Developmental Disabilities
Council of Oklahoma

Member Notebook

Developmental Disabilities
Council of Oklahoma

There are an estimated 61,000 persons with developmental disabilities in Oklahoma; people with the same dreams as any of us, but with different challenges.

*2401 NW 23rd St, Ste. 74
Oklahoma City, OK 73107*

*www.okddc.ok.gov
405-521-4984*

The Developmental Disabilities Council of Oklahoma (the Council) was founded to promote quality services and programs that enable persons with disabilities to fully realize their maximum potential through increased independence, productivity, and community inclusion. As the federal Developmental Disabilities Act affirms, disability is a natural part of the human experience that does not diminish a person's right or opportunity to participate in life.

THE COUNCIL LEADS THE CHARGE FOR THOSE RIGHTS AND OPPORTUNITIES, IMPLEMENTING OUR MISSION IN MANY WAYS. WE ARE:

CHAMPIONS

Raising public awareness about the capabilities, contributions, and concerns of Oklahomans with disabilities and their families.

Always, the Council remains proactive in pursuing media coverage that portrays positive images of people with disabilities living in Oklahoma; and the Council-founded Justin A. McCurry Resource Library hosts thousands of books, videos, audio recordings, brochures, and subject matter files for use by advocates and providers for persons with disabilities, as well as the general public.

CATALYSTS

Working with our colleagues authorized by the Developmental Disabilities Assistance and Bill of Rights Act, the Council convened and facilitates a first-in-the-nation bi-partisan, bi-cameral Legislative Caucus on the "Waiting List." The Waiting List, or, more formally, the Medicaid Home- and Community-based Waiver Request List, is held by the Oklahoma Department of Human Services and includes more than 6700 individuals seeking support services to live in their own communities. Last year, the Waiting List caucus secured $2 million in new appropriations to reduce the wait for these individuals who require specialized supports to live and work in their own communities, rather than be confined to nursing homes. In the current year, the caucus has announced it will request more than $3 million.

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● *ADVOCATES*

Strengthening self-advocacy and family advocacy; pursuing state and national policies that uphold and advance the rights of people with intellectual or developmental disabilities.

Partners in Policymaking, leadership training funded by the Council, helps create productive partnerships between consumers of service for people with disabilities and those who make public policy. Participants develop skills necessary to effectively work with legislators, state agencies, and others whose decisions and actions impact the lives of people with disabilities.

Oklahoma People First and the Oklahoma Self-Advocacy Network, organizations run by and for Oklahomans with developmental disabilities, also receive funding from the Council.

● *EDUCATORS*

Providing information and training to legislators, policymakers, agencies, providers, individuals with disabilities and their families.

Among the Council's education efforts are customized presentations and trainings in Person-Centered Thinking and the Supporting Families Community of Practice (CoP). Person-Centered Thinking is based on an understanding of what is important TO a person, and what is important FOR a person. Community of Practice tools foster positive life trajectories for individuals with disabilities by encouraging natural supports and discouraging a life that is dictated by formal services.

At the Council's annual Youth Leadership Forum (YLF), a camp for rising high school juniors and seniors with disabilities, participants learn about taking an active role in their education and post-graduation planning, higher education opportunities, career exploration, assistive technology, disability rights laws, and teamwork while building self-esteem and independent living skills. A highlight of the YLF week is working with members of the Oklahoma Legislature on public policy issues, concluding with a debate on the House floor.

● *PARTNERS*

Building relationships with policymakers, agencies, and organizations that can together create good lives for those with intellectual and developmental disabilities.

Dreamnight at the Oklahoma City Zoo is co-sponsored annually by the Council, providing genuine recreational access and promoting the well-being of families. Initial funding from the Council created a manual, distributed to all AZA-accredited members, facilitating the participation of more zoos in Dreamnight across the country.

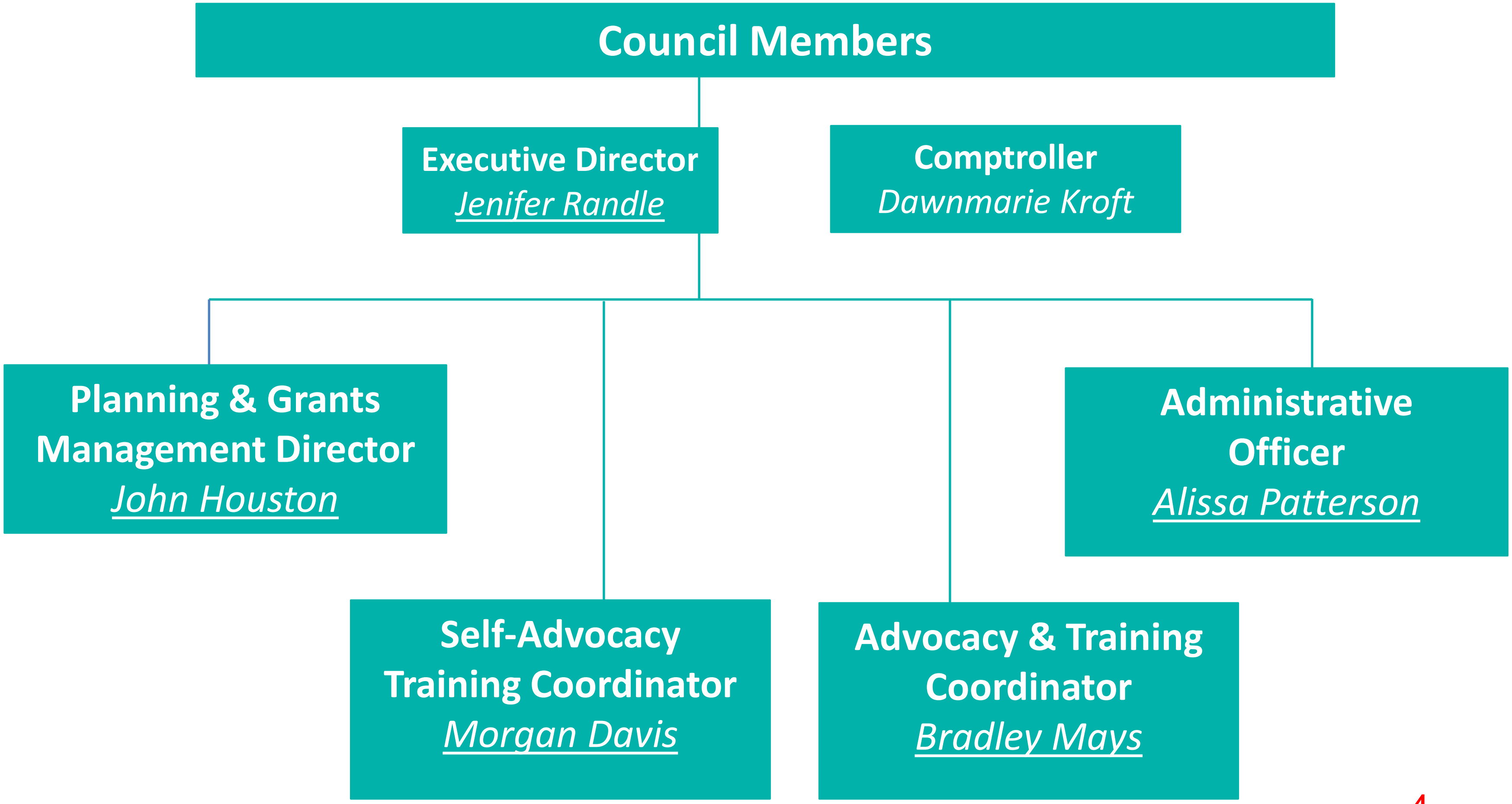
The Council collaborates with Sooner SUCCESS, which coordinates comprehensive efforts of health education, social service, mental health, and other service systems statewide for Oklahoma children with disabilities and special healthcare needs, and is partnering on their new initiative focused on supporting parents who have intellectual and/or physical disabilities.

Please visit our website for complete project details: www.okddc.ok.gov. For more information about Council projects, contact Ann Trudgeon, Executive Director.

The Developmental Disabilities Council of Oklahoma (the Council) was established in 1971 by Executive Order of the Governor.
The Council is federally funded and authorized in accordance with the Developmental Disabilities Assistance and Bill of Rights Act of 2000.

Developmental Disabilities
Council of Oklahoma

Organizational Chart



Council Members

Executive Director
Jenifer Randle

Comptroller
Dawnmarie Kroft

Planning & Grants Management Director
John Houston

Administrative Officer
Alissa Patterson

Self-Advocacy Training Coordinator
Morgan Davis

Advocacy & Training Coordinator
Bradley Mays

Updated 7/4/2023

Developmental Disabilities Council of Oklahoma

Executive Committee

- Develops/monitors Memorandum of Understanding (MOU), policies and procedures
- Supervises and evaluates Executive Director
- Approves smaller grant awards
- Acts for full Council on emergency matters

Advocacy, Training and Outreach Committee

- Oversees implementation and evaluation of all “in-house” Council activities
- Coordinates public policy advocacy activities of the Council
- Oversees Council “outreach” work, such as, brochures and website

State Plan Committee

- Develops State Plan and oversees implementation, monitoring and evaluation of all activities listed in the plan
- Oversees planning of new activities and recommends new contracts to the full Council
- Review grantee activities and accomplishments

Nominating Committee

- Slates officers and committee assignments

Finance Committee

- Prepares and monitors budget

Developmental Disabilities Council of Oklahoma Committees

The Developmental Disabilities Council of Oklahoma's (DDCO) governance structure assigns significant work responsibilities to self-directed committees composed of Council members and, on occasion, non-Council members. These committees work with Council staff to assure goals, objectives and activities of the Council's State Plan are addressed and achieved. Council committees generally meet quarterly during the year. It is the responsibility of each committee to study policy and funding issues related to their assigned tasks and State Plan goals, objectives and activities, and prepare them for Council discussion.

