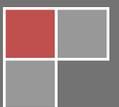


2010

A Case Study of the Impact of Oklahoma Developmental Disabilities Council Programs on the Quality of Life for Beneficiaries

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Executive Summary

This report includes the evaluation objectives, methodology, findings, conclusions, and recommendations regarding program factors that improve the quality of life for persons with developmental disabilities among Oklahoma Developmental Disabilities Council (ODDC) funded programs.

Evaluation Focus

To determine factors for success and long-term sustainability of ODDC funded programs and the impact of ODDC funded programs upon the quality of life for persons with developmental disabilities.

Methodology

Case study methods were used to develop a themed analysis of long-term programs that were originally funded by the ODDC. Four programs agreed to participate in the study by allowing the evaluator to interview program directors and beneficiaries. Seven interviews were collected from four programs and three beneficiaries. The interviewees were asked

- What led to the long term success of your program?
- What barriers did you face along your journey?
- What would you do differently looking back?
- What were some of the highlights of your experience serving people with developmental disabilities?
- Quality of life is a very general term, what does it mean to you?
- Given your definition of quality of life, what are specific things your program does to increase quality of life for participants and their families?

Findings and Conclusions

Numerous factors were identified that lead to the long-term sustainability of ODDC funded projects. Notable factors included

- Experience, wisdom, and passion of the program director.
- Documenting a need for the program before seeking funding.
- Excellent background planning.
- Using a program theory and logic model to implement the program.
- Developing and implementing the program with a variety of stakeholders, including persons with developmental disabilities.

- Building networks for collaboration and synergistic activities.
- Collecting formative evaluative data to guide the program early in implementation.
- Growing the program via a pilot program to test the program before implementing on a larger scale.
- Recruitment of volunteers and participants.
- Institutionalizing programs within communities.
- Celebrating successes.
- An attitude of gratitude.

Persons with developmental disabilities benefited from the programs by receiving scholarships, job training and coaching, academic skill development, enhanced opportunities for employment, and support services.

Project directors experienced several barriers to program success including grant administration, exhausting grant funds while searching for other sources of revenue, challenges connecting with underrepresented groups such as Hispanics and Native Americans, difficulty building networks with organizations that serve persons with developmental disabilities, misinformation regarding services available to persons with developmental disabilities, and a lack of data to drive decisions.

Persons with developmental disabilities benefited directly from the funded projects by participating in education and vocational training, moral and character education, teaching care givers how to better assist persons with developmental disabilities, and becoming empowered to advocate for available services.

Recommendations

The following recommendations are based on the findings and conclusions, including the factors that lead to successful and sustained programs and increased the quality of life for persons with developmental disabilities. These recommendations are offered as guidelines for funding future programs through the ODDC.

- Invest in **people** (program directors) who demonstrate a long history of serving persons with developmental disabilities.
- Require potential applicants to complete a **needs assessment** of their proposed program before implementation.
- Require **evidence of previous planning of program activities** before awarding grants for new projects.
- Require programs to use **program theory** and **logic models** (i.e., Frechtling, 2007; Knowlton & Phillips, 2008) to identify cause-and-effect relationships between program activities and expected outcomes.
- Require program directors to establish **advisory boards** that include persons with developmental disabilities.

- Require program directors to develop an **institutionalization and sustainability plan** when seeking funding to ensure the sustainability of projects post ODDC funding.
- Require a **communications plan** to disseminate project success in the media.
- Require an **inclusion plan** to document how persons with developmental disabilities will be included in the design, development, and implementation of all projects.
- Require a **management plan** for administering the grant.
- Require **systematic formative and summative evaluation** of program outcomes.

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A Case Study of the Impact of Oklahoma Developmental Disabilities Council Programs on the Quality of Life for Beneficiaries

Background and Need for the Study

The Oklahoma Developmental Disabilities Council (ODDC) strives to coordinate state agencies and private organizations to improve the quality of life for persons with developmental disabilities and their families. The ODDC has funded approximately 116 programs from 1987 to 2007 to extend its mission. An external evaluation was conducted in 2008 by Kelsey, Franke, Rucker, and Krysher to determine the outcomes of these programs. Data were collected from 49% of the program directors and managers via a mailed survey questionnaire.

The 2008 evaluation found that the majority of ODDC funded programs had

- Continued beyond the scope of ODDC funding.
- Improved the quality of life of the participants, their families, service providers, and state agencies or programs.
- Encouraged interaction between members of the community and individuals with developmental disabilities.
- Involved individuals with developmental disabilities in the design, delivery, and implementation of the funded program.
- Shared information with others who wanted to develop similar programs in their areas.

To increase the impact of ODDC funded programs, the 2008 evaluation recommended the following:

- Encourage grant recipients to seek additional funding to ensure program continuation in conjunction with funding received from the ODDC.
- Require periodic updates from grant recipients to publicize successful programs.
- Continue funding programs integrating individuals with developmental disabilities with members of the community.
- Promote the dissemination of information about funded programs to local communities.
- Support and encourage community outreach of funded programs.
- Support the improvement of the quality of life for persons with developmental disabilities by funding programs relating to job skills, recreational activities, and community involvement.

The external evaluation used a mailed survey questionnaire to gather quantitative data to answer the evaluation questions and reported findings in the aggregate. This report represents Phase 2 of the evaluation by seeking to gain a deeper understanding of the impact of ODDC programs on the quality of life for beneficiaries using qualitative case study methods focusing on the particular and individualistic aspects of programs that contribute to success.

Methodology

The evaluation was conceptualized as a two-phase project. Phase 1 being the development, implementation and administration of a survey questionnaire to funded program directors and their staff. Phase 1 was completed September 2008, and a final report was submitted to the ODDC. Phase 2 consisted of developing case studies to determine factors for success and long-term sustainability of ODDC funded programs and the impact of ODDC funded programs upon the quality of life for beneficiaries. Data were collected in 2009-2010 using case study methods (Stake, 1995, 2000).

All interviewees were asked the following questions to determine specific factors that enhanced quality of life for persons with developmental disabilities

- What led to the long term success of your program?
- What barriers did you face along your journey?
- What would you do differently looking back?
- What were some highlights of your experience serving people with developmental disabilities?
- Quality of life is a very general term, what does it mean to you?
- Given that definition of quality of life, what are specific things your program does to increase quality of life for your participants and their families?

The results from the survey were used to develop the interview protocol to elaborate on the survey results by providing rich, thick descriptions of program impacts upon beneficiaries. The evaluator arranged site visits with four programs that were purposively selected based on specific criteria for observation and interviews with program directors and beneficiaries. Each organization was asked to provide the name of a beneficiary that could speak about the impacts of the program on their quality of life.

Seven interviews were conducted and presented in tandem as the program director and a beneficiary to give two perspectives on the program. The interviewees included

- Diane Potts, program director, and D. Smith*, beneficiary, of Direct Support for Professionals
- Linda Mattingly-Smith, Mark Wolraich, Louis Worley, program directors, and Jill*, beneficiary, of Sooner SUCCESS
- Nancy Anderson, program director, of Transition
- Mark Englander, program director and Florence*, mother of Don*, a beneficiary of the Habilitation Center (*The names of beneficiaries were changes to protect their privacy).

The population for the survey was all program directors who received services from ODDC funded programs from 1987 to 2007. The participants for the case studies were selected by the evaluator from the population for in-depth analysis on the basis of maintaining the program

long-term and were considered best practices for enhancing the quality of life for persons with developmental disabilities.

The program directors were solicited to participate in the study by letter, email, and telephone. Four program directors responded to the call and agreed to participate in the study. Program directors were asked to refer one beneficiary for an additional interview resulting in seven interviews.

Qualitative data was collected from site visits and face-to-face interviews with program directors and beneficiaries following a semi-structured interview protocol. The interviews were tape recorded for verbatim accuracy. The interview transcripts were coded. The codes were then grouped, distilled, and analyzed for patterns and themes. An overall portrait of participants' responses was constructed and used to develop the case narratives (Creswell, 1998).

Case Findings from the Four Programs

This section provides details on the cases including a brief history of each program, factors that led to the success of the program, barriers faced by participants in fully implementing the programs, and how the programs impacted the quality of life for beneficiaries. Three of the four programs studied are complemented by stories from beneficiaries for a total of seven cases. Artifacts to support each case are presented in the appendices and contain photographs and documents related to the programs (the complete appendices are attached to the report as a PDF file).

