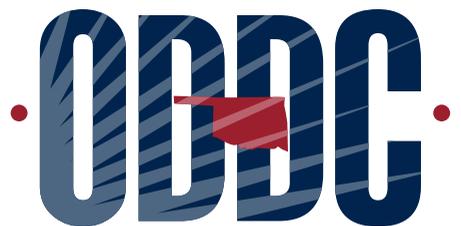


EXECUTIVE SUMMARY STATE PLAN

FEDERAL FISCAL YEARS 2007-2011



OKLAHOMA DEVELOPMENTAL



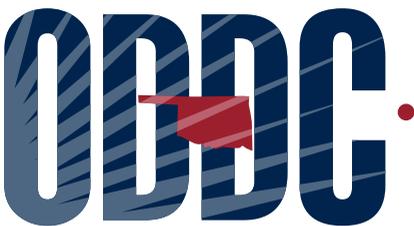
DISABILITIES COUNCIL

www.okddc.ok.gov

Mission

*The mission of the Oklahoma
Developmental Disabilities Council is to
promote quality services and programs
that enable persons with
developmental disabilities to fully
realize their maximum potential
through increased independence and
productivity, as well as through
integration and inclusion
in the community.*

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DISABILITIES COUNCIL

To request this document
in large print or on cassette,
call (405) 521-4984 or
toll-free (800) 836-4470.

A copy is also available
on the Internet
at www.okddc.ok.gov.

Council membership

The Oklahoma Developmental Disabilities Council is a volunteer board whose members are appointed by the Governor. Council members include people with developmental disabilities, family members of persons with developmental disabilities and representatives of each major state agency that serves people with developmental disabilities. The Council also has representatives from the Center for Learning and Leadership, Oklahoma's University Center for Excellence in Developmental Disabilities Education, Research and Service (UCEDD) and the Oklahoma Disability Law Center, Oklahoma's protection and advocacy system.

Mark Liotta, Chair
Tulsa

Janet Borden, Vice Chair
Broken Arrow

Nancy Ward, Secretary
Oklahoma City

Laurene Powers, Parliamentarian
Oklahoma City

Cathy Ames
Department of Rehabilitation
Services

Beth Batman
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Services-Aging Services Division

April Bennett
Bartlesville

Michelle Butts
Oklahoma City

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Pauls Valley

Janette Carver
Noble

Jed Castles
Edmond

John Corpolongo
Oklahoma State Department
of Health

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Idabel

Rhonda Keene
Oklahoma City

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Oklahoma State Department
of Education

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Mark McCarver
Tulsa

Jim Nicholson
Oklahoma Department of Human
Services-Developmental Disabilities
Services Division

Catherine Patrón
Clinton

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Edmond

Mike Sykes
Oklahoma Disability Law Center

Terry Trego
Woodward

Michael Upthegrove
Norman

Sylvia Watson-Baker
Idabel

Brandi Webster
Yukon

Janice Williams
Mustang

Valerie Williams, Ph.D.
Center for Learning and
Leadership/OUHSC

Britton Zimmerman
Tulsa

Council Background

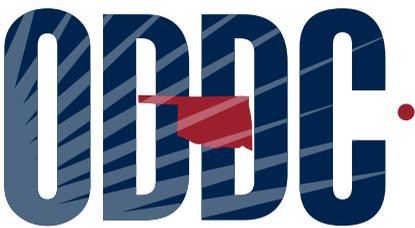


The Oklahoma Developmental Disabilities Council (ODDC) is Oklahoma's State Council on Developmental Disabilities authorized by the Developmental Disabilities Assistance and Bill of Rights Act (DD Act) of 2000 (P.L. 106-402).

The Administration on Developmental Disabilities within the Administration for Children and Families, U.S.

Department of Health and Human Services, administers programs of the DD Act.

OKLAHOMA DEVELOPMENTAL



DISABILITIES COUNCIL

The purpose of the DD Act of 2000 is to assure that individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, integration and inclusion in all aspects of community life, through culturally competent programs.

The ODDC was originally established by an Executive Order of Governor David Hall in 1973. Each governor since has reauthorized the ODDC by executive order. The current executive order was signed by Governor Frank Keating in 2002 and has been retained by Governor Brad Henry.

