

**IMPLEMENTATION PLAN**

**FY2017**

Secretary, Carol A. Beatty

Deputy Secretary, William J. Frank

1. **ABOUT THIS PLAN**

The State Disabilities Plan provides for the coordination of those State services and policies that ensure compliance with State and federal civil rights laws and provide community-based supports, emergency preparedness, housing, transportation, employment, health care, accessible technology, education, and family supports to Marylanders with disabilities. The Plan provides a framework for delivering, monitoring, and striving for improvement in these services. Progress is measured annually by the Department of Disabilities. Human Services Article §7-132 outlines the requirements for the State Disabilities Plan.

The State Disabilities Plan was approved by the Interagency Disabilities Board, which is chaired by the Department of Disabilities and consists of representatives of the following State agencies: Department of Aging, Department of Budget and Management, Department of Commerce, Department of Health and Mental Hygiene, Department of Housing and Community Development, Department of Human Resources, Department of Labor, Licensing and Regulation, Department of Planning, Department of Transportation, Governor’s Office for Children, Governor’s Office of the Deaf and Hard of Hearing, Maryland Higher Education Commission, and Maryland State Department of Education. Membership of the Interagency Disabilities Board is outlined in Human Services Article §7-128.

The State Disabilities Implementation Plan contains the concrete actions that are designed to move State services towards the goals of the State Disabilities Plan. This is a living document that can be amended as needed, and will be analyzed yearly as part of the annual progress analysis performed by the Department of Disabilities. This ﬁrst implementation plan will run from October 1, 2016 to September 30, 2017. These implementation plans will be reviewed and updated annually by the Department of Disabilities in partnership with the Interagency Disabilities Board and stakeholders.

1. **GOALS**

**I. Self-direction**

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

**II. Financial Well-Being**

Individuals with disabilities will have equal opportunity to improve their financial well-being.
Financial well-being, which is critical to people with disabilities' ability to live independently in the community, can be supported through access to employment, education, work incentives counseling and financial management or savings programs. Disability services should be designed with financial independence as a central goal and employment as one of the first options considered; this section focuses on common paths to financial independence, including employment, education and financial management.

**III. Maximizing Resources**

Maryland state agencies and key stakeholders will utilize resources responsibly.
Maryland state agencies will continue to identify ways to improve the efficiency of service delivery and, where appropriate, find ways to expand or develop programs. Maryland is committed to increasing resource capacity by utilizing technology, building private-public partnerships, and seeking grant opportunities. This section focuses on maximizing resources in health and behavioral health care and family supports, but also tracks efforts to improve and expand resource capacity and delivery across all services.

**IV. Accessible Communication**

Maryland state agencies will be accessible, provide effective communication, and promote quality service delivery for individuals with disabilities. Accessible communication, critical to seamless service delivery, includes: ensuring that eligibility criteria and application processes are clear and accessible; current and new rules and policies are communicated to service providers and recipients; and coordination among agencies, particularly those serving overlapping constituents, is consistent. One area that was identified for particular focus was ensuring that systems designed to convey and receive emergency information are accessible to everyone. In addition, the State Disabilities Plan will track efforts to ensure that all government communications are accessible and transparent.

