

## OKLAHOMA: SCDD FIVE YEAR STATE PLAN

### SECTION I: COUNCIL IDENTIFICATION

<b>State Plan Period:</b>	
<b>Start Period</b>	2021-10-01
<b>End Period</b>	2026-09-30

<b>Contact Information</b>	
<b>Contact Person</b>	Jenifer Randle
<b>Phone Number</b>	(405) 212-7558
<b>E-mail</b>	Jenifer.Randle@okdhs.org

<b>Date of Establishment:</b>	Date (1973-01-07)
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<b>Authorization:</b>	Executive Order (1)
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<b>Authorization Citation:</b>	Executive Oder 1993-20, as amended and retained by Executive Order.
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<b>Council Membership Rotation Plan:</b>	
<p>Per the Council's 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. The maximum term of appointment, except for mandated representatives, shall be four years, and the appointments shall be staggered so that no more than one-third of the membership is appointed in any one year. Members may serve a maximum of eight consecutive years. After serving the maximum term, a member must have at least a one-year lapse in membership on the Council before he/she can be reappointed to the Council. Should a Council member's appointment lapse, the member will continue to serve until such time as the Governor renews the term or makes a new appointment to that position.</p>	

*Council Members:*

Name	Gender	Race/Ethnicity	Geographical	Agency/Org/Citizen Rep Code	Agency/Org Name	App t.	Appt. Expir	Alt/Proxy for
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						Date	ed Date	State Agency Rep Name
Janie Fugitt	F	D1	E1	A1	Oklahoma Dept. of Rehabilitation Services	2017-12-07	2023-08-01	Melinda Bunch
Todd P Loftin	M	D1	E1	A2	Special Education Services / Oklahoma Dept. of Education	2016-07-30	2023-08-01	Lori Chesnut
Jeromy Buchanan	M	D8	E1	A3	Community Living, Aging, Adult Protective Services / Oklahoma Human Services	2020-07-01	2023-08-01	Karla Selman
Beth Scrutchins	F	D8	E1	A4	Developmental Disabilities Services / Oklahoma Human Services	2018-07-25	2023-08-01	Chris Hobbs
Melissa Sublett	F	D1	E1	A5	Oklahoma Disability Law Center	2018-01-02	2023-08-01	RoseAnn Duplan
Valerie N Williams	F	D7	E1	A6	Center for Learning and Leadership (Oklahoma's UCEDD)	2015-10-20	2023-08-01	Wanda Felty
Robin A Arter	F	D1	E2	A7	Think Ability First	2013-11-14	2022-08-01	
John M Corpolongo	M	D1	E1	A8	Maternal and Child Health	2015-10-	2023-08-01	Alicia Lincoln

					Services / Oklahoma Dept. of Human Services	20		
David S Blöse	M	D1	E1	B1		202 1- 08- 02	2025- 08-01	
Mindee Brown	F	D1	E1	B1		202 1- 08- 02	2025- 08-01	
Alicia D Murie	F	D1	E2	B1		201 7- 08- 02	2023- 08-01	
Lindsey R Spoon	F	D1	E2	B1		201 9- 08- 02	2023- 08-01	
Shelly L Greenha w	F	D1	E1	B2		201 9- 01- 23	2023- 08-01	
Michelle Kelley	F	D8	E1	B2		202 0- 11- 18	2024- 08-01	
Sharron Garrity	F	D1	E2	B3		201 7- 08- 02	2023- 08-01	
Daniel P Prock	M	D1	E2	B3		201 9- 08- 02	2023- 08-01	
Debra Espinosa	F	D8	E1	A9		202 0- 08- 02	2024- 08-01	
AJ Griffin	F	D7	E1	A9		201 9- 08- 02	2023- 08-01	
Brett Cunningh	M	D1	E1	B1		202 1-	2025- 08-01	

am						08-02		
Blaine Murdock	M	D1	E1	B1		2021-08-02	2025-08-01	
Devin Williams	M	D2	E1	B1		2021-08-02	2025-08-01	
Andria Lewis	F	D1	E1	B1		2021-08-02	2025-08-01	
Susan Jorski	F	D1	E1	C2		2021-12-20	2024-08-01	

*Council Staff:*

Name	Position/Working Title	FT Status	% PT	Gender	Race/Ethnicity	Disability
Jenifer Randle	Executive Director	1		F	D1	Y
Melissa Gituma	Planning and Grants Manager	1		F	D1	N
Alissa Patterson	Administration Officer	1		F	D7	DWA
Bradley Mays	Advocacy Training Coordinator	1		M	D1	Y

**SECTION II: DESIGNATED STATE AGENCY**

<b>The DSA is:</b>	<b>Other Agency (2)</b>
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<b>Agency Details:</b>	
<b>Agency Name</b>	Oklahoma Human Services
<b>State DSA Official's Name</b>	Samantha Galloway, Oklahoma Human Services Interim Director
<b>Address</b>	P.O. Box 25352, Oklahoma City, Oklahoma 73125
<b>Phone</b>	(405) 521-3646
<b>FAX</b>	(405) 521-6548

<b>E-mail</b>	Samantha.Galloway@okdhs.org
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<b>If DSA is other than the Council, does it provide or pay for direct services to persons with developmental disabilities?</b>	Yes (1)
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<b>If yes, describe the general category of services it provider (e.g. health, education, vocational, residential, etc.) (250 character limit)</b>	
The DSA provides direct services to people with developmental disabilities. The DSA is the state's umbrella agency that provides social services to help Oklahomans in need. Its clients range across the lifespan.	

<b>Does your Council have a memorandum of Understanding/Agreement with your DSA?</b>	Yes (1)
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<b>If DSA is other than the Council, describe (250 character limit).</b>	
Per the MOU with the Oklahoma Human Services, the Council receives administrative and support services such as contracts, payroll, insurance, office equipment, and the like. The DSA also provides financial accounting for the federal grant.	

<b>PART E - Calendar Year DSA was designated [Section 125(d)(2)(B)]</b>	1973
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### SECTION III: COMPREHENSIVE REVIEW AND ANALYSIS

<b>Introduction:</b>	
<p>The Developmental Disabilities Council of Oklahoma (Council) used resources provided by the Information and Technical Assistance Center for Councils on Developmental Disabilities to establish its planning process for the creation of the Council's 2022-2026 Five Year State Plan. The Council's goals and objectives in this plan are linked to feedback from the Council's public input campaign, information from the Comprehensive Review and Analysis (CRA) provided in Parts B and C of this Plan, and a review of the last five-year plan. The Council conducted an extensive public input campaign. Starting in the summer of 2020, the public input campaign included 21 virtual public input sessions, as well as online surveys. The Council's public input campaign was conducted virtually due to restrictions caused by the Covid-19 pandemic. The Council used the feedback and comments from these sessions and surveys to shape its new five-year state plan. Based on public comments, the Council determined the plan's focus areas - access to resources, supports across the lifespan and community inclusion. The Council has weaved these topics throughout the entirety of its goals and objectives. The Council gathered limited input from two of Oklahoma's largest culturally diverse groups by hosting two public input sessions in</p>	

Spanish, led by a native Spanish speaker, and two sessions targeted specifically to members of Oklahoma's Native American Tribal Nations. Although these sessions were not widely attended, the Council received helpful feedback. Cultural and language differences and barriers continue to make it difficult to build relationships with these two populations. The Council looks forward to improving these relationships. For the CRA, the Council's initial efforts to gather information were by electronic research and reports. The Council followed this data collection by connecting directly with organizations across Oklahoma to gather the most up-to-date quantitative and qualitative data. The Council received information in the forms of annual reports, data points and narratives. From public input and information gathered, the Council determined the targeted disparity for the 2022-2026 state plan to be rural communities. Support for rural populations will be weaved throughout the entirety of the state plan's goals and objectives. Oklahoma is considered a rural state, as approximately 33.6% of Oklahoma's population lives in rural or frontier areas of the state. Oklahoman's urban population centers have access to a variety of supports, services, and service providers, while Oklahomans living in the rural areas continue to face compounded barriers to services, supports and community living/enjoyment. Rural communities encompass many of Oklahoma's possible targeted disparity groups, including Native American communities, minority populations, immigrants and impoverished populations.

<b>Describe how the DSA supports the Council:</b>	
Per the Memorandum of Understanding with the Designated State Agency, Oklahoma Human Services, the Council receives administrative and support services such as contracts, payroll, insurance, office equipment, personnel assistances, and the like. The DSA also provides financial accounting for the federal grant. The DSA's Contracts and Purchasing Unit will act as a central repository for Council contracts and agreements.	

<b>Poverty Rate:</b>	15.2
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<b>(i) Racial and Ethnic Diversity of the State Population</b>	
<b>Percentage of Population (White, alone)</b>	74.0
<b>Percentage of Population (Black or African American alone)</b>	7.8
<b>Percentage of Population (American Indian and Alaska Native alone)</b>	9.4
<b>Percentage of Population (Asian alone)</b>	2.4
<b>Percentage of Population (Native Hawaiian and Other Pacific Islander alone)</b>	.2
<b>Percentage of Population (Some other race alone)</b>	.2
<b>Percentage of Population (Two or more races:)</b>	6.3
<b>Percentage of Population (Two races including Some other race)</b>	.1
<b>Percentage of Population (Two races excluding Some other race, and three or more races)</b>	6.2
<b>Percentage of Population (Hispanic or Latino (of</b>	11.1

any race))	
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<b>(a) Prevalence of developmental disabilities in the state:</b>	1.58
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<b>Explanation (of % of prevalence):</b>	
Prevalence rate based on 1.58% of the population, per the Health and Human Services National Health Interview Survey (NHIS-D). This rate is used in the State of the States in Developmental Disabilities, which states that there are 4.7 million people with intellectual and developmental disabilities in the U.S. Oklahoma State Population: 3,956,971 x 0.0158	

<b>(b) Residential Settings:</b>	
<b>Total Served (2017)</b>	167
<b>A. Number Served in Setting of under 6 (per 100,000) (2017)</b>	58
<b>B. Number Served in Setting of over 7 (per 100,000) (2017)</b>	48
<b>C. Number Served in Family Setting (per 100,000) (2017)</b>	34
<b>D. Number Served in Home of Their Own (per 100,000) (2017)</b>	27
<b>Total Served (2016)</b>	163
<b>A. Number Served in Setting of under 6 (per 100,000) (2016)</b>	58
<b>B. Number Served in Setting of over 7 (per 100,000) (2016)</b>	43
<b>C. Number Served in Family Setting (per 100,000) (2016)</b>	34
<b>D. Number Served in Home of Their Own (per 100,000) (2016)</b>	28
<b>Total Served (2015)</b>	181
<b>A. Number Served in Setting of under 6 (per 100,000) (2015)</b>	55
<b>B. Number Served in Setting of over 7 (per 100,000) (2015)</b>	61
<b>C. Number Served in Family Setting (per 100,000) (2015)</b>	27
<b>D. Number Served in Home of Their Own (per 100,000) (2015)</b>	38

<b>(c) Demographic Information about People with</b>	
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<b>Disabilities:</b>	
Percentage (Population 5 - 17 years)	6.1
Percentage (Population 18 - 64 years)	13
Percentage (Population 65 years and over)	42.9

<b>Race and Hispanic or Latino Origin of people with a disability</b>	
Percentage (White alone)	75.9
Percentage (Black or African American alone)	6.8
Percentage (American Indian and Alaska Native alone)	8.0
Percentage (Asian alone)	1.1
Percentage (Native Hawaiian and Other Pacific Islander alone)	0.0
Percentage (Some other race alone)	1.4
Percentage (Two or more races)	6.6
Percentage (Hispanic or Latino (of any race))	6.0

<b>Employment Status Population Age 16 and Over</b>	
Percentage with a disability (Employed)	26.9
Percentage without a disability (Employed)	66.9
Percentage with a disability (Not in labor force)	70.8
Percentage without a disability (Not in labor force)	30.3

<b>Educational Attainment Population Age 25 and Over</b>	
Percentage with a disability (Less than high school graduate)	17.7
Percentage without a disability (Less than high school graduate)	9.6
Percentage with a disability (High school graduate, GED, or alternative)	36.5
Percentage without a disability (High school graduate, GED, or alternative)	30
Percentage with a disability (Some college or associate's degree)	30.1
Percentage without a disability (Some college or associate's degree)	30.9
Percentage with a disability (Bachelor's degree or	15.7



higher)	
Percentage without a disability (Bachelor's degree or higher)	29.5

<b>Earnings in Past 12 months Population Age 16 and Over with Earnings</b>	
Percentage with a disability (\$1 to \$4,999 or less)	13.9
Percentage without a disability (\$1 to \$4,999 or less)	8.8
Percentage with a disability (\$5,000 to \$14,999)	17.9
Percentage without a disability (\$5,000 to \$14,999)	13.4
Percentage with a disability (\$15,000 to \$24,999)	16.4
Percentage without a disability (\$15,000 to \$24,999)	14.4
Percentage with a disability (\$25,000 to \$34,999)	14.4
Percentage without a disability (\$25,000 to \$34,999)	14.4

<b>Poverty Status Population Age 16 and Over</b>	
Percentage with a disability (Below 100 percent of the poverty level)	21.1
Percentage without a disability (Below 100 percent of the poverty level)	12.1
Percentage with a disability (100 to 149 percent of the poverty level)	12.5
Percentage without a disability (100 to 149 percent of the poverty level)	7.7
Percentage with a disability (At or above 150 percent of the poverty level)	66.5
Percentage without a disability (At or above 150 percent of the poverty level)	80.2

<b>(i) Health/Healthcare:</b>	
<p>The Oklahoma Health Care Authority (OHCA) is the state agency that administers Oklahoma's Medicaid (SoonerCare) services and determines eligibility for those services. OHCA works to improve the health of qualified Oklahomans by ensuring that medically necessary benefits and services are available through SoonerCare. Mandatory services available through SoonerCare include hospital services; early and periodic screening, diagnostic, and treatment services; nursing facility services; home health services; physician services; and rural health clinic services. Optional services that eligible Oklahomans can apply for include prescription drug coverage; clinic services; physical therapy; occupational therapy; speech,</p>	

hearing and language disorder services; and other diagnostic, screening, preventive and rehabilitation services. As of July 2021, 1,065,121 Oklahomans were enrolled in SoonerCare. In June 2020, the Oklahoma Medicaid Expansion Initiative passed. The Medicaid expansion opens Medicaid eligibility to adults, ages 19-64, whose income is 138% of the federal poverty level or lower. Over 200,000 people are expected to gain access to Medicaid as a result of the expansion. The expansion will allow Oklahoma to promote integrated care and improve health outcomes, including exploring the option to reinstate an adult dental benefit in SoonerCare that will focus on preventative dental services. The expansion will also promote better support for individuals with mental health issues or intellectual and developmental disabilities by helping them to get access to behavioral health services. The expansion began July 1, 2021, and Oklahoma anticipates an increase in the number of people who are enrolled in SoonerCare benefits as a result. While the Medicaid expansion is promising for Oklahoma residents, a number of issues related to healthcare remains. One concern for many is that SoonerCare currently limits prescription coverage for adults to six prescriptions per month. These limitations can be a considerable challenge for many individuals who have extensive medication needs. This lack of coverage can result in poor health care and dangerous practices. OHCA offers pregnancy services with the goal to increase the likelihood of a healthy pregnancy and birth. Services for obstetrical care may include routine visits, delivery services, ultrasounds, prescriptions, labs and diagnostics related to pregnancy, maternal and infant health social work, genetic counseling and high risk obstetric care. After a child is born, the SoonerStart program takes over care for infants and toddlers through 36 months of age. SoonerStart is Oklahoma's early intervention program for infants and toddlers with disabilities and developmental needs. There is no direct cost to families for SoonerStart services, regardless of the family's income. Oklahoma's TEFRA option is provided through OHCA and provides benefits available to children with physical or cognitive disabilities who would not ordinarily be eligible for Supplemental Security Income (SSI) benefits because of their parent's income or resources. This option allows children who are eligible for institutional-level services to be cared for in their homes. As of July 2021, 906 children were enrolled in TEFRA in the state of Oklahoma. Medicare also provides healthcare coverage in Oklahoma to individuals age 65 or older and people under the age of 65 with certain disabilities. Those on Medicare may also qualify for SoonerCare, if the person has low income and limited resources. For individuals who qualify for both programs, health care costs are covered through the SoonerCare Supplemental plan. Oklahoma has a network of 22 Community Health Centers (CHCs), also known as Federally-Qualified Health Centers. CHCs are non-profit, community-directed providers that serve communities that would otherwise confront financial, geographic, language, cultural and other barriers. In northeastern Oklahoma, Morton Comprehensive Health Services oversees the area's largest system of CHCs. Variety Care Covers the Oklahoma City Metro area and Southwest Oklahoma. CHCs offer a range of health care services, including medical, dental, mental health, behavioral health, women's health, and optometry services, as well as community and social services. Not all services are available at all locations. Services are available on a sliding fee scale, based on household income. CHCs may also accept Medicaid/SoonerCare, Medicare, and private insurance. As a largely rural state, outside of Oklahoma's three metropolitan areas, a great portion of the state faces a major lack of provider services and supports. When providers are available, the reimbursement rates for services are so low that some doctors in rural areas may not accept SoonerCare patients. In addition, many of the rural hospitals remain underfunded, an issue that was amplified during the COVID-19 pandemic. The Oklahoma State University Center for Rural Health works to enhance the quality of life for rural and underserved Oklahoma communities through the development of medical and public health workforce programs, research, policy and community engagement. The Center's Oklahoma Office of Rural Health partners directly with rural communities to help ensure their healthcare infrastructure is economically viable and to broaden and improve the access and quality of health services. The Office of Rural Health offers an array of services that work to stabilize rural hospital finances, increase access to quality healthcare, and

educate the public and policymakers about the importance and unique nature of rural health. OHCA offers a program called SoonerRide that helps people on SoonerCare to get to and from their appointments. SoonerRide transportation services must be scheduled and cannot be used as emergency transport. These services are available in both rural and urban parts of the state. A large percentage of Oklahoma's population only has basic literacy skills. The Oklahoma Department of Libraries found that 43% of Oklahomans have basic or below basic prose literacy skills and are unable to perform more than simple, everyday literacy activities. These low levels of literacy are amplified when looking at health literacy. Understanding health care options and instructions can be a daunting task for anyone, but when you add paid staff, multiple family members, multiple physicians, caregivers, etc., the situation for people with disabilities can be even more daunting. Dental care is another challenge for individuals with developmental disabilities. It is often difficult for these individuals to find a dentist or oral hygienist who understands, and is willing to provide services to, people with developmental disabilities. A statewide non-profit, Dentists for the Disabled and Elderly in Need of Treatment, Inc. (D-Dent), works to provide on-site dental education to help dentists improve the health of those in need of oral health in Oklahoma. Unfortunately, even when dentists or oral hygienists are trained to work with the individuals with developmental disabilities, dental care is not always an insured medical cost. When SoonerCare is the insurance provider, it does not cover all dental costs needed. Under SoonerCare, dental care coverage is limited to emergency extractions for adults age 21 and older, and SoonerCare does not include coverage for root canals and crowns for adults. Due to the limited coverage, dental care continues to be cited as a significant need for individuals with developmental disabilities. The Oklahoma City Area Headquarters for the Indian Health Service (IHS) serves the states of Oklahoma, Kansas and portions of Texas. The Area's IHS consists of eight Service Units with federally operated hospitals, clinics and smaller health stations. The IHS is responsible for providing federal health services to American Indians and Alaska Natives, and the IHS works to ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to American Indian and Alaskan Native people. Many tribal governments also have their own health and wellness programs. For example, the Chickasaw Nation, one of the largest Tribal Nations in Oklahoma, has a Psychosocial Unit that provides assessments for a variety of disabilities and mental illnesses. Other services and programs provided by Tribal Nations vary greatly, based on a tribe's size and financial capacity. Some tribal services require both a Certificate of Degree of Indian Blood card and a Tribal enrollment card. Not all healthcare needs are available through traditional American Indian healthcare options. As a result, a large number of Oklahomans who identify as American Indians are enrolled in SoonerCare. As of May 2021, 168,759 American Indians were enrolled in SoonerCare.