The DD Act of 2000 authorizes state councils on developmental disabilities to:

1. Engage in advocacy, capacity building and systemic change activities that are consistent with the purpose of the DD Act.
2. Contribute to a coordinated, consumer and family centered, consumer and family directed, comprehensive system of community services, individualized supports and other forms of assistance.

As defined by the DD Act of 2000, the term developmental disabilities means a severe, chronic disability of an individual that is attributable to a mental or physical impairment or combination of mental and physical impairments that are manifested before the individual attains age 22 and are likely to continue indefinitely. Developmental disabilities result in substantial limitations in three or more of the following functional areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and capacity for economic self-sufficiency.

The United States Congress, through the DD Act, identifies a number of significant findings including the following:

1. Disability is a natural part of the human experience that does not diminish the right of individuals with developmental disabilities to enjoy the opportunity for independence, productivity, integration, and inclusion in the community.
2. Individuals whose disabilities occur during their developmental period frequently have severe disabilities that are likely to continue indefinitely.
3. Individuals with developmental disabilities often require lifelong specialized services and assistance, provided in a coordinated and culturally competent manner by many agencies, professionals, advocates, community representatives, and others to eliminate barriers and to meet the needs of such individuals and their families.

The DD Act of 2000 also promotes the following best practices and policies:

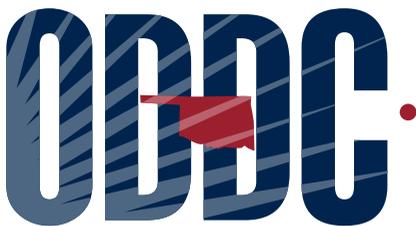
1. Individuals with developmental disabilities have competencies, capabilities and personal goals that should be recognized, supported, and encouraged, and any assistance to such individuals should be provided in an individualized manner, consistent with the unique strengths, resources, priorities, concerns, abilities, and capabilities of the individual.
2. Individuals with developmental disabilities and their families are the primary decision makers regarding services and support such individuals and their families receive, and play decision making roles in policies and programs that affect the lives of such individuals and their families.

State Plan

Consistent with federal law, each program funded by the DD Act of 2000 engages in activities to improve the lives of individuals with disabilities and their families and enhance participation in community life. The ODDC

achieves its mission by developing a five year State Plan that does the following:

OKLAHOMA DEVELOPMENTAL



DISABILITIES COUNCIL



1. Provides for the establishment and maintenance of the Council.
2. Identifies the agency or office in the state designated to support the Council.
3. Includes a comprehensive review and analysis of supports and services for individuals with developmental disabilities in the state including barriers, trends and issues.
4. Relates the services to the areas of emphasis of the DD Act of 2000.
5. Discusses interagency initiatives to improve and enhance community services.

The State Plan must also include the following: a rationale for Council goals related to advocacy, capacity building and systemic change activities; goals and objectives to address barriers; trends and issues and strategies for carrying out goals

and objectives. The goals and objectives must address some or all of the following areas of emphasis: quality assurance, education and early intervention, child care, health, employment, housing, transportation, recreation, community supports and cross cutting.





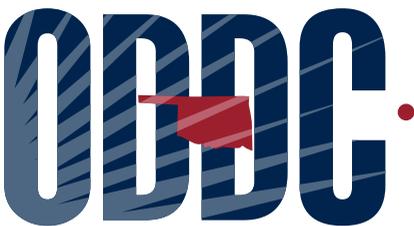
Comprehensive Assessment

Prevalence of persons with developmental disabilities

Utilizing the 1.8 percent national prevalence rate established by Gollay and Associates, it is estimated that 63,862 persons with developmental disabilities live in Oklahoma.

