals impacted by the closure of the Rosewood Center at 30, 60, and 90 days post transition.
Responsible Unit(s): Medicaid, DDA, MDoA, and MDOD
- 1.7 Increase outreach and referral efforts under the New Directions waiver and continue to support additional efforts to enhance self directed service delivery models.
Responsible Unit(s): Medicaid, DDA, and MDOD
- 1.8 Coordinate with state agencies and community stakeholders to identify opportunities for peer outreach in institutions and peer-to-peer options counseling for individuals at risk of entering a nursing facility.
Responsible Unit(s): Medicaid, DDA, MDoA, and MDOD
- 1.9 Identify strategies to increase capacity among community-based service providers.
Responsible Unit(s): Medicaid, MHA, DDA, MSDE, DHR, MDOD, and MDoA
- 1.10 Work with the Developmental Disabilities Administration to support delivery of community based services for individuals impacted by the closure of the Rosewood Center.
Responsible Unit(s): DDA and MDOD
- 1.11 Work with families to address concerns of quality of life and continuity of care for residents of Rosewood during the transition to community-based settings.
Responsible Unit(s): DDA and MDOD

GOAL 2:

Individuals with long-term care needs will report an improvement in their quality of life.

STRATEGIES

- 2.1 Partner with the MDoA and DHMH to obtain a federal grant from the Centers for Medicaid and Medicare Services (CMS) in order to create a pilot program for Person-centered Hospital Discharge Planning.
Responsible Unit(s): MDoA, Medicaid, DHR, and MDOD
- 2.2 Evaluate methods to reduce waiting lists for long-term care supports and develop a comprehensive process to address service gaps to people with disabilities.
Responsible Unit(s): Medicaid, MDOD, MDoA, and DHR

- 2.3 Identify strategies to address annual cost-of-living adjustment (COLA) increases aligned with inflationary index for community based service providers
Responsible Unit(s): DDA, MHA, MDOD, MDoA, DHR, and DBM

GOAL 3:

People with behavioral health needs will have access to community support services, including employment, housing, and transportation.

STRATEGIES

- 3.1 Increase the number of people with behavioral health needs employed by continuing training to Public Mental Health System (PHMS) stakeholders on access to Employed Individuals with Disabilities program (EID) and implementing the Employment Network (EN).
Responsible Unit(s): MHA
- 3.2 Maximize resources to promote affordable, safe, and integrated housing for individuals with behavioral health needs. Develop a Housing Plan that will maximize funding to expand housing options, promote and leverage DHMH's Community Bond funds and increase the number of individuals who obtain housing through the Bridge Subsidy Pilot Program.
Responsible Unit(s): MHA, Office of Planning and Capital Financing, MDOD, and DHCD

HEALTH AND BEHAVIORAL HEALTH

VISION:

Maryland envisions that all citizens with disabilities have access to a system of high quality health care, including behavioral health services and supports. Maryland ensures that, within the health care system, people with disabilities are treated with dignity and respect and are protected from abuse, neglect, or other harm.

ACCOMPLISHMENTS:

- Completing Maryland's third year activities under the federal Mental Health Transformation State Incentive Grant, one of only thirteen States nationwide to participate in this major federal initiative. The Transformation grant supported the following activities to promote "consumer-driven" care:
 - MHA provided WRAP (Wellness and Recovery Action Plan) training to adult psychiatric rehabilitation programs (PRP's), Outpatient Mental Health Centers (OMHC's); and On Our Own of Maryland (OOOMD) consumer 'wellness and recovery' centers across the state.
 - The Consumer Quality Team (CQT) has held confidential, qualitative interviews with more than 200 consumers and has been the catalyst for changes that will help them on their journey to recovery.
- Promoting access to behavioral health services for people with co-occurring disabilities including:
 - Funding was identified through roll over funds at the Mid Shore Core Services Agency (CSA) for a needs assessment, which will be completed in FY2009 to determine the prevalence of people who are deaf, hard of hearing or deaf-blind in Maryland and need behavioral health services.
 - An agreement was confirmed between Gallaudet University and the Mid-Shore CSA to provide culturally competent training on mental health needs of the deaf, hard of hearing and deaf-blind individuals to practitioners in Maryland.
 - The Money Follows the Person (MFP) Stakeholders Behavioral Health Workgroup developed recommendations addressing the behavioral health needs of people with physical disabilities and people with Traumatic Brain Injury (TBI) transitioning from nursing homes and other facilities to the community.
- Ensured children and adolescents with mental health disabilities have access to supports and services within their communities including:

- The Centers for Medicare and Medicaid Services (CMS) approved Maryland's application for a 1915(c) waiver to provide community-based wraparound services for up to 150 children and youth (under 18 years of age) as an alternative to admission to a Psychiatric Residential Treatment Facility (PRTF).
- MSDE, MHA, and the Maryland Coalition of Families for Children's Mental Health have jointly initiated a one-year process to engage stakeholders in developing a plan to improve outcomes for children with Emotional Disturbance in Special Education.
- The Maryland Blueprint for Children's Mental Health Advisory Committee continued to make strides in achieving goals for serving children with mental health needs and their families, including the work of committees on Early Childhood Mental Health, School Mental Health, and Transition Age Youth.

INTERAGENCY COLLABORATION:

- Maryland Advisory Council on Mental Hygiene / PL 102-321 Planning Council
- Money Follows the Person Behavioral Health Workgroup
- Traumatic Brain Injury Advisory Board
- Interagency Committee on Aging Services (IAC), Maryland Department of Aging

GOAL 1:

People with disabilities will have access to high quality, consumer- centered behavioral health services.

STRATEGIES

- 1.1 Continue statewide implementation of Wellness and Recovery Action Plan (WRAP) training and begin to incorporate WRAP within community mental health programs.
Responsible Unit(s): MHA (Mental Health Transformation Office)
- 1.2 Continue to further define "recovery-based mental health treatment" and establish guidelines for workforce development in the Public Mental Health System (PMHS); explore Medicaid reimbursement for Peer Support Counselors within PMHS.
Responsible Units: MHA (Mental Health Transformation Office)
- 1.3 Continue statewide expansion of Consumer Quality Team (CQT) by FY 2010.
Responsible Unit(s): MHA

- 1.4 Continue to implement, evaluate, and refine the local pilot project of Self-Directed Mental Health Care.
Responsible Unit(s): MHA

GOAL 2:

People with a wide range of non-psychiatric disabilities and co-occurring psychiatric disabilities will have access to behavioral health services.