**(ii) Employment:**

The Oklahoma Department of Rehabilitation Services' (OKDRS) Vocation Rehabilitation division is the primary government agency assisting eligible Oklahomans with disabilities find opportunities to become gainfully employed. OKDRS works to remove barriers that preventing a person from working, guides and counsels clients on career paths of their choice, and networks with employers on behalf of people with disabilities. The primary vocational rehabilitation services provided by OKDRS are counseling and guidance, along with job placement. Other services may also be provided, as needed, for an individual to compensate for, correct or prevent disability-based barriers to employment. These other services may include: -Vocational, college or other training, -Assistive technology evaluations, equipment and training, -Personal assistance services while receiving vocational rehabilitation services, -Transportation in connection with vocational rehabilitation services being provided, -Supported employment, -Self-employment assistance, and -Transition school-to-work services for youth with disabilities. The services a person receives are determined through the person's Plan for Employment, written by the person with

disabilities and their OKDRS counselor. In fiscal year 2020, 10,042 Oklahomans received vocational rehabilitation services from OKDRS; 2,224 employment plans were completed; 1,198 employment outcomes were achieved; and \$24,292 was the average annual earnings for vocational rehabilitation clients. OKDRS offers a variety of programs, including Employment Support Services (ESS). ESS oversees specialized employment programs serving individuals who are categorized as having highly significant barriers to employment by providing intensive, specialized onsite training and long-term supports to assist individuals to find employment, learn their job tasks and maintain successful employment. To support employment retention, the ESS division provides technical assistance and training to contracted agencies and OKDRS staff statewide. OKDRS provides programs to help students with disabilities prepare for the transition to employment post-high school. Services available include vocational counseling and guidance, vocational assessment and evaluation, school work study, work adjustment training, on-the-job training, supported employment, and job development and placement. After graduation from high school, OKDRS counselors continue to work with students towards their vocational and employment goals. In fiscal year 2020, 832 students were served through OKDRS's transition services. OKDRS contracts with the National Center for Disability Education and Training (NCDET) at the University of Oklahoma for Pre-Employment Transition Service (Pre-ETS) activities. These are available to high school students who could potentially receive OKDRS services after high school. The services are intended to help students get an early start in identifying their career interests and to achieve community integration, independence, post-secondary education and/or competitive integrated employment. The Pre-ETS learning experiences are designed within an outcome-orientated process that promotes movement from school to post-school activities, including education and vocational training. Since 2008, OKDRS has contracted with NCDET to implement Project SEARCH. Project SEARCH is a business-led collaborative model providing employment and educational opportunities for high school seniors or secondary technology center students with disabilities through classroom employability skills instruction, career exploration, and on-the-job training and support. Project SEARCH in Oklahoma currently collaborates with eleven community partners to provide its on-the-job training opportunities. NCDET also delivers customized training across the United States to improve independent living, employment and career opportunities for people with disabilities and professionals in disability-related fields. NCDET provides specialized trainings for agencies contracting with OKDRS, including Employment Consultation Training, to assist employment support professionals providing vocational services to individuals with disabilities. Another OKDRS program is the American Indian Vocational Rehabilitation program. This program is designed to assist eligible Native Americans with disabilities become employed. The state of Oklahoma and tribal service providers work together through a cooperative agreement. Examples of available services include vocational, medical and psychological evaluations, vocational counseling and guidance, physical and mental restoration, training, rehabilitation equipment and devices and job placement. OKDRS is not the only state agency that supports Oklahomans with developmental disabilities find employment. Oklahoma Human Services (OKDHS) has a Community Integrated Employment (CIE) program. The CIE program promotes independence for people with developmental disabilities through paid work and training activities in the community. Services provided by the CIE program include assessment, individual and group job placement training, and ongoing supports by a certified job coach in a community business. OKDHS's Developmental Disabilities Services (DDS) contracts with provider agencies to implement the CIE program. CIE settings must be integrated in, and support access to, the community; provide opportunities to seek employment in competitive integrated settings; engage in community life; and ensure that an individual with a disability receives the same degree of access to the community as those who do not receive disability-related services. In fiscal year 2020, 1,164 individuals with intellectual and developmental disabilities received state-funded employment or residential services through DDS. Additionally, 64% of adults served by DDS were employed in jobs in their communities. The Governor's Council for Workforce

and Economic Development/Oklahoma Works connects those seeking employment, including people with disabilities, to state resources and statistics to help them map their interest and assess needed supports and resources to complete their job search. Oklahoma Works partners with Oklahoma ABLE Tech, the Statewide Assistive Technology Act Program, to provide trainings and technical assistance to Oklahoma state agencies, higher education entities and CareerTech to ensure that all Oklahomans have full access to services, education and employment opportunities. OKDRS, Oklahoma ABLE Tech, OKDHS and the Oklahoma Health Care Authority are all included in the network of information, services and supports individuals may need. Oklahoma is an Employment First state. In 2015, Oklahoma signed House Bill 1969 into law, creating the Oklahoma Employment First Act. As an Employment First state, Oklahoma supports the belief that all citizens, including those with significant disabilities, are capable of employment and full participation in community life working side-by-side with co-workers without disabilities. As a member state of the Association of the People Supporting Employment First, Oklahoma's chapter (OK-APSE) is a membership organization that promotes employment opportunities for people with disabilities. OK-APSE works to improve and expand integrated employment opportunities, services, and outcomes for people with severe disabilities. OK-APSE partners with Oklahoma's self-advocacy organization, Oklahoma People First, to host its annual conference covering current data and topics on employment of individuals with disabilities. During the Covid-19 pandemic, this conference was held virtually. Oklahoma continues to work towards fully accepting the Employment First legislation that specifies all citizens, including those with significant disabilities, are capable of employment and full participation in community life working side-by-side with co-workers without disabilities. According to the 2015 American Community Survey, 24.5% of Oklahomans age 16 and over with disabilities were employed, compared to 66.9% of persons without disabilities. Oklahomans with developmental disabilities continue to remain underemployed or are employed in sheltered work environments. While Oklahoma is an Employment First state, Oklahoma still has a long way to go. Oklahoma has over 30 agencies throughout the state that offer sheltered workshops. And, although sheltered workshops allow individuals with developmental disabilities to work and receive training in a controlled environment, these programs may not lead to integration into the mainstream workforce. Sheltered workshops in the state of Oklahoma are funded through State dollars and are operated under the direction of nonprofit agencies, which often work with subcontractors to provide work for the sheltered employees. Many of the agencies that offer sheltered workshops also offer other vocational resources and training. Oklahoma has a number of vocational and employment training programs that prepare people with developmental disabilities to participate in competitive integrated employment. For example, Dale Rogers Training Center (Dale Rogers) supports Oklahomans with disabilities through paid vocational training and competitive community employment. Through contracts with OKDRS, Dale Rogers provides employment services, to include job coach support for the newly employed for up to 6 months. Dale Rogers also provides a transition school-to-work program, vocational services and sheltered workshops. Another example of a nonprofit organization that provides and promotes employment opportunities for individuals with disabilities is the Galt Foundation. The Galt Foundation works one-on-one with employees to understand their unique skills, capabilities and needs. The Galt Foundation then continues to support, mentor and coach its employees once they have been placed in a job.

**(iii) Informal and formal services and supports:**

Oklahoma Human Services' Developmental Disabilities Services (DDS) administers programs specifically tailored to meet each individual and family's needs, including Medicaid Home and Community-based waiver services, Family Support Assistance Payments, state-funded group homes, employment, assisted living, a respite voucher program and guardianship programs. In 2020, 8,100 individuals with intellectual

and developmental disabilities were served by one or more programs administered by DDS. 1,164 individuals with intellectual and developmental disabilities received state-funded residential or employment services, including 182 individuals served in state-funded group homes. 1,449 individuals younger than age 18 received Family Support Assistance Payments. Oklahoman's aging community is served through OKDHS's Community Living, Aging and Protective Services (CAP) office. CAP administers federal funds to 11 Area Agencies on Aging (AAAs) in Oklahoma, serving approximately 23,000 Oklahomans annually. AAAs provide services to people age 60 or older, regardless of income. AAAs also operate the National Family Caregiver Support Program that supports respite for grandparents or other relatives, age 55 or older, raising a child; or a primary caregiver who is caring for someone age 60 or older who needs assistance with at least two activities of daily living or who is limited by Alzheimer's disease or dementia. In 2020, the Lifespan Respite Grant was awarded to CAP for a third, three-year period by the U.S. Department of Health and Human Services to increase and improve supports for family caregivers across the lifespan. The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) serves as the state's mental health and substance use treatment services system. The federally defined Certified Community Behavioral Health Clinics (CCBHCs) are managed by the ODMHSAS to provide a comprehensive range of mental health and substance use disorders services to vulnerable individuals, including those with intellectual and developmental disabilities. CCBHCs allow the state to provide community-based mental and substance use disorder services and advance the integration of behavioral health with physical healthcare. The Oklahoma Council on Law Enforcement Education and Training (CLEET) is responsible for enhancing public safety by providing education and training that promotes professionalism and enhances competency of Oklahoma's law enforcement professionals. Full-time police academy graduates complete 16 weeks of intensive training intended to give them the core knowledge necessary to work as a peace officer. Every full-time certified peace officer must then complete a minimum of 25 hours of CLEET continuing law enforcement training annually, including a mandatory two hours on mental health issues. DDCO Partners in Policymaking graduates have been active in advocating to the Oklahoma Legislature to increase the availability of continuing education topics related to intellectual and developmental disabilities so that law enforcement professionals will better understand how to support people with intellectual and developmental disabilities. The Office of Disability Concerns (ODC) provides information and referrals to Oklahomans with disabilities, including information in the areas of assistive technology, financial assistance, transportation, housing, social services, support groups and more. ODC also serves as an intermediary for people with disabilities who want to present their view and recommendations to the Governor, the State Legislature and state agencies. The Arc of Oklahoma educates, empowers, advocates, and supports individuals with developmental disabilities and their families through a network of programs and services designed to ensure a high quality of life for all Oklahomans. Serving individuals throughout their lifespan, the Arc of Oklahoma's programs include parent and family support (pre-birth through high school), self-advocacy, public policy and advocacy, grief support, and Oklahoma Advocates Involved in Monitoring, a program monitoring the quality-of-life for those living in state-supporting residential housing. Oklahoma's Community Action Agencies (CAA) work in partnership with local communities throughout the state. The CAA's overarching goal is to eliminate poverty by promoting the self-sufficiency of the socially, economically and culturally disadvantaged citizens of Oklahoma. The CAAs use a broad range of strategies to address family and community needs. Strategies vary by Agency but may include supports for community coordination, education, economic development, emergency services, employment training, food and nutrition, healthcare, housing, income management and transportation. There are currently 18 Community Action Agencies in Oklahoma. Each Agency is able to develop and host programs that meet the primary needs for their communities and work directly with their community members. CAAs provide community services that support individuals with developmental disabilities and their families. Examples of specific services that impact the

developmental disabilities community include respite support for caregivers, public transportation, supported employment and the Child and Adult Care Food Program. Additionally, the federally funded, community-based Head Start program in Oklahoma is administered by local CAAs. Food insecurity is a major issue in Oklahoma. Oklahoma is the fifth hungriest state in the nation. 15.6% of Oklahoma households are food insecure, and 67% of SNAP (Supplemental Nutrition Assistance Program) participants in Oklahoma are children, elderly or disabled. One in four Oklahoma children lives in hunger, and Oklahoma ranks as the 10th top state for rates of food insecurity among seniors. These numbers are even higher in the rural areas of Oklahoma. OKDHS works with the Oklahoma Department of Education to offer nutrition programs and meal programs for children who may be at risk of food insecurity. Sooner SUCCESS partners with organizations throughout the state to build and support inclusive communities for children with special needs and their families. Sooner SUCCESS works with both public and private sectors with the overarching goal to promote a comprehensive, coordinated system of health, social and educational services for Oklahoma children and youth with special healthcare needs in their local community. Sooner SUCCESS provides programs to support families, including a respite voucher program and Sibshops. Sibshops were originally created in collaboration with the Developmental Disabilities Council of Oklahoma. They are opportunities for brothers and sisters of children with physical, developmental or intellectual disabilities or mental health concerns, to obtain peer support and education within a recreational context. Oklahoma Family Network (OFN) is a statewide nonprofit agency that focuses on supporting families of children and youth with special needs via emotional support, resource navigation, and ensuring quality healthcare for all children and families through strong and effective family/professional partnerships. OFN promotes family-centered care by providing tools so families and individuals can make informed decisions, advocate for improved services, build partnerships among professionals and families, and serve as a trusted resource on healthcare of children and young adults and family/professional partnerships. OFN's Family-to-Family Health Information Center connects individuals with special healthcare needs and disabilities, their families and professionals by providing opportunities for individuals and families to strengthen their communities through leadership development and volunteering. Parent-to-parent support groups started by OFN help families navigate the maze of healthcare and other supports available in their community.

**(iv) Interagency Initiatives:**

Developmental Disabilities Services (DDS), within Oklahoma Human Resources (OKDHS), serves individuals, age 3 and up, who have a primary diagnosis of intellectual disabilities and other individuals with developmental disabilities. DDS offers a wide array of community services for individuals with developmental disabilities and their families. Services are individualized to meet each person's needs. DDS works with federally assisted state programs to improve and enhance community services, individualized supports, and other forms of assistance for individuals with developmental disabilities. DDS works closely with the Oklahoma Health Care Authority (OHCA) and the Indian Health Service to provide support to Oklahomans who receive Medicaid services. The Advisory Committee on Services to Persons with Developmental Disabilities reviews DDS policies and makes recommendations to the Director of OKDHS. The Advisory Committee includes member representatives of state agencies and persons representative of professional, civic, or other public or nonprofit private agencies, organizations, or groups concerned with services needed by persons with developmental disabilities. Oklahoma ABLE Tech is the statewide Assistive Technology Act Program located at the Oklahoma State University. ABLE Tech is funded through ACL and made possible through the Assistive Technology Act of 1998, as amended in 2004. ABLE Tech works to improve access to and the acquisition of assistive technology for individuals with disabilities of all ages. To accomplish its mission, ABLE Tech collaborates with private and public entities across the state, including the J.D. McCarty Center for

Children with Disabilities, the Alzheimer's Association, The Children's Center Rehabilitation Hospital, the Department of Communication Sciences and Disorders at OSU, New View Oklahoma, the Oklahoma Assistive Technology Foundation and more. In FFY 2020, ABLE Tech supported 31,613 direct service recipients and created over \$7.1 million in savings and benefits for Oklahomans. Oklahoma was selected to participate in the 2020-2024 Accessible Educational Materials (AEM) Cohort, with ABLE Tech leading the team. Oklahoma is one of seven states chosen from a competitive field of applicants to receive four years of support and technical assistance from the National Center on AEM to improve access to literacy and educational opportunities for individuals across the lifespan. The core state-level AEM leadership team includes representatives from the Oklahoma State Department of Education, the AIM Center at the Oklahoma Library for the Blind and Physically Handicapped, Liberty Braille, Decoding Dyslexia, and ABLE Tech. As an Employment First state, Oklahoma supports the principle that all citizens, including those with significant disabilities, are capable of employment and full participation in community life. To support the Employment First principles, DDS collaborates with the Department of Rehabilitation Services (OKDRS) to take a person-centered approach to employment. Interagency initiatives for Employment First also include the work of the Oklahoma Association of Person Supporting Employment First, Oklahoma People First, the Oklahoma Department of Education and the Oklahoma Department of Commerce. The Oklahoma Rehabilitation Council (ORC) advises OKDRS regarding its performance in providing vocational rehabilitation services to individuals with disabilities. The ORC uses working relationships to assure OKDRS services are of high quality and lead to competitive integrated employment for individuals with disabilities within Oklahoma. ORC members are appointed by the Governor, with the majority having recognized disabilities. Members include representatives from disability and advocacy organizations, community rehabilitation service providers, current or former consumers of OKDRS services, the Parent Training Information Center, the Oklahoma State Department of Education (OSDE), the Statewide Independent Living Council (SILC), American Indian vocational rehabilitation programs and the Director of OKDRS. The SILC of Oklahoma coordinates activities with the ORC and other Councils within the state that address the needs of specific disability populations and issues under Federal law. The mission of the SILC of Oklahoma is to provide leadership in guiding the state's planning process for independent living services so that needed services are available statewide. The SILC is comprised of 11 members, appointed by the Governor for a three-year term. Members include the Director of OKDRS, representatives from the Oklahoma Association of Centers for Independent Living, individuals with disabilities, and representatives from private businesses and organizations. The Oklahoma State Council on Aging and Adult Protective Services (CAAPS) is a 30-member appointed body that serves in an advisory capacity to OKDHS's Community Living, Aging, and Protective Services. CAAPS was established to support the needs and issues confronting older Oklahomans and inform OKDHS, other agencies, the Governor's office, state and federal representatives and senators, and the public of needs, conditions, and concerns of elderly Oklahomans. The Council includes representatives from the AAA Advisory Council, Alliance on Aging, Oklahoma Health Care Authority and Oklahoma State Department of Health. The Oklahoma Head Start State Collaboration Office (HSSCO) is located in the Oklahoma Association of Community Action Agencies and is overseen by the Oklahoma Department of Commerce. The HSSCO's purpose is to align diverse early childhood programs on common elements and provide the means for Head Start programs to engage in collaboration at the state-level. They enhance partnerships and mutually developed agendas with state-level organizations and agencies supporting low-income families in the HSSCO priority areas. The HSSCO works to facilitate building the best possible linkage, alignment, and inter-operability of common elements found in diverse early childhood programs, including Head Start, state pre-K, childcare programs, and a statewide coordinated early childhood data system. The HSSCO's partnerships include the Oklahoma Head Start Early Childhood Collaboration Advisory Board, Governor's Interagency Council on Homelessness, Oklahoma Partnership for School Readiness, Oklahoma Head Start Association,



Oklahoma Indian Head Start Directors Association, and training and technical assistance specialists. Oklahoma's SoonerStart Interagency Coordinating Council (ICC) advises and assists the Oklahoma State Department of Education in planning and promoting the implementation of a coordinated and family-centered services system to address the needs of infants and toddlers with developmental delays or disabilities and their families. The ICC is composed of parents of children with developmental delays, public and private providers of early intervention services, and state agency representatives. The ICC is a required component of the Individuals with Disabilities Act (IDEA) - Part C and the Oklahoma Early Intervention Act. IDEA also requires that each state establishes and maintains an advisory panel for the purpose of advising state special education staff regarding the education of eligible children with disabilities. Panel membership is composed of individuals who are representative of the state's population and are involved in, or concerned with, the education of children with disabilities. A majority of the members of the panel must be individuals with disabilities or parents. Membership includes individuals representing public and private school teachers, the OSDE, the state juvenile agency and OKDHS's Child Welfare Services. The Oklahoma Learning Community for Person Centered Practices is an interagency initiative that works to create change and inspire a shift in perspectives so that people can have lives filled with opportunity and respected choices. The Learning Community leads person-centered planning trainings and hosts an annual Gathering as a meeting place for people to connect, share and learn from others about person-centered practices. The Learning Community includes the Developmental Disabilities Council of Oklahoma, Center for Learning Leadership at the University of Oklahoma Health Sciences Center, Bios, A Better Life Homecare Inc., and the Oklahoma Disability Law Center. Sooner SUCCESS is an initiative of the OU Health Physicians Child Study Center. Sooner SUCCESS works closely with both the public and private sectors with the overarching goal to promote a comprehensive, coordinated system of health, social and educational services for Oklahoma children and youth with special healthcare needs in their local community. Sooner SUCCESS addresses barriers by promoting community capacity integration and seamless infrastructure spread at the county, regional and state levels. The Sooner SUCCESS State Interagency Coordination Council has members from families and many State agencies, including OKDHS, OHCA, OSDE, OKDRS, the Oklahoma State Department of Health, the Oklahoma Commission on Children and Youth, the Oklahoma Department of Mental Health and Substance Abuse Services, the University of Oklahoma Health Sciences Center, OU Child Study Center, the Center for Learning and Leadership, Oklahoma Family Network and the Oklahoma Institute for Child Advocacy. The Council identifies current interagency coordination activities, brings challenges to effective interagency coordination and builds capacity to address those challenges through policy and/or procedural adjustments. The Oklahoma Autism Network (OAN) is a coalition of public and private agencies and individual advocates that facilitates and implements Oklahoma's Statewide Autism Plan. OAN is committed to improving life for individuals with autism and their families. OAN is a resource center of information and assistance related to autism spectrum disorders, peer support network, and hosts of an annual conference on autism spectrum disorders each year. OAN is sponsored by the Lee Mitchener Tolbert Center for Developmental Disabilities and Autism, the Department of Rehabilitation Science in the College of Allied Health at the University of Oklahoma Health Sciences Center and DDS. The Oklahoma Self-Advocacy Network (OKSAN) is an interagency initiative that was formed by a team of representatives from Oklahoma People First, Self-Advocates Becoming Empowered, Oklahoma Youth Leadership Forum, the Center for Learning and Leadership, the Developmental Disabilities Council of Oklahoma, the Oklahoma Disability Law Center and DDS. OKSAN continues to be made up of a coalition of self-advocacy organizations, individual self-advocates, interested family members of self-advocates, and private and public organizations. OKSAN is a collaborative effort to strengthen the self-advocacy movement in Oklahoma and to increase the inclusion and independence of people with disabilities. OKSAN's primary goal is to train people with developmental disabilities to be leaders and strong self-advocates.

**(v) Quality Assurance:**

Oklahoma Human Services (OKDHS) includes an Adult Protective Services (APS) unit, which investigates allegations of abuse, neglect or exploitation of vulnerable adults over age 18 in private residential settings and in long-term care facilities such as nursing homes and assisted living facilities, and assists vulnerable Oklahomans. APS helps vulnerable and aging populations find and obtain needed and appropriate services. Whenever an allegation of abuse, neglect or exploitation is submitted, APS is required by Oklahoma law to investigate. APS specialists interview vulnerable adults to determine whether maltreatment has occurred. The APS specialists help connect vulnerable adults to the services they need to stay safely in their homes and the community. In 2020, APS received 22,528 calls or online reports. Of those calls and reports, 2,275 allegations submitted were substantiated. The Long Term Care Investigations (LTCI) unit of APS receives and investigates allegations of abuse, neglect and exploitation of residents in nursing homes and other facilities, including specialized facilities for individuals with intellectual disabilities. The LTCI unit works with these facilities, law enforcement, professional boards, advocacy agencies and other community partners to stop abuse by facility caretakers and prevent reoccurrence. OKDHS's Office of Client Advocacy (OCA) administers and monitors grievance programs for residents of the Robert M. Greer Center, Hissom class members, Developmental Disabilities Services (DDS) waiver recipients and any other customers of OKDHS not otherwise served by a grievance program. OCA investigates allegations of physical and financial neglect, exploitation, personal degradation, sexual abuse and exploitation of adults who receive services through DDS. The Oklahoma State Department of Health's Long Term Care Service of Protective Health Services oversees the health and safety of residents living in licensed long-term care facilities. Long-term care facilities include nursing homes, skilled nursing facilities, residential care homes, assisted living centers, continuum of care homes (which include an assisted living center and a nursing facility) and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD). Long Term Care surveyors conduct annual surveys in each ICF/IDD for licensure maintenance and Licensure and Complaint investigations in adult day care centers. Follow-up visits are made to facilities to ensure correction of deficiencies. The Long Term Care Service also conducts provider trainings for long-term care facility staff across the state. The Long-Term Care Ombudsman Program is administered by OKDHS. The Ombudsman program serves residents in Oklahoma's long-term care facilities, including nursing homes, assisted living and similar adult care homes. The Ombudsman program is supported by local volunteers who are committed to improving the lives of older persons in institutions. The Area Agencies on Aging Ombudsman Supervisors train, supervise and support the volunteers. Volunteers work in a variety of long-term settings that include nursing homes, assisted living communities and residential care homes. Their duties are to prevent problems, resolve complaints related to the quality of care and life of residents, explore resolutions and recommend corrective action. Ombudsman volunteers help advance the rights, quality of life and care of residents in long-term-care facilities. In 2020, 3,115 complaints from residents and family members were investigated. Most complaints were addressed without the need for referral to another agency for enforcement. 62% of all complaints were resolved which minimized the possibility of negative outcomes such as involuntary transfer or discharge and helped maintain continuity of care for residents. OKDHS maintains a 24-hour statewide, centralized child abuse and neglect hotline to take reports regarding children younger than 18 years old believed to be victims of abuse, neglect or both. If a child is assessed to be unsafe in a family situation, OKDHS's Child Welfare Services (CWS) intervenes to assist the family and keep the child safe. Family-Centered Services (FCS) allow the child to remain in the custody of parents with a safety plan in place. FCS cases focus on the child's safety while preserving and strengthening the parents' or caregivers' abilities to keep the child safe. Most families in a FCS case receive Comprehensive Home Based Services (CHBS) and referrals to other community services to best

meet their needs. CHBS is only appropriate for families where children are at moderate risk of removal. For children served by CWS in out-of-home care, OCA investigates allegations of abuse, neglect, sexual abuse and sexual exploitation. This group includes some of the most vulnerable children in the state, including those in group homes, shelters and residential treatment centers. All children receiving services from DDS have the right to file a grievance regarding the delivery or denial of services. The Arc of Oklahoma educates, empowers, advocates and supports individuals with developmental disabilities and their families through a network of programs and services designed to ensure a high quality of life for all Oklahomans. The Arc's programs include parent and family support, self-advocacy support, public policy and advocacy, grief support and quality-of-life monitoring through its Oklahoma Advocates Involved in Monitoring (OK-AIM) program. OK-AIM is an independent monitoring program that was created by the State of Oklahoma to ensure that people with developmental disabilities live quality lives and receive the best possible community-based residential services. A team of two volunteer monitors performs home visits to evaluate residential services in the areas of regard for the individual, personal growth, staff and physical setting. In addition to the advocacy work that The Arc of Oklahoma performs, the Oklahoma Self-Advocacy Network (OKSAN) is a collaborative effort to strengthen the self-advocacy movement in Oklahoma and to increase the inclusion and independence of people with developmental disabilities. Together, the Center for Learning and Leadership, the Developmental Disabilities Council of Oklahoma, the Oklahoma Disability Law Center, and Oklahoma People First have committed staff, funding and other supports to ensure the growth of self-advocacy in Oklahoma. Through this collaboration, OKSAN trainers have been able to create curriculum on several topics, including leadership, emergency preparedness, health and wellness, and exploitation so that self-advocates know how to report any occurrences of abuse, neglect or exploitation. OKSAN trainers are self-advocates who deliver these trainings across the state to other self-advocates.