In developing its State Plan, the Council considered information about the current status of the service and support systems for people with developmental disabilities:

OKLAHOMA DEVELOPMENTAL



DISABILITIES COUNCIL

Waiting list for services for people with developmental disabilities

As spending for services for persons with developmental disabilities increases, so does the need for services. The Oklahoma Department of Human Services (OKDHS) administers four Community Waivers for persons with a primary diagnosis of mental retardation and one for adults with physical disabilities. These waivers are the Community Waiver, the Homeward Bound Waiver, the In-home Supports Waiver (IHSW) for Children, the IHSW for Adults and the ADvantage Waiver. All but one of the waivers originated after the court ordered closing of the Hissom Memorial Center, which began in 1987. The waivers serving people with mental retardation maintain a waiting list which currently includes 3247 people.

People are served in chronological order from the waiting list in accordance with the date they formally requested services. Exceptions to the chronological order may be made when an emergency exists; when waiver services are required for transition from a public ICF/MR; the legislature appropriates funds for a specific class of people; or when individuals are eligible under the state's alternative disposition plan, adopted under Section 1919 (e)(7)(E) of the Social Security Act.

Since the inception of the original Home and Community Based Services Waiver, OKDHS has provided community based services to persons with a primary diagnosis of mental retardation and there has been a waiting list for those services. The waiting list was briefly reduced in 2000, but the numbers of persons waiting for services swelled to as many as 4,300 in 2003.

Looking to shrink the waiting list, OKDHS created two new waiver programs in 1999. The In-home Supports Waivers provide a capitated amount of services for adults and children. The capitated amount for adults is \$19,225 while the amount for children is \$12,820. The rationale for the dual rates is that children who qualify for Medicaid are also eligible for some services covered by Early and Periodic Screening, Diagnosis and Treatment (EPSDT). Since 2000, the number of children receiving EPSDT screenings has increased about 20 percent.

Most people who are served from the waiting list receive supports from the In-home Supports Waivers (IHSW). Eligible people whose critical support needs can be met through a combination of unpaid and non-waiver supports within the capitated amounts of the IHSW are enrolled in these waivers. These do not provide residential supports and most people served through these waivers remain in the family home. The Community Waiver is reserved for people whose critical support needs cannot be met through the IHSW. The Community Waiver includes residential services.

Although the waivers have greatly aided the evolution of community services in Oklahoma, the waiting list likely does not include many persons with disabilities who do not have mental retardation. A serious issue in Oklahoma is the continued lack of services or supports to people with developmental disabilities who do not have a primary diagnosis of mental retardation. Persons with developmental disabilities without a diagnosis of mental retardation are not eligible for Community Waivers.

Medicaid reform

Through the years, Oklahoma has drastically changed its Medicaid system. Since its creation, the Medicaid system operated a fee-for-service system. This system paid providers directly for services provided to Medicaid beneficiaries. As costs and eligibility standards increased to cover more citizens, the Oklahoma Health Care Authority (OHCA) had a significant increase in costs.

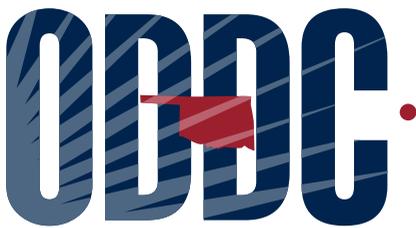
This cost increase and the rising number of persons eligible for services forced the OHCA to move away from a fee-for-service model to a managed-care model in 1999.

Participants in the HCBSW and children in state custody were exempt from the managed-care program. The managed-care program ended in fiscal year 2003 and Oklahoma implemented a fee-for-service model along with a partially capitated managed-care program.

In 2005, the Oklahoma Legislature increased the taxes on tobacco products and a portion of that funding is used for health care services. This new funding expands in-home services to children with disabilities who would not qualify for these services outside of an institution.

In 2006, the Oklahoma Legislature passed the Medicaid Reform Act of 2006. Among other things, this law creates an “instrument of value” for Medicaid beneficiaries to use to purchase health care benefits from qualified organizations. The value of this instrument of value will be determined by the average premium costs for a person with average health care needs. Since this law has not been implemented, the true impact on Oklahomans with developmental disabilities who qualify for Medicaid is unknown.

