MEMORANDUM

March 7, 2023

TO: Health and Human Services Committee

FROM: Christine Wellons, Senior Legislative Attorney

SUBJECT: Bill 10-23, Health – Intellectual and Developmental Disabilities Commission -

Established

PURPOSE: Committee worksession – recommendation expected

Expected Attendees

Ken Hartman Espada, Director of Strategic Partnerships, Office of the County Executive Odile Brunetto, Chief of Aging and Disability Services

Bill 10-23, Health – Intellectual and Developmental Disabilities Commission - Established, sponsored by Lead Sponsor Councilmember Albornoz and Co-Sponsors Councilmembers Luedtke, Mink, Council Vice-President Friedson, Councilmembers Sayles, Fani-González, Stewart, Council President Glass, and Councilmember Balcombe was introduced on February 14, 2023. A public hearing was held on March 7, 2023, and a Health and Human Services Committee worksession is scheduled for March 9, 2023.

Bill 10-23 would:

- (1) establish an Intellectual and Developmental Disabilities Commission;
- (2) prescribe the membership and duties of the Commission;
- (3) provide for the staffing of the Commission; and
- (4) generally amend the law regarding the provision and coordination of services for individuals with intellectual and developmental disabilities in the County.

BACKGROUND

The purpose of Bill 10-23 would be to establish an Intellectual and Developmental Disabilities (IDD) Commission in the County to advise the County Council and County Executive, and to better coordinate the provision of services to individuals with IDD and their families.

The bill would seek to address the daunting complexities of the challenges faced by the estimated more than 40,000 persons of all ages who have intellectual and developmental disabilities in the County, as well as their family members, advocates, and providers.

BILL SPECIFICS

The bill would establish an IDD Commission of 19 voting members and 6 non-voting members. The Commission would:

- (a) promote direct communication among families, support staff, private and public organizations, and the general public regarding programs and services for individuals with intellectual and developmental disabilities;
- (b) institute and conduct educational and other programs, meetings, and conferences to promote the welfare of individuals with intellectual and developmental disabilities;
- (c) cooperate with public and private agencies, departments, and organizations that provide services and programs for individuals with intellectual and developmental disabilities;
- (d) advise the County Council and the County Executive on matters involving the needs of individuals with intellectual and developmental disabilities;
- (e) review and report on current gaps in services, including issues of childcare, education, discrimination, transition to adult services, resource coordination, housing, transportation, employment, health care, recreation, and recruitment of providers and direct support staff;
- (f) prepare recommendations on best practices, innovations in service areas, and information on costs associated with recommended programs and services for individuals with IDD; and
- (g) work with key organizations at the county and state level to best advance the needs of county residents with IDD.

The Commission would report annually to the County Council and the County Executive. The Commission would be staffed by the Department of Health and Human Services.

SUMMARY OF THE PUBLIC HEARING

Mr. Hartman spoke on behalf of the County Executive. The County Executive supports Bill 10-23 as a measure that will promote direct communications, support best practices, and provide advocacy at the state and federal levels.

Providers of services and advocates also spoke in support of the bill. They noted that accessing services for individuals with IDD is challenging and complex. Access is particularly difficult for Hispanic residents. Advocates stated that culturally competent communications are essential.

Multiple parents and family members of individuals with IDD spoke in support of the bill. A mother of an autistic child spoke in support of creating the IDD Commission because more services are needed to help individuals who do not speak English fluently.

Parents also stated that participation by family members and individuals in the Commission is essential to advance an inclusive community.

SUMMARY OF IMPACT STATEMENTS

Fiscal impact. The Office of Management and Budget estimates that an additional part-time (0.5) FTE would be needed at DHHS to staff the IDD Commission. The impact on expenditures is estimated to be (\$52,200). The six-year estimated impact is (\$370,200).

The economic, RESJ, and climate impact statements are not yet available for this bill.

ISSUES FOR THE COMMITTEE'S CONSIDERATION

1. Staffing of the Commission

The Committee might wish to ask DHHS to elaborate upon the expected staffing and programmatic needs of the new IDD Commission.

2. Potential Amendment – Advocacy

If the Committee wishes to grant the IDD Commission with the authority to advocate at the state and federal levels without first obtaining the permission of the Office of Intergovernmental Relations (OIR), it might wish to adopt the following amendment.

Amend lines 69-91 as follows.

The Commission must:

* * *

- (f) prepare recommendations on best practices, innovations in service areas, and information on costs associated with recommended programs and services for individuals with IDD; [[and]]
- (g) work with key organizations at the county and state level to best advance the needs of [[county]] County residents with IDD; and
- (h) advocate at the local, state, and federal levels to advance the needs of individuals with IDD.

<u>Next step:</u> Committee recommendation on whether to enact Bill 10-23, including any amendments.

This packet contains:	Circle #
Bill 10-23	1
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Concerning:	Health	_	Intellectual	and
Develop	mental		Disab	ilities
Commis	sion - Es	tab	lished	
Revised: _C	3/02/23		Draft No.	_3_
Introduced:	Febru	uary	14, 2023	
Expires:	Dece	mbe	er 7, 2026	
Enacted:				
Executive: _				
Effective:				
Sunset Date	: None	!		
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40.00

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COUNTY COUNCIL FOR MONTGOMERY COUNTY, MARYLAND

Lead Sponsors: Councilmember Albornoz

Co-Sponsors: Councilmembers Luedtke, Mink, Council Vice-President Friedson, Councilmembers Sayles, Fani-González, Stewart, Council President Glass, and Councilmember Balcombe

AN ACT to:

- (1) establish an Intellectual and Developmental Disabilities Commission;
- (2) prescribe the membership and duties of the Commission;
- (3) provide for the staffing of the Commission; and
- (4) generally amend the law regarding the provision and coordination of services for individuals with intellectual and developmental disabilities in the County.