Direct Support for Professionals

- Program Date: 2/5/2007
- Program Goal: To develop an academic certificate of achievement through Tulsa Community College.
- Program Objectives:
 - 1) Organize and implement a community academic advisory task force representing direct support staff, provider agencies, educational and training institutions, and relevant state-wide organizations to provide expertise and input on training and educational needs for DSPs.
 - 2) Establish appropriate college-level credit for current mandated training for direct support staff.
 - 3) Develop curriculum and submit academic certificate through institutional process.
 - 4) Implement pilot program for DSP option.
 - 5) Begin initial investigation to establish DSP professional affiliation for Oklahoma.
- Amount funded: \$10,438
- Contact person: Diane Potts, Assistant Professor of Human Services, Program Director, Tulsa Community College, 3727 East Apache, Tulsa, 74115. Telephone: 918-585-7000

Interview with the Program Director

The evaluator met with Ms. Potts on October 20, 2009 at Tulsa Community College at 10:00 a.m. The following is a summary of the conversation as it relates to the case study.

History of the DSP Program

The Direct Support for Professionals (DSP) program was initiated out of a need for more trained workers to support persons with developmental disabilities in Oklahoma. Ms. Potts had served on the Oklahoma Developmental Disabilities Council (ODDC) for eight years prior to requesting funding for her program. After completing her service as an ODDC member she established a program that would give career status to DSPs. She developed advisory teams in Oklahoma City and Tulsa to assist with creating a curriculum for DSP. A college-level, three-credit hour course was developed that would lead to a certificate. The course is titled DSP Foundations (HSVC 1403). The course was taught online as well as face-to-face to reach the maximum number of participants. Eventually four courses were offered that cumulated in a Certificate.

A second level certificate is planned for DSP in supervisory positions for 2010. The curriculum has been established; however, the courses need to be approved by college administration and are currently under review.

Factors for Success

DSP owes its success in most part to the vision and dedication of Ms. Potts. She maintained her vision for the program for several years prior to asking for funding. She also possesses the necessary skills, knowledge, and connections to implement the program successfully. Specific success factors included

- Building support for the program prior to asking for funding from ODDC through networking.
- Maintaining support for the program state-wide, including asking for and receiving a Governor's proclamation to celebrate DSPs in Oklahoma during the National DSP Recognition Week in September 2009.
- Working with an advisory board to gather input on the program design and implementation.
- Conducting a survey to collect data from a wide spectrum of stakeholders about the need for the program prior to implementation.
- Aligning the program curriculum with national competency standards for DSP (community skill standards).
- Implementing a pilot program to test the model before offering it on a larger scale.
- Recruiting and retaining participants for the program. Twelve students were recruited, four graduated with the certificate in 2009.

- Founding a chapter of the National Alliance for Direct Support Professionals (NADSP), titled Direct Support Professionals of Oklahoma (DSPOK).
- Building the program to grow from a first level Academic Certificate of Achievement (16 credit hours) to a second level Certificate (18 credit hours), to an Associate's degree (60 credit hours) and eventually to a Bachelor's degree (124 credit hours) in Human Services.
- Institutionalizing the DSP program so that it is a permanent offering for Tulsa Community College. The DSP program is in the course catalog.
- Full support from the ODDC.

Benefits of the Program to Beneficiaries

- The primary benefit of the program was a full scholarship to complete the Academic Certificate of Achievement. Twelve people enrolled and four completed the pilot program.
- The beneficiaries of the DSP program were people who assist persons with developmental disabilities. The DSP program teaches learners the knowledge, attitude, and skills necessary to better serve persons with DD. Entry level employment pays minimum wage, or \$7.25 per hour with no education or experience. After completing the first level Academic Certificate of Achievement, an employee could expect to earn \$10 per hour, at 27% increase in pay.
- Each of the learners in the pilot program had job offers immediately from their provider agency.
- Provider jobs with increasing responsibility may pay \$10-\$15 per hour, significantly increasing the income of DSP graduates.

Barriers to Program Implementation

- Administering the grant at an institution that was not experienced in receiving external funding.
- Managing the grant budget took more time than expected.
- Low wages for DSP career are a barrier to encouraging more formal education.
- Provider agencies are cutting back on tuition support during the recession.
- A lack of money for scholarships to support students interested in the DSP program.

What Would the Program Director Do Differently Looking Back?

- Hire an administrative assistant to manage the logistics of the grant.

Highlights of the Program

- Having the Governor recognize all direct support persons. Oklahoma is one of 12 states to have a proclamation for recognition for DSP.

- Seeing students succeed in higher education. For some, this was their first experience in higher education.
- Graduation day.
- Starting Direct Support Professionals of Oklahoma (DSPOK).
- Knowing that DSP work makes a difference in people’s lives. For example, one participant serves a client who was nonverbal. After the DSP participant completed the program her client became “very verbal and leads a full life because somebody stayed in the field and found what was beneath the surface” (D. Potts).

Quality of Life for Persons with Developmental Disabilities

- Defined by Ms. Potts as people “living the life they want to be living, so that means having the supports in place that provide that and allow them to accomplish that.”
- The DSP program directly enhances the quality of life for persons with DD by
 - Educating DSP to “act in a professional manner and care about quality of life for the individual. DSP are advocates for [persons with DD] as well and empower individuals to be advocates for themselves.”
 - Requiring DSP to learn the competencies, do a self-assessment, identify weaknesses, and set goals to develop strengths.
 - DSP work in a team setting to solve clients’ problems. Teams consist of psychologists, therapists, physical therapists, and DSP to advocate for the client.
 - Expanding the definition of disability to aging.
 - Consider replication of the program all along.

Interview with a Beneficiary

The evaluator met with a beneficiary of the DSP program, Ms. D. Smith (name has been changed to protect her privacy), October 28, 2009 at 10:00 a.m. to discuss the effect of the program on her quality of life. The following is a summary of the conversation as it relates to the case study.

Background

Ms. Smith enrolled in the DSP program and was one of four to complete the pilot program in 2008. She completed three courses that led to a Certificate. The DSP program reimbursed her for her classes and she also received a scholarship. She has been a DSP since 1992 and has worked with the same client for 17 years. She was a first time student of higher education when she began the DSP program.

Impact of the Program on Beneficiary

Ms. Smith reported that the greatest benefit of the DSP program was building her self-esteem as a Direct Support Professional and adult learner. She was well supported by Ms. Potts and Ms. Teague as instructors and found the courses excellent. The highlight of the program was

learning how to build networks within the community, especially in the area of advocacy for persons with DD.

Another benefit was reengaging with the community. Because Ms. Smith provided in-home care she did not interact often with co-workers or the public. According to Ms. Smith, “it was a great experience to be able to be out and learn new things and be around people.”

Ms. Smith was also challenged by the program to embrace change and challenges in regard to her lifestyle. She found her life re-invigorated as a result of the program having recently lost her husband and saying good-bye to her son as he shipped out to Iraq.

The DSP program was flexible, allowing learners to take courses online as well as face-to-face. Ms. Smith could maintain her employment, working over 70 hours per week and complete the certificate program at the same time. The instructors, Ms. Potts and Ms. Teague would meet the students at their work sites as well to support learning.

Highlights of the Program for Beneficiary

According to Ms. Smith, the highlight was “to see myself in a graduation outfit for the first time. Honestly, because I didn't graduate high school, I ended up getting a GED, so that was one of the highlights besides being so proud of what we were doing.”

Barriers Experienced by Beneficiary

Ms. Smith reported that one barrier to the program is a limited career outlook for DSP and low wages. She would like to expand her work in a different area. She also suffered a work-related injury and is unable to continue her education in the DSP program because she had a hard time working on the computer. Another barrier was the distance to the courses, they were offered in Tulsa and Oklahoma City, and she lives in Norman.

How Has the Program Impacted Quality of Life for Beneficiary?

Quality of life was defined by Ms. Smith as “where you are still able to make a living, you have descent housing.” Ms. Smith’s economic quality of life did not change as a result of the program.

In terms of her emotional quality of life, Ms. Smith benefited greatly. She was proud of her educational achievement and increased her self esteem. She aspires to become a case manager or program coordinator and to continue her studies in the DSP area. She was offered a job as a program coordinator; however, the pay was the same as her current position and the work load much greater, so she declined the offer.