While committee participation is not mandatory during your service to the Council, it allows you to be part of the discussions involved in creating and implementing the State Plan.

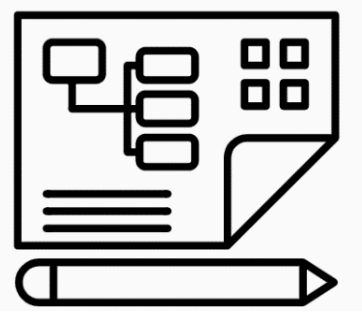
ADVOCACY, TRAINING, AND OUTREACH COMMITTEE (ATO):

The ATO Committee is responsible for oversight of the Council's planned public relations and outreach efforts, including brochures, videos, and media releases about Council activities related to the Five-Year State Plan. The Committee plans and implements public policy activities of the Council and discusses development of any public policy position statements. The committee reviews and monitors internal Council programs, including the Justin A. McCurry Resource Library, Consumer and Professional Involvement Funds, Information and Referral Activities, Council website, Governor's Conference on Developmental Disabilities, Youth Leadership Forum, and Partners in Policymaking. The Committee also reviews proposals regarding advocacy, training, and outreach efforts that are over $5000.

The ATO Committee meets quarterly, however, can meet more frequently or as needed.

STATE PLAN COMMITTEE:

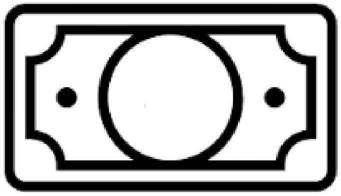
The State Plan committee is responsible for developing and monitoring the implementation of the Council's Five-Year State Plan. The Committee specifically oversees activities under the federal areas of emphasis: Child Care, Early Intervention, Education, Employment, Formal and Informal Community Supports, Health, Housing, Quality Assurance, Recreation and Transportation. This committee is responsible for the non-solicited proposal process and any grants/grant applications over $5000. The Committee also reviews and monitors external grant/contract operations of the Council.



The State Plan Committee meets quarterly, however, can meet more frequently or as needed.

FINANCE COMMITTEE:

The Finance Committee works with the Comptroller to review and temporarily approve fiscal policies and guidelines for subsequent approval of the full Council and to develop and monitor the annual budget prior to the start of the state fiscal year. The Committee recommends the annual budget to the Executive Committee and Council for final approval. The Committee monitors the budget throughout the year and preliminarily approves monthly financial reports and periodic changes to the annual budget for subsequent approval of the full Council. The Committee serves as Board Representative to internal and external auditors. The Council may assign or delegate other duties to the Finance Committee as needed.



The Finance Committee meets monthly prior to the Executive Committee meeting.

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ACL
Administration for Community Living

STATE COUNCILS ON DEVELOPMENTAL DISABILITIES (DD COUNCILS)

A guiding force for positive, life-altering change for people with intellectual and developmental disabilities (ID/DD)

To achieve the vision of the DD Act, state DD Councils use federal funding to:

CREATE
partnerships, collaborations, innovative programs, and equal opportunities to improve the daily lives of people with ID/DD.

SPARK
community change by bringing together people and partners to create equity in education, health, employment, and life.

EMPOWER
self-advocates and family leaders, influence law and policy, and educate and protect people with ID/DD.

EDUCATE
decision-makers using research and lived experiences to improve the lives of people with ID/DD.

60% or more of the members of each DD Council must be people with ID/DD or close family members. Councils are founded on the principle that those with lived experience should always be included in conversations to find and foster solutions.

PROUD TO BE A CATALYST FOR POSITIVE CHANGE

DD Councils' work removes barriers and increases opportunities for people with ID/DD so they can:

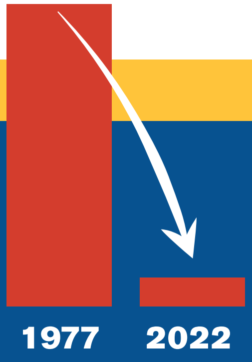
- Live — and fully participate — in the community
- Become leaders and self-advocates, creating their own paths and helping others
- Complete secondary (grades 6-12) and postsecondary (after grade 12) education
- Access health care to live longer, healthier lives
- Find and succeed in jobs that fit their individual interests and goals
- Stay connected and safe during emergencies
- Enjoy recreational and social activities

Their work also involves educating the public on how including people with ID/DD has a positive social and economic impact on communities.

56
STRONG

56 DD Councils across the United States and its territories are part of the DD Network — a collaborative group of organizations and advocates working to serve and empower people with ID/DD.

In 1977, **84%** of people with ID/DD lived in institutional settings. Now, it's less than **8%** — thanks in part to the work of the DD Councils and their partners.[1]



- DD Councils helped integrated employment **grow 17%** from 2011 to 2018, and it's still a top priority.[2]
- 2.8 million people with lived experience with ID/DD **participate** in DD Council activities today. **53,570** of those are participating in **advocacy** to create change.[3]
- 1,232 policies, procedures, statutes, and regulations were created or **changed** by DD Council efforts in one year alone.[3]

MEET DESI

Desi is a Wisconsin DD Council member from suburban Milwaukee. As a teen and young adult, she was told she needed the structure of working in a job specifically for people with ID/DD — jobs that pay far less than minimum wage — and living in a group home, but she felt overly controlled and disrespected in those environments. Thanks to the Council's advocacy efforts to change expectations and expand options for employment and community living, the Department of Health Services provided the support Desi needed to find her own apartment and a job in the community. She also successfully advocated to get therapy to help her self-regulate more effectively. Desi now lives on her own, with some help managing her finances, and shops for and cooks her own healthy meals. She is taking steps to build a career in helping people find housing. She credits living independently with improving her mental and physical health.

STAYING SAFE THROUGH COVID-19

DD Councils quickly pivoted and continue to work with public and private partners to:

- **Create and share accurate information** in plain language and multiple languages, so people with ID/DD can make informed decisions
- **Advocate to prioritize** vaccines and protective equipment for people with ID/DD and those who support them
- **Uphold civil rights** guaranteed under law, such as visits by people who provide necessary support during hospitalizations and equal access to health care and education
- **Ensure access** to home and community-based services and technology to stay connected and informed
- **Train first responders** to work with people with ID/DD successfully and respectfully

> **"We have begun to think of advocacy as more than just 'speaking up for yourself' but more of a problem-solving process to identify what you want to change in your life, the resources needed for this change, and creating the plan to make the necessary change."**
>
> *A self-advocate graduate of Maine's Speaking Up For Us (SUFU) program*

ACL
Administration for Community Living

August 2022
ACL is an operating division of the U.S. Department of Health and Human Services. Learn more at ACL.gov.

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1 The National Residential Information System (RISP)
2 The National Data Collection on Day and Employment Services for People with Developmental Disabilities
3 DD Councils FY2020 Performance Measures, Individual and Family Advocacy (IFA) Measures

Orientation to the DD Council Program
for
Newly hired DD Council staff

2023

iTACC
Information and Technical
Assistance Center for Councils
on Developmental Disabilities

Contents

This information provides basic information about the DD Council program and does not take the place of formal orientation for new Council staff in your state or territory. The Developmental Disabilities Assistance and Bill of Rights Act of 2000, regulations, and other requirements issued by the Administration and state and territory laws, policies, and procedures also provide helpful information for Council staff.

This resource was developed under a contract to provide training and technical assistance to Councils on Developmental Disabilities and funded by ACL Contract #75P00121C00067.

ACL's Placement within Federal Government: Organization

The Administration for Community Living (ACL) is one of eleven operating divisions of the U.S. Department of Health and Human Services (HHS). It is headed by the Administrator, who reports directly to the Secretary of HHS. ACL's Principal Deputy Administrator serves as Senior Advisor to the HHS Secretary for Disability Policy.

ACL is structured to provide general policy coordination while retaining unique programmatic operations specific to the needs of each population it serves. ACL is composed of the following units:

- Office of the Administrator
- Administration on Aging (AoA)
- Administration on Disabilities (AoD)
- National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR)
- Center for Innovation and Partnership (CIP)
- Center for Management and Budget (CMB)
- Center for Policy and Evaluation (CPE)
- Center for Regional Operations

For more information about ACL's organizational structure, please see our organizational chart with accompanying description of the responsibilities of each unit and office. **Please visit** https://acl.gov/about-acl/organization

On June 2, 2015, the Federal Register published ACL's updated Statement of Organization, Functions, and Delegations of Authority (PDF). An online version of the published statement is also available. The statement reflects ACL's expanded mission and details the organizational structure and roles and responsibilities of its centers and offices.

On May 9, 2019, ACL published an update to the agency's Statement of Organization, Functions, and Delegations of Authority in the Federal Register to reflect a reorganization.

About the Administration on Disabilities (AoD)

The Administration on Disabilities works with states, communities, and partners in the disability networks to increase the independence, productivity, and community integration of individuals with disabilities. Under authorities provided by the Developmental Disabilities Act (DD Act), the Rehabilitation Act, the Help America Vote Act, the Assistive Technology Act of 1998, and the Public Health Service Act, the AoD works to improve opportunities for people with disabilities to access quality services and supports, achieve economic self-sufficiency, and experience equality and inclusion in all facets of community life.

