

Oklahoma Developmental Disabilities Council

State Plan

For Federal Fiscal Year 2016

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Section I : Council Identification

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

PART B: Contact Person: **Ann Trudgeon**

Phone Number:

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

PART C: Council Establishment:

(i) Date of Establishment: **1973-07-01**

(ii) Authorization: **Executive Order**

(iii) Authorization Citation: **E.O. 1993-20, as retained 4/8/2011 by Governor 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	Oklahoma Department of Rehabilitation Services			Janie Fugitt
2	Axtell, Rene	A2	Oklahoma Department of Education/Special Education Services			Tricia Hansen
3	Poteet, Karen	A3	Oklahoma Department of Human Services/Aging Services			Sherry Crosthwait
4	Goin, JoAnne	A4	Oklahoma Department of Human Services, Developmental Disabilities Services			Debbie Pumphrey
5	Barry, Martin	A5	Oklahoma Disability Law Center			Quinton Underwood
6	Williams, Valerie	A6	Center for Learning and Leadership/OUHSC			Wanda Felty
7	Trego, Terry	A7	OARC, Inc. (community-based provider)	2013-11-14	2017-08-01	
8	Corpolongo, John	A8	Oklahoma State Department of Health/Maternal and Child Health			Ann Benson
9	Maughan, Brian	A9	Oklahoma County Commissioner	2015-06-30	2019-08-01	
10	Schoeb, Blair	A9		2012-07-05	2016-08-01	
11	Sherrer, Ben	A9	Oklahoma State House of Representatives	2015-06-30	2019-08-01	
12	Banta, Dee	B1		2015-06-30	2017-08-01	
13	Cunningham, Brett	B1		2012-03-02	2015-08-01	
14	Karner, Jennifer	B1		2013-11-14	2017-08-01	
15	Lawson, Trevin	B1		2012-08-24	2015-08-01	
16	Maddy, Mark	B1		2014-07-29	2018-08-01	
17	vacant	B1				
18	vacant	B1				
19	Collier, Tori	B2		2015-06-30	2019-08-01	
20	Dysart, Eric	B2		2013-11-14	2017-08-01	
21	Toney, Kodey	B2		2015-06-30	2016-08-01	
22	Arter, Robin	B3		2014-07-22	2018-08-01	
23	Copeland, Lisa	B3		2012-02-09	2015-08-01	
24	Fisher, Jennifer	B3		2013-11-14	2016-08-01	
25	Galyon, Dennis	B3		2013-11-14	2016-08-01	
26	Liotta, Mark	B3		1999-10-20	2007-08-01	
27	Wiebener, Rejeana	B3		2014-07-29	2018-08-01	
28	Beard, William	C2		2013-11-14	2017-08-01	

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 Manager	100.00
3	Randle, Jenifer	Advocacy and Training Coordinator / Youth Programs	100.00
4	Taylor, Erin	Advocacy and Training Coordinator	100.00
5	Trudgeon, Ann	Executive Director	100.00
6	vacant	Executive Assistant	100.00

Section II : Designated State Agency

PART A: The designated state agency is:

Oklahoma Department of Human Services

P.O. Box 25352

Oklahoma City, OK 73125

phone: (405) 521, fax: (405) 521

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. (DSA is an umbrella agency with the following units/divisions that provide direct support, including financial: Aging Services, Child Care, Children and Family Services, Child Support, Adult Protective Services, & Developmental Disabilities Services.)

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 such as contracts, payroll, insurance, office equipment, personnel assistance, and the like.

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 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: 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 populations' needs continue to be met (most likely informally) within those communities, in accordance with cultural norms.

Certainly it bears noting that language barriers and cultural norms are a barrier to assisting these population. We have also heard from advocates within the Hispanic/Latino communities that national immigration issues have become a barrier to reaching out to this population.

This data was reported to the Council and was used during subsequent Council meetings to discuss potential goals, objectives and activities for the 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: 15.70

(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 Maternal and Child Health Services (MCH). The primary areas within MCH Services 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 all 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, and 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 DHS Family Support Services. 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 health 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 OK'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, provide primary medical, dental and behavioral health services to more than 168,000 Oklahomans. During the 2015 legislative session the FQHC's requested an additional \$9 million in their appropriations request to cover the rising cost of uncompensated health care, they receive under \$3 million of that request.

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 OK, KS, and a portion of TX. This is the largest IHS service population in the United States, extending health care to over 281,000 American Indians (the preferred nomenclature in OK). 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:

DHS Developmental Disabilities Services (DDS) offers community-based services, supported employment services, and center-based services (sheltered workshops). Sheltered workshop 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 that often subcontract with businesses to provide work for these employees. DDS 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 entities such as trade schools, career-tech schools, community 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, 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 American Indians with disabilities obtain their career goals. Oklahoma has a large and growing population of Project Search sites. The Council has provided some minor financial support to these programs, but is encouraged by their results and successes. Project SEARCH is funded by DRS through a contract with OU's National Center on Disability Education and Training.