Overall, the DSP program was beneficial for Ms. Smith as an adult learner and increased her commitment to the DSP profession. Due to personal circumstances, she is unable to fully utilize her Certificate but remains interested in serving persons with developmental disabilities.

Sooner SUCCESS
(State Unified Children's Comprehensive Exemplary Services for Special Needs)

- Program Date: 7/1/2002
- Program Objectives:
 - 1) All children with special needs will receive coordinated, ongoing comprehensive care within a medical home and their local school system.
 - 2) All families of children with special needs will have a financial plan developed to pay for the services they need that will include private and/or public insurance and educational services.
 - 3) All children will receive early and continuous screening for special needs, including health care, mental health, education, and risk for abuse and neglect.
 - 4) Families of children with special needs will partner in decision-making at all levels and will be satisfied with the services they receive.
 - 5) Service systems will be community based and organized so families can use them easily.
 - 6) All youth with special needs will receive the services to make necessary transitions to all aspects of adult life, including adult health care, work and independence.
- Amount funded: \$180,448
- Original Lead PI: Mark Wolraich, M.D., CMRI/Professor of Pediatrics, Child Study Center, 1100 NE 13th Street, Oklahoma City, OK 73117

Interview with the Program Director

Sooner SUCCESS is administered by Louis Worley, State Coordinator and 17 staff; including two regional coordinators, 10 County Coordinators, a Senior Administrative Assistant, a Research Coordinator, and Dr. Mattingly-Smith serves as the Program Development and Evaluation Coordinator. The evaluator met with Dr. Mattingly-Smith November 2, 2009 in Stillwater at 9 a.m. to discuss the nature of the program. On November 18, 2009 the evaluator meet with Louis Worley, State director for Sooner SUCCESS, Dr. Linda Mattingly-Smith, and Dr. Mark Wolraich at the SOONER SUCCESS office in Oklahoma City to discuss the program. The following is a summary of these two conversations as it relates to the case study.

History of Sooner SUCCESS

Sooner SUCCESS began in 2002 for the purpose of linking families with children with developmental disabilities (birth to 21 years) with local support services and resources (<http://www.oumedicine.com/soonersuccess>). The long term goal is to have comprehensive services throughout the state for families with children with disabilities. The program currently

exists in ten counties, Blaine, Kingfisher, Creek, Canadian, Logan, Garfield, Major, Rogers and Tulsa counties are currently active. Cleveland recently became the 10th county and will be up and running soon with the selection of a coordinator. Delaware, in partnership with an OU Family Medicine program through the Sooner SUCCESS Medical Home program, is designated to be 11th county when a coordinator is found.

Sooner SUCCESS was initiated by the Child Study Center Director, Dr. Mark Wolraich, a developmental behavioral pediatrician, who had a vision for increasing access to health care and other services for children with disabilities throughout the state. Realizing that high quality health care for children with disabilities was centrally located in Oklahoma City and Tulsa but lacking in other communities, Dr. Wolraich established a panel of mid- to upper-level managers from state and other agencies that serve children, advocacy groups, and parents. It was confirmed that rural areas were underserved and parents were often alone in connecting with service providers to access health care for their children with special needs. The panel determined that interagency care coordination of services were a priority. They put together an infrastructure that would support integration of community-based support for local capacity building, later to be named Sooner SUCCESS.

The Panel became the state coordinating coalition and they continue to meet. At the community level, there is a coalition of service providers, advocates, and family members who communicate with state agencies and coordinate services and build capacity in Oklahoma. Coordinators were hired to convene the groups and provide coordination of services for families. The four levels of the program include intermittent care coordination for families, including focused care coordination for agency services, and local, regional and state coalitions.

Funding Sooner SUCCESS has been a success story in itself. Title V Children with Special Health Care Needs (CSHCN) funding (federal flow through block grant) provided basic support for the state staff but was insufficient to fund the county coordinators. Funding was requested from ODDC in 2002. Funds were granted for 2003-2006, a three-year grant. During that time Mr. Worley involved the Oklahoma legislature to secure funds from the state budget. He networked and built relationships with legislators by demonstrating the value of the program to constituents. The program was not funded by the State in 2007, so the program directors sought support from the State Department of Education and the Department of Human Services, Developmental Disabilities Services Division for 2007-2008. This funding allowed the program to continue until line item funding could be approved by the Oklahoma legislature in 2009. Mr. Worley noted that “most people begin to panic in their last year of funding and start scrambling around for funds. That's a mistake. The way you do it is you start day one, just like you start your program on day one.”

Today, the program is a line item in the state budget. Mr. Worley has been asked to disseminate the program and funding model in Colorado, Wyoming, and Kansas.

Because of the successful infrastructure, Sooner SUCCESS was asked by the Oklahoma Legislature to develop a program for autism. They were awarded an additional \$243,000 to

recruit and train physicians and replicate Early Foundations, a model early intervention program for young children with Autism Spectrum Disorder (ASD) for early intervention for children with autism in 2009.

The ten county coordinators work one-on-one with families to identify services and “explore ways to bring additional services into communities” (website). One major aspect of the program is to facilitate State Interagency Coordination Coalitions. The coalitions are made up of families and representatives of state agencies. The coalition’s task is to identify “current interagency coordination activities, challenges to effective interagency coordination, and build capacity to address those challenges through policy and/or procedural adjustments. Each county has an active Coalition and they meet monthly to provide guidance to families and each other (website).

Access to Healthcare was an early spin off of Sooner Success. The program provided a Care Coordinator for two rural counties and is describe briefly below. A recent program is The State Sibshop Initiative, a workshop for siblings of children with disabilities. Sibshop is part of a nationwide program and is funded by the Oklahoma Developmental Disabilities Council (ODDC). A state coordinator has been hired and will establish, implement and support five Sibshops in communities across the state each year for three years.

Another focus of monthly coalition meetings is to share information about current events; provide families referral services for government, medical, and educational assistance; and assist families in applying for government-supported programs.

Sooner Success operates in rural areas where there is the greatest need, and services are the most difficult to access. Examples of programs that are supported by county coordinators are Medical Home and Physician Enhancement Assistant (PEA), an OU Family Medicine program. People who are skilled in working with persons with disabilities assist medical staff with charts to ensure correct screenings are completed for children with disabilities, to ensure the children are on track, and to create a health plan for each child. Access to Healthcare is another program located in Garfield County. This program was run through Sooner SUCCESS, and its goal was to review no-shows and cancelled doctor’s appointments by persons with disabilities to determine how families can be better supported to provide health care for their children. The program was not sustained in Canadian County. It was; however, continued in Logan County by community funded support.

Factors for Success

- Sooner SUCCESS operates through an underlying program theory that drives its activities, termed complex adaptive systems approach (Matlow, Wright, Zimmerman, Thomson, & Valente, 2006). This approach allows for flexibility and individualization within each site. County coordinators have autonomy to execute their roles as needed. Coordinators are positioned as problem solvers within a “sparse framework.” According to Mr. Worley, “we ask that a county have a coalition that meets routinely, that they

help the county coordinator with resource identification and interagency coordination when it's necessary and we ask them to put together strategies for filling service gaps or increasing capacity.” For an example of this principle in action, see Appendix for Sooner SUCCESS document regarding program successes in Major County, Oklahoma and other examples of building capacity for children with special needs.

- Sooner SUCCESS has excellent data collection and reporting strategies. They retain a full time program planner/developer and evaluator. They require county coordinators to use a Microsoft Access database called Tracking Log for Coordinators (TLC). Data are used to document family and community contacts for program outcomes, accountability, and securing future funding. They collect program satisfaction data from families as well as data from the national survey of children with special healthcare needs to compare to the program’s statewide community needs assessment.
- Long-term relationships with legislatures. The State of Oklahoma can benefit by using Sooner SUCCESS to meet mandates for providing care for persons with disabilities. Having an ongoing dialog with legislatures can surface opportunities for collaboration.
- Committed and engaged staff is another success factor. The staff are proactive in bringing ideas to meetings to address the needs of clients. Staff are always looking for ways to improve access, address family needs, networking, and building relationships within their community and state.
- Capacity building is a major theme of the program. Staff constantly seek opportunities to build capacity to increase services and quality of life for persons with developmental disabilities. The staff are on the lookout for synergistic activities that will increase capacity in a variety of organizations.