AoD includes the Office of Intellectual and Developmental Disabilities, the Office of Independent Living Programs, and the Office of Disability Services Innovation.

The Federal Agency/Office Relationship with DD Councils

The Administration for Community Living is the federal administering agency for the DD Act programs. As such, ACL/AoD/OIDD is charged with funding and oversight of State Councils on Developmental Disabilities, Protection & Advocacy Programs, and University Centers for Excellence in Developmental Disabilities Education, Research, and Service. Thus, *State Councils on Developmental Disabilities are grantees of ACL – and are accountable to ACL.*

ACL/AoD/OIDD develops program regulations and provides technical assistance and guidance to state programs. Central office staff are assigned to assist programs in each of the federal regions; these staff members are available and helpful. Should the Developmental Disabilities Council encounter problems or need assistance, they can contact the ACL/AoD/OIDD programmatic and fiscal personnel assigned to their region for information and technical assistance. Annually, ACL/AoD/OIDD sponsors a Technical Assistance Institute for State Councils on Developmental Disabilities.

All mandated state plans, fiscal, and programmatic reports are submitted to and approved by ACL/AoD/OIDD. This information is used to develop legislatively prescribed reports to Congress. Periodically, federal staff conducts monitoring site visits to assure compliance and accountability.

Contacting the Administration

The Administration for Community Living assigns programmatic and fiscal contacts for mandatory grant recipients.

If you need help with program related information, **please contact your Executive Director prior to contacting the assigned programmatic contact.**

If you need help with fiscal related information, **please contact your Executive Director prior to contacting the assigned fiscal contact**, and cc your programmatic contact.

Public Law 106–402, 106th Congress

Download the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (PDF, 356KB)

In every state and territory, programs authorized by the Developmental Disabilities Assistance and Bill of Rights Act (DD Act) empower individuals with developmental disabilities and their families to help shape policies that impact them. DD Act programs conduct important research and test innovative new service delivery models. They work to bring the latest knowledge and resources to those who can put it to the best use, including self-advocates, families, service providers, and policymakers. DD Act programs also investigate cases of abuse and serve as advocates for individuals with developmental disabilities and their families.

Programs authorized by the DD Act and overseen by ACL's Administration on Disabilities, Office of Intellectual and Developmental Disabilities include:

State Councils on Developmental Disabilities (Councils) work to address identified needs by conducting advocacy, systems change, and capacity building efforts that promote self-determination, integration, and inclusion. Key activities include conducting outreach, providing training and technical assistance, removing barriers, developing coalitions, encouraging citizen participation, and keeping policymakers informed about disability issues.

State Protection & Advocacy Systems (P&As) are dedicated to the ongoing fight for the personal and civil rights of individuals with developmental disabilities. P&As are independent of service-providing agencies within their states and work at the state level to protect individuals with developmental disabilities by empowering them and advocating on their behalf. P&As provide legal support to traditionally unserved or underserved populations to help them navigate the legal system to achieve resolution and encourage systems change.

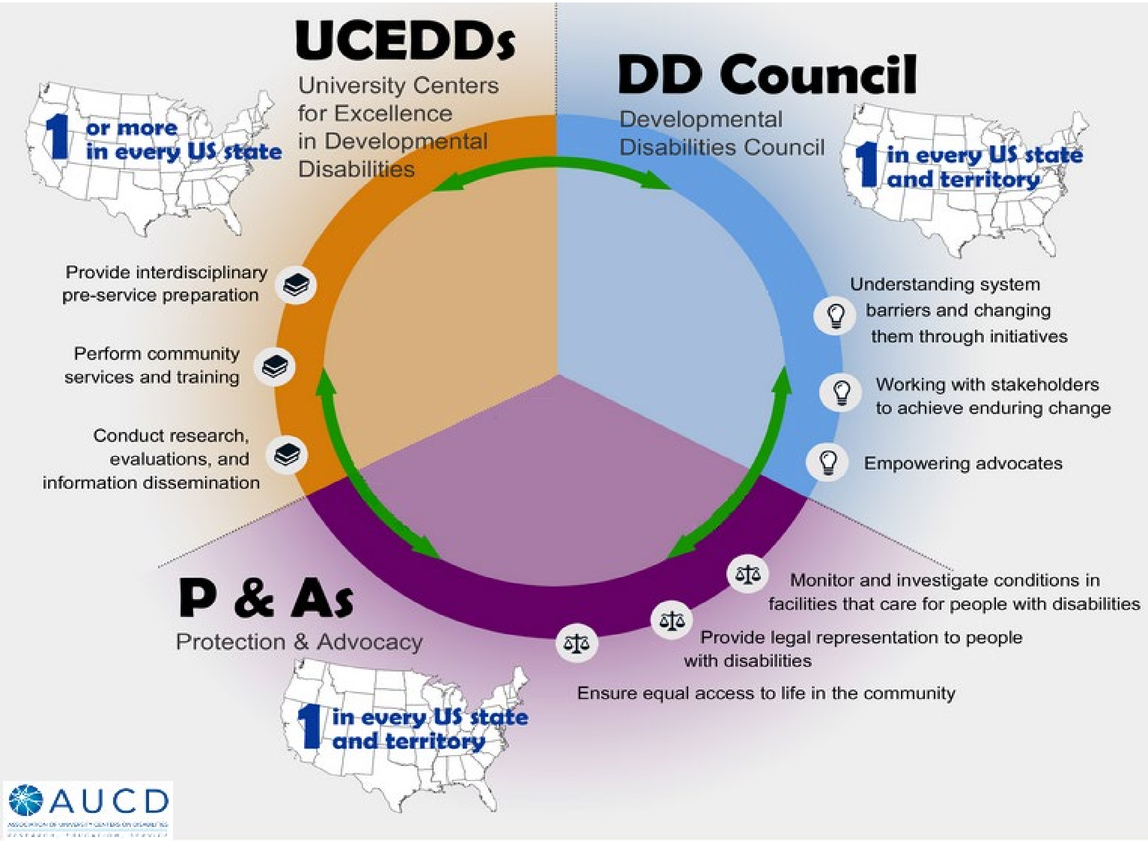
University Centers for Excellence in Developmental Disabilities Education, Research & Service (UCEDDs) are unique among ACL/AOD/OIDD program grantees in that they are affiliated with universities, allowing them to serve as liaisons between academia and the community. UCEDDs are a nationwide network of independent but interlinked centers, representing an expansive national resource for addressing issues, finding solutions, and advancing research related to the needs of individuals with developmental disabilities and their families.

Projects of National Significance (PNS) efforts focus on the most pressing issues affecting people with developmental disabilities and their families, creating, and enhancing opportunities for these individuals to contribute to, and participate in, all facets of community life. Through PNS, ACL/AOD/OIDD supports the development of national and state policy and awards grants and contracts that enhance the independence, productivity, inclusion, and integration of people with developmental disabilities.

Learn more about the history of the DD Act and the difference it has made for people with developmental disabilities and their families.

For more information, please visit: ACL Programs

Infographic



The Developmental Disabilities Assistance and Bill of Rights Act (DD Act) is a law that describes the rights of people with developmental disabilities and their families to participate fully in their communities. The law funds programs across the country that support and empower people with developmental disabilities and their families.

The DD Act is a solid resource for all DD Council staff because it includes program and compliance information. Frequently, staff need to know what the law says about the state plan, required activities and reports, membership, the budget, designated state agency responsibilities, and match requirements.

Below is a DD Act "Quick List" of common topics that staff frequently have questions about. The chart is organized by topic, by page number and with a brief note about what you will find. Page numbers can be found in the downloadable pdf (from the acl.gov website) at the top of the page following "114 STAT." This table does not include every item in the DD Act, so please download and read.

DD Act Quick List "Directory"

Topic	**Page**	**Notes**
Title A		
Goals of the Nation	1679	Related to outcomes for people with developmental disabilities and families
Policy of the United States	1681	Principles for all Council work, projects, etc.
Definitions	1682-88	Alphabetical listing of definitions, advocacy, capacity building, and systems change is found in the DD Act Final Rule
Title B		
Purpose of Councils	1693	Intent
Planning Cycle	1696	5-Year plan
Comprehensive Review and Analysis (CRA)	1696	Components required
Plan Goals	1698	Requirements for goals
Self-advocacy requirements	1698	Annual required activities
Assurances 1698-1700		Pledge from State/Territory that plan is supported by info in section
➢ *Use of funds*	*1699*	*Minimum 70% on state plan; maximum 30% on administrative*
➢ *DSA Reimbursement*	*1699*	*½ of costs necessary; 5% or $50K whichever is less*
➢ *Conflict of Interest*	*1699*	*Includes perceived conflicts*