**III. OUTCOMES, STRATEGIES, ACTION STEPS, RESPONSIBLE ENTITIES & MEASURES**

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| **Outcome 1: Expanded opportunities for self-directed supports and services** |
| ***Strategy 1.1: Expand access to home and community-based services and programs*** |
| a. Enroll children and youth in Autism Waiver | MSDE  | Enrollment numbers*Contact: Lin Leslie* |
| b. Enroll people in Brain Injury Waiver | BHA  | Enrollment numbers*Contact: Stefani O’Dea* |
| c. Enroll people in Community First Choice | Medicaid  | Enrollment numbers*Contact: Carrol Barnes* |
| d. Enroll people in Community Options | Medicaid  | Enrollment numbers*Contact: Carrol Barnes* |
| e. Enroll people with developmental disabilities in Community Pathways Waiver | DDA | Enrollment numbers*Contact: Peter DeFries* |
| f. Reimburse for in-home aide supports through the Attendant care Program  | MDOD  | Enrollment numbers*Contact: Maxine Morris* |
| g. Provide in-home supports through the In-Home Aides Service Program  | DHR  | Enrollment numbers*Contact: April Seitz* |
| h. Deliver information and referrals for independent living services through the Maryland Access Point network. | MDoA, MDOD  | Number of information and referrals given*Contact: Jennifer Eastman* |
| ***Strategy 1.2: Maximize choice and self-direction within supports programs*** |
| a. Establish Cash and Counseling model within Community First Choice and Community Options programs to allow individuals to self-direct their services.  | Medicaid, MDOD, DDA, BHA  | Progress update*Contact: Lorraine Nawara* |
| b. Expand participation in the self-directed option under the DDA Community Pathways Waiver | DDA, MDOD  | Number of individuals in the Community Pathways waiver exercising the self-direction option; Progress update on training people to use the self-direction option*Contact: Patricia Sastoque* |
| c. Use the Supports Intensity Scale assessment tool to Improve the person-centered planning process for people in the DDA Community Pathways waiver | DDA  | Number of SIS assessments delivered*Contact: Terah Tessler* |
| d. Expand participation in and understanding of self-direction within 1915(i) behavioral health services.  | BHA  | Number of people receiving participant-directed services in 1915Ii)*Contact: Tom Merrick* |
| ***Strategy 1.3: Ensure that services are being delivered in the most integrated, least restrictive setting possible*** |
| a. Ensure that adults with disabilities are being served in community-based settings as much as possible | Medicaid  | Number of people being served by Medicaid in any setting; number of people being served in community-based setting*Contact: Carrol Barnes* |
| b. Ensure that adults with developmental disabilities are being served in community-based settings as much as possible | DDA | Number of people being served by DDA in any setting; number of people being served in community-based setting*Contact: Peter DeFries* |
| c. Ensure that people with behavioral health disabilities are being served in community-based settings as much as possible | BHA | Number of people being served by BHA in any setting; number of people receiving community-based services*Contact: Susan Bradley* |
| d. Using the MDS 3.0 Section Q assessment tool, evaluate nursing facility residents for readiness to transition into community living | Medicaid, MDOD, DDA, BHA | Number of assessments administered*Contact: Jennifer Miles* |
| e. Through the Money Follows the Person Demonstration Project, provide options counseling for nursing facility residents who are considering moving into the community | MDOD, Medicaid | Number of options counseling referrals*Contact: Jennifer Eastman* |
| f. Through the Money Follows the Person Demonstration Project, provide ongoing peer support for nursing facility residents who are in the process of moving into the community | Medicaid, MDOD, DDA, BHA, MDOA | Number of ongoing peer support referrals*Contact: Jennifer Eastman* |
| g. Transition eligible individuals residing in nursing facilities and state psychiatric hospitals to the community through the Money Follows the Person Demonstration Project  | Medicaid, MDOD, DDA, BHA, MDOA | Number of transitions into home and community-based waivers*Contact: Jennifer Miles* |
| h. Use the Level 1 screen, which assess a person's risk for having to enter a nursing facility, to gather information about the long term care needs of Maryland's population | Medicaid, MDOA | Number of Level 1 screens given*Contact: Jennifer Miles* |
| ***Strategy 1.4: Seek innovative methods for expanding the capacity of agencies and providers to support people with disabilities living in the community*** |
| a. Streamline the DDA provider licensing approval process in a way that's efficient and transparent | DDA | Progress update*Contact: Patricia Sastoque* |
| b. Increase DDA provider capacity and quality | DDA | Progress update*Contact: Patricia Sastoque* |
| c. Expand provider involvement in the Brain injury Waiver | BHA | Number of providers involved in Brain Injury Waiver*Contact: Stefani O’Dea* |
|  d. Identify ways to expand ABA services within Autism Waiver  | MSDE | Progress update *Contact: Lin Leslie* |
| e. Expand availability of training for case managers and service providers to improve their capacity to support community living | DHMH, MDOD, DHCD | Number of trainings delivered*Contact: Rebecca Raggio* |