**(vi) Education/Early Intervention:**

The Oklahoma State Department of Education (OSDE) determines state education policies and directs the administration of the public school system in Oklahoma. The OSDE works to support educators and families through academic guidance, alternative education strategies, college and career readiness, social-emotional learning resources and family engagement supports. OSDE's Special Education Services offer guidance and promote excellence in education from infancy to adulthood for children with disabilities, as outlined in the Individuals with Disabilities Education Act (IDEA). According to statistics from the National Center for Learning Disabilities, in 2016, 39,786 students in public schools in Oklahoma received some level special education services. Special Education Services follows the framework of Universal Design for Learning (UDL), an educational practice that refers to the process of making course concepts and skills attainable to a greater number of students, regardless of their differing learning styles, physical, sensory organizational and linguistic abilities. Rather than the one-size-fits-all approach, Oklahoma's UDL framework emphasizes the flexible delivery of content, assignment and activities. Oklahoma faces a number of issues related to education. While teacher pay has increased more than 20% over the last five years, a teacher shortage remains, due in part to a history of lower than average teacher pay. As of August 1, 2019, Oklahoma school districts reported 596 teaching vacancies. Special education remains among the most difficult teaching positions to fill. School districts have had to cooperate to offer specialized services for students. 70% of Oklahoma's districts are currently cooperating to offer student services in the areas of special education. SoonerStart is Oklahoma's early intervention program. It is designed to meet the needs of families with infants or toddlers from birth to three years of age with developmental delays. SoonerStart provides supports and resources to assist family members enhance infant and toddler learning and development through everyday learning opportunities. SoonerStart is a collaborative effort, and OSDE serves as lead agency

for the program. In 2020, SoonerStart served 13,042 infants and toddlers. As a leader in early childhood education, the federally funded, community-based Head Start program in Oklahoma is administered by Community Action Agencies. Oklahoma provides services at 31 sites across Oklahoma. Oklahoma's Head Start programs vary in structure according to the needs of the community in which they are located. Head Start programs can be center-based or home-based programs. Centered-based programs may be half day or full day, and the number of days of attendance per week may vary, with periodic visits by Head Start staff to the family's home. Home-based children receive the full range of Head Start services. Some programs may also combine home-based and center-based options. All Head Start enrolled children have access to free dental, medical, vision and hearing screenings. All Head Start programs must conform to the Head Start Performance Standards. All centers in Oklahoma must meet OKDHS Licensing Requirements for Child Care Centers. According to data by the U.S. Office of the Head Start, Oklahoma received \$127,895,621 in federal funding to support 14,377 children in Head Start in 2019. Oklahoma's tribal governments received an additional \$33,063,047 from the federal government to support 3,007 children in Head Start programs. Local Education Agencies (LEAs) are responsible for establishing and implementing an ongoing Child Find system to locate, identify and evaluate students, ages 3 through 21, suspected of having a disability. When a LEA determines that a student is eligible for special education services, an Individualized Education Program (IEP) must be developed. The IEP will include details about the type of service(s) needed and how the child will receive services. If needed, accommodations are made for students with disabilities so that they may have the same opportunities as students without disabilities. As an integral part of a student's IEP, transition services must be addressed no later than the beginning of the student's ninth grade year or upon turning 16 years of age, whichever comes first. A student's IEP must be updated annually. The IEP should actively involve the student in developing his or her IEP and should clearly outline what the student wants to do when he or she has completed high school. While a transition plan and postsecondary goals are required to be included in a student's IEP, feedback received from the Council's public input campaign noted that adequate IEP transition planning is often a gap for youth and their families. It was also noted that students rarely have a lot of input into their own IEP. The Oklahoma Transition Council (OTC) works to improve transition education, planning and services that lead to successful post-secondary outcomes for students with disabilities. The OTC is an interagency collaboration, which consists of 34 members representing diverse interests and representatives from state agencies and organizations. The OTC aims to provide transition education to professionals, technical assistance to regional transition teams, support for family and professional partnerships, and opportunities for students to set and attain their goals. The Zarrow Center for Learning Enrichment supports transition-aged youth by providing tools and trainings for educators, professionals, family members and individuals with developmental disabilities about the transition process from secondary education to post-secondary education or employment. Faculty, staff and students participate in self-determination oriented evaluation, research, development, transition education instruction and dissemination of best educational and support practices. The University of Science and Arts of Oklahoma began the Neill-Wint Center for Neurodiversity in 2017 to provide interpersonal support for students with autism spectrum disorder to successfully pursue a bachelor's degree. The program focuses on a collaborative model that promotes the development of self-advocacy and independent living skills to encourage strong academic and social progress. Students are required to maintain full-time enrollment and work with specially-trained faculty advisors. Students are also paired with a social coach, another current student without a disability who acts as a social guide and peer mentor. Northeastern State University's RiverHawks Scholar Program was the first 4-year comprehensive, inclusive college program for students with mild to moderate developmental disabilities in Oklahoma. Student participants live in on-campus housing integrated with students without disabilities. Students are required to participate in at least one club/organization of their choosing and take at least two traditional university classes each semester. Students are placed in job sampling and

internships so that they can chart a path to meaningful competitive integrated employment in a career of their choice. Likewise, the University of Oklahoma's Sooner Works program provides integrated postsecondary educational and employment experiences for students with developmental disabilities. The program is a four-year certificate program offering a college experience to prepare participants for competitive integrated employment and independent living through a combination of coursework and career exploration. All costs must be paid by families or outside scholarships.

**(vii) Housing:**

The Oklahoma Housing Finance Authority (OHFA) provides assistance for Oklahomans to purchase homes in the community of their choice. The OHFA operates in all 77 Oklahoma counties, providing assistance that helps families pay rent or purchase their first homes. The OHFA is the State's administrator of U.S. Department of Housing and Urban Development (HUD) programs. Among its programs are the Home Investment Partnerships Program (HOME), Section 8 housing assistance program and mortgage loan program. Through HOME, OHFA works with non-profit organizations, public agencies, units of local government, tribal governments and political subdivisions to assist low-income households with their housing needs. HOME encourages local governments and nonprofit housing organizations to build new homes, rehabilitate existing housing or make structural home repairs. HOME is designed to encourage partnerships to fund construction and rehabilitation of affordable housing for low-income families, particularly in rural Oklahoma. OHFA administers the State's Section 8 Housing Choice Voucher Program. The Section 8 Program is designed to assist very low-income families, the elderly and persons with disabilities to afford decent, safe and sanitary housing in the private market. Since rental assistance is provided on behalf of the family or individual, participants are able to find their own housing, including single-family homes, townhouses and apartments. To serve Oklahoma's neediest families, OHFA has established two preferences, one for persons who are very low-income families and one for persons who have disabilities. Family Self-Sufficiency (FSS) is a voluntary program for participants in the Section 8 Housing Program. Its purpose is to assist families to improve their economic situation and reduce their dependence on public assistance. The FSS program is for those who are unemployed or who are employed but wish to increase their income. Each FSS participant creates a five-year plan that includes employment goals and identifies training or educational needs. FSS staff works with households to identify, locate and arrange for the services needed to accomplish their goals. Services might include childcare, education, transportation, personal development, resumes, job training and placement. HUD regulations allow a percentage of rental expenses to be deposited into an interest-bearing escrow account for a family. If the family meets its goals within five years and graduates from welfare assistance for a period of twelve consecutive months, they receive the funds in their account. This is a great incentive for those new to the work force and for those ready to reach goals set early in life. Many participants use this escrow account as a down payment on a home or to start their own business. The OHFA also offers a Homebuyer Down Payment Assistance program that helps Oklahomans with 3.5% down payment assistance towards the total loan amount of the home purchase, requiring less money needed for closing costs. Oklahomans with developmental disabilities have the option to live in local communities that offer varying living arrangements, such as a group home for 6 to 12 people who share a home and receive up to 24 hours per day of supervision, support and training in daily living skills. Group Home residents are 18 years of age or older. Group Homes are single-family homes located in the community close to other services and activities. The Group Homes are owned and leased by private agencies. The agencies receive reimbursement from the Oklahoma Department of Human Services' Developmental Disabilities Services for supporting the residents of the Group Home. Availability in Group Homes is extremely limited across the state. In 2020, 182 individuals were served in state-funded group homes, with 31 providers delivering care.

<b>(viii) Transportation:</b>	
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The Oklahoma Department of Transportation (ODOT) is the state agency responsible for the administration of state and federal public transportation financial assistance programs. ODOT's Office of Mobility & Public Transit is responsible for the management of state and federal public transportation programs. ODOT is not an operator of public transportation services; but through its administration of these programs, financial and technical assistance is provided to public transportation providers. Under federal transportation law, projects that are selected for funding under the Elderly Individuals and Individuals with Disabilities (Section 5310) program must be derived from a locally developed, coordinated public transit-human services transportation plan. Effective July 1, 2019, Oklahoma's 5310 responsibilities, oversight and management of the grants and resources were transferred from the Oklahoma Department of Human Services to ODOT. ODOT now supports mobility management and coordination programs among public transportation providers and other human services agencies providing transportation. Public transportation is a critical element of Oklahoma's transportation network. For the elderly and for those with disabilities, public transportation is sometimes their only available means of mobility. Oklahoma has 33 transportation agencies that offer a range of services. 73 of Oklahoma's 77 counties have some form of public transportation service. Some providers operate in more than one county or region. The cities of Oklahoma City, Norman, Edmond, Tulsa and Lawton have public, fixed-route accessible and para-transit services. EMBARK provides public transportation in the Oklahoma City metropolitan area, including fixed-route bus services, ADA paratransit services, ferry river transit services and OKC streetcar services. EMBARK also provides fixed-route and ADA paratransit services in the nearby city of Norman. All EMBARK buses and ferries meet Americans with Disabilities Act requirements, offering wheelchair lifts and other features to accommodate riders with disabilities. EMBARK offers special services for those who cannot use regular bus services. EMBARK seeks to ensure that communications with participants and members of the public with disabilities are as effective as communications with those without disabilities. EMBARK partners with community organizations to provide a wide range of transportation programs to meet the diverse needs of the community. Seniors and people with disabilities readily use EMBARK for shopping, medical appointments, and social activities. EMBARK's Plus paratransit provides service for people who are not able to ride regular fixed route buses due to a disability or disabling condition. Plus paratransit provides lift-equipped public transportation to eligible individuals within the Oklahoma City limits. Plus paratransit requires an application and eligibility process that includes functional information on the person's disability provided by a certified healthcare professional. Oklahoma City's local suburbs have started to establish public transportation programs. The City of Norman partners with EMBARK to provide fixed-route buses and paratransit services. Another suburb, Edmond, has recently launched a small public transportation program. At this time, Edmond only has two fixed-route buses through Citylink. Edmond also offer a free curb-to-curb paratransit service for disabled or senior residents to be driven within the city-limits of Edmond. Metropolitan Tulsa Transit Authority is the transportation provider for the Tulsa metropolitan area. Tulsa Transit's fixed-route buses run Monday through Saturday, with no service on Sunday. Tulsa Transit's bus services extend to local suburbs in the metropolitan area. Passengers who are not able to ride the regular fixed-route services may be eligible for door-to-door paratransit service. The Lift Program is Tulsa's paratransit service for people with disabilities who have been determined ADA paratransit eligible. Lift Program drivers are trained to support the special needs of people with disabilities. Lawton Area Transit System (LATS) has been the transportation system for the City of Lawton in southwest Oklahoma for over eighteen years. Transit buses in the LATS fleet are equipped to carry all types of passengers, from school-aged children to senior citizens and those with disabilities. With fixed route bus transportation, paratransit and charter bus

options, LATS fixed route system operates Monday-Friday. LATS also provides paratransit services for people with disabilities who are unable to access fixed-route options. Transit training classes are available by all of the major public transportation programs. The classes cover trip planning, individual transit orientation, group transit orientation and rider conduct. While all of these programs are ADA compliant and offer training and support for people with developmental disabilities, it is often complicated and confusing to organize trainings or transportation, particularly for people with developmental disabilities. Outside of the metropolitan areas, Oklahoma has limited capabilities to provide public transportation. One source of transportation in rural areas comes from Oklahoma's Community Action Agencies (CAA). CAAs are managed by local, volunteer boards of directors to provide supports to address family and community needs. While they have limited resources, CAAs help to support transportation throughout the state. CAAs support transportation programs in 59 of Oklahoma's 77 counties. For example, the Central Oklahoma Community Action Agency supports the Central Oklahoma Transit System (COTS). COTS offers demand-response transportation services to schools, vocational technical centers, medical appointments, shopping and other special events for disabled persons. ODOT's Office of Mobility & Public Transit administers Oklahoma's Federal Grants for Rural Areas Program (Section 5311). The Section 5311 Program is designed to provide financial assistance to eligible local public transportation providers in rural areas and communities with a population of less than 50,000. Eligible recipients of Section 5311 funds include local public bodies and agencies, nonprofit organizations and Native American Tribes. Rural areas that are not supported by CAA public transportation programs are often supported by Section 5311 programs. There are currently 20 community public transportation providers in Oklahoma that received Section 5311 funds. SoonerRide is a transportation program that helps Oklahomans on SoonerCare (Oklahoma's Medicaid) to get to their medical appointments, if needed. SoonerRide is only for transport to SoonerCare medical appointments and is not for emergency transport. SoonerRide transport must be scheduled at least three days prior to a scheduled appointment. If the qualified SoonerCare member is a child or an adult whose health or disability does not permit traveling alone, then one medical escort can be requested. While SoonerRide is helpful for some people in rural areas, it is not an option for everyone. Additionally, its use is limited to only medical appointments, meaning that people who typically use SoonerRide will still have to find another source of transportation for other purposes. As a largely rural state, it is particularly difficult for Oklahomans to find adequate transportation outside of the metropolitan areas. Oklahomans with disabilities and their families often note that many services and resources are hard to navigate, and transportation remains a particularly hard service to find.

**(ix) Child Care:**

Oklahoma Child Care Services (CCS) works to assure that Oklahoma families have access to licensed, affordable, high-quality childcare where children have the opportunity to develop their fullest potential in a safe, health and nurturing environment. CCS lies within Oklahoma Human Services (OKDHS). CCS develops and maintains the minimum requirements for the care and supervision of children cared for, issues licenses based upon compliance with minimum requirements, investigates complaints received and takes corrective action as authorized by the Oklahoma Child Care Facilities Licensing Act. In addition to maintaining supervision and compliance, CCS assists childcare providers in achieving maximum standards, provides continued technical assistance and consultation to programs, and develops programs for childcare in the community. Current 2021 data shows that Oklahoma has 3,728 licensed childcare programs, consisting of: day camps, drop-in programs, childcare centers, out of school programs, part-day programs and programs for sick children. Oklahoma's licensed childcare programs have the capacity to care for 113,361 children, including children with disabilities and special healthcare needs. Oklahoma was the first state to implement a statewide Quality Rating and Improvement System

(QRIS) program in 1998. Oklahoma's Reaching for the Stars program was created to improve the quality of childcare and provide childcare providers with incentives to attain higher ratings. One Star childcare centers meet minimum licensing requirements. All licensed childcare centers automatically receive a one star rating. To achieve a higher star rating, a childcare center must complete an application and demonstrate their higher star quality. General training and professional development qualifications for childcare professionals include a center orientation, Entry Level Child Care Training or equivalent, CPR and first aid, health and safety training, infection control, child passenger safety and continuing professional development. To maintain licensure, Oklahoma's Child Care and Development Fund regulations require that no less than 4% of the funds expended in a fiscal year are used for quality activities, including professional development. The Center for Early Childhood Professional Development (CECPD) at the University of Oklahoma receives funding by OKDHS to support professional development opportunities for childcare providers and teachers. Opportunities include a new Leadership Academy (for directors and administrators), specialized trainings, online classes, entry level childcare training, training videos and more. Professional development offered by CECPD assists teachers and directors as they work towards higher tiers on the QRIS program. OKDHS offers a Child Care Subsidy program to ensure trained supervision, nutrition and education for children of low-income families. Subsidized childcare benefits may also be provided as part of a protective service plan to prevent abuse, neglect or exploitation. The Adult and Family Services Child Care Subsidy Unit approves, denies and monitors all contracts for licensed providers who wish to receive subsidy payments. Only licensed and contracted childcare homes and centers are eligible to participate in the subsidy program. If the center is approved, the subsidy is paid directly to the childcare provider on behalf of the family. In 2020, 49,053 children in Oklahoma received the childcare subsidy. Referral to quality childcare in Oklahoma is available from the Oklahoma Child Care Resource and Referral Association, Inc. (OCCRRA). OCCRRA provides referrals to parents seeking quality childcare for their children and offers technical assistance to childcare programs about business practices, quality improvement, infant and toddler students, and increasing QRIS star levels. OCCRRA's resource and referral team includes eight coaches who provide intensive services within classrooms to improve teacher-child interaction. In 2020, OCCRRA trained 5,500 childcare professionals and provided 4,775 hours of technical assistance to childcare staff. Rainbow Fleet is one example of a Child Care Resource and Referral program. Rainbow Fleet serves children, families and childcare professionals by providing innovative child development programs. Families in need of childcare referral may call Rainbow Fleet directly by using its Child Care Finder or submitting an online request form. Rainbow Fleet's referral specialists provide referral to licensed childcare centers or in-home programs. Referrals are specialized to match the family and child's needs. Referrals are made statewide, depending on a family's location. OCCRRA also supports the Oklahoma Child Care Portfolio, a compilation of data and information that includes a database of information about each of Oklahoma's 77 counties. Statistics from the Portfolio include analysis of childcare supply and demand, quality, cost, and the economic factors that impact the status of childcare in the state. The Portfolio allows families to find the best childcare center for their child. In 2020, OCCRRA received 352 website searches for childcare for special needs children and 867 searches for childcare programs accepting the childcare subsidy. In the Oklahoma City area, Special Care serves children with and without special needs through year-round, high-quality early childhood education, specialized care and on-site therapeutic services. Special Care provides year-round early childhood education to 135 children birth to five years of age. They also provide year-round before and after care for 66 students, from birth to 21 years of age, and summer and holiday programs for school-age students. These unique supports allows families who are unable to leave their children home alone to have a safe place for their children to be while the parents are working or unable to care for their children full-time during the off times of before or after care, summer or holidays. Two-thirds of the children served by Special Care have identified special needs, such as Autism Spectrum Disorders, Cerebral Palsy, Spina Bifida, Down Syndrome, and a wide variety of



sensory integration and other disabilities. The remaining third of the student population is children without a disability. While Special Care is an option for families in the Oklahoma City area, its reach is limited. Outside of the Oklahoma City or Tulsa metropolitan areas, good childcare is difficult to find for families with a child with special needs. This difficulty comes in part from a limited understanding by childcare providers about how to support the needs of children with special needs. Although CECPD offers basic child developmental monitoring trainings, it but does not currently offer any specific trainings about actually supporting children with special needs within a childcare setting.

**(x) Recreation:**

Oklahoma Department of Tourism and Recreation (ODT&R) operates several state parks and lodges that are fully ADA accessible. Parks and resorts offer accessible lodging, fishing, and nature trail activities. Wheelchair accessible resorts include Beavers Bend, Lake Murray Lodge, Lake Texoma Lodge, Quartz Mountain, Roman Nose, and Western Hills Guest Ranch. Greenleaf Start Park offers the Cabin on the Lake, a fully accessible, specially constructed cabin for visitors with disabilities. The Cabin on the Lake is in high-demand and has to be reserved well in advance. State of Oklahoma resorts provide a 15% room or cabin discount to persons age 62 and over and to persons who are fully disabled. A campground discount of 50% is offered for fully disabled persons. ODT&R also offers wheelchair friendly trail systems at different parks throughout the state, including trails at Lake Eufaula State Park and Mohawk Park in Tulsa. Twin Lake in Shawnee, about 30 minutes outside of Oklahoma City, has an ADA compliant adaptive kayak launch. The launch includes a gently sloped gangway leading to a floating dock, a boat slide, a seating bench that allows kayakers to gradually slide down toward the kayak and overhead handrails. Similarly, Boiling Springs State Park in Woodward has renovated its swimming pool attraction to meet ADA requirements. Oklahoma City recently completed its 70-acre Scissortail Park that features ADA accessible pathways, water fountains, exercise stations and directional signage that includes braille. For children, the new playground includes several pieces for children of all abilities to enjoy. The park's water feature, a 3.7-acre pond, can be enjoyed by a paddleboat that is ADA accessible. Tulsa's Riverfront Park, the Gathering Place, built the park to be ADA compliant, where equal play is the common denominator for many of the park's elements. The Gathering Place has several dedicated features to accommodate guests with disabilities. All park entrances, pathways and bridges are fully accessible, and there are Ultra ADA pads throughout the Gathering Place along pathways, in parking lots and at building entrances. Like Scissortail Park, the Gathering Place has accessible water fountains and paved pathways throughout the park. All restroom areas have facilities for guests using wheelchairs. The Park includes desensitization spaces for guests who are on the autism spectrum to spend time to overcome sensory anxieties. Additionally, the Gathering Place provides free sensory bags for guests that contain an umbrella, noise-canceling headphones, glasses with colored lenses, and fidget toys. In 2019, National Geographic ranked the Gathering Place among the top 12 playgrounds in the world. Thanks to advocates, communities throughout the state have started to make updates so that they are more accessible for people with disabilities. For example, as Oklahoma City is developing attractions to be more accessible for all visitors. Originally built in 1999, the Bricktown Canal continues to be improved for visitors. Bricktown now offers a 40-minute Bricktown Water Taxi tour that is accessible by ramp. Each taxi has two wheelchair locations with safety tie-down straps for the chairs. The canal is also accessible via elevators and ramps. Another longstanding Oklahoma City attraction is Science Museum Oklahoma. The museum has introduced sensory kits for visitors at no charge. The kits include earmuffs, a timer, gloves, sunglasses, fidget toys and printed copies of the museum's sensory story and sensory-focused map. Likewise, the Oklahoma City Museum of Art, Oklahoma Contemporary Arts Center and the Oklahoma City Zoo have added similar accessibility supports for their visitors with disabilities. The Oklahoma City Zoo is an annual participant in the international Dreamnight at the Zoo event, held each

year in June. The zoo provides free admission, dinner, animal enrichment activities and souvenirs to families that include a person with an intellectual or developmental disability or significant health impairment. The Developmental Disabilities Council of Oklahoma had an active hand in establishing this event at the Oklahoma City Zoo, and the Council continues to support the event. State-funded adult day health services meet the physical, social and emotional needs of older adults and adults with disabilities. OKDHS contracts with adult day health centers across the state to support the health, nutritional, social and daily living needs of adults in a professionally staffed, group settings. Services provided include health monitoring and medication administration; socialization, leisure, recreational and educational activities; assistance with personal care; nutritious lunches and snacks; transportation and counseling. Applicants for adult day health services are referred to the ADvantage Waiver or the Home and Community-Based Services (HCBS) Waiver, as appropriate. AMONG FRIENDS is just one private organization that provides a safe and friendly place for adults with developmental disabilities and additional needs. AMONG FRIENDS is a place for adults with developmental disabilities to develop leadership skills, connect with the local community through volunteering and outreach projects, and simply to come together with friends to enjoy social experiences to break the cycle of isolation that a vast majority of adults with developmental disabilities experience. The J.D. McCarty Center in Norman serves children from birth to age 21. The Center's services are tailored to meet the unique needs of children with developmental disabilities. Their services are designed to improve skills and confidence and promote independence. The J.D. McCarty Center's recreational activities specialists host a variety of activities for patients and volunteers from the community year-round. The J.D. McCarty Center also hosts Camp ClapHans, a residential summer camp for kids with disabilities ages 8 to 18. Five camp sessions are offered each summer. Activities for campers include archery, arts and crafts, canoeing, fishing, horseback riding, talent shows and swimming. Oklahoma has a few summer camps specialized for children and youth with developmental disabilities. Just outside of Tulsa, the Bridges Foundation hosts a weeklong day camp for children with special needs, ages 10 through high school. The camp gives attendees the chance to learn and have fun, while providing their parents and guardians with respite. Another summer camp held in the Tulsa area is Hope's Crossing Camp. Hope's Crossing is for children, ages 9 to 16. Campers are assigned their own counselor for the duration of the camp based on gender, interests and personality. Make Promises Happen (MPH), a program of Central Oklahoma Camp & Conference Center, is dedicated to providing outdoor recreational opportunities for individuals with special needs. The program serves individuals, age 6 and older, with any physical or intellectual disability. Campers can participate in fishing, boating, arts and crafts, archery, dances, talent shows and other camp events. MPH events take place throughout the entire year with weekends and week-long camps. Campers also have the opportunity to be selected to participate in Make Promises Happen's adventure trip program. The Oklahoma City Ballet provides the opportunity for children, age 7 and up, of varying physical and developmental abilities to participate in an adaptive dance program called Chance to Dance. The program's goal is to provide an opportunity for community, artistic expression and learning for all children.