By adding

Montgomery County Code

Chapter 24. Health and Sanitation

Article X, Intellectual and Developmental Disabilities Commission

Sections 24-71, 24-72, 24-73, 24-74, 24-75, and 24-76

The County Council for Montgomery County, Maryland approves the following Act:

1	Sec.	1. Se	ctions	24-71, 24-72, 24-73, 24-74, 24-75, 24-76 are added as
2	follows:			
3	<u>ARTICL</u>	E X. I	NTEL	LECTUAL AND DEVELOPMENTAL DISABILITIES
4				COMMISSION.
5	<u>24-71.</u> <u>Defi</u>	nition	s and I	Policy Statement.
6	(a)	<u>Defin</u>	nitions.	The following terms have the meanings indicated.
7		<u>Com</u>	missioi	<u>n</u> means the Intellectual and Developmental Disabilities
8		Com	missio	n established under this article.
9		<u>Intel</u>	<u>lectual</u>	and developmental disabilities or IDD means a severe,
10		chro	nic disa	bility of an individual that:
11		<u>(1)</u>	is att	ributable to a mental or physical impairment or combination
12			of m	ental and physical impairments;
13		<u>(2)</u>	is ma	nifested before the individual attains age 22;
14		<u>(3)</u>	<u>is</u> <u>lik</u>	ely to continue indefinitely;
15		<u>(4)</u>	reflec	ets the individual's need for a combination and sequence of
16			speci	al, interdisciplinary, or generic services, individualized
17			supp	orts, or other forms of assistance that are of lifelong or
18			exter	ded duration and are individually planned and coordinated;
19			and	
20		<u>(5)</u>	<u>resul</u>	ts in the substantial functional limitations in 3 or more of the
21			follo	wing areas of major life activity:
22			<u>(A)</u>	self-care;
23			<u>(B)</u>	receptive and expressive language;
24			<u>(C)</u>	<u>learning;</u>
25			<u>(D)</u>	mobility;
26			<u>(E)</u>	self-direction;
27			(F)	capacity for independent living;

28		<u>(G)</u>	self-direction; and
29		<u>(H)</u>	economic self-sufficiency.
30	<u>(b)</u> <u>Poli</u>	<u>icy state</u>	<u>ment.</u>
31	<u>(1)</u>	Mon	tgomery County is committed to creating an inclusive
32		com	nunity for people with IDD so that they are afforded every
33		oppo	rtunity to live a life of their choosing with the supports
34		need	ed to participate fully in the life of the County.
35	<u>(2)</u>	<u>It is t</u>	he public policy of the County to:
36		<u>(A)</u>	promote and initiate ongoing community input to support
37			the needs of individuals with intellectual and
38			developmental disabilities;
39		<u>(B)</u>	improve communication about programs and services
40			among those with IDD and their families, advocates,
41			support staff, public and private agencies, and the general
42			public;
43		<u>(C)</u>	identify service needs and inform decisions on services for
44			<u>individuals</u> <u>with</u> <u>intellectual</u> <u>and</u> <u>developmental</u>
45			disabilities; and
46		<u>(D)</u>	work towards improving accessibility to services for
47			<u>individuals</u> <u>with</u> <u>intellectual</u> <u>and</u> <u>developmental</u>
48			disabilities.
49	24-72. Commiss	ion Esta	ablished.
50	There is ar	<u>Intelle</u>	ctual and Developmental Disabilities Commission.
51	24-73. Members	hip; <u>ap</u>	pointment; terms.
52	(a) The	Comm	ission consists of 19 voting members and 6 non-voting
53	<u>mer</u>	nbers.	

54	<u>(b)</u>	The y	voting members are appointed by the County Executive, subject to
55		Cour	acil confirmation, and must include:
56		<u>(1)</u>	2 individuals with IDD;
57		<u>(2)</u>	9 family members, guardians, or support staff of individuals with
58			<u>IDD;</u>
59		<u>(3)</u>	7 individuals representing service providers or advocacy
60			organizations that [[supports]] support individuals with IDD; and
61		<u>(4)</u>	1 member of the Commission on People with Disabilities.
62	<u>(c)</u>	The 1	non-voting members are designees of the following agencies:
63		<u>(1)</u>	Department of Health and Human Services;
64		<u>(2)</u>	Department of Recreation;
65		<u>(3)</u>	Montgomery County Public Schools;
66		<u>(4)</u>	Montgomery College;
67		<u>(5)</u>	WorkSource Montgomery; and
68		<u>(6)</u>	Maryland Developmental Disabilities Administration.
69	<u>24-74.</u> <u>Duti</u>	es.	
70	The C	Comm	ission must:
71	<u>(a)</u>	prom	ote direct communication among families, support staff, private
72		and p	public organizations, and the general public regarding programs and
73		servi	ces for individuals with intellectual and developmental disabilities;
74	<u>(b)</u>	<u>instit</u>	ute and conduct educational and other programs, meetings, and
75		confe	erences to promote the welfare of individuals with intellectual and
76		deve	lopmental disabilities;
77	<u>(c)</u>	coop	erate with public and private agencies, departments, and
78		organ	nizations that provide services and programs for individuals with
79		intell	ectual and developmental disabilities;

