

Oklahoma Developmental Disabilities Council

Five Year State Plan

For year 2014

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73107

Section I : Council Identification

PART A: State Plan Period: **October 1, 2011 through September 30, 2016**

PART B: Contact Person: **Ann Trudgeon, Executive Director**

Phone Number: **(405) 521-4966**

E-Mail: **ann.trudgeon@okdhs.org**

PART C: Council Establishment:

(i) Date of Establishment: **1973-Jul-21**

(ii) Authorization: **Executive Order**

(iii) Authorization Citation: **1993-20, retained 4-8-2011 by Gov. Mary Fallin**

PART D: Council Membership [Section 125(b)(1)-(6)].

(i) Council Membership rotation plan:

From Bylaws: All appointments to the Council shall be made by the Governor of the State of Oklahoma in accordance with the Developmental Disabilities Act, and upon the recommendation of the Council and/or other organizations, groups, and individuals.

Should a Council member's appointment lapse, the member will continue to serve until the Governor renews the term or makes a new appointment to that position.

Council members who wish to resign during a current term must notify the Governor's office in writing and will send copies of this correspondence to the Council office.

Should the persons filling mandated positions, or their designees, discontinue their affiliation with the agency/entity, immediate notice will be forwarded to the Governor's office for the naming of a replacement. The agency/entity representative's designee will continue to serve as a voting member of the Council until such time as the agency's/entity's representative is replaced by the Governor.

(ii) Council Members:

#	Name	Code	Organization	Appointed	Term Date	Alt/Proxy State Rep Name
1	Egner, Teri	A1	OK Dept. of Rehabilitative Services	2008-Oct-20	2015-Aug-01	Kim Osmani
2	Hansen, Tricia	A2	Oklahoma State Dept. of Education, Special Education Services	2010-Aug-01	2015-Aug-01	Tammy Lawson
3	Garner, Jane	A3	Dept. of Human Services, Aging Services Division	2008-Mar-19	2015-Aug-01	Sherry Ehrhart
4	Goin, Joanne	A4	OK Dept. of Human Services, Developmental Disabilities Services Div.	1993-Aug-26	2015-Aug-01	Debbie Pumphrey
5	Underwood, Quinton	A5	Oklahoma Disability Law Center	2007-Jul-25	2015-Aug-01	Joy Turner
6	Williams, Valerie	A6	University Center for Excellence in Dev. Disabilities (CLL)	1993-Aug-26	2015-Aug-01	Vyonda Martin
7	Trego, Terry	A7	OARC, Inc.	2006-Aug-29	2017-Aug-01	
8	Corpolongo, John	A8	Oklahoma State Dept. of Health	2006-Oct-17	2015-Aug-01	Ann Benson
9	Schoeb, Blair	A9		2012-Jul-05	2014-Aug-01	
10	Maughan, Brian	A9	Oklahoma County Commission	2012-Feb-09	2012-Aug-01	
11	Sherrer, Ben	A9	Oklahoma House of Representatives	2010-Sep-20	2011-Aug-01	
12	Banta, Dee	B1		2012-Aug-24	2013-Aug-01	
13	Cunningham, Brett	B1		2007-Aug-07	2011-Aug-01	
14	Karner, Jennifer	B1		2013-Nov-14	2017-Aug-01	
15	Kutz, Helen	B1		2006-Nov-15	2011-Aug-01	
16	Lawson, Trevin	B1		2009-Aug-12	2011-Aug-01	
17	Pending at Governor's Office	B1				
18	Pending at Governor's Office	B1				
19	Bennett, Kaleb	B2		2012-Feb-09	2012-Aug-01	
20	Copeland, Lisa	B2		2009-Aug-01	2011-Aug-01	
21	Dysart, Eric	B2		2009-Aug-12	2017-Aug-01	
22	Felty, Wanda	B2		2009-Nov-16	2012-Aug-01	
23	Fisher, Jennifer	B2		2013-Nov-14	2016-Aug-01	
24	Galyon, Dennis	B2		2013-Nov-14	2016-Aug-01	
25	Littlefield, Mindy	B2		2010-Sep-20	2011-Aug-01	
26	Weibner, ReJeana	B2		2010-Sep-27	2014-Aug-01	
27	Arter, Robin	B3		2013-Nov-14	2014-Aug-01	
28	Liotta, Mark	B3		1999-Oct-20	2007-Aug-01	
29	Beard, William	C2		2013-Nov-14	2017-Aug-01	

PART E: Council Staff [Section 125(c)(8)(B)].

#	Name	Position or Working Title	FT/PT %
1	Barcus, Rick	Director of Planning and Grants Management	100.00%
2	Lewis, Mark	Comptroller/Operations Director	100.00%
3	Randle, Jenifer	Advocacy and Training Coordinator/Youth Programs	100.00%
4	Taylor, Erin	Advocacy and Training Coordinator/Adult Programs	100.00%
5	Taylor, Fara	Communications Manager	100.00%
6	Trudgeon, Ann	Executive Director	100.00%
7	VACANT	Administrative Assistant	100.00%

Section II : Designated State Agency

PART A: The designated state agency is:
Oklahoma Department of Human Services (DHS)
P.O. Box 25352
Oklahoma City, OK 73125
phone: (405) 521-3646, fax: (405) 521-6684
email: Edward.Lake@okdhs.org

PART B: Direct Services. [Section 125(d)(2)(A)-(B)].
The DSA provides direct services to persons with developmental disabilities. (Aging, Volunteerism, Child Care, Child Welfare, Children and Family Services, Child Support, Adoption, Adult Protective Services, Developmental Disabilities Services, TANF, SNAP)

PART C: Memorandum of Understanding/Agreement: [Section 125(d)(3)(G)].
The DSA has a Memorandum of Understanding/Agreement with the Council.

PART D: DSA Roles and Responsibilities related to Council. [Section 125(d)(3)(A)-(G)]
Per the MOU with DHS, the Council receives administrative and other support services.

PART E: Calendar Year DSA was Designated. [Section 125(d)(2)(B)]
1973

Section III : Comprehensive Review and Analysis [Section 124(c)(3)]

INTRODUCTION: A broad overview of the Comprehensive Review and Analysis conducted by the Council. The Council gathered information for the Comprehensive Review and Analysis from various resources, including participation and discussion with advocates, community providers and leaders, local and state agencies, and our federal partners, as well as for-profit and not-for-profit non-governmental organizations. An online survey was conducted from July 15, 2010 to August 15, 2010 to gather information to be contained in the Comprehensive Review and Analysis. 10,000 postcards were mailed to self-advocates, family members and professionals statewide. The post card served as an announcement of the upcoming survey and provided information on how to access the online survey. It also announced that Council staff would assist via telephone for those who did not wish to complete the survey on-line. 262 total responses to the survey were completed by the following groups of individuals: 153 Family members, 52 Service providers, 29 Interested Parties and 28 Self-advocates. Responses were received from 39 of Oklahoma's 77 counties, representing both urban and rural areas of the state. Council members, agency personnel and community partners were provided copies of the compiled survey and have provided extensive comment and input in order to develop a comprehensive picture of the service needs in Oklahoma.

The survey asked individuals responding to provide a ranking of their service and support needs in association with the areas of emphasis defined in the DD Act. 150 total responses were received. Following is the list of responses, in rank order (with number of responses per area of emphasis located in parentheses): Community Supports (75), Recreation (70), Quality Assurance (56), Housing (48), Employment (46), Transportation (42), Education (41), Health Care (31), Child Care (28). Participants were also asked to provide comment on other areas to prioritize. Recurring themes in submitted comments were: community supports, waiting list, older individuals caring for a family member, health care/benefits, access to services in rural areas, respite, and availability and coordination of services and supports.

Demographic information in the survey showed the following characteristics: Age (199 responses) of individuals with I/DD show: 0-5 years (6 responses), 6-14 years (33 responses), 15-21 years (41 responses), 22-40 years (64 responses), 41-64 years (50 responses) and 65+ (5 responses). Race (196 responses) of individuals was reflected by the following groups responding: white/Caucasian (161 responses), black/African American (11 responses), American Indian/Alaska native (24 responses), Hawaiian/other Pacific Islander (0 responses), Asian (0 responses), other (7 responses) and 66 individuals chose to skip the question. When asked to identify as Hispanic/Latino (185 responses) the numbers show: Yes-(6 responses), No-(174 responses), Not sure-(2 responses), Decline to Answer-(3 responses), with 77 individuals choosing to skip the question. These data mirror the overall racial and ethnic diversity of the state as a whole. The demographic information tells us that we still have difficulty in reaching minority and ethnic populations. These communities and their needs continue to be compartmentalized within those communities. The discussion on immigration reform on the national and state level has made reaching the Hispanic community more difficult than it has been in the past.

This data was reported to the Council and was used during two Council meetings to discuss potential goals, objectives and activities for the new State Plan.

PART A: State Information

(i) Racial and Ethnic Diversity of the State Population:

Race/Ethnicity	Percentage of Population
White alone	75.4%
Black or African American alone	7.3%
American Indian and Alaska Native alone	6.6%
Asian alone	1.6%
Native Hawaiian and Other Pacific Islander alone	0.1%
Hispanic or Latino of any race	6.2%
Some other race alone	2.7%
Two or more races:	6.3%

(ii) Poverty Rate: 15.7%

(iii) State Disability Characteristics:

a) Prevalence of Developmental Disabilities in the State: 66367

Gollay, Population 3,687,050 x 0.018

b) Residential Settings:

Year	Total Served	A. Number Served in Setting of 6 or less (per 100,000)	B. Number Served in Setting of 7 or more (per 100,000)	C. Number Served in Family Setting (per 100,000)	D. Number Served in Home of Their Own (per 100,000)
2011	175	77.000	65.000	134.000	43.000
2009	181	82.000	72.000	134.000	43.000
2008	159	85.000	74.000	135.000	44.000
2007	159	85.000	81.000	132.000	43.000
2006	163	87.000	76.000	129.000	44.000
2005	168	87.000	81.000	110.000	44.000

c) Demographic Information about People with Disabilities:

People in the State with a Disability	Percentage
Population 5 to 17 years	6.2%
Population 18 to 64 years	14.6%
Population 65 years and over	42.4%

Race and Hispanic or Latino Origin of People with a Disability	Percentage
White alone	15.9%
Black or African American alone	17.1%
American Indian and Alaska Native alone	18.2%
Asian alone	6.9%
Native Hawaiian and Other Pacific Islander alone	0%
Some other race alone	8.5%
Two or more races	15%

White alone, not Hispanic or Latino	16.9%
Hispanic or Latino (of any race)	7.3%

Employment Status Population Age 16 and Over	Percentage with a Disability	Percentage without a Disability
Employed	27.9%	67.3%
Not in Labor Force	68.8%	28.1%

Education Attainment Population Age 25 and Over	Percentage with a Disability	Percentage without a Disability
Less than High School graduate	24.4%	11.2%
High School graduate, GED, or alternative	35.9%	30.5%
Some college or associate's degree	27.8%	32.1%
Bachelor's degree or higher	11.9%	26.2%

Earnings in the past 12 months Population Age 16 and Over with Earnings	Percentage with a Disability	Percentage without a Disability
\$ 1 to \$4,999 or loss	31.3%	21.4%
\$ 5,000 to \$ 14,999	12.1%	9.7%
\$ 15,000 to \$ 24,999	17.3%	18.6%
\$ 25,000 to \$ 34,999	13.2%	14.7%

Poverty Status Population Age 16 and Over	Percentage with a Disability	Percentage without a Disability
Below 100 percent of the poverty level	21.9%	12.6%
100 to 149 percent of the poverty level	13.9%	9.3%
At or above 150 percent of the poverty level	64.2%	78.2%

PART B: Portrait of the State Services [Section 124(c)(3)(A and B)]:

(i) Health/Healthcare:

The Title V Program is administered by the Oklahoma State Department of Health (OSDH), which administers programs for pregnant women, mothers, infants, children and their families through the Maternal and Child Health Service (MCH). The primary areas within the MCH Service are: Child and Adolescent Health (Early Childhood and School Health), MCH Assessment (Data and Evaluation, Pregnancy Risk Assessment Monitoring System and Youth Risk Behavior Survey) and Perinatal and Reproductive Health (Family Planning, Men's Health and Maternity). The OSDH currently has 68 county health departments and 2 independent city-county health departments serving the 77 counties of the state. These city-county and county health departments provide a variety of services such as: immunizations, family planning, maternity education, well-baby clinics, adolescent health clinics, hearing and speech services, child development services, and are part of the SoonerStart Early Intervention Program. The second agency with Title V responsibilities is the Oklahoma Department of Human Services (DHS), which administers the Children with Special Health Care Needs (CSHCN) Program through Health Related and Medical Services of the Family Support Services Division. The majority of CSHCN recipients received medical care at a doctor's office.

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) is responsible for providing services to Oklahomans who are affected by mental and addictive disorders. In fiscal year 2012, the department provided services to approximately 80,000 individuals. Nearly 64,000 received mental health services and 19,000 received substance abuse treatment services, with some overlap. The state subsidizes services for clients with incomes below 200% of the federal poverty level and receives reimbursement for some services for clients who are eligible for the Medicaid program. Oklahoma's mental health system is centralized and primarily state funded (63.2% in FY'12). Services are provided through a network of 5 state-operated and 10 private, non-profit community mental health centers, 3 psychiatric hospitals, crisis

intervention centers, substance abuse treatment programs, residential care homes and other prevention service programs. In the fall of 2008, a federal "Systems of Care (SOC)" grant was renewed to expand a system of family based, children's behavioral health teams statewide. What started out as a program with only a handful of sites now encompasses 58 of Oklahoma's 77 counties. In FY'12, SOC served nearly 1,500 families, with a goal of serving more than 2,000 children each year by the end of the current six-year grant period.