The Oklahoma Employment First Alliance has reorganized and revitalized its group and is currently working closely with the national Alliance for Full Participation 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. "Employment First" legislation was passed during the 2015 Legislative Session.

The Council is part of the State Employment Leadership Network with the DHS Developmental Disabilities Services and the Department of Rehabilitation Services, and is a member of the Association of Persons in Supported Employment. 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.

The Council's legislative focus for the coming year, with regard to employment, will be passage of state legislation to move forward with the ABLE Act.

(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 information on local parent networks and support groups, help organizing the child's medical and educational information, 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 their communities, as well as 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, including specialized support groups. OFN provides opportunities to individuals and families to strengthen their

communities through leadership development and volunteer efforts. OFN also provides parent-to-parent support for families with a child in the Neonatal or Pediatric ICUs with chronic health needs or disabilities. OFN is a well-respected partner of human service agencies, and is notably staffed by well-trained family members of children and youth with disabilities. OFN is Oklahoma's Parent-to-Parent and Family-to-Family network.

The Oklahoma Sibshop Initiative, using the Don Meyer Sibshop curriculum, currently has 18 Sibshops established in various regions of the state. The program is designed to collaborate with Sooner SUCCESS, OFN, and others in establishing new support groups in underserved areas of the state. The Sibshop Initiative has also partnered with DHS-Aging Services Unit to work with siblings being raised in households where grandparents are raising the children.

TARC operates statewide and provides support to individuals with I/DD by recruiting and training volunteer advocates and guardians, 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 professional nature of the work DSPs do in contributing to the welfare and community inclusion of people with disabilities is vital. This project received its initial funding from the Council and is starting to make systems change in the field of direct support. Due to a \$611 million dollar budget shortfall in 2015, provider agencies have been hit with a 3.5% rate reduction. This program can hopefully keep DSP's engaged and willing to stay in the field.

(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 Adult and Family Services, 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 (referred to as the Access and Functional Needs population in government nomenclature) 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. In Aug. of 2015 The FAST team presented a day long session on serving the AFN population to emergency managers and first responders at the state Emergency Management

Conference.

The Council and the Department of Human Services' Developmental Disabilities Services are entering the third 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. We are very excited to see this work better support all families in Oklahoma. In June of 2015 the PCT learning community and COP merged efforts to ensure that PCT and COP move forward to build true family supported care.

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.

(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. Case Managers provide assessments to determine the individual's needs, develop the individual plan for services, coordinate services, and monitor implementation of the plan to ensure individual needs are met. In the last several years the ASP unit has undergone a major realignment within the Dept. of Human Services to better serve those in need of its 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 Developmental Disabilities Services'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 primary and secondary education programs, Oklahoma has the Special Education Resolution Center and several advisory committees under the State Department of Education's Special Education Services.

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 for persons with mental health and substance abuse issues 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 that 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, more than 57% of children were within age expectations for social emotional skills, 52% for appropriate behaviors and 50% for early language and literacy. More than 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 fewer than 50% of these children are identified before beginning school.

The Council recently concluded funding for 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. Early Access has built a network of screening partners through out the State including several of the tribes. Once children are identified with either being on the spectrum or with other delays they are referred to appropriate resources for not only the child, but the family. Screening skills were developed and implemented in county Health Departments to continue this important work.

The Department 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 sites across Oklahoma.

The OK Transition Council (OTC) is a 34-member collaborative effort of the Dept. of Rehabilitation Services, the Council, 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 students 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. Note, please, that the Department of Education is NOT a part of OTC.

(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; Family Unification, for families who have lost their child or are in danger of losing their child due to inadequate housing; and Project Access, a pilot to transition from nursing homes, in partnership with the Oklahoma Health Care Authority (OHCA, the state's 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 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 not met with any enthusiasm to address this issue, 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).

In late 2014 the Oklahoma Health Equality Committee, through the Oklahoma State Dept. of Health, held focus groups throughout the state to assess how affordable housing affects health outcomes. Information was gathered and as a result OHEC is working with HUD and local housing authorities to address this issue for all populations.

(viii) Transportation:

Federal Transit funds come to the Oklahoma Department of Transportation (ODOT) and are funneled to more than 70 various providers of transportation services in 72 of the state's 77 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 services 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. DHS Child Care Services licenses and reviews these facilities. Nearly 60% received subsidized child care through DHS. The state uses a 4-tier Star rating system in determining payment levels for centers or homes. Eighty-nine per cent 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 eight Oklahoma Child Care Resource and Referral Centers 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 over-night 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 intellectual and/or physical 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.