<b>(i) Criteria for eligibility for services:</b>	
<p>Oklahoma State Statute, Title 10 Oklahoma Statute 1408, defines developmental disability to mean a severe chronic disability that is attributable to a mental or physical impairment or combination of mental and physical impairments, such as intellectual developmental disorder, cerebral palsy or autism; a disability that is manifested before the person attains 22 years of age; and a disability that is likely to continue indefinitely. Oklahoma Human Services' Developmental Disabilities Services (DDS) is the primary agency that works to help individuals with developmental disabilities and their families to lead safer, healthier, more independent and productive lives. DDS serves people age 3 and up who have a</p>	

primary diagnosis of intellectual disabilities. DDS services are funded through Medicaid Home- and Community-Based Services (HCBS) Waivers and through state funds. Applicants desiring services through any HCBS Waivers must participate in diagnostic evaluations and provide information necessary to determine HCBS Waiver services eligibility, including a psychological evaluation, a current social services summary, a medical evaluation, a completed ICF/IID level of care assessment and proof of disability per the Social Security Association's guidelines. Once these evaluations and information are received, the Oklahoma Health Care Authority (OHCA) determines eligibility for DDS HCBS Waivers. Oklahoma's Community Waiver serves individuals who are 3 years of age or older who have intellectual disabilities, or certain persons with related conditions, who would otherwise require placement in an ICF. To be eligible for the Community Waiver, a person must also be financially qualified for SoonerCare (Oklahoma Medicaid). Community Waivers in Oklahoma are approved on a first-come, first-served basis, i.e. those who have been on the Waiting List the longest are considered for a Community Waiver first. Oklahoma currently has a Waiting List of over 5,500 individuals. This remains a major issue in Oklahoma. Oklahoma's In-Home Support Waivers (IHSW) are capped and do not include coverage for residential services. To be eligible for an In-Home Support Waivers, an individual may not be simultaneously enrolled in any other waiver program or receiving services in an institution, including a hospital, rehabilitation facility, mental health facility, nursing facility, residential care facility or an ICF. The ADvantage Waiver serves elderly individuals (age 65 or older) and adult Oklahomans (age 21 or older) with physical disabilities, who do not have intellectual disabilities or a cognitive impairment. To be eligible for the ADvantage Waiver, an individual, who would otherwise require placement in a nursing facility, must reside in his or her own home or a family member's home. OHCA administers Oklahoma's Medicaid program, SoonerCare. Eligibility for SoonerCare is based on citizenship, residency and household income. There are seven specific groups of qualifying applicants: pregnant women, infants and children, parents of a dependent child, non-disabled adults with qualifying children, individuals with disabilities not living in an institution, individuals approved for institutional care and individuals in need of mental health and substance abuse help. Assets and expenses are taken into account when determining eligibility. Very poor elderly persons, persons with intellectual or developmental disabilities that are receiving Supplemental Security Income and those receiving Temporary Assistance for Needy Families (TANF) benefits are also eligible. OHCA administers the TEFRA program, giving the state the option to make Medicaid benefits available to children with physical or cognitive disabilities who would not ordinarily be eligible for Social Security benefits because of their parents' income or resources. This option allows children who are eligible for institutional services to be cared for in their homes. The child must meet the following criteria: be under age 19, meet the Social Security definition of disability, have qualifying income and resources, and meet an institutional level of care. The care must be appropriate to care for the child at home and the estimated cost of caring for the child at home cannot exceed the estimated cost of caring for the child in the institution. DDS offers a variety of state-funded programs to assist with financial support, respite, employment and out-of-home residential care. These state funded programs are solely funded through state funds upon availability. DDS provides Family Support Assistance payments for families who meet the income eligibility for state services, but choose this state-funded cash payment of \$250-400 monthly in lieu of HCBS waiver services. To be eligible for this cash assistance, the family must have a child younger than 18 years of age who has an intellectual or developmental disability, resides with the family, does not receive services through a HCBS Waiver, and the family must have an annual gross income that does not exceed \$45,000. DDS offers a Community Integrated Employment (CIE) program that includes assessment, individual and group job placement training and ongoing supports by a certified job coach in a community business. State-funded CIE services are available to individuals with intellectual disabilities, age 16 or older, who are not eligible to participate in waiver-funded vocational services. The Oklahoma Department of Rehabilitation Services' Vocational Rehabilitation services (VR) help eligible Oklahomans with disabilities prepare for work and

become gainfully employed. To be eligible for VR, a person must have a physical or mental disability that is a barrier to employment and requires VR services to prepare for, obtain, keep or return to work. Children with developmental delays or disabilities ages 3 to 21 qualify for services and supports through the Oklahoma State Department of Education's Special Education Services. To qualify for special education services, children are evaluated by a team of qualified professionals and the parents, or guardians, of the student. In Oklahoma, children are evaluated for 13 categories of special education services. Special Education Services' evaluation data includes the results from a variety of assessment tools and strategies. The multidisciplinary evaluation must include relevant and functional information from the home and school, or other age-appropriate settings, to provide a comprehensive perspective of the student's educational needs. Information provided by the parent, and information related to enabling the student to be involved in and progress in the general education curriculum (or for a preschool age student, to participate in age-appropriate activities), will be compiled to assist the group in determining whether the student has a disability and requires special education services. When a student meets eligibility requirements for more than one disability category, the eligibility team must determine which category best describes the student's overall disability. This would be the primary disability. The secondary disability would be the remaining disability category where eligibility was met, but does not describe the overall student as well as the other disability category. Supports and services that children may receive through Special Education Services include assistive technology, audiology, educational interpreters, occupational therapy, physical therapy, rehabilitation counseling, school health services, speech and language, and transportation. Oklahoma's early intervention program is SoonerStart. To determine a children's eligibility, a resource coordinator is assigned to a child and his/her family when a referral is made. Once the intake process begins, a developmental screening may be completed, if determined necessary for further evaluation or assessment. Once eligibility is established due to a developmental disability or delay, the family receives information, support, guidance and consultation about improving the child and families quality of life.

<p><b>(ii) Analysis of the barriers to full participation of unserved and underserved groups of individuals with developmental disabilities and their families:</b></p>	
<p>The Developmental Disabilities Council of Oklahoma will focus on rural populations for its targeted disparity for the 2022-2026 Five Year State Plan. The Council determined its targeted disparity based on public input results and state research and statistics, including information gathered for the Comprehensive Review and Analysis. The State of Oklahoma has four major metropolitan areas - Oklahoma City, Tulsa, Norman and Lawton. While the majority of the state's current population of 3,959,353 people reside in these metropolitan areas, Oklahoma is still considered a rural state, as approximately 34% of Oklahoma's population lives in rural or frontier areas of the state. Oklahoman's urban population has access to a variety of supports, services and service providers, while Oklahomans living in rural areas continue to face compounded barriers to services, supports and community living/enjoyment. Awareness of, and access to, supports, services and resources is a major issue for Oklahomans living in the rural areas of the state. During the Council's public input campaign, rural areas were listed most often as the most underserved population in the state. Approximately 44% of all survey respondents listed rural populations as the most in need. During the Council's public input sessions, attendees noted healthcare, employment, education and community supports as areas of need for rural Oklahomans. Availability of healthcare in rural Oklahoma is limited. As of January 2021, rural Oklahoma has 40 critical access hospitals, 100 rural health clinics, 92 federally qualified health center sites and 45 short-term hospitals to provide services to 1,331,558 Oklahomans. Over the past decade, 120 rural</p>	

hospitals were closed, primarily due to funding limitations. Rural healthcare also tends to have a high turnover rate for doctors than urban healthcare centers, making it difficult for families to get consistent healthcare support in rural communities. During the Council's public input sessions, attendees from rural areas noted that, in addition to a limited amount of hospitals, rural healthcare professionals are not always adequately trained to serve people with developmental disabilities - an issue that is heightened when an individual has more than one disability or needs a healthcare specialist. Families who have to drive long distances for healthcare services or specialists have an additional barrier to access because they may have to take extra time off work, may not have transportation and/or may have other children that must be taken care of. Additionally, 15% of residents in rural Oklahoma lack health insurance. Rural special education supports and services are limited, and too often, special education educators or caseworkers may have to cover numerous schools or an entire school district. Data from the USDA Economic Research Service shows that from 2015-2019, 14% of Oklahoma's rural population has not completed high school, while only 11% of the urban population lacks a high school diploma. These numbers are heightened when a person has a developmental disability and lacks adequate supports. Only 80% of students receiving special education services in Oklahoma receive their high school diploma. Without a high school education, it is difficult for individuals with developmental disabilities to find a fulfilling job. According to statistics by the Oklahoma Department of Rehabilitation Services (OKDRS), in 2015, only 25% of Oklahomans age 16 and over with disabilities were employed, compared to 67% of persons without disabilities. The poverty rate in rural Oklahoma is 18%, compared with 14% in urban areas of the state. Combining these two statistics means that Oklahomans with disabilities in rural areas have even larger barriers to overcome. OKDRS supports people with developmental disabilities by expanding opportunities for employment, independent life and economic self-sufficiency. Unfortunately, feedback from the Council's public input sessions noted that OKDRS tends to have a high rate of turnover in Oklahoma's rural areas, and the high turnover rate means that families must be very proactive and continue to follow-up with OKDRS professionals. Public transportation, while usually available in the metropolitan areas, does not adequately serve Oklahoma's rural populations due to resource limitations and the sheer size of the service areas. Although the state has a network of transportation options to support the state's rural areas, accessibility makes it difficult to travel for basic needs such as medical care, shopping or recreation, especially for individuals with mobility differences. Oklahoma has a growing population of citizens who do not speak English as their first language. This provides another critical barrier to services and supports. Oklahoma's largest community of non-English speakers is Spanish speaking. Approximately 271,000 Oklahomans speak Spanish in their homes. The Council hosted two Spanish-language public input sessions that were led by a native Spanish speaker in collaboration with the Oklahoma Family Network. Attendees emphasized the need for more information to be available in languages other than English. They also noted that immigrants are nervous about asking for government supports due to legal issues and discrimination. Oklahoma is home to 39 recognized Native American tribes and over 310,000 people of Native American descent. Many Native American tribes govern their tribal members, and tribal cultures may dictate that members take care of their own. Therefore, seldom do members seek help outside of the tribal system. Because of these tribal hierarchical traditions, state and federal services and supports may be unknown to wider tribal communities. Some tribal cultures also may not acknowledge that someone has a developmental disability. Disabilities may not be acknowledged or spoken about. To effectively work with tribal communities, it is necessary to have a good cultural understanding of the tribe. Even with a strong cultural understanding of tribal culture, it is often still difficult to break down barriers. The Council's targeted disparity for the last five-year state plan (2016-2021) was Native American tribes. The Council has decided to change the focus to rural populations, which still encompass many Tribal Nations.

**(iii) The availability of assistive technology:**

Oklahoma ABLE Tech is the Assistive Technology Act Program and is located at Oklahoma State University in Stillwater, Oklahoma. ABLE Tech provides assistive technology through comprehensive statewide programs and services, including device demonstrations, device short-term loans, device reutilization and state financing activities. ABLE Tech maintains coordination and collaboration efforts with partners throughout the State of Oklahoma, including the Oklahoma State Department of Education, Oklahoma Rehabilitation Services, Oklahoma Assistive Technology Foundation, Southwest ADA Center and Oklahoma Health Care Authority. In 2020, ABLE Tech supported over 31,500 service recipients, and the federal investment in ABLE Tech created over \$7.1 million in savings and benefits. ABLE Tech's device short-term loans result in informed and accurate assistive technology purchasing decisions in classrooms and workplaces. When a school or employer can borrow a device, they are able to make sure that the device is the correct device to make an individual with a disability successful. This program saves money by avoiding incorrect purchases. Device short-term loans also allow individuals with a disability to remain functional while a device is being repaired, preventing the costly loss of wages, lost school days or the need for increased community living supports. Device short-term loans are available for free for up to six weeks. In 2020, 2,601 device short-term loans were made, resulting in statewide savings of over \$4,993,000. In partnership with ABLE Tech and BancFirst of Stillwater, the Oklahoma Assistive Technology Foundation (OkAT) provides financing options with low interest and flexible repayment terms for Oklahomans to purchase needed assistive technology. Loan features include a fixed low-interest rate for the life of the loan and flexible repayment terms for up to 60 months. Loans can be used to cover co-payments, and payments are made directly to the vendor. Special qualifying terms are available for applicants who have limited income due to a disability-related circumstance. OkAT assists Oklahomans with disabilities in getting the assistive technology or durable medical equipment they need. OkAT's primary mission is to promote community development through assisting Oklahomans with disabilities of all ages and their family members, advocates, authorized representatives or entities to increase access to, and acquisition of, assistive technology through financial loans, financial education and other identified resources. The purpose of OkAT is to encourage interagency collaboration and to advocate for systems change so that every person in Oklahoma who needs assistive technology will have and be able to use appropriate devices. ABLE Tech coordinates with the Oklahoma Office of Management and Enterprise Services to provide technical assistance to agencies related to the requirements of the Electronic and Information Technology Accessibility (EITA) Act in Oklahoma. The EITA Act was passed in 2004 to create specific standards designed to make information and communication technology accessible for people with disabilities to work in the workforce along with people without disabilities. The EITA standards apply to all state agencies, and they apply equally to all state employees, contractors or any entity that deals with the State of Oklahoma. Oklahoma Rehabilitation Services (OKDRS) hosts an Assistive Technology Lab for the Blind and Visually Impaired. Services and trainings help clients who are blind or visually impaired by giving them the chance to gain experience using assistive technology. Clients are able to try out computers with speech and magnification software, note taking and magnification devices, and equipment that may assist them in obtaining quality employment opportunities. Through an ongoing Access for ALL contract with Oklahoma Rehabilitation Services (OKDRS), ABLE Tech partners with the Oklahoma Works to assist Workforce Centers in a certification process that ensures both physical and programmatic accessibility statewide. The initiative seeks to provide service equity to job seekers with disabilities in helping them secure quality employment. Additionally, ABLE Tech is available to assist Oklahoma state agencies and higher education institutions in designing, developing and procuring accessible websites and software. ABLE Tech provides expertise in functional and technical accessibility, technology accessibility policy and institutionalizing accessibility. ABLE Tech partners with the Oklahoma State Department of Education (OSDE) and Oklahoma Department of Health to provide assistive technology to the SoonerStart Early

Intervention program for infants and toddlers, birth to three years of age, with disabilities. ABLE Tech provides assistive technology to all 26 SoonerStart teams across the state in the form of assessment kits to use when working with families. ABLE Tech also provides assistive technology equipment for early childhood educators to use in the classroom, including items like sensory regulation items, safety devices to secure hearing aids, universal cuffs to help with gripping items, braille blocks, adapted books and amplification devices. ABLE Tech also supports OSDE by providing consultation and assessment training and resources. ABLE Tech staff assist family members, teachers, therapists or counselors to identify, evaluate and acquire appropriate assistive technology devices and services. Under the Individuals with Disabilities Education Act, ABLE Tech ensures that assistive technology devices and services are made available to each child with a disability if required as part of the child's special education, related services, or supplementary aids and services. Oklahoma was selected to participate in the 2020-2024 Accessible Educational Materials cohort, and ABLE Tech is leading Oklahoma's team. As one of seven states chosen, Oklahoma will receive support and technical assistance from the National Center on Accessible Educational Materials to improve access to literacy and educational opportunities for individuals across the lifespan. The interagency collaborative team includes representatives from OSDE, the AIM (Accessible Instructional Materials) Center at the Oklahoma Library for the Blind and Physically Handicapped, Liberty Braille, Decoding Dyslexia, SoonerStart Early Intervention program, the State Department of Career and Technology Education, the Oklahoma Parents Center and OKDRS. Other ABLE Tech partners include both public and private organizations, such as the Alzheimer's Association, the Children's Center Rehabilitation Hospital, Handicapped Vehicle Sales and Services, Hearing Loss Association of America - Central Oklahoma Chapter, Indian Nations Council of Governments - Area Agency on Aging, NewView Oklahoma, Oklahoma State University - Department of Communication Sciences and Disorders, The Scholl Center, SoonerState Early Intervention Program, Stillwater Medical Center, the Oklahoma. ABLE Tech and its partners support Oklahomans with disabilities to find the necessary assistive technology to help them live their best lives as active members of their community. Unfortunately, while a number of agencies work with ABLE Tech to provide assistive technology assessments, gaps remain. Assessments may not be comprehensive enough, or funding is not there to provide the actual assistive technology devices. Another barrier to access is a lack of knowledge about what assistive technology is available for people with developmental disabilities. For those trying to join the workforce, too many individuals with developmental disabilities face a lack of understanding and knowledge from prospective employers. Too often, employers do not want to hire an individual with a disability because the employer believes that the costs for assistive technology will be too high. This is an issue that OKDRS, ABLE Tech and other organizations are actively working to overcome. Families also may not know what assistive technology is available or about how far reaching assistive technology can be, from adaptive utensils to smart homes. During the Council's public input campaign, a reoccurring comment was that resources are difficult to find and/or navigate - a problem that remains true with assistive technology.

<b>(iv) Waiting Lists: required per Section 124(c)(3)(C)(v)</b>	
<b>State Pop (100,000) (2017)</b>	39.313
<b>Total Served (2017)</b>	5390
<b>Number Served per 100,000 state pop. (2017)</b>	137
<b>National Average served per 100,000 (2017)</b>	264
<b>Total persons waiting for residential services needed in the next year as reported by the State,</b>	N/A

<b>per 100,000 (2017)</b>	
<b>Total persons waiting for other services as reported by the State, per 100,000 (2017)</b>	192
<b>State Pop (100,000) (2016)</b>	39.263
<b>Total Served (2016)</b>	5569
<b>Number Served per 100,000 state pop. (2016)</b>	141
<b>National Average served per 100,000 (2016)</b>	250
<b>Total persons waiting for residential services needed in the next year as reported by the State, per 100,000 (2016)</b>	N/A
<b>Total persons waiting for other services as reported by the State, per 100,000 (2016)</b>	189
<b>State Pop (100,000) (2015)</b>	39.095
<b>Total Served (2015)</b>	5610
<b>Number Served per 100,000 state pop. (2015)</b>	143
<b>National Average served per 100,000 (2015)</b>	251
<b>Total persons waiting for residential services needed in the next year as reported by the State, per 100,000 (2015)</b>	N/A
<b>Total persons waiting for other services as reported by the State, per 100,000 (2015)</b>	183

<b>a. Entity who maintains waitlist data in the state for the chart above:</b>	
<b>State Agencies</b>	4

<b>b. There is a statewide standardized data collection system in place for the chart above:</b>	Yes (1)
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<b>c. Individuals on the wait-list are receiving (select all that apply) for the chart above:</b>	
<b>No services</b>	1
<b>Inadequate services</b>	3

<b>d. To the extent possible, provide information about how the state places or prioritizes individuals to be on the waitlist:</b>	
<b>Other (please specify)</b>	2
	The State of Oklahoma's Waiting List is served on a



	first-come, first-served basis.
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<b>Use the space below to provide any information or data available to the related response above:</b>	
<p>The State of Oklahoma does not select people for the State's Medicaid Waiting List. Rather, when people apply for services from the Oklahoma Department of Human Services' Developmental Disabilities Services (DDS), they are placed on the Waiting List for Home- and Community-Based Services (HCBS) funded by SoonerCare (Oklahoma's Medicaid). People are placed on the Waiting List by date of application. People then receive waiver services on a first-come, first-served basis.</p>	

<b>e. Description of the state's wait list definition, including the definitions of other wait lists:</b>	
<p>The Waiting List is the list of people who are waiting to receive Home- and Community-Based Services funded by SoonerCare. People are placed on the Waiting List by date of application. People then receive waiver services on a first-come, first-served basis.</p>	

<b>f. Individuals on the wait list have gone through an eligibility and needs assessment:</b>	No (1)
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<b>Use the space below to provide any information or data available to the related response above:</b>	
<p>DDS does not verify eligibility for HCBS Waivers until funding is available. Individuals on the Waiting List are eligible for and may receive services from other programs while that are on the Waiting List.</p>	

<b>g. 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):</b>	No (1)
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<b>h. Specify any other data or information related to wait lists</b>	
<p>The waiting period to be moved off the Waiting List and receive a HCBS Waiver is currently over 10 years. During the last three state fiscal years, the state legislature appropriated specific, additional funding to serve individuals on the Waiting List. Support from the state legislature has allowed DDS to take a more proactive approach to engage families who remain on the Waiting List by working early to assess needs and provide resource linkages to meet the needs for those on the Waiting List until HCBS Waiver services are available. However, DDS does not verify eligibility for HCBS Waiver services until funding is available.</p>	