➢ *Staff Assignments*	*1700*	*Staff cannot be assigned to other agencies/offices while working for the Council*
➢ *Non-interference*	*1700*	*Councils' ability to implement the State plan is assured.*
Public Review and Input	1701	State plan requirements
Consult with DSA	1701	Consistent with state law – (not approval of plan)
Membership 1701-1703		
➢ *Recommendations*	*1701*	*How Councils can participate*
➢ *Representation*	*1701-02*	*Council membership to mirror State/territory geographic and diversity (race/ethnicity)*
➢ *Rotation*	*1702*	*Term limits and rotation of members*
➢ *Citizen member representation*	*1702*	*Not less than 60% of membership*
➢ *Agency member representation*	*1702*	*Required agencies, UCEDD(s), P&A, one non-governmental, one non-profit*
➢ *Composition of citizen members*	*1703*	*1/3 people with DD; 1/3 parents or guardians of children or adults; 1/3 a combination of the 2*
➢ *Institutionalized individual representative*	*1703*	*1 person who resides or previously resided in an ICF/DD or family member of person who resides or previously resided in an ICF/DD*
Responsibilities 1703-08		
➢ *Serve as an advocate*	*1703*	*Language to support advocacy*
➢ *Examine progress towards plan goals annually*	*1703*	*Expectations about progress achieved, not achieved, barriers to achievement, amendments, satisfaction, and separate info on self-advocacy*
➢ *Plan development*	*1703*	*Council will develop, consult with DSA, get assurances, and submit*
➢ *Plan implementation*	*1703*	*Council will implement by conducting and supporting activities*
➢ *Activities for plan implementation*	*1704-06*	*Identified activities with descriptions*
➢ *Informing Policymakers*	*1705*	*Details about what this activity includes*
➢ *Demonstration Projects*	*1705*	*Time-limited; innovative approach part of an overall strategy for systems changes*
Reports	1706	Description of annual report

Budget 1707		
➢ *Hiring and maintaining staff*	*1707*	*Qualified; state shall not apply hiring freezes, reductions in force, prohibitions on travel – to the extent it impacts the implementation of the state plan*
➢ *Hiring and supervising ED*	*1707*	*Council shall hire; Council shall supervise and annually evaluate the ED*
➢ *Staff Assignments*	*1707*	*Staff must work solely for the Council*
Designated State Agency 1708		
➢ *Type of Agency*	*1708*	*If designated after 1994, cannot be an agency that provides or pays for services for people with DD*
➢ *Review of designation*	*1708-09*	*Procedures to request a formal review*
➢ *Responsibilities*	*1709*	*Support services, financial, records, and reports, non-federal share, and assurances*
➢ *Memorandum of Understanding*	*1709*	*Delineates the roles and responsibilities of the Council and the DSA*
Federal and Non-Federal Share 1710		
➢ *Aggregate*	*1710*	*Share of the cost of all projects in a state supported by the federal share may not be more than 75% of the aggregate cost of a project/activity; 25% match.*
➢ *Urban and rural poverty areas*	*1710*	*Federal share may not be more than 90% of the aggregate cost of a project/activity; 10% match.*
➢ *Staff implemented state plan activities*	*1710*	*Federal share may not be more than 100% of the aggregate cost of project/activities; 0% match.*

The DD Act Areas of Emphasis and State plan implementation activities.

Council staff should be knowledgeable about the areas of emphasis as well as the types of activities that are supported by the DD Act for each area. Knowledge about supported areas, activities, and desired results can help staff keep Council members and the public informed about the focus for DD Council investments and efforts. A technical assistance resource “DD Act State Plan Implementation Activities – Outcomes Focus” will help staff identify “best fit” activities with the outcomes they desired.

DD Act Areas of Emphasis include the following:

- Quality Assurance
- Child-care
- Education and early intervention
- Employment
- Health
- Housing
- Recreation
- Transportation
- Other Services available and offered to individuals in the community including formal and informal supports that affect quality of life

Quality Assurance Activities

- Advocacy, capacity building and systemic change activities that result in improved consumer and family centered quality assurance and that result in system of quality assurance and consumer protection that –
    - Include monitoring of services, supports and assistance provided to an individual with developmental disability that ensures the individuals will not experience abuse, neglect, sexual or financial exploitation, or violation of legal or human rights; and will not be subject to the inappropriate use of restraints or seclusion.
- Include training in leadership, self-advocacy, and self-determination for individuals with developmental disabilities, their families, and their guardians to ensure that those individuals -
    - Will not experience abuse, neglect, sexual or financial exploitation, or violation of legal or human rights; and will not be subject to the inappropriate use of restraints or seclusion.
- Includes activities related to interagency coordination and systems integration that result in improved and enhanced services, supports, and other assistance that contribute to and protect the self- determination, independence, productivity, and integration, and inclusion in all facets of community life, of individuals with developmental disabilities.

Childcare related activities

- Advocacy, capacity building, and systemic-change activities that result in families of children with developmental disabilities having access to and use of child-care services, including before-school, after-school, and out-of-school services, in their communities.

Education and Early Intervention related activities

- Advocacy, capacity building, and system change activities that result in individuals with DD being able to access appropriate supports and modifications, when necessary, to maximize their educational potential, to benefit from lifelong educational activities, and to be integrated and included in all facets of student life.

- Advocacy, capacity building, and systemic change activities provided to individuals (birth to 9) and their families to enhance the development of their potential; and the capacity of families to meet the special needs of the individuals.

Employment related activities

- Advocacy, capacity building, and systemic change activities that result in individuals with DD acquiring, retaining, or advancing in paid employment, including supported employment or self-employment in integrated settings in a community.

Health related activities

- Advocacy, capacity building, and systemic change activities that result in individuals with DD having access to and use of coordinated health, dental, mental health, and other human and social services, including prevention activities, in their communities.

Housing related activities

- Advocacy, capacity building, and systemic change activities that result in individuals have access to and use of housing and housing supports and services in their communities, including assistance related to renting, owning, or modifying an apartment or home.

Recreation related activities

- Advocacy, capacity building, and systemic change activities that result in individuals with DD having access to and use of recreational, leisure, and social activities in their communities.

Transportation related activities

- Advocacy, capacity building, and systemic change activities that result in individuals with developmental disabilities having access to and use of transportation

Formal and Informal Community Supports

- Advocacy, capacity building, and systemic change activities that result in individuals with DD having access to and use of other services available and offered to individuals in a community, including formal and informal community supports that affect their quality of life.

DD Act Final Rule 2015

The rule provides additional guidance for implementing the Developmental Disabilities Assistance and Bill of Rights Act (DD Act). It accounts for the many changes included in the 2000 DD Act reauthorization and addresses some of the most common barriers and roadblocks DD Act programs face in seeking to translate Congress' charge into programs that have a real impact. With these issues clarified, DD Act programs can devote less time and money to understanding and defending what the law allows them to do and devote more resources to supporting people with developmental disabilities and their families.

Below are a couple of notable provisions:

- Recognizing that Demonstration Projects conducted by State Councils on Developmental Disabilities are intended "to demonstrate new approaches," the rule sets limits on the duration of these projects while building in some flexibility and outlining when projects can exceed these limits.

- The final rule provides updated definitions for DD Act programs. For example, a flexible definition of “service provider” recognizes that how and where people with developmental disabilities receive services is constantly changing.

Three major definitions were added:

Advocacy activities

The term “advocacy activities” means active support of policies and practices that promote systems change efforts and other activities that further advance self-determination and inclusion in all aspects of community living (including housing, education, employment, and other aspects) for individuals with developmental disabilities, and their families.

Capacity building activities. The term “capacity building activities” means activities (e.g., training, and technical assistance) that expand and/or improve the ability of individuals with developmental disabilities, families, supports, services and/or systems to promote, support and enhance self-determination, independence, productivity, and inclusion in community life.

Systemic change activities. The term “systemic change activities” means a sustainable, transferable, and replicable change in some aspect of service or support availability, design or delivery that promotes positive or meaningful outcomes for individuals with developmental disabilities and their families.

DD Act - Council Responsibilities

The DD Act includes Council responsibilities in Title B. Below is a list of responsibilities.

- Serve as an advocate for individuals with developmental disabilities.
- Conduct or support programs, projects and. activities that improve the quality of life of individuals with disabilities
- Develop a state plan.
- Implement the state plan.
- Monitor progress of the state plan and adapt it as necessary and appropriate.

- Periodically review the designated state agency.
- Report activities to ACL/AoD/OIDD.
- Prepare, approve, and implement a budget using the amount provided to it.
- Recruit and hire a director consistent with state/territory law.
- Have staff that assists the DD Council in carrying out its responsibilities.
- Annually evaluate the Director.
- Establish or strengthen a program for the direct funding of a State self- advocacy organization led by individuals with developmental disabilities; support opportunities for individuals with developmental disabilities who are considered leaders to provide leadership training to individuals with developmental disabilities who may become leaders; and support and expand participation of individuals with developmental disabilities in cross- disability and culturally diverse leadership coalitions.

Federal Reports

A primary role of DD Council staff is to develop and submit required federal reports. There are several reports due each year, below we are highlighting the 5-year plan and the annual program performance report. There are other required reports and your Executive Director ensures all reports are prepared and submitted.

5-Year State Plan

DD Councils are required to create a 5-year State Plan that includes all required components identified in the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (PL 106-402) (the DD Act).

Throughout the planning, DD Councils should keep in mind four key concepts:

1. DD Council member engagement in the planning process
2. Collaboration with the DD Network and other partners
3. Stakeholder input on state needs and the proposed plan

4. The use of data for planning purposes

These four concepts are critical to developing the State plan. The DD Act empowers DD Council members to be the driving force behind the State plan. Throughout the planning process, strategies should be used to fully support and involve members in all aspects of developing the plan.

In addition to DD Council member involvement, DD Councils understand and appreciate the importance of collaborating with others in all aspects of their work, including the development of the State plan. Such collaboration allows for DD Councils to ensure various perspectives, needs, and priorities are included in the State plan.
DD Councils should solicit and consider the public's view on service gaps and priorities, as well as how well the DD Council's proposed plan addresses state needs.

Finally, the DD Act calls for "data-drive strategic planning". Data is an important source of information for DD Councils in the strategic development of the Five-Year State Plan. Data can be used to inform the DD Council's Comprehensive Review and Analysis of the availability of and the need for services, supports, and other assistance in the state. Data can also be used as the basis for developing the goals in the DD Council's Five-Year State Plan and for evaluating the results of DD Council efforts.