Oklahoma also has a strong and well-supported Special Olympics program.

The Oklahoma Zoo has a spectacularly successful event each year for children with disabilities or special health care needs and their families. The event, Dreamnight, is a world-wide event held each year on the first Friday in June. The Council was instrumental in supporting the original Dreamnight event in Oklahoma City and continues to staff the event with volunteers each year. More than 3000 people attend this free evening at the zoo, which includes a meal and all attractions for the entire family. With funding from the Council, the OKC Zoo wrote and disseminated a manual on how to conduct such an event, which resulted in dozens of additional zoos across the country to host this event.

Additionally, the OKC Zoo asked the Council for training on accommodating guests with disabilities. This training was so successful it is now part of new employee orientation at the Zoo.

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. A Family Support Program serves those under the age of 18 who meet income guidelines. 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. A primary diagnosis of intellectual disability is required to access services through the Home- and Community-based Waivers.

Limited pilot projects for those with Prader-Willi syndrome and those with autism have been conducted. 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 and household income limitations in one of seven 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 is Oklahoma's employer-sponsored insurance plan that 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. Thus, this program will most likely end December 31, 2015. Insure Oklahoma has become the de-facto insurer of many due to Oklahomas refusal to accept the Medicaid expansion funds. The state has received a waiver from the federal government to keep Insure Oklahoma as it is. However this could change should they refuse to extend the waiver.

Even with Insure Oklahoma approximately 600,000 individuals are still without coverage. 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 an 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 are 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. 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 individuals (18.7% of the population of the state) who are uninsured. Using the Gollay formula, more than 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.

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 makes it difficult to engage these stakeholders 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 needs of individuals with intellectual and developmental disabilities, and the abilities of their caretakers to provide care is a large issue, that looms even larger in the near future. The issues surrounding these caretakers has not been fully discussed, neither are adequate programs or policies in place.

Program funding within the non-profit/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.

The \$611 million dollar budget shortfall in 2015 has only served to strain the system even more including

reductions to provider rates, not providing the FQHC with the funds needed to provide for uncompensated care, etc.

Due to a lack of knowledge of the service systems and available supports and assistance, grandparents and other family members raising grandchildren, 21% of whom have a disability, are a significant under-served population. Agency personnel are sometimes unfamiliar with this population, and what is available to them, as well as 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.

2016 looks to be no better as Oklahoma tax collections have fallen in certain areas, along with the fact that we are an "energy" state and price declines have reduced that area of revenue. A budget shortfall estimated to be in the area of \$1 billion dollars will have a drastic effect on state services as well as those providing care in the private sector.

(iii) The availability of assistive technology:

ABLETech is Oklahoma's Assistive Technology Act Program, 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 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 increases the knowledge of school personnel in the provision of assistive technology services to students with disabilities and 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. Assistive Technology is provided through the Home- and Community-based Waivers.

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. Too often these assessments are not comprehensive, or there 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 complete assistive technology assessments. 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.

Both ABLETech and OATC are wonderful, important resources for Oklahoma, but are under-utilized and short of funding. One important recommendation of the Blue Ribbon Panel on the Waiting List was to assure that individuals with disabilities received technology assessments and information on funding resources to maximize their independence within the community.

(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	222.000		53.000
2012	36.170	6810	188.000	216.000		52.000
2011	35.790	6248	175.000	201.000		51.000

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

Developmental Disabilities Services provides Home- and Community-based Waiver services to persons ages 3 and older who have a primary diagnosis of intellectual disability. Persons served may also have other developmental or physical disabilities such as autism or cerebral palsy, in addition to intellectual disability. When State resources are unavailable for new persons to be added to services funded through a HCBS Waiver, persons are placed on a statewide waiver request list (popularly referred to as "the waiting list") for community-based services.

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. Intake staff discuss eligibility requirements with those who request services. The wait list for persons requesting HCBS Waiver services is administered by DDS 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.

As a result of the Governor's Blue Ribbon Panel on the Waiting List, of which the Council's director was a member, work has begun to prioritize the waiting list by need, rather than date of application. This work will be difficult and controversial, but is an important step to making the waiting list more responsive to immediate needs.

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, DDS State Funded Services, and/or referral to Oklahoma Family Network

Other services:

Family Support Subsidy, DDS State Funded Services, and/or referral to Oklahoma Family Network

Other services description(s):

Family Support Assistance 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 waiting 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.