Barriers to Success

- Funding is always problematic. Until 2009 funding was obtained through competitive and term-limited grants.
- Working for a bureaucratic system. Sooner SUCCESS is housed in the OU College of Medicine, Department of Pediatrics and must use valuable time and resources to function within this bureaucratic structure. Mr. Worley reports that hiring is a challenge that often takes extended periods to bring a new person on board. However, the academic infrastructure supports grant seeking activity and gives the program status and name recognition within the state. Another disadvantage of being housed within OU is a lack of visibility and connection with the academic mission.
- The rural nature of Oklahoma has also proven to be a barrier for families seeking services. Rural communities lack resources to serve people with special needs and tend to be less trusting of urbanites.
- No connection with the Hispanic and Native American communities. The Hispanic community is growing in Oklahoma and there are ongoing challenges for reaching this population.
- Lack of understanding of available resources and the relationship among service providers. Families may falsely believe that if they receive support and/or funding from one source they may not be able to secure support and/or funding from another source.

Sooner SUCCESS is a free service and does not preclude receiving services from other agencies, rather it is designed to compliment and facilitate agencies and care.

- Minimal evaluation data. More data collection and outcome measures would help sell the program to funders.

How Has the Program Impacted Quality of Life for Beneficiaries?

Dr. Wolraich defined QoL as “optimizing opportunities and adaptations that (persons with DD) are able to have that makes them as functional as possible within our society.” Sooner SUCCESS has increased the QoL for persons with developmental disabilities by 1) Increasing awareness and access to services through education and empowerment; 2) County coordinators identify what services are not provided and attempt to get those services into their counties; 3) County coordinators educate community members on trends and new services available to them; 4) County coordinators save families time by consolidating services and care information; 5) Country coordinators decrease isolation and stress among families with children with special needs; and 6) Maximizing services by increasing agency collaboration.

“We like to think of it as mortar that is trying to pull that together so that the systems function better to maximize what is going on” (Dr. Wolraich).

Interview with a Beneficiary

Background

Jill is a core family member for Sooner SUCCESS. She has been with the program for six years. Her 10 year old son, Ted has autism and is high functioning. Ted benefited from Head Start as Jill learned how to best meet his needs working within her community. She met Lisa, the Sooner SUCCESS coalition coordinator while Ted was in Head Start; however, lost touch after Ted turned five and was no longer in Head Start. Working with other service providers, Jill was invited to become the core family member for the Sooner SUCCESS coalition in her community. She renewed her friendship with Lisa and is an active member of her community in regard to raising awareness of disabilities.

Impact of the Program on Beneficiary

Through Jill, Ted has benefited greatly from Sooner SUCCESS. Sooner SUCCESS provides support groups to families, dental services, raises awareness of disabilities in schools, conducts workshops such as Parent Café, Play Matters, and puppet shows.

Highlights of the Program for Beneficiary

As a result of Sooner SUCCESS Ted has been able to participate in Play Matters, go on a plane ride, feel more included in his community, expand his social network and meet other children with disabilities so that he does not feel alone. As Jill says, “because of Sooner SUCCESS my kids

got to go on a plane ride, they would never have been able to do that. It's a once in a life time thing for them. It's shown my son that he is not alone, he is not the only one who is bothered by the noise when a balloon pops, he has been able to be around other people like him and see that it's not so bad. He has been giving a lot of learning opportunities because of this."

Barriers Experienced by Beneficiary

Attendance at Sooner SUCCESS meetings is a challenge. Sooner SUCCESS partnered with Systems of Care as they serve similar clients and that has increased exposure in the community.

How has the Program Impacted Quality of Life for Beneficiary?

Jill defines quality of life for Ted as making sure he has the same opportunities as other children. Jill believes that Sooner SUCCESS has improved Ted's quality of life by creating a more inclusive community, by giving her the skills and support she needs to help Ted, and by exposing Ted to other people with disabilities. Sooner SUCCESS has been a key player in Jill's life by answering questions about Ted's disability, providing support, learning about advocacy with Partners in Policy Making, Oklahoma Family Network, Oklahoma Parents Center, as Jill says;

"I would never have been involved without Sooner SUCCESS. It's nice to feel comfortable enough to pick up the phone if I have problems and I can access the right people. As I parent, I felt like service professionals were unreachable. Why would they want to talk to somebody like me? Because of Lisa and her support and the support of the rest of the coalition, it's made me realize that I'm not alone, that there are people out there that are willing to help and listen and guide me."

In summary, Jill says that Sooner SUCCESS is "a great program and our community would be at a loss without it. Everybody knows to call Lisa. Without Lisa we would not have our resource guide. People use the resource guide to help find doctors and daycare. I have handed them out to doctors and schools. Our county is a good sized community and everybody seems to know Sooner SUCCESS. Our community would be at a disservice if we did not have them anymore."

Transition

- Program date: 3/24/1994
- Goal: To provide a transitional vocation program that emphasizes the use of natural environments in order to improve services in rural school districts and to establish summer community transitional programs for those students who need on-going support from school to work as well as leisure and recreational services. The grant will provide for the positions of five transitional specialists to provide transition services and to be liaisons for collaborating resources across agencies and professions.
- Objectives: Develop a formal transition program.
 - Hire and train the five transitions specialists.

- Select vocational training sites.
- Evaluate student's progress at vocational training sites.
- Establish integrated, summer community transition programs.
- Coordinate efforts between home, school and communities to provide integrated, summer vocational training opportunities including recreation and leisure.
- Amount: \$83,317.78
- Contact person: Nancy Anderson, Executive Director of Five Star Interlocal Coop. 1405 East Moses, Cushing, OK, 74023, Telephone: 918-225-5600, nanderson@fsilc.k12.ok.us

Interview with the Program Director

The evaluator met with Nancy Anderson, Executive Director of Transition on January 19, 2010 at 10:00 a.m. at 1405 E. Moses, Cushing, OK.

History of the Transition Program

Ms. Nancy Anderson was hired in 1986 by the Five Star Interlocal Coop and implemented aspects of Transitions at that time. In 1986 the Coop worked with Book Rehab under the umbrella of Cushing Public Schools. Eventually they became an independent organization known as Five Star Interlocal Coop. In 1994 she won a grant from ODDC that allowed the Coop to expand the program to its current level of support for persons with developmental disabilities. Their target audience is severe and profoundly disabled students of the public schools who are members of the Coop. the Coop works with 20 school districts in five counties. Transitions helps students transition into their next phase of life after high school from living in a group home to supported employment.

The Coop is funded by IDEA federal funds (Individual Disability Education Act). Funding from ODDC was used to enhance operations and to hire five job coaches. One coach hired in 1994 is still employed with the Coop. They were also able to purchase curriculum materials, LCCE Life Center Career Education sponsored by CEC Council of Exceptional Children with ODDC funds.

The Transitions Center consists of job coaches who administer evaluations (pre and posttest) of students' abilities and train them according to aptitude for appropriate job placement. The Transitions Center has six job simulated sites where students can learn and practice job-related skills during all four years of high school. Students are then placed in supported work environments, transitioning from high school to employment.

Factors for Success

- Ms. Anderson is passionate about her work and is dedicated to the mission of the organization. She is experienced, well qualified (taught special education for 12 years with Cushing Public Schools) and is committed to the program's success. Her vision of

“the classroom needed to be expanded beyond the four walls” brought this program into existence and has sustained it for 25 years.

- She sees additional needs for a residence program to teach students how to live independently but lacks the time to seek funding for this idea.
- Prior to any intervention, students are tested and surveyed for vocational aptitude and interest to match students with opportunities.
- Students receive out-of-classroom experience, support, coaching, and placement in supported employment. The program “gives them real training” and vocational experience that is appropriate to the students’ abilities.
- The Coop has maintained operations through IDEA flow through money.
- Job coaches are well trained to assess student’s abilities and teach appropriate vocational experiences.

