

Maryland Disabilities Forum
Gubernatorial Candidates Forum
October 11, 2010

Additional Questions for the Candidates Submitted by Audience Members

We've taken the questions posed by those in attendance at the Maryland Disabilities Gubernatorial Candidates Forum and grouped them categorically. Taken with the disability policy platform distributed the day of the forum, the answers to these questions provide additional information.

Education

(Q5) There will be many people trying to save state money in many ways. Some may be tempted to limit funding (with federal assistance) for our most vulnerable citizens. What will happen to funding for transitioning youth?

I have a proven commitment to transitioning youth. Our youth with disabilities who are transitioning from our public schools to employment and post secondary education require a variety of supports, and one size does not fit all. I think I am more apt to fund transitioning youth for all kids exiting the school system, but maybe look at doing it differently than we've done in the past. Right now, it's assumed all kids need to go into "programs" when in reality many could go onto community college if given the right supports. Maybe we should look at all the options and not just the ones we've used in the past.

(Q13, 45) What are your plans to increase the effectiveness of inclusion in our public schools? How are we going to implement UDL, RTI, and evidence based practices?

Many parents in Maryland are frustrated because their children are not necessarily receiving the highest quality instruction. I am dedicated to ensuring that all students receive a quality education that prepares them for life. The benefits of Universal Design for Learning (UDL) and Response to Intervention (RTI) are not limited to students with disabilities. These initiatives can be used to address the needs of all students. We do have excellent public schools in Maryland that already embrace UDL RTI, and Positive Behavioral Intervention Supports (PBIS). Our call now is to have more schools adopt these. By promoting the benefits of these initiatives, supporting great schools to share their knowledge, and holding schools accountable we can meet the needs of all students.

(Q19, Q30) The federal law provides the right to a free appropriate public education to all students with disabilities. The law requires that students be educated with their age-typical peers in local communities unless their team finds that supplementary supports and services cannot provide a quality education in the local school. Yet, Maryland ranks far behind other states in its inclusion of students with intellectual disabilities in their local schools. Clearly, this is a broad systems issue that needs to be addressed throughout teacher preparation and training, funding support to local schools, etc. If elected, what do you see as the issues to ensure that students with disabilities have their rights met in regard to quality education?

I know that many parents in Maryland are frustrated that their children's neighborhood school may not be able to fully meet their needs. This concern, however, is not limited to students with intellectual disabilities. This is a much more global issue. At the same time, we know there are schools within each local school jurisdiction that educates students with disabilities alongside their non-disabled peers in very inclusive settings. These schools provide a quality education to all their students. Too often schools do not have the training or will to support students with disabilities. We need to encourage administrators and teachers to turn to those who have a proven record of success. We know when children are included at the earliest ages, everyone benefits – the child with a disability, his non-disabled peers, and the school community as a whole. A child's quality education begins with the support of parents, administrators and educators so that supports are present for learning to take place.

Parents need to be equal partners with school systems in the planning of educational services for their children with disabilities. We need to improve the ways in which local school systems and families of children with disabilities receive training and information regarding the IEP process. This includes training of providers to further reduce the use of restraint and seclusion in both schools and residential treatment centers as well as requiring out-of-state facilities caring Maryland's children follow Maryland law in this respect.

Employment

(Q7) How do you propose to help to remove the financial disincentives to employment for the disabled community?

Where we need changes at the federal level, I will work with our congressional delegation to try and accomplish that. On the state level, we fully funded the Medicaid Buy-In at \$11 million which allows people with disabilities to go to work and retain their medical insurance and the provision of personal care attendants. Today almost 700 people are working, paying taxes, and prospering as a result. People with disabilities experience an inordinately high level of unemployment and underemployment which is unacceptable. My vision would be for people with disabilities to be employed at the same level as their typical peers.

(Q8) Unemployment numbers among people with disabilities have not changed since the passage of the ADA in 1990. What proposals do you have to produce different results?

I'm a firm believer that we need to do more to support people with disabilities with the right accommodations as well as create more opportunities. Surely the Medicaid Buy-In did a lot in this direction. We will likely see opportunities as BRAC communities evolve and can look at tax credits for employers who hire people with disabilities.