80	<u>(d)</u>	advise the County Council and the County Executive on matters
81		involving the needs of individuals with intellectual and developmental
82		disabilities;
83	<u>(e)</u>	review and report on current gaps in services, including issues of
84		childcare, education, discrimination, transition to adult services,
85		resource coordination, housing, transportation, employment, health care,
86		recreation, and recruitment of providers and direct support staff;
87	<u>(f)</u>	prepare recommendations on best practices, innovations in service
88		areas, and information on costs associated with recommended programs
89		and services for individuals with IDD; and
90	<u>(g)</u>	work with key organizations at the county and state level to best
91		advance the needs of county residents with IDD.
92	24-75. Mee	tings; officers; compensation; reports.
93	<u>(a)</u>	Meetings. The Commission must meet at the call of the Commission
		Meetings. The Commission must meet at the call of the Commission chair and at least 6 times annually.
93		
93 94	<u>(a)</u>	chair and at least 6 times annually.
93 94 95	<u>(a)</u>	<u>Chair and at least 6 times annually.</u> <u>Quorum.</u> A majority of the voting members of the Commission
93949596	(a) (b)	<u>Chair and at least 6 times annually.</u> <u>Quorum.</u> A majority of the voting members of the Commission constitutes a quorum for the transaction of business.
9394959697	(a) (b)	 <u>Chair and at least 6 times annually.</u> <u>Quorum.</u> A majority of the voting members of the Commission <u>constitutes a quorum for the transaction of business.</u> <u>Officers.</u> The Commission must elect from among its voting members a
93 94 95 96 97 98	(a) (b) (c)	chair and at least 6 times annually. Quorum. A majority of the voting members of the Commission constitutes a quorum for the transaction of business. Officers. The Commission must elect from among its voting members a chair, vice-chair, secretary, and other officers it deems appropriate.
93949596979899	(a) (b) (c)	chair and at least 6 times annually. Quorum. A majority of the voting members of the Commission constitutes a quorum for the transaction of business. Officers. The Commission must elect from among its voting members a chair, vice-chair, secretary, and other officers it deems appropriate. Compensation. A member must serve without compensation, but the
93 94 95 96 97 98 99	(a) (b) (c)	chair and at least 6 times annually. Quorum. A majority of the voting members of the Commission constitutes a quorum for the transaction of business. Officers. The Commission must elect from among its voting members a chair, vice-chair, secretary, and other officers it deems appropriate. Compensation. A member must serve without compensation, but the member may request reimbursement for mileage and dependent care
93 94 95 96 97 98 99 100	(a) (b) (c) (d)	chair and at least 6 times annually. Quorum. A majority of the voting members of the Commission constitutes a quorum for the transaction of business. Officers. The Commission must elect from among its voting members a chair, vice-chair, secretary, and other officers it deems appropriate. Compensation. A member must serve without compensation, but the member may request reimbursement for mileage and dependent care costs at rates established by the County.
93 94 95 96 97 98 99 100 101 102	(a) (b) (c) (d)	chair and at least 6 times annually. Quorum. A majority of the voting members of the Commission constitutes a quorum for the transaction of business. Officers. The Commission must elect from among its voting members a chair, vice-chair, secretary, and other officers it deems appropriate. Compensation. A member must serve without compensation, but the member may request reimbursement for mileage and dependent care costs at rates established by the County. Annual report. The Commission must submit annually a report to the

106	24-76. Staff support.
107	The Department of Health and Human Services must provide the staff support,
108	including administrative and programmatic support, necessary for the
109	Commission to perform its duties.