STRATEGIES

- 2.1 Conduct a needs assessment to determine the prevalence of people who are deaf, hard of hearing or deaf-blind in Maryland and need behavioral health services.
Responsible Unit(s): MHA, with Mid-Shore CSA funding, ODHH
- 2.2 Provide support and technical assistance to promote statewide access to culturally competent services for individuals who are deaf or hard of hearing.
Responsible Unit(s): Mental Health subcommittee of the Maryland Advisory Council for Deaf and Hard of Hearing, MHA, CSAs, advocates, and other state and local agencies
- 2.3 Implement efforts to incorporate services for individuals with brain injury into long-term care efforts, including recommendations from the Money Follows the Person Behavioral Health Workgroup.
Responsible Unit(s): Medicaid and MHA
- 2.4 Develop, monitor, and evaluate community services and plans of care for consumers with traumatic brain injury (TBI) through the TBI waiver.
Responsible Unit(s): MHA and Medicaid
- 2.5 Partner with community advocates to identify behavioral health needs of people with disabilities transitioning from institutions, including people served under Money Follows the Person (MFP); design and implement strategies for addressing these needs.
Responsible Unit(s): Medicaid, MHA, and MDOD

GOAL 3:

Rebalance the State's behavioral health service delivery to ensure that people with disabilities have access to these services in the most integrated setting based on their needs and community living preferences.

STRATEGIES

- 3.1 Continue to develop and evaluate the Discharge Readiness Assessment Process, including the State's on-going capacity to screen long-term residents of State Psychiatric Hospitals; solicit individuals' preferences and needs for living in the community, and transition successfully to the community those individuals who have expressed a desire to do so.
Responsible Unit(s): MHA
- 3.2 Transition eligible individuals residing in State Psychiatric Hospitals (Institutions for Mental Disease or IMD's) to the community through the State's Money Follows the Person (MFP) Grant and other initiatives.
Responsible Unit(s): Medicaid, MHA and MDoA
- 3.3 Continue to implement and monitor crisis response systems and hospital diversion projects to redirect individuals at risk of psychiatric institutionalization to community programs and supports.
Responsible Unit(s): MHA
- 3.4 Continue training activities surrounding reduction of seclusion and restraint in the state-operated facility system and other inpatient settings to include child, adolescent, and adult inpatient programs.
Responsible Unit(s): MHA

GOAL 4:

Children and adolescents with mental health disabilities will have access to supports and services within their communities.

STRATEGIES:

- 4.1 Through use of LMB funds and 1915c waiver programs, children will receive wraparound services in lieu of out of home placements. Methods include (a) implementation of wraparound and community-based care pilots in connection with the implementation of a 1915(c) psychiatric residential treatment facility (PRTF) demonstration waiver to provide services to up to 150 children and youth; and (b) development and implementation of child and family teams on Child and Adolescent Wraparound projects.
Responsible Unit(s): MHA and Medicaid
- 4.2 Local school systems will provide school based mental health services. Approaches include:
 - (a) conducting a survey and gap analysis of school based mental health services available statewide, including an analysis of financing barriers and solutions needed to advance school mental health services for Maryland students;

- (b) conducting a process of information collection culminating in a series of recommendations to improve outcomes for students in school systems who are identified as having an educational disability resulting from a mental health condition; and
- (c) integrating MHA's efforts with Maryland's Ready by 21, The Governor's Interagency Transition Council, and the transition-age youth subcommittee of the Maryland Blueprint Committee, in collaboration with other stakeholders, to improve services for youth with disabilities.

Responsible Unit(s): MHA, MSDE, other stakeholders.

EDUCATION

VISION:

Youth with disabilities will receive a free, high-quality public education in the least restrictive environment and emerge prepared and able to access employment or higher education. All youth with disabilities will have the necessary services and accommodations to succeed and experience a successful transition to post-secondary education or employment.

ACCOMPLISHMENTS:

- Governor O'Malley signed an Executive Order re-creating the Governor's Interagency Transition Council for Youth with Disabilities.
- Supported the Fitness and Athletics Equity Act for Students with Disabilities that requires all Maryland local schools systems to allow students with disabilities to try out for sports teams. The act also improves access to adapted physical education and for sports programs for students with disabilities.
- Supported legislation to address prevention of bullying toward students with disabilities.
- Supported enhanced funding for services through the Division of Rehabilitation Services that was included in the FY2009 Budget.
- Supported the 9th annual Youth Leadership Forum.
- Scores for students receiving special education services on the Maryland School Assessment and High School Assessments continued to show progress with the support of families, MSDE, and local school systems.
- Graduation rates for Maryland's students with disabilities also showed improvement statewide.
- More students with disabilities are being educated in general education settings 80 % of the time.

INTERAGENCY COLLABORATION:

- Governor's Interagency Transition Council
- Intellectual Disabilities Workgroup
- Steering Committee for Children with Emotional Disturbance in Educational Settings
- State Coordinating Council
- Special Education State Advisory Committee

GOAL 1

Students with disabilities will be educated in the least restrictive environment with their nondisabled peers. Decrease the number of students with disabilities educated in separate public and private day schools and increase the number of students with disabilities who are removed from the general education setting less than 21% of the school day.

STRATEGIES

- 1.1 Local School Systems will provide the professional development concerning supplementary aids and services that are needed for students with disabilities to succeed in the general education setting.
Responsible Units: MSDE and Local School Systems
- 1.2 Encourage teacher education programs to fund additional opportunities concerning Individual Education Programs (IEP) for instruction in order to better accommodate the diverse needs of students with disabilities within the general education setting.
Responsible Units: MSDE and Institutes of Higher Education
- 1.3 Ensure compliance with the Fitness and Athletics Equity for Students with Disabilities Act, so that students with disabilities are welcomed in public school athletic and fitness activities.
Responsible Units: MSDE, MDOD, Local School Systems, and advocates
- 1.4 Facilitate children placed in out-of-home care continued attendance in their community schools.
Responsible Units: MSDE, DHR, DJS, and Local School Systems

GOAL 2

Increase the number of students with disabilities scoring proficient or advanced on the MSAs and HSAs. Increase the number of students with disabilities who receive a high school diploma.