Community Health Centers, known as Federally Qualified Health Centers (FQHCs) last year received \$1,702,921 for outreach & enrollment activities. The 18 organizations operating 73 sites, will assist nearly 44,000 Oklahomans enroll into affordable health insurance coverage and hire 38 additional workers. Oklahoma health centers provide primary medical, dental and behavioral health services to more than 147,000 Oklahomans.

Thirty-nine American Indian Tribes, Nations and Tribal Organizations operate their own health programs. The IHS Office located in Oklahoma City provides technical and administrative support for the provision of health care to American Indians residing in Oklahoma, Kansas, and a portion of Texas. This is the largest IHS service population in the United States extending health care to over 281,000 American Indians. Approximately 12,000 admissions and 1,318,000 outpatient visits are made annually at the 7 Indian health hospitals and 40 outpatient centers within the service area.

The Oklahoma Health Care Authority is Oklahoma's Medicaid agency. Application for coverage is now funneled through the HealthCare.gov website. We will be watching this issue closely as Oklahoma did not choose to expand Medicaid and is not creating its own exchange.

(ii) Employment:

The DHS Developmental Disabilities Services Division (DDSD) offers center-based services (sheltered workshops). These services allow individuals to work and receive training in a controlled environment with many other people with disabilities. Workers are paid in accordance with individual production and the Fair Labor Standards Act (FLSA). Services include assessment, training and transitional services leading to community job placement if the individual chooses. Sheltered workshops are operated under the direction of nonprofit agencies which often subcontract with businesses to provide work for these employees. DDSD also offers community integrated employment. These services are provided in sites typically used by others in the community, which promotes individual independence and inclusion. These services include unpaid work experience, job sampling, and training through other entities such as trade schools, Vo-Techs, Junior Colleges and other community groups. Supported employment is also offered and includes job placement, on-the-job training and supervision by a certified job coach in a community integrated work setting. Supported services are available to help individuals who have severe physical, emotional, mental or multiple disabilities adjust to workplace expectations.

Oklahoma Department of Rehabilitation Services (DRS) contains 5 main areas: Vocational Rehabilitation (VR), Visual Services, Disability Determination Unit (which reviews medical records, to see if applicants are eligible for Social Security benefits), the Oklahoma School for the Deaf, and the Oklahoma School for the Blind. DRS individualized plans for supported employment are developed by each person with assistance from DRS counselors and community-based organizations. Each plan includes specific milestones to be met on the way to meeting employment goals. DRS contracts with community-based organizations to provide supported employment services, such as skills assessment, job placement assistance, on-site job training, and follow-up. VR services are geared toward career counseling, vocational education and training, medical services to improve employment opportunities along with special technology and job placement to assist with career goals. VR operates programs finding employers to hire DRS clients and in providing or financing needed job related supports. DRS also coordinates with 8 tribal regions to provide vocational services and supports to help Native Americans with disabilities obtain their career goals.

Oklahoma has a large and growing population of Project Search sites, including one non-hospital model program with Chesapeake Energy. The Council has provided some minor financial support to these programs, but is encouraged by their results and successes.

The Oklahoma Alliance for Full Participation has recently reorganized and revitalized its group under the banner of "Employment First" and is currently working closely with the national group and concentrating on employment - not only for adults but youth transitioning from school to work. The working group has selected two goals: Youth Transition and Development of policies to make Oklahoma an "Employment First" state.

The Council is part of the State Employment Leadership Network with the Department of Human Services/Developmental Disabilities Services Division and the Department of Rehabilitation Services, and is a member of the Association of Persons in Supported Employment, regularly supporting their annual conference.

Yet with available programs, services and supports, Oklahoma's unemployment rate for people with disabilities mirrors that of the nation as a whole. Collaboration and efforts to engage major employers continue, though they remain hesitant to hire and retain people with disabilities in gainful, self-sustaining employment or jobs of substance.

(iii) Informal and informal services and supports:

The Oklahoma Sooner SUCCESS regional family centers help families access supports, services and resources for their children/youth ages birth to 21, with I/DD, chronic health or mental health needs, as well as abuse/neglect issues. Providers help locate supports, services and resources outside their own agency for clients and patients. Communities in regions supported by the program identify local needs and develop plans to meet and support those needs. Family support includes support and information on local parent networks and support groups, help organizing the child's medical and educational information, or assistance in locating and helping to arrange equipment and information on specific disabilities or conditions that are available to families and providers. County coordinators work one-on-one with families and assist in identifying additional services and supports in the regional communities, as well as work to find better ways to coordinate services.

The Oklahoma Family Network (OFN) provides information and connects individuals with special health care needs and disabilities, their families, and professionals to services and supports in their communities. OFN also provides opportunities to individuals and families to strengthen their communities through leadership development and volunteer efforts. OFN provides parent-to-parent support for those with a child in the Neonatal or Pediatric ICUs, to families of children with chronic health needs or disabilities, cancer, etc., and assistance in locating appropriate and local support groups to meet family needs.

The Oklahoma Sibshop Initiative, using the Don Meyer Sibshop curriculum, currently has 15 Sibshops established in various regions of the state, including those serving military families at Vance Air Force Base (NW), Tinker Air Force Base (Central) and Ft. Sill (SW). The program is designed to collaborate with Sooner SUCCESS, OFN and others in establishing at new support groups in underserved areas of the state.

Tulsa ARC (TARC) operates statewide and provides support to individuals with I/DD by recruiting and training volunteers willing to assist with decisions concerning health, safety and personal development. Other community supports include: delivering bi-lingual parent education and training, educational advocacy, assistance in locating and accessing community resources and assets, and familial connection for those with I/DD. Outreach is aimed at helping with entry into local school systems, transition from the education system to adult services, and assisting individuals in immediate need due to the death of the primary caregiver responsible for the individual. TARC also has a strong self-advocacy effort aimed at development of social and decision-making skills leading to self-directed life in the community.

Tulsa Community College, through its Direct Support Professionals (DSP) Project, works to enhance the quality and the stability of the DSP workforce serving individuals with I/DD. The DSP Project is a statewide collaboration involving persons with I/DD, family members, DSPs, providers, advocates, & support agencies as well as educators/ trainers and the College of Direct Supports online system. The project has developed college courses (for credit) to enhance the career outlook for those in the field. A statewide professional organization has also been established to promote and enhance recognition of the professional nature of the work DSPs do in contributing to the welfare and community inclusion of people with disabilities. This project received its initial funding from the Council and is starting to make systems change in the field of direct support.

(iv) Interagency Initiatives:

The Aging and Disability Resource Consortium (ADRC) and GRANDfamilies initiative for grandparents and other relatives raising children, support and coordinate with the ODDC to promote education, training, services and advocacy for people of all ages with intellectual and developmental disabilities. This partnership and collaboration is assisting to build the infrastructure required for the systems change needed in the state of Oklahoma and has opened doors to other partners and stakeholders to achieve the coordination goals of the federal government. Partners include DHS Family Services Division, Oklahoma Health Care Authority, Senior Health Insurance Counseling Program (SHIP), Mental Health and Aging Coalition, Oklahoma Department of Mental Health and Substance Abuse Services, Area Agencies on Aging, and Centers for Independent Living.

The Oklahoma State Dept. of Health (OSDH) Emergency Preparedness and Response Service has taken the lead and assigned staff to create the Functional Needs Task Force assuring the inclusion of people with I/DD and the elderly. The Task Force has brought together representatives from the City-County Health Depts. in Oklahoma and Tulsa counties, the Oklahoma Office of Emergency Management, OK Dept. of Homeland Security, Dept. Rehabilitation Services-Visual Services and Services to the Deaf and Hearing Impaired, and the American Red Cross. The task force has worked closely with Emergency Managers and first responders in several regions of the state, FEMA Region VI, and task force partners to reach a consensus on how to implement ADA requirements and serve these populations in the event of a disaster.

Redlands Partners (the partnership between the Council, the Center for Learning and Leadership, and the Oklahoma Disability Law Center) has partnered in providing Person-Centered Planning (PCP) and establishing a learning community to engage providers, families and individuals in using the tools developed by Michael Smull and Mary Lou Bourne.

SoonerStart, mentioned below in the Education section, is one of Oklahoma's strongest interagency initiatives, combining the talents of staff in Education, Health, Human Services, Mental Health and Substance Abuse Services, the Commission on Children and Youth, and the Oklahoma Health Care Authority.

The Oklahoma Autism Network is a collaboration between state agencies and private organizations (mostly parent-run organizations) and has done remarkable work in centralizing information about services and supports for people with autism, and directing policy discussions about autism.

The Council and the Department of Human Services' Developmental Disabilities Services Division are entering the second year of the Communities of Practice in Supporting Families federal grant, through the National Association of State Directors of Developmental Disabilities Services. We are working on this grant with the Center for Learning and Leadership (Oklahoma's UCEDD) and are building a large group of stakeholders. To date, we have focused on gathering information from important constituency groups - families on the waiting list, families receiving formal services, families and individuals not on any formal services, case managers, providers, and advocacy groups. We are very excited to see this work better support all families in Oklahoma.

(v) Quality Assurance:

Adult Protective Services is a multi-faceted program for persons 18 years of age or older who are vulnerable and have allegedly been the victim of maltreatment, abuse, exploitation, or neglect by a caretaker or themselves.

Individuals served through home and community-based waiver services receive case management services. The case managers serve as the first-line safeguard for health and safety and identify and arrange for necessary services. A minimum of one contact per month is required, although the circumstances of many individuals mandates far more frequent visits. Each case manager submits monthly contact notes documenting that the required client contacts were made.

Person-centered audits are intended to determine whether services received are relevant based on the individual's expressed goals and whether the services provided represent an efficient use of public resources. Audits typically cover a 4-6 week period and provide a complete assessment of service delivery, including those of case managers and contract professionals, as well as the use of the Department's generic services.

Residential and vocational service providers are surveyed annually to assure their compliance with the performance standards established in Oklahoma Department of Human Services (DHS) and Oklahoma Health Care Authority (OHCA) policy and contracts. Quality assurance staff also follow up to assure deficiencies are corrected and investigate specific allegations that a contractor has violated the provisions of policy or contract.

Oklahoma Advocates Involved in Monitoring (OK-AIM) is comprised of more than 300 volunteers and evaluates the Developmental Disabilities Services Division's residential services against 36 specific outcomes targeting quality-of-life factors.

The Council's own quality assurance efforts are focused on advocacy skills building: Partners in Policymaking and the Youth Leadership Forum.

To assure quality in education programs, Oklahoma has the Special Education Resolution Center.

The Client Assistance Program, which provides quality assurance reviews for services provided by the Department of Rehabilitation Services, is located within the Oklahoma Office of Disability Concerns.

The Client Advocacy Program is located within the Department of Mental Health and Substance Abuse Services, and seeks to advocate for that agency's clients.

Throughout state government, the Office of the Inspector General works to protect the state's citizens from poor-performing state employees.

(vi) Education/Early Intervention:

SoonerStart is Oklahoma's Early Intervention program for infants and toddlers, birth to 36 months, who have developmental delays or who have a physical or intellectual disability diagnosis, such as Down syndrome or cerebral palsy, which will most likely cause a delay. SoonerStart is a collaborative effort of the Oklahoma Departments of Education, Health, Human Services, Mental Health Services, the Oklahoma Commission on Children and Youth, and the Oklahoma Health Care Authority. 2011 data indicate that SoonerStart was budgeted to serve 12,899 infants and toddlers, which includes screening, evaluation, individualized services, and referral to community-based services for children not eligible for early intervention. Child-find efforts have resulted in 1.62% of the birth to three population in Oklahoma being eligible for services through this interagency program. There are 8 regions that provide services to all 77 counties in Oklahoma. Ninety-five percent of services were provided in the natural environments of the home or child care center and over 98%

of individualized services were initiated within 15 days of the written plan being developed. During this period, over 57% of children were within age expectations for social emotional skills, 52% for appropriate behaviors and 50% for early language and literacy. Over 98% of families surveyed indicated that the program helped their family through participation in the program.

CDC estimates approximately 17% of children have a developmental or behavioral disability such as autism, ADHD, or speech and language delays. However, it is estimated that less than 50% of children with disabilities are identified before beginning school. The Council is currently funding the Early Access Oklahoma project through the University of Oklahoma Health Sciences Center, Dept. of Pediatrics, Child Study Center to provide early screening of at-risk children at various regional sites across the state.

Dept. of Rehabilitation Services (DRS) through its vocational program provides specialized transition in its School to Work program. School to Work gives students a head start on work experiences with on-the-job training. DRS also has several Project Search employee supports sites across Oklahoma, including one at one of Oklahoma City's largest companies, Chesapeake Energy.

The Oklahoma Transition Council (OTC) is a 34-member collaborative effort of the Oklahoma State Dept. of Education, Dept. of Rehabilitation Services, Career and Technology Education, higher education and public schools providing transition education and professional development aimed at increasing professional knowledge and capacity building in implementing transition services to assist student to attain their transition goals. Regional state teams work with partners and stakeholders in their communities to further develop family and professional relationships to achieve the OTC's goals.