Fiscal Impact Statement Office of Management and Budget

Bill 10-23		alth - Intel nmission	lectual a	nd Devel	opmental	Disabilit	ies
Bill Summary	Bill 10-23 establishes an Intellectual and Developmental Disabilities (IDD) Commission and creates its guidelines and requirements.						
Fiscal Impact Summary	Expenditures increase by \$52,200 in FY24, \$63,600 in FY25, and beyond for a part-time position in the Department of Health and Human Services (DHHS) to support the commission. Revenues are not impacted.						
Fiscal Year	2024	2025	2026	2027	2028	2029	Tota
Personnel Costs	\$46,000	\$62,000	\$62,000	\$62,000	\$62,000	\$62,000	\$356,000
Operating Expenses	\$6,200	\$1,600	\$1,600	\$1,600	\$1,600	\$1,600	\$14,200
Total Expenditures	\$52,200	\$63,600	\$63,600	\$63,600	\$63,600	\$63,600	\$370,200
Revenues	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Impact	(\$52,200)	(\$63,600)	(\$63,600)	(\$63,600)	(\$63,600)	(\$63,600)	(\$370,200
FTE	0.50	0.50	0.50	0.50	0.50	0.50	
	provid come 3 mod	de the staffing from the crea nths lapse, an	g and program ation of a 0.5 ad would incre	ssion would re nmatic suppor FTE that wou ease up to \$62	t required. Th ld cost up to 5 2,000 in FY25	e impact from \$46,000 in FY assuming a f	n this would 724, assuming full year and
Fiscal Impact Analysis	provided come 3 more services 3 more services 3 more services 4 more services	de the staffing from the creating lapse, and to annualize arding costs of the costs	g and program ation of a 0.5 and would increase the position of up to \$6,200 d beyond. Thould be hired in FY23, a costaff would increase be made ,000 to reflect	nmatic suppor FTE that wou	t required. The ld cost up to \$2,000 in FY25 in of the 0.5 For recurring operators Statement into FY24. Do it in could be ing costs by a provided for Y23, FY24 coution of contral	e impact from \$46,000 in FY assuming a force would also anticipates me hired in the corrent sts would also ctual staffing	this would 24, assuming full year and o require use costs of erit staff to sthat if the bicurrent year. \$16,000 in year budget, o increase by of the
Fiscal Impact Analysis Staff Impact	provide come 3 more beyon on box \$1,600 the Come FY23 Shou approached approached The Come The Come performan come come come come come come come come	de the staffing from the creating to annualize arding costs of the commission we implemented grontractual staff resour eximately \$16 mission in the contractual of th	g and program ation of a 0.5 and would increase the position of up to \$6,200 d beyond. The could be hired in FY23, a contact of the could be made at a could be a	nmatic suppor FTE that wou ease up to \$62 n. The creation of in FY24 and his Fiscal Impartment months ontractual postorease operating costs are not available in Fit the continua	t required. The ld cost up to 52,000 in FY25 nof the 0.5 For recurring operated Statement into FY24. Do ition could be ing costs by a provided for Y23, FY24 coution of contral a merit position as (HHS) will tic, necessary	e impact from \$46,000 in FY assuming a force would also rational experiments and in the cupproximately in the current sts would also ctual staffing on can be hired to y for the Committee or for the Committee in the Committee of the Committee in	this would '24, assuming full year and o require nse costs of erit staff to sthat if the bicurrent year. \$16,000 in year budget. Increase by of the d.
	provide come 3 more supported supported to the Committee	de the staffing from the creating to annualize arding costs of the commission we implemented grontractual staff resour eximately \$16 mission in the copartment of the total cort the IDD Commission cort cort cort cort cort cort cort cort	g and program ation of a 0.5 and would increase the position of up to \$6,200 d beyond. The puld be hired in FY23, a contact would increase be made 1,000 to reflect first quarter of the alth and Finistratively and As indicated immission.	nmatic suppor FTE that wou ease up to \$62 n. The creation of in FY24 and its Fiscal Impartment months ontractual poscrease operating costs are not available in Fat the continuation of FY23 until and programma	t required. The ld cost up to see 2,000 in FY25 in of the 0.5 For recurring operated Statement into FY24. Do it in the could be seen a provided for Y23, FY24 could be seen to the could be seen	e impact from \$46,000 in FY assuming a force would also rational experience anticipates meanicipates meanicipates in the comproximately in the current asts would also ctual staffing on can be hired to required to required to receive for the Comproximately in the current asts would also ctual staffing on can be hired to require to require to require to require to reation of a 0	this would '24, assuming full year and o require nse costs of erit staff to sthat if the bicurrent year. \$16,000 in year budget. In increase by of the d. In provide staff nission to .5 FTE to
Staff Impact	provide come 3 more supported supported to the Land to	de the staffing from the creating to annualize arding costs of the commission we implemented grontractual staff resour the contractual staff resour contractual staff resour the staff resour contractual staff resource the staff resource contractual staff reso	g and program ation of a 0.5 and would increase the position of up to \$6,200 d beyond. Thould be hired in FY23, a costaff would increase be made ,000 to reflect first quarter of the company of the comp	nmatic suppor FTE that wou ease up to \$62 n. The creatio 0 in FY24 and its Fiscal Impathree months ontractual postcrease operation costs are not available in Fit the continuatof FY23 until and programma above this will cet retiree pensect the County	t required. The ld cost up to see 2,000 in FY25 in of the 0.5 For recurring operated Statement into FY24. Do it ition could be seen as provided for Y23, FY24 countries (HHS) will see (HHS) will see (HHS) will see the countries the countries of the see the countries of the seen in or group in the seen in or group in the seen in or group in the seen in the seen in or group in the seen in t	e impact from \$46,000 in FY assuming a force would also rational experience anticipates method in the comproximately in the current asts would also ctual staffing on can be hired to required to receive for the Comproximately and the current asts would also ctual staffing an can be hired to require the required to reation of a 0 msurance cost	this would '24, assuming full year and o require nse costs of erit staff to sthat if the bicurrent year. \$16,000 in year budget. In provide staff mission to .5 FTE to



2023 | Montgomery County, MD

Later actions that may impact revenue or expenditures if future spending is projected	The bill does not authorize future spending.
Contributors	Abdul Rauf, Office of Management and Budget Grace Pedersen, Office of Management and Budget Jason Rundell, Department of Health and Human Services



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Written testimony Bill 10-23

Thank you for accepting my support for Bill 10-23! Support for our Autism and I/DD community is so needed and too many times overlooked.

This is not an intentional 'leaving out' but it is how funding comes from the state and federal government. We are the only population that is growing and growing, graduating into independent and community living, all on our own.. even with our intensive needs.

In my opinion, not only is this Commission desperately needed for our families of diagnoses children, it is necessary for our adult population as well. What the County really needs is an Autism Specialist to head up and link all the services available in the county... maybe that's a bill for another day.

Families flounder throughout the aging process of their children and resources like day programs, emergency services, med management, employment and housing are scarce. The hiring challenges are at a crisis level not only in our county, but state wide.