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| **Outcome 2: Increased availability of integrated, affordable and accessible housing options** |
| ***Strategy 2.1: Improve quantity of and access to integrated, affordable and accessible rental housing in Maryland*** |
| a. Implement Section 811 program | DHCD, MDOD, DHMH | Number of Section 811 units identified and occupied*Contact: Shalonda Manuel* |
| b. Implement Weinberg Apartments  | DHCD, MDOD, DHMH | Number of Weinberg units identified and occupied*Contact: Shalonda Manuel* |
| c. Implement interagency Bridge Subsidy housing programs | DHCD, MDOD, DHMH | Number of Bridge Subsidy participants who receive Housing*Contact: Shalonda Manuel* |
| d. Support individuals with behavioral health disabilities and their families through the Continuum of Care Program.  | BHA | Progress update*Contact: Darren McGregor* |
| e. Ensure that units in DHCD-financed projects are being created for and occupied by people with disabilities | DHCD | Total projects closed; breakdown of the set-asides for units; Number of units in DHCD-financed properties occupied by people or households with disabilities *Contact: Elaine Cornick* |
| f. Ensure that units in DHCD-financed properties comply with Universal Federal Accessibility Standards or include accessibility features | DHCD | Number of DHCD-financed units complying with Universal Federal Accessibility Standards or units with accessibility features*Contact: Elaine Cornick* |
| g. Number of DHCD-financed projects provide opportunities for people with disabilities to live in integrated settings (25% or fewer units identified for people with disabilities) | DHCD | Number of units in qualifying projects*Contact: Elaine Cornick* |
| h. Ensure that housing is being developed that is affordable for people with disabilities with SSi/SSDI-level incomes | MDOD, DHCD | Number of new National Housing Trust Fund-assisted units that are affordable to persons at SSI/SSDI-level Incomes*Contact: Pat Sylvester* |
| i. Ensure that people and households receiving SSI/SSDI are accessing rental assistance programs  | DHCD, PHAs | Number of households receiving SSI/SSDI receiving rental assistance from a local housing agency or public housing authority*Contact: Greg Hare,*  |
| j. Improve communication and coordination among housing activities targeted intended to address homelessness among persons with disabilities | MDOD, DHCD, DHMH, DHR | Progress update*Contact; Pat Sylvester* |
| ***Strategy 2.2: Support opportunities for homeownership for people and families with disabilities***  |
| a. Support homeownership through the Homeownership Program for Persons with Disabilities | DHCD | Number of loans; dollar value of loans; number of borrowers; number of borrowers under age 62*Contact: Jack Daniels* |
| ***Strategy 2.3: Improve access to and knowledge of home modifications and assistive technology that help people remain in their homes*** |
| a. Support home modifications through the DHCD Special Loan Program assistance for accessibility improvements | DHCD | Number of loans; dollar amount of loans; number of borrowers; number of borrowers under age 62*Contact: Jack Daniels* |
| b. Lend people temporary ramps through the Christopher Reeves grant | MDOD | Number of ramps loaned *Contact: Lori Markland* |
| c. Lend people money for home modifications through the Assistive Technology Loan Program  | MDOD | Number of loans; dollar amount of loans*Contact: Tanya Goodman* |

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| **Outcome 3: Improved access to reliable transportation options** |
| ***Strategy 3.1: Improve effectiveness of paratransit services*** |
| a. Provide paratransit rides to people with disabilities  | MTA, WMATA | Number of paratransit rides given to Maryland residents with disabilities*Contact: Angelique Baker, Stacey Dahlstrom* |
| b. Improve on-time performance for paratransit services | MTA, WMATA | On-time performance for MTA and WMATA; progress updates*Contact: Angelique Baker, Stacey Dahlstrom* |
| c. Improve wait times for phone contact for scheduling, cancellations, late drivers | MTA | Progress update*Contact: Paul Comfort* |
| d. Increase availability of accessible taxis/Call-a-Ride options | MDOT | Number of accessible taxis; progress update*Contact; Tom Curtis* |
| ***Strategy 3.2: Increase public transportation ridership among people with disabilities*** |
| a. Ensure that riders with disabilities are using fixed route | MTA | Number of disability passes used on fixed route transportation*Contact: Angelique Baker* |
| b. Ensure that riders with disabilities are included in changes to MTA route redesign | MDOT | Progress update*Contact: Tom Curtis* |
| c. Expand travel training options to help people with disabilities use fixed route public transportation | MDOT | Progress update*Contact: Paul Comfort* |
| d. Ensure that accessibility features on public buses (lifts, tie-downs, stop announcements) are being maintained and utilized | MDOT | Progress update*Contact: Paul Comfort* |
| ***Strategy 3.3: Increase coordinated cross-jurisdictional transportation options for riders with disabilities*** |
| a. Work with the State Commission on Human Services travel to improve cross-jurisdictional reciprocity | MDOD | Progress update*Contact: Tom Curtis* |
| ***Strategy 3.4: Support vehicle and parking access for drivers with disabilities*** |
| a. Develop relationships with local parking authorities to do outreach on the importance of accessible parking enforcement | MDOD | Progress update*Contact; Tom Curtis* |