STRATEGIES

- 2.1 Expand number of students with disabilities receiving access to general education curriculum with non-disabled peers.
Responsible Units: MSDE and Local School Systems
- 2.2 Local School Systems will provide professional development and support to staff so they are knowledgeable about modifications to curriculum.
Responsible Units: MSDE and Local School Systems

GOAL 3

Continue efforts to create a mental health care continuum for students with disabilities receiving general and/or special education, particularly to address the 50.7% graduation rate for students with disabilities who have been diagnosed with emotional disturbance.

STRATEGIES

- 3.1. Support Maryland State Department of Education/Maryland Department of Health and Mental Hygiene effort to expand school-based behavioral health services.
Responsible Units: MSDE, MHA, MDOD, and Local School Systems
- 3.2. Support expansion of Positive Behavior Intervention and Supports (PBIS)
Responsible Units: MSDE, MDOD, and Local School Systems
- 3.3. Develop school-family-community partnerships dedicated to student behavioral health.
Responsible Units: MSDE, MHA, MDOD, Local School Systems, Parents, and advocates

GOAL 4

Students with disabilities will exit high school prepared for employment and/or post-secondary education within a year of leaving high school.

STRATEGIES

- 4.1. Students with disabilities, when appropriate, are to have access to paid employment experiences as determined by the IEP team; students with disabilities should continue to have access to Career and Technical Education curriculum.
Responsible Units: MSDE/ DORS, MDOD, DBM, and Local School Systems, TransCen
- 4.2. Expand access to information about programs and supports for post-secondary education and employment options.
Responsible Units: MSDE/ DORS, MDOD, Community Colleges, and Local School Systems
- 4.3. Expand linkages with service-providing agencies and the Employed Individuals with Disabilities (EID) program.
Responsible Units: MSDE/ DORS, MDOD, Medicaid, and DDA

GOAL 5

Increase the number of high-quality professionals and paraprofessionals serving students with disabilities in public schools.

STRATEGIES

- 5.1 Establish and support related service provider training that is accessible, consistent and effective.
Responsible Units: MSDE/ DORS, MDOD, DHMH, Institutions of Higher Education, and Local School Systems
- 5.2 Encourage the use of the Maryland Quality Assurance Screening Program for American Sign Language (ASL) interpreters.
Responsible Units: MSDE, MDOD, ODHHS, DHMH, ASHLA, and Local School Systems

GOAL 6

Public schools will recognize and partner with parents in educational decision-making for students with disabilities.

STRATEGIES

- 6.1 Partner with MSDE to develop training for Local School Systems on the role of parents in the IEP process.
Responsible Units: MSDE, MDOD, and Local School Systems
- 6.2 Support training with family members on the importance and value of their participation in their children's schools.
Responsible Units: MSDE, MDOD, Local School Systems, and parent advocates
- 6.3 Representatives of families and students will provide input in the development of training materials and presentation for educational professionals and paraprofessionals who serve children with disabilities.
Responsible Units: MSDE and Local School Systems
- 6.4 Include families and students in development and training for educational professionals and paraprofessionals who will serve children with disabilities.
Responsible Units: MSDE, MDOD, GOC, and Local School Systems
- 6.5 Support distribution of resources for family involvement services for preschool and school-aged students.
Responsible Units: MSDE, MDOD, GOC, and Local School Systems

- 6.6 Distribute resource information for parents of children with disabilities associated with BRAC.
Responsible Units: MSDE, MDOD, and DLLR

CHILDREN AND FAMILY SUPPORT SERVICES

VISION:

Maryland is a state where caregivers, children with disabilities and their families will have equal access to an integrated support system that is self-directed, responsive, flexible and available.

ACCOMPLISHMENTS:

- Increased funding for Maryland Infants and Toddlers Program by \$4.6 million dollars.
- Reduced the number of Out of State Placements.
- Implemented an outcome based system of assessing the quality of wraparound sites.
- Developed Systems of Care training curricula for families of children with disabilities.
- Memorandum of Understanding between Maryland State Department of Education, Maryland Department of Disabilities, Maryland Department of Health and Mental Hygiene, the Developmental Disabilities Council, The Maryland State Family Child Care Association, Maryland State Child Care Center Association, Maryland School Age Child Care Alliance, Maryland Committee for Children, Abilities Network and PACT, Maryland Higher Education Committee and Maryland Child Care Resource Network created to address the needs of families and children with disabilities and special health care needs, for inclusive quality child care services.

INTERAGENCY COLLABORATION:

- Children's Cabinet
- Children's Cabinet Results Team
- State Coordinating Council
- UCEDD Citizen Advisory Council
- Early Care and Education Committee
- Inclusive Childcare MOU Implementation Workgroup
- Intellectual Disabilities Workgroup

GOAL 1

Keep children with disabilities in their communities by improving the capacity of communities to support caregivers, children with disabilities and their families with individualized community-based services that are driven by family-defined needs.

STRATEGIES

- 1.1 Develop additional in-state options for services that limit reliance on out-of-state placements for children with disabilities removed from their homes.
Responsible Unit(s): DHR, MDOD, DJS, MHA, and GOC
- 1.2 Continue to collaborate with the Department of Human Resources Place Matters initiative in order to reduce the number of children placed out-of-state, especially in residential treatment centers (RTCs).
Responsible Unit(s): DHR, MDOD, and MHA
- 1.3 Support efforts to increase number of high-quality foster homes and especially kinship placements in the community for children with disabilities, while providing caregivers with greater supports to decrease the number of re-located children.
Responsible Unit(s): DHR, MDOD, and MSDE
- 1.4 Increase involvement of families and children with disabilities in policy-making and quality assurance of community-based supports.
Responsible Unit(s): DHR, MHCD, MDOD, and GOC
- 1.5 Expand Children and Family Teams (CFTs) to design and implement individualized plans of care for children with developmental disabilities.
Responsible Unit(s): DHR, DDA, MDOD, and DDA
- 1.6 Expand family respite care throughout the state.
Responsible Unit(s): DDA, MHA, MDOD, GOC, and DHR
- 1.7 Encourage the development of partnerships in local jurisdictions to enhance opportunities for children with disabilities to access intra-and extracurricular activities, such as recreational sports, in the community.
Responsible Unit(s): MSDE, MDOD, local jurisdictions

GOAL 2

Children with disabilities aged 3-5 will receive special education in settings with typically developing peers. Children with disabilities will enter kindergarten at age 5 with the skills necessary to learn.