To assist DD Councils with the 5-year State Plan Development process, several resources are available.

State Plan Amendments and Updates

Annually, DD Councils must submit amendments and/or updates to their 5-Year State Plan.

It is important to understand the difference between a state plan amendment and a state plan update. A state plan amendment is a major change of a 5-year goal that alters the intent of the original goal. Amendments are due August 15th of each year for the following federal fiscal year and the Executive Director must notify their assigned ACL programmatic contact about the intent to amend the Councils state plan and determine if an amendment is needed.

State plan and annual work plan calls for several required updates such as contact information changes, membership changes, staff member changes, and the projected Council budget for the fiscal year. Resources to assist you with this process can be found by clicking this link (State plan updates) to access available resources. Additional updates often include minor grammatical changes to 5-year goals and other components of the plan such as objectives, activities, expected outcomes, evaluation, etc. and are due January 1 of each year for the current federal fiscal year.

State plan amendments require full Council approval and a 45-day public comment period. State Plan updates are not subject to a 45-day public comment period, but the Council should be involved in making decisions about objectives and activities that will be conducted to implement the State plan.

Program Performance Report (PPR)

The PPR is the annual report that identifies and reports on progress achieved through advocacy, capacity building and systemic change activities of the DD Council. The PPR covers the previous year's federal fiscal activities and includes:

- ✓ The extent to which State plan goals and objectives are achieved.
- ✓ Information on the strategies, projects and activities undertaken by the DD Council during the year to achieve the objectives in the State plan.
- ✓ Factors impeding achievement.
- ✓ Needs that require amending the State plan.
- ✓ Update on the mandated self-advocacy goal.
- ✓ Consumer/customer satisfaction with DD Council supported or conducted activities (data reported within performance measures).

There are 6 reporting sections in the PPR.

Section I – Identification
Section II – Comprehensive Review and Analysis Update
Section III – State Plan Implementation
Section IV – Progress Report
Section V – Council Financial Information
Section VI – Measures of Network Collaboration

Resources can be found at www.itacchelp.org under the tab: Federal Reporting and >Program Performance Report.

ACL/AoD/OIDD created a DD Council self-check tool for your use in reviewing and submitting your narratives. The self-check tool can be found here.

Summary of PPR Reporting Sections

Section I: The purpose of the section is to provide contact information for the Council; Information for the Designated State Agency (DSA); other information is requested or imported directly on the report for verification or editing.

Section II: The purpose of this section is to provide an update on the comprehensive review and analysis included in the State plan. The DD Act requires annual descriptions about the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities receive in Intermediate Care Facilities and through Home and Community Based waivers.

Section III: The purpose of this section is to provide the context of what will be reported in the PPR. Section III is comprised of three reporting areas:

- Introduction.
- Evaluation of State plan implementation.
- Input on National Priorities.

Section IV: The purpose of this section is to provide a detailed progress report on goals, objectives, and performance measure outputs and outcomes for the federal fiscal year. Information on consumer/customer satisfaction with Council supported or conducted activities is reported in the performance measure area of the report.

Section V: The purpose of this section is to identify the obligation and liquidation status for the three federal fiscal years of funds. The information submitted is for programmatic purposes only and is not a replacement for other required financial reports.

Section VI: The purpose of this section is to discuss collaborative efforts with specific DD Network partners and other collaborators. The information in this section is separate from the planned DD Network Collaboration goal and/or objective(s).

Verity Analytics system

Councils submit their Five-year State Plan, all subsequent State plan amendments or State plan updates, and the annual Program Performance Report in the Verity Analytics system.

Check in with your Executive Director for access and permissions.

Background on the reporting system:

Human Services Research Institute (HSRI) was hired by the Administration for Community Living (ACL) to develop the online reporting system using HSRI's Verity Analytics Platform.

All 56 Councils on Developmental Disabilities enter five-year plans, annual work plans, and program performance reports in this system.

Basic Roles and Responsibilities of Council members and staff

In general, someone serving as a Council member has three duties:

- To provide direction for the program (this comes in the form of developing a state plan, and then working toward the implementation of the plan – providing guidance to the Director about the direction of the Council program.
- To provide oversight of the Council program (is the direction the Council provided being implemented?)
- To make funding decisions.

Council staff members also have a primary role. The Council has one staff person – the Executive Director. The role of other staff members is to help the Director implement the directives set by the Council.

Basic responsibilities of Council members:

- **Determine mission.**
    - This is a best practice. The DD Act provides the purpose of a Council, and the Council can develop a vision and mission statement to guide their work.

- **Select the Executive Director.**
    - This is a requirement. The DD Council is required to follow all applicable policies and procedures set forth by the State and abide by all employment and hiring laws.

- **Support and Annually Evaluate the Director.**

  - This is a requirement and must be done annually. The Council determines how the evaluation will be conducted in coordination with the evaluation policies and procedures that are required by the DSA and State Personnel (as it applies).

- **Ensure Effective Planning.**
  - This is a requirement. Members should actively participate in the overall planning process for the 5-year State plan. The "how" is a Council decision.

- **Implement and monitor the 5-Year Plan.**
  - This is a requirement. The DD Council staff prepares a status report of activities taken up by council staff, council grantees, and others related to the implementation of the State plan. Council members demonstrate active participation by providing leadership and guidance for the overall direction of the plan, the approval of funding, the creation of initiatives and funding ideas, and through the on-going monitoring of what happened because of the DD Council's investment of time and money. Council staff "do" the work.

- **Approve budget; provide oversight.**
  - This is a requirement. Through the development of a budget (deciding where resources will be prioritized for the fiscal year in concert with the state plan), approval of the budget (full Council vote), and implementation of the budget (funding grant proposals, contracts, or other things to implement the plan activities), the DD Council members can fulfill this requirement.

- **Build a Competent Council.**
  - This is a best practice. A healthy leadership body regularly engages in succession planning – a fancy term for identifying other citizens of the State who would be good DD Council members; providing orientation, training, and mentorship for; and from time-to-time, evaluate individual and overall DD Council membership effectiveness.

- **Ensure Legal and Ethical Integrity.**
  - The DD Act requires that each DD Council has conflict of interest policies in place and that care is taken to ensure DD Council members do not have a real or perceived conflict of interest when engaged in DD Council business.
  - DD Council staff and members should be knowledgeable about legal and ethical requirements for public officials (Council members are considered

    - a public official because they make decisions on behalf of the public and use public funds).

- **Enhance the DD Council’s Public Standing.**
    - This is a best practice. DD Council members are leaders within the State. It is important for members to learn all they can about the Council’s purpose, past accomplishments, and future goals so that they can be an effective ambassador for the DD Council.

Overall – as individual members work as a Council; the responsibility is to the whole – meaning individual members have no power and the authority and decisions come from the Council as a whole.

Members deliberate, debate and can respectfully disagree with one another regarding an issue. Once a vote is taken, Council members should support the DD Council’s decision even if a member voted against it. Being divided depreciates the quality and clarity of the DD Council’s voice.

Council staff – What does the DD Act say?

- The Council shall hire a Director and supervise and annually evaluate the Director.

- <u>The Director shall hire and maintain types of staff </u>to carry out the functions of the Council.

- The Director supervises and evaluates Council staff.

Note: The Director works directly for the Council and is supervised by the Council; the Council staff works directly for the Director and is supervised by the Director

The Council member – staff partnership

- Staff members share the vision of the Council.
- Council members provide leadership and guidance for Council activities.
- Staff provide meaningful, relevant information and assistance to the Council.
- Staff are the Council member’s partner.
- Council members are the staff’s partner.
- Council members are responsible for ONE staff member. The Executive Director.

Council member responsibilities to staff

Council members approve the annual budget. The annual budget includes salary and wages, benefits, and other related staff costs.

Council members do not have supervisory responsibilities for any staff other than the Executive Director.

Council members do not participate in the annual evaluation of Council staff other than the Executive Director.

DD Council staff have standard procedures to follow within a state system. If Council staff have complaints or concerns, the staff member must follow State personnel policies and procedures.

Council members are encouraged to re-direct Council staff to follow the proper channels to resolve any problem.

Resources

The itacchelp.org website is a resource for Council staff, members, and Directors. Council staff can find resources on federal reports, performance measures, financial operations, match/cost sharing, obligation/liquidation, systems change, diversity, inclusion, cultural and linguistic competence and equity, the evaluation project, publications (TA News Brief, Notable FAQs, and special products), event materials (Peer-to-Peer, webinars), and more. If you are looking for a specific topic and cannot locate a resource, simply reach out to your TA staff members for help (cmoon@nacdd.org or smatney@nacdd.org)

Council staff can sign up to receive the monthly TA News Brief and Notable FAQ documents and subscribe to the ITACC list-serve. Visit the homepage @itacchelp.org, scroll down to subscribe.

There are a few online courses available to you with a certificate of completion available. Systems Change and a series of fiscal courses are currently available. The ITACC is adding more courses in FFY 2023.

What is the Developmental Disabilities Act?

The Developmental Disabilities Assistance and Bill of Rights Act (DD Act) is a law that describes the rights of people with developmental disabilities and their families to participate fully in their communities.

The goal of the DD Act is to make sure decisions about people with disabilities are made with their input.

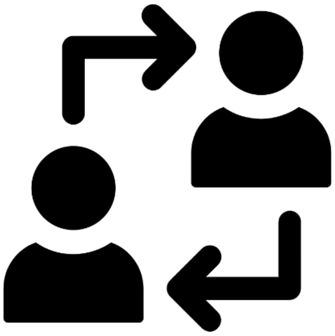
The Act creates three programs to help people with disabilities.