During the 2010 Legislative session, HB 3393 "Scholarships for Students with Disabilities" passed and was signed into effect by then-Gov. Brad Henry. HB3393 provides parental choice in the form of scholarships to private schools for students with disabilities who are currently being served under an IEP. Private schools must notify the Oklahoma State Dept. of Education of their intent to accept the scholarships and must specify the grade levels and services the school has available to students with disabilities who are participating in the scholarship program. This law remains controversial and has sparked many legal challenges. It has also resulted in the RESPECT Task Force (Rethinking Special Education, Competency and Transition), which will present a significant and multi-faceted study on the issues, strengths, weaknesses and challenges for students in special education and the schools that serve them. Council staff have been instrumental in developing "study questions" and building the committee roster for this effort.

(vii) Housing:

Housing opportunities for people with disabilities are available using Housing and Urban Development funding provided to the state. Access and services are through a network of regional housing authorities using available Section 8 Housing Choice Vouchers. Urban areas tend to have the ability to provide a better network of agency and local programs offering additional services and supports such as: Family Self-Sufficiency (FSS), designed to assist families construct long range plans to improve their economic outlook and reduce dependence on public assistance; Homeownership Programs; and Family Unification, for families who have lost their child or are in danger of losing their child due to inadequate housing; Project Access, a pilot to transition from nursing homes, in partnership with the Oklahoma Health Care Authority (OHCA, state Medicaid agency) via the state Money Follows the Person Grant. Most of these efforts are based in Oklahoma's strong Community Action programs.

The Oklahoma Housing Authority, in connection with DHS-Aging Services, uses the Fair Share Program for those families or individuals with disabilities who qualify under HCBW-ADvantage Waiver. Fair Share defines "disabled family" as a family whose head of household, spouse, or sole member is a person with disabilities. This arrangement may include 2 or more persons with disabilities living together, or one or more persons with disabilities living with one or more persons who are determined essential to the care and well-being of the

person with disabilities.

During the fall of 2010 the Council conducted a informal, random survey of real estate professionals across the state to obtain information on the availability of and demand for accessible homes. Many realtors reported a lack of accessible housing inventory and requests for such listings. Listing requests came from families of individuals with disabilities, older adults downsizing from their current home, and families who are the primary kinship caregiver of an disabled adult or older family member. Sadly, our work to publicize these results with home builders was met with a shrug, and we have no new plans to work on accessible housing.

Habitat for Humanity has constructed a few accessible homes for individuals who have the income and resources and support to qualify for their assistance. Rebuilding Together is a non-profit working in Tulsa and Oklahoma City. They can work with current home owners to modify and upgrade accessibility.

Oklahoma follows the nation in the number of people with disabilities who are being "priced out" of accessible housing in the form of rental or home ownership. Community Action Agencies across the state offer homebuyer education programs and limited financial assistance to those wanting to purchase a home. For those who have purchased a home and have been negatively impacted by the economic downturn, Oklahoma is a participating state in the Emergency Home Loan Program (EHLA).

(viii) Transportation:

Federal Transit funds come to the Oklahoma Department of Transportation (ODOT) and are funneled to over 70 various providers of transportation services in 72 of the 77 state counties. This funding includes Job Access Reverse Commute (JARC) and New Freedom (NF) funds specifically to provide service to people with disabilities and the elderly. Oklahoma's 5310 funding is administered through DHS-Aging Services.

The Oklahoma United We Ride Council has initiated a strategic planning process that seeks to identify priorities and develop processes that identify needs and potential solutions for increased effectiveness of transportation coordination. Council members have been actively involved in regular meetings and transportation conferences and seminars throughout the state, providing current program status and information to participants. United We Ride in its plan will:

- 1) evaluate the most effective and efficient use of public and human service transportation programs funded with state and federal resources in Oklahoma;
- 2) assess mobility barriers faced by people with special transportation needs;
- 3) identify opportunities for improving specialized transportation services;
- 4) assess gaps and overlaps in services caused by duplicated agency efforts, in order to enhance citizen access to all available transportation and resources;
- 5) review the transportation policies of state agencies that provide human service transportation, to identify the most efficient methods for facilitating the coordination of human service transportation services; and
- 6) make recommendations addressing the standards and methods of activity reports; the contents of inter-agency agreements including assurances, financial commitments, monitoring and compliance plans, and the most appropriate and cost-efficient service that can be accomplished through the coordination or consolidation of human service transportation services.

(ix) Child Care:

Child care for children with disabilities is provided through a network of non-profit and for-profit private child care centers/homes or community organizations, most of which accept subsidized funding to provide child care services. There are 4,561 licensed child care centers or homes in the state with a capacity of 136,534 children ages 0-12. Oklahoma Child Care Services of DHS licenses and reviews these facilities. 59.9% received subsidized child care through the DHS. The state uses a 4-tier Star rating system in determining

payment levels for centers or homes. 89% of children receiving DHS subsidies receive child care in 2- or 3-star rated facilities. The state also strongly encourages facilities to be inclusive of children with disabilities. Data on the number of facilities serving children with disabilities is unavailable at this time.

At least two facilities in the state, Special Care in Oklahoma City and Special Kids in Tulsa, provide programs specific to children with disabilities. Special Care provides year-round early childhood education, therapy and afterschool and summer programs for children with and without disabilities, ages 6 weeks to high school seniors. Special Kids provides occupational, physical, and speech therapy for ages newborn to 21.

The 8 Oklahoma Child Care Resource and Referral Centers are available to provide assistance in researching and finding child care services to fit the need of the individual family and child.

(x) Recreation:

Many of Oklahoma's state parks through the Department of Tourism and Recreation have made advancements in efforts to become more accessible in recent years. Resorts are located in many areas of the state and include accessible lodging, RV sites, fishing/boat docks and some limited trail activities.

Many private, non-profit organizations statewide offer a variety of recreational opportunities for people with disabilities, including day and extended camps, basketball, baseball, T-ball, swimming and track and field. Many also plan and provide bowling, bingo, movie nights, music events, arranged walks, summer field trips, camp-outs, arts/crafts, and scouting groups, as well as other community outings and tours. Personal assistance is provided to assist with mobility and safety of their participants.

The Department of Rehabilitation Services maintains an excellent list of camps, sports leagues, etc. for children, youth and adults with developmental disabilities, and publishes this information in an on-line Disability Resource Guide.

VSA Arts of Oklahoma provides appropriate year-round arts programming for individuals with disabilities in many areas of the state. In Yukon, a small group, Bee's Knees, has formed. The focus of this program is to provide recreational studio arts activities to young adults with disabilities, and to help them pursue a career in the arts.

Many communities statewide have constructed accessible city parks; the first two cities -- Duncan and Yukon -- were built with assistance from the Council, well before the passage of the Americans with Disabilities Act.

The Oklahoma State University Horticulture Department has constructed a Sensory Garden on the grounds of its Botanical Garden. This garden contains plant life and activities to stimulate the five senses. A pavilion area provides an outdoor teaching venue. Programs planned include how to adapt home gardens and techniques to make them accessible to not only older individuals but people with physical and I/DD. The Sensory Garden is a former project of the Oklahoma Developmental Disabilities Council.

PART C: Analysis of State Issues and Challenges [Section 124(c)(3)(C)]:

(i) Criteria for eligibility for services:

In terms of developmental disabilities services, state statute defines "developmental disability" per the federal definition used in the Developmental Disabilities Assistance and Bill of Rights Act. However, there is not an assessment tool in place according to the functional definition. More importantly, the state definition includes the codicil that services to persons with disabilities other than cognitive disabilities (those with IQ scores

below 70) are only available to the extent funding is available. This means that, for the most part, a primary diagnosis of mental retardation is required to access services. Rare exceptions to this service eligibility have been for smaller pilot projects one for those with Prader-Willi syndrome, and one for those with autism. In emergency situations persons not currently receiving services who are in imminent danger or those whose family members have suffered a catastrophic health emergency or have died are fast-tracked for services.

SoonerCare (OK Medicaid) is provided through the Oklahoma Health Care Authority (OHCA). Eligibility determination is made through a contract with DHS and includes citizenship and state residency requirements be met and is based on household income in one of four groups: pregnant women, infants/children, parent of a dependent child, non-disabled adults with qualifying children, disabled not living in an institution, individuals approved for institutional care or mental health and substance services. Assets and some expenses may be taken into account. TANF and the very poor elderly or disabled receiving SSI can also qualify. Some individuals may qualify for Medicaid and Medicare.

Insure Oklahoma, the employer sponsored insurance plan provides premium subsidies to assist in coverage for small businesses and those who are self employed with low to moderate incomes. Income criteria similar to those for the Medicaid program apply. Individuals with disabilities working for small businesses or who are self-employed and do not qualify for Medicaid or Medicare, may qualify for Insure Oklahoma. Oklahoma did not elect to accept ACA Medicaid expansion, and was not granted a waiver to strengthen Insure Oklahoma, program will most likely end December 31, 2013.

The SoonerStart Early Intervention program is the access point for Part C services. Upon referral to SoonerStart, intake and evaluations are completed to determine if the family and child meet necessary State and Federal requirements to receive services. When the child ages out of the SoonerStart they are transitioned to school-based services and the IEP is initially written using IDEA criteria.

To be eligible for services through the Oklahoma Dept. of Rehabilitation Services and individual must have a physical or mental impairment constituting or resulting in an impediment to employment; be able to benefit in terms of an employment outcome from services provided; and require services to prepare for, enter, engage in or retain gainful employment. Individuals with a disability or who are blind and receive SSDI or SSI is presumed to meet eligibility requirements if that individual intends to achieve an employment outcome. Service recipients may be required to participate in the cost of some services, including assistive technology, depending on their income level.

Social Security benefits play a large role in determining access to other programs, services and supports. Eligibility and determination are largely based on income, assets and qualifying disability. The process for many people with disabilities or their families is troublesome and time consuming. The Social Security Determination Unit for Oklahoma is contracted through the Oklahoma Dept. of Rehabilitation Services

Eligibility criteria for assistance through the rural and urban social services network varies and can be much less cumbersome. In most cases those seeking assistance only have to prove residency, income and need.

(ii) Analysis of the barriers to full participation of unserved and underserved groups of individuals with developmental disabilities and their families:

There are 671,663 or 18.7% of the population of the state who are uninsured. Using the Gollay formula, over 12,000 of those individuals are assumed to be persons within the I/DD population. Recent Medicaid changes and benefit reductions have left many without full coverage for their needs and many individuals still do not have a "true" medical home.

Transportation continues to be a major barrier in accessing community services not only in rural, but urban areas as well. Hours of operation, either during the week or on weekends, greatly reduces access to

participation in community activities. In urban areas, cumbersome and confusing routes play a large part in lack of use. Even though Job Access Reverse Commute and New Freedom (JARC &NF) funding is used for its intended purposes, interconnectivity between providers makes it extremely difficult for people to get from one region to another in a timely fashion.

The demographic information tells us that we still have difficulty in reaching minority and ethnic populations. These communities and their needs continue to be compartmentalized within those communities. The discussion on immigration reform on the national and state level has made reaching the Hispanic community more difficult than it has been in the past.

Census information shows that Oklahoma is experiencing a cultural, ethnic, and family unit increase in the state's population. Attitudes toward people with disabilities, different cultures and different life arrangements remain to be a barrier in some areas of Oklahoma both urban and rural. This, in most cases makes it difficult to engage these stakeholders in an effort to include them in discussions of services and needs.

Many older caregivers (# I/DD in OK living with aging caregivers-9,468: est. 2010 State of the States) have raised their child in the home without having ever accessed services for the individual. This in itself creates a large barrier in later years. As these caregivers age, their own health issues become a concern not only for them, but their family member with a disability. The service system at present does not fully take into consideration that as these families and individuals with disabilities get older, their needs must be considered when reviewing services and supports, or programs and policies concerning the continuum of care, or services and supports provided in the future. Data in this group mirrors the overall racial, ethnic and cultural diversity of the state as a whole. These need to also be considered when making any changes to the service system.

Program funding within the non-profit, or NGO sector continues to play a major factor in supporting low-income families with young children and people with disabilities. There are areas of the state where gaps in these services do exist. Even though the eligibility criteria are in most cases much easier to meet, there are cases in which providers restrict their program to individuals in very specific areas. However the social services safety net has seen a dramatic decrease in community giving, resulting in reduced or program/service discontinuation while demand has increased.

Due to a lack of knowledge of the services system and available supports and assistance, grandparents and other family members raising grandchildren, or the children of a family member unable to provide that child (21% of whom have a disability), encounter many issues in providing for the children they are taking care of. Agency personnel are sometimes unfamiliar with this population, and what is available to them, as well and the qualifying criteria for assistance. The education system presents a wide range of barriers. As an example, in many cases grandparents are unfamiliar with Special Education services and the entire IEP process. Access to other services and protection of the child's welfare may require legal interventions, which can be cost prohibitive.

(iii) The availability of assistive technology:

ABLETech is Oklahoma's Tech Act project funded through the Rehabilitation Services Administration, U.S. Department of Education. ABLE Tech strives to improve access to assistive technology (AT) for individuals with disabilities of all ages through comprehensive, statewide programs that are consumer responsive and make assistive technology devices and services more available and accessible to individuals with disabilities and their families. AT is provided through the following four core programs: demonstration centers, short-term equipment loan, AT reutilization, and low-interest bank loans for the purchase of AT. Outreach, information and assistance services, and training is provided on an ongoing basis offering information on various AT topics. Collaboration with state agencies and organizations are ongoing to enhance the understanding and access to AT. ABLETech also hosts and provides services, information and AT

assistance through the AgriAbility program to those in the agricultural community who are disabled due to major health issues or accidents.