STRATEGIES

- 2.1 Support improved technical assistance to Local School Systems to identify and implement best practices in early intervention and preschool services for children with disabilities.
Responsible Unit(s): MSDE, MDOD
- 2.2 Prioritize early education for vulnerable children, including children with disabilities, to ensure that children and their families receive early intervention and supports.
Responsible Unit(s): MSDE (MITP), and MDOD

GOAL 3

Identify ways to improve utilization of support services available through Medicaid home and community based waiver programs and registries (interest lists).

STRATEGIES

- 3.1 Examine alternative service delivery models from surrounding states.
Responsible Unit(s): DHMH (Medicaid)
- 3.2 Work with state partners to identify alternative services for families on registries or waiting lists.
Responsible Unit(s): DHMH, Children's Cabinet Agencies, and GOC
- 3.3 Develop paradigm for caregiver networks that involve family and public service options.
Responsible Units: GOC and Local Management Boards

GOAL 4

Families and children with disabilities will have improved access to information on available supports, including education options, while agencies and service providers coordinate with increased efficiency and effectiveness to improve quality of service.

STRATEGIES

- 4.1 With Children's Cabinet agencies, study best local practices – including single points of access and family navigators – in order to improve access for children and families to information about available supports and services.
Responsible Unit(s): Children's Cabinet agencies and GOC

- 4.2 Ensure that informational material for children and families is available in multiple languages, reading levels, American Sign Language, captions and non-visual formats.
Responsible Unit(s): MSDE, DHR, DHMH, and MDOD
- 4.3 Contribute to Children's Cabinet report on agency practices and programs, and Children's Cabinet state-local workgroup, in order to improve interagency communication.
Responsible Unit(s): Children's Cabinet agencies and GOC
- 4.4 Participate in Maryland Youth and Family Information Sharing Protocol (MYFISP) to improve agency and service-provider access to shared information.
Responsible Unit(s): Children's Cabinet agencies and GOC

TECHNOLOGY AND COMMUNITIES

VISION:

Maryland citizens with disabilities will access State services and employment opportunities through the use of assistive technology and accessible information technology. People with disabilities will have increased options for assistive technology acquisition that is both accessible and affordable.

ACCOMPLISHMENTS:

- Secured \$2.6 million in federal funding to expand the Assistive Technology Guaranteed Loan Program, guaranteeing the solvency of the program to at least the year 2020. This program provides people with low interest loans underwritten by the State to purchase assistive technology or home modifications.
- With the Department of Budget and Management, put in place mechanisms to improve non-visual access to State government websites to make information accessible for people with disabilities.
- Expanded the number of participating vendors providing discounts on products through the Maryland Assistive Technology Co-op to provide affordable technology to people with disabilities.
- Continued to fund modifications to State owned property to improve physical and sensory accessibility.
- Received an award from the U.S. Department of Health and Human Services recognizing the State as having one of the highest accessibility rates in the nation.

GOAL 1:

Provide technical assistance to improve State agency website compliance with Information Technology Non-Visual Access Policy.

STRATEGIES

- 1.1 Obtain on-going funding for the provision of technical assistance to ensure that the websites of the State of Maryland are compliant with Information Technology Non-Visual Access Policy.
Responsible Unit(s): MDOD, MDTAP, Agency partners
- 1.2 Meet with the Chief Information Officer of Maryland and develop a strategy to provide consultation to agency web developers.
Responsible Unit(s): MDTAP, MDOD, DOIT, and DBM

- 1.3 By July 2009, have staff in place to help web developers comply with Non-Visual Access provisions and monitor compliance.
Responsible Unit(s): MDTAP, MDOD, and DBM

GOAL 2:

Provide technical assistance, training and product evaluation to ensure that all information technology products purchased are compliant with the Information Technology Non-Visual Access Policy.

STRATEGIES

- 2.1 Work with CIO and DBM staff to develop policies and monitoring tools to verify vendor compliance with State NVA provisions.
Responsible Unit(s): CIO, DBM, and MDOD
- 2.2 Develop vendor training to explain compliance with hardware and software procurement laws and policy.
Responsible Unit(s): MDOD and MDTAP

GOAL 3:

Marylander(s) with disabilities will receive the information and training needed to make informed choices about selection, funding, acquisition, and operation of assistive technology.

STRATEGIES

- 3.1 Conduct outreach to individuals with disabilities, families and professionals about assistive technology and services through presentations, resource fairs and conferences, and other public forums to at least 1,900 people of a broad range of ages and disabilities throughout Maryland.
Responsible Unit(s): MDTAP
- 3.2 Deliver information and referral about assistive technology including how to obtain assessments, try out devices, secure funding and discounts, select vendors, and receive training, to at least 2000 individuals with disabilities, families and professionals.
Responsible Unit(s): MDTAP
- 3.3 Demonstrate assistive technology devices and/or lend devices to “try before buying” to at least 1,300 individuals with disabilities, families and professionals to enable them to discover and select the most appropriate technologies.
Responsible Unit(s): MDTAP

GOAL 4:

MDTAP will improve gap-free access to assistive technology devices and services for eligible students including those who are transitioning from high school to work or higher education and individuals who receive services through DDA.

STRATEGIES

- 4.1 DORS and local school systems will collaborate to enter into Memoranda of Understanding with local school systems to ensure that eligible transitioning students receive assistive technology assessments, devices and training throughout the transition process from high school to employment or college.
Responsible Unit(s): MDOD, DORS, and LSS
- 4.2 Develop a policy for assistive technology to be considered at individual planning meetings for all individuals who receive services funded by the DDA.
Responsible Unit(s): DDA

GOAL 5:

Increase availability of augmentative and assistive communication (AAC) devices to eligible Marylanders with disabilities including: young children with developmental disabilities, teenagers and young adults with traumatic brain injury, multiple sclerosis, stroke, and other health related disabilities.