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| **Outcome 4: Increased opportunities for competitive, integrated employment** |
| ***Strategy 4.1: Ensure that youth and adults with disabilities are given appropriate services, training and supports needed to enter and remain in the workforce*** |
| a. Assist jobseekers with disabilities get the skills they need to obtain competitive, integrated employment | DORS | People receiving employment services from DORS; people receiving DORS services who obtain integrated, competitive employment*Contact: John Stem* |
| b. Increase number of youth served through Pre-Employment Transition Services | DORS | Number of youth served through Pre-Employment Transition Services *Contact: John Stem* |
| c. Through employment and career supports, improve postsecondary outcomes for youth with disabilities | DORS, MSDE | Data from Indicator 14 (federal education reporting) showing how many youth with IEPs are in postsecondary school, employment and vocational training after high school; data on summer youth employment*Contact: Christy Stuart, Suzanne Page* |
| d. Assist jobseekers with developmental disabilities get the skills they need to obtain competitive, integrated employment | DDA | People receiving day or employment services from DDA; number of people in integrated and competitive jobs*Contact: Patricia Sastoque* |
| e. Ensure rates paid to DDA providers incentivize individualized, integrated employment outcomes | DDA | Progress update*Contact: Patricia Sastoque* |
| f. Implement Employment First Strategic Plan | DDA, MDOD | Progress update*Contact: Jade Gingerich* |
| g. Implement Equal Employment Opportunity Act legislation | DDA, MDOD | Progress update*Contact: Jade Gingerich* |
| h. Assist jobseekers with behavioral health disabilities get job training |  | Number of people receiving supported employment services; number of people who are using PBHS who report being employed*Contact: Susan Bradley* |
| i. Expand employment opportunities through Evidence-Based Supported Employment (EBSE) for persons with significant mental illness.  | BHA | Progress update*Contact: Steve Reeder* |
| j. Implement Maryland PROMISE | MDOD | Progress update*Contact: Jade Gingerich* |
| ***Strategy 4.2: Ensure that all public vocational and career services programs are accessible to people with disabilities*** |
| a. Increase the number of people with disabilities served through America’s Job Centers  | DLLR | Number of people with disabilities served by AJCs*Contact: Lynda Weber* |
| b. Increase the number of people with disabilities obtaining employment  | DLLR | Number of jobseekers with disabilities in MWE who get employment*Contact: Lynda Weber* |
| c. Implement Combined State Plan for Workforce Investment Opportunities Act | DLLR, DORS, MDOD | Progress update*Contact: Erin Roth, Sue Page, Jade Gingerich* |
| ***Strategy 4.3: Support new employment and entrepreneurship opportunities for workers with disabilities*** |
| a. Increase State hiring of individuals with disabilities through implementation of hiring preference legislation | DBM | Progress update*Contact: Mark Townend* |
| b. Increase number of Quest interns  | DBM, DORS | Number of Quest interns*Contact: Denise Paregoy* |