<b>i. Summary of Waiting List issues and challenges</b>	
<p>OKDHS's 2020 Annual Report shares the following demographics for the 5,711 people on the Waiting List: 2,600 people have been on the Waiting List for over eight years; 4,486 reside in their own or their family home; 3,986 are enrolled in SoonerCare; and 133 receive Adult Day services through OKDHS Aging Services. Individuals on the Waiting List and their families may receive non-waiver services from other programs while they are on the Waiting List. These services are much needed, but are limited and inadequate for the needs of Oklahomans with developmental disabilities and their families. A limited amount of state-funded services is available for Oklahomans with developmental disabilities who do not qualify for Medicaid services. Available services include sheltered workshops, community-integrated employment services, group home services and adult day services. In 2020, 1,164 individuals received these state-funded services from over 60 providers. DDS also offers Family Support Assistance Payments to families who are caring for children younger than age 18 with developmental disabilities living at home. Monthly payments range from \$250 to \$400, depending on the number of children in the home with developmental disabilities. These payments are provided to families with annual gross incomes that do not exceed \$45,000 and are funded from the federal Temporary Assistance to Needy Families (TANF) grant. In 2020, 1,364 families received these payments.</p>	

<b>(v) Analysis of the adequacy of current resources and projected availability of future resources to fund services:</b>	
<p>The Oklahoma State Legislature and Oklahoma Governor Kevin Stitt signed an \$8.3 billion state budget for the upcoming 2022 state fiscal year that began on July 1. The budget includes an increase in education funding, \$800 million in savings, and cuts corporate and personal income taxes. The State had an unexpected increase in state revenues in 2020, allowing leaders to make targeted investments and increase state agency budgets by an average of 7%. The budget included an appropriated \$3.2 billion for common education, \$164 million for the state's Medicaid expansion, \$42 million for broadband expansion and \$9.9 million over the next three years to create a children's mental health unit at the University of Oklahoma Health Sciences Center. All of these budget increases are promising for the developmental disabilities community in Oklahoma. The Council is pleased to report an increase in dedicated funding appropriated by the Oklahoma State Legislature to support the Waiting List. The State Legislature appropriated an additional \$1.9 million in funding to support the Waiting List in 2021. During the last three state fiscal years, the State Legislature has appropriated specific, additional funding to serve individuals on the Waiting List. One possible impetus for the specific appropriated funding for the Waiting List is Oklahoma's Waiting List Caucus (WLC). Oklahoma's WLC is a bipartisan, bicameral legislative committee that was developed through collaborative efforts by the Developmental Disabilities Council, Oklahoma Disability Law Center (Oklahoma's P&amp;A), Center for Learning and Leadership (Oklahoma's UCEDD) and members of the Oklahoma Legislature. The WLC is coordinated through the House of Representative's Majority Floor Leader Jon Echols' office. The bipartisan work group focuses on legislation that will annualize funding for Home- and Community-Based Services (HCBS) Waivers. In June 2020, the Oklahoma Medicaid Expansion Initiative was passed. The Medicaid expansion opens Medicaid eligibility to adults, ages 19-64, whose income is 138% of the federal poverty level or lower. The expansion will allow the state to promote integrated care and improve health outcomes, including exploring the option to reinstate an adult dental benefit in SoonerCare that will focus on preventative dental services. The expansion will also allow the state to better support individuals with mental health issues or intellectual and developmental disabilities by helping them to get access to behavioral health services.</p>	

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

Oklahoma's Intermediate Care Facilities for Individuals with Intellectual and Developmental Disabilities (ICFs) are privately owned and operated, with one exception. The Robert M. Greer Center in Enid, Oklahoma is owned by the State of Oklahoma, but the Center is operated via contract by a private company, Liberty of Oklahoma Corporation. Although Oklahoma no longer funds public facilities, Oklahoma does fund the provision of residential services through private ICFs with Medicaid funds. Oklahoma has a total of 1664 licensed ICF beds among 90 facilities throughout the state. The facilities vary in size, offering a range of 4 to 160 beds. 50 facilities have 12 or fewer residents, while 4 facilities have more than 100 residents. The majority of Oklahoma's licensed facilities house between 6 and 8 residents. Numerous providers operate more than one facility and may share medical staff. In Oklahoma, ICFs meet the requirements for a nursing facility and, therefore, must meet state nursing home licensing standards to provide specialized services and staffing to meet the needs of their clients. All ICFs in Oklahoma are required to have a Director of Nursing, a Medical Doctor, a Pharmacist, and a Dietician/Nutritionist on staff. The Oklahoma Nursing Home Care Act requires that all ICFs provide:- Skilled nursing care and related services for residents who require medical or nursing care,- Rehabilitation services for injured, disabled or sick persons, and- On a regular basis, health-related care and services to individuals who because of their mental or physical condition require care from a nursing facility. Dentists/oral hygienists are not a required medical professional on staff. Dental care services are generally provided by private providers in the community. Dental care is not always an insured cost through Medicaid, and, when Medicaid is a payer, it often does not cover all dental costs needed. As a result, it can be extremely challenging to find a dentist for people who have Medicaid as their primary or only insurance. Unfortunately, dental care continues to be cited as a significant need for individuals with disabilities, whether they reside in ICFs or not. Pursuant to the Nursing Home Care Act of Oklahoma, ICFs shall be surveyed through an unannounced inspection at least once every fifteen months, with a statewide average survey cycle of twelve months. Family members and guardians may also submit a complaint about a facility at any time. The Oklahoma State Department of Health follows up on complaints with a targeted inspection. Any facility that is found to be in noncompliance for participation in the Medicaid program is immediately contacted with the results of their inspection. The facility then has ten calendar days to submit an acceptable Plan of Correction (PoC) to the Oklahoma State Department of Health. The PoC must include what corrective action will be taken and how the facility will continue to monitor its corrective actions. Once a PoC has been submitted and approved, a follow-up inspection is made. Prior to the COVID-19 pandemic, the Oklahoma State Department of Health's annual ICF inspections continued as normal. During its inspections, the State Department of Health found regulation deficiencies in 39 of the 90 ICFs. (All facilities with deficiencies have since submitted a state-approved PoC.) Regulation deficiencies found during fiscal year 2020 ranged in severity, and included:- Failure to provide sufficient staff to provide the needed care and services. (A number of facilities were found to be understaffed.)- Failure to develop specialized individual habitation plans (IHP) with goals for all clients.- Failure to ensure that a record keeping system was in place which reflected accurate and complete documentation for clients.- Failure to ensure monthly pain screenings in conjunction with vital signs were conducted and/or recorded.- Failure to ensure that medication was administered in compliance with the physician's orders.- Failure of nursing care to ensure that food was served in an adequate form consistent with the developmental level of client, the client's dietary needs and the physician's orders.- Failure to follow public health standards by not implementing the required 2-step tuberculosis test within thirty days of new hire or new client. The Developmental Disabilities Council of Oklahoma's (Council) staff did not find any instances of client death due to unusual incidents

or incidents related to restraints. Council staff did not find any instances of a facility closing for deficiencies found or lack of medical care to clients.

**(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(s))):**

Oklahoma currently offers six Medicaid Home- and Community-Based (HCBS) Waivers: Community Waiver, In-Home Support Waiver for Adults, In-Home Support Waiver for Children, Homeward Bound Waiver, ADvantage Waiver and Medically Fragile Waiver. Oklahoma's Community Waiver serves individuals who are 3 years of age or older who have intellectual disabilities, or certain persons with related conditions, who would otherwise require placement in an ICF. To be eligible for the Community Waiver, a person must also be financially qualified for SoonerCare (Oklahoma Medicaid). The services under the Community Waiver are comprehensive and are not officially capped financially. Community Waivers in Oklahoma are approved on a first-come, first-served basis, i.e. those who have been on the Waiting List the longest are considered for a Community Waiver first. Waivers are not reviewed in an order based on the severity of an individual's disability. For those who do receive a Community Waiver, the Waiver includes a comprehensive array of services, including residential, employment and habilitation services and supports. While these services can be covered by the Community Waiver in Oklahoma, there remains a limited supply of resources and providers for these services; therefore, even once an individual receives a Community Waiver, there may still be a delay in services. In response to the increasing number of individuals with developmental disabilities on the Community Waiver Waiting List, Oklahoma created the In-Home Support Waivers (IHSWs). Unlike the Community Waiver, the IHSWs are capped and do not include coverage for residential services. To be eligible for an IHSW, an individual may not be simultaneously enrolled in any other waiver program or receiving services in an institution, including a hospital, rehabilitation facility, mental health facility, nursing facility, residential care facility or an ICF. Individuals on the IHSW are assigned to an Oklahoma OKDHS Developmental Disabilities Services case manager to assist them in locating, securing and coordinating needed services. The IHSW for Adults serves the needs of adults 18 years of age or older with intellectual disabilities. Adults served by the IHSW may self-direct their services. Individuals who self-direct their services may hire their caregiver within the rules of the self-direction program. The IHSW for Children serves the needs of children ages 3 through 17 years. To qualify for the IHSW for Children Waiver, a child must reside in the home of a family member or friend, in his or her own home or an OKDHS foster home or group home operated through the Children and Family Services Division of OKDHS. Oklahoma's additional three HCBS Waivers target more specific populations. The Homeward Bound Waiver serves individuals who have been certified as being members of the Homeward Bound Class Action Lawsuit, which closed the Hissom Memorial Center in the 1990s. Services are comprehensive and have no cap. The population on this waiver is reduced every year through attrition (death) of those who previously lived at the Center. Ultimately, this waiver will end. The ADvantage Waiver serves elderly individuals (age 65 or older) and adult Oklahomans (age 21 or older) with physical disabilities, who do not have intellectual disabilities or a cognitive impairment. To be eligible for the ADvantage Waiver, an individual, who would otherwise require placement in a nursing facility, must reside in his or her own home or a family member's home. The Medically Fragile Waiver program is an alternative to placement in a hospital and/or skilled nursing unit of a nursing facility to receive Medicaid-funded assistance for care. This program allows Medicaid-eligible persons who meet institutional level of care requirements to remain at home or in the residential setting of their choosing while still receiving the necessary level of care. Qualified persons

with intellectual and developmental disabilities are provided health-related services through Medicaid. The Oklahoma Health Care Authority (OHCA) is the state agency that administers SoonerCare. Generally, for individuals with developmental disabilities who have relatively good health, SoonerCare provides a successful and broad-ranged service structure. However, for those who need greater health care services and supports, several challenges remain. And, this year, these challenges continue to be exasperated with the COVID-19 pandemic. Health care challenges in Oklahoma include: First, outside of Oklahoma's three metropolitan areas, 34% of the state's population is rural and faces a major lack of provider services and supports. When providers are available, the reimbursement rates for services are so low that some doctors in rural areas will not accept SoonerCare patients. In addition, the lack of Medicaid expansion dollars in Oklahoma has meant that many of the rural hospitals are underfunded. Second, SoonerCare's limitation of six prescriptions per month for adults becomes a considerable challenge for many individuals who have extensive medication needs. This lack of coverage can result in poor health care and dangerous practices. Third, dental care continues to be a challenge for individuals with developmental disabilities, whether or not they receive waiver services. It is often difficult for these individuals to find a dentist or oral hygienist who understands, and is willing to provide services to, people with disabilities. A statewide non-profit, Dentists for the Disabled and Elderly in Need of Treatment, Inc. (D-Dent), works to provide on-site dental education to help dentists improve the health of those in need of oral health in Oklahoma. Unfortunately, even when dentists or oral hygienists are trained to work with the individuals with developmental disabilities, dental care is not always an insured medical cost. When SoonerCare is the insurance provider, it often does not cover all dental costs needed. Under SoonerCare, dental care coverage is limited to emergency extractions for adults 21 and over. Due to the limited coverage, it can be extremely challenging for people who have SoonerCare as their primary or only insurance to find a dentist. Dental care continues to be cited as a significant need for individuals with developmental disabilities. In attempts to overcome these health care challenges, Oklahoma advocacy groups continue to work towards increased awareness of the health care, services, supports and assistance needs of individuals with intellectual and developmental disabilities across the state. Advocacy groups have been actively involved in the increase of access to personal care services. While advocates continue to work towards increased health care, services, supports and assistance for individuals with intellectual and developmental disabilities, limitations in funding and lack of availability of services and supports continue in Oklahoma. Oklahoma retains an astonishingly long Waiting List for its HCBS Waivers. The number of individuals on the Waiting List at the end of the federal reporting year was 5,711.

**Part D. Rationale for Goal Selection [Section 124(c)(3)(E)]**

The Council's goals and objectives are directly linked to feedback from the Council's public input campaign, information from the CRA provided in Parts B and C of this Plan, and a review of the last five-year plan. The Council used public input comments to determine the Council's primary topic areas - access to resources, supports across the lifespan and community inclusion. The Council has weaved these topics throughout the entirety of its goals and objectives. Another focus through our goals and objectives is the Council's targeted disparity. In reviewing the Rural Health information Hub, Oklahoma is considered a rural state, with approximately 34% of Oklahoma's population living in a rural or frontier area of the state. Our review analysis shows people with intellectual / developmental disabilities have access to better trained emergency healthcare professionals than individuals with intellectual / developmental disabilities in rural areas. The Council wants to focus on increasing the number of people with intellectual / developmental disabilities who have access to trained emergency providers in Oklahoma's rural communities. To help with this disparity, the Council is encouraging contractors of

projects to include specific efforts to support Oklahoma's rural communities. While this is being encouraged, the Council has chosen to improve the number of people with intellectual / developmental disabilities who have access to trained emergency health care providers in LeFlore County of Oklahoma. LeFlore County is a county that is designated rural as well as has a 22.6% poverty rate. Many of the Council's proposed activities will focus on Education, Quality Assurance, and Formal and Informal Supports. To reach its goals, the Council's primary strategies will be training, supporting and educating communities, and interagency collaboration and coordination. The Council's first goal of Advocacy and Self-Advocacy Skills Improvement builds upon the Council's current efforts related to advocacy. The Council will continue to support trainings led by self-advocates for other individuals with developmental disabilities, culturally diverse and cross-disability leadership coalitions, and the placement of advocates and self-advocates on boards, councils and committees that take up issues related to developmental disabilities. Goal 1 covers the self-advocacy requirement. The Council has been pleased with the growth of the Oklahoma Self-Advocacy Network (OKSAN) and Oklahoma People First and will continue to support the organizations in their self-advocacy training efforts. Based on public input comments, the Council will work with both organizations to increase collaborative efforts with other organizations, with a focus on outreach to rural individuals with developmental disabilities and their families. Within Goal 1, the Council will also continue its successful in-house advocacy and self-advocacy training programs, Partners in Policymaking and Youth Leadership Forum, to continue to build educated and effective advocate and self-advocate leaders. The Council's second Goal is Good Lives Across the Lifespan. This goal aims to address the topic areas of access to resources and supports across the lifespan. These two topics work well together and will be infused in each of the Goal 2 objectives. The Council will use person-centered planning principles to successfully support individuals with developmental disabilities and their families across the entire lifespan, particularly during transition periods. Within this goal's objectives and activities, the Council will connect families and individuals with developmental disabilities to the resources they need to live their best lives. Although specifically intrinsic to Goal 2, all of the Council's projects and programs over the next five years will weave the principles of Person-Centered Thinking and Supporting Families Communities of Practice throughout their activities. The Council will require all project leads and trainers to be trained on the Person-Centered Thinking and Supporting Families Communities of Practice principles so that they will be better able to serve Oklahomans with developmental disabilities and their families. Goal 2's objectives build upon each other. Goal 2, Objective 1 aims to support families by educating educators on the Person-Centered Planning and Supporting Families principles. As noted in the Education and Early Childhood Education section of this Plan, all Oklahoman educators are required to maintain professional development hours. However, current professional development options have limited resources and trainings for general educators (outside of special education) or early childhood educators about specifically supporting students with developmental disabilities or delays and their families. Oklahoma has a great need for well-trained general educators and early childhood educators. The state reported a teacher shortage of 596 in 2019, with special education vacancies remaining upon some of the hardest to fill. Special education teachers are being stretched across grades, schools and even districts. As noted in the Education section of this Plan, 70% of Oklahoma's districts are currently cooperating to offer students services in the areas of special education, English language learners, alternative education, professional development and counseling. For those schools and districts that do not have fulltime special education coverage, it is of the utmost importance that other teachers and educators are able to step up to support students with developmental disabilities and their families. The Council plans to increase educator trainings by funding the development of a professional development or a continuing education course for general education and early childhood educators about supporting students with developmental disabilities. The Council has decided to focus on educators because schools are often the first place for parents to seek help or guidance; but at this time, educators do not have adequate resources to support families. The lack of

training compounds in rural school districts. By training educators about developmental disabilities and person-centered planning, there is a better possibility of decreasing the percentage of students with developmental disabilities that do not graduate high school, which is currently 18%. Goal 2 also addresses an inaccessibility of resources that was highlighted during the public input sessions. Public comments emphasized the need for better and more easily navigated access to services, supports and resources. The Council believes that through collaboration between agencies, some of the struggle to find resources can be minimized. Specific resources that families and individuals with developmental disabilities mentioned during the public input campaign included limited knowledge of available assistive technology, limited direct support specialists, respite, adult daycare and childcare programs, and independent living and opportunities to develop life skills. By focusing on providing increased knowledge and understanding of resources, Goal 2 allows the Council to build capacity for more Oklahomans to live their best lives, across the lifespan. The Council's third goal is Community Awareness and Inclusion. Public input respondents noted a lack of community inclusion and integration throughout the state. Comments suggested that this issue stems from a lack of education and trainings about working and living with Oklahomans with developmental disabilities. The Council plans to address this need by supporting professional development and training for community leaders and small-scale local inclusion initiatives in communities across the state. Some of the Council's biggest wins over the past five years have come from educating community leaders, at both the state- and local-level. As noted in the Waiting List area of this Plan, the Oklahoma State Legislature appropriated an additional \$1.9 million in funding to support the Waiting List in 2021. During the last three state fiscal years, the State Legislature has appropriated specific additional funding to serve individuals on the Waiting List. Additionally, in June 2020, the Oklahoma Medicaid Expansion Initiative passed. The Medicaid expansion opens Medicaid eligibility to adults, ages 19-64, whose income is 138% of the federal poverty level or lower. Over 200,000 people are expected to gain access to Medicaid because of the expansion. The Council is encouraged by the additional Waiting List appropriations and the Medicaid Expansion approved by the Governor and State Legislature. The Council would like to build upon this momentum, and in collaboration with its DD Network Partners, the Council will expand educational opportunities to Oklahoma State Legislators and other leaders. The focus of the Council's third goal is systems change, both at the state-level and in local communities. State-level efforts will continue to focus on lawmakers. In local communities, the Council has decided to take a two-prong approach to provide awareness about people with developmental disabilities and their families. First, the Council plans to support service professionals, including healthcare professionals, local-level leaders and employers, by developing and offering trainings about how to best support individuals with developmental disabilities and their families. Through increasing awareness by professionals, the Council can better support capacity building for services for individuals with developmental disabilities. Additionally, by connecting with local professionals and increasing awareness, the Council has the opportunity to work towards systems change from the top-down. With Goal 3, the Council is continuing its efforts to support gainful employment for individuals with developmental disabilities throughout the state. The State Disability Characteristics of this Plan show that 71% of people with a disability in Oklahoma are not in the labor force, compared with 30% of those without a disability. This is a stark difference. Because of this, the Council plans to increase its efforts in the area of employment and plans to support inclusive hiring initiatives. Second, the Council will support community inclusion initiatives. These initiatives may include inclusive and integrated community events, childcare, camps and community centers. The Council plans to work with community organizations and agencies to build upon programs that are already available and make them more inclusive and integrative. The Council made every effort to connect all of its goals and objectives to each other in order to create a State Plan that ultimately builds upon itself. By connecting goals and objectives, the Council also believes that it can maximize systems change, capacity building and sustainability; and ultimately, the developmental disabilities community in Oklahoma will

be able to live their best lives.

**Collaboration [Section 124(C)(3)(D)]**

Oklahoma's DD Network is collectively called Redlands Partners. Redlands Partners has long been a deliberate and thoughtful collaboration. The directors of the Developmental Disabilities Council, Oklahoma Disability Law Center (Oklahoma's P&A), and Center for Learning and Leadership (Oklahoma's UCEDD) meet regularly to discuss individual and joint efforts, along with public policy issues and current events related to Oklahomans with developmental disabilities, their families and the community. The Redlands Partners have collaborated on advocacy activities, including public policy tracking and awareness, educating lawmakers on various issues that impact Oklahomans with developmental disabilities and their families, and facilitating the Waiting List Caucus of the Oklahoma Legislature. The official DD Network collaboration objective is Goal 3, Objective 2: In collaboration with Oklahoma's DD Network, the Council will provide technical assistance and education to 20 state- and local-level decision makers annually about public policies and procedures that affect people with developmental disabilities and their families. The Redlands Partners' efforts to educate policy makers has led to promising outputs and outcomes. Collaborative activities of the Redlands Partners, the Oklahoma Department of Human Services' Developmental Disabilities Services (DDS) and the Waiting List Caucus of the Oklahoma Legislature have led to additional appropriations for the Waiting List. The Oklahoma Legislature appropriated an additional \$1.9 million in funding to support Waiting List families in 2021. During the last three state fiscal years, the State Legislature has appropriated specific additional funding to serve individuals on the Waiting List. Another successful Redlands Partners collaboration is the Oklahoma Self-Advocacy Network (OKSAN). Funding for this effort comes from the Council and the Oklahoma Disability Law Center, while the Center for Learning and Leadership (CLL) provides staffing and administrative support. Additionally, OKSAN contracts with the Oklahoma People First self-advocacy organization to train trainers and deliver self-advocacy trainings statewide. The Redlands Partners have seen a lot of growth from OKSAN and will continue to support this initiative together. The Council, the Disability Law Center and the CLL continue to collaborate on the Learning Community for Person-Centered Practices. Staff from the Redlands Partners have become well-trained national facilitators for person-centered thinking and person-centered plan facilitation. The Redlands Partners' work on Person-Centered Thinking also includes collaboration with numerous state agencies and two provider agencies, including DDS, the Autism Network, OKDHS's Aging Services and Child Welfare Services, Bios Companies Inc. and Ability First. The Council also collaborates with the CLL as part of the national Community of Practice Supporting Families. The CLL and the Council share responsibility for planning and facilitating meetings, including those with national leadership for this grant. This collaboration also includes DDS, the Oklahoma Family Network, OKDHS Children and Family Services, the Oklahoma Autism Network, Oklahoma Department of Education's Special Education Services and Sooner SUCCESS.