STRATEGIES

- 5.1 Research the extent to which there is an unmet need for AAC in Maryland and identify partners to assist with provision of services and equipment.
Responsible Unit(s): MDTAP
- 5.2 Determine the extent to which Speech Language Pathologists are able to evaluate people with disabilities for AAC devices.
Responsible Unit(s): MDTAP
- 5.3 Coordinate community resources to develop an equipment reuse program within nursing homes, institutions, state residential centers, and other long-term care facilities unable to afford/obtain needed AAC devices.
Responsible Unit(s): MDTAP, State Agency partners, and community organizations

GOAL 6:

Maryland will develop a plan with key agencies to create an environmentally responsible, medically safe and fiscally sound durable medical equipment and other Assistive Technology reuse program.

STRATEGIES

- 6.1 Develop a plan with key agencies to create a medically safe and fiscally sound durable medical equipment and other Assistive Technology reuse program.
Responsible Unit(s): MDTAP, MDoA, Medicaid, MDE, and GGO
- 6.2 Meet with Independent Living Centers to develop budget needs and plan for Equipment Reuse Program.
Responsible Unit(s): MDTAP and CILs
- 6.3 Meet with DHMH and begin planning for Durable Medical Equipment Reuse Program.
Responsible Unit(s): MDOD and Medicaid
- 6.4 Meet with Durable Medical Equipment (DME), vendors to develop cost figures for equipment refurbishing and buy-in for affixing stickers to equipment with appropriate redistribution or recycling instructions.
Responsible Unit(s): MDTAP, DME vendors
- 6.5 Develop funding package for Equipment Reuse program.
Responsible Unit(s): MDTAP GGO, and DBM

GOAL 7:

Maryland Assistive Technology Co-operative (AT Co-op) will continue to give public schools and consumers with disabilities greater purchasing power.

STRATEGIES

- 7.1 Secure dedicated funding for AT Co-op in FY 2009.
Responsible Unit(s): MDTAP and GGO
- 7.2 Research methods and opportunities to expand AT Co-op.
Responsible Unit(s): MDTAP and GGO

EMERGENCY PREPAREDNESS

VISION:

People with disabilities and other special needs will be prepared for any natural or man-made disaster or emergency, and emergency personnel, employers, and others will be prepared to effectively address all major issues related to individuals with disabilities and other special needs during any disaster or emergency.

ACCOMPLISHMENTS:

- Developed and implemented “Path to Readiness Guide” and “Path to Readiness Assistant’s Guide.” These guides were developed with UASI funds to be used primarily by individuals with disabilities and other special needs, including the elderly who are living independently with minimal or no supports from provider organizations. Five workshops have been held in the Baltimore UASI area, and positive response to the “Guides” has been overwhelming.
- Participated in DHMH’s statewide Pan Flu exercise as co-chair of the “Special Needs Planning Committee.” Worked with DDA, the Office on Aging, the Governor’s Office of Deaf and Hard of Hearing, and the Area Guide Dog Users, Inc. to recruit individuals with various disabilities and special needs for participation in hospital events, PODS, community preparedness activities, and tabletop exercises (schools and DD providers).
- Participated in Howard County’s Pan Flu exercise as a member of the Executive Planning Committee. Developed objectives related to people with disabilities and other special needs for the tabletop, functional and full scale exercises which will take place over an eighteen month period.
- Presented at annual Public Health Conference in Atlanta at request of OP&R. Presentation focused on functional exercise held at the Holly Center in Salisbury, MD. This exercise was the first of its kind held by a DD provider in the US.
- Presented at the Montgomery County Health Department Home Health Care Workers Summit on “Preparing for a Pandemic: Considerations for Working with Vulnerable Populations During a Pandemic.”
- Invited by the University Of MD School Of Public Health to participate in a stakeholder summit held in Washington, DC on June 10 on “Vulnerable Population Considerations during a Pandemic.”
- Collaborated with Johns Hopkins School of Public Health on community preparedness activities for vulnerable populations.

- Presented to seniors at various aging high rise buildings and fairs.
- Worked with Johns Hopkins Center for Public Health Preparedness on the Vulnerable Populations Symposium held June 30. At the request of DHMH, recommended and contacted speakers for breakout sessions, reviewed session content, etc.
- Developed templates for DD and Nursing Home providers to assist them in developing emergency plans consistent with HB 770 regulations.

GOAL 1:

People with disabilities and other special needs will be prepared to survive an emergency or general disaster, and to meet all basic needs while either sheltering in place or evacuating for a minimum of 72 hours.

STRATEGIES:

- 1.1 Develop and implement up to six additional jurisdictional planning groups (JPGs) to ensure inclusive planning for emergencies for people with disabilities and other special needs.
Responsible Units: MDOD, MEMA, GOSV, MHA, and Dept. of Homeland Security
- 1.2 Conduct Preparedness training via workshops, tabletop and functional exercises to organizations and individuals providing support to people with disabilities and other special needs living independently using the “Path to Readiness Planning” training guides.
Responsible Units: MDOD, MEMA, MHA, DDA, MDoA, and Dept. of Homeland Security
- 1.3 Participate in local, regional and statewide exercises and develop a solid volunteer base of people with disabilities and other special needs for participation in these exercises.
Responsible Units: MDOD, MEMA, MHA, and local or regional planning entities
- 1.4 Develop appropriate sheltering in place and evacuation plans and training programs for employees and visitors who work in or visit state owned or leased buildings.
Responsible Units: MDOD, MEMA, MHA, and DGS

GOAL 2:

DDA licensed residential homes, State Residential Centers, Nursing Homes and Assisted Living Facilities will be prepared to shelter in place or evacuate.

STRATEGIES

- 2.1 Develop and implement training and exercises to support the development of emergency plans for human services facilities consistent with the regulations related to HB 770 (2006) for Nursing and Assisted Living Facilities.
Responsible Units: MDOD, MEMA, DDA, and MDoA
- 2.2 Develop and implement training and exercises to support the development of emergency plans for human services facilities consistent with the regulations related to HB 770 (2006) for State Residential Centers.
Responsible Units: MDOD, MEMA, MHA, Medicaid, and DDA
- 2.3 Evaluate the effectiveness of training and revise exercises to improve future training activities.
Responsible Units: MDOD, MEMA, MHA, Medicaid, MDoA, and DDA

GOAL 3:

People with disabilities will know where shelters are located, which are accessible, and what equipment and supplies are available at each.