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| **Outcome 5: Improved opportunities for children, youth and life-long learners to****access education** |
| ***Strategy 5.1 Ensure early intervention programs are equipped to address needs of infants, toddlers and young children with disabilities*** |
| a. Number of students receiving services through Infants and Toddlers Programs | MSDE | Number of students receiving services through Infants and Toddlers Programs*Contact: Brian Morrison* |
| b. Children will receive IFTP services in as integrated a setting as possible | MSDE | Data on number of children receiving services in integrated settings*Contact: Brian Morrison* |
| c. Children with disabilities will enter kindergarten ready to learn  | MSDE | Percent of students with disabilities assessed as “readyto learn” versus non-disabledpeers*Contact: Brian Morrison* |
| ***Strategy 5.2: Ensure that students with disabilities have access to appropriate supports and assistive technology in any educational setting*** |
| a. Number of students receiving specialeducation services in K-12 | MSDE | Number of students receiving special education services in K-12*Contact: Marcella Franczkowski* |
| b. Students with disabilities will receivespecial education services in the mostintegrated setting possible | MSDE | Number of students receiving IEP services who are receiving them in integrated settings*Contact: Marcella Franczkowski* |
| c. The “testing gap” between students with disabilities and their nondisabled peers will continue to close | MSDE | Testing scores of students with disabilities compared to nondisabled peers*Contact: Marcella Franczkowski* |
| d. Support students in CTE programs  | MSDE | Graduation rates of students with disabilities who are CTE concentrators*Contact: Mary O’Connor* |
| e. Reduce the drop-out rate of studentswith disabilities | MSDE | Non-completion rates of high school students with IEPs compared to non-completion rate of nondisabled peers*Contact; Christy Stuart* |
| f. Support as many students with disabilities as possible to leave school with a diploma | MSDE | Number of students with disabilities leaving school with a certificate of completion versus a diploma*Contact: Christy Stuart* |
| g. Work with MHEC to collect data onrates of students with disabilities using Disability Supports Services offices on Maryland’s public college campuses | MDOD | Progress update*Contact: Anne Blackfield* |
| h. Expand postsecondary options for students with intellectual disabilities | MDOD, DDC | Progress update*Contact: Jade Gingerich* |
| i. DORS will support students in careeroriented postsecondary settings | DORS | Number of students supported by DORS in postsecodnry settings (broken down by college/university, vocational training programs, workforce training programs)*Contact: Sue Page* |
| ***Strategy 5.3: Improve coordination and outcomes for students’ transition from school to post-school education, employment and training.*** |
| a. Implement the IATC Interagency State Plan | MDOD, DORS, MSDE, DLLR, DHR, DJS | Progress update*Contact: Anne Blackfield* |
| b. Support events organized by local school systems to educate students with disabilities and their families about the transition process | MDOD | Number of families reached by local transition fairs that receiveIATC sponsorship*Contact: Anne Blackfield* |
| c. Facilitate Capacity Building Technical Assistance for secondary transition for students with disabilities | MSDE, MDOD | Progress update*Contact: Christy Stuart* |
| d. Share a revised Transition Handbookwith parents of students with IEPs | MSDE | Progress update*Contact: Christy Stuart* |

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| **Outcome 6: Improved opportunities for financial independence and stability** |
| ***Strategy 6.1: Expand access to work incentives and benefits counseling and programs for people with disabilities who receive public benefits and would like to work***  |
| a. Support peoples’ access to ABLE program | MDOD | Progress update*Contact; Anne Blackfield* |
| b. Increase participation in Employed Individuals with Disabilities Program | DHMH | Number of people enrolled in EID*Contact: Audree Watkins* |
| c. Number of people who receive work incentives counseling through DORS | DORS | Number of people who receive work incentives counseling |
| d. Provide people in the Public Behavioral Health System with benefits counseling through SOAR | BHA | Number of people who receive assistance through SOAR*Contact: Caroline Bolas* |
| ***Strategy 6.2: Expand knowledge of and engagement in financial management programs***  |
| a. Provide people with financial loans that help them build credit and purchase assistive technology | MDOD | Number of ATLP loans issued; dollar amount of loans*Contact: Tanya Goodman* |
| b. Help people save money on assistive technology purchases through recycling and cooperative buying options | MDOD | Dollar amount of savings through recycling and cooperative buying program*Contact: Lori Markland* |
| c. Help people with disabilities make informed assistive technology purchasing decisions | MDOD | Number of AT loans and demonstrations*Contact: Lori Markland* |