*Identify the 5 year state plan goals, objectives, and outcomes.*

Goal 1. Advocacy and Self-Advocacy Skills Improvement



<p>Description</p> <p>Individuals with developmental disabilities and their families will be skilled and empowered advocates and leaders in individual and systems change advocacy.</p>	
<p>Expected Goal Outcome</p> <p>Oklahoma will have an educated and trained advocacy base that will provide leadership in Oklahoma on issues related to developmental disabilities. Oklahoma will have an increased number of leaders with developmental disabilities serving on key boards, councils and committees that take up issues related to developmental disabilities.</p>	
<p>Objectives</p>	
<p><i>Objective 1.</i></p>	<p>Annually through 2026, 150 individuals with developmental disabilities will be trained by self-advocate leaders to be resilient, strong and effective self-advocate leaders. (Self-Advocacy Objective)</p>
<p><i>Objective 2.</i></p>	<p>By 2026, Oklahoma's self-advocacy organizations will be strengthened through increased participation of individuals with developmental disabilities in culturally diverse and cross-disability leadership coalitions.</p>
<p><i>Objective 3.</i></p>	<p>Annually through 2026, at least 10 self-advocates and 10 family-advocates will obtain leadership positions of their choice on key boards, councils and committees that take up issues for people with developmental disabilities and their families.</p>
<p><i>Objective 4.</i></p>	<p>Annually through 2026, 50 individuals with developmental disabilities, their families and professionals will be educated about systems change advocacy and the tools to use to effectively educate community leaders and policymakers about issues that impact people with developmental disabilities and their families.</p>

Goal 2. Good Lives Across the Lifespan

<p>Description</p> <p>Individuals with developmental disabilities, their families and caregivers will have increased access to quality, long-term, individualized supports and services across the lifespan in the home and community of their choice.</p>	
<p>Expected Goal Outcome</p> <p>Oklahomans will regularly use Person-Center Thinking and Supporting Families Community of Practice principles as they plan for transitions across the lifespan. Individuals with developmental disabilities, their families and their communities will work together to support person-centered planning so that all Oklahomans are able to live their best lives and accomplish their personal goals.</p>	
<p>Objectives</p>	
<p><i>Objective 1.</i></p>	<p>By 2026, 250 Oklahomans with developmental disabilities, their families, community leaders and other professionals will be trained and educated on the Person-Centered Thinking and the Community of Practice for Supporting Families principles.</p>
<p><i>Objective 2.</i></p>	<p>By 2026, Oklahomans with developmental disabilities and their families will have increased knowledge and understanding of resources, services and supports across the lifespan that will allow them to live their best lives.</p>
<p><i>Objective 3.</i></p>	<p>By 2026, 150 families and caregivers of children with developmental disabilities will have increased knowledge and understanding of the tools, resources and support systems to begin to prepare for, and develop, person-centered plans as early as a child's diagnosis to allow them to prepare for transitions across the child's lifespan.</p>
<p><i>Objective 4.</i></p>	<p>By 2026, 50 Oklahomans with developmental disabilities will have increased opportunities to develop independent living and life skills that will allow them to lead self-directed and self-determined lives.</p>
<p><i>Objective 5.</i></p>	<p>By 2026, 50 individuals with developmental disabilities, their families and caregivers will have increased knowledge and understanding of the supports and resources to help them plan and prepare for life when their caregiver is no longer able to provide care.</p>

Goal 3. Community Awareness and Inclusion

<p>Description</p> <p>People with developmental disabilities and their families will experience increased inclusion and integration so that they may fully participate in all aspects of the community.</p>	
<p>Expected Goal Outcome</p> <p>Individuals with developmental disabilities and their families will have a community support system that will help them to live their best lives. Policymakers will have the information they need to positively impact people with developmental disabilities and their families.</p>	
<p>Objectives</p>	
<p><i>Objective 1.</i></p>	<p>Annually through 2026, the Developmental Disabilities Council will educate Oklahoman communities and community leaders about developmental disabilities so that people with developmental disabilities and their families will experience increased inclusion and support in the community and will be empowered to live their best lives.</p>
<p><i>Objective 2.</i></p>	<p>In collaboration with Oklahoma's DD Network, the Developmental Disabilities Council will provide technical assistance and education to 20 state- and local-level decision makers annually about public policies and procedures that affect people with developmental disabilities and their families. (DD Network Collaboration Objective)</p>
<p><i>Objective 3.</i></p>	<p>By 2026, 150 service professionals in rural and frontier areas of Oklahoma will have increased awareness and training about how to best support people with developmental disabilities and their families. (Targeted Disparity Objective)</p>
<p><i>Objective 4.</i></p>	<p>By 2026, an increased number of children, youth and students with developmental disabilities will receive individualized supports and services in inclusive and integrated settings that will allow them to foster and reach their potential.</p>
<p><i>Objective 5.</i></p>	<p>By 2026, individuals with developmental disabilities will have greater opportunities for meaningful friendships and relationships, recreation activities and social inclusion in their communities.</p>
<p><i>Objective 6.</i></p>	<p>By 2026, employers, community leaders, family members and the wider community will have an increased understanding about the benefits of having individuals with developmental disabilities participate in the workforce and volunteer activities.</p>

<p><b>Self-Advocacy Goal(s)/Objectives</b></p>	<p>Goal 1, Objective 1: Annually through 2026, 150 individuals with developmental disabilities will be trained by self-advocate leaders to be resilient, strong and effective self-advocate leaders.</p>
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<p><b>Targeted Disparity</b></p>	<p>Goal 3, Objective 3: By 2026, People with intellectual / developmental disabilities who live in Oklahoma rural areas will have access to healthcare from providers trained in best supporting people with developmental disabilities and their families.</p>
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<b>DD Network Collaboration</b>	
Goal 3, Objective 2: In collaboration with Oklahoma's DD Network, technical assistance and education to 20 state- and local-level decision makers will be provided annually about public policies and procedures affecting people with developmental disabilities and their families.	

<b>Evaluation Plan [Section 125(c)(3) and (7)]:</b>	
<p>Over the course of the next five years, Council staff will implement a multi-method approach to conducting formative and summative evaluation of the Council's programs. The Council and its contractors will use both quantitative and qualitative data collection and evaluation. The Council's formative evaluation plan will determine the extent to which objectives were achieved, provide a description of the strategies that contributed to achieving the objectives and provide a description of factors that may have impeded progress. The summative evaluation involves the collection of data that measures intended project outcomes. Process-based evaluation methods measure the extent to which a critical project activity is implemented as planned and proposed. Results from process-based evaluations will be used to inform the Council and other stakeholders as to whether critical activities have been conducted within proposed timelines. The Council will evaluate its activities and related outcomes through multiple methods, including surveys, participant interviews and an annual consumer satisfaction survey. The process-based evaluation will address the question of the extent to which the activity's implementation has differed from what was planned and if changes or adjustments are needed. Pre- and post-activity surveys will be used to measure participants' assessments of the gains they make from participating in Council education and training programs. Pre- and post-surveys will be designed to demonstrate participants' increased knowledge and skills, changed attitudes and/or increased motivation in alignment with program-specific outcomes. Post-surveys will also measure the extent to which a project's activities have increased consumer and stakeholder awareness of diverse issues related to developmental disabilities. Participant interviews will be utilized for some activities. The follow-up interviews will be developed to obtain more in-depth information regarding the outcomes of education and training and participants' use and application of what they have gained or learned in the training. The Council's annual consumer satisfaction survey will be administered on a widespread basis to participants of designated Council activities. This standardized survey instrument will be used to obtain data on the extent to which participants are applying knowledge and skills or applying new practices acquired through training. All Council activities and projects have specific qualitative and quantitative evaluation measures to assess the activity or project's accomplishments and outcomes. Project status reports are submitted quarterly. In addition, an annual report and evaluation summary for each project is required for all Council-supported activities. The annual report and evaluation summary has the following components: a brief description of project activities and the degree to which it meets its stated objectives, a summary of the consumer satisfaction data, a qualitative description of project accomplishments or impact, a summary of the project modifications, obstacles encountered, and emerging trends that should be addressed with within the project or through new activities. Quarterly and annual project reports will be reviewed during regularly scheduled Council meetings and incorporated into the OIDD Annual Program Performance Report template under their respective goals and objectives. The Council's review of projects and activities will include a review of the overall progress towards the accomplishment of the five-year plan's identified needs and intended results, assist in the determination of the status of each goal or objective as achieved, in progress or not achieved, and make recommendations about modification to the plan in response to emerging trends and needs. The Council's findings and decisions will be incorporated into applicable reports and State</p>	

Plan updates or amendments. Annually, the Council reviews its work plan during its quarterly Council meetings, in collaboration with Council staff, and makes any necessary adjustments to the State Plan following the Council meetings. Continuous feedback from the Council, as well as the ongoing data collection by the Council, will provide a strong review and identification process for emerging trends and needs as a means for updating the State Plan. Prior to the beginning of this five-year state plan, in summer 2021, the Council is contracting with a data and outcomes professional to determine which evaluation efforts are effective and which efforts need to be updated or changed to better collect constructive data and feedback. The Council's logic model reflects an emphasis on the Council's short- and intermediate-term outcomes as related to the Council's proposed longer-term outcomes for its five-year goals. Intermediate-term outcomes reflect the Council's expectation that the short-term outcomes will translate into the application of new and enriched skills, enhanced organizational capacity, improved practices and greater availability of access to high quality services for individuals with developmental disabilities and their families. Short- and immediate-term outcomes are linked to the desired impact of the long-term outcomes to increase independence, productivity, integration and inclusion of people with developmental disabilities. The logic model serves as a guide for evaluating the five-year plan, which is linked to ongoing evaluation activities, the collection of data from project managers, project-specific evaluation, the OIDD Annual Program Performance Report template, and Council review and commentary on the progress of the five-year plan and identification of any needed revisions based on emerging trends.

<b>Logic Model</b>	DDCO Logic Model 2022-2026.docx, _8.22 DDCO Logic Model 2022-2026 update.docx
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*SECTION IV: PROJECTED COUNCIL BUDGET*

Goal	Subtitle B \$	Other(s) \$	Total
Advocacy and Self-Advocacy Skills Improvement	\$250000	\$65000	\$315000
Good Lives Across the Lifespan	\$415000	\$110000	\$525000
Community Awareness and Inclusion	\$225000	\$56250	\$281250
General management (Personnel, Budget, Finance, Reporting)	\$235000	\$70000	\$305000
Functions of the DSA	\$45000	\$45000	\$90000
Total	\$1170000	\$346250	\$1516250

**SECTION V: ASSURANCES**

<b>Written and Signed Assurances</b>	Written and signed assurances are on file at the Council and will be made available to the Office on Intellectual and Developmental Disabilities, Administration for Community Living, United States Department of Health and Human Services upon request, regarding compliance with all requirements specified in Section 124 (C)(5)(A) (N) in the Developmental Disabilities Assurance and Bill of Rights Act. (true)
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<b>Approving Officials for Assurances</b>	For the State or Territory (DSA is to assist the DD Council in obtaining assurances) (2)
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<b>Designated State Agency</b>	A copy of the State Plan has been provided to the DSA (true)
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## SECTION VI: PUBLIC INPUT AND REVIEW

<p><b>Describe how the Council made the plan available for public review and comment. Include how the Council provided appropriate and sufficient notice in accessible formats of the opportunity for review and comment.</b></p>	
<p>The Developmental Disabilities Council of Oklahoma implemented an extensive virtual public input plan to gather comments and feedback for the 2022-2026 State Plan. The Council's public input efforts started in summer 2020 and included virtual community input sessions and online surveys. Due to restrictions caused by the COVID-19 pandemic, the Council held its community input sessions on the virtual platform, Zoom. The shift to the virtual platform greatly benefitted the Council's ability to garner input from the more underserved populations and areas across the state. The Council hosted 21 virtual feedback sessions. Each session lasted two hours and was open to the public. The sessions had 148 different attendees, including: -16 individuals with an intellectual or developmental disability, -72 family members of a person with an intellectual or developmental disability, -7 non-family member guardians, -88 service providers or professionals in a disability-related field, -5 public policy makers, -22 educators, -15 Council members or staff, and -7 who identified as other. Sixty-one attendees attended more than one community input session. The total number of attendances was 314. Each virtual input session focused on a different topic or population. The ability to host the input sessions virtually meant that the Council had the opportunity to reach Oklahomans in the more rural and frontier areas of the state. Five of the input sessions were regionally focused, and 29 of Oklahoma's 77 counties were represented. Of the counties that were represented, 15 countries were rural, and 14 were urban. The remaining input sessions were topic-specific. Three of the sessions were open topic, and other topics were: -Social justice, -Health and wellness, -Great lives across the lifespan: person-centered planning and supporting families, -Education, -Technology and assistive technology, -Safety and the prevention of abuse, neglect and exploitation, -Advocacy and self-advocacy, and -Employment. The sessions were publicized in a variety of ways. The Council made 21 Facebook posts about the community input sessions. The posts reached a total of 4,558 people. The community input session posts were shared 37 times and had 263 engagements. In addition to the Facebooks posts, the Council publicized the community input sessions on its website. The Council also sent the community input session announcement to its main listserv, which contains 2,987 subscribers, and its Redlands Partners listserv, which contains 3,555 subscribers. The Council hosted two community input sessions for the Tribal Nations of Oklahoma, and through collaboration with the Oklahoma Family Network, the Council was able to prepare for its sessions for the Tribal Nations of Oklahoma by connecting with the Network's Native American Expert. Seventeen people attended the Tribal Nations input sessions. The Council also hosted two Spanish-language input sessions. Through collaboration with the Oklahoma Family Network, the Council was able to have a native Spanish-speaker facilitate the two Spanish sessions. Twenty people attended the</p>	

Spanish-language sessions. All of those in attendance were either a family member of a person with a developmental disability or a professional in the field of developmental disabilities. The Spanish-language input sessions were publicized in Facebook posts, emails to the Council's Spanish-language listserv, and Spanish-language postcards sent to both the Council's Spanish-language mailing list and the Oklahoma Family Network's mailing list. The second prong of the Council's public input plan was an online survey to garner feedback and comments about what should be included in the next five-year state plan. The Council's online survey was released on the SurveyMonkey virtual platform and was open for 52 days. 138 people completed the online survey, including: -14 individuals with an intellectual or developmental disability, -69 family members of a person with an intellectual or developmental disability, -17 non-family member guardians, -59 service providers or professionals in a disability-related field, -2 public policy makers, -14 educators, and -30 who identified as other. Respondents were from across the state - 48 respondents were from rural areas, and 93 were from urban areas. Thirty-one counties were represented. To make the survey more accessible, the Council also created both a plain language survey and Spanish-language survey. The surveys included the same content and questions. Forty-one people completed the plain language survey, including 6 individuals with a developmental disability, 17 family members, 3 guardians and 17 professionals in a disability related field. Only two people completed the Spanish-language survey. When the Council conferred with its Spanish-language partners, it concluded that part of the lack of input from the Spanish-language population was likely due to the digital divide and lack of access to the online survey. The online surveys included open-ended questions about which primary topic areas the Council should address and which underserved populations that the Council should focus on over the next five years. The survey also asked about what supports and resources people with developmental disabilities and their families need in Oklahoma that are not currently accessible or are hard to access. The surveys were publicized in a variety of ways. The Council posted nine Facebook posts about the surveys. The posts reached a total of 1,001 people. The survey posts were shared 5 times and had 40 engagements. In addition to the Facebooks posts, the Council publicized the online survey on its website and sent an email survey announcement to its main listserv, which contains 2,987 subscribers, and its Redlands Partners listserv, which contains 3,555 subscribers. Additionally, to make the public input campaign more accessible, the Council publicized the survey through a postcard mailing campaign. Postcards were sent to its full mailing list of 4,500 people. The postcard contained the survey website and information to submit responses directly to the Council via mail, email or phone number. The Council used the feedback and comments from the community input sessions and online surveys to shape its new five-year state plan. The three primary topic areas that the Council noted from the community input sessions are access to resources, community inclusion and limited supports across the lifespan. The three primary topic areas identified were employment, independent living and advocacy/self-advocacy. Reoccurring comments emphasized the need for better and more easily navigated access to services, supports and resources. Respondents noted that even when resources area available, it often takes a long time to access those resources because different organizations do not communicate with one another or act as a team. Respondents noted that this lack of communication and collaboration is one of the main issues that the state needs to overcome to better serve individuals with developmental disabilities and their families. Respondents would like to see better services, supports and resources in the area of transition services and planning across the lifespan. The Council understands this need and plans to increase its collaborative efforts in its new five-year plan. Respondents also noted a lack of community inclusion and integration throughout the state. Comments suggested that this issue stems from a lack of education about developmental disabilities across the community as a whole. The Council plans to address this need by supporting professional development for leaders in the community and inclusion projects in schools and communities. The Council also used feedback received from its public input efforts to determine its targeted disparity for the next five-year plan. For public review, the Council focused its efforts on using its online survey to

gather feedback about its drafted goals and objectives. The public review survey was available for 51 days. For better accessibility, the survey included the goals and objectives in plain language. The public review survey was publicized much like the public input survey. The Council posted four Facebook posts about the surveys. The posts reached a total of 789 people. The survey posts were shared 9 times and had 69 engagements. In addition to the Facebooks posts, the Council publicized the public review survey on its website and sent an email survey announcement to its main listserv, which contains 2,987 subscribers, and its Redlands Partners listserv, which contains 3,555 subscribers. For accessibility, all publications of the survey included contact information to request a physical copy of the goals and objectives to submit comments by mail, email or phone. Although similarly publicized, the public review survey was completed by a much smaller amount of people than the public input surveys. Thirty-six people completed the public review survey.

<b>Describe the revisions made to the Plan to take into account and respond to significant comments.</b>	
Public review comments were overwhelming positive. Most comments were short with a note of agreement with the goals or slight suggestion. The more substantial comments noted that some of the objectives were too vague and needed to be more measurable. The Council reviewed all comments and suggestions and made minimal revisions to better clarify and focus the goals and objectives. Because revisions were minimal and the content of goals and objectives were not changed, the Council did not have a second public review period.	

## ANNUAL WORK PLANNING

### *Fiscal Year 2022 Planning*

#### *Goal 1: Advocacy and Self-Advocacy Skills Improvement*

Quality Assurance	true
Education and Early Intervention	false
Child Care	false
Health	true
Employment	false
Housing	false
Transportation	false
Recreation	false
Community Supports	true
Outreach	true
Training	true
Technical Assistance	true
Supporting and Educating Communities	true
Interagency Collaboration	true
Coordination	true



Barrier Elimination	true
System Design	false
Coalition Development	true
Informing Policymakers	false
Demonstration	false
Other Activities	false
Advocacy	true
System Change	false
Self Advocacy	true
Targeted Disparity	false
Collaboration	false
Rights	true
Capacity Building	true
State Protection	true
University Centers	true
State DD Agency	true
justification	
Other 1	true
Other 1 Specify	Oklahoma Self-Advocacy Network
Other 2	true
Other 2 Specify	Oklahoma People First
Other 3	true
Other 3 Specify	American Red Cross

### Objectives

Objective 1.1:	Annually through 2026, 150 individuals with developmental disabilities will be trained by self-advocate leaders to be resilient, strong and effective self-advocate leaders. (Self-Advocacy Objective)
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### Performance Measures

IA 1.1	300
IA 1.2	20
IA 2.1	70%
IA 2.2	60%
IA 2.3	70%
IA 2.4	70%
IA 2.5	25%
IA 3.1	95%
IA 3.2	95%
SC 1.1	2
SC 1.2	1
SC 1.3	
SC 1.3.1	2
SC 1.3.2	4
SC 1.3.3	2

SC 1.3.4	3
SC 1.4	60
SC 1.5	2
SC 2.1	2
SC 2.2	2
SC 2.1.1	2
SC 2.1.2	2
SC 2.1.3	3
SC 2.1.4	3

#### *Key Activities*

Key Activity 1.1.1:	Support opportunities for self-advocate leaders to provide leadership training to individuals with developmental disabilities.
Key Activity 1.1.2:	Provide assistance to Oklahoma's self-advocacy organizations to support growth of self-advocacy leadership in rural and frontier areas of the state.
Key Activity 1.1.3:	Support opportunities for self-advocate leaders to provide trainings to individuals with developmental disabilities about emergency preparedness, health and wellness, sexual health, diversity, and how to deal with bullying.
Key Activity 1.1.4:	Provide technical assistance to Oklahoma's self-advocacy network to develop a mental health training curriculum.
Key Activity 1.1.5:	Train individuals with disabilities and their families to be self-advocates and family-advocates to healthcare professionals.
Key Activity 1.1.6:	Implement Oklahoma Youth Leadership Forum.

#### *Expected Outputs*

Expected Output 1.1.1:	200 individuals with developmental disabilities are trained to be effective self-advocates.
Expected Output 1.1.2:	50 individuals with developmental disabilities from rural and frontier areas of the state are trained to be effective self-advocates.
Expected Output 1.1.3:	20 self-advocacy trainings conducted.
Expected Output 1.1.4:	One mental health training curriculum is developed.
Expected Output 1.1.5:	40 individuals with developmental disabilities or their family members are trained to be effective advocates to healthcare professionals.
Expected Output 1.1.6:	15 YLF program graduates; 5 youth mentors supported

#### *Expected Sub-Outputs*

Expected Sub-Outcome 1.1.1:	Oklahomans with developmental disabilities are more empowered to be self-advocates in their everyday lives.
Expected Sub-Outcome 1.1.2:	Individuals with developmental disabilities in the rural and frontier areas of Oklahoma are more knowledgeable about how to be effective self-advocates in their personal lives and in their local communities.
Expected Sub-Outcome 1.1.3:	Oklahomans have developed effective advocacy skills to support the developmental disabilities community throughout the state.

*Data Evaluations*

Data Evaluation 1.1.1:	Attendance registration data.
Data Evaluation 1.1.2:	Evaluations and participant satisfaction surveys from trainings.
Data Evaluation 1.1.3:	Pre- and post-program surveys.
Data Evaluation 1.1.4:	Long-term outcome survey studies.
Data Evaluation 1.1.5:	Annual consumer satisfaction survey.

Objective 1.2:	Annually through 2026, 50 individuals with developmental disabilities, their families and professionals will be educated about systems change advocacy and the tools to use to effectively educate community leaders and policymakers about issues that impact people with developmental disabilities and their families.
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*Performance Measures*

IA 1.1	20
IA 1.2	20
IA 2.1	90%
IA 2.2	90%
IA 2.3	75%
IA 2.4	75%
IA 2.5	50%
IA 3.1	95%
IA 3.2	95%
SC 1.1	0
SC 1.2	0
SC 1.3	
SC 1.3.1	0
SC 1.3.2	3
SC 1.3.3	0
SC 1.3.4	1
SC 1.4	30
SC 1.5	3
SC 2.1	1
SC 2.2	3
SC 2.1.1	2
SC 2.1.2	2
SC 2.1.3	0
SC 2.1.4	2

*Key Activities*

Key Activity 1.2.1:	Implement Oklahoma's Partners in Policymaking annual training program.
Key Activity 1.2.2:	Conference and professional training support for advocates, self-advocates and organizations dedicated to improving supports and services for persons with developmental disabilities and their families.

*Expected Outputs*

Expected Output 1.2.1:	18 Partners in Policymaking program graduates.
Expected Output 1.2.2:	3-5 Partners in Policymaking program graduates seated in leadership positions on boards, councils or committees that take up issues related to developmental disabilities.
Expected Output 1.2.3:	5 conferences related to the field of developmental disabilities supported.
Expected Output 1.2.4:	3-5 self-advocates, advocates or professionals supported.