The OK Assistive Technology Center, based at the OU Health Sciences Center, develops and implements an assistive technology program for teachers, support staff, and related service providers which will increase the knowledge of school personnel in the provision of assistive technology services to students with disabilities and assist Oklahoma public schools in meeting the assistive technology requirements of IDEA. Sadly, this program lost major funding during the past year from the Oklahoma State Department of Education, and free AT assessments are no longer available to schools. It is hoped this program will be revitalized.

There are two major "disconnects" that hurt Oklahomans with disabilities that could be greatly benefitted by AT:

(1) Assistive Technology assessments of varying degrees, and referral to available services, are made through the various agencies including, but not limited to, the Oklahoma State Dept. of Education (through school systems), OK Dept. of Rehabilitation Services, DHS-Developmental Disabilities Services Division. Too often these assessments are not comprehensive, or this is no funding to purchase the needed AT.

(2) There is an assumption that all AT is high-tech and expensive, and since such equipment is not affordable, there is no real "push" to assess. There are hundreds of AT devices that are low-tech and very affordable - items that can be bought, made or adapted at a hardware or department store.

ABLETech is a wonderful, important resource for Oklahoma, but is under-utilized.

(iv) Waiting Lists:

a. Numbers on Waiting Lists in the State:

Year	State Pop. (100,000)	Total Served	Number Served per 100,000 state pop.	National Averaged served per 100,000	Total persons waiting for residential services needed in the next year as reported by the State, per 100,000	Total persons waiting for other services as reported by the State, per 100,000
2013	38.140	6998	183.000	220.000		53.000
2012	36.170	6810	188.000	216.000		52.000
2011	35.790	6248	175.000	201.000		51.000
2010	34.330	5737	167.000	185.000		53.000
2009	36.870	5668	186.200	221.500	0.000	52.000
2007	36.170	5734	191.800	198.200	0.000	54.000
2005	35.480	5757	171.200	184.000	0.000	44.000

b. Description of the State's wait-list definition, including the definitions for other wait lists in the chart above:

The Developmental Disabilities Services Division provides services to persons ages 3 and older who have a primary diagnosis of mental retardation (IQ of 70 or below). Persons served may also have other developmental or physical disabilities such as autism or cerebral palsy, in addition to mental retardation. When State resources are unavailable for new persons to be added to services funded through a HCBS Waiver, persons are placed on a statewide waiting list for community-based services.

The Homeward Bound Class (Hissom closure) does not increase the length of the waiting period for those on

the request list. Numbers of class members are declining over time due to attrition. As these numbers diminish it comes possible to serve additional non-class members in the other three waivers.

c. To the extent possible, provide information about how the State selects individuals to be on the wait list: The wait list is maintained in chronological order based on the date of receipt of a written request for services. There is no pre-screening before a person is added to the wait list, and in that sense, the State does not ever "select" an individual to be on the list. The only way an individual can move through the list is a family emergency that requires immediate attention.

The wait list for persons requesting HCBS Waiver services is administered by DDSD uniformly throughout the state. An individual is removed from the wait list if the individual: is found to be ineligible for services; cannot be located; does not provide required information; has died; is not a resident of the state of Oklahoma; or is offered Waiver services through Medicaid Waiver services, and declines.

d. Entity who collects and maintains wait-list data in the State:

- Case management authorities
- Providers
- Counties
- State Agencies
- Other:

e. A state-wide standardized data collection system is in place:

- Yes/No

f. Individuals on the wait list are receiving (select all that apply):

- No services
- Only case management services
- Inadequate services
- Comprehensive services but are waiting for preferred options (e.g., persons in nursing facilities, institutions, or large group homes waiting for HCBS)
- Other: Family Support Subsidy, DDSD State Funded Services, referral to Oklahoma Family Network

Other services:

Family Support Subsidy, DDSD State Funded Services, referral to Oklahoma Family Network

Other services description(s):

Family Support Assistance payments - This is a cash payment program for families who are caring for children under age 18 at home. In this program, families can receive payments of \$200-\$250 per month depending on the number of children with disabilities in the home. Families who meet the income eligibility may ultimately choose this State-funded cash payment in lieu of Medicaid Home and Community-Based

services (if this happens, they are removed from the list, but may reapply.)

State-funded services consist of traditional group homes, vocational services, including center-based and integrated employment and assisted living. These services are provided to individuals whose intellectual disability does not qualify for Medicaid waiver services. The service recipients typically have a measured IQ between 70 and 75. These services are funded with 100% state dollars.

Adult Day Services have been expanded to meet the needs of individuals on the “waiting list” for DDSD services.

g. Individuals on the wait list have gone through an eligibility and needs assessment:

Yes/No

Use space below to provide any information or data related to the response above:
Eligibility determination does not occur until the application is ready to be processed.

h. There are structured activities for individuals or families waiting for services to help them understand their options or assistance in planning their use of supports when they become available (e.g. person-centered planning services):

Yes/No

i. Specify any other data or information related to wait lists:

h. Every applicant is assisted to locate non-waiver services or a combination of services that might meet their needs. Every applicant is offered mentoring through the Oklahoma Family Network. Oklahoma's participation in the Supporting Families Community of Practice hopes to better address this issue.

i. As of December 10, 2013, there are 6,998 individuals on the waiver request list (wait list). More than 70% of the individuals on the list receive services from another source. These include Medicaid state plan services and services through the public school system. More than one-half of the families on the list have annual incomes of under \$30,000, and one-fourth are below \$15,000.

Between July, 2013 and December 1, 2013, 720 applications have been reviewed. Of that number, 150 are now receiving waived services; a large number opted to continue to receive the Family Support Subsidy, and several were not located or declared ineligible for services.

j. Summary of waiting list Issues and Challenges:

During the 2012 Legislative session, Dept. of Human Services-Developmental Disabilities Services Division requested a legislative funding commitment to reduce the waiting list by 600 individuals per year for a period of 7 years. DDSD received funding in the amount of one million dollars during this session, which will remove less than 200 individuals from the list. It is unknown at this time if future Legislatures will appropriate additional amounts to reduce the size of the waiting list.

The Legislative Session that ended in May, 2011 DDSD was appropriated and additional \$1,000,000 to be used to move the waiting list. As of May 20, 2013 that funding had moved 168: 67 individuals from the waiting list, 36 individuals were moved due to an emergency or child welfare issue. These moves have constituted approximately \$500,000 of the 2011 appropriations. At the end of the 2013 session an additional \$1,000,000 was appropriated and is the queue to be used for further movement of people from the list.

In 2013, Governor Mary Fallin appointed a Blue Ribbon Task Force on the Waiting List. Three current and three former members of the Council, as well as the Council's executive director are appointed to this 11-person committee. We are also proud that all self-advocates and all but one parent are graduates of Oklahoma's Partners in Policymaking program. This committee's work is dovetailing nicely with the Supporting Families Community of Practice grant and the Council's person-centered planning work. The task force is reviewing all formal programs that can/could support individuals with disabilities whilst on the waiting list and defining what it means to be on the waiting list. We are also defining and perhaps redefining the "public promise" that the waiting list suggests to families and individuals who are waiting. Again, there is much potential for this group, which also includes high-level officials from the Governor's office and state legislators.

(v) Analysis of the adequacy of current resources and projected availability of future resources to fund services:

Like most states, Oklahoma continues to struggle with financial resources available to support state agencies. Oklahoma was one of the last states to be hit with decreased revenues because of its significant energy revenues. And, happily, Oklahoma is bouncing back from the recession faster than many states for the same reason.

The Legislative Session that ended in May, 2011 DDSD was appropriated and additional \$1,000,000 to be used to move the waiting list. As of May 20, 2013 that funding had moved 168: 67 individuals from the waiting list, 36 individuals were moved due to an emergency or child welfare issue. These moves have constituted approximately \$500,000 of the 2011 appropriations. At the end of the 2013 session an additional \$1,000,000 was appropriated and is the queue to be used for further movement of people from the list.

Advocates for persons with I/DD scored a major victory during the final week of the 2011 Legislative session. HB 2183 was passed, providing legislative intent to fund State FY 2012 without reduction in services to current DDSD clients being served by the HCBW Waivers, Personal Care and Targeted Case Management. The OKDHS Aging Services Division was able to avoid cuts in Senior Nutrition and related provider rates. The Governor signed HB2183 on June 25, 2011.

No new funding was added to fund additional services and supports to people with I/DD - through any agency that provides such services (OKDHS, Rehabilitation Services, Education, Health, etc.) Sadly, the Department of Education did cut several model programs for students in special education.

Funding continues to be inadequate to meet needs. DDSD has long expressed a desire to fund HCBW services to persons with autism and persons with brain injury -- but funding has never been available for either.

While currently without a waiting list, the Department of Rehabilitation Services does not have adequate services to serve all of its "priority areas," and shortages in Education limit the availability of both the State Department and Local Education Agencies to properly fund services and supports. It seems that the Department of Mental Health and Substance Abuse Services is always desperately short on services supports.

(vi) Analysis of the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities who are in facilities receive:

The Oklahoma Department of Human Services (DHS) Developmental Disabilities Services Division (DDSD) operates three public residential facilities: the Northern Oklahoma Resource Center in Enid, the Southern Oklahoma Resource Center in Pauls Valley, and the Robert M. Greer Center in Enid. The two resource centers provide a full array of medical, therapeutic and vocational services to residents as well as round-the-clock care. The resource centers can also provide some of the therapeutic and vocational services to non-residents.

The Robert M. Greer Center is a smaller, specialized facility for persons with a dual diagnosis of mental retardation and mental illness. The Greer Center is technically a public facility. It is owned by the State of Oklahoma, but operated privately by Liberty of Oklahoma.

All three of these centers are classified as intermediate care facilities for persons with mental retardation (ICFs/MR).

Oklahoma also has twenty-eight private ICFs/MR providers, operating 86 homes. According to the Oklahoma Health Care Authority, 1,748 people were served in these facilities in 2013.

Generally speaking, health care and other services being provided at the public residential facilities is considered good. In fact, it is an oft-cited statement of proponents of the public ICFs/MR that on-site, 24-hour care is exactly what those residents and families need. It was the presence of treatment professionals on the grounds of the public ICFs/MR that caused a name change (from "State Schools" to "Resource Centers") several years ago. DDSD hoped to provide "out-patient" services to those living in the community. However, that plan was scrapped when CMS denied Medicaid payment for non-residential services provided on the grounds of a residential institution.

For the Council, the fact remains that the vast majority of those requesting services from DDSD do not want facility-based/residential services. The Council hopes the state's efforts on "money follows the person" will allow for a greater number of health care and other services to be identified and accessed by those living in the community.

In 2012, the DHS Commission for Human Services voted to close the Northern and Southern Resource Centers. The Council's Person-Centered Planning Project has been instrumental in the transitions of, to date, 68 residents of the Southern Oklahoma Resource Center and 44 residents of the Northern Oklahoma Resource Center (both well-above predicted pace.) Our work will continue, as there are still strong proponents of institutional settings, and there are many private ICFs/MR that are actually now larger than the state institutions. Further, and as mentioned above, we will be watching for the predicted "cost savings" in closing the large facilities. These savings will not be immediate because transitions are expensive - but when they are realized (and we believe they will be), we will need to advocate for those dollars to remain in the DD services budget.

An additional challenge will be to assure that those who have transitioned are not just in a different setting, but living a good life. Again, the Council's Person-Centered Planning project works to assure this, but advocates will need to be cognizant and pro-active in assuring quality lives in the community.

(vii) To the extent that information is available, the adequacy of home and community-based waivers services (authorized under section 1915(c) of the Social Security Act (42 U.S.C. 1396n(c))):

Oklahoma Department of Human Services (DHS) Developmental Disabilities Services Division (DDSD) offers community services for individuals with developmental disabilities and their families. Services are

individualized to meet each person's needs. Services are funded through Medicaid Home and Community Based Services (HCBS) Waivers and through State funds.

The In-Home Supports Waivers (IHSW) allows individuals and families to select services necessary for each individual to remain in his or her own home or family home. Individuals on the IHSW are assigned to DDSD case managers to assist them in locating, securing, and coordinating needed services. The IHSW is the "entry-level" waiver, with people moving up to more comprehensive waivers as need is demonstrated.

Eligible children, ages 3 through 17, may receive up to \$12,820 of services per year through the IHSW-Children. Eligible adults, 18 years or older, may receive up to \$19,225 of services per year through the IHSW-Adult. These waivers are not cash payment programs and all services are provided through agencies contracting with the Oklahoma Health Care Authority. The IHSW-Children provides less funding than the IHSW-Adult because many services are already available to children through the Medicaid State Plan, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program, and the Oklahoma Department of Human Services Disabled Children's Program (DCP).

The other two waivers funded by DHS Developmental Disabilities Services are the Homeward Bound Waiver and the Home- and Community-based Waiver. The Homeward Bound waiver is reserved for classmembers of the lawsuit "Homeward Bound vs. The Hissom Memorial Center." This is a non-capped waiver and essentially an entitlement to comprehensive, community-based services. The Home- and Community-based Waiver is sometimes called "the big waiver," as it provides more comprehensive services than the IHSWs, including residential services.

The waivers provided are, in our opinion, excellent. However, they are inadequate for the following reasons:

- 1) Services are only available to those with a primary diagnosis of mental retardation. There are many individuals with I/DD and significant other disabilities (such as brain injury) that simply do not qualify for community-based waiver services.
- 2) Oklahoma's waiting list for community-based waived services is 6000+ at the time of this Plan's submission. There is simply not enough funding (and, likely, provider capacity) to meet the needs of those on the waiting list.