On behalf of hundreds of families, amazingly gifted individuals and the adorable little tykes who love to line up their trucks, thank you Mr. Albornoz and the entire council staff for recognizing this great need... we are desperate!!

Jenn Lynn Upcounty Community Resources, Inc.

Bill 10-23 to establish an Intellectual and Developmental Disabilities Commission Testimony IN FAVOR by Karen Leggett

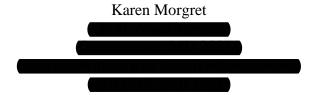
I am writing in support of Bill 10-23 to establish an Intellectual and Developmental Disabilities Commission in Montgomery County. I am the parent of a young adult with intellectual differences and the chair of the Montgomery County Transition Work Group, a coalition of government agencies, service providers and individuals focused on improving the lives of people with developmental disabilities/autism as they transition beyond high school.

The CDC estimates that one in six, about 17%, of children aged 3 through 17 years has one or more developmental disabilities, including Down syndrome, autism spectrum disorders, cerebral palsy, spina bifida, fetal alcohol syndrome, brain injury and more. The Arc Montgomery County estimates that one in ten households in our county includes a child or adult with IDD.

After generations of living out their lives in institutions, more and more of our citizens with IDD are living independently - working, socializing and aging in the community. This new Commission (which must include neurodiverse members) will help ensure their needs are identified, understood and met, by reviewing potential gaps in services and collaborating with other organizations to make sure needs are addressed in a timely manner.

There are at least **600** individuals in Montgomery County on waiting lists for services from the Maryland Developmental Disability Administration: these are Montgomery County citizens who deserve assistance, opportunities and attention now - not in some future year. The Commission can identify ways to address these needs across the lifespan from infancy through aging.

The Commission on People with Disabilities rightly focuses primarily on needs that cut across a wide variety of disabilities in transportation, accessibility, pedestrian safety, recreation, etc. This new Commission will be able to focus on the very particular needs of our neurodiverse citizens, providing information, recommendations and a liaison with the County Council, the County Executive and State agencies and legislators.



Councilmember Gabe Albornoz, Beth Schuman, LCSW-C, Chief of Staff Stella Werner Council Office Building, 100 Maryland Ave, Rockville, MD 20850

March 6, 2023

Dear Councilmember Gabe Albornoz, and Beth Schuman, LCSW-C, Chief of Staff,

I am writing this letter of support as a citizen of Montgomery County and an employee of a local provider (TLC-The Treatment and Learning Centers, Inc.) that provides supports for individuals with IDD/DD in Support of Bill 10-23 to Establish an Intellectual and Developmental Disabilities Commission. This Commission is greatly needed in Montgomery County Maryland. For full disclosure, I am a commissioner on The Commission for People with Disabilities (CPWD) and co-chair of the Developmental Disabilities Advisory Council (DDAC) here in Montgomery County.

Since 1984, Maryland has been a participant in Medicaid waivers. In 1984, the United States Federal Government approved an application from the Maryland Developmental Disabilities Administration (DDA) to use Medicaid funding to provide home and community-based services instead of services in institutions such as Great Oaks and Rosewood Center.

Until Medicaid home and community-based service (HCBS) waivers were introduced, states could only receive federal funding to provide long-term supports to people with developmental disabilities for institutional care. Because federal funding in Maryland pays half the cost of care, the waivers made it possible to expand home and community-based services and close institutions. The services provided in HCBS waiver are required to cost less than being in an institution., ensure the protection of people's health and welfare, provide adequate and reasonable provider standards to meet the needs of the target population, and ensure that services follow an individualized and person- centered plan of care.

In January 2014, the final rule for home and community-based services (HCBS) was approved. The final rule addresses several sections of Medicaid law under which states may use federal Medicaid funds to pay for HCBS. The rule supports enhanced quality in HCBS programs, adds protections for individuals receiving services. In addition, this rule reflects CMS' intent to ensure that individuals receiving services and supports through Medicaid's HCBS programs have full access to the benefits of community living and can receive services in the most integrated setting. The final rule includes a provision requiring states offering HCBS under existing state plans or waivers to develop transition plans to ensure that HCBS settings will meet final rule's requirements.

The DDA is going through a cultural and systems change that has not occurred since Maryland DDA waivers began in 1984. The changes currently going on will impact services provided to participants, how providers do business, how providers are audited, and staff needed. Now is the time for a new commission that can fully focus on all the upcoming changes that are going on with the HCBS final Rule included in a new DDA Community Pathways Waiver and community Supports Waiver that will go into effect in July 2023.

My suggestion for the new Intellectual and Developmental Disabilities Commission is that you add another no voting member with a focus on Mental Health. Mental health has become a major barrier since COVID with many that have IDD/DD/Autism and all other related disabilities.

Thank you in advance for your consideration of my input.

Sincerely,

Karen Morgret

Karen Morgret



Testimony in Support of Bill 10-23, Health - Intellectual and Developmental Disabilities Commission

Lisa Lorraine, Jubilee Association of Maryland March 7, 2023

Good afternoon, council members. My name is Lisa Lorraine, and I am the Breaking Barriers Manager at Jubilee Association of Maryland. Jubilee is a Developmental Disabilities Administration (DDA) residential service provider helping more than 150 adults with I/DD live full and inclusive lives right here in Montgomery County. We received a grant in 2021 to conduct outreach to communities that have been underserved by developmental disability services. Data shows that in Montgomery County, people of Hispanic and Asian descent are not accessing services at the same rates that they are living in our community.