(Q38) We have the Medicaid buy in. But what else would you do to help people with disabilities get medical benefits and keep them even if they go to work?

Between the Buy-In and health reform, most people with disabilities ought to be able to have health care coverage either through private insurance or Medicaid. Even if they earn a good bit of money and pay a

premium, they still keep their coverage. And the provisions of the Class Act are available to everyone, with and without disabilities.

(Q42) Would you support and pursue creation of a job placement fee to pay for direct job placement for people with disabilities?

I think people with disabilities who are eligible for employment supports (i.e. supported employment, training, etc.) should be able to choose among the many licensed entities for the services they need and want. They should also be able to specify that they want training and placement for a particular type of job. If the agency working with them is unable to achieve the agreed upon outcomes, then the person should be able to select some other entity to assist them. Agencies that are successful in assisting people to keep their jobs should be incentivized to do so.

(Q 44) What would you do to decrease real or perceived liability for employers who hire people with disabilities?

I am unaware of any data that demonstrates that employers who hire people with disabilities have increased liability. In fact, I believe that the data demonstrate that people with disabilities make outstanding employees – with fewer days of absenteeism and turnover. Yet if perception is holding back employers from hiring people with disabilities, it would be helpful to share the positive data with employers as our economy returns. This is something our Department of Disabilities can research and act on if it's not already being done.

(Q 46) Do you support the expansion of the Employment Works Program to place state contracts with non-profit service providers and consumer owned businesses? What would you do to expand those opportunities?

I would certainly include an assessment of the program along with all state funded employment programs to determine if people with disabilities are achieving the most optimal outcome possible. We need to be able to assess the benefit of a program in terms of whether or not a person with a disability achieves their greatest potential for independence.

Transportation

(Q 36) How will you address inadequate transportation services for people with disabilities to get to work?

During my prior term as governor, we took what had been deemed among the worst para-transit systems in the country in 2003 and turned it into a high-performing, fully ADA compliant transportation system. We invested in the purchase of accessible MTA vehicles so that 100% of the fleet met the standards, something no other Maryland administration had ever done. While no transportation system is perfect, Maryland made huge strides toward a better system for those who needed it. All Marylanders need better access to public transportation options, and in this time of economic struggle, we will need to look at alternatives that are cost-efficient and reliable.

Housing

(Q2, Q4) How can we find accessible housing near metro stops for workers with disabilities? How would you create more accessible and affordable housing?

During my term as governor, we had begun the work of a registry for accessible housing at DHCD. I'm not sure of the status of that today, but I would see what it would take to get it up and running again if it isn't. Also, we worked with local communities where development was underway calling for an increased percentage of new development to be accessible. I would also work with local government to modify housing codes to incentivize visitability standards in new construction.

(Q9) What is being done to make solar energy more affordable to disabled persons?

I'm not sure if tax credits are available at this time or not, but perhaps we could take a look at ways to make green technology more available for people with disabilities and seniors.

(Q14) Many landlords and property managers are basically denying making the sidewalks in the apartment complex accessible for walkers, crutches, canes, wheelchairs, power-chairs and mobility scooters. How can the disabled community enforce the laws already in place or are new laws required?

This is an issue of local code enforcement, rather than state in most instances; but, I would work with our local jurisdictions to improve the way these issues are handled.

(Q 25) Housing is a critical issue for individuals and families struggling to recover and reintegrate into the community. What solutions do you propose to address the lack of affordable housing for individuals with disabilities? Do you support, and would you fund in the budget, more programs such as the innovative and successful Housing First program in Baltimore City?

Housing First is an innovative program and we would certainly take a look to see what it would take to replicate in other jurisdictions.

(Q 47) What can a disabled person do when their need/accommodation is not addressed? (For example, Section 8 choice voucher- Disability program- requested an apartment with walk in shower; which affects my quality of living; I had to accept my current apartment to avoid losing my voucher.

This is a complication that results from a disconnect between federal requirements and local authority housing programs. If the issue is the result of a lack of accessible units, we can look at ways to incentivize local jurisdictions to increase their accessible housing stock.

Health Care

(Q 6) Re: The Community Support Act (CSA). CSA is part of the national health care bill- CSA has the potential to end the waiting list but states have to opt into it. Would you be willing to have our state opt in?