The Oklahoma Family Network serves as both Oklahoma's Parent-to-Parent and Family-to-Family network. As such, they provide peer support and information to families with new diagnoses or who are new to the state or the waiting list.

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:

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.

As mentioned above, with the directive of the Governor to prioritize the waiting list by immediacy of need of services, this will change in the near future. A panel of state agency directors, to be called The Executive

Council, will work to study this issue and recommend procedure. The former members of the Governor's Blue Ribbon Panel on the Waiting List will serve as an advisor to the Executive Council. The Council's Executive Director will be an advisor.

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:

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. Families may enroll in the state's on-line training program for direct support professionals. As of July, 14, 2015 there are 7,138 individuals on the waiver request 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 half the families have annual incomes of under \$30,000, and one-fourth are below \$15,000, according to a waiting list survey conducted in 2011.

As the state builds capacity to train Person-Centered Thinking and Supporting Families Community of Practice tools, this training may also be accessed. The Council and its allies are providing this training at conferences and as time allows is conducting more in-depth explorations with families.

j. Summary of waiting list Issues and Challenges:

As mentioned above, the work of the Blue Ribbon Panel on the Waiting List has concluded, but its recommendations to prioritize the waiting list by level of need will be important work over the next several months.

Budget shortfalls meant that there was no new money provided for the Waiting List during the most recent legislative session. For each of the past two years, DDS received an additional \$1 million to invest in the waiting list.

On the contrary, budget cuts suggest a 3.5% rate cut to community-based providers will occur. This is devastating to our providers and the people they serve. And it certainly will mean no additional movement on the waiting list for the next 12 months.

As of June 2015 the Northern Oklahoma Resources Center Enid (NORCE) and the Southern Oklahoma Resource Center (SORC) in Pauls Valley have officially been closed. There are not now any cost-savings, as costs related to transitions were high, but advocates remain hopeful that eventually cost-savings will accrue to support community-based care.

(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. That has however now changed, and along with tax cuts implemented in the past few years as well as a hesitancy to review tax exemptions, the state is will more than likely cycle into a decline in available funds to provide sufficient services and supports.

The trend of appropriating amounts of \$1 million in funds to support movement of the waiting list in 2012, 2013, 2014, has come to an abrupt end. Oklahoma advocates have done a wonderful job educating elected officials about the waiting list, residential institutions and other issues related to people with I/DD. It is clear, however, that funding will never be the final answer in meeting the needs of Oklahomans with I/DD. To that end, the work of the Supporting Families Community of Practice is part of the answer.

Other state agencies have had less success in acquiring new or expanded funding for their programs. Both the Department of Education and the Oklahoma Health Care Authority have announced or completed reductions in services or contracts. The Department of Rehabilitation Services has often had to close one or more of its priority service areas.

And, while long a plan of DDS to support people with brain injury and autism, there has not been funding available for new Medicaid waivers for these populations.

As mentioned above, Oklahoma did not choose to expand Medicaid with the implementation of the Affordable Care Act and is relying on the Insure Oklahoma program to pick up the slack. However, we still have 600,00+ uninsured, and the current federal waiver for the program ends in December of 2015.

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

With the June 2015 closing of NORCE and SORC, Oklahoma Department of Human Services (DHS) Developmental Disabilities Services (DDS) is no longer in the business of providing institutional services to people with I/DD.

However, Oklahoma still owns the Greer Center in Enid, however is run by a private health entity, creating a hybrid public-private partnership. The Robert M. Greer Center is a smaller, specialized facility for persons with a dual diagnosis of intellectual disability and mental illness.

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.

For the Council, the fact remains that the vast majority of those requesting services from DDS 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.

The Council's Person-Centered Planning Project was instrumental in the transitions of residents of the Southern Oklahoma Resource Center and 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.

While not yet realized, advocates will be watching for the "cost savings" in closing the large facilities, and will 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. The Council's Person-Centered Planning\Community of Practice Collaboration will work to assuring this.

(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 (DDS) offers community services for individuals with intellectual and 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 the family home. Individuals on the IHSW are assigned to DDS 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 \$13,844 of services per year through the IHSW-Children. Eligible adults, 18 years or older, may receive up to \$20,761 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 class members 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 any currently offered Medicaid waiver in Oklahoma.

2) Oklahoma's waiting list for community-based waived services is 7000+ 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.

The Council continues to applaud 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 sponsored by AIDD proved to be a turning point for the Council in terms of how we wish to support self-advocacy in Oklahoma. We have greatly enjoyed working with OKSAN, our 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 and the Supporting Families Community of Practice 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 regularly 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 intellectual and 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 seven certified trainers working in Oklahoma.