OKLAHOMA DEVELOPMENTAL



DISABILITIES COUNCIL

Self-directed services

In 2005, the Oklahoma Legislature passed the Oklahoma Self-directed Care Act (SB 1015). For the first time, Oklahomans with disabilities are able to manage the funds spent for their care. This law directs Oklahoma state agencies to develop pilot programs for persons with disabilities to manage their funding. During the 2006 legislative session, the Opportunities for Independent Living Act (SB 2017) was enacted to continue the work of the Oklahoma Olmstead Strategic Planning Committee.

This law also directs the OHCA to establish a three year pilot program to assist individuals with disabilities in moving from an institutional setting to a community setting. Funding follows the person and includes money for rent deposits, utility deposits, moving expenses and initial household supplies. The OHCA is charged with the annual evaluation of this project and reporting its effectiveness to the Oklahoma Legislature.

Secondary transition

In the summer of 2005, a group of Oklahoma education stakeholders attended a national conference on secondary transition. During the conference, the Oklahoma team developed a plan to improve secondary transition services in Oklahoma. The team also supports the efforts of the Oklahoma State Department of Education to improve post-school outcomes for students with disabilities. These stakeholders invited other interested partners and created the Oklahoma Transition Council.

This interagency committee includes parents and representatives from the Oklahoma Department of Rehabilitation Services, the ODDC, OKDHS, the Oklahoma Department of Career and Technology Education, Oklahoma ABLE-Tech, Tech-Now/Oklahoma High School High Tech, and the Zarrow Center for Learning Enrichment at the University of Oklahoma. These partners agreed that one method of disseminating best practices in transition was to establish the Transition Institute.

The Oklahoma Transition Institute provides professional development to special education teachers and administrators. The first Oklahoma Transition Institute was held in May 2006, in Oklahoma City. More than 400 professionals attended and learned best practice approaches on secondary transition, self-directed individual education plans and the transition taxonomy. Following upon the success of the initial Transition Institute, the Oklahoma Transition Council convened regional meetings to further train teachers and administrators on the transition taxonomy. The Oklahoma Transition Institute has been so successful it is now planned as an annual event.

Behavioral health services

Oklahoma Systems of Care is a comprehensive and coordinated care network aimed at meeting the needs of children with severe mental illness. These children are at significant risk of school failure, hospitalization and contact with law enforcement. Very often, children with developmental disabilities have co-occurring mental illnesses.

There are 19 Systems of Care communities that serve 26 counties. Systems of Care works by providing one comprehensive treatment plan for children with serious mental illness. Each child's treatment plan includes representatives from mental health, education, social services and other community-based services. Through interagency agreement, Systems of Care works to ensure that each child's needs are met by the appropriate agencies.

Family Support 360

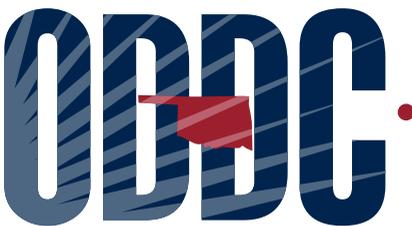
The Center for Learning and Leadership, Oklahoma's UCEDD, in partnership with the University of Oklahoma Health Sciences Center Pediatric Practice Model Clinic at Oklahoma Children's Hospital, operates the Oklahoma Family Support 360 Center. At the Family Support 360 Center, families of children with developmental disabilities who are eligible for Medicaid are linked to appropriate services. The center maintains eligibility information to meet the needs of families and each family has a case manager who helps them navigate the service system.

Staff members at the Family Support 360 Center are bilingual and also assist Spanish-speaking families. Families visiting the center may access computers to use the Internet and they may also get resources and materials from the on-site resource library.

Health care services

Health care in Oklahoma is becoming difficult to access, especially in rural parts of the state. Oklahoma has one of the highest rates of uninsured persons, with about 23 percent of adults lacking health insurance at some point during the past year. Oklahoma's health status is one of the poorest in the nation. The leading causes of death in Oklahoma are heart disease, cancer and stroke.