The Department's programs are monitored by a rigorous quality assurance program that annually monitors the services provided by every contract agency and by a stringent set of measures approved by the Centers for Medicare and Medicaid Services as a condition for waiver approval.

PART D: Rationale for Goal Selection [Section 124(c)(3)(E)]:

The Council worked diligently to identify activities it could undertake that would make needed improvements in Oklahoma's systems of community services and supports. There are many "holes" in the service delivery systems, but the Council wanted to focus on real systemic change efforts and not on specific "hole filling" efforts. The result of this thought process is included in this plan.

The Council applauds the new State Plan format. We loved identifying goal areas that cross areas of emphasis, and we began our process of creating activities for the plan by deciding that we needed to try to meet all areas of emphasis -- especially those identified in our first round of public comment. That being said, the Council didn't want to feel compelled to meet all areas of emphasis if it didn't make sense for the Council to work on those issues, especially with limited human and financial resources. A good discussion of this issue is illustrated on the topic of employment. While many respondents said this was an area of high need,

the Council felt that many agencies were working on this issue; and, in fact, Oklahoma is highly rated nationally in finding competitive, community-based employment for persons with I/DD. The gap we did identify -- and thought we could address -- was high school transition, and supporting efforts that get youth and young adults ready for employment. The Council staff has done tremendous work in developing youth leaders and in motivating youth toward post-secondary education and employment. Absent a state government agency that has transition as a primary focus, the Council will gladly help coordinate these efforts.

Many of the Council's proposed activities focus on Quality Assurance and Formal and Informal Supports. We believe this is the correct zone for our Council. Council members are proud of their efforts in funding Partners in Policymaking and the Youth Leadership Forum. Additionally, having been fortunate to be invited to one of the self-advocacy summits proved to be a turning point for the Council in terms of how we wish to support self-advocacy in Oklahoma. We look forward to working with a coalition of self-advocacy organizations.

Another large discussion point in terms of selecting goals was the Council's desire to "market" people with I/DD and those who provide services to the population. The Council recently completed a longitudinal study of former Council projects and we were pleased to see so much longevity among our former contractors. That being said, we recognized that we should have kept in better touch with these contractors and helped them to grow their programs - both in terms of financial support and in sharing stories of their success within the community. The Council developed new activities (and will revisit current and past activities) in terms of their needs to market these programs, activities and results.

Population demographics (reference CRA) also provided some direction in terms of selecting goals. Census information (reference CRA) shows that Oklahoma is experiencing a cultural and ethnic shift not only in population, but in the needs among those groups. Yet it remains difficult to engage these stakeholders and include them in discussions of services and needs. As the population ages, the needs of these caregivers and family members of individuals with I/DD must also be considered when discussing current and new services and programs. Like most states, Oklahoma also has large and growing rates of autism. In an effort to reach the widest population possible, the Council's activities related to Person-Centered Thinking are key. We believe we can reach many diverse populations and provide culturally-appropriate direction and counsel to individuals with I/DD and their families by training the Person-Centered Thinking tools.

The Council is confident we are on a good and proper path with our selected goals, objectives and activities.

PART E: Collaboration [Section 124(c)(3)(D)]

(i) As a Network:

Oklahoma's DD Act siblings/network is collectively called Redlands Partners in Oklahoma. Redlands Partners has long been a deliberate and thoughtful collaboration. The directors of the Council, Oklahoma Disability Law Center, and Center for Learning and Leadership meet monthly to discuss our individual and joint efforts - along with public policy issues and current events in terms of Oklahomans with developmental disabilities.

Together, the Redlands Partners have long collaborated on many activities and we have no plans to discontinue these activities. Among these are the Governor's Conference on Developmental Disabilities, Justin A. McCurry Library and Resource Center, Disability Information Gateway, Emergency Preparation for people with developmental disabilities, and projects to improve the public's perception of people with developmental disabilities.

Redlands Partners have also long supported each other in individual projects aimed at improving advocacy

training and leadership development among disabilities advocates. Among these programs are the Council's Partners in Policymaking program and Youth Leadership Forum. The Center for Learning and Leadership sponsors Community Leadership Solutions and the LEND Program. The Oklahoma Disability Law Center funds the annual Wrightslaw Special Education Law Symposium and participation of several Oklahoma parents in the College of William and Mary special education law institute. While each of these programs "belongs" to the individual DD Act sibling agencies, we work together to promote these opportunities and discuss improvements.

(ii) With each other: (e.g. Describe the plans the Council has to collaborate with the UCEDD(s). Describe the plans the Council has to collaborate with the P&A.)

The Developmental Disabilities Council does not have any plans to collaborate with only one of our sibling agencies. If the Council plans to work with the Center for Learning and Leadership, we also find a way to include the Disability Law Center, and vice versa.

A major new collaboration has been developed to improve Person-Centered Thinking Practices in Oklahoma. This project is based at the Center for Learning and Leadership and funding for the program comes from both the Developmental Disabilities Council and the Oklahoma Disability Law Center (along with a large provider agency in Oklahoma, Bios Inc.). The goal of this effort is to assure that individuals with developmental disabilities, families, and providers learn to balance what is "important to" the individual with intellectual and developmental disabilities (personal preferences) with what's "important for" an individual with intellectual developmental disabilities (issues of health and safety). We have jointly convened a Learning Community around person-centered thinking/person-centered practices tools developed by Michael Smull and Mary Lou Bourne, and currently have four certified trainers working in Oklahoma.

(iii) With other entities: (e.g. network collaboration with other entities in the State, including both disability and non-disability organizations, as well as the State agency responsible for developmental disabilities services)

Most of the collaborations mentioned above have other agencies and organizations involved. The Governor's Conference on Developmental Disabilities is a large collaboration which includes the Oklahoma Department of Human Services' Developmental Disabilities Services Division and Office of Child Care, the State Department of Education, and Oklahoma Community-based Providers, Inc.

Our work to improve Emergency Preparation for people with disabilities includes the Oklahoma Office of Homeland Security, local Emergency Management agencies and organizations, and the Oklahoma Emergency Preparedness Task Force.

Our work on Person-Centered Thinking Practices includes a large provider agency, Bios; Oklahoma Community-based Providers, Inc.; the Oklahoma Autism Network; the Oklahoma Department of Human Services' Developmental Disabilities Services Division and Aging Services Division; and the Aging and Disability Resource Consortium.

Section IV : 5-Year Goals [Section 124(4); Section 125(c)(5) and (c)(7)]

GOAL # 1: Advocacy and Self-Advocacy Skills Improvement

Oklahoma's advocates and self-advocates for people with intellectual and developmental disabilities will have access to training to improve systemic and individual advocacy skills, and assistance in placement on public and private; local, state, and national; boards, commissions and the like.

Area(s) of Emphasis:

Strategies to be used in achieving this goal:

- Quality Assurance
- Education and Early Intervention
- Child Care
- Health
- Employment
- Housing
- Transportation
- Recreation
- Formal and Informal Community Supports

- Outreach
- Training
- Technical Assistance
- Supporting and Educating Communities
- Interagency Collaboration and Coordination
- Coordination with related Councils, Committees and Programs
- Barrier Elimination
- Systems Design and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers
- Demonstration of New Approaches to Services and Supports
- Other Activities

Objectives

Recruit and train up to 25 individuals to become advocates and leaders in their community using the trademarked Partners in Policymaking curriculum annually through 2016.

Activities

Activity 1.1.1.: Implement outreach activities to attracts a diverse group of advocates to apply for Partners in Policymaking classes.

Activity 1.1.2.: Plan and create any necessary curricula for one Partners in Policymaking series each year, from August through May.

Activity 1.1.3.: Book speakers and purchase necessary materials; plan logistics and execute contracts required to implement the course.

Activity 1.1.4.: Screen and seat a class of 20-30 individuals from diverse backgrounds, cultures, and geography.

Activity 1.1.5.: Provide an orientation and 8 monthly courses, per the PIP curriculum

Activity 1.1.6.: Graduate the class each May, and provide them with assistance to become more involved in their communities in terms of advocacy.

Timeline

- Activity 1.1.1.: On-going through 2016.
- Activity 1.1.2.: Each spring/summer through 2016.
- Activity 1.1.3.: Each spring/summer through 2016.
- Activity 1.1.4.: Each summer through 2016.
- Activity 1.1.5.: August - May through 2016.
- Activity 1.1.6.: Annually in May through 2016.

Objectives

Train, empower and build self-esteem of up to 25 youth leaders through the Youth Leadership Forum curriculum annually through 2016.

Activities

- Activity 1.2.1.: Implement outreach activities to attract a diverse group of advocates to apply for the Youth Leadership Forum.
- Activity 1.2.2.: Plan and create any necessary curricula for one Youth Leadership Forum (YLF) each year, in June.
- Activity 1.2.3.: Book speakers and purchase necessary materials; plan logistics and execute contracts required to implement the YLF.
- Activity 1.2.4.: Screen and seat a class of 20-30 individuals from diverse backgrounds, cultures, and geography.
- Activity 1.2.5.: Implement the YLF curriculum each June.
- Activity 1.2.6.: Graduate the class each June, and provide them with assistance to become more involved in their communities in terms of advocacy.

Timeline

- Activity 1.2.1.: On-going through 2016.
- Activity 1.2.2.: Each winter and spring through 2016.
- Activity 1.2.3.: Each winter and spring through 2016.
- Activity 1.2.4.: Each spring through 2016.
- Activity 1.2.5.: Each June through 2016.
- Activity 1.2.6.: Each June through 2016.

Objectives

Provide training and support in regional areas of the state through 2 Youth Leadership "On the

Road" conferences annually in FFY 2015 and 2016.

Activities

Activity 1.3.1.: Brainstorm the Youth Leadership "On the Road" in terms of audience, content and timelines. Include YLF graduates in planning sessions.

Activity 1.3.2.: Revise Objectives and Activities based on discussions and determinations from brainstorming sessions.

Activity 1.3.3.: Field test with focus groups the instruction to be included in the "On the Road" sessions, including evaluation.

Activity 1.3.4.: Set dates and schedule 1-2 "On the Road" sessions per year in FFY 2015 and 2016.

Activity 1.3.5.: Evaluation of first series of trainings to determine cost and return on investment.

Timeline

Activity 1.3.1.: Through August 2014.

Activity 1.3.2.: August 2014.

Activity 1.3.3.: By December 2014.

Activity 1.3.4.: 1-2 by end of FFY 2015; 1-2 by end of FFY 2016.

Activity 1.3.5.: By September 30, 2016.

Objectives

Assist six self-advocate or family members to attend conferences in the field of I/DD through the Consumer Involvement Fund annually through 2016, as funding is available.

Activities

Activity 1.4.1.: Write policies and brochure announcing Consumer Involvement Fund.

Activity 1.4.2.: Using Council website and conference display tables, provide information to the general public about the Consumer Involvement Fund.

Activity 1.4.3.: As applications to the fund are submitted, seek approval of the Council's Executive Committee.

Activity 1.4.4.: As applications are successful and processed, seek documentation on conference learning objectives, planned personal goals of the recipient in terms of new information gathered, and personal outreach to policymakers and other advocates.

Activity 1.4.5.: Present conference information to Council.

Activity 1.4.6.: Stay in touch with recipient to discuss long-term outcomes resulting from the conference experience.

Timeline

Activity 1.4.1.: By 12/2012. (complete)

- Activity 1.4.2.: On-going through 2016, as funding is available.
- Activity 1.4.3.: On-going through 2016, as funding is available.
- Activity 1.4.4.: Quarterly through 2016, as funding is available.
- Activity 1.4.5.: Quarterly at Council meetings through 2016, as funding is available.
- Activity 1.4.6.: Annually through 2016.

Objectives

Assist up to 3 professionals to attend training and educational opportunities in their chosen field, through the Professional Development Fund annually through 2016, as funding is available.

Activities

- Activity 1.5.1.: Write policies and brochure announcing Professional Development Fund.
- Activity 1.5.2.: Using Council website and conference display tables, provide information to the general public about the Professional Development Fund.
- Activity 1.5.3.: As applications to the fund are submitted, seek approval of the Council's Executive Committee.
- Activity 1.5.4.: As applications are successful and processed, seek documentation on conference learning objectives, planned personal goals of the recipient in terms of new information gathered, and personal outreach to policymakers and other advocates.
- Activity 1.5.5.: Present conference information to Council.
- Activity 1.5.6.: Stay in touch with recipient to discuss long-term outcomes resulting from the conference experience.

Timeline

- Activity 1.5.1.: By 12/2012. (complete)
- Activity 1.5.2.: On-going through 2016.
- Activity 1.5.3.: On-going through 2016, as funding is available.
- Activity 1.5.4.: Quarterly through 2016, as funding is available.
- Activity 1.5.5.: Quarterly at Council meetings through 2016, as funding is available.
- Activity 1.5.6.: Annually through 2016.

Objectives

Provide funding and technical assistance to up to 5 statewide organizations to provide conferences and trainings using experts in the field of the I/DD annually through 2016, as funding is available.

Activities

- Activity 1.6.1.: Revise conference support policies to reflect the need for long-term evaluation and outcome measures.

Activity 1.6.2.: Discuss with Council proposed changes, including a potential change in the level of financial contribution to such conferences.

Activity 1.6.3.: Design outcome measurement format for conference support.

Activity 1.6.4.: Discuss proposed revisions with potential conference planning teams to determine methodology for implementation of appropriate outcome measures.

Activity 1.6.5.: Select conferences at which Council funding can be invested to pilot revised outcome measures policy.

Activity 1.6.6.: Evaluate the process and the results gathered and make any changes to affect better outcome measurements.