Barriers to Success

- A lack of private and public transportation in rural Oklahoma. The Coop serves five counties and 20 school districts. Students should receive supported jobs in their home communities; however, a lack of transportation disallows local placement. Job simulation is conducted in Cushing because it is one of the largest districts.
- A lack of public transportation disallows students the opportunity to obtain jobs that are more than walking distance from the students’ home because they cannot drive themselves.
- Finding supported jobs for students. Lack of employment opportunities in rural Oklahoma is a barrier for training opportunities and post-graduation placement.

What Would You do Differently Looking Back?

- Overall the program has been a success; however, job coaches need continuing education experiences. A lack of funding prevents CU for employees.
- Replicate the program throughout Oklahoma.

Highlights of the Program

- The vocational experience provided to students.
- Students are taken into community settings to learn social skills. “We take students to restaurants, we have them order food, sit down and eat it, so they know how to socialize.”
- Students are taught basic life skills in addition to math, English, reading and science.
- Students are exposed to the community, social activities, and job-related environments.
- Teaching students how to give back. In budgeting lessons students learn how to allocate money earned on the job to housing, food, utilities and charity.
- Students come to understand the value of money and being a community member who is able to give back through charitable donations.

How Has the Program Impacted Quality of Life for Beneficiaries?

Ms. Anderson defined QoL as “being the best you can be” which is her goal for her students. “Pride, when they knew they were a contributing member of society, they were working, and they worked so hard.” “Work vastly improves their quality of life. It gives them a purpose and they love it. They want to come to school and they want to go to work. They don't want to stay home.”

The specific aspects of the Coop that improve QoL for beneficiaries are job coaching, job simulation, job training including behavior and attitude, and finally job placement. Once students are placed, the Coop reduces involvement.

Final Thoughts

Ms. Anderson is very proud of the Transitions program. She said “I believe in it. You have to have somebody who believes in it.” If time and money permitted, she would like to open an adult day center to enhance social skills and give students a place to practice independent living skills. For now, she has her hands full taking care of the 20 school districts the Coop serves.

The Habilitation Center for Developmentally Disabled Offenders at Joseph Harp Correctional Center

- Date funded: 1996-98,
- Program Goal: 1) To aid the offender in adjusting at his optimal level to both the incarcerated setting and to his post-incarceration circumstances. 2) To evaluate a group of developmentally disabled offenders to determine the kind and extent of coexisting problems that are present, i.e. general areas: neurological, psychological, educational, psychiatric
- Contact: Dr. Mark Englander, Psychologist for Department of Corrections, Joseph Harp Correctional Center. P.O. Box 548, Lexington, OK, 73051 Telephone: 405-527-5593, email: mre5287@sbcglobal.net

Note: Dr. Mark Englander was responsible for implementing the funds (received for 3 years from 1996 through 1998). He and others wrote requests for funds for the 2nd and 3rd years.

Interview with the Program Director

The evaluator met with Dr. Mark Englander, Psychologist for Department of Corrections on February 22, 2010, 2010 at 1:00 p.m. at Joseph Harp Correctional Center in Lexington, OK. They toured the prison facilities and visited with program participants for two hours, then sat for the formal interview at the conclusion of the tour and site visit.

History of the Habilitation Center

Joseph Harp Correctional Center (JHCC) has approximately 1,400 inmates and is a medium security prison for mostly violent offenders. Inmates are serving sentences up to life without parole. Currently there are 70 inmates participating in the Habilitation Programs directed by Dr. Englander and two other staff (both staff have recently left). JHCC houses the only program for prisoners with developmental disabilities in the state. Participants must have an IQ of 70 or less and accompanying adaptive behavior deficiencies to qualify for the program.

The Habilitation Program is housed in a rectangular metal building built with funding from the ODDC (year 1). The building is approximately 30 X 60 feet and contains seven rooms including a restroom, office for Dr. Englander, laundry room, 2nd office, teaching kitchen, classroom with six computers and other curriculum, and multi-purpose room. Year two ODDC funding was spent on the computers and year three funding went toward materials. Materials are used to support classes in cooking with an oven and refrigerator, computer lab and workshop.

The Habilitation Program has evolved over the past 15 years. The Habilitation Program is driven by a program theory and a logic model (Frechtling, 2007; Knowlton & Phillips, 2008) that stresses 1) character building, 2) skills and useful behaviors, and 3) work as lifelong values and habits (see Appendix D for copies of materials used in the program).

Of the 68 participants currently in the program (and six non program participants) 10 are taking the workshop classes, 8 are in pro-social class, 9 are in the decisions class, 4 are in money management class, 3 are in reading class, and 7 are in computer lab. Other classes include choir, music appreciation, and social hour. Crochet is part of the workshop and is very popular as the participants make blankets and toys that are donated to the hospital and other local charities. Helping others is an important aspect of the program theory as it builds self-esteem, a sense of accomplishment, and a connection to the community.

Peer counseling is an important component of the program as the teachers are volunteers from the general population and provide valuable skills to the program. As Robert, a peer counselor and teacher noted, helping others “makes time meaningful.” Robert teaches choir and music appreciation, crochet and other courses.

Participants are given a battery of assessments to determine their background and skill level for placement. They are diagnosed for mental illness and referred for further assessment and medication if needed. The program is customized to each person’s interests and time in prison. Participants set goals and progress is reviewed quarterly. Extensive records are kept by the participants on participation and goal attainment. Families are invited to participate in the reviews. A cumulating event for the year is the Christmas lunch where participants and families eat together.

Factors for Success

- Committed and dedicated program leader. Dr. Englander takes his role as program leader to the level of mission work. He has a strong and abiding faith and uses his faith to change the minds, hearts, and behaviors of the participants. He demonstrates warmth, kindness, and sincerity in all interactions with participants. He has worked for the prison system for 27 years, and has managed the Habilitation Program for 16 years. He has institutionalized the program (all funds now come from the Department of Corrections) and has built trust with participants and volunteers so that being a part of the Habilitation Program is a privilege and looked forward to by participants and volunteers.
- Program theory and a logic model (i.e., Frechtling, 2007; Knowlton & Phillips, 2008) and explicit expectations are provided to participants. They are expected to master 10 skills taught by the program (reading, writing & spelling, money management, health and hygiene, social, cooking, shopping, home improvement, and rights and privileges). Formal instruction is provided to teach skills such as cooking, math, reading, life skills, computer skills, and hygiene. A succession plan is insured by having a concrete program theory and logic model from which to operate. In addition, bible study is offered by Dr. Englander during his off-duty time.
- Having a facility to teach and learn skills and build a positive community environment. The center itself serves as a “home” for participants - a safe place where faith, positive character traits, skills, and useful behaviors are taught, learned, and reinforced. Inmates from the regular population volunteer to teach participants and serve as coaches and peer-mentors.
- Funding from the Department of Corrections. The Habilitation Center is allocated about \$3,000 per year to offer incentives and reward to participants (point sheets). Three positions were also funded; however, this year due to recession, two have been cut.
- Volunteerism. Currently five inmates volunteer as teachers and peer-mentors. The men are dedicated to the program leaders, staff and participants.
- Institutionalization. The program is now imbedded in JHCC operations and budget. Serving prisoners with developmental disabilities has been mandated in several states (not Oklahoma). The Habilitation Center has support from judges.
- Christmas lunch. Participants in the cooking class have prepared the food in the past. Recently the food has been donated. Families are invited to share the meal. It’s a time for participants to demonstrate their newly learned skills to family members and to share in the successes of the year.
- Work. Participants are expected to work for 18 months, 4 hours per day, 5 days a week. After graduating from the program participants may qualify for more desirable jobs within the prison such as working in the kitchen or furniture factory. They also qualify for “good time” or time toward a reduction in sentence.
- Faith is stressed as a path to improved quality of life. Dr. Englander teaches a bible study class during his lunch hour (volunteer time).

Barriers to Success

- Economic recession. There are no extra funds. One staff member was laid off (Paul). There is less money for food to teach the cooking class or to provide incentives to participate in the program.
- Organization and time. There is a great deal of record keeping involved and tracking participants and their accomplishments and incentives. Staff are needed to assist with the program.
- Networking. Dr. Englander would like to build stronger ties with the DDS and community-based providers.

What Would the Program Director Do Differently Looking Back?

- Integrate the faith component sooner.
- Implement the volunteer program sooner for giving to the homeless children.
- Implement the 10 Skills Standards sooner.
- Build community standards by visiting similar programs for professional development.
- More staff development.