OKLAHOMA DEVELOPMENTAL



DISABILITIES COUNCIL

Oklahomans with developmental disabilities are more likely to have poor health because of the impact of the disability on their overall health status. To address these concerns, Oklahoma recently opened three new federally qualified health centers (FQHCs) to serve low income populations and the uninsured. Two of these centers are located in the rural areas of Fairfax and Clayton while the third will serve needy persons in Tulsa. These centers provide comprehensive health care services to low income persons and to persons without insurance. Services are provided as needed and each FQHC accepts Medicaid and payment based on income. The Oklahoma Primary Care Association, along with the Oklahoma State Department of Health and the Office of the Governor, hopes to expand to at least four new FQHCs in the next five years.

Coordinated transportation

Oklahoma United We Ride (UWR) is a federally funded initiative that aims to coordinate human services transportation. Since receiving the initial planning grant, UWR conducted research on the various types of federal transportation funding that comes to Oklahoma and the types of persons served by each fund. This research revealed that Oklahoma has more than 70 different streams of federal transportation funding. The UWR implementation phase began in 2005. This grant will assist local transportation providers to coordinate services in local communities.

Coordinated early learning programs

In 2003, Oklahoma's Governor Brad Henry signed legislation to create the Oklahoma Partnership for School Readiness. This legislation created Smart Start Oklahoma to

ensure that all Oklahoma children enter school healthy and ready to learn. A key aspect of Smart Start is to build collaboration and partnerships among all early childhood stakeholders.

Smart Start Oklahoma has funding from both private and public sources. To accomplish its goal, Smart Start works closely with Sooner Start, Oklahoma's early intervention program, and other programs that serve children with special needs. As Smart Start partnerships continue to develop, natural collaborations with early childhood special education will increase.

Community services and opportunities

By and large, community based services that impact the areas of emphasis are readily available in urban parts of Oklahoma. Persons who reside in rural areas must either travel to receive services or have a limited selection of service providers. Access to assistive technology mainly depends on the age of the person and his or her ability to provide part of the funding, through private funds or insurance. Many children access assistive technology on loan, through early intervention or school-based services.

Adults with developmental disabilities for whom assistive technology is a necessity must rely on Medicaid, waiver programs, rehabilitation services or private funding for equipment. Oklahoma has a federally funded Tech Act project, Oklahoma ABLE-Tech. This organization is a resource for viewing and experimenting with assistive technology, and has worked to secure low interest and no interest loans for persons who need to purchase technology.

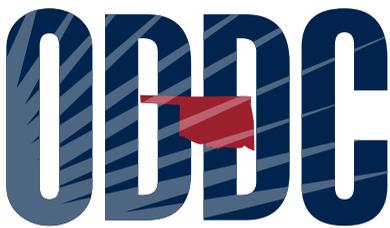


Areas of emphasis

The DD Act of 2000 established state councils on developmental disabilities in all 50 states, the District of Columbia, Puerto Rico, the Commonwealth of the Northern Mariana Islands and Guam. Each Council may engage in activities in the following areas of emphasis, based on the needs identified in their own state or territory.

- Employment
- Education and early intervention
- Housing
- Health
- Child care
- Recreation
- Transportation
- Quality assurance
- Formal and informal community supports
- Cross cutting

OKLAHOMA DEVELOPMENTAL



DISABILITIES COUNCIL

In preparing this State Plan, the Council solicited public comment to assess the needs of persons with developmental disabilities and their families. Council staff also reviewed the strategic plans of state agencies that serve persons with disabilities and their families. The following are the goals and objectives developed by the Council for the 2007-2011 State Plan:

Goals and objectives

Employment

Goal #1: Improve meaningful employment outcomes for individuals with disabilities through statewide collaboration.

Collaborators include: Oklahoma State Department of Education, Oklahoma Department of Rehabilitation Services, Oklahoma Association of Persons in Supported Employment, Tech-Now Inc., Oklahoma Office of Disability Concerns, State Regents for Higher Education, Oklahoma Department of Career and Technology Education, National Center for Disability Education and Training/OU, National Science Foundation

Objective 1.1: Partner with government and private agencies to promote employment opportunities for people with developmental disabilities through a statewide conference and other outreach opportunities.

Objective 1.2: Collaborate with Tech-Now Inc. to expand this transition program for high school students with disabilities.

Education

Goal #1: More high school students with disabilities will attend college.