I am here to support Bill 10-23 to create an Intellectual and Developmental Disabilities Commission. We see at Breaking Barriers how much more attention and advocacy is needed for the IDD community in Montgomery County.

Services for people with IDD are complicated to access even for people who are native English-speaking, high-income and college-educated. You can imagine how access becomes much more complicated for people who speak English as a second language, people who struggle to pay for food and rent, or those who don't have access to a computer and are not email users.

Since 2021, I have worked with over 125 Montgomery County families, two-thirds of whom are Hispanic. I've worked with both children and adults who need my help to access services. I'd like to share three recent stories with you to illustrate the needs of this community.

I helped the family of a 22-year-old with Down syndrome make their first appointment to apply for social security benefits, a benefit the young woman has likely been eligible for since age 18, but the family did not know that she could apply for.

I called the office of a neurologist that is a Medicaid provider to advocate for a family who was told they needed to bring their own Spanish interpreter to the appointment even though the medical office must provide an interpreter under law.

And just last week, I assisted a family that was trying to understand their son's school placement and needed copies of certain school documents. It took three attempts with their MCPS middle school to get the documents needed.



Having heard these examples, it may not surprise you that I commonly hear from families that they have felt discriminated against.

In my work, I also collaborate with DDA service providers and many other disability professionals. If the public systems and the providers continue doing business as usual, we will continue to have inequitable outcomes. But if communication is improved through culturally competent staff, flexibility in communication methods, training in how to use interpreters, and other strategies, we may have a shot of having equitable services for ALL people with IDD in our county.

A new Commission would give space and resources to focus on the needs of our most vulnerable residents. The proposed commission would have the ability to advocate at the local, state and federal levels which is much needed as people with IDD interact with all of these systems. The new commission must focus on ALL people with IDD especially those who have been marginalized by the system because of their race, ethnicity, socioeconomic status or language abilities. Thank you.

DDA Commission Testimony:

As a parent of an adult who participates in Self-Direction Community Pathways Waiver since 2008, and a longtime advocate, I support Bill 10-23, Health – Intellectual and Developmental Disabilities Commission

While I respect the many individuals receiving provider base services, also strongly support the following areas being represented in the new Commission:

Self-Direction - The participant and families using self-directed services need representation on Commission/Committee.

• There are issues with the roll out of EVV by DDA, which is extremely frustrating and creating a lot of stress for self-direction participants and families unnecessarily. DDA did a poor job of the rollout and many families are very concerned about the long-term consequences of EVV on participants. We need feedback from DDA on EVV rollout and implementation. We need to assure DDA doesn't continue to put roadblocks up unnecessarily on self-directed individuals and their supporters.

Long Term Planning - needed for all individuals with IDD whether people are served by provider model or Self-Direction model or something in-between. Individuals will need support to manage their services so individuals will continue to be served regardless of family support.

IDD individuals not served by **DDA** or other services need to be represented. Some of these individuals were lost in the school system and never identified. There are many older individuals of aging parents, who will need support once families aren't there to support them.

Many Individuals with IDD may have co-morbidities such as mental health issues and other disabilities. How will these be addressed by a DD Commission?

Regards
Reda Sheinberg
501 King Farm Blvd, Apt 101

Testimony re: Bill 10-23 to establish an Intellectual and Developmental Disabilities Commission IN FAVOR by Sara Portman Milner

My name is Sara Portman Milner and I am the co-founder and Director of Student Services at Sunflower Bakery. At Sunflower Bakery and Café Sunflower, we are dedicated to our mission of providing skilled job training and employment for adults 18+ with learning differences in pastry arts, production baking, barista service and front-of-house operations. We are an inclusive work-force training organization. Our vision is an inclusive society where all persons, regardless of their differences, have opportunities to lead productive lives.

It is our belief that by establishing an Intellectual and Developmental Disabilities Commission in Montgomery County, that an under-represented and under-heard group of residents will have the opportunity to have their interests presented, prioritized and addressed through the link to the County Council, County Executive and on to critical State agencies and legislators. Precedent has been set for this through the Montgomery County Commission on People with Disabilities. I served on what was then known as the MC "Commission on the Handicapped" from 1983 for about 7 years. Much was accomplished in moving forward the agenda for physical access to/in buildings, kneeling buses to accommodate wheelchairs, hearing access through interpreters provided, vision access with large print materials or voice alternatives, and more. However, that accessibility was focused on people who could function quite independently, once those accommodations were made. The same progress was not made for individuals with intellectual and developmental disabilities (ID/DD). Functioning independently is not realistic for a large majority/number of individuals with intellectual and developmental disabilities, who literally need support from birth to death. Such individuals never "age out." So many areas of greater unmet need for expansion of services have already been identified through the Developmental Disability Advisory Committee of the MC Commission on People with Disabilities. It is time to move this discussion from an advisory committee to a County Commission.