First, are what we call UCEDDs. This stands for University Centers for Excellence in Developmental Disabilities. Every state has at least one UCEDD, at a University.

The UCEDD studies how to make the lives of people with disabilities better.

The UCEDD helps people who want to work with people with disabilities learn about the best ways to help.

They also help the community to understand the important roles people with disabilities have.



Second, each state has a DD Council. These are groups of people who work to change the lives of people with disabilities.

The DD Council might help you by asking questions about how your life could be better, and what your community can do to help.

The DD Council also works with other groups of people, like in schools, to look for ways to make it easier to learn.

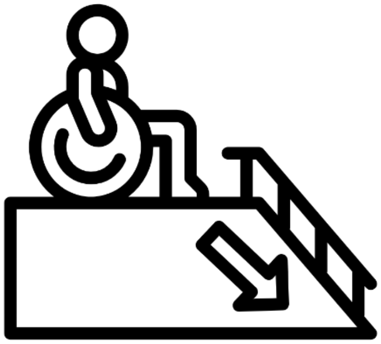
The DD Council also works with people with disabilities to help them understand how they can be a better advocate for themselves. An advocate is someone who stands up for themselves and the things that are important to them.

Third, each state has an office of Protection & Advocacy.

This office provides help when people with disabilities are not treated fairly.

They also watch places like group homes, to make sure everyone is safe and healthy.

What can Congress Do to Support People with Disabilities?



Congress needs to know more about what stops people with disabilities from working, going to school, and living in the community.

More money in these programs means more support for people with disabilities.

This document was funded by the Administration on Community Living through technical assistance contract # HHSP233201600066C. The contents do not necessarily reflect the views or policies of the Administration on Community Living, US Department of Health and Human Services, or the US Government.

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Public Law 106–402
106th Congress

An Act

To improve service systems for individuals with developmental disabilities, and for other purposes.

Oct. 30, 2000
[S. 1809]

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

Developmental Disabilities Assistance and Bill of Rights Act of 2000.
42 USC 15001 note.

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Developmental Disabilities Assistance and Bill of Rights Act of 2000”.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

TITLE I—PROGRAMS FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

Subtitle A—General Provisions

42 USC 15001.

SEC. 101. FINDINGS, PURPOSES, AND POLICY.

(a) FINDINGS.—Congress finds that—

(1) disability is a natural part of the human experience that does not diminish the right of individuals with developmental disabilities to live independently, to exert control and choice over their own lives, and to fully participate in and contribute to their communities through full integration and inclusion in the economic, political, social, cultural, and educational mainstream of United States society;

(2) in 1999, there were between 3,200,000 and 4,500,000 individuals with developmental disabilities in the United States, and recent studies indicate that individuals with developmental disabilities comprise between 1.2 and 1.65 percent of the United States population;

(3) individuals whose disabilities occur during their developmental period frequently have severe disabilities that are likely to continue indefinitely;

(4) individuals with developmental disabilities often encounter discrimination in the provision of critical services, such as services in the areas of emphasis (as defined in section 102);

(5) individuals with developmental disabilities are at greater risk than the general population of abuse, neglect,

financial and sexual exploitation, and the violation of their legal and human rights;

(6) a substantial portion of individuals with developmental disabilities and their families do not have access to appropriate support and services, including access to assistive technology, from generic and specialized service systems, and remain unserved or underserved;

(7) individuals with developmental disabilities often require lifelong community services, individualized supports, and other forms of assistance, that are most effective when provided in a coordinated manner;

(8) there is a need to ensure that services, supports, and other assistance are provided in a culturally competent manner, that ensures that individuals from racial and ethnic minority backgrounds are fully included in all activities provided under this title;

(9) family members, friends, and members of the community can play an important role in enhancing the lives of individuals with developmental disabilities, especially when the family members, friends, and community members are provided with the necessary community services, individualized supports, and other forms of assistance;

(10) current research indicates that 88 percent of individuals with developmental disabilities live with their families or in their own households;

(11) many service delivery systems and communities are not prepared to meet the impending needs of the 479,862 adults with developmental disabilities who are living at home with parents who are 60 years old or older and who serve as the primary caregivers of the adults;

(12) in almost every State, individuals with developmental disabilities are waiting for appropriate services in their communities, in the areas of emphasis;

(13) the public needs to be made more aware of the capabilities and competencies of individuals with developmental disabilities, particularly in cases in which the individuals are provided with necessary services, supports, and other assistance;

(14) as increasing numbers of individuals with developmental disabilities are living, learning, working, and participating in all aspects of community life, there is an increasing need for a well trained workforce that is able to provide the services, supports, and other forms of direct assistance required to enable the individuals to carry out those activities;

(15) there needs to be greater effort to recruit individuals from minority backgrounds into professions serving individuals with developmental disabilities and their families;

(16) the goals of the Nation properly include a goal of providing individuals with developmental disabilities with the information, skills, opportunities, and support to—

(A) make informed choices and decisions about their lives;

(B) live in homes and communities in which such individuals can exercise their full rights and responsibilities as citizens;

(C) pursue meaningful and productive lives;

(D) contribute to their families, communities, and States, and the Nation;

(E) have interdependent friendships and relationships with other persons;

(F) live free of abuse, neglect, financial and sexual exploitation, and violations of their legal and human rights; and

(G) achieve full integration and inclusion in society, in an individualized manner, consistent with the unique strengths, resources, priorities, concerns, abilities, and capabilities of each individual; and

(17) as the Nation, States, and communities maintain and expand community living options for individuals with developmental disabilities, there is a need to evaluate the access to those options by individuals with developmental disabilities and the effects of those options on individuals with developmental disabilities.

(b) PURPOSE.—The purpose of this title is to assure that individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life, through culturally competent programs authorized under this title, including specifically—

(1) State Councils on Developmental Disabilities in each State to engage in advocacy, capacity building, and systemic change activities that—

(A) are consistent with the purpose described in this subsection and the policy described in subsection (c); and

(B) contribute to a coordinated, consumer- and family-centered, consumer- and family-directed, comprehensive system that includes needed community services, individualized supports, and other forms of assistance that promote self-determination for individuals with developmental disabilities and their families;

(2) protection and advocacy systems in each State to protect the legal and human rights of individuals with developmental disabilities;

(3) University Centers for Excellence in Developmental Disabilities Education, Research, and Service—

(A) to provide interdisciplinary pre-service preparation and continuing education of students and fellows, which may include the preparation and continuing education of leadership, direct service, clinical, or other personnel to strengthen and increase the capacity of States and communities to achieve the purpose of this title;

(B) to provide community services—

(i) that provide training and technical assistance for individuals with developmental disabilities, their families, professionals, paraprofessionals, policymakers, students, and other members of the community; and

(ii) that may provide services, supports, and assistance for the persons described in clause (i) through demonstration and model activities;

(C) to conduct research, which may include basic or applied research, evaluation, and the analysis of public policy in areas that affect or could affect, either positively or negatively, individuals with developmental disabilities and their families; and

(D) to disseminate information related to activities undertaken to address the purpose of this title, especially dissemination of information that demonstrates that the network authorized under this subtitle is a national and international resource that includes specific substantive areas of expertise that may be accessed and applied in diverse settings and circumstances; and

(4) funding for—

(A) national initiatives to collect necessary data on issues that are directly or indirectly relevant to the lives of individuals with developmental disabilities;

(B) technical assistance to entities who engage in or intend to engage in activities consistent with the purpose described in this subsection or the policy described in subsection (c); and

(C) other nationally significant activities.

(c) POLICY.—It is the policy of the United States that all programs, projects, and activities receiving assistance under this title shall be carried out in a manner consistent with the principles that—

(1) individuals with developmental disabilities, including those with the most severe developmental disabilities, are capable of self-determination, independence, productivity, and integration and inclusion in all facets of community life, but often require the provision of community services, individualized supports, and other forms of assistance;

(2) individuals with developmental disabilities and their families have competencies, capabilities, and personal goals that should be recognized, supported, and encouraged, and any assistance to such individuals should be provided in an individualized manner, consistent with the unique strengths, resources, priorities, concerns, abilities, and capabilities of such individuals;

(3) individuals with developmental disabilities and their families are the primary decisionmakers regarding the services and supports such individuals and their families receive, including regarding choosing where the individuals live from available options, and play decisionmaking roles in policies and programs that affect the lives of such individuals and their families;

(4) services, supports, and other assistance should be provided in a manner that demonstrates respect for individual dignity, personal preferences, and cultural differences;

(5) specific efforts must be made to ensure that individuals with developmental disabilities from racial and ethnic minority backgrounds and their families enjoy increased and meaningful opportunities to access and use community services, individualized supports, and other forms of assistance available to other individuals with developmental disabilities and their families;

(6) recruitment efforts in disciplines related to developmental disabilities relating to pre-service training, community training, practice, administration, and policymaking must focus on bringing larger numbers of racial and ethnic minorities

into the disciplines in order to provide appropriate skills, knowledge, role models, and sufficient personnel to address the growing needs of an increasingly diverse population;

(7) with education and support, communities can be accessible to and responsive to the needs of individuals with developmental disabilities and their families and are enriched by full and active participation in community activities, and contributions, by individuals with developmental disabilities and their families;

(8) individuals with developmental disabilities have access to opportunities and the necessary support to be included in community life, have interdependent relationships, live in homes and communities, and make contributions to their families, communities, and States, and the Nation;

(9) efforts undertaken to maintain or expand community-based living options for individuals with disabilities should be monitored in order to determine and report to appropriate individuals and entities the extent of access by individuals with developmental disabilities to those options and the extent of compliance by entities providing those options with quality assurance standards;

(10) families of children with developmental disabilities need to have access to and use of safe and appropriate child care and before-school and after-school programs, in the most integrated settings, in order to enrich the participation of the children in community life;

(11) individuals with developmental disabilities need to have access to and use of public transportation, in order to be independent and directly contribute to and participate in all facets of community life; and

(12) individuals with developmental disabilities need to have access to and use of recreational, leisure, and social opportunities in the most integrated settings, in order to enrich their participation in community life.