Collaborators include: State Regents for Higher Education, Oklahoma State Department of Education, Oklahoma Department of Rehabilitation Services, Oklahoma Disability Law Center, the Center for Learning and Leadership/OUHSC, Dr. George Sugai, Dr. Laura Riffel.

Objective 1.1: Create and pilot a college awareness program that includes information for high school students with disabilities.

Goal #2: Teachers will have the skills

necessary to manage challenging behavior in the classroom.

Objective 2.1: Establish evidence-based training opportunities for teachers and parents seeking to learn how to manage challenging behavior in the classroom.

Goal #3: Young people with disabilities and their family members will have improved transition services.

Objective 3.1: Implement school-wide transition awareness programs to include a transition handbook and/or online resource guide.

Goal #4: Students will reach their educational, personal and career goals.

Objective 4.1: Provide specific leadership and disability awareness training to high school students with disabilities through the Youth Leadership Forum.

Housing

Goal #1: Persons with disabilities and their families will have accessible housing.

Collaborators include: Oklahoma Association of Community Action Agencies, Oklahoma Centers for Independent Living, Federal Reserve Bank/Kansas City (Oklahoma City office), Benefits Planning and Assistance Project/Oklahoma, National Center for Disability Education and Training

Objective 1.1: Persons with developmental disabilities will be trained in processes related to asset building, including home ownership.

Health

Goal #1: Adults and children with special health care needs will have improved health services.

Collaborators include: Child Study Center/University of Oklahoma Health Sciences Center

Objective 1.1: Establish a system of coordinated health care for all persons with developmental disabilities.

Recreation

Goal #1: Recreation options for people with developmental disabilities will be available.

Collaborators include: Oklahoma Centers for Independent Living, Oklahoma Department of Tourism and Recreation

Objective 1.1: Oklahomans with developmental disabilities will learn of accessible recreation opportunities in local communities.

Transportation

Goal #1: Individuals with disabilities will be able to get from one place to another.

Collaborators include: Oklahoma Department of Rehabilitation Services, United We Ride

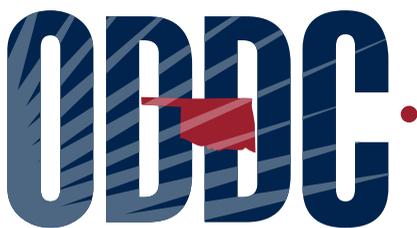
Objective 1.1: Partner with local and statewide transit organizations to improve accessible transportation services.

Quality assurance

Goal #1: Empower individuals with disabilities to advocate for themselves and effectively recruit and train volunteer advocates.

Collaborators include: Oklahoma Department of Human Services, Oklahoma Court Appointed Advocates for Vulnerable Adults Inc., Oklahoma Bar Foundation, Oklahoma Department of Emergency Management, Oklahoma Department of Homeland Security, Oklahoma Association of Councils on Government, Red Cross, U.S. Department of Homeland Security, local first responders (police and fire departments; ambulance services), OU School of Social Work

OKLAHOMA DEVELOPMENTAL



DISABILITIES COUNCIL

Objective 1.1: Implement the Partners in Policymaking national model, which provides advocacy training, promotes awareness of disability related services and supports, and seeks to protect the rights and promote the interests of people with developmental disabilities.

Objective 1.2: The Council will support Oklahoma Court Appointed Advocates for Vulnerable Adults (OCAAVA) Inc.

Objective 1.3: The Council will support self-advocates and family members to attend specific disability-related conferences within and outside Oklahoma.

Goal #2: Local and state emergency management authorities will include people with disabilities in emergency planning.

Objective 2.1: Prepare emergency plans that include specific information for persons with disabilities.

Goal #3: Individuals with disabilities will learn disaster preparation skills.

Objective 3.1: Working with provider organizations, persons with developmental disabilities will learn how to prepare for emergencies.

Goal #4: The Council will promote continuous improvement in services to persons with developmental disabilities.

Objective 4.1: The Council will conduct a longitudinal assessment of its sponsored programs and grant projects for dissemination to policymakers.

Goal #5: The Council will support education and experiential learning opportunities in disability issues.