*Expected Sub-Outputs*

Expected Sub-Outcome 1.2.1:	An educated and trained advocacy base that can provide leadership in Oklahoma on issues related to developmental disabilities.
Expected Sub-Outcome 1.2.2:	Oklahoma's public entities and agencies have the benefit of a well-trained advocacy base that can advise about issues related to developmental disabilities.

*Data Evaluations*

Data Evaluation 1.2.1:	Partners in Policymaking registration data.
Data Evaluation 1.2.2:	Training support reports.
Data Evaluation 1.2.3:	Evaluations and participant satisfaction surveys from trainings.
Data Evaluation 1.2.4:	Pre- and post-surveys.
Data Evaluation 1.2.5:	Annual consumer satisfaction survey.

*Goal 2: Good Lives Across the Lifespan*

Quality Assurance	true
Education and Early Intervention	true
Child Care	true
Health	true
Employment	false
Housing	false
Transportation	false
Recreation	false
Community Supports	true
Outreach	true
Training	true
Technical Assistance	true
Supporting and Educating Communities	true
Interagency	true

Collaboration	
Coordination	true
Barrier Elimination	true
System Design	true
Coalition Development	true
Informing Policymakers	false
Demonstration	true
Other Activities	false
Advocacy	true
System Change	true
Self Advocacy	false
Targeted Disparity	true
Collaboration	false
Rights	true
Capacity Building	true
State Protection	false
University Centers	true
State DD Agency	true
justification	The Council is partnering with Sooner SUCCESS (State Unified Children's Comprehensive Exemplary Services for Special Needs) to provide a weekend respite program for families and their children with disabilities. Parents and caregivers will have the opportunity to have a night off, while their children with disabilities and their siblings attend an overnight camp experience. During FFY 2022, the overnight respite project will be planned and piloted. After the initial pilot, the Council and Sooner SUCCESS team will assess the project and make any necessary adjustments. The Council and Sooner SUCCESS will collaborate with other community partners to build sustainability and capacity for an annual respite weekend event.
Other 1	true
Other 1 Specify	Sooner SUCCESS
Other 2	true
Other 2 Specify	Early Access
Other 3	true
Other 3 Specify	National Community of Practice on Supporting Families

*Objectives*

Objective 2.1:	By 2026, 250 Oklahomans with developmental disabilities, their families, community leaders and other professionals will be trained and educated on the Person-Centered Thinking and the Community of Practice for Supporting Families principles.
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*Performance Measures*

IA 1.1	35
IA 1.2	25

IA 2.1	75%
IA 2.2	70%
IA 2.3	90%
IA 2.4	50%
IA 2.5	5%
IA 3.1	90%
IA 3.2	90%
SC 1.1	2
SC 1.2	0
SC 1.3	
SC 1.3.1	2
SC 1.3.2	2
SC 1.3.3	1
SC 1.3.4	4
SC 1.4	60
SC 1.5	2
SC 2.1	3
SC 2.2	4
SC 2.1.1	1
SC 2.1.2	1
SC 2.1.3	2
SC 2.1.4	2

*Key Activities*

Key Activity 2.1.1:	Develop and present customized trainings for diverse audiences on the tools and principles of the National Community of Practice for Supporting Families.
Key Activity 2.1.2:	Collaborate to host a Person-Centered Thinking Gathering in Oklahoma.
Key Activity 2.1.3:	Train self-advocates on the People Planning Together curriculum to develop their own Person-Centered Plans.

*Expected Outputs*

Expected Output 2.1.1:	100 individuals with developmental disabilities, family members and/or professionals are trained on the Person-Centered Thinking and Community of Practices for Supporting Families principles.
Expected Output 2.1.2:	One Person-Centered Gathering hosted in Oklahoma.
Expected Output 2.1.3:	Monthly Community of Practice for Supporting Families planning meetings.
Expected Output 2.1.4:	9 People Planning Together virtual modules.
Expected Output 2.1.5:	10 self-advocates complete People Planning Together curriculum training.

*Expected Sub-Outputs*

Expected Sub-Outcome 2.1.1:	Oklahomans regularly use Person-Centered Thinking and Community of Practice for Supporting Families principles.
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Expected Sub-Outcome 2.1.2:	Professionals that support individuals with developmental disabilities and their families are better able to provide quality individualized supports to everyone they support.
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*Data Evaluations*

Data Evaluation 2.1.1:	Attendance registration data.
Data Evaluation 2.1.2:	Evaluations and participant satisfaction surveys from trainings.
Data Evaluation 2.1.3:	Continued certification by the Learning Community on Person-Centered Practices.

Objective 2.2:	By 2026, Oklahomans with developmental disabilities and their families will have increased knowledge and understanding of resources, services and supports across the lifespan that will allow them to live their best lives.
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*Performance Measures*

IA 1.1	20
IA 1.2	40
IA 2.1	10%
IA 2.2	20%
IA 2.3	40%
IA 2.4	20%
IA 2.5	0%
IA 3.1	95%
IA 3.2	95%
SC 1.1	0
SC 1.2	0
SC 1.3	
SC 1.3.1	1
SC 1.3.2	2
SC 1.3.3	2
SC 1.3.4	2
SC 1.4	40
SC 1.5	0
SC 2.1	1
SC 2.2	1
SC 2.1.1	0
SC 2.1.2	0
SC 2.1.3	2
SC 2.1.4	2

*Key Activities*

Key Activity 2.2.1:	Collaborate with community partners to develop and pilot a weekend respite event for families and caregivers of a person with a developmental disability.
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Key Activity 2.2.2:	Support community partners to plan and pilot a weekend camp for children with developmental disabilities and their siblings.
Key Activity 2.2.3:	Fund a respite care study to determine the physiologic benefits of regular respite for caregivers.

*Expected Outputs*

Expected Output 2.2.1:	Weekend respite event is planned and piloted.
Expected Output 2.2.2:	20 families participate in an overnight respite event.
Expected Output 2.2.3:	20 parents or caregivers of a person with a developmental disability are trained on the Person-Centered Thinking and Community of Practice for Supporting Families principles.
Expected Output 2.2.4:	20 persons with developmental disabilities and their siblings participate in a weekend recreational camp.
Expected Output 2.2.5:	One completed respite care study.

*Expected Sub-Outputs*

Expected Sub-Outcome 2.2.1:	Families and caregivers of Oklahomans with developmental disabilities have increased respite and are able to take a break and spend personal time away from the home.
Expected Sub-Outcome 2.2.2:	Families and caregivers of Oklahomans with developmental disabilities have opportunities to develop peer support networks.
Expected Sub-Outcome 2.2.3:	Oklahomans regularly use Person-Centered Thinking and Community of Practice for Supporting Families principles.
Expected Sub-Outcome 2.2.4:	Siblings of persons with developmental disabilities develop a peer support system.
Expected Sub-Outcome 2.2.5:	Families, professionals, policymakers and the wider community understand the physiologic impact of respite on caregivers.

*Data Evaluations*

Data Evaluation 2.2.1:	Annual consumer satisfaction survey.
Data Evaluation 2.2.2:	Attendance registration data.
Data Evaluation 2.2.3:	Evaluations and participant satisfaction surveys from trainings.
Data Evaluation 2.2.4:	Pre- and post-surveys.
Data Evaluation 2.2.5:	Completed respite study distribution data.

Objective 2.3:	By 2026, 150 families and caregivers of children with developmental disabilities will have increased knowledge and understanding of the tools, resources and support systems to begin to prepare for, and develop, person-centered plans as early as a child's diagnosis to allow them to prepare for transitions across the child's lifespan.
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*Performance Measures*

IA 1.1	0
IA 1.2	30
IA 2.1	0%
IA 2.2	15%



IA 2.3	75%
IA 2.4	15%
IA 2.5	0%
IA 3.1	0%
IA 3.2	90%
SC 1.1	2
SC 1.2	0
SC 1.3	
SC 1.3.1	1
SC 1.3.2	1
SC 1.3.3	1
SC 1.3.4	2
SC 1.4	180
SC 1.5	6
SC 2.1	6
SC 2.2	2
SC 2.1.1	0
SC 2.1.2	0
SC 2.1.3	3
SC 2.1.4	3

#### *Key Activities*

Key Activity 2.3.1:	Expand Early Access's Community Screening Partners (CSP) network with a focus on early childhood providers in tribal, rural and low-income communities.
Key Activity 2.3.2:	Expand Early Access's CSP network to include the Oklahoma City Indian Health Clinic.
Key Activity 2.3.3:	Provide training for healthcare professionals to increase diagnostic testing for autism or other developmental delays across the state.
Key Activity 2.3.4:	Begin training for an in-state psychologist to become a certified Autism Diagnostic Observation Schedule (ADOS) trainer.

#### *Expected Outputs*

Expected Output 2.3.1:	Community Screening Partners are trained to screen for autism and other developmental delays.
Expected Output 2.3.2:	40 healthcare professionals participate in the ADOS training to do diagnostic testing for autism or other developmental delays.
Expected Output 2.3.3:	In-state psychiatrist has begun training to be an ADOS trainer.

#### *Expected Sub-Outputs*

Expected Sub-Outcome 2.3.1:	Well-trained Community Screening Partners who are available to travel throughout Oklahoma will be able to provide screening for autism and other developmental delays.
Expected Sub-Outcome 2.3.2:	Early childhood educators have increased their skills, knowledge and capacity to support families and children with developmental disabilities or delays.

Expected Sub-Outcome 2.3.3:	Oklahoma has a certified ADOS trainer in-state to increase the capacity of trained ADOS healthcare workers who can diagnosis autism in children.
Expected Sub-Outcome 2.3.4:	Oklahoma has a better capacity to diagnose children with autism and other developmental delays.

*Data Evaluations*

Data Evaluation 2.3.1:	Training registration data.
Data Evaluation 2.3.2:	Evaluations and participant satisfaction surveys from trainings.
Data Evaluation 2.3.3:	Autism screening metrics.
Data Evaluation 2.3.4:	Feedback from childcare providers about training curriculum tested.

Objective 2.4:	By 2026, 50 Oklahomans with developmental disabilities will have increased opportunities to develop independent living and life skills that will allow them to lead self-directed and self-determined lives.
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*Performance Measures*

IA 1.1	40
IA 1.2	10
IA 2.1	90%
IA 2.2	50%
IA 2.3	90%
IA 2.4	75%
IA 2.5	25%
IA 3.1	95%
IA 3.2	95%
SC 1.1	3
SC 1.2	0
SC 1.3	
SC 1.3.1	1
SC 1.3.2	3
SC 1.3.3	1
SC 1.3.4	4
SC 1.4	40
SC 1.5	6
SC 2.1	6
SC 2.2	6
SC 2.1.1	5
SC 2.1.2	6
SC 2.1.3	5
SC 2.1.4	6

*Key Activities*

Key Activity 2.4.1:	Support the development of a two-year, non-degree Certificate in Career and Community Studies at Oklahoma State University, known
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	as Opportunity Orange Scholars.
Key Activity 2.4.2:	Provide technical assistance and consultation as needed to the Opportunity Orange Scholars Advisory Board.
Key Activity 2.4.3:	Partner with the Oklahoma Department of Mental Health & Substance Abuse Services to train youth with behavioral health needs or developmental disabilities about leadership and life skills.

*Expected Outputs*

Expected Output 2.4.1:	A developed program for a two-year, non-degree Certificate in Career and Community Studies at Oklahoma State University, known as Opportunity Orange Scholars.
Expected Output 2.4.2:	4 students admitted to the first cohort of Opportunity Orange Scholars in fall 2022.
Expected Output 2.4.3:	2 events hosted for youth with behavioral health needs or developmental disabilities.

*Expected Sub-Outputs*

Expected Sub-Outcome 2.4.1:	Students with intellectual and developmental disabilities develop lifelong learning skills necessary for competitive employment and independent living.
Expected Sub-Outcome 2.4.2:	The Oklahoma State University community is enriched by increased involvement by students with disabilities.
Expected Sub-Outcome 2.4.3:	Youth with behavioral health needs or developmental disabilities have developed leadership and interpersonal skills to be active members of the community.

*Data Evaluations*

Data Evaluation 2.4.1:	Recruitment and student enrollment metrics.
Data Evaluation 2.4.2:	Pre- and post-program surveys.
Data Evaluation 2.4.3:	Hope evaluation scores.

Objective 2.5:	By 2026, 50 individuals with developmental disabilities, their families and caregivers will have increased knowledge and understanding of the supports and resources to help them plan and prepare for life when their caregiver is no longer able to provide care.
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*Performance Measures*

IA 1.1	0
IA 1.2	0
IA 2.1	0%
IA 2.2	0%
IA 2.3	0%
IA 2.4	0%
IA 2.5	0%
IA 3.1	0%
IA 3.2	0%

SC 1.1	0
SC 1.2	0
SC 1.3	
SC 1.3.1	0
SC 1.3.2	0
SC 1.3.3	0
SC 1.3.4	1
SC 1.4	500
SC 1.5	1
SC 2.1	1
SC 2.2	1
SC 2.1.1	1
SC 2.1.2	0
SC 2.1.3	0
SC 2.1.4	1

*Key Activities*

Key Activity 2.5.1:	Create an informational on demand webinar about guardianship and alternatives to guardianship.
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*Expected Outputs*

Expected Output 2.5.1:	One webinar completed and available online
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*Expected Sub-Outputs*

Expected Sub-Outcome 2.5.1:	Adults with developmental disabilities, their families and caregivers are better educated about guardianship and its alternatives so that they may make informed legal decisions.
Expected Sub-Outcome 2.5.2:	Professionals advising individuals with developmental disabilities, their families and caregivers about issues related to guardianship have the critical information needed to best advise each individual case in which they are involved.

*Data Evaluations*

Data Evaluation 2.5.1:	website and social media metrics.
Data Evaluation 2.5.2:	State data related to guardianship and its alternatives.

*Goal 3: Community Awareness and Inclusion*

Quality Assurance	true
Education and Early Intervention	true
Child Care	false
Health	false
Employment	false
Housing	false

Transportation	false
Recreation	true
Community Supports	true
Outreach	true
Training	true
Technical Assistance	true
Supporting and Educating Communities	true
Interagency Collaboration	true
Coordination	true
Barrier Elimination	true
System Design	true
Coalition Development	true
Informing Policymakers	true
Demonstration	false
Other Activities	false
Advocacy	true
System Change	true
Self Advocacy	false
Targeted Disparity	true
Collaboration	true
Rights	true
Capacity Building	true
State Protection	true
University Centers	true
State DD Agency	true
justification	
Other 1	true
Other 1 Specify	Oklahoma Department of Libraries
Other 2	true
Other 2 Specify	Oklahoma Legislature Waiting List Caucus
Other 3	true
Other 3 Specify	Autism Foundation of Oklahoma

*Objectives*

Objective 3.1:	Annually through 2026, the Developmental Disabilities Council will educate Oklahoman communities and community leaders about developmental disabilities so that people with developmental disabilities and their families will experience increased inclusion and support in the community and will be empowered to live their best lives.
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*Performance Measures*

IA 1.1	50
IA 1.2	20
IA 2.1	50%

IA 2.2	25%
IA 2.3	70%
IA 2.4	50%
IA 2.5	25%
IA 3.1	95%
IA 3.2	95%
SC 1.1	0
SC 1.2	0
SC 1.3	
SC 1.3.1	1
SC 1.3.2	2
SC 1.3.3	0
SC 1.3.4	2
SC 1.4	150
SC 1.5	2
SC 2.1	3
SC 2.2	3
SC 2.1.1	2
SC 2.1.2	2
SC 2.1.3	2
SC 2.1.4	3

*Key Activities*

Key Activity 3.1.1:	Assist Oklahoma's self-advocacy groups to plan and host Oklahoma's annual DD Awareness Day at the State Capitol.
Key Activity 3.1.2:	Support opportunities for self-advocate leaders to provide developmental disability awareness trainings to Oklahoman communities and community leaders.
Key Activity 3.1.3:	Partner with the Oklahoma Historical Society to host an exhibit about the history of Oklahomans with disabilities.
Key Activity 3.1.4:	Partner with the Oklahoma Historical Society in creating 20 interviews of self-advocates, family members & advocates

*Expected Outputs*

Expected Output 3.1.1:	100 Oklahomans are trained in developmental disabilities awareness.
Expected Output 3.1.2:	5 developmental disabilities awareness trainings conducted.
Expected Output 3.1.3:	A curated exhibit about Oklahomans with developmental disabilities launched.
Expected Output 3.1.4:	20 oral history interviews of self-advocates, family members, advocates recorded and uploaded for public viewing

*Expected Sub-Outputs*

Expected Sub-Outcome 3.1.1:	More Oklahomans are aware of issues that affect people with developmental disabilities and their families.
Expected Sub-Outcome 3.1.2:	Individuals with developmental disabilities and their families have community supports and systems that help them to live their best

	lives.
Expected Sub-Outcome 3.1.3:	The Council and its partners are a known resource for information about developmental disabilities.

*Data Evaluations*

Data Evaluation 3.1.1:	Training registration data.
Data Evaluation 3.1.2:	Evaluations and participants satisfaction surveys from trainings.
Data Evaluation 3.1.3:	Pre- and post-program surveys.
Data Evaluation 3.1.4:	Annual consumer satisfaction survey.
Data Evaluation 3.1.5:	Exhibit visitor metrics.
Data Evaluation 3.1.6:	website and social media metrics

Objective 3.2:	By 2026, an increased number of children, youth and students with developmental disabilities will receive individualized supports and services in inclusive and integrated settings that will allow them to foster and reach their potential.
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*Performance Measures*

IA 1.1	0
IA 1.2	0
IA 2.1	0%
IA 2.2	0%
IA 2.3	0%
IA 2.4	0%
IA 2.5	0%
IA 3.1	0%
IA 3.2	0%
SC 1.1	1
SC 1.2	0
SC 1.3	
SC 1.3.1	2
SC 1.3.2	1
SC 1.3.3	0
SC 1.3.4	1
SC 1.4	100
SC 1.5	2
SC 2.1	2
SC 2.2	2
SC 2.1.1	0
SC 2.1.2	2
SC 2.1.3	2
SC 2.1.4	2

*Key Activities*

Key Activity 3.2.1:	Collaborate with the Oklahoma Autism Center to host a symposium for
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	school administrators about creating inclusive educational environments.
Key Activity 3.2.2:	Facilitate virtual support sessions for school administrators to create inclusive educational atmospheres.

*Expected Outputs*

Expected Output 3.2.1:	A collaborative coalition to support administrators in effective inclusive education.
Expected Output 3.2.2:	Training materials and resources to promote and facilitate inclusion in public schools.
Expected Output 3.2.3:	1 symposium planned and facilitated for school administrators.
Expected Output 3.2.4:	2 follow-up virtual support sessions for school administrators.

*Expected Sub-Outputs*

Expected Sub-Outcome 3.2.1:	Oklahoma schools have the training and know-how to create inclusive school environments for all students.
Expected Sub-Outcome 3.2.2:	Classroom educators are supported by school administrators to create inclusive classroom settings.
Expected Sub-Outcome 3.2.3:	Oklahoman students are able to succeed through inclusive practices and are able to achieve increased academic and personal success.
Expected Sub-Outcome 3.2.4:	Youth with developmental disabilities, their classmates and their families receive supports and services in inclusive and integrated settings that will allow them to foster and reach their potential.

*Data Evaluations*

Data Evaluation 3.2.1:	Symposium registration data.
Data Evaluation 3.2.2:	Pre- and post-surveys from symposium attendees.
Data Evaluation 3.2.3:	3-month and 6-month follow-up surveys from symposium attendees.

Objective 3.3:	By 2026, employers, community leaders, family members and the wider community will have an increased understanding about the benefits of having individuals with developmental disabilities participate in the workforce and volunteer activities.
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*Performance Measures*

IA 1.1	50
IA 1.2	50
IA 2.1	15%
IA 2.2	25%
IA 2.3	90%
IA 2.4	75%
IA 2.5	5%
IA 3.1	95%
IA 3.2	95%
SC 1.1	0



SC 1.2	0
SC 1.3	
SC 1.3.1	2
SC 1.3.2	3
SC 1.3.3	1
SC 1.3.4	2
SC 1.4	125
SC 1.5	4
SC 2.1	3
SC 2.2	6
SC 2.1.1	3
SC 2.1.2	1
SC 2.1.3	4
SC 2.1.4	4

*Key Activities*

Key Activity 3.3.1:	Implement the Family Employment Awareness Training.
Key Activity 3.3.2:	Support the Office of the State Treasurer to spread information about the Oklahoma ABLE account program (STABLE).
Key Activity 3.3.3:	Develop a pilot program to empower employers to provide support and workplace accommodations for employees with autism.
Key Activity 3.3.4:	Collaborate with supported employment employer to create on demand video promoting integrated competitive employment
Key Activity 3.3.5:	Collaborate with statewide technology center and state library center in creating and sharing accessibility instructional videos

*Expected Outputs*

Expected Output 3.3.1:	2 Family Employment Awareness Trainings conducted.
Expected Output 3.3.2:	20 family members trained on the Family Employment Awareness Training curriculum.
Expected Output 3.3.3:	50 new STABLE accounts opened.
Expected Output 3.3.4:	4-part training series to raise awareness of neurodiversity and effective management practices developed.
Expected Output 3.3.5:	Video highlighting integrated competitive employment benefits
Expected Output 3.3.6:	accessibility instructional video modules created

*Expected Sub-Outputs*

Expected Sub-Outcome 3.3.1:	Individuals with developmental disabilities are active and valued members of their local community.
Expected Sub-Outcome 3.3.2:	More employers, community leaders and families will understand that all individuals have competencies, capabilities and personal goals that should be recognized, supported and encouraged in an individualized manner.
Expected Sub-Outcome 3.3.3:	Increased employment opportunities for adults with autism will help strengthen their confidence and autonomy, giving them the resources and independence to engage in community-based activities and

	increases their sense of belonging and inclusion.
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*Data Evaluations*

Data Evaluation 3.3.1:	Evaluations and participant satisfaction surveys from trainings.
Data Evaluation 3.3.2:	Number of STABLE accounts opened.
Data Evaluation 3.3.3:	Long-term disability employment data.
Data Evaluation 3.3.4:	website and social media metric data

*Fiscal Year 2023 Planning*

<i>Goal 1: Advocacy and Self-Advocacy Skills Improvement</i>
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Quality Assurance	true
Education and Early Intervention	false
Child Care	false
Health	true
Employment	false
Housing	false
Transportation	false
Recreation	false
Community Supports	true
Outreach	true
Training	true
Technical Assistance	true
Supporting and Educating Communities	true
Interagency Collaboration	true
Coordination	true
Barrier Elimination	true
System Design	false
Coalition Development	true
Informing Policymakers	false
Demonstration	false
Other Activities	false
Advocacy	true
System Change	false
Self Advocacy	false
Targeted Disparity	false
Collaboration	false
Rights	true
Capacity Building	true
State Protection	true
University Centers	true

State DD Agency	true
justification	
Other 1	true
Other 1 Specify	Oklahoma Self-Advocacy Network
Other 2	true
Other 2 Specify	Oklahoma People First
Other 3	false

### Objectives

Objective 1.1:	Annually through 2026, 150 individuals with developmental disabilities will be trained by self-advocate leaders to be resilient, strong and effective self-advocate leaders. (Self-Advocacy Objective)
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### Performance Measures

IA 1.1	75
IA 1.2	25
IA 2.1	70%
IA 2.2	60%
IA 2.3	70%
IA 2.4	70%
IA 2.5	25%
IA 3.1	95%
IA 3.2	95%
SC 1.1	1
SC 1.2	1
SC 1.3	
SC 1.3.1	1
SC 1.3.2	1
SC 1.3.3	1
SC 1.3.4	1
SC 1.4	50
SC 1.5	1
SC 2.1	1
SC 2.2	1
SC 2.1.1	1
SC 2.1.2	1
SC 2.1.3	1
SC 2.1.4	1

### Key Activities

Key Activity 1.1.1:	Support opportunities for self-advocate leaders to provide leadership training to individuals with developmental disabilities.
Key Activity 1.1.2:	Support opportunities for self-advocate leaders to provide trainings to individuals with developmental disabilities about emergency preparedness, health and wellness, sexual health, diversity, and how

	to deal with bullying.
Key Activity 1.1.3:	Train individuals with disabilities and their families to be self-advocates and family-advocates to healthcare professionals.
Key Activity 1.1.4:	Implement Oklahoma Youth Leadership Forum.