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| **Outcome 7: Increased access to physical and behavioral health care**  |
| ***Strategy 7.1: Increase statewide access to culturally competent, accessible wellness and preventive health care services*** |
| a. Establish model to coordinate care delivery among those dually eligible for Medicare and Medicaid | DHMH,MDOD, BHA, MDOA | Progress update*Contact: Aaron Lattimore* |
| b. Ensure that people administering information and referral hotlines are knowledgeable | BHA | Trainings provided to hotline referral providers*Contact: Brandon Johnson and Laura E. Burns-Heffner* |
| c. Develop a strategic plan for delivering culturally and linguistically competent behavioral health services | BHA, MDOD, ODHH | Progress update*Contact: Hilary Phillips* |
| d. Implement HealthMatters, an evidence-based health promotion program to educate people with I/DD about proper nutrition and exercise | MDOD | Number of individuals with I/DD trained; number of community-based organizations implementing training programs*Contact; Jennifer Eastman* |
| e. Increase accessibility of andexpand access to health promotion programs for people with disabilities | DHMH, MDOD | Progress update*Contact: Kristi Pier* |
| f. Identify barriers to providers’ participation in the public health and public behavioral health systems | DHMH, BHA, MDOD | Progress update*Contact: Mark Leeds, Marian* *Bland* |
| g. Expand access to 1915(i) behavioralhealth supports for youth with severe emotional disturbance and their families | BHA | Number of people enrolled; progress update*Contact Tom Merrick* |
| ***Strategy 7.2: Increase statewide access to crisis and acute services***  |
| a. Develop a strategic plan for expanding crisis services stateside | BHA | Progress update*Contact: Marian Bland* |
| b. Implement Center of Excellence in Crisis and Early Intervention Services | BHA | Progress update*Contact: Marian Bland* |
| ***Strategy 7.3: Streamline the coordination of care for people with disabilities with complex or transitional health care needs***  |
| a. Coordinate services for people being released from inpatient treatment facilities | BHA | Progress update*Contact: Marian Bland* |
| b. Identify partnerships between behavioral health and somatic health care practitioners | BHA | Progress update*Contact: Marian Bland* |
| c. Streamline system-wide access to data and records within the Public Behavioral Health System. | BHA | Progress update*Contact: Susan Bradley* |
| d. Expand access to 1915(i) behavioralhealth supports for youth with severe emotional disturbance and their families | BHA | Number of people enrolled; progress update*Contact Tom Merrick* |
| e. Pursue research grants designed to improve quality of behavioral health service delivery | BHA | Progress update*Contact; Steven Reeder* |

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| **Outcome 8: Expanded access to family supports**  |
| ***Strategy 8.1: Expand supports and protections for families with disabilities across the lifespan*** |
| a. Work with advocates to develop trainings for front-line DHR staff on disability awareness | DHR, MDOD | Progress update*Contact: Netsanet Kibret* |
| b. Begin collecting data on disability demographics of families involved with CPS | DHR, MDOD | Progress update*Contact: Netsanet Kibret* |
| c. Establish Community of Practice framework to support families of persons with intellectual disabilities across the lifespan. | DDA, MDOD, MSDE | Progress update*Contact: Terah Tessler* |
| ***Strategy 8.2: Expand peer and family support networks***  |
| a. Recruit and train peer volunteers and employees in the Public Behavioral Health System peer network. | BHA | Number of people trained as peer support providers*Contact: Brandee Izquierdo* |
| b. Explore Medicaid reimbursement of peer supports in the Public Behavioral Health System. | BHA | Progress update*Contact: Brandee Izquierdo* |
| ***Strategy 8.3: Expand in-home assistance and respite care resources***  |
| a. Develop alternative models to support families through expanded respite capacity and leveraging community partnerships | DHR, MDOD, Medicaid, DDA, MDOA | Progress update*Contact: Kathleen Ward* |
| b. Increase access to and available funding for emergency respite services to families across the lifespan | DHR, MDOD, Medicaid, DDA, MDOA | Number of applications approved*Contact; Kathleen Ward* |
| c. Streamline process to apply for respite services across multiple programs through a universal application | DHR, MDOD, Medicaid, DDA, MDOA | Progress update*Contact: Kathleen Ward* |
| d. Expand coverage of family supports and respite care for families in the 1915(i) program | BHA | Number of people receiving family support services through 1915Ii)*Contact: Tom Merrick* |
| ***Strategy 8.4: Ensure that parents of children with disabilities are provided information and tools in order to effectively advocate for their child's needs within the educational system*** |
| a. Improve parents’ sense that they have been engaged in the IFTP or IEP progress  | MSDE | Results of parents surveys about their involvement with IFTP or IEP process *Contact: Marcella Franczkowski* |
| b. Implement IEP translation legislation | MSDE | Progress update*Contact: Marcella Franczkowski* |
| c. Ensure that parents are given the opportunity to provide meaningful input or consent in the IEP process | MSDE | Progress update*Contact: Marcella Franczkowski* |