STRATEGIES

- 3.1 Develop uniform standards of accessibility and inventory management (equipment and supplies) for shelters related to serving people with disabilities and other special needs.
Responsible Units: MDOD, MEMA, DHMH, ODHH, and local or regional planning entities
- 3.2 Determine the accessibility, inventory supply, and location of all public shelters in each local jurisdiction based on above standards, including supplies typically provided by the ARC.
Responsible Units: MDOD, MEMA, DHMH and local or regional planning entities

GOAL 4:

People with disabilities will be able to receive timely and accessible voice and text notification in the event of an emergency.

STRATEGIES:

- 4.1 Assess emergency notification systems used in each jurisdiction to determine communication accommodation gaps and to identify the steps necessary to notify people with disabilities of emergencies in a timely and accessible manner.
Responsible Units: MDOD, MEMA, DDA, MHA, ODHH, and local or regional planning entities
- 4.2 Report on identified gaps and promising practices through the assessment.
Responsible Units: MDOD, MEMA, DDA, MHA and local or regional planning entities
- 4.3 Identify funding sources and strategies for addressing the identified gaps.
Responsible Units: MDOD, MEMA, DDA, MHA, Medicaid, ODHH, and local or regional planning entities

Appendix 1

STATE DISABILITIES PLAN PUBLIC INPUT

GENERAL FEEDBACK

- Clarify or create standard Maryland definition for “inclusive.”
- Positive feedback was expressed for expansion of sign language interpreters serving deaf consumers, including those accessing driver education programs, mental health services, and school programs.
- Training requirements should be established for service providers in important communication skills for people with disabilities, such as American Sign Language.

COMMUNITY LIVING

- Develop community resource options with networks between State and local governments.
- Create opportunities for cross-disability networking.
- Continue to develop long-term, Olmstead-related community supports.
- Expand initiatives like Money Follows the Person. Funding bias in Maryland and federal law favors institutionalization over community integration. People with disabilities want to come out of institutional living but have no place to go, so they do not leave institutions and are unable to move forward.

HOUSING

- On the issue of visitability, research and consider tax credit on Renovation bill. Participate in interim study on visitability with stakeholders in DHCD to look at expanding visitability programs.
- Research and consider means of funding sustainability for the Bridge Subsidy Program.
- Examine ways to combine funding to reduce gaps between available and existing housing resources.
- On mdhousing.org website, list both subsidy and market-rate apartments.
- Plan for housing needs associated with BRAC that include affordable, accessible housing options.
- Expand housing options for transitioning youth, looking at programs like Montgomery County Supported Housing.

- Identify and remove barriers to finding housing, such as substance abuse and extreme poverty. Provide opportunities for job counseling and natural supports, and link these efforts to MHA strategic plan.

EDUCATION

- Need to expand training options for schools on how to work with parents with disabilities.
- Develop a public school disability history curriculum.
- Ensure compliance with Senate Bill 849, the Fitness and Athletics Equity for Students with Disabilities Act, so that students with disabilities are welcomed in school athletic and fitness activities.
- Improve access, especially for parents, to information regarding education options.
- To curb the lack of information regarding services and benefits to people and students with disabilities, provide helpful guidelines for people new to the system, including alternate formats for information (reading level, language, ASL).
- Expand teacher preparation coursework regarding disabilities. Improve quality assurance for highly qualified teachers, paraprofessionals, interpreters and other service providers. Currently, programs for children with disabilities in schools are inferior or positions are poorly paid.

CHILDREN AND FAMILY SUPPORTS

- Redefine or expand definition of “family support services.”
- Expand caregiver support and funding to parents of children with disabilities.
- Expand access to community-based services for children of families with private insurance.
- Expand or improve foster care services for children with disabilities.
- Expand respite care throughout State.
- Increase behavioral health counseling in Department of Juvenile Services through adequate staffing, and small, community-based initiatives.

EMPLOYMENT

- Expand training for people with disabilities, and educate employers about these skills.
- More awareness is needed for the One-Stop resource centers.
- Convene a work group to look into employment barriers, such as accessible applications, transportation, and benefits counseling.
- Employers need to be educated on work incentives (tax credits) for hiring people with disabilities.

- Develop public-private partnerships that emphasize employment opportunities for people with disabilities.
- Expand marketing and technical assistance regarding the Employed Individuals with Disabilities (EID) Ticket to Work and other programs that promote employment with continued access to benefits.
- To foster employment opportunities that are truly integrated into community, expand internships for people with disabilities. Research and consider employer incentives for hiring people with disabilities.
- A current need for a unifying structure between disjointed MHA, DDA, school systems, DORS, and other organizations, was expressed. Bring all stakeholders to the table together. Ensure that transitioning youth and others with disabilities get employment services before anyone else.
- Expand internships for transitioning youth and establish expectation of creative programming (using Harbor School as a model) and community-based employment to better prepare transitioning youth, especially in Baltimore City, for the work world.

TRANSPORTATION

- A reminder was expressed that strong transportation keeps people with disabilities from isolation.
- Expand rural transportation to facilitate employment.
- Study cross-jurisdictional transportation feasibility. Lack of continuous transportation limits access to cross-county services, such as health care.
- Involve key stakeholders in conversation to improve and increase accessible transportation.
- Renew dialogue between MDOD, MTA and ODHH as most public transportation – airport, bus stations, train stations, MARC – does not have adequate accessibility for the deaf and hard of hearing, lacking visual signs and video phones.

BEHAVIORAL HEALTH

- Housing initiatives for people with behavioral health issues can be linked with MHA strategic plan, including the MHA Recovery/Resiliency model.
- More mental health crisis supports are needed, especially in rural areas.
- Continued vigilance in expanding medical (Medicaid) coverage for people with mental illnesses, including reducing waiting lists. Generate public concern by presenting information to the broader population.
- Develop a continuum of behavioral health services with a substance abuse component.
- Study successful hospital diversion programs to provide substance abuse treatment and mental health care for the uninsured.

- Focus on wellness and expand opportunities for exercise and natural supports to address behavioral health co-occurring somatic illnesses related to lifestyle, such as smoking, diet, weight gain.

EMERGENCY PREPAREDNESS

- Expand training of the First Responders on how to work with service dogs.
- Continue to include people with disabilities in local, regional and statewide training exercises.