While we have not yet fully engaged the Oklahoma Disability Law Center, the Center for Learning and Leadership and the Council are partnering with DHS Developmental Disabilities Services as one of six states selected to be part of a national Community of Practice around supporting families. This work has been on-going for nearly three years, and we will shortly have our first large stake-holder meeting and roll-out. We have been very deliberate in our work, but feel confident much more will roll with these initiative in the coming months.

(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 and Child Care Services, the State Department of Education, the Oklahoma Family Network, the Oklahoma Self-Advocacy Network, Oklahoma People First, the

Center for Learning and Leadership, 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; Ability First, Oklahoma Community-based Providers, Inc.; the Oklahoma Autism Network; the Oklahoma Department of Human Services' Developmental Disabilities Services, Aging Services and Child Welfare divisions; and the Aging and Disability Resource Consortium.

Our latest collaborations revolve around training and supporting families. The Council, as mentioned above, is in partnership with DHS Developmental Disabilities Services and the Center for Learning and Leadership on the national Community of Practice on supporting families. In addition to training on this topic and on person-centered thinking (which are now officially merged in Oklahoma as a single "community of practice," the Council has begun to collaborate with many public and private, disability and non-disability agencies and organizations to offer a variety of training programs with the goals of enhancing positive, community-based outcomes for people with intellectual and developmental disabilities, as well as increasing the positive perceptions of people with disabilities living in the community.

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:

- 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

Objective: 1.1

Recruit and train up to 30 individuals to become advocates and leaders in their communities, using the trademarked Partners in Policymaking curriculum, annually through 2016.

Activities

Activity 1.1.1.: Implement outreach activities to attract 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 federal fiscal year.

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, disability experiences, cultures, and geography.

Activity 1.1.5.: Provide an orientation and 8-9 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.

Activity 1.1.7.: Assure evaluations are completed for sessions and overall series to continually improve the PIP curriculum and experience.

Activity 1.1.8.: Regularly communicate with PIP graduates to collect outcome data.

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.: October - May through 2016.

Activity 1.1.6.: Annually in May through 2016.

Activity 1.1.7.: Monthly as classes are held through 2016.

Activity 1.1.8.: On-going through 2016.

Objective: 1.2

Train, empower and build self-esteem of up to 30 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, disability experiences, 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.

Activity 1.2.7.: Assure pre- and post-tests are provided to YLF delegates and that staff complete YLF

evaluations to assure continuous improvement of YLF.

Activity 1.2.8.: Disseminate communications with YLF graduates on a regular basis to monitor long-term outcomes.

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.

Activity 1.2.7.: Each June through 2016.

Activity 1.2.8.: On-going through 2016.

Objective: 1.3

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

Activity 1.3.2.: Collect information from PIP, YLF, and OKSAN trainees on the boards, etc. that interest them in terms of potential service.

Activity 1.3.3.: Collect information on Oklahoma public entities that seat members to their boards, etc., including their missions, goals and objectives, and application processes.

Activity 1.3.4.: Create strategic relationships with Oklahoma public entities, and educate them on Council programs.

Activity 1.3.5.: Introduce PIP, YLF, and OKSAN trainees as candidates for open positions.

Activity 1.3.6.: Outreach to Oklahoma private non-profits to offer board candidates.

Activity 1.3.7.: As interest in local or national volunteerism is identified by trainees, individually broker introductions and relationships.

Timeline

Activity 1.3.1.: Improve training content by Winter 2013; implement system-wide by Winter 2014.

(COMPLETE)

Activity 1.3.2.: On-going through 2016.

Activity 1.3.3.: Winter 2013. (COMPLETE)

Activity 1.3.4.: On-going through 2016.

Activity 1.3.5.: On-going through 2016.

Activity 1.3.6.: On-going through 2016.

Activity 1.3.7.: On-going through 2016.

Objective: 1.4

Assist six self-advocates 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.

Objective: 1.5

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.

Objective: 1.6

Provide funding and technical assistance for 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 likely unavailable in FFY 15)

Activity 1.6.6.: Spring/Summer 2014. (on hold; conference support funding likely unavailable in FFY 15)

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

- State and P&A
- University Center(s) for Excellence
- State DD Agency

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, responsibilities, 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 |

Objective: 2.1

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 discrete self-advocates per year in leadership and organizational skills development.

Activities

Activity 2.1.1.: Fund the development of Self-Advocacy Leadership Training (SALT), 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.

Objective: 2.2

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 "the 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 potentially not available in FFY 15 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)

Objective: 2.3

As a member of the Oklahoma Self-Advocacy Network, provide guidance and funding to promote the training of self-advocates to write personal emergency plans, and promote persons with disabilities to local emergency management personnel for membership on advisory committees. 25 Oklahomans with intellectual and developmental disabilities will have written individual emergency preparation

plans annually through September 30, 2016.