How Has the Program Impacted Quality of Life for Beneficiaries?

- Dr. Englander defined quality of life “as the way someone has structured and organized their life, including their faith, relationships, standard of living, pro-social relationships and who won’t be coming back to prison. A law-abiding person, the absence of criminal behavior.” The Habilitation Center has supported quality of life for participants by creating and supporting relationships, building each other up, teaching and practicing empathy and compassion for humanity.
- Civic programs include crocheting blankets for others in need, collecting and donating pull tabs for McDonald House fund raiser, sending cans to ABLE to recycle and cash in, and growing trees for the Children’s Home. These activities teach giving back, moral development and individual self-actualization.
- Faith effects QoL by fulfilling the need for enjoyment, peace and joy. The Habilitation Center program focuses on an abundant life. It builds character, teaches positive behavior, giving to others, and skills such as reading that leads to a more autonomous life.

Interview with a Beneficiary

Don sits quietly with his math tutor, Joseph, and learns how to manage money. The classroom at the JHCC is bright, clean and neat. On the wall is a large chart, the program theory and logic model, which explains the steps in the Habilitation Program. Faith, Character Building, Skills and Useful Behaviors, Work are detailed on the wall for all to review each day as they participate in classes or use the computers. Don has been participating in the program for some time. He will be released from JHCC in December; these are his final months. Don is reserved, not saying

much but interested in the visitor talking to his counselor and peer-mentors. Later in the day he sits with friends and crochets a blanket, beautifully stitched, even, smooth, red, green and gold. This blanket will be donated to a lucky baby at the local hospital. His mother, Florence, says that since Don has been on medication his life has turned around. She says that the Habilitation Program has been “wonderful” for Don. Now he is doing tasks, is more attentive to his personal hygiene, participates in social programs, asks questions, seems less tense and is more engaged with his family.

Before the program, Don was overly shy. He would not engage with people, he did not exercise, rather he preferred to stay inside and play computer games most of the day. Now Don has a good relationship with his cell mate at JHCC, he walks around the track, and is more independent. He gets up every day, showers, brushes his teeth and gets ready for breakfast without prompting. He enjoys cooking and is improving every day.

Don’s quality of life has improved as a result of the Habilitation Program. He is learning new skills, has friends, plays dominos and cards and goes outdoors. He has a supportive community and is non-violent. Before the program Don would not “stick up for himself” according to Florence. Now he has more self-confidence and is learning to “take care of himself, he handles himself a lot better.” He was so “fearful of people, he would not stand up for himself, now he has more self-confidence.” Don is motivated to work on his social skills, and has goals to improve his posture and expression, tone of voice, learn to shop, respond appropriately to threats, make his bed, breakfast, bath, and attend classes.

Florence is also learning to be less co-dependent with her son. She understands her role as an enabler and is attending a support group. She says that Don’s participation in the Habilitation Program has been “very good, the people are so dedicated.” As a result of the Habilitation Program, both Florence and Don are enjoying an enhanced quality of life, learning how to better support their relationship, and function more appropriately in society.

Conclusions

The following conclusions are a synthesis of findings. The programs selected for the cases were funded from three to 16 years ago. The sustained programs were founded and directed by experienced professionals who wrote the grant proposal that was submitted to ODDC and oversaw daily management of the programs.

Factors That Contributed to the Long-Term Successes of the Programs

- Experience, wisdom, and passion of the program director. Each program was lead by a highly committed and capable director who had a long background in serving persons with developmental disabilities.
- Documenting a need for the program before seeking funding. Program directors conducted needs assessments before implementing programs to ensure a good fit within the community.

- Excellent background planning. The program directors conceived of the program idea and then developed networks, panels and advisory boards to further develop the idea and lay the foundation for the programs.
- Using a program theory and logic model to implement the program (i.e., Frechtling, 2007; Knowlton & Phillips, 2008). Program theory is a formal description of a program's concept and an underlying plan for executing a program based on best practices from the literature. Learning from other successful programs and following a plan aided program success. Making that plan explicit among staff, volunteers and beneficiaries also reinforced the mission of the organization.
- Developing and implementing the program with stakeholders, including persons with developmental disabilities. The program directors cast a wide net in recruiting supporters for their programs, in one case, the Governor of Oklahoma.
- Building networks for collaboration and synergistic activities. The program directors and staff looked throughout the state for opportunities to build capacity and increase services for persons with developmental disabilities by collaborating with other organizations.
- Collecting formative evaluative data to guide the program early in implementation. The program directors had systematic data collection strategies in place and used the data to improve the programs.
- Growing the program. The program directors used a pilot program to test out the program before implementing on a larger scale. Successful programs grew over time to accommodate the community.
- Recruitment of volunteers and participants. Program directors actively recruited volunteers and participants for their programs, not assuming *if you build it they will come*.
- Institutionalizing programs within communities. Program directors weaned themselves off ODDC grant funding by institutionalizing programs within communities. All four programs were self-supporting by securing permanent funding from the state government.
- A physical location for the programs. Buildings represent permanence and underscore the need for shelter and safety. All programs were implemented in a space (building or borrowed room) dedicated to their mission. While this seems obvious, the spaces were dedicated to improving the quality of life for persons with developmental disabilities and served as a physical reminder of what is possible when community (an abstract concept) comes together for a common good. The spaces were used for formal teaching, meetings, and sharing information as well as commons areas for recreational and social activities by program staff and participants.
- Celebrating successes. All programs celebrated their successes publicly with newsletters, websites, administrators and legislators. Expertise was dedicated to publishing program outcomes.
- An attitude of gratitude. Program directors, staff, and beneficiaries were all grateful for the opportunity to build, sustain, and participate in their respective programs. Values of altruism and compassion were stressed from the top down. The practice of asking beneficiaries to give back to the community was an integral aspect of the programs.

Benefits of the Programs to the Beneficiaries

- The programs provided scholarships, job training and coaching, academic skill development, enhanced opportunities for employment, and support services for persons with developmental disabilities.
- The major outcome was to build self-esteem among beneficiaries.
- The programs increased mobility and community engagement among beneficiaries.
- The programs empowered participants to advocate for themselves.
- The programs increased inclusion of persons with developmental disabilities within communities.

Situational Barriers to Program Success

- Grant administration proved to be a burden to some program directors.
- Exhausting grant funds while searching for other sources of revenue lead to the failure of many grants (reported in the previous evaluation).
- Working with bureaucratic systems that stymied innovation and flexibility.
- Challenging to connect with underrepresented groups such as Hispanics and Native Americans.
- Difficulty building networks of organizations that serve persons with developmental disabilities.
- Misinformation regarding services available to persons with developmental disabilities.
- A lack of data to drive decisions.
- Lack of infrastructure and economic development within the state, such as public transportation and job opportunities for persons with developmental disabilities.
- The Big Recession of 2006-2011 has greatly impacted all government funded programs by cutting funding.

Hindsight of Program Directors

- Hire staff to help manage the project
- Continuing education for program staff
- Replicate the program
- Utilize volunteers

Highlights of Program Directors

- Celebrating successes with beneficiaries
- Receiving high-level recognition for the program
- Changing beneficiaries lives for the better
- Teaching beneficiaries life skills
- Teaching beneficiaries about giving to others

Quality of Life Defined by Program Directors and Beneficiaries for Persons with Developmental Disabilities

- Independence
- Access to education and job opportunities
- Optimizing opportunities and adaptations
- Equality
- Inclusion in the community
- Ability to get one's needs met effectively
- Being the best you can be
- Self-esteem and pride
- Maintaining positive social relationships

Program Elements that Increase Quality of Life for Beneficiaries and Their Families

- Programs provided education and vocational training to persons with developmental disabilities.
- Programs provided moral and character education to persons with developmental disabilities.
- Programs instructed care givers how to better assist persons with developmental disabilities.
- Programs focused on empowerment, advocacy, and available services for persons with developmental disabilities.

Recommendations

The following recommendations are based on the findings and conclusions, including the factors that lead to successful and sustained programs which increased the quality of life for persons with developmental disabilities. These recommendations are offered as guidelines for funding future programs with ODDC funds.