We will aggressively pursue a long term services and support strategy to increase the number of Marylanders who can benefit from these community supports whether through waivers or enhanced state plan services. We know there are people with disabilities who require intensive lifelong supports and we are committed to doing all we can to see that they don't have to leave their homes to receive that support. While I have significant concern over the impact of the Affordable Care Act (health reform) for employers in Maryland, I am also aware of the opportunities it offers to enhance health care and long term services and supports for people with disabilities and those who are aging. I pledge to work with all stakeholders to take advantage of the provisions of the ACA wherever it is advisable for Maryland to do so.

(Q 29) How would you address the institutionalization that occurs for people with adult onset disabilities? Would you pursue Medicaid changes to help people get out of nursing homes?

To those Maryland citizens who are waiting for long term services and supports in their community, we will move aggressively to rebalance the way in which we fund those services. We will aggressively pursue a long term services and support strategy to increase the number of Marylanders who can benefit from these community supports whether through waivers or enhanced state plan services. We know there are people with disabilities who require intensive lifelong supports and we are committed to doing all we can to see that they don't have to leave their homes to receive that support. While I have significant concern over the impact of the Affordable Care Act (health reform) for employers in Maryland, I am also aware of the opportunities it offers to enhance health care and long term services and supports for people with disabilities and those who are aging. I pledge to work with all stakeholders to take advantage of the provisions of the ACA wherever it is advisable for Maryland to do so.

34. What can be done to assist persons awarded SSDI to obtain adequate health care coverage while they are in their two year waiting period before Medicare Part A&B become effective?

Hopefully part of our response to health reform will address this short-sightedness in federal regulations.

(Q41) Dental care for children with Disability often requires a special setting that is not covered by Dental Plans. Would you change that?

Every child deserves the right to be seen and treated by a medical professional who can meet his or her needs. We can certainly take a look at that as we work with health reform in general.

Behavioral Health

(Q 10) Will you preserve funding for mental health wellness and recovery centers run by consumers?

This will be among my highest priorities. During my first term as governor, I was very proud to be the first Governor in the state to enable Consumer Satisfaction Teams and pilots for self-direction. People with disabilities are the most effective change agents and peer mentors.

(Q 20) Health care reform will bring more individuals into the public behavioral health system, particularly those who are newly eligible for Medicaid. How will you ensure that the budgets for mental

health and addictions are adequately resourced to meet this demand? (Q 21) Community Services - For decades, Maryland has been a national leader in developing community-based services to replace costly and unnecessary institutional care. However, institutional savings have not remained in the behavioral health system, community services have been historically underfunded, and individuals throughout Maryland lack consistent access to the array of community services that is needed to prevent emergency room utilization and other costly forms of care. What is your strategy to address this problem and ensure the full continuum of behavioral health services is available to those in need?

Under the Affordable Care Act, Maryland should now be able to apply for a waiver to support people with chronic behavioral health needs in our CRPs and RRP's throughout the state. I pledge to assess the viability of doing this and if it's possible, moving forward. There may be numerous opportunities of which we can take advantage.

(Q 24) What is your plan to improve outcomes for youth and adults with mental illnesses and substance use disorders who are involved in the criminal justice system?

When substance abuse is known to be a factor contributing to crime and delinquency, we will ensure that treatment is available whether or not youth or adults are incarcerated. This will include making mental health and substance abuse services available and accessible to individuals on probation and community supervision.

(Q 40) How would you enforce Mental Health and Substance Abuse Parity Law?

First, by ensuring that insurance companies are required, as a condition of doing business in Maryland, to cover mental health and substance abuse treatment on the same basis as other medical conditions are covered. Secondly, by conducting a public information campaign to let citizen's know that parity is the law and to advise them of who to contact in the event that their rights to treatment are violated.

Substance Abuse

(Q 23) Co-occurring Needs - Maryland continues to operate a fractured system of care for children and adults who have multiple challenges, such as mental illness, substance abuse, trauma and/or developmental disability. What steps will you take to ensure an integrated approach and access to services across different systems and funding streams?