A universal need is for individuals to have full, productive lives within their own communities. Public Law 94-142 and IDEA legislation have made public education available for students with ID/DD in the least restrictive environments, most often in their own communities. Laws have made it possible for inclusion in schools even through age 21, as necessary. Many children have benefitted from that. However, what happens when those same students graduate from high school, whether with a certificate or a diploma. Families experience a "cliff," where there are not enough options available in order for those students to continue to move on in the community having a meaningful, productive life. In 2019 Maryland had an unemployment rate for working age adults with cognitive disabilities of 34%. No longer can students transitioning from school to work have the option of working in a job that pays sub-minimum wage, performing repetitive tasks. Now they are expected to find "'Competitive Integrated Employment' where work is performed by a person with a disability working alongside non-disabled workers and compensated at a comparable and market-driven wage to perform the same tasks." However, employers are not generally interested in hiring people at minimum wage, whose intellectual and developmental disabilities result in working at a slower pace, not being able to work a 40-hour work week, needing on-site support from a job coach and more. Montgomery County could do more to incentivize businesses to offer opportunities to individuals with ID/DD. Having a Montgomery County Commission on People with Intellectual and Developmental Disabilities will make it possible to bring this and so many other issues that have been set aside in these times of "celebrating diversity," to the fore.

In addition to having worked for 45 years as a professional social worker in Montgomery County, with my career having been devoted to inclusion of individuals with disabilities in all aspects of community life, I have intimate knowledge of the often-unmet and life-long needs of individuals with intellectual

and developmental disabilities. I have a 59-year-old brother with Down Syndrome whose life expectancy at birth in 1963 was somewhere between 15 and 22 years. Even as he joins other "senior citizens" in aging, he has unique needs that require the services of specialized resources in almost every aspect of his life. In his youth, there were no options for inclusion in school, much less assistance for transitioning to any work other than sheltered employment upon completion. Times have changed; Montgomery County has often provided leadership in so many ways. Let's not let the families of folks with ID/DD down, rather let's lift them up through a Commission that will allow those unheard voices to be heard and have those unmet needs addressed in our own community.

Testimony to Support Bill 10-23, Health - Intellectual and Developmental Disabilities Commission

Thank you for letting me speak with you today. My name is Susan Hartung and I am here to express my strong support to establish a Commission on Intellectual and Developmental Disabilities

I am wearing a lot of hats today. I am a retired special education teacher, today I work with over 100 providers of services for the developmentally disabled in Md. I have served on the Board of Directors for national and international organizations and chaired committees at the state and county level. Most importantly, I am here today as Warren and Emily's mom. Warren is 37 years old and has a developmental disorder called KAT6A that has left him intellectually disabled, non-verbal and with diminished muscle tone. Emily is 33 and is classically autistic. None of this is meant to impress you, but to let you know I do know what I am talking about.

During the last 40 years on this journey in the disability world. I have been able to see what can be done when people work together toward common goals. I have seen the satisfaction on an individual's face when they know they have contributed to the community they live in. I have seen parents refuse to leave a program because they had "never seen anyone enjoy spending time with their child before". I have seen parents and professionals bring their voices together to improve policies for those individuals who had no voice. I've seen barriers broken down to ensure that those that needed protection most during a health crisis received it. And all of this has happened here, in Montgomery County.

We have done amazing things but there is much more work to be done.

In Montgomery County there are 42,000 people between the ages of 5-64 with a disability, and 24,000 of them are cognitively disabled.

There has been a 71% increase in special education in our school system in the last 10 years. In the next 6 years there are over 900 students with a disability that will age out of the school system into adult services.

Not only is this population growing, it is aging, and we are not prepared for it. We have early intervention services, transitioning youth services, but what happens when the dd population ages? How are we going to meet their needs as they change? We need to look to providing **supports through the lifespan**.

One of those supports is **housing**. 48% of those with an intellectual disability over the age of 18 live with a family member - what happens when those family members are no longer here to provide a home for them.

Another support is Employment. In Montgomery County the unemployment rate is 4.6%. For the DD population it is 84.5%.

And what about those who aren't even receiving services? The Waiting List for services in Montgomery County is over 600. These are individuals who have been identified as having a developmental disability but DDA does not have the funding to support them.

And this number represents those that we know about For those who do not speak English, or who must work two or three jobs to support their family, finding the resources, and the time, to navigate the system to get the help they need, can be an impossible task.

Montgomery County has always provided for its most vulnerable citizens, but the needs are growing. A Commission dedicated to anticipating the needs of the developmentally disabled, and finding ways to collaborate to meet those needs, means that we can continue to be a community where everyone belongs, are included, and can truly live "their best lives".

Susan Hartung	
	mery Village, MID 20836



March 7, 2023

The Honorable Evan Glass President Montgomery County Council Stella B. Werner Council Office Building 100 Maryland Avenue

Re: Expedited Bill 10-23 – Intellectual and Developmental Disabilities Commission - Established

Dear Council President Glass and Councilmembers:

I am writing to express the Primary Care Coalition's (PCC) support of Bill 10-23. This legislation will establish an Intellectual and Developmental Disabilities Commission charged with advising the County Council and County Executive on matters involving the needs of individuals with intellectual and developmental disabilities (IDD) through robust engagement with key stakeholders and thorough analysis of existing services and service gaps.

For 30 years, the Primary Care Coalition (PCC) has worked to improve the health and lives of people experiencing vulnerability by building partnerships and strengthening systems that engage diverse stakeholders to provide health care and associated services in our community. In 2020 and 2021, PCC partnered with organizations that manage group homes for adults with IDD to provide technical assistance in infection control, testing protocols, and vaccine roll out. Through our partnership with the Nexus Montgomery hospital collaborative, PCC also convenes and facilitates a Hard-to-Place Patients workgroup focused on improving care transitions for patients who have been hospitalized and cannot be discharged due to lack of appropriate community-based services.

People with IDD tend to have limited access to appropriate clinical care due to stigma and structural barriers, as well as greater health education needs resulting from cognitive adaptive limitations that may impede ability to make healthy lifestyle choices. These factors lead to higher rates of chronic health conditions and other poor health outcomes for people with IDD.