Timeline

Activity 1.6.1.: Fall 2012. (complete)

Activity 1.6.2.: Winter 2013. (complete)

Activity 1.6.3.: Winter 2013. (complete)

Activity 1.6.4.: Winter/Spring 2013. (complete)

Activity 1.6.5.: Spring/Summer 2013, as funding is available. (on hold; conference support funding unavailable in FFY 13 and FFY 14)

Activity 1.6.6.: Spring/Summer 2014. (on hold; conference support funding unavailable in FFY 13 and FFY 14)

Objectives

Assist and promote at least 50 trained individuals per year to identify and seek membership on public or private; local, state or national public policy-making board, commissions, councils, committees, and the like.

Activities

Activity 1.7.1.: Assure PIP, YLF and OKSAN trainees have an interest in serving on a board, and are properly prepared for board service by having meeting management skills and a vitae or resume reflecting their training and skills.

Activity 1.7.2.: Collect information from PIP, YLF, and OSAN trainees on the boards, etc. that interest them in terms of potential service.

Activity 1.7.3.: Collect information on Oklahoma public entities that seat public members to their boards, etc., including their missions, goals and objectives, and application processes.

Activity 1.7.4.: Create strategic relationships with Oklahoma public entities, and educate them on Council programs.

Activity 1.7.5.: Introduce PIP, YLF, and OKSAN trainees as candidates for open positions

Activity 1.7.6.: Outreach to Oklahoma private non-profits to offer board candidates.

Activity 1.7.7.: As interest in local or national volunteerism is identified by trainees, individually broker introductions and relationships.

Timeline

Activity 1.7.1.: Improve training content by Winter 2013; implement system-wide by Winter 2014.

Activity 1.7.2.: On-going through 2016.

Activity 1.7.3.: Winter 2013.

Activity 1.7.4.: On-going through 2016.

Activity 1.7.5.: On-going through 2016.

Activity 1.7.6.: On-going through 2016.

Activity 1.7.7.: On-going through 2016.

Objectives

Activities

Timeline

Intermediaries/Collaborators Planned for this goal (if known):

- State Protection and Advocacy System
- University Center(s)
- State DD Agency

People First of Oklahoma

Oklahoma Youth Leadership Forum and Alumni

Oklahoma State Dept. of Education

Oklahoma Dept. of Rehabilitation Services

Zarrow Center for Learning Enrichment/OU

Community Research Alliance

colleges, universities & vo-tech schools

Parent Groups

Disability Orgs such as TARC, Oklahoma Parent Center, Down Syndrome Association, Sibshops, Oklahoma Family Network, Sooner SUCCESS, Oklahoma Autism Network, etc.

Tribal Organizations

Centers for Independent Living

OKSAN

GOAL # 2: Support the Oklahoma Self-Advocacy Network

The Oklahoma Self-Advocacy Network (OKSAN) will be a strong, effective leader of statewide efforts to promote rights and opportunities of Oklahomans with intellectual and developmental disabilities.

Area(s) of Emphasis:

Strategies to be used in achieving this goal:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Quality Assurance | <input checked="" type="checkbox"/> Outreach |
| <input type="checkbox"/> Education and Early Intervention | <input checked="" type="checkbox"/> Training |
| <input type="checkbox"/> Child Care | <input checked="" type="checkbox"/> Technical Assistance |
| <input type="checkbox"/> Health | <input checked="" type="checkbox"/> Supporting and Educating Communities |
| <input type="checkbox"/> Employment | <input checked="" type="checkbox"/> Interagency Collaboration and Coordination |
| <input type="checkbox"/> Housing | <input checked="" type="checkbox"/> Coordination with related Councils, Committees and Programs |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Barrier Elimination |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Systems Design and Redesign |
| <input checked="" type="checkbox"/> Formal and Informal Community Supports | <input checked="" type="checkbox"/> Coalition Development and Citizen Participation |
| | <input checked="" type="checkbox"/> Informing Policymakers |
| | <input type="checkbox"/> Demonstration of New Approaches to Services and Supports |
| | <input type="checkbox"/> Other Activities |

Objectives

As a member of the Oklahoma Self-Advocacy Network, provide guidance, assistance and funding to strengthen the organizational and management skills of the individual and organizational members of the Oklahoma Self-Advocacy Network by developing and training 25 discreet self-advocates per year in leadership and organizational skills development.

Activities

Activity 2.1.1.: Fund the development of a training series of leadership and organizational development skills, as identified by Oklahoma's self-advocacy leaders.

Activity 2.1.2.: Set training logistics and seat a class of self-advocates for each session of the series.

Activity 2.1.3.: Evaluate class outcomes and revise training as necessary; set new timelines and additional trainings as needed.

Timeline

Activity 2.1.1.: By September 2013. (complete)

Activity 2.1.2.: Annually from September 2013 to September 2016.

Activity 2.1.3.: Annually from September 2013 to September 2016.

Objectives

As a member of the Oklahoma Self-Advocacy Network, and to implement this organization's strategic plan, support at least two annual efforts to end usage of "The R-word" in public policy and in the public vernacular.

Activities

Activity 2.2.1.: Develop tactics and timelines annually to increase public awareness about the offensiveness of "The R-Word" with public service announcements, billboard placements, and a web-site devoted to the topic.

Activity 2.2.2.: Working annually with Legislative Staff, continue to remove offensive or derogatory language from state statutes as such policy or proposed policy is open for debate.

Activity 2.2.3.: Develop a methodology to assess public acceptance or lack of acceptance of "The R-word."

Activity 2.2.4.: Produce electronic and print versions of "R-Word" campaign materials for use by assorted media in Oklahoma.

Timeline

Activity 2.2.1.: Placement of PSAs and other media "buys" for March of each year, through 2016; website "theR-wordhurts.com" on-line as of March 2012. (PSA produced; funding not available in FFY 13 of 14 to make media buys)

Activity 2.2.2.: Speak with Legislative staff in October of each year and monitor bill development through May of each year through 2016.

Activity 2.2.3.: By June 2013. (complete)

Activity 2.2.4.: By June 2013. (complete)

Objectives

As a member of the Oklahoma Self-Advocacy Network, provide guidance, assistance, and funding to support the application to SABE to host the 2014 SABE National Conference, and, if application is successful, to host the 2014 SABE Conference.

Activities

Activity 2.3.1.: Meet regularly with the OKSAN membership to discuss and write proposal to SABE.

Activity 2.3.2.: Discuss logistics for registration and conference attendee management, and write a contract with same.

Activity 2.3.3.: Submit application to SABE, and attend 2012 SABE Conference to learn of application's success.

Activity 2.3.4.: If approved, develop and implement a strategic plan to implement the conference.
Activity 2.3.5.: Amend State Plan annually to reflect new steps in the process to host the SABE Conference, if application successful.

Timeline

Activity 2.3.1.: On-going through notice of acceptance of SABE application, or, if successful, through at least October 2014.

Activity 2.3.2.: By May, 2012. (complete)

Activity 2.3.3.: Submit application by June, 2012; attend SABE Conference in August-September, 2012. (complete; application accepted)

Activity 2.3.4.: By 12/1/2012; implementation by October 2014. (conference planning team meeting regularly; conference scheduled for October 14)

Activity 2.3.5.: Summer of 2014, 2015.

Objectives

Activities

Timeline

Intermediaries/Collaborators Planned for this goal (if known):

- State Protection and Advocacy System
- University Center(s)
- State DD Agency

Oklahoma People First, Inc.

National Youth Leadership Network

Oklahoma Family Network

TBI Raiders

SibShops

Other disability organizations with self-advocacy affiliations or desire to create self-advocate affiliations

GOAL # 3: Welcoming Communities

Communities support, welcome, and better meet the needs of individuals with intellectual and developmental disabilities and their families.

Area(s) of Emphasis:

- Quality Assurance
- Education and Early Intervention
- Child Care
- Health
- Employment
- Housing
- Transportation
- Recreation
- Formal and Informal Community Supports

Strategies to be used in achieving this goal:

- Outreach
- Training
- Technical Assistance
- Supporting and Educating Communities
- Interagency Collaboration and Coordination
- Coordination with related Councils, Committees and Programs
- Barrier Elimination
- Systems Design and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers
- Demonstration of New Approaches to Services and Supports
- Other Activities

Objectives

Increase by 10% annually through 9/30/2016 the number of Oklahoma Counties that have included individuals with intellectual and developmental disabilities in the development or revision of County Emergency Plans

Activities

Activity 3.1.1.: Provide each county emergency manager with training, resources and guidelines in the ADA and other pertinent laws.

Activity 3.1.2.: Compile list of individuals with ID/DD willing to participate in emergency planning and drills.

Activity 3.1.3.: Provide names of individuals with intellectual and developmental disabilities to local emergency managers so they can become resources to the county in terms of people with intellectual and developmental disabilities.

Timeline

Activity 3.1.1.: Annually by 9/30/2016.

Activity 3.1.2.: By 4/30/2013 (complete)

Objectives

Support children and youth siblings of people with intellectual and developmental disabilities to better understand the family dynamics of being a sibling. By implementing 3 new SibShops programs annually through 2014 program will assist in finding and accessing services and supports, as well as developing advocacy skills for participants and for their sibling.

Activities

Activity 3.3.1.: Identify and engage community members in planning and implementation of Sibshops in their area.

Activity 3.3.2.: Provide facilitator training and technical assistance to start-up Sibshops

Activity 3.3.3.: Attend first and last series sessions to provide assistance, feedback and obtain evaluation data from facilitators, Sibshop participants and parents.

Activity 3.3.4.: Provide assistance in identifying local funding and sustainability partners.

Activity 3.3.5.: Use evaluation data to modify established and replicated sites to fit community need.

Activity 3.3.6.: Support network leaders as they assume responsibility of for replication and sustainability in new areas.

Activity 3.3.7.: Conduct annual follow-up and document results of existing Sibshops to assess viability and continuation.

Timeline

Activity 3.3.1.: Annually through 2014

Activity 3.3.2.: Ongoing 2013 and 2014

Activity 3.3.3.: Ongoing 2013 and 2014

Activity 3.3.4.: As new groups start in years 2013-2014

Activity 3.3.5.: Ongoing 2013-2014

Activity 3.3.6.: Ongoing 2013-2014

Activity 3.3.7.: Annually in 2013, 2014, 2015 and 2016

Objectives

By 2014, create a multi-disciplinary Task Force to discuss and write a plan to address issues faced by parents who have intellectual and developmental disabilities.

Activities

Activity 3.5.1.: Develop an Advisory Committee and work plan to support parents with intellectual and developmental disabilities.

Activity3.5.2.: Review existing materials on supports and services for parents with intellectual disabilities and develop/update materials for use in the project.

Activity3.5.3.: Develop a marketing strategy to identify and contact social service agencies, faith-based agencies, health clinics, and the like, which may have contact with parents with intellectual and developmental disabilities, and provide them with program materials and technical assistance to support these parents.

Timeline

Activity3.5.1.: By 2013. (complete)

Activity3.5.2.: By 2014.

Activity3.5.3.: By 2015.

Objectives

Support Court-Appointed Advocates for Vulnerable Adults of Oklahoma, Inc. to assure the legal and civil rights of 10 vulnerable adults per year are protected in court proceedings, and better assure prevention of abuse, neglect, and exploitation of vulnerable adults by guardians and non-guardians.

Activities

Activity 3.7.1.: Support CAAVA of Oklahoma, Inc. to maintain relationships and agreements with judges in Oklahoma Counties currently being served by CAAVA.

Activity 3.7.2.: Support CAAVA of Oklahoma, Inc. to develop relationships and seek judicial agreements with one new judicial district each year through 2016.

Activity 3.7.3.: Support CAAVA of Oklahoma, Inc. to maintain and strengthen certification of CAAVA volunteers.

Activity 3.7.4.: Support CAAVA of Oklahoma, Inc. to recruit, train and certify new volunteers to serve the program in all active CAAVA judicial districts.

Activity 3.7.5.: Support CAAVA of Oklahoma, Inc. to educate judges, attorneys, advocates, and others about the rights of vulnerable adults, and the rules related to guardianship.

Activity 3.7.6.: Support CAAVA of Oklahoma, Inc. to be awarded grant funding from public and private sources to continue the organization's efforts.

Timeline

Activity 3.7.1.: On-going through 2014. (complete)

Activity 3.7.2.: On-going through 2014. (complete)

Activity 3.7.3.: On-going through 2014. (complete)

Activity 3.7.4.: On-going through 2014. (complete)

Activity 3.7.5.: On-going through 2014. (complete)

Activity 3.7.6.: On-going through 2016.

Objectives

Increase the capability of 20% of Domestic Violence/Domestic Crisis shelters without physical or programmatic accessibility annually with basic, essential pieces of assistive technology and information about social service providers to assist families that include an individual with intellectual or developmental disabilities who would be otherwise be denied access to these services.

Activities

Strategy 3.8.1.: Work with Domestic Violence and Domestic Crisis shelters to identify potential barriers to services for families that include a person with an intellectual or developmental disability.

Strategy 3.8.2.: Research assistive technology needs including costs, availability and usefulness of identified materials and equipment.

Strategy 3.8.3.: Work with local shelters and local funding sources to secure needed materials and equipment to assure these families are not denied shelter services.

Strategy 3.8.4.: Publicize results of project to intellectual and developmental disabilities services agencies and domestic violence and sexual assault agencies to promote additional work in future, while assuring the confidentiality of center locations and clients.

Timeline

Strategy 3.8.1.: By 2015. (initial survey complete; suprisingly negative response. Will take another look working with DHS Domestic Violence Task Force.)