- Invest in **people** (program directors) who demonstrate a long history of serving persons with developmental disabilities. The program directors' commitment and passion for service appear to be a key variable to program success and sustainability.
- Require potential applicants to complete a **needs assessment** of their proposed program to determine actual need for the program before implementation.
- Require **evidence of previous planning of program activities** before awarding grants for new projects. Ask program directors to document efforts toward developing the programs before seeking funding to include a pilot program or other small-scale activity.
- Require programs to use **program theory and logic models** (i.e., Frechtling, 2007; Knowlton & Phillips, 2008) to identify cause and effect relationships between program activities and expected outcomes.

- Require program directors to establish **advisory boards** that include persons with developmental disabilities.
- Require program directors to develop an **institutionalization and sustainability plan** when seeking funding to ensure the sustainability of projects post ODDC funding.
- Require a **communications plan** to disseminate project success in the media.
- Require an **inclusion plan** to document how persons with developmental disabilities will be included in the design, development, and implementation of all projects.
- Require a **management plan** so that grant recipients are not surprised by the labor involved in administering the grant through their organizations.
- Require **systematic formative and summative evaluation** of program outcomes. Sustained programs relied on data to drive decisions.

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Appendices

(A PDF file, appendices.pdf, is attached to this report with complete appendices for each of the four programs, including printed brochures, news articles, and other non-electronic media provided by the project directors.)

- A: Artifacts for Direct Support for Professionals
 1. Photograph of Ms. Potts in her office with the Governors Proclamation and photograph of DSP graduates
 2. DSPs R'OK Brochure
 3. Take Time to Honor America's DSPs National Direct Support Professionals Recognition Week Poster
 4. State of Oklahoma Executive Department Proclamation of Direct Support Professionals Recognition Week
 5. Tulsa Community College Human Services Certificate Option
 6. Quick Facts for DSP brochure
 7. D. Smith Self-Analysis, essay written at the end of her DSP program
 8. D. Smith reflections on how she has changed as a result of the DSP program in regard to caring for her client

- B: Artifacts for Sooner SUCCESS
 1. Sooner SUCCESS brochure
 2. Sibshops brochure
 3. Major County Champions for Inclusive Communities
 4. Sooner SUCCESS: Assisting Families and Clinicians Connect with Other Community Services. *Society for Developmental and Behavioral pediatrics*, Vol. 12, Issue 1 2007
 5. Canadian county Coalition for Children & Families, talk about team work!
 6. Local child needs medical attention (unknown source)

- C: Artifacts for Transitions
 1. Photographs of the Transactions Building

- D: Artifacts for The Habilitation Center
 1. The Habilitation Center Program Theory and Logic Model
 2. Program Components
 3. Program Plan of Participant's Interests and Plans
 4. Worksheet for documenting participation in classes

Appendix A: Artifacts for Direct Support for Professionals

Photograph of Ms. Potts in her office with the Governors Proclamation



Photograph of DSP graduates of the certificate program and Ms. Potts (far left)



DSPs R'OK Brochure

Take Time to Honor America's DSPs National Direct Support Professionals Recognition Week Poster

State of Oklahoma Executive Department Proclamation of Direct Support Professionals Recognition Week

Tulsa Community College Human Services Certificate Option

Quick Facts for DSP brochure

D. Smith Self-Analysis, essay written at the end of her DSP program December 1, 2008

I reflect to the beginning of the year when I was not sure if I could go back to school and I didn't have any faith in myself. But I was in a group of three other ladies from my area and one being my age. I knew no matter what that if I failed at least I tried. I have grown in so many areas', to think back who I was then, and who I'm now, we are two different people. I had stayed to myself in my job and had lost the ability to mingle with people of the same company that I work for. There was information that was never passed down to me, so new and important information that would of helped not only me but my individual that I serve, I never received. I learned new ways in my class on how to help the individuals we serve.

I had frustrations, in working with my individual on behaviors and I was too close to her, to attached to make a good judgment call. This class showed me that I could back off from the individual I was working with and help her in a more efficient way. I found a very important lesson in this. It helped me separate myself from my job, so I could do a much better job and be able to help individuals in a more professional manner. I learned in different areas in how to help, not only the individual I serve, but also myself. This class gave me courage; it gave me a chance to breathe, to learn and experience a new type of life, education.

One of the biggest frustrations I had is when we had the fast track class and another class together. I was really over loaded, working and trying to stay up with all of it. And not knowing because I hadn't been in college before I thought there was a certain way we was suppose to do our work, but I finally learned that the teachers wanted to see what I knew and how I felt. It took me most of the class semester to understand that. Another frustration I had was traveling to a new place. I have a problem in trying out new things for the first time, but once I've done it, I can adjust. So this class has made me reach out and learn so many things for the first time. I had a habit of staying in a comfort zone, so I'm thankful I was able to learn something new about this also.

I have had the greatest relationships and enjoyed and learned from the people I was around, and we helped each other through bad times. During this year I lost a husband, and my son went to Iraq, if it hadn't been for this class and the support I received from all the individuals I would still be at home working and no education. I feel I can do anything, which is what this class has done for me, besides the knowledge I have in my mind. In my accomplishments I have found ways to help the young lady I work with and it has made her life better and mine also. I not only learned from the teachers but the people going to the classes from their experiences with the people they work with.

As a professional I understand more about individuals with disabilities. I have learned about different diseases, and how to deal with behaviors in a more efficient manner. I have learned how to search out and find information by networking. I'm excited about the fact that hopefully soon we will have a organization here in Oklahoma for Direct Support Professionals, so that we will be recognized for the work we do. I have learned and accomplished all of these things and more, I have a better understanding of the young lady I work with, but I even have more understanding of myself, and why I enjoy this area of work. It is to better the lives of the members we serve, so they can have the same things we do if they wish, to be more productive in society, and also to protect their rights to live a full life.

D. Smith reflections on how she has changed as a result of the DSP program in regard to caring for her client

What did I learn taking the DSP Class?

When I started the class it took me a little while to really focus in on what I was learning, but I think the most important single thing I did learn, that has helped the individual I serve, and that was networking. At the time she (my client) needed dental help and we could not find out who would provide services for her. By learning how to go about finding out information, now she has a dentist and is able to get her teeth fixed. But it wasn't just about this subject; I was trying to find out about different places she could go to. The education that I got from the classes, I feel have enhanced her life. Before the classes I was so close to her that I automatically did things for her, through self analysts I learned that even though you may have worked with a person for a long time, they need to make decisions if they are able to, and now she has empowerment in her life and can tell you when she doesn't want what is being offered. She has more control over her life, and if she doesn't understand I do my best to explain it to her, or show her.

I feel she has become more independent in her own decision-making and is able to enjoy life more. Through the course I got a better understanding of different types of disabilities and causes. I learned about behaviors, adaptive equipment, jobs and workshops, the list is endless. When you work in this field you don't have all the information to be able to help your individual, and even though it has been eighteen years I've worked with her I'm glad that what I have learned can enhanced her life. I work as an advocate for her, that is another area that I

feel is so important so that her needs are met, although I had done that for her, I learned how to advocate in a more efficient way during the classes. I can't express enough how the classes have not only helped me but her also, I want to thank everyone involved in this program, and thank you for give me the opportunity to take these classes.

D. Smith
February 1, 2010

Appendix B: Artifacts for Sooner SUCCESS

Sooner SUCCESS brochure

Sibshops brochure



The following story is highlighted as part of Champions' Community Recognition Program, which identifies communities that are good models of community-based service systems.

Major County, OK

Picture a quiet community located in the northwest area of Oklahoma with a population of about 7000, the residents distributed sparsely across 957 square miles. The nearest metropolitan areas of Oklahoma City and Tulsa are located hundreds of miles away. A community such as this can only be described as very rural, which is exactly how the citizens of Major County, Oklahoma see themselves.

How it All Began: Mental Health Needs

Five years ago Denice Haworth, County Coordinator for the statewide [Sooner SUCCESS](#) program, surveyed families about what their most pressing needs were. Results showed that families had an overwhelming need for mental health services for their children. For good reason, too: At the time, only one part-time mental health counselor was employed in the entire county.

At the same time, Denice also learned of a single mother with four children, all of whom needed mental health services. In order for the mother to attend appointments for all of her children, she had to leave work regularly and pull the child out of school – a serious burden on a working mother. Upon learning of this situation, Denice arranged for school-based counseling to be held once a week for all students in need of mental health services.