People with IDD are represented across all economic and demographic groups; however, access to services and opportunities is not consistently available. People with IDD who also experience cultural and linguistic barriers to accessing services, historic racial inequities, and ineligibility for DDA and Medicaid due to immigration status experience multiple compounding inequities. The establishment of this Commission provides a venue for understanding the nuanced needs of people with IDD in our highly diverse community.

In 2020 in Maryland¹:

18.9% of people with a cognitive disability had asthma vs 7.5% of those with no disability.
 Black, non-Hispanic people with a disability had significantly higher rates of asthma (20.6%) than other demographic groups.

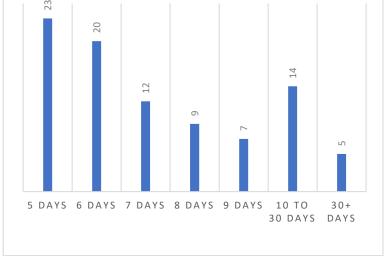
¹ Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities, Division of Human Development and Disability. Disability and Health Data System (DHDS) Data [online]. [accessed Mar 5, 2023]. URL: https://dhds.cdc.gov

- 17.1% of people with a cognitive disability had had diabetes vs 7.3% of those with no disability. Among those with a disability, 18.4% of non-Hispanic blacks, and 23.8% of those who identify as "other" had diabetes vs. 14% of non-Hispanic whites.
- 8.1% have had cancer vs 5.2% of those with no disability. Among those with a disability, people who identify as "other" report the highest rates of cancer (11.8%).

The establishment of a commission focused specifically on improving system-wide coordination and service delivery for residents with IDD is an excellent step in addressing structural barriers to care and service gaps. To illustrate one example, patients with IDD who receive emergency department or in-patient services may find themselves stuck in the hospital because there are not enough facilities with the expertise and resources to accommodate this population.

In FY21, 52 patients with IDD spent 630 days (cumulative) in Montgomery County hospitals beyond their appropriate discharge date due to lack of capacity at an appropriate discharge facility. From January to June of 2022 this rose to 148 patients and more than 2,000 hospital days. Appropriate discharge options are situation dependent but include facilities such as skilled nursing facility, psychiatric hospital, group home, inpatient rehabilitation and even home care.²

The situation is equally alarming for emergency department stays. In 2021, 90 children with IDD spent 902 days (cumulative) emergency departments awaiting transfer to an appropriate facility such as a psychiatric hospital (23), acute care hospital (15), supported care at home (44), or other type of facility (7). Discharge form emergency departments to home or self-care represents the longest wait time of over 500 days (cumulative).³



2021 PEDIATRIC PATIENTS WITH 5+ ED DAYS

Often the reason for these long waits is a lack of capacity at

facilities to appropriately care for patients with severe cognitive and behavioral challenges; however, the pressure of these long wait times only exacerbates patients' behavioral challenges making it even more difficult to find appropriate placements.

The Primary Care Coalition and Nexus Montgomery are working with system partners to address this problem but added support and a venue for discussion within the structure of local government is a welcome development to shed further light on this and many other obstacles to appropriate service delivery for people with IDD in our community.

² Source: Nexus Montgomery Hospital Provided Data FY2021

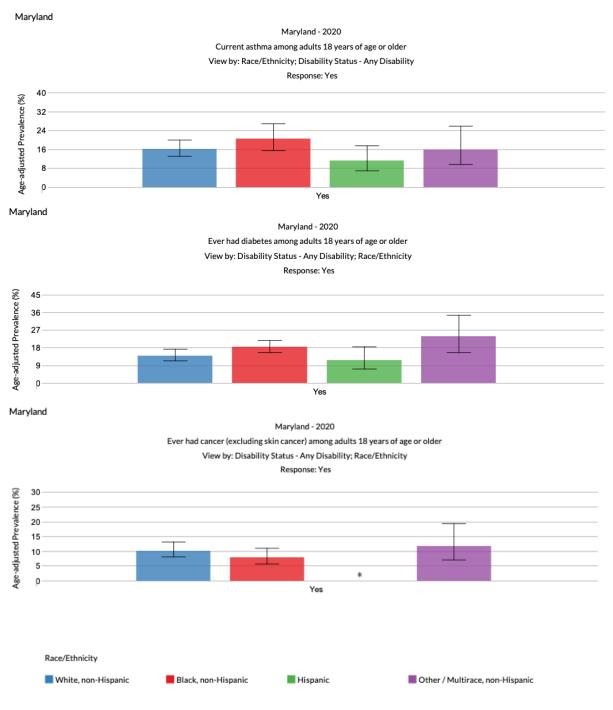
³ Source: Nexus Montgomery CRISP Extract CY2021

The Primary Care Coalition is particularly concerned with ensuring access to care for people who are excluded from existing systems. In the case of

Sincerely,

Temi Oshiyoye Quality Improvement Manager for Nexus Montgomery Primary Care Coalition

Appendix A: Racial Disparities in Health Outcomes Among People with Cognitive Disability



Footnotes

 Data suppressed. Estimates were suppressed if the standard error was greater than or equal to 30% of the estimate or if the unweighted total population was less than 50.

Source: Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities, Division of Human Development and Disability. Disability and Health Data System (DHDS) Data [online]. [accessed Mar 5, 2023]. URL: https://dhds.cdc.gov