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| **Outcome 9: Appropriate interactions with law enforcement and public safety services** |
| ***Strategy 9.1 Expand advocate-driven awareness within the criminal justice, law enforcement and public safety systems*** |
| a. Through the Ethan Saylor Alliance, train people with intellectual disabilities to provide community inclusion trainings to law enforcement | MDOD, DDA, | Number of people with I/DD who become trainers through the Ethan Saylor Alliance; number of law enforcement trainings conducted; number of law enforcement professionals trained*Contact: Jennifer Eastman* |
| b. Educate criminal justice professionals about the needs of people with behavioral health issues | BHA | Progress update*Contact: Marian Bland* |
| ***Strategy 9.2: Ensure that people with disabilities involved with the juvenile or criminal justice system receive appropriate supports and services***  |
| a. Collect data on the number of people who have been court-ordered to psychiatric facilities | BHA | Number of people receiving forensic services*Contact: Susan Bradley* |
| b. Identify additional public safety/criminal justice steps | MDOD | Progress update*Contact: Anne Blackfield* |

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| **Outcome 10: Appropriate, accessible communication during emergencies** |
| ***Strategy 10.1: Ensure that print and auditory emergency broadcasts and resources provided at shelters and recover centers are in accessible formats***  |
| a. Work with the State and local emergency managers to ensure that the communications shared during emergencies are accessible | MDOD, ODHH | Progress update*Contact: Cecilia Warren* |
| b. Develop a training on providing accessible communications during emergencies for State and local emergency managers | MDOD, ODHH  | Progress update*Contact: Cecilia Warren* |
| ***Strategy 10.2: Ensure that the needs of the disability community are included in emergency management plans***  |
| a. Work with MEMA to develop an executive summary for FEMA Region III detailing progress on programs and initiatives for emergency preparedness and response for people with disabilities | MDOD  | Progress update*Contact: Cecilia Warren* |
| b. Working with MEMA to develop a curriculum to train emergency managers on how to provide emergency shelter people with disabilities | MDOD  | Progress update*Contact: Cecilia Warren* |
| c. Represent the needs of people with disabilities and serve as a subject matter expert at the State Emergency Operation Center to provide disability resources during emergencies | MDOD  | Progress update*Contact; Cecilia Warren* |

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| **Outcome 11: Equal opportunity for participation in State government** |
| ***Strategy 11.1: Ensure that government buildings and programs are accessible to all people with disabilities*** |
| a. Provide funding to State agencies to make ADA improvements to State buildings | MDOD | Number of projects funded by Access Maryland; amount of money awarded for projects; number of projects in design or construction phase*Contact: Cari Watrous* |
| b. MDOD will work with stakeholder groups to identify and monitor voter access issues during elections | MDOD | Progress update*Contact: Anne Blackfield* |
| ***Strategy 11.2: Ensure that government websites and other communications are accessible*** |
| MDOD will work with State agencies to promote awareness of website and document accessibility | MDTAP | Progress update*Contact: Jim McCarthy* |
| ***Strategy 11.3: Ensure that people with disabilities understand and can access civil rights protections*** |
| MDOD will work with stakeholder groups and the Maryland Commission on Civil Rights to track civil rights complaints  | MDOD | Progress update*Contac: Anne Blackfield* |

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| **Outcome 12: Increased transparent and timely information about government services** |
| ***Strategy 12.1: Utilize technology to streamline communication about services among agencies, providers and people with disabilities***  |
| Work with rural regions to improve internet connection to underserved regions of the State | MDP | Progress update*Contact: Wendi Peters* |
| ***Strategy 12.2: Reduce response time and ensure ongoing communication with people seeking information about services and eligibility determinations***  |
| a. Develop plans to track customer service data | All IADB agencies | Progress update*Contact: Carrie McGraw* |
| b. Develop plans to improve communications with people waiting for determination of eligibility for services  | Medicaid, DDA, BHA, MDOT, DHR, MDOD | Progress update*Contact; Carrie McGraw* |
| ***Strategy 12.3: Engage in trainings and outreach activities designed to share information and solicit stakeholder feedback*** |
| a. Outreach and public awareness events about assistive technology | MDOD | Number of people reached by public outreach and awareness events*Contact: Lori Markland* |