42 USC 15002.

SEC. 102. DEFINITIONS.

In this title:

(1) AMERICAN INDIAN CONSORTIUM.—The term “American Indian Consortium” means any confederation of 2 or more recognized American Indian tribes, created through the official action of each participating tribe, that has a combined total resident population of 150,000 enrolled tribal members and a contiguous territory of Indian lands in 2 or more States.

(2) AREAS OF EMPHASIS.—The term “areas of emphasis” means the areas related to quality assurance activities, education activities and early intervention activities, child care-related activities, health-related activities, employment-related activities, housing-related activities, transportation-related activities, recreation-related activities, and other services available or offered to individuals in a community, including formal and informal community supports, that affect their quality of life.

(3) ASSISTIVE TECHNOLOGY DEVICE.—The term “assistive technology device” means any item, piece of equipment, or product system, whether acquired commercially, modified or customized, that is used to increase, maintain, or improve

functional capabilities of individuals with developmental disabilities.

(4) ASSISTIVE TECHNOLOGY SERVICE.—The term "assistive technology service" means any service that directly assists an individual with a developmental disability in the selection, acquisition, or use of an assistive technology device. Such term includes—

(A) conducting an evaluation of the needs of an individual with a developmental disability, including a functional evaluation of the individual in the individual's customary environment;

(B) purchasing, leasing, or otherwise providing for the acquisition of an assistive technology device by an individual with a developmental disability;

(C) selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing or replacing an assistive technology device;

(D) coordinating and using another therapy, intervention, or service with an assistive technology device, such as a therapy, intervention, or service associated with an education or rehabilitation plan or program;

(E) providing training or technical assistance for an individual with a developmental disability, or, where appropriate, a family member, guardian, advocate, or authorized representative of an individual with a developmental disability; and

(F) providing training or technical assistance for professionals (including individuals providing education and rehabilitation services), employers, or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of, an individual with developmental disabilities.

(5) CENTER.—The term "Center" means a University Center for Excellence in Developmental Disabilities Education, Research, and Service established under subtitle D.

(6) CHILD CARE-RELATED ACTIVITIES.—The term "child care-related activities" means advocacy, capacity building, and systemic change activities that result in families of children with developmental disabilities having access to and use of child care services, including before-school, after-school, and out-of-school services, in their communities.

(7) CULTURALLY COMPETENT.—The term "culturally competent", used with respect to services, supports, or other assistance, means services, supports, or other assistance that is conducted or provided in a manner that is responsive to the beliefs, interpersonal styles, attitudes, language, and behaviors of individuals who are receiving the services, supports, or other assistance, and in a manner that has the greatest likelihood of ensuring their maximum participation in the program involved.

(8) DEVELOPMENTAL DISABILITY.—

(A) IN GENERAL.—The term "developmental disability" means a severe, chronic disability of an individual that—

(i) is attributable to a mental or physical impairment or combination of mental and physical impairments;

(ii) is manifested before the individual attains age 22;

(iii) is likely to continue indefinitely;

(iv) results in substantial functional limitations in 3 or more of the following areas of major life activity:

(I) Self-care.

(II) Receptive and expressive language.

(III) Learning.

(IV) Mobility.

(V) Self-direction.

(VI) Capacity for independent living.

(VII) Economic self-sufficiency; and

(v) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

(B) INFANTS AND YOUNG CHILDREN.—An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting 3 or more of the criteria described in clauses (i) through (v) of subparagraph (A) if the individual, without services and supports, has a high probability of meeting those criteria later in life.

(9) EARLY INTERVENTION ACTIVITIES.—The term "early intervention activities" means advocacy, capacity building, and systemic change activities provided to individuals described in paragraph (8)(B) and their families to enhance—

(A) the development of the individuals to maximize their potential; and

(B) the capacity of families to meet the special needs of the individuals.

(10) EDUCATION ACTIVITIES.—The term "education activities" means advocacy, capacity building, and systemic change activities that result in individuals with developmental disabilities being able to access appropriate supports and modifications when necessary, to maximize their educational potential, to benefit from lifelong educational activities, and to be integrated and included in all facets of student life.

(11) EMPLOYMENT-RELATED ACTIVITIES.—The term "employment-related activities" means advocacy, capacity building, and systemic change activities that result in individuals with developmental disabilities acquiring, retaining, or advancing in paid employment, including supported employment or self-employment, in integrated settings in a community.

(12) FAMILY SUPPORT SERVICES.—

(A) IN GENERAL.—The term "family support services" means services, supports, and other assistance, provided to families with members who have developmental disabilities, that are designed to—

(i) strengthen the family's role as primary caregiver;

(ii) prevent inappropriate out-of-the-home placement of the members and maintain family unity; and

(iii) reunite families with members who have been placed out of the home whenever possible.

(B) SPECIFIC SERVICES.—Such term includes respite care, provision of rehabilitation technology and assistive technology, personal assistance services, parent training and counseling, support for families headed by aging caregivers, vehicular and home modifications, and assistance with extraordinary expenses, associated with the needs of individuals with developmental disabilities.

(13) HEALTH-RELATED ACTIVITIES.—The term "health-related activities" means advocacy, capacity building, and systemic change activities that result in individuals with developmental disabilities having access to and use of coordinated health, dental, mental health, and other human and social services, including prevention activities, in their communities.

(14) HOUSING-RELATED ACTIVITIES.—The term "housing-related activities" means advocacy, capacity building, and systemic change activities that result in individuals with developmental disabilities having access to and use of housing and housing supports and services in their communities, including assistance related to renting, owning, or modifying an apartment or home.

(15) INCLUSION.—The term "inclusion", used with respect to individuals with developmental disabilities, means the acceptance and encouragement of the presence and participation of individuals with developmental disabilities, by individuals without disabilities, in social, educational, work, and community activities, that enables individuals with developmental disabilities to—

(A) have friendships and relationships with individuals and families of their own choice;

(B) live in homes close to community resources, with regular contact with individuals without disabilities in their communities;

(C) enjoy full access to and active participation in the same community activities and types of employment as individuals without disabilities; and

(D) take full advantage of their integration into the same community resources as individuals without disabilities, living, learning, working, and enjoying life in regular contact with individuals without disabilities.

(16) INDIVIDUALIZED SUPPORTS.—The term "individualized supports" means supports that—

(A) enable an individual with a developmental disability to exercise self-determination, be independent, be productive, and be integrated and included in all facets of community life;

(B) are designed to—

(i) enable such individual to control such individual's environment, permitting the most independent life possible;

(ii) prevent placement into a more restrictive living arrangement than is necessary; and

(iii) enable such individual to live, learn, work, and enjoy life in the community; and

(C) include—

(i) early intervention services;

(ii) respite care;

(iii) personal assistance services;

(iv) family support services;

(v) supported employment services;

(vi) support services for families headed by aging caregivers of individuals with developmental disabilities; and

(vii) provision of rehabilitation technology and assistive technology, and assistive technology services.

(17) INTEGRATION.—The term "integration", used with respect to individuals with developmental disabilities, means exercising the equal right of individuals with developmental disabilities to access and use the same community resources as are used by and available to other individuals.

(18) NOT-FOR-PROFIT.—The term "not-for-profit", used with respect to an agency, institution, or organization, means an agency, institution, or organization that is owned or operated by 1 or more corporations or associations, no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.

(19) PERSONAL ASSISTANCE SERVICES.—The term "personal assistance services" means a range of services, provided by 1 or more individuals, designed to assist an individual with a disability to perform daily activities, including activities on or off a job that such individual would typically perform if such individual did not have a disability. Such services shall be designed to increase such individual's control in life and ability to perform everyday activities, including activities on or off a job.

(20) PREVENTION ACTIVITIES.—The term "prevention activities" means activities that address the causes of developmental disabilities and the exacerbation of functional limitation, such as activities that—

(A) eliminate or reduce the factors that cause or predispose individuals to developmental disabilities or that increase the prevalence of developmental disabilities;

(B) increase the early identification of problems to eliminate circumstances that create or increase functional limitations; and

(C) mitigate against the effects of developmental disabilities throughout the lifespan of an individual.

(21) PRODUCTIVITY.—The term "productivity" means—

(A) engagement in income-producing work that is measured by increased income, improved employment status, or job advancement; or

(B) engagement in work that contributes to a household or community.

(22) PROTECTION AND ADVOCACY SYSTEM.—The term "protection and advocacy system" means a protection and advocacy system established in accordance with section 143.