REFERRED OUT OF MDOD

I. To Governor's Office of the Deaf and Hard of Hearing

- Concern was expressed about a lack of services for culturally deaf people (sign-language users), and an apparent lack of statistics on the number of people who are culturally deaf in Maryland.
- Develop or expand public-private effort to improve accessibility for the deaf and hard of hearing community in order to address current lack of public awareness of hard of hearing needs in public places – needs such as a quiet environment, clear speakers, good lighting, good signage/captioning, and ability to face the speaker.
- To secure dedicated housing for deaf senior citizens in a communication-rich environment, work with private organizations to create deaf senior citizen housing, based on models in Wisconsin, Florida, Georgia and Columbus Colony in Columbus, Ohio. Develop a start-up grant for property to develop such housing. Research and support legislation to require existing senior housing to develop plans to accommodate deaf senior citizens.

II. To Howard County Local Government

- Since the Curb Cuts Program is not currently meeting Americans with Disabilities Act standards, explore ADA regulations and address citizen comments and complaints.

III. To Maryland State Department of Education

- Strengthen and specify definition of “inclusive child care” in order to address the lack of inclusive child care in the State, which prevents parents from working.
- Improve utilization of personal assistance services in schools particularly during extra-curricular activities and transportation hours when requested.

Appendix 2

EXAMPLE OF MDOD POLICY TEAM RESPONSIBILITIES

The State Disabilities Plan articulates the vision, goals, and strategies necessary to achieve forward movement in disabilities services in Maryland. MDOD hosts a policy team comprised of advocacy experts in eight policy areas working in tandem with units of government to unify program objectives, assessment measurements and data collection. The domains include Community Living, Emergency Preparedness, Transportation, Employment and Training, Housing, Education and Family Supports, and Health and Behavioral Health. Below is an example of the duties, contact, and responsibilities of a member of the policy team

TYPICAL DUTIES:

- Reviewing the section of the State Disabilities Plan for that policy domain;
- Participating in collecting input from stakeholders regarding the State Plan domain;
- Preparing draft revisions to the goals and strategies of the State Plan domain for approval by the Secretary;
- Collaborating with staff in other units of government responsible for implementing the strategies of the State Plan domain;
- Monitoring the State's performance in carrying out State Disabilities Plan initiatives for the domain;
- Respond to constituent concerns within the domain for the department;
- Research and identify best practices, national trends, and innovative approaches within the domain;
- Review and comment on proposed regulations involving disability issues;
- Review and support grant funding and other resource development options;
- Providing analysis and input regarding departmental responses / positions on legislative bills related to the policy domain, and
- Serving as MDOD's representative on councils, workgroups, etc. and in relation to advocacy organizations for that policy area

TYPICAL CONTACTS FOR HEALTH AND BEHAVIORAL HEALTH POLICY:

- Entities such as the Maryland Advisory Council on Mental Hygiene / PL 102-321 Planning Council, Money Follows the Person Behavioral Health Workgroup, etc.
- Advocacy / provider organizations, including:
 - Community Behavioral Health Association of Maryland (MDCBH)

- On Our Own of Maryland
- Mental Health Association of Maryland
- Maryland Coalition of Families for Children's Mental Health
- National Alliance for the Mentally Ill of Maryland (NAMI MD)
- Maryland Disability Law Center (MDLC)
- Other units of State Government, including:
 - Department of Health and Mental Hygiene
 - Mental Hygiene Administration: Office of the Secretary, Office of Adult Services, Child and Adolescent Services, Mental Health Transformation Office, and Office of Planning, Evaluation & Training
 - Alcohol and Drug Abuse Administration
 - Department of Human Resources : Social Services Administration, Office of Adult Services
 - Maryland Department of Aging

DECISIONS AND RECOMMENDATIONS:

- Based on review of the status of each policy domain of the current State Disabilities Plan, input collected from stakeholders regarding the domain, and other information, recommends revisions to the goals and strategies of the domain for approval by the Secretary;
- Determines best approaches to collaborating with staff in other units of government responsible for implementing the actions of the State Plan domain;
- Assesses the State's performance in carrying out State Disabilities Plan initiatives for the domain;
- Recommends departmental responses / positions on legislative bills related to policy domain;
- Formulates and expresses MDOD's position on issues addressed by councils, committees, workgroups, etc. and by advocacy organizations relating to the policy area.

Appendix 3

STATUTORY AUTHORITY

State Disabilities Plan: Leadership and Interagency Collaboration

LEADERSHIP

- The Maryland Department of Disabilities (MDOD) “is the principal unit of State government responsible for developing, maintaining, revising, and enforcing statewide disability policies and standards throughout the units of State government.” **Human Services Code Annotated (HSCA) § 7-114 (a)(1)**
- MDOD serves as the principal advisor to the Governor on how to carry out the recommendations and strategies of the State Disabilities Plan. **HSCA § 7-114 (a)(2)(i)(1)**
- MDOD Secretary approves of and amends the State Disabilities Plan. **HSCA § 7-113 (e)(2)**
- MDOD Secretary takes a leadership role in submitting an annual analysis on the State Disabilities Plan. This analysis includes the “State’s” progress, incorporating all of the State agencies and their work to support people with disabilities. **HSCA § 7-113 (f)**

INTERAGENCY DISABILITIES BOARD

- The primary purpose of the Interagency Disabilities Board is to provide guidance and development support for the State Disabilities Plan. The Board is charged with creating comprehensive, integrated service delivery for people with disabilities. **HSCA § 7-127, § 7-131**
- Members of the Interagency Disabilities Board include the Secretary of Disabilities, Chair, and the Secretary or Secretary’s designees of the Departments of: Aging; Business and Economic Development; Budget and Management; Health and Mental Hygiene; Housing and Community Development; Human Resources; Labor, Licensing and Regulation; Planning; and Transportation. The Board also includes: the Executive Director of the Governor’s Office of Children, or the Executive Director’s designee; the Director of the Governor’s Office of the Deaf and Hard of Hearing, or the Director’s designee; and representatives from any other unit of State government that the Governor designates. **HSCA § 7-128**
- Though the Interagency Disabilities Board is chaired by the Secretary of MDOD, and the State Disabilities Plan is led by the MDOD, the Plan represents a compilation of accomplishments, goals and strategies with a “statewide” focus. Since each of the State agencies that has membership on the Interagency Disabilities Board is involved with programming and services for people with

disabilities, these programs and services (and data pertaining to them) are included in the State Disabilities Plan. **HSCA § 7-132 (a)(3)**