Activities

Activity 2.3.1.: Working with the Oklahoma Self-Advocacy Network, establish a training that will provide Oklahomans with I/DD with the tools they need to write personal emergency plans.

Activity 2.3.2.: Field test the training using OKSAN volunteers as trainers and participants.

Activity 2.3.3.: Schedule and complete 4 trainings with self-advocate organizations.

Activity 2.3.4.: Conduct follow-up with trainees to assure personal emergency preparation plans have been completed and to discuss satisfaction with the training.

Activity 2.3.5.: Assist self-advocates who have completed training to contact their local emergency management offices to offer their membership to committee.

Timeline

Activity 2.3.1.: by January 2016.

Activity 2.3.2.: by March 2016.

Activity 2.3.3.: Complete trainings by December 2016.

Activity 2.3.4.: On-going through 2016.

Activity 2.3.5.: On-going through 2016.

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

- State and P&A
- University Center(s) for Excellence
- State DD Agency

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

Objective: 3.1

Support Court-Appointed Advocates for Vulnerable Adults of Oklahoma, Inc. to merge its program with the Court-Appointed Special Advocate Association of Oklahoma (CASA).

Activities

Activity 3.1.1.: Clean and organize physical and electronic files to preserve important documents and provide all import history relevant for CASA of Oklahoma.

Activity 3.1.2.: Update learning objectives for CAAVA volunteers.

Activity 3.1.3.: Update curriculum and materials list for CAAVA training.

Activity 3.1.4.: Update list of suggested CAAVA trainers.

Activity 3.1.5.: Update list of CAAVA volunteers and inquiries list of potential volunteers.

Activity 3.1.6.: Train CASA on all materials and help them to build a volunteer training program.

Activity 3.1.7.: Assist CASA to build relationships with district judges working on guardianship dockets.

Activity 3.1.8.: Move files, books and other supplies to CASA of Oklahoma from DHS Supply

Warehouse.

Timeline

Activity 3.1.1.: By November 2015.

Activity 3.1.2.: By November 2015.

Activity 3.1.3.: By November 2015.

Activity 3.1.4.: By November 2015.

Activity 3.1.5.: By November 2015.

Activity 3.1.6.: By November 2015.

Activity 3.1.7.: By November 2015.

Activity 3.1.8.: By November 2015.

Objective: 3.2

Continue to facilitate Family Allies and Resources (FAR) Task Force, to: expand knowledge of how best to support parents with intellectual and developmental disabilities, learn about and implement "best practices" in terms of supporting these parents, and embed "best practices" and service capacity within public and private agencies and organizations that train and support parents and assure child welfare.

Activities

Activity 3.4.1.: Convene the FAR Task Force at least quarterly.

Activity 3.4.2.: Continue to review existing materials on supports and services for parents with intellectual disabilities and develop/update materials for use in the project.

Activity 3.4.3.: Conduct a site visit to "Through the Looking Glass," the national resource center for parents with disabilities, and/or the National Conference on Parents with Disabilities.

Activity 3.4.4.: 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.

3.4.5.: Negotiate a contract with Sooner SUCCESS to pilot support protocols for parents with intellectual and developmental disabilities.

Timeline

Activity 3.4.1.: Ongoing through FFY 2016.

Activity 3.4.2.: Ongoing through FFY 2016.

Activity 3.4.3.: By June 2015. (COMPLETE)

Activity 3.4.4.: Beginning in June 2015 and on-going thereafter.

Activity 3.4.5.: Beginning in June 2015.

Objective: 3.3

Work with the Oklahoma State Legislature and the Employment First Committee to write and pass legislation to implement the ABLE Act in Oklahoma.

Activities

3.3.1.: Identify potential legislative sponsors of this legislation.

3.3.2.: Identify model legislation from other states that have implemented the ABLE Act.

3.3.3.: Work with Legislative Staff to draft legislation.

3.3.4.: Educate advocates and policymaker about the need for this legislation in Oklahoma.

Timeline

3.3.1.: By fall of 2015.

3.3.2.: By fall of 2015.

3.3.3.: By fall/winter of 2015/2016.

3.3.4.: Ongoing until legislation passes.

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

- State and P&A
- University Center(s) for Excellence
- State DD Agency

GOAL # 4: Good Lives for Oklahomans with Disabilities

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 and the Supporting Families Communities of Practice (CoP) toward "Good Lives." Advocates and service providers of the population will be aware of Person-Centered Thinking and CoP concepts and tools, and will have access to formal training in Person-Centered Thinking and CoP tools.