(23) QUALITY ASSURANCE ACTIVITIES.—The term "quality assurance activities" means advocacy, capacity building, and systemic change activities that result in improved consumer- and family-centered quality assurance and that result in systems of quality assurance and consumer protection that—

(A) include monitoring of services, supports, and assistance provided to an individual with developmental disabilities that ensures that the individual—

(i) will not experience abuse, neglect, sexual or financial exploitation, or violation of legal or human rights; and

(ii) will not be subject to the inappropriate use of restraints or seclusion;

(B) include training in leadership, self-advocacy, and self-determination for individuals with developmental disabilities, their families, and their guardians to ensure that those individuals—

(i) will not experience abuse, neglect, sexual or financial exploitation, or violation of legal or human rights; and

(ii) will not be subject to the inappropriate use of restraints or seclusion; or

(C) include activities related to interagency coordination and systems integration that result in improved and enhanced services, supports, and other assistance that contribute to and protect the self-determination, independence, productivity, and integration and inclusion in all facets of community life, of individuals with developmental disabilities.

(24) RECREATION-RELATED ACTIVITIES.—The term "recreation-related activities" means advocacy, capacity building, and systemic change activities that result in individuals with developmental disabilities having access to and use of recreational, leisure, and social activities, in their communities.

(25) REHABILITATION TECHNOLOGY.—The term "rehabilitation technology" means the systematic application of technologies, engineering methodologies, or scientific principles to meet the needs of, and address the barriers confronted by, individuals with developmental disabilities in areas that include education, rehabilitation, employment, transportation, independent living, and recreation. Such term includes rehabilitation engineering, and the provision of assistive technology devices and assistive technology services.

(26) SECRETARY.—The term "Secretary" means the Secretary of Health and Human Services.

(27) SELF-DETERMINATION ACTIVITIES.—The term "self-determination activities" means activities that result in individuals with developmental disabilities, with appropriate assistance, having—

(A) the ability and opportunity to communicate and make personal decisions;

(B) the ability and opportunity to communicate choices and exercise control over the type and intensity of services, supports, and other assistance the individuals receive;

(C) the authority to control resources to obtain needed services, supports, and other assistance;

(D) opportunities to participate in, and contribute to, their communities; and

(E) support, including financial support, to advocate for themselves and others, to develop leadership skills, through training in self-advocacy, to participate in coalitions, to educate policymakers, and to play a role in the development of public policies that affect individuals with developmental disabilities.

(28) STATE.—The term “State”, except as otherwise provided, includes, in addition to each of the several States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

(29) STATE COUNCIL ON DEVELOPMENTAL DISABILITIES.—The term “State Council on Developmental Disabilities” means a Council established under section 125.

(30) SUPPORTED EMPLOYMENT SERVICES.—The term “supported employment services” means services that enable individuals with developmental disabilities to perform competitive work in integrated work settings, in the case of individuals with developmental disabilities—

(A)(i) for whom competitive employment has not traditionally occurred; or

(ii) for whom competitive employment has been interrupted or intermittent as a result of significant disabilities; and

(B) who, because of the nature and severity of their disabilities, need intensive supported employment services or extended services in order to perform such work.

(31) TRANSPORTATION-RELATED ACTIVITIES.—The term “transportation-related activities” means advocacy, capacity building, and systemic change activities that result in individuals with developmental disabilities having access to and use of transportation.

(32) UNSERVED AND UNDERSERVED.—The term “unserved and underserved” includes populations such as individuals from racial and ethnic minority backgrounds, disadvantaged individuals, individuals with limited English proficiency, individuals from underserved geographic areas (rural or urban), and specific groups of individuals within the population of individuals with developmental disabilities, including individuals who require assistive technology in order to participate in and contribute to community life.

42 USC 15003.

SEC. 103. RECORDS AND AUDITS.

(a) RECORDS.—Each recipient of assistance under this title shall keep such records as the Secretary shall prescribe, including—

(1) records that fully disclose—

(A) the amount and disposition by such recipient of the assistance;

(B) the total cost of the project or undertaking in connection with which such assistance is given or used; and

(C) the amount of that portion of the cost of the project or undertaking that is supplied by other sources; and

(2) such other records as will facilitate an effective audit.

(b) ACCESS.—The Secretary and the Comptroller General of the United States, or any of their duly authorized representatives, shall have access for the purpose of audit and examination to any books, documents, papers, and records of the recipients of assistance under this title that are pertinent to such assistance.

42 USC 15004.

SEC. 104. RESPONSIBILITIES OF THE SECRETARY.

(a) PROGRAM ACCOUNTABILITY.—

(1) IN GENERAL.—In order to monitor entities that received funds under this Act to carry out activities under subtitles B, C, and D and determine the extent to which the entities have been responsive to the purpose of this title and have taken actions consistent with the policy described in section 101(c), the Secretary shall develop and implement an accountability process as described in this subsection, with respect to activities conducted after October 1, 2001.

(2) AREAS OF EMPHASIS.—The Secretary shall develop a process for identifying and reporting (pursuant to section 105) on progress achieved through advocacy, capacity building, and systemic change activities, undertaken by the entities described in paragraph (1), that resulted in individuals with developmental disabilities and their families participating in the design of and having access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. Specifically, the Secretary shall develop a process for identifying and reporting on progress achieved, through advocacy, capacity building, and systemic change activities, by the entities in the areas of emphasis.

(3) INDICATORS OF PROGRESS.—

(A) IN GENERAL.—In identifying progress made by the entities described in paragraph (1) in the areas of emphasis, the Secretary, in consultation with the Commissioner of the Administration on Developmental Disabilities and the entities, shall develop indicators for each area of emphasis.

Deadline. Federal Register, publication.

(B) PROPOSED INDICATORS.—Not later than 180 days after the date of enactment of this Act, the Secretary shall develop and publish in the Federal Register for public comment proposed indicators of progress for monitoring how entities described in paragraph (1) have addressed the areas of emphasis described in paragraph (2) in a manner that is responsive to the purpose of this title and consistent with the policy described in section 101(c).

Deadline. Federal Register, publication.

(C) FINAL INDICATORS.—Not later than October 1, 2001, the Secretary shall revise the proposed indicators of progress, to the extent necessary based on public comment, and publish final indicators of progress in the Federal Register.

(D) SPECIFIC MEASURES.—At a minimum, the indicators of progress shall be used to describe and measure—

(i) the satisfaction of individuals with developmental disabilities with the advocacy, capacity building, and systemic change activities provided under subtitles B, C, and D;

(ii) the extent to which the advocacy, capacity building, and systemic change activities provided through subtitles B, C, and D result in improvements in—

(I) the ability of individuals with developmental disabilities to make choices and exert control over the type, intensity, and timing of services, supports, and assistance that the individuals have used;

(II) the ability of individuals with developmental disabilities to participate in the full range of community life with persons of the individuals' choice; and

(III) the ability of individuals with developmental disabilities to access services, supports, and assistance in a manner that ensures that such an individual is free from abuse, neglect, sexual and financial exploitation, violation of legal and human rights, and the inappropriate use of restraints and seclusion; and

(iii) the extent to which the entities described in paragraph (1) collaborate with each other to achieve the purpose of this title and the policy described in section 101(c).

(4) TIME LINE FOR COMPLIANCE WITH INDICATORS OF PROGRESS.—The Secretary shall require entities described in paragraph (1) to meet the indicators of progress described in paragraph (3). For fiscal year 2002 and each year thereafter, the Secretary shall apply the indicators in monitoring entities described in paragraph (1), with respect to activities conducted after October 1, 2001.

Deadline.

(b) TIME LINE FOR REGULATIONS.—Except as otherwise expressly provided in this title, the Secretary, not later than 1 year after the date of enactment of this Act, shall promulgate such regulations as may be required for the implementation of this title.

(c) INTERAGENCY COMMITTEE.—

(1) IN GENERAL.—The Secretary shall maintain the interagency committee authorized in section 108 of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6007) as in effect on the day before the date of enactment of this Act, except as otherwise provided in this subsection.

(2) COMPOSITION.—The interagency committee shall be composed of representatives of—

(A) the Administration on Developmental Disabilities, the Administration on Children, Youth, and Families, the Administration on Aging, and the Health Resources and Services Administration, of the Department of Health and Human Services; and

(B) such other Federal departments and agencies as the Secretary of Health and Human Services considers to be appropriate.

(3) DUTIES.—Such interagency committee shall meet regularly to coordinate and plan activities conducted by Federal departments and agencies for individuals with developmental disabilities.

Federal Register, publication. Deadline.

(4) MEETINGS.—Each meeting of the interagency committee (except for any meetings of any subcommittees of the committee) shall be open to the public. Notice of each meeting, and a statement of the agenda for the meeting, shall be published in the Federal Register not later than 14 days before the date on which the meeting is to occur.

42 USC 15005.

SEC. 105. REPORTS OF THE SECRETARY.

At least once every 2 years, the Secretary, using information submitted in the reports and information required under subtitles

B, C, D, and E, shall prepare and submit to the President, Congress, and the National Council on Disability, a report that describes the goals and outcomes of programs supported under subtitles B, C, D, and E. In preparing the report, the Secretary shall provide—

(1) meaningful examples of how the councils, protection and advocacy systems, centers, and entities funded under subtitles B, C, D, and E, respectively—

(A) have undertaken coordinated activities with each other;

(B) have enhanced the ability of individuals with developmental disabilities and their families to participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life;

(C) have brought about advocacy, capacity building, and systemic change activities (including policy reform), and other actions on behalf of individuals with developmental disabilities and their families, including individuals who are traditionally unserved or underserved, particularly individuals who are members of ethnic and racial minority groups and individuals from underserved geographic areas; and

(D) have brought about advocacy, capacity building, and systemic change activities that affect individuals with disabilities other than individuals with developmental disabilities;

(2) information on the extent to which programs authorized under this title have addressed—

(A) protecting individuals with developmental