Under the Affordable Care Act, Maryland should now be able to apply for a waiver to support people with similar functional needs as opposed to a specific diagnosis. I pledge to assess the viability of doing this and if it makes sense, move forward. There may be numerous opportunities of which we can take advantage. In the instance of mental health and substance abuse, we could look at integrating substance abuse and mental health services under an expanded carve-out.

(Q 26) Substance Abuse - How will your administration improve substance-use disorder prevention, treatment, and recovery services?

First, through dramatically increased public information/education and second, by ensuring that mental health and substance abuse services are integrated to the degree appropriate.

Future of Community Supports

(Q 27) Veterans - With BRAC implementation bringing thousands of new military families to Maryland, what are your plans to sustain Maryland's Commitment to Veterans or begin a new program to assist veterans and their families?

We know from DoD data that more than 30,000 veterans serving in Iraq, Afghanistan, and surrounding duty stations have been wounded in action. Many of them have lost a hand or limb or been severely burned or blinded. Others have been diagnosed with hearing loss, post traumatic stress disorder (PTSD), traumatic brain injuries (TBIs), and other service-connected disabilities. Despite their injuries, many veterans who leave active duty are able to work. We will also look at ways to integrate existing services for veterans and their families to maximize their reintegration into our communities.

(Q13) Many Maryland agencies help the disabled financially, why are these programs so wasteful with the funds they manage? Also why is it so hard to find out about and enroll in them?

Maryland has seven or eight distinct programs that provide in-home supports for people with disabilities in four different departments. While I wouldn't do anything in haste, I think the time has come to take a look at a universal application for human services, and at least a consolidation of the information that would assist people with disabilities who need this type of information to make an informed decision about the kinds of support they want. Maybe our Aging and Disability Resource Centers would be a place to gather that information.

(Q 16) I believe that DDA should audit services given to each individual, after all they fund individuals. Such audits need to be shared with family each and every year. Why are the audits not done that way? Are you in favor of an audit of each non-government organization?

It is my understanding that each licensed provider receiving state funding for supports to people with disabilities must submit an audited cost report to the state annually already.

(Q 17) Maryland citizens with developmental disabilities (such as cerebral palsy, autism and Down syndrome) need community supports to live dignified lives in their community. Although Maryland is the richest state in the nation, thousands wait for needed services. How would you propose to address this need if elected?

Maryland citizens with disabilities of all types need community supports to live dignified lives in their community. We will aggressively pursue a long term services and support strategy to increase the number of Marylanders who can benefit from these community supports whether through waivers or enhanced state plan services. We know there are people with disabilities who require intensive lifelong supports and we are committed to doing all we can to see that they don't have to leave their homes to receive that support. While I have significant concern over the impact of the Affordable Care Act (health reform) for employers in Maryland, I am also aware of the opportunities it offers to enhance health care and long term services and supports for people with disabilities and those who are aging. I pledge to work with all stakeholders to take advantage of the provisions of the ACA wherever it is advisable for Maryland to do so. I'm also aware that Maryland's 1915c waivers supporting people with intellectual

disabilities and autism provide services to very few children. Under the new provisions of the Affordable Care Act I will look at ways that would allow us to expand supports to families with kids who have similar functional needs, regardless of diagnosis, to allow families a bit of breathing room.

(Q 18) Maryland's community-based service delivery system supports nearly 20,000 people with developmental disabilities throughout the state. However, direct support staffs are paid low wages in comparison to other states and in comparison to other human services in Maryland. How would you ensure a strong community support system so people can live in the community instead of institutions?

(Q 31) How would you address the needs of ALL people with disabilities, including the many who are not DD or MH?

Please review my Disability Policy Platform distributed at the Forum on 10/11 and posted on their website at <http://www.mddfforum.org/images/Disabilities-Forum-Platform-for-Distribution.pdf>. I think it's a good starting place for this discussion. The reasoning behind the creation of the Dept. of Disabilities was to create equal access to state resources to all Maryland citizens, regardless of diagnosis or age of onset. We hope to move further along in this endeavor this time.

(Q 32) How would you propose Maryland finds funding to support desperately needed community supports for people with disabilities, so that people are not on waiting lists with no end in sight?