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

Objective: 4.1

As one of six states selected to be part of the Community of Practice around Supporting Families, facilitate opportunities to advance each family's unique path toward self-determination, interdependence, productivity, integration, and inclusion in all facets of community life for families that include a person with an intellectual or developmental disability.

Activities

Activity 4.1.1.: Meet monthly with Oklahoma Community of Practice Team (including the Person-Centered Thinking Learning Community) to discuss the collection and dissemination of ideas and promising practices to support families.

Activity 4.1.2.: Participate in monthly and annual meetings of the national Community of Practice for Supporting Families.

Activity 4.1.3.: Provide outreach and training on creating positive trajectories for individuals with i/dd, integrated supports across the lifespan, and strategies for supporting "the good life."

Activity 4.1.4.: Identify opportunities to promote the work of the Community of Practice as the Council implements this State Plan.

Timeline

Activity 4.1.1.: Ongoing through FFY 2016.

Activity 4.1.2.: Ongoing through FFY 2016.

Activity 4.1.3.: Ongoing through FFY 2016.

Activity 4.1.4.: Ongoing through FFY 2016.

Objective: 4.2

Work with BIOS, DDS, CLL and others to provide the infrastructure, organization and resources to support a Person-Centered Thinking and Supporting Families Community of Practice Learning Community in Oklahoma, including quarterly meetings, for the purposes of skill-building, practice with the tools, and problem-solving.

Activities

4.2.1.: Conduct a planning meeting with principals to discuss supporting Community of Practice Learning Community.

4.2.2.: Establish a schedule for quarterly meetings for the Community of Practice Learning Community.

Timeline

4.2.1.: By January 2016.

4.2.2.: On-going through FFY 2016.

Objective: 4.3

Monitor opportunities to update public policy to promote and infuse Person-Centered Thinking and Person-Centered Planning tools and Community of Practice tools to improve outcomes for people with intellectual and developmental disabilities.

Activities

Activity 4.3.1.: As activities under this goal area are undertaken, assure that policy and practice is up-dated with Person-Centered Thinking and Community of Practice ideals and language.

Timeline

Activity 4.3.1.: On-going through 2016.

Objective: 4.4

Discuss and potentially implement a pilot project with the Oklahoma Health Care Authority (OHCA) to use person-centered thinking and Supporting Families Community of Practice tools and strategies to assist those with intellectual and developmental disabilities and those who are aging, who are transitioning from nursing homes to the community, under the OHCA "Living Choice" Medicaid Waiver.

Activities

4.4.1.: Working through the Center for Learning and Leadership, convene a meeting with the Living Choice Advisory body of the Oklahoma Health Care Authority to discuss person-centered thinking and Community of Practice tools and potential for Living Choice recipients.

4.4.2.: As feasible, develop a pilot program for Living Choice recipients.

Timeline

4.4.1.: By December 2015.

4.4.2.: Pilot developed by June 2015, for implementation no later than October 2, 2016.

Objective: 4.5

Support ODDC staff involved in Person-Centered Thinking to achieve and maintain trainer/facilitator qualifications annually through FFY 2016.

Activities

4.5.1.: Provide funding for staff to attend an annual "Gathering" on Person-Centered Thinking.

Timeline

4.5.1.: Annually through FFY 2016.

Objective: 4.6

Financially and administratively support a "Southwest Gathering" on Person-Centered Thinking, to be held in Texas in the fall of 2015.

Activities

Activity 4.6.1.: Working with Person-Centered Thinking professionals in Oklahoma and Texas, develop and implement a plan to co-sponsor a "Gathering" of Person-Centered Thinking professionals, which are required for all Oklahoma PCT trainees for annual re-certification.

Timeline

Activity 4.6.1.: By November, 2015.

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

- State and P&A
- University Center(s) for Excellence
- State DD Agency

GOAL # 5: ODDC Outreach

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:

- 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

Objective: 5.1

Council staff will develop and construct the Oklahoma Disability Information Gateway website by 2016, to include at least 100 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 Management and Enterprise Services 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 a public relations firm 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 users.

Activity 5.1.8.: Develop a feed-back component for users 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 6/1/2015.

Activity 5.1.5.: By 6/1/2015.

Activity 5.1.6.: By 6/1/2015.

Activity 5.1.7.: By 6/1/2015.

Activity 5.1.8.: By 6/1/2015.

Objective: 5.2

Continue to collect data from the Information and Assistance protocol that serves individuals who call, write or visit the Council office for information and assistance.

Activities

Activity 5.2.1.: Compile information quarterly related to information or support needs presented by those seeking assistance from the Council.

Activity 5.2.2.: Create information quarterly related to resources or referrals provided to those seeking assistance from the Council.

Activity 5.2.3.: Track user information for the Disability Information Gateway.