MDOD SUPPORT TO STATE AND LOCAL GOVERNMENT

- MDOD is charged to assist units of State government to identify federal, State, local, and private funds available to the State for programs and services for individuals with disabilities. **HSCA § 7-114 (a)(2)(iii)**
- MDOD is charged to provide technical assistance to local jurisdictions in planning and implementing collaborative strategies consistent with the State Disabilities Plan. **HSCA § 7-114 (a)(2)(iv)**
- In budget planning for services and programs for people with disabilities, MDOD makes budget recommendations to the Department of Budget and Management. **HSCA § 7-114 (a)(2)(ii)**
- Each year, other State agencies inform MDOD of new or proposed services for people with disabilities, or of current services and programs upon the Secretary's request. The services and programs of other agencies are important to the work of MDOD; in turn, other State agencies want MDOD, as a leader, to partner in these efforts. **HSCA § 7-115**

Appendix 4

MARYLAND COMMISSION ON DISABILITIES

C. David Ward – Chair

Maryland Disabilities Forum

Term Expiration Date: June 30, 2009

Sarah Basehart Sorensen

The Arc of Maryland

Term Expiration Date: June 30, 2009

JoAnne Benson

Delegate, Maryland House of Delegates

Term Expiration Date: None

Kenneth S. Capone

Cross Disability Rights Coalition (CDRC)

Term Expiration Date: June 30, 2011

Holly Carter

Term Expiration Date: June 30, 2011

Nancy Diehl

Independence Now

Term Expiration Date: June 30, 2009

John Folkemer

Term Expiration Date: None

Deputy Secretary

DHMH

Jamey E. George

The Freedom Center

Term Expiration Date: June 30, 2009

Lawrence Hawkins

Term Expiration Date: June 30, 2011

Floyd D. Hartley

Term Expiration Date: June 30, 2011

Susan W. Holland

Alliance of Local Disability

Commissions

Term Expiration Date: June 30, 2009

Marc Nicole

Department of Budget and Management

Term Expiration Date: None

Melissa Riccobono

Term Expiration Date: June 30, 2010

Juliette Rizzo

Term Expiration Date: June 30, 2009

Marcie Roth

National Spinal Cord Injury Association

Term Expiration Date: June 30, 2010

Robert J. Sweeney

Term Expiration Date: June 30, 2010

Elizabeth Weglein

Elizabeth Cooney Personnel Agency

Term Expiration Date: June 30, 2010

Kenneth R. Wireman

On Our Own of Maryland

Term Expiration Date: June 30, 2011

Appendix 5

GLOSSARY OF ACRONYMS

ADA – Americans with Disabilities Act

ADAA – Alcohol and Drug Abuse Administration within the Maryland State Department of Health and Mental Hygiene

ADRC – Aging and Disability Resource Center

CACAT – Citizens Advisory Counsel for Accessible Transportation

CBS – Community Based Services

CEO – Chief Executive Officer

CMS – Centers for Medicare and Medicaid Services

COMAR – Code of Maryland Regulations

DBM – Maryland State Department of Budget and Management

DDA – Developmental Disabilities Administration within the Maryland State Department of Health and Mental Hygiene

DECD – Division of Early Childhood Development within the State Department of Education

DGS – Maryland State Department of General Services

DHCD – Maryland State Department of Housing and Community Development

DHMH – Maryland State Department of Health and Mental Hygiene

DHR – Maryland State Department of Human Resources

DLLR – Maryland State Department of Labor, Licensing, and Regulation

DORS – Division of Rehabilitation Services within the Maryland State Department of Education

DPN – Disability Program Navigator

EID – Employed Individuals with Disabilities Program (also referred to as the Medicaid Buy-In)

FHA – Family Health Administration within the Maryland State Department of Health and Mental Hygiene

FY – Fiscal Year

GOC – Governor's Office for Children

GOSV – Governor's Office on Services and Volunteerism

GWIB – Governor's Workforce Investment Board

ICF/MR – Intermediate Care Facility for the Mentally Retarded

IEP – Individualized Education Program

IDA – Individual Development Accounts

IMD – Institutions of Mental Disease

IT – Information Technology

JHU – Johns Hopkins University

JPG – Jurisdictional Planning Groups

LE – Labor Exchange

LSS – Local School System

LRE – Least Restrictive Environment

LTC – Long Term Care

MARC – Maryland Rail Commuter (train rail passenger service system)

MEMA – Maryland Emergency Management Agency

MCOD – Maryland Commission on Disabilities

MDOA – Maryland State Department of Aging

MDOD – Maryland State Department of Disabilities

MDOT – Maryland State Department on Transportation

Medicaid – Administration within the Maryland State Department of Health and Mental Hygiene

MFR – Management for Results

MHA – Mental Hygiene Administration within the Maryland State Department of Health and Mental Hygiene

MHEC – Maryland Higher Education Commission

MH-TWG – Mental Health Transformation Working Group

MIG – Medicaid Infrastructure Grant

MITP – Maryland Infant and Toddlers Program

MOU – Memorandum of Understanding

MPSSA – Maryland Public School Athletic Association

MSDE – Maryland State Department of Education

MTA – Maryland Transit Administration within the Maryland State Department of Transportation

MTAP – Maryland Technology Assistance Program

MVA – Motor Vehicle Administration within the Maryland State Department of Transportation

MWE – Maryland Work Employment

NF – Nursing Facility

NF-MFP – Nursing Facility transitions under the Money Follows the Person demonstration grant

NTAR – National Technical Assistance and Research Center to Promote Leadership for Increasing Employment and Economic Independence of Adults with Disabilities

NVA – Non Visual Access

ODHH –Office of the Deaf and Hard of Hearing

OIT – Office of Information Technology

PHA – Public Housing Authority

RFP – Request for Proposal

SES – Supported Employment Services

SILC – State Independent Living Council

SRC – State Residential Center

SSA – Federal Social Security Administration

UASI – Urban Area Security Initiative

UI – Unemployment Insurance

U.S. – United States

VOAD – National Volunteer Organization Active in Disasters

VR – Vocational Rehabilitation

WEB EOC – Web Emergency Operating Center

WMATA - Washington Metropolitan Area Transit Authority

WIA – Workforce Investment Act