Strategy 3.8.2.: During FFY 2015-16.

Strategy 3.8.3.: During FFY 2016.

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Strategy 3.8.4.: During FFY 2016.

Objectives

Conduct 14 screenings within communities statewide to identify children with autism spectrum disorders and other developmental disabilities and provide appropriate referral to local resources starting in 2013 and continuing annually; and build systemic capacity in each of these areas to serve underserved population groups.

Activities

Activity 3.6.1.:Facilitate ASD screening clinics along with providing referral to available local resources.

Activity 3.6.2.:Strengthen family support by identifying family partners in targeted areas.

Activity 3.6.3.:Network, collaborate and develop specific ASD partners at agencies and organizations.

Activity 3.6.4.:Coordinate information and services between agencies and families.

Activity 3.6.5.:Identify and begin developing community partners for long-term sustained screening capacity and replicable outreach network.

Timeline

Activity 3.6.1.:Annually through 2015

Activity 3.6.2.:Annually through 2015

Activity 3.6.3.:Annually through 2015

Activity 3.6.4.:Annually through 2015

Activity 3.6.5.:Beginning in 2013 and annually through 2015

Intermediaries/Collaborators Planned for this goal (if known):

- State Protection and Advocacy System
- University Center(s)
- State DD Agency

Emergency Preparedness Task Force
Oklahoma State Department of Health
state emergency managers
OUHSC/Child Study Center
Oklahoma Mental Health and Aging Coalition
Duncan Group Homes
print and electronic media outlets
CAAVA of Oklahoma, Inc.
Senior Law Resource Center
Oklahoma Bar Foundation
City of Norman
Local Family Crisis/Domestic Violence Shelters
Prodigy Public Relations

GOAL # 4: Implement Person-Centered Thinking Practices

Oklahoma's population of persons with intellectual and developmental disabilities, including those receiving and not receiving formal supports and services, will be aware of the concepts of Person-Centered Thinking. Advocates and service providers of the population will be aware of Person-Centered Thinking concepts and tools, and will have access to formal training in Person-Centered Thinking tools.

Area(s) of Emphasis:

Strategies to be used in achieving this goal:

- Quality Assurance
- Education and Early Intervention
- Child Care
- Health
- Employment
- Housing
- Transportation
- Recreation
- Formal and Informal Community Supports

- Outreach
- Training
- Technical Assistance
- Supporting and Educating Communities
- Interagency Collaboration and Coordination
- Coordination with related Councils, Committees and Programs
- Barrier Elimination
- Systems Design and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers
- Demonstration of New Approaches to Services and Supports
- Other Activities

Objectives

Promote awareness by self-advocates and their advocates and service providers of true person-centered thinking concepts and tools by providing the Essential Lifestyle Planning (ELP)/Person-Centered Planning Training Overview at least 4 times per year, and the full 2-day training at least 3 times per year. Continue to increase awareness and capacity within Oklahoma by certifying 2 new trainers annually in the process, and maintaining certification of all trainers annually.

Activities

- Activity 4.1.1.: Maintain certification in ELP by Council staff affiliated with the program.
- Activity 4.1.2.: Train 225 individuals annually in the overview of skills necessary to promote person-centered thinking, using the "overview" of the 2-day training session.
- Activity 4.1.3.: Follow-up with individuals receiving the overview training to schedule, seat and implement the 2-day training.
- Activity 4.1.4.: Train 75 individuals annually with the skills necessary to provide and compose a

Person Centered Plan using the 2-day training.

Activity 4.1.5.: Identify potential certified trainers for the 2-day training and work with them to increase capacity to provide this training in Oklahoma.

Activity 4.1.6.: Certify at least 2 Oklahoma trainers annually to become training mentors to serve Oklahoma and other states.

Timeline

Activity 4.1.1.: Annually through 2016.

Activity 4.1.2.: Annually through 2016.

Activity 4.1.3.: Annually through 2016.

Activity 4.1.4.: Annually through 2016.

Activity 4.1.5.: Annually through 2016.

Activity 4.1.6.: Annually through 2016.

Objectives

Working with individuals with intellectual and developmental disabilities and their identified teams, implement plan facilitations for at least 12 self-advocates annually through 2016.

Activities

Activity 4.2.1.: Identify and get permission from self-advocates inside and outside formal service systems to conduct plan facilitation sessions.

Activity 4.2.2.: Conduct plan facilitation sessions, using approved tools and methodologies.

Activity 4.2.3.: Develop and implement evaluation methodologies for the self-advocate and other members of the team.

Timeline

Activity 4.2.1.: On-going through 2016.

Activity 4.2.2.: On-going through 2016.

Activity 4.2.3.: On-going through 2016.

Objectives

Promote changes to public policy and instructions to staff in terms of person-centered planning of the Developmental Disabilities Services Division to improve outcomes for people with intellectual and developmental disabilities by sharing success stories of individual plan facilitation sessions.

Activities

Activity 4.3.1.: Share short-term and long-term success stories and evaluations of person-centered planning sessions with self-advocates and family members (Level One change).

Activity 4.3.2.: Share short-term and long-term success stories and evaluations of person-centered planning sessions with service providing organizations (Level Two change).

Activity 4.3.3.: Share short-term and long-term success stories and evaluations of person-centered planning sessions with policymakers within the Oklahoma Department of Human Services, the Legislature, and any other state agencies with oversight or services for people with intellectual and developmental disabilities (Level Three change).

Timeline

Activity 4.3.1.: On-going through 2016.

Activity 4.3.2.: On-going through 2016.

Activity 4.3.3.: On-going through 2016.

Objectives

Build a regional collaboration among surrounding states to promote capacity-building and person-centered thinking concepts within these states.

Activities

Activity 4.4.1.: Work with professionals in Texas to assess assets of Oklahoma and Texas in terms of a possible collaboration and expansion of program ideals.

Activity 4.4.2.: Provide information to DD Councils in Kansas, Missouri, Arkansas, Louisiana, New Mexico and Colorado about the work of the Texas and Oklahoma Person-Centered Trainers and determine their interest in building capacity in those states.

Activity 4.4.3.: As interest in other states is determined, amend State Plan to include next steps with these states.

Timeline

Activity 4.4.1.: During FFY 2014.

Activity 4.4.2.: During FFY 2014 and 2015.

Activity 4.4.3.: During FFY 2014, 2015, 2016.

Intermediaries/Collaborators Planned for this goal (if known):

- State Protection and Advocacy System
- University Center(s)
- State DD Agency

The BIOS Companies (private provider agency)
Oklahoma Community-based Providers, Inc.

Oklahoma Autism Network
Aging and Disability Resource Consortium
OKSAN
individuals with I/DD and their families

GOAL # 5: ODDC Outreach Improvements

The general population of Oklahoma, including those with intellectual and developmental disabilities, families, educators, students, and community organizations, will be aware of DD Council resources, and will use such information to improve community integration and positive perceptions of those with intellectual and developmental disabilities. The Council will publicize results and statistics annually through 2016, and upgrade systems and information current with need.

Area(s) of Emphasis:

Strategies to be used in achieving this goal:

- Quality Assurance
- Education and Early Intervention
- Child Care
- Health
- Employment
- Housing
- Transportation
- Recreation
- Formal and Informal Community Supports

- Outreach
- Training
- Technical Assistance
- Supporting and Educating Communities
- Interagency Collaboration and Coordination
- Coordination with related Councils, Committees and Programs
- Barrier Elimination
- Systems Design and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers
- Demonstration of New Approaches to Services and Supports
- Other Activities

Objectives

Council staff will develop and construct the Oklahoma Disability Information Gateway website by 2015, to include at least 50 discreet informational topics of interest to advocates for people with I/DD. DIG will continually be updated and expanded through 2016 as information changes and need arises. Information will be categorized in a manner that is logical and user-friendly, and will include written articles and video presentations to assure accessibility

Activities

Activity 5.1.1.: Identify topics and information to be included in the website.

Activity 5.1.2.: Organize topics in a logical manner, likely in "lifespan" order, to help users find information easily.

Activity 5.1.3.: Work with the Oklahoma Office of State Finance for appropriate design and webhosting support.

Activity 5.1.4.: Appoint an editorial board to assess information for correctness and accessibility.

Activity 5.1.5.: Upload multi-media information in a sequence based on identified needs of the population, based on public input to the Council.

Activity 5.1.6.: When DIG has enough content to be useful for a broad audience, work with Prodigy Public Relations to develop and implement a media campaign to announce the website.

Activity 5.1.7.: Develop an evaluation tool for DIG and promote usage to DIG customers.

Activity 5.1.8.: Develop a feed-back component for customers to assess usefulness of information and solicit ideas for improvement.

Timeline

Activity 5.1.1.: By 10/1/2013. (complete)

Activity 5.1.2.: By 10/1/2013. (complete)

Activity 5.1.3.: By 10/1/2013. (complete)

Activity 5.1.4.: By 1/31/2014.

Activity 5.1.5.: By 6/1/2014.

Activity 5.1.6.: By 6/1/2014.

Activity 5.1.7.: By 6/1/2014.

Activity 5.1.8.: By 6/1/2014.

Objectives

Develop an Information and Assistance protocol to assist at least 100 persons per year who call, write, or visit the DD Council office.

Activities

Activity 5.2.1.: Write Instruction to Staff and train staff in providing information and assistance/information and referral to DD Council customers.

Activity 5.2.2.: Create and disseminate an evaluation form for all customers seeking assistance from the DD Council.

Activity 5.2.3.: Create and implement a methodology to document needs of customers to assure State Plan is reflective of assistance sought.

Timeline

Activity 5.2.1.: By 10/1/2012. (complete)

Activity 5.2.2.: By 1/1/2013. (complete)

Activity 5.2.3.: By 1/1/2013. (complete)

Objectives

Support the dissemination of 100 print and video resources per year through 2016 from the Justin A. McCurry Resource Library.

Activities

Activity 5.3.1.: Create and add to the Council's website a catalogue of materials available for loan from the Justin A. McCurry Resource Library.

Activity 5.3.2.: Working with Prodigy Public Relations, develop and implement a marketing plan for individual and systems advocates announcing the library and its holdings.

Activity 5.3.3.: Develop a procedure to determine process outcomes related to library usage.

Activity 5.3.4.: Develop an evaluation tool for Justin A. McCurry Library and promote usage to library customers.

Activity 5.3.5.: Develop a feed-back component for customers to assess usefulness of information and solicit ideas for improvement.

Timeline

Activity 5.3.1.: By 6/30/2014.

Activity 5.3.2.: By 6/30/2014.

Activity 5.3.3.: By 6/30/2014.

Activity 5.3.4.: By 6/30/2014.

Activity 5.3.5.: By 6/30/2014.

Objectives

Identify and provide training to at least one non-disability related entity per year on disability culture and etiquette, to support positive perceptions and interactions with people with intellectual and developmental disabilities, each year through 2016. The Council will encourage each organization to include this training in the new employee orientation of each organization's new employees, and will provide trainers and training materials as requested to these organizations.

Activities

Activity 5.4.1.: Develop training outline for the program, targeting employers who have daily interactions with people with disabilities.

Activity 5.4.2.: Develop an evaluation tool for training.

Activity 5.4.3.: Develop a feed-back component for customers to assess usefulness of information and solicit ideas for improvement.

Activity 5.4.4.: Identify potential audiences for the training, and market the training to these audiences.

Activity 5.3.5.: As training is delivered, provide information and materials to organization on subsequent trainings for new staff, as needed.

Timeline

Activity 5.4.1.: By 7/31/12. (complete)

Activity 5.4.2.: By 8/31/14.

Activity 5.4.3.: By 8/31/14.

Activity 5.4.4.: On-going through 9/30/16.

Activity 5.3.5.: On-going through 9/30/16.

Objectives

In partnership with the Oklahoma Family Network and the Latino Community Development Agency, create and maintain an on-line resource guide of written materials for Spanish-speaking families on various intellectual and developmental disabilities issues and pediatric diagnoses. Seat an editorial board of people who are proficient in multiple Spanish dialects who can review terminology, definitions, and translation to ensure appropriate and accessible content.

Activities

Activity 5.5.1.: Seat an Editorial Board for material identification and content.

Activity 5.5.2.: Upload first edition of Spanish-English Developmental Disability Resource Directory (SEDDRD) onto DD Council website.

Activity 5.5.3.: Develop and implement evaluation protocol for customers.

Activity 5.5.4.: Develop and implement a customer feed-back system for improvements and needed information.

Activity 5.5.5.: Annually host editorial board meeting to review and update materials.

Timeline

Activity 5.5.1.: By 3/2013. (complete)

Activity 5.5.2.: By 3/2013. (complete)

Activity 5.5.3.: By 3/2014.

Activity 5.5.4.: By 3/2014.

Activity 5.5.5.: Annually through 2016.

Objectives

Building on the success of the pediatric brain injury conference, Brain+Child, hosted in the summer of 2013, continue to meet with stakeholders identified to implement the national Pediatric Acquired Brain Injury (PABI) Plan in Oklahoma. Staff of the Council will support the "reintegration" objectives and will provide technical assistance in working with policymakers and identifying additional advocates working toward these objectives.

Activities

Activity 5.6.1.: Host and support the Reintegration Committee of the Oklahoma PABI Plan team three times per year.

Activity 5.6.2.: Assist the PABI Plan State Coordinator to augment other PABI Plan committees

with active stakeholders.

Activity 5.6.3.: Examine the possibility of co-hosting an annual or bi-annual PABI Conference.

Activity 5.6.4.: Update DIG website to include brain injury resources.