Objective 5.1: The Council will provide stipends to students working in the field of disabilities.

Community supports

Goal #1: Every individual is valued and participates in his or her community.

Collaborators include: Office of the Governor, Oklahoma Department of Human Services, Oklahoma Disability Law Center, the Center for Learning and Leadership, Oklahoma Statewide Independent Living Council, Oklahoma Office of Faith-based Initiatives, Tulsa Community College, Oklahoma Community-based Providers Inc.

Objective 1.1: Persons with developmental disabilities will expand their participation in faith communities.

Objective 1.2: The Council will support the Governor's Conference on Developmental Disabilities.

Goal #2: Persons with developmental disabilities will have improved services through better education of direct support professionals.

Objective 2.1: The Council will create an academic certificate of achievement for direct support professionals.

Cross cutting

Goal #1: The Council will educate the public, elected officials and members of the media on disability issues.

Collaborators: Naukam Marketing, Griffin Communications (KWTV/Oklahoma City and KOTV/Tulsa)

Objective 1.1: Members of the media and public policymakers will demonstrate increased knowledge of disability-related issues.

Goal #2: The Council will promote disability awareness statewide.

Objective 2.1: The Council will conduct or support conferences that promote the capacities of persons with developmental disabilities.

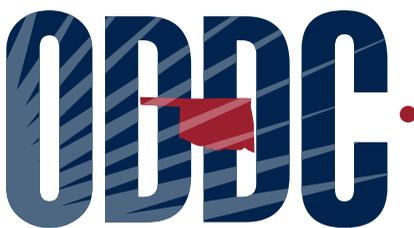
Goal #3: The Council will provide timely information and assistance to the general public related to disability issues.

Objective #3.1: The Council will provide information services to the general public.

Projected Council Budget for Federal Fiscal Year 2007

Cost Categories	Part B dollars	Other(s)	Total
Employment	\$25,504	\$19,188	\$44,692
Housing	\$20,504	\$4,188	\$24,692
Health	\$20,504	\$4,188	\$24,692
Education and early intervention	\$140,504	\$52,521	\$193,025
Recreation	\$25,504	\$4,188	\$24,692
Transportation	\$25,504	\$6,688	\$32,192
Quality assurance	\$383,672	\$40,354	\$424,026
Formal and informal community supports	\$80,128	\$19,187	\$99,315
General management	\$143,090	\$46,488	\$189,578
Functions of the designated state agency	\$35,000	\$35,000	\$70,000
TOTAL	\$894,914	\$231,990	\$1,126,904

OKLAHOMA DEVELOPMENTAL



DISABILITIES COUNCIL

Assurances

As the Council's designated state agency, the Oklahoma Department of Human Services has agreed to the following federally required assurances to assist the Oklahoma Developmental Disabilities Council.

(A) IN GENERAL

The plan shall contain or be supported by assurances and information described in subparagraphs (B) through (N) that are satisfactory to the Secretary.

(B) USE OF FUNDS

With respect to the funds paid to the state under section 122, the plan shall provide assurances that:

1. not less than 70 percent of such funds shall be expended for activities related to the goals described in the State Plan;
2. such funds will contribute to the achievement of the purpose of this subtitle in various political subdivisions of the state;
3. such funds will be used to supplement, and not supplant, the non-federal funds that would otherwise be made available for the purposes for which the funds paid under section 122 are provided;
4. such funds will be used to complement and augment rather than duplicate or replace services for individuals with developmental disabilities and their families who are eligible for federal assistance under other state programs;
5. part of such funds will be made available by the state to public or private entities;

6. at the request of any state, a portion of such funds provided to such state under this subtitle for any fiscal year shall be available to pay up to one half (or the entire amount if the Council is the designated state agency) of the expenditures found to be necessary by the Secretary for the proper and efficient exercise of the functions of the designated state agency, except that not more than five percent of such funds provided to each state for any fiscal year or \$50,000, whichever is less, shall be made available for total expenditures for such purpose by the designated state agency; and
7. not more than 20 percent of such funds will be allocated to the designated state agency for service demonstration by such agency that
 - contribute to the achievement of the purpose of this subtitle; and
 - are explicitly authorized by the Council.