*Expected Outputs*

Expected Output 1.1.1:	100 individuals with developmental disabilities are trained to be effective self-advocates.
Expected Output 1.1.2:	25 individuals with developmental disabilities from rural areas of the state are trained to be effective self-advocates.
Expected Output 1.1.3:	10 self-advocacy trainings conducted.
Expected Output 1.1.4:	25 individuals with developmental disabilities or their family members are trained to be effective advocates to healthcare professionals.
Expected Output 1.1.5:	15 YLF program graduates; 5 youth mentors supported

*Expected Sub-Outputs*

Expected Sub-Outcome 1.1.1:	Oklahomans with developmental disabilities are more empowered to be self-advocates in their everyday lives.
Expected Sub-Outcome 1.1.2:	Individuals with developmental disabilities in the rural areas of Oklahoma are more knowledgeable about how to be effective self-advocates in their personal lives and in their local communities.
Expected Sub-Outcome 1.1.3:	Oklahomans have developed effective advocacy skills to support the developmental disabilities community throughout the state.

*Data Evaluations*

Data Evaluation 1.1.1:	Attendance registration data
Data Evaluation 1.1.2:	Pre and Post individual surveys
Data Evaluation 1.1.3:	Program evaluation surveys
Data Evaluation 1.1.4:	annual consumer satisfaction survey

Objective 1.2:	Annually through 2026, 50 individuals with developmental disabilities, their families and professionals will be educated about systems change advocacy and the tools to use to effectively educate community leaders and policymakers about issues that impact people with developmental disabilities and their families.
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*Performance Measures*

IA 1.1	20
IA 1.2	25
IA 2.1	80%
IA 2.2	80%
IA 2.3	75%
IA 2.4	75%
IA 2.5	25%
IA 3.1	95%

IA 3.2	95%
SC 1.1	0
SC 1.2	0
SC 1.3	
SC 1.3.1	0
SC 1.3.2	1
SC 1.3.3	0
SC 1.3.4	1
SC 1.4	30
SC 1.5	1
SC 2.1	1
SC 2.2	3
SC 2.1.1	1
SC 2.1.2	1
SC 2.1.3	0
SC 2.1.4	0

#### *Key Activities*

Key Activity 1.2.1:	Implement Oklahoma's Partners in Policymaking annual training program.
Key Activity 1.2.2:	Conference and professional training support for advocates, self-advocates and organizations dedicated to improving supports and services for persons with developmental disabilities and their families.

#### *Expected Outputs*

Expected Output 1.2.1:	18 Partners in Policymaking program graduates.
Expected Output 1.2.2:	3-5 Partners in Policymaking program graduates seated in leadership positions on boards, councils or committees that take up issues related to developmental disabilities.
Expected Output 1.2.3:	5 conferences related to the field of developmental disabilities supported.
Expected Output 1.2.4:	3-5 self-advocates, advocates or professionals supported.

#### *Expected Sub-Outputs*

Expected Sub-Outcome 1.2.1:	An educated and trained advocacy base that can provide leadership in Oklahoma on issues related to developmental disabilities.
Expected Sub-Outcome 1.2.2:	Oklahoma's public entities and agencies have the benefit of a well-trained advocacy base that can advise about issues related to developmental disabilities.

#### *Data Evaluations*

Data Evaluation 1.2.1:	Partners in Policymaking registration data
Data Evaluation 1.2.2:	Program evaluations
Data Evaluation 1.2.3:	pre / post individual surveys
Data Evaluation 1.2.4:	annual consumer satisfaction survey

*Goal 2: Good Lives Across the Lifespan*

Quality Assurance	true
Education and Early Intervention	true
Child Care	true
Health	true
Employment	false
Housing	false
Transportation	false
Recreation	false
Community Supports	true
Outreach	true
Training	true
Technical Assistance	true
Supporting and Educating Communities	true
Interagency Collaboration	true
Coordination	true
Barrier Elimination	true
System Design	true
Coalition Development	true
Informing Policymakers	false
Demonstration	false
Other Activities	false
Advocacy	true
System Change	true
Self Advocacy	false
Targeted Disparity	true
Collaboration	false
Rights	true
Capacity Building	true
State Protection	false
University Centers	true
State DD Agency	true
justification	
Other 1	false
Other 2	false
Other 3	false

Objectives

Objective 2.1:	By 2026, 250 Oklahomans with developmental disabilities, their families, community leaders and other professionals will be trained and educated on the Person-Centered Thinking and the Community of Practice for Supporting Families principles.
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*Performance Measures*

IA 1.1	30
IA 1.2	30
IA 2.1	75%
IA 2.2	75%
IA 2.3	90%
IA 2.4	50%
IA 2.5	5%
IA 3.1	90%
IA 3.2	90%
SC 1.1	1
SC 1.2	1
SC 1.3	
SC 1.3.1	1
SC 1.3.2	1
SC 1.3.3	1
SC 1.3.4	1
SC 1.4	60
SC 1.5	1
SC 2.1	1
SC 2.2	1
SC 2.1.1	1
SC 2.1.2	1
SC 2.1.3	1
SC 2.1.4	1

*Key Activities*

Key Activity 2.1.1:	Develop and present customized trainings for diverse audiences on the tools and principles of the National Community of Practice for Supporting Families.
Key Activity 2.1.2:	Develop and present customized trainings for diverse audiences on Person Centered Thinking, using the curriculum from the National Learning Community for Person Centered Practices.

*Expected Outputs*

Expected Output 2.1.1:	100 individuals with developmental disabilities, family members and/or professionals are trained on the Person-Centered Thinking and Community of Practices for Supporting Families principles.
Expected Output 2.1.2:	Monthly Community of Practice for Supporting Families planning meetings.

*Expected Sub-Outputs*

Expected Sub-Outcome 2.1.1:	Oklahomans regularly use Person-Centered Thinking and Community of Practice for Supporting Families principles.
Expected Sub-Outcome 2.1.2:	Professionals that support individuals with developmental disabilities and their families are better able to provide quality individualized

	supports to everyone they support.
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*Data Evaluations*

Data Evaluation 2.1.1:	Attendance registration data.
Data Evaluation 2.1.2:	Training evaluations
Data Evaluation 2.1.3:	Participant satisfaction surveys from trainings.
Data Evaluation 2.1.4:	Continued certification by the Learning Community on Person-Centered Practices.

Objective 2.2:	By 2026, Oklahomans with developmental disabilities and their families will have increased knowledge and understanding of resources, services and supports across the lifespan that will allow them to live their best lives.
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*Performance Measures*

IA 1.1	20
IA 1.2	40
IA 2.1	10%
IA 2.2	20%
IA 2.3	40%
IA 2.4	20%
IA 2.5	0%
IA 3.1	95%
IA 3.2	95%
SC 1.1	0
SC 1.2	0
SC 1.3	
SC 1.3.1	1
SC 1.3.2	1
SC 1.3.3	1
SC 1.3.4	1
SC 1.4	40
SC 1.5	0
SC 2.1	1
SC 2.2	1
SC 2.1.1	0
SC 2.1.2	0
SC 2.1.3	1
SC 2.1.4	1

*Key Activities*

Key Activity 2.2.1:	Collaborate with community partners to develop and host a weekend respite event for families and caregivers of a person with a developmental disability.
Key Activity 2.2.2:	Support community partners to plan and host a weekend camp for



	children with developmental disabilities and their siblings.
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*Expected Outputs*

Expected Output 2.2.1:	Weekend respite event is planned and piloted.
Expected Output 2.2.2:	20 families participate in an overnight respite event.
Expected Output 2.2.3:	20 parents or caregivers of a person with a developmental disability are trained on the Person-Centered Thinking and Community of Practice for Supporting Families principles.
Expected Output 2.2.4:	20 persons with developmental disabilities and their siblings participate in a weekend recreational camp.

*Expected Sub-Outputs*

Expected Sub-Outcome 2.2.1:	Families and caregivers of Oklahomans with developmental disabilities have increased respite and are able to take a break and spend personal time away from the home.
Expected Sub-Outcome 2.2.2:	Families and caregivers of Oklahomans with developmental disabilities have opportunities to develop peer support networks.
Expected Sub-Outcome 2.2.3:	Siblings of persons with developmental disabilities develop a peer support system.
Expected Sub-Outcome 2.2.4:	Oklahomans regularly use Person-Centered Thinking and Community of Practice for Supporting Families principles.

*Data Evaluations*

Data Evaluation 2.2.1:	Attendance registration data.
Data Evaluation 2.2.2:	Program Evaluations
Data Evaluation 2.2.3:	participant satisfaction surveys from trainings.
Data Evaluation 2.2.4:	Pre- and post-surveys.
Data Evaluation 2.2.5:	Annual consumer satisfaction survey.

Objective 2.3:	By 2026, 150 families and caregivers of children with developmental disabilities will have increased knowledge and understanding of the tools, resources and support systems to begin to prepare for, and develop, person-centered plans as early as a child's diagnosis to allow them to prepare for transitions across the child's lifespan.
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*Performance Measures*

IA 1.1	5
IA 1.2	30
IA 2.1	0%
IA 2.2	15%
IA 2.3	75%
IA 2.4	15%
IA 2.5	0%
IA 3.1	0%
IA 3.2	95%

SC 1.1	1
SC 1.2	0
SC 1.3	
SC 1.3.1	1
SC 1.3.2	1
SC 1.3.3	1
SC 1.3.4	1
SC 1.4	100
SC 1.5	1
SC 2.1	1
SC 2.2	1
SC 2.1.1	0
SC 2.1.2	0
SC 2.1.3	1
SC 2.1.4	1

#### *Key Activities*

Key Activity 2.3.1:	Continue training for an in-state psychologist to become a certified Autism Diagnostic Observation Schedule (ADOS) trainer.
Key Activity 2.3.2:	Continue strengthening Early Access's Community Screening Partners (CSP) network by adding to the network created.
Key Activity 2.3.3:	Provide training for healthcare professionals to increase diagnostic testing for autism or other developmental delays across the state.

#### *Expected Outputs*

Expected Output 2.3.1:	In-state psychiatrist continues training to be an ADOS trainer.
Expected Output 2.3.2:	Continue improving access to high quality autism screenings by strengthening community screening professionals

#### *Expected Sub-Outputs*

Expected Sub-Outcome 2.3.1:	Oklahoma has a certified ADOS trainer in-state to increase the capacity of trained ADOS healthcare workers who can diagnosis autism in children.
Expected Sub-Outcome 2.3.2:	Oklahoma has a better capacity to diagnose children with autism and other developmental delays.
Expected Sub-Outcome 2.3.3:	Well-trained community screening partners available to travel throughout the state to provide screening for autism and other developmental delays.

#### *Data Evaluations*

Data Evaluation 2.3.1:	Report on ADOS certification process
Data Evaluation 2.3.2:	annual consumer satisfaction survey
Data Evaluation 2.3.3:	Screening metrics
Data Evaluation 2.3.4:	screening training registration

Objective 2.4:	By 2026, 50 individuals with developmental disabilities, their families and caregivers will have increased knowledge and understanding of the supports and resources to help them plan and prepare for life when their caregiver is no longer able to provide care.
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*Performance Measures*

IA 1.1	0
IA 1.2	0
IA 2.1	0%
IA 2.2	0%
IA 2.3	0%
IA 2.4	0%
IA 2.5	0%
IA 3.1	95%
IA 3.2	95%
SC 1.1	0
SC 1.2	0
SC 1.3	
SC 1.3.1	0
SC 1.3.2	0
SC 1.3.3	0
SC 1.3.4	1
SC 1.4	100
SC 1.5	1
SC 2.1	1
SC 2.2	1
SC 2.1.1	1
SC 2.1.2	1
SC 2.1.3	1
SC 2.1.4	1

*Key Activities*

Key Activity 2.4.1:	Write a legal options informational manual about guardianship and the alternatives to guardianship.
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*Expected Outputs*

Expected Output 2.4.1:	One informational manual completed, printed and distributed.
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*Expected Sub-Outputs*

Expected Sub-Outcome 2.4.1:	Adults with developmental disabilities, their families and caregivers are better educated about guardianship and its alternatives so that they may make informed legal decisions.
Expected Sub-Outcome 2.4.2:	Professionals advising individuals with developmental disabilities, their families and caregivers about issues related to guardianship have the critical information needed to best advise each individual case in which they are involved.

*Data Evaluations*

Data Evaluation 2.4.1:	Number of informational manuals distributed
Data Evaluation 2.4.2:	website and social media metrics
Data Evaluation 2.4.3:	state data relating to guardianship and alternatives

<i>Goal 3: Community Awareness and Inclusion</i>
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Quality Assurance	true
Education and Early Intervention	true
Child Care	false
Health	false
Employment	false
Housing	false
Transportation	false
Recreation	true
Community Supports	true
Outreach	true
Training	true
Technical Assistance	true
Supporting and Educating Communities	true
Interagency Collaboration	true
Coordination	true
Barrier Elimination	true
System Design	true
Coalition Development	true
Informing Policymakers	true
Demonstration	false
Other Activities	false
Advocacy	true
System Change	true
Self Advocacy	false
Targeted Disparity	true
Collaboration	true
Rights	true
Capacity Building	true
State Protection	true
University Centers	true
State DD Agency	true
justification	
Other 1	false
Other 2	false
Other 3	false

Objectives

Objective 3.1:	Annually through 2026, the Developmental Disabilities Council will educate Oklahoman communities and community leaders about developmental disabilities so that people with developmental disabilities and their families will experience increased inclusion and support in the community and will be empowered to live their best lives.
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Performance Measures

IA 1.1	30
IA 1.2	30
IA 2.1	50%
IA 2.2	50%
IA 2.3	75%
IA 2.4	50%
IA 2.5	20%
IA 3.1	95%
IA 3.2	95%
SC 1.1	0
SC 1.2	0
SC 1.3	
SC 1.3.1	1
SC 1.3.2	1
SC 1.3.3	0
SC 1.3.4	1
SC 1.4	100
SC 1.5	1
SC 2.1	1
SC 2.2	1
SC 2.1.1	1
SC 2.1.2	1
SC 2.1.3	1
SC 2.1.4	1

Key Activities

Key Activity 3.1.1:	Assist Oklahoma's self-advocacy groups to plan and host Oklahoma's annual DD Awareness Day at the State Capitol.
Key Activity 3.1.2:	Support opportunities for self-advocate leaders to provide developmental disability awareness trainings to Oklahoman communities and community leaders.

Expected Outputs

Expected Output 3.1.1:	100 Oklahomans are trained in developmental disabilities awareness.
Expected Output 3.1.2:	5 developmental disabilities awareness trainings conducted.

*Expected Sub-Outputs*

Expected Sub-Outcome 3.1.1:	More Oklahomans are aware of issues that affect people with developmental disabilities and their families.
Expected Sub-Outcome 3.1.2:	Individuals with developmental disabilities and their families have community supports and systems that help them to live their best lives.
Expected Sub-Outcome 3.1.3:	The Council and its partners are a known resource for information about developmental disabilities.

*Data Evaluations*

Data Evaluation 3.1.1:	Training registration data.
Data Evaluation 3.1.2:	Training evaluations
Data Evaluation 3.1.3:	Annual consumer satisfaction survey.
Data Evaluation 3.1.4:	Website and social media metrics

Objective 3.2:	In collaboration with Oklahoma's DD Network, the Developmental Disabilities Council will provide technical assistance and education to 20 state- and local-level decision makers annually about public policies and procedures that affect people with developmental disabilities and their families. (DD Network Collaboration Objective)
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*Performance Measures*

IA 1.1	15
IA 1.2	50
IA 2.1	60%
IA 2.2	50%
IA 2.3	50%
IA 2.4	75%
IA 2.5	15%
IA 3.1	95%
IA 3.2	95%
SC 1.1	1
SC 1.2	0
SC 1.3	
SC 1.3.1	0
SC 1.3.2	1
SC 1.3.3	0
SC 1.3.4	1
SC 1.4	50
SC 1.5	1
SC 2.1	1
SC 2.2	1
SC 2.1.1	1
SC 2.1.2	1
SC 2.1.3	1

SC 2.1.4	1
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*Key Activities*

Key Activity 3.2.1:	Inform advocates of disability related legislative issues.
Key Activity 3.2.2:	Promote the holdings of the Justin A McCurry Library Collection.

*Expected Outputs*

Expected Output 3.2.1:	An increased number of Oklahomans understanding disability legislative issues and advocating to policymakers.
Expected Output 3.2.2:	An increased number of Oklahomans will check out books from the Redlands Partners Library collection.

*Expected Sub-Outputs*

Expected Sub-Outcome 3.2.1:	An increased number of Oklahomans are aware of issues that affect people with developmental disabilities and their families and advocate to policymakers
Expected Sub-Outcome 3.2.2:	An increased number of Oklahomans will check out books from the Library collection.

*Data Evaluations*

Data Evaluation 3.2.1:	Email list serve
Data Evaluation 3.2.2:	library collection metrics

Objective 3.3:	By 2026, an increased number of children, youth and students with developmental disabilities will receive individualized supports and services in inclusive and integrated settings that will allow them to foster and reach their potential.
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*Performance Measures*

IA 1.1	0
IA 1.2	0
IA 2.1	0%
IA 2.2	0%
IA 2.3	0%
IA 2.4	0%
IA 2.5	0%
IA 3.1	0%
IA 3.2	0%
SC 1.1	1
SC 1.2	0
SC 1.3	
SC 1.3.1	1
SC 1.3.2	1
SC 1.3.3	0
SC 1.3.4	1

SC 1.4	100
SC 1.5	1
SC 2.1	1
SC 2.2	1
SC 2.1.1	0
SC 2.1.2	1
SC 2.1.3	1
SC 2.1.4	1

*Key Activities*

Key Activity 3.3.1:	Collaborate with the Oklahoma Autism Center to host a symposium about inclusive educational environments for school teams that include administrators and educators.
Key Activity 3.3.2:	Facilitate support sessions for school teams to create inclusive educational atmospheres.

*Expected Outputs*

Expected Output 3.3.1:	A collaborative coalition to support school teams in effective inclusive education.
Expected Output 3.3.2:	A collaborative coalition to support school teams in effective inclusive education.
Expected Output 3.3.3:	1 symposium planned and facilitated for school teams that include administrators and educators.
Expected Output 3.3.4:	2 follow-up support sessions for school teams.

*Expected Sub-Outputs*

Expected Sub-Outcome 3.3.1:	Oklahoma schools have the training and know-how to create inclusive school environments for all students.
Expected Sub-Outcome 3.3.2:	Classroom educators are supported by school administrators to create inclusive classroom settings.
Expected Sub-Outcome 3.3.3:	Oklahoman students are able to succeed through inclusive practices and are able to achieve increased academic and personal success.
Expected Sub-Outcome 3.3.4:	Youth with developmental disabilities, their classmates and their families receive supports and services in inclusive and integrated settings that will allow them to foster and reach their potential.

*Data Evaluations*

Data Evaluation 3.3.1:	registration data.
Data Evaluation 3.3.2:	Pre- and post-surveys from symposium attendees.
Data Evaluation 3.3.3:	3-month and 6-month follow-up surveys from symposium attendees.

Objective 3.4:	By 2026, employers, community leaders, family members and the wider community will have an increased understanding about the benefits of having individuals with developmental disabilities participate in the workforce and volunteer activities.
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*Performance Measures*

IA 1.1	25
IA 1.2	25
IA 2.1	15%
IA 2.2	25%
IA 2.3	90%
IA 2.4	50%
IA 2.5	5%
IA 3.1	95%
IA 3.2	95%
SC 1.1	0
SC 1.2	0
SC 1.3	
SC 1.3.1	1
SC 1.3.2	1
SC 1.3.3	1
SC 1.3.4	1
SC 1.4	100
SC 1.5	1
SC 2.1	1
SC 2.2	1
SC 2.1.1	1
SC 2.1.2	1
SC 2.1.3	1
SC 2.1.4	1

*Key Activities*

Key Activity 3.4.1:	Continue Family Employment Awareness Trainings virtually.
Key Activity 3.4.2:	Support the Office of the State Treasurer to spread information about the Oklahoma ABLE account program (STABLE).
Key Activity 3.4.3:	Implement pilot training to empower employers to provide support and workplace accommodations for employees with developmental disabilities in urban and rural communities.
Key Activity 3.4.4:	Collaborate with supported employment employer to create on demand video promoting integrated competitive employment
Key Activity 3.4.5:	Collaborate with statewide technology center and state library center in creating and sharing accessibility instructional videos

*Expected Outputs*

Expected Output 3.4.1:	2 Family Employment Awareness Trainings conducted.
Expected Output 3.4.2:	20 family members trained on the Family Employment Awareness Training curriculum.
Expected Output 3.4.3:	50 new STABLE accounts opened.
Expected Output 3.4.4:	Curriculum to raise awareness of neurodiversity and effective employment management practices developed.

Expected Output 3.4.5:	Video to raise awareness of integrated competitive employment
Expected Output 3.4.6:	Accessibility instructional video modules created

*Expected Sub-Outputs*

Expected Sub-Outcome 3.4.1:	Individuals with developmental disabilities are active and valued members of their local community.
Expected Sub-Outcome 3.4.2:	More employers, community leaders and families understand all individuals have strengths, capabilities and goals to be recognized, supported and encouraged in an individualized manner.
Expected Sub-Outcome 3.4.3:	Increased employment opportunities for adults with developmental disabilities will strengthen their confidence and autonomy, resulting in having the resources and independence to engage in community-based activities
Expected Sub-Outcome 3.4.4:	Increase individuals with developmental disabilities sense of belonging and inclusion through meaningful work

*Data Evaluations*

Data Evaluation 3.4.1:	training evaluations
Data Evaluation 3.4.2:	participant training satisfaction surveys
Data Evaluation 3.4.3:	number of STABLE accounts opened
Data Evaluation 3.4.4:	state disability employment data
Data Evaluation 3.4.5:	website and social media metrics