This idea only blossomed from there. Today, three mental health professionals are providing services in schools throughout the county. Mental health services are easy to find and accessible throughout the community. In fact, requests about finding counseling services have dropped to being the least-requested service on the key informant survey and in everyday requests received by Denice.

Brainstorming Solutions

Mental health is not the only issue children and families in Major County deal with. Denice, as a County Coordinator, ensures that *any* family with a need is served, even if they don't necessarily have a confirmed diagnosis. This includes families and children of any culture, socioeconomic status, or age.

The most effective way the community meets these needs is through the use of a county coalition, which is organized by Denice. This coalition, which meets monthly, is made up of family partners and service providers, including a school nurse, Family Services, Oklahoma DHS, the Division of Rehabilitation Services, Mental Health, Education, Major County Health Department, and the Office of Juvenile Affairs. The group regularly uses all their combined expertise and backgrounds to brainstorm ideas that will help a specific family's situation. Because the core family member is a strong influence in the coalition, other families can rest assured that there will be decision-makers on the coalition who can empathize best with the struggles they may be facing.

The coalition has a reputation for banding together to help families across many different situations. In one case, the coalition organized a community group (through the Make a Difference Day Committee) to help remodel a family's bathroom to be wheelchair accessible for their 9-year old son with spina bifida and hydrocephalous. Help arrived in the form of funding from many organizations such as Oklahoma DHS, Make a Difference Community Committee, Penner Community Fund, the Donna Nigh foundation, and a number of willing and eager community volunteers such as plumbers, electricians, and carpenters. Even Lowe's home improvement store gave the organizers a discount on an handicap accessible toilet and pedestal sink. The project was time-consuming, but incredibly rewarding. Today, the boy is learning to take care of his own needs, both at home and in school.

The community not only helps young children with special needs, they also assist youth who are transitioning to adult life. One of the many diverse members of the coalition is also a member of the Department of Rehabilitative Services. She travels to schools throughout Major County and works with youth with special needs to make sure they are ready to transition out of high school. In some cases, youth may qualify to continue school for a "13th year" if they are not quite ready to be finished with school.

There have been many cases of youth successfully transitioning to adult life in the community. In one case, a 16-year old with cerebral palsy had a real passion for photography. However, she needed an adaptation for her walker to hold the camera still and enable her to take quality pictures. Denice, along with the girl and her mother, went to a local photographer to get advice. The photographer was happy to become involved and ended up providing photography lessons and making an adaptation for the youth's walker. His influence helped the girl to graduate and continue on to work on her passion in the field of photography at the technology center.

Spreading Awareness to Schools

Oftentimes, when Denice identifies a need in the community through her work, a subcommittee of the coalition is formed from the professionals that are best suited to provide brainpower. Frequently, those professionals come from the school system, as is the case with Vicky Neufeld, a school nurse on the coalition. Vicky is instrumental in spreading awareness of disabilities throughout schools in the community. This is done in a variety of ways, including

[puppet shows about children with disabilities](#) and volunteers from the coalition who read to classes and discuss disability awareness.

Developmental Screening: A Variety of Options

One program that has had an impact on the community of Major County is Sooner Start, Oklahoma's early intervention program designed to meet the needs of infants and toddlers with disabilities and developmental delays. The program is a joint effort of the Oklahoma Departments of Education, Health, Human Services, Mental Health Services, the Commission on Children and Youth, and the Oklahoma Health Care Authority. When a family comes to the county health department, they are referred to Sooner Start for developmental screening. Families find Sooner Start especially convenient because screening assessments are often provided right in the family's home where the child is most comfortable. Sooner Start screens children for vision, hearing, developmental, and mental delays. Most special needs are identified by the time the child is three or four. Denice, as the County Coordinator, then works with the families to ensure children are directed to the right resources.

Families who live in the city of Fairview, which is located in Major County, also have the option of working with Oklahoma Parents and Teachers, or OPAT. An OPAT representative works at a Fairview school, and when a referral is made, that representative visits the family at home just like Sooner Start. The families participate in activities and projects with the main purpose being to promote parent/child bonding. After carefully assessing these activities, the OPAT representative will sometimes make a referral for further care and screening to be done. The best part is that *any* parent can request OPAT services – even if no previous diagnosis has been made on their child.

Fueled by Brainpower

Perhaps one of the most impressive parts of the Major County community is that they function successfully with little to no local funding. It is the responsibility of the members of the coalition to seek out grants or other private sources. Best of all, much of their support comes from private donations in the community. They are lucky to be surrounded by a community that is renowned for working together to identify and meet the needs of families. And the community coalition is the perfect personification of this cohesiveness. As Denice says, "We have a lot of brain power support [in the coalition]; we don't have very much financial support."

So far, brainpower seems to be working nicely to help the citizens of Major County.

Sooner SUCCESS example of building capacity

Another example of building capacity to serve families with children with disabilities involves a case where a family member had spina bifida and used a wheelchair. He couldn't access his bathroom without being lifted from his chair and carried. His family came to the coordinator and said can you help us widen the door. The job required more than widening the door in order to get his chair in the bathroom. The coordinator went to the department of rehabilitation services because she knew that it provided retrofitting design work. They didn't provide the cost of doing the work. Then she went to other service organizations in the community and a couple of foundations and found the money to get the bathroom remodeled for the family. After that was accomplished, they also put in a new ramp at the back door so they had 2 ramps in the house.

After that, the family wanted to thank all of the people who had helped them, so they had a little backyard barbecue and the community members at that event came to the county coordinator and said what's next? That's capacity in a small community. It doesn't have to be bricks and mortar, it doesn't have to be a particular service being provided on a particular date and that sort of thing. This community stepped up for that family and that's increased capacity in many of our rural communities because the need is unique and the population is sparse and you can't keep something in place when nobody uses it. So you have to rise to the occasion. If a community is willing to rise to the occasion more than once, that's increase capacity.

Sooner SUCCESS has also addressed a lack of daycare for children with special. It was originally suggested to build a facility to provide the service. County coordinators surveyed existing childcare programs in the county and found a lot of open spaces, however, providers did not have comfort with having children with special needs. The coalition developed a training program to help the existing childcare programs take children with special needs. Thus, capacity was increased at little cost to the community.

According to Dr. Mark Wolraich “these are ideas that came out of coalitions and coordinators who understand their county and have different ways of solving it. That's what we anticipated with thinking about it as a complex system is that they are going to figure out ways to adapt and that's not predictable beforehand. There has been a tendency in the past to come up with a solution or plan and then from top down bring it from the state down to the local level. But having the tiers we have, there are issues that can flow it up then from the counties where it is clear that multiple counties have the same type of problems to have some influence on the state as to what the state might want to do on a state level.”

Sooner SUCCESS: Assisting Families and Clinicians Connect with Other Community Services.
Society for Developmental and Behavioral pediatrics, Vol. 12, Issue 1 2007

Canadian county Coalition for Children & Families, talk about team work!

Local child needs medical attention, unknown source

Appendix C: Artifacts for Transitions

Nancy Anderson as her desk



Transitions Reception and Work Areas



Transitions kitchen with Nancy Anderson



Transitions dining area and training room for computer skills and internet job searching tasks



Transitions training room for office instruction



Transitions training room for cashiering tasks



Transitions training room for video store reshelving tasks



Transitions training room for greeting card making tasks. Greeting cards are sold under the name, *Special Cards by Special People*



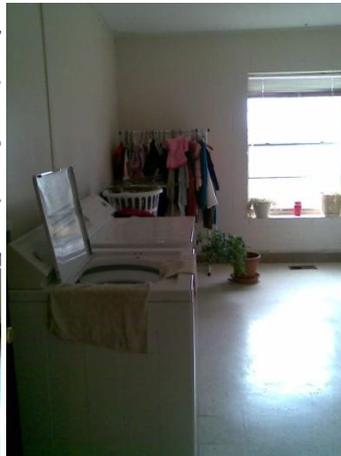
Transitions training room for hotel maid tasks



Transitions training room for restaurant server tasks



Transitions training room for newspaper folding tasks and laundry tasks



Appendix D: Artifacts for The Habilitation Center for Developmentally Disabled Offenders

The Habilitation Center Program Theory and Logic Model

Program Components

Program Plan of Participant's Interests and Plans

Worksheet for documenting participation in classes