Activity 5.6.5.: Re-examine State Plan goals re: PABI Plan.

Timeline

Activity 5.6.1.: Through FFY 2016.

Activity 5.6.2.: Through FFY 2016.

Activity 5.6.3.: By 6/2014.

Activity 5.6.4.: By 12/2013. (in process)

Activity 5.6.5.: By 7/2014.

Objectives

Develop and disseminate a print and/or electronic tool kit for students with Individualized Education Plans about rights and responsibilities under IDEA and Section 504 of the Rehabilitation Act, and to assist them in planning post-secondary education and/or career planning.

Activities

Activity 5.7.1.: Revise and update Youth Transition Guide drafted by Brett Cunningham.

Activity 5.7.2.: Approve information included in the guide with potential resources, including student services staff at colleges and universities.

Activity 5.7.3.: Format in an attractive format for electronic dissemination, including large type and potential languages other than English.

Activity 5.7.4.: Upload to Disability Information Gateway, and publicize to Special Education Directors, Special Education Teachers, and District Superintendents.

Activity 5.7.5.: Disseminate through networks of students with disabilities and their parents.

Activity 5.7.6.: Create and implement evaluation and feedback tools for guide.

Timeline

Activity 5.7.1.: June 2014.

Activity 5.7.2.: October 2014.

Activity 5.7.3.: December 2014.

Activity 5.7.4.: January 2015 and on-going.

Activity 5.7.5.: January 2015 and on-going.

Activity 5.7.6.: January 2015 and on-going.

Intermediaries/Collaborators Planned for this goal (if known):

- State Protection and Advocacy System
- University Center(s)
- State DD Agency

Prodigy Public Relations

Oklahoma Family Network

Latino Community Development Agency

Down Syndrome Society of Central Oklahoma

Oklahoma People First, Inc.

State Department of Education

SoonerStart Early Intervention Program

OSU-OKC Professional Spanish Translation Program

Oklahoma Autism Network

Department of Rehabilitation Services

Department of Human Services

Jim Thorpe/Integrus Rehabilitation Hospital

Pediatric Neuropsychiatry Associates

OSU Disability Student Services

OITP

Section V : Evaluation Plan [Section 125(c)(3) and (7)]

- Outline how the Council will examine the progress made in achieving the goals of the State Plan.
- Explain the methodology, which may be qualitative or quantitative, that will be used to determine if the needs identified and discussed are being met and if the Council results are being achieved.
- Describe the Council's role in reviewing and commenting on progress towards reaching the goals of the Plan.
- Describe how the annual review will identify emerging trends and needs as a means for updating the Comprehensive Review and Analysis.

The Council will use various formats to measure and track performance of its activities, as well as those of its funded projects, including DD Suite and its measurement tools, pre- and post-data collection, and evaluation of events, trainings and conferences. The Council hopes to capture other target data to support its goals, objectives and activities.

In terms of evaluation of Council activities, the Council will sponsor an annual retreat each year of the plan. Council members will review and either confirm or amend stated goals, objectives and activities accordingly - based on performance targets of existing projects, systems change advancements, and capacity building of current projects. Should Council member feedback and input require changes in priorities or budgeting issues result in substantial changes to the plan, the Council will seek subsequent public comment on proposed changes.

In terms of individual activity evaluation, the Council plans to work diligently to assure quality outcomes and to evaluate those outcomes. The Council and its staff have been trained in the Route to Success model developed by Lee Vorderer and Graham Mulholland. "Route to Success" is a logic model that identifies and records outputs and outcomes from an activity. The data elements of this logic model are scientifically significant indicators of systems change: improved knowledge base, implementation of strategies to achieve a goal, creating stakeholder will, supporting policy entrepreneurs, and using unexpected events to further a goal. Council members and staff believe the Route to Success model is an excellent evaluation tool for true systemic change.

The Council has rolled-in contracts management via DD Suite to better manage data, and will sponsor annual roundtable discussions among project managers and contractors to assure idea exchange and possible collaboration efforts, where possible.

The Council has engaged an outcomes and evaluation expert to better understand how to develop qualitative outcome data to better evaluate the Council's work. We expect that this expert can help us with benchmarking and improvement of our quantitative efforts as well. She did accompany us to the TA Institute in Washington, D.C. to learn more about how Councils measured outcomes. She is also engaged with the working group convened by Anna Lobosco of the NY DD Council, which will help Oklahoma, and hopefully all Councils. Since that time, many logic models, evaluation forms, and outcome measurement tools have been developed and are currently being implemented with much success. Our contractors love working with these new tools and are reporting incredible data - though we are really now just testing these tools.

The Council was invited by NACDD and the Technical Assistance contract, ITACC, to present at the 2013 Technical Assistance contract. We believe this work will be incredibly significant in terms of reporting true outcomes of the Council and all its investments.

We are attaching the tools we have created to date.

In addition to these efforts, the Council has engaged a marketing and public relations firm. Each contractor and project manager will be provided with time and a small budget for work with this firm to assure appropriate outreach and public relations efforts are made, and assure that public policy development is a consideration in all projects. The Council hopes very much to report quality outcomes in terms of the general public's awareness of these efforts - and of the positive impact persons with developmental disabilities have in their communities.

With all of these tools and activities, Council staff will meet individually with each contractor or project manager to assure thoughtful, big-picture inputs are part of each activity design, and so we can truly work toward systemic change. We have begun this work, and have attached the final evaluation documents for the Youth Leadership Forum as an example.

The Council will undertake a multi-pronged approach to measuring progress in achieving the State Plan goals. Staff and select stakeholders have developed a comprehensive evaluation plan. Elements of the plan are:

Process Evaluation: A quarterly review of objectives, activities and strategies will track progress on implementation, using a simple metric of

- achieved
- partial / on schedule,
- partial / behind schedule,
- not started
- other e.g. delayed, cancelled

Output Evaluation: the Council will systematically document the volume of activities conducted related to all goal areas. New data collection tools will be used, probably a matrix based on the Road to Success logic model used in Pennsylvania.

Outcome Evaluation: A first step in developing results-based measures will be to define specific desired outcomes and indicators in the three focus areas of capacity building, advocacy and systemic change through the lens of the new 5-Year Goals. Logic models will be created and measurement plans prepared. The quarterly implementation evaluation process will include a simple outcome measurement metric for use during the review of objectives, activities and strategies to qualitatively capture evidence of change:

- positive change: +
- no change: ~
- negative change: -

Ratings of positive and negative will be annotated with description of evidence.

Performance Measurement: The Council will strive to link our capacity building, advocacy and systemic change activities to the desired specific supports, services and other forms of assistance that promote self-determination for individuals with developmental disabilities and their families as quantified in most performance measures. In addition the Council will work with all project partners to ensure consistent collection of data on key indicators relevant to their project interventions.

The Council will use various formats means and methods to measure and track performance of its activities, as well as those of its funded projects including:

- use of DD Suite and its measurement tools,
- pre- and post data collection regarding project action plans and results,
- client satisfaction evaluation of events, trainings and conferences.

The Council hopes to capture other target data to support its goals, objectives and activities through several

approaches:

- The Council and its staff have been trained in the Route to Success logic model developed by Lee Vorderer and Graham Mulholland. We are very excited to use this tool to thoughtfully and completely implement and track each activity and record progress success (and failure) as the activity progresses. Council members and staff believe the Route to Success logic model is an excellent evaluation tool for true systemic change.
- The Council has rolled-in contracts management via DD Suite to better manage data, and will sponsor annual roundtable discussions among project managers and contractors to assure idea exchange and possible collaboration efforts, where possible.
- The Council plans to develop new processes and tools to better evaluate the results of the Council's work. (We will engage an outcomes and evaluation expert in Oklahoma City to better understand how to develop qualitative outcome data to assist staff in this new endeavor. We hope this expert can help us with benchmarking and improvement of our quantitative efforts as well. This contract has not yet been approved by the Council. As soon as this information is available, we will amend this section and perhaps attach documents.)

Expected data collection tools include but are not limited to:

- surveys
- focus groups
- key information interviews
- secondary data extraction and literature review

Expected sources of information include but are not limited to:

- individuals with developmental disabilities and their families
- program directors of providers of direct services to individuals with developmental disabilities and their families
- professionals and experts in the public and nonprofit sectors serving individuals with developmental disabilities and their families
- program partners
- legislators

Staff and select stakeholders have developed a comprehensive evaluation plan. Elements of the plan related to the Council's role in reviewing and commenting on the progress toward reaching goals are:

The Council staff will facilitate a fully inclusive process to maximize participation of all Council members. Use of electronic media, web-conferencing will enable members from across the state to take part in ad hoc meetings.

Progress & Results reviews will be added to the agenda for all regularly convened Council meetings.

Individual Council members will be asked to serve as liaisons in their geographic areas to help with identification of key informants, organization of information gathering opportunities,

In terms of evaluation of Council activities, the Council will sponsor an annual retreat each year of the plan. Council members will review and either confirm or amend stated goals, objectives and activities accordingly - based on performance targets of existing projects, systems change advancements, and capacity building of current projects. Should Council member feedback and input require changes in priorities or budgeting issues result in substantial changes to the plan, the Council will seek subsequent public comment on proposed changes.

Staff and select stakeholders have developed a comprehensive evaluation plan. Elements of the plan related to how the annual review will help identify emerging trends and needs as a means of updating the comprehensive review and analysis are:

The council will engage in environmental scan activities prior to and during each annual review to gather information and ideas on trends and needs in the community.

Relevant information will be compiled and summarized by staff, drawing on data from all evaluation activities. Questions on needs and trends will be included as appropriate in all primary data collection efforts.

An ongoing review of grey literature will be done, accessing both data from other capacity building, advocacy and systemic change-focused organizations serving individuals with developmental disabilities and their families and other types of social service organizations.

Some draft logic models of some projects are included as attachments; not all logic models are complete at this time.

ATTACHMENTS:

early access qaie ideas.docx

Autism Screening questionnaire worksheet

CAAVA logic model.docx

CAAVA logic model

Conference Evaluation Roles.docx

Conference evaluation document 1 of 4

follow-up questionnaire.docx

conference evaluation document 2 of 4

How Was It conference questionnaire short version.docx

conference evaluation document 3 of 4

questionnaire for conferences.docx

conference evaluation documents 4 of 4

logic model OKSAN.doc

OKSAN logic model

Advocacy Action Log new revision PIP.docx

Partners document 1 of 4

Partners in Policymaking Weekend Review.docx

Partners document 2 of 4

PIP session evaluation revised.docx

Partners document 3 of 4

PIP Weekend Review revised.docx

Partners document 4 of 4

logic model sibshops.doc

Sibshops 1 of 3

sibshops facilitator questionnaire.docx

Sibshops 2 of 3

sibshops kid questionnaire.docx

sibshops 3 of 3

logic model PCT.doc

PCT logic model

PCT survey indicators.docx

PCT survey indicators

Spanish logic model.docx

Spanish materials logic model

2012 YLF REPORT.docx

YLF 2012 Report

YLF outcomes report example.docx

YLF document 1 of 3

YLF PARENT questionnaire.docx

Ylf 2 of 3

Youth leadership forum logic model framework notes.docx

YLF logic model

for TA conference july 2013.pptx

NACDD TA Conference outcomes presentation

Section VI : Projected Council Budget [Section 124(c)(5)(B) and 125(c)(8)]

Goal	Subtitle B \$	Non-Federal Share \$	Total \$
1. Advocacy and Self-Advocacy Skills Improvement	316,936	79,234	396,170
2. Implement Person-Centered Thinking Practices	243,975	60,994	304,969
3. ODDC Outreach Improvements	12,080	3,020	15,100
4. Support the Oklahoma Self-Advocacy Network	53,048	13,262	66,310
5. Welcoming Communities	77,478	19,369	96,847
6. General Management	100,955	50,447	151,402
7. Functions of the DSA	41,725	41,725	83,450
8. TOTALS	846,197	268,051	1,114,248

Section VII : Assurances [Section 124(c)(5)(A)-(N)]

Written and signed assurances must be submitted to the Administration on Developmental Disabilities, Administration for Children and Families, United States Department of Health and Human Services, regarding compliance with all requirements specified in Section 124 (C)(5)(A) & ½ (N) in the Developmental Disabilities Assurance and Bill of Rights Act.

Assurances submitted

Approving Officials for Assurances

For the Council (Chairperson)

For DSA, when not Council

Section VIII : Public Input and Review [Section 124(d)(1)]

PART A: How the Council made the plan available for public review and comment and how the Council provided appropriate and sufficient notice in accessible formats of the opportunity for review and comment.

The Council staff prepared and widely disseminated a draft version of the 2012-2016 Goals, Objectives and Activities. This was disseminated as follows:

- a. For individuals for whom an email address was available (approx. 600), the Council sent a notice related to Public Comment, with the attached draft.**
- b. For individuals for whom a mailing address was available (approx. 5460), the Council sent a letter via U.S. Mail announcing the public comment period and providing a web address to access the document and a phone number to request an alternative format of the draft.**
- c. The Council posted its notice related to Public Comment on its own website, and that of our DSA, beginning June 7 and continuing through July 22, 2011.**

For all groups, the following five methodologies were offered to submit public comment: On-line survey, Fax, E-mail, the Council's Facebook page and U.S. Mail.

The Public Comment period was June 7, 2011 through July 22, 2011 and 52 responses were generated.

PART B: Revisions made to the Plan after taking into account and responding to significant comments.

For FFY 2013 amendments: As no substantive revisions were made to the Goals or Objectives (they were only refined to better address outcome measures), no additional public comment was sought.