Timeline

Activity 5.2.1.: Ongoing through FFY 2016.

Activity 5.2.2.: Ongoing through FFY 2016.

Activity 5.2.3.: Ongoing through FFY 2016.

Objective: 5.3

Support the dissemination of 100 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 a private public relations firm, 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 visitors.

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 6/30/2015. (COMPLETE)

Activity 5.3.2.: By 6/30/2016.

Activity 5.3.3.: By 6/30/2015.

Activity 5.3.4.: By 6/30/2015. (COMPLETE)

Activity 5.3.5.: By 6/30/2015.

Objective: 5.4

Identify and provide training to at least 10 public or private entities per year on disability culture and etiquette, youth leadership, person-centered principles and planning, supporting individuals and families, etc. for the purpose of creating positive perceptions and interactions with people with intellectual and developmental disabilities, and positive outcomes for individuals and families that include a person with intellectual or developmental disabilities, each year through 2016.

Activities

Activity 5.4.1.: Develop training outlines for specific training topics, targeting public and private businesses and organizations that 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, 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.

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

- State and P&A
- University Center(s) for Excellence
- State DD Agency

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 continue to use various formats to measure and track performance of its activities, as well as those of its funded activities and projects. The Council has made the decision to not use the DD Suite for collecting data. While respectful of the site, neither contractors nor staff found ease of operation or value in collecting data in this way. We will continue to work on individualized outcome data measurement, as this has provided us with significant and easy to understand results. We continue to look forward to working with the new AIDD-approved performance measures, but the old data elements are included in this State Plan.

In previous iterations of this plan, we have stated, "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 -- resulting in substantial changes to the plan -- the Council will seek subsequent public comment on proposed changes." This plan has served us well, and resulted in a terrific planning retreat for this plan (FFY 2016). It helped us to easily affirm our activities, and to prioritize those activities as we knew we would experience some funding limitations in the coming year.

In terms of individual activity evaluation, the Council will continue 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 previously engaged an outcomes and evaluation expert (Denise Caudill, The Outcomes Zone) to better understand how to develop qualitative outcome data and better evaluate the Council's work. We developed qualitative and quantitative outcome indicators for each activity of the Council.

We are strongly committed to the tools and methodologies developed in working with our contractor, and hope to overlay that work with the Route to Success and AIDD performance measures in the coming months and years.

Another step planned in our evaluation work is improvement of annual/final reports of contractors, and annual reports of the Council (beyond the PPR).

As for identifying trends and needs in the field, relative to the Comprehensive Review and Analysis and

subsequent goals, objectives and activities of the State Plan, the Council feels very confident that "needs" listed by our population have remained unchanged in 20+ years. We certainly will continue to collect and respond to our population, but every need presented in 1990 remains as a need for our population as a whole. Certainly much has been improved, but much work remains to be done.

Our Council has been very active in the work to solve the crisis of the waiting list. To do this, we must find a way to respond to not only the families known to us (those on the waiting list), but also the estimated 73% who, for one reason or another, have not ask for formal services -- yet. These conversations are also on-going in the Supporting Families Community of Practice, in which Oklahoma is very happily involved. In short, and to respond to the question of monitoring emerging trends and updating the CRA, we feel very confident that this is progressing properly without a new series of public comment, but are working on public comment for the FFY 2017-2022 State Plan.

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	305,841	101,947	407,788
2. Support the Oklahoma Self-Advocacy Network	111,215	46,340	157,555
3. Welcoming Communities	191,750	63,917	255,667
4. Good Lives for Oklahomans with Disabilities	23,010	7,670	30,680
5. ODDC Outreach	42,185	14,062	56,247
6. Functions of the DSA	36,000	36,000	72,000
7. General Management	130,000	43,333	173,333
Totals	840,001	313,269	1,153,270

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

Written and signed assurances have been submitted to the Administration on Intellectual and Developmental Disabilities, Administration for Community Living, United States Department of Health and Human Services, regarding compliance with all requirements specified in Section 124(c)(5)(A-N) in the Developmental Disabilities Assistance and Bill of Rights Act of 2000:

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.

In January of 2015, the Council posted the draft goals, objectives and activities of the draft FFY 2016 State Plan on its website for public comment. This period of public comment was publicized through email and social media, which we have found most effective in terms of communication. The Council's State Plan Committee and Advocacy, Training and Outreach Committee met to edit and update the Goals, Objectives and Activities during public comment period, and some changes were made.

The Council met on August 14, 2015 to review public comment and make final revisions. The Council approved the Plan as amended at that time.

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

The Council approved the draft state plan unanimously on August 14, 2015. There were no comments on the State Plan from any members of the public that reviewed this draft plan.