(C) STATE FINANCIAL PARTICIPATION

The plan shall provide assurances that there will be reasonable state financial participation in the cost of carrying out the plan.

(D) CONFLICT OF INTEREST

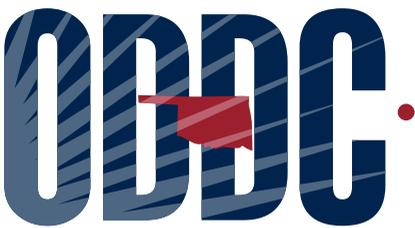
The plan shall provide an assurance that no member of such Council will cast a vote on any matter that would provide direct financial benefit to the member or otherwise give the appearance of a conflict of interest.



(E) URBAN AND RURAL POVERTY AREAS

The plan shall provide assurance that special financial and technical assistance will be given to organizations that provide community services, individual supports and other forms of assistance to individuals with developmental disabilities who live in areas designated as urban or rural poverty areas.

OKLAHOMA DEVELOPMENTAL



DISABILITIES COUNCIL

(F) PROGRAM ACCESSIBILITY STANDARDS

The plan shall provide assurances that programs, projects and activities funded under the plan, and the buildings in which such programs, projects and activities are operated, will meet standards prescribed by the Secretary in regulations and all applicable federal and state accessibility standards, including accessibility requirements of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d), and the Fair Housing Act (42 U.S.C. 3601 et seq.).

reflects the diversity of the state with respect to race and ethnicity.

(G) INDIVIDUALIZED SERVICES

The plan shall provide assurances that any direct services provided to individuals with developmental disabilities and funded under the plan will be provided in an individualized manner, consistent with the unique strengths, resources, priorities, concerns, abilities and capabilities of such individual.

(H) HUMAN RIGHTS

The Oklahoma Developmental Disabilities Council assures that the human rights of the individuals with developmental disabilities (especially individuals without familial protection) who are receiving services under programs assisted under this subtitle will be protected consistent with section 109 (relating to rights of individuals with developmental disabilities).

(I) MINORITY PARTICIPATION

The Oklahoma Developmental Disabilities Council assures that the state has taken affirmative steps to assure that participation in programs funded under this subtitle is geographically representative of the state, and



(M) STATE QUALITY ASSURANCE

The Oklahoma Developmental Disabilities Council assures that the Council will participate in the planning, design or redesign, and monitoring of state quality assurance systems that affect individuals with developmental disabilities.

(N) OTHER ASSURANCES

The Oklahoma Developmental Disabilities Council assures that the plan shall contain such additional information and assurances as the Secretary may find necessary to carry out the provisions (including the purpose) of this subtitle.

OKLAHOMA DEVELOPMENTAL



DISABILITIES COUNCIL

Public review of plan

The Council provided two opportunities for public input into the plan. Working with the University Center for Excellence in Developmental Disabilities at the University of Oklahoma and the Oklahoma Disability Law Center, the Council developed a survey of key issues for Oklahomans with disabilities. The survey resulted in 306 responses as follows: 38 percent family members, 37 percent professionals, 25 percent direct service providers and 11 percent persons with disabilities. There were also responses from higher education faculty members, policymakers and students. Of those who responded, 63 percent were urban residents and 36 percent were rural residents.

Once activities were set for the State Plan, the Council posted this information on its Web site and sent more than 3,000 postcards to stakeholders for a second round of public comment. Following these actions, stakeholders were directed to the Council Web site to review the draft copy of the State Plan. If a person did not have access to a computer, they received hard copies of the plan by mail. Members of the public were invited to e-mail or phone Council staff with any comments on the plan.

Evaluation of plan

The Council will host an annual planning retreat in the spring or summer of each year covered by the plan. At these retreats, Council members will confirm or amend the plan's goals, objectives and/or activities, based on systems change, changing priorities or budget deficits or surplus. One activity included in the State Plan is an objective review of Council projects. These actions will

also help the Council to evaluate its current plan and assess all past and current activities of the Council. Should the planning retreat result in major changes to the approved State Plan, the Council will initiate subsequent solicitations for public comment.

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