In part, we have to re-configure what we do and the way in which we do it. We must look at how to support people, not just programs, and, we must dismantle the silos within government, and call on the citizens of Maryland to work in a spirit of collaboration.

(Q 33) How else would you make people aware about disability issues?

Disability is an everyday fact of life for most families. We will work to provide every person with a disability the right accommodations, supports and opportunities so they can live freely in their own communities, work without limitations and be a productive member of society.

(Q 39) Maryland is the richest state in the country. Although we recognize the economic times in our state and country are facing, we also know states with less wealth are providing more fiscal support to people with developmental disabilities. Thousands of people are waiting for community services. What is your commitment to this population of Marylanders?

My commitment stands very high, and I daresay, Maryland supports people with some of the better rates among the states. States with less wealth may be providing financial support at a higher percentage of wealth on a per capita basis, but dollar for dollar, Maryland's level of support is among the highest in the country.

Here's an excerpt from a report from 2008 about Maryland's effort during the time I was governor:

A COMPARATIVE ANALYSIS OF INSTITUTIONAL VERSUS COMMUNITY SERVICES IN THE U.S. IN THE LATEST 2008 STATE OF THE STATES STUDY

*A comparative analysis of institutional versus community services in the United States in the latest 2008 edition of the **State of the States study by David L. Braddock** reveals two broad trends: inflation-adjusted community services spending grew steadily in every U.S. state during the past 10 years, and public-private institutional spending declined in 43 states and DC during the past decade. The seven states where institutional spending did not decline over the past 10 years are: Connecticut, Iowa, Kentucky, Louisiana, Mississippi, Nebraska, and New Jersey. **State leaders in the growth of community services in 2004-2006 are Hawaii (17%), Arkansas and Maryland (16%), and Idaho and Tennessee (14%). Sixteen states and DC reduced community spending between 2004-2006.***

(Q 43) How will you pay for the needed expansion of services for adults who have developmental disabilities?

By creatively using the opportunities afforded by the ACA to reconfigure the way in which we provide services; by using new and emerging technology whenever appropriate. We will look at every alternative available to us.

Workforce

(Q 15) Would you support better wages for community service provider workers?

I already have and would continue to do so. Our administration allocated funds providing the first significant increase to home care workers – an increase of nearly 20% - in more than almost two decades in the Medicaid Personal Care Program and the DDA wage initiative, recognizing the way in which prior administrations marginalized this critical workforce.

(Q 28)

Workforce - What steps will you take to resolve a severe and worsening workforce crisis in public behavioral health, one that will likely become even more severe with the increased service demand health care reform will produce?

Workforce shortages throughout health services will continue to grow into the next several years. We will take a strategic look at this issue with all the partners to develop the best plan of action.

Miscellaneous

(Q 1) Can you find a way to inform the public that disabled people should not be excluded from family celebrations?

Sounds like something that could become a great public service announcement. We could certainly look at creating some materials that could be distributed through local health departments and Departments of Social Services. This would be a great assignment for our Commission on Disabilities to investigate further.

(Q 12) I would like to know if you will keep the Office for Deaf/Hard of Hearing instead of closing this agency.

As memory serves, there are very few resources actually funding this office so I'm not sure of the benefits in closing it; however, that said, I would want it to work very closely with the Dept. of Disabilities to align for the best outcomes for all citizens with deafness or hearing impairment.

(Q 35, 37) What are your views on stem cell research and funding?

I supported this during my first term and will continue to do so.

(Q 48) Would you reduce regulations that don't allow alternative staffing among community service providers?

We will be looking at many of the regulations governing state government. Often, less regulation is better for everyone.

(Q 49) Why won't you support an increase to the Alcohol Tax?

The alcohol tax is one of the most regressive in the country, meaning that it disproportionately impacts low income Marylanders. My opponent passed another regressive tax – a 20% sales tax increase – in 2007. I do not believe it would be fair to low income Marylanders for me to support another one.

(Q 50) Would you support a “disability slot section” at gambling parlors where proceeds will support disability wait list, etc?

I'd have to have more information to make a determination on this specific idea.

(Q 51) Would you support stiffer penalties for crime against persons with disabilities?

We can certainly review the penalties in place for crimes against people who are vulnerable and see if there are appropriate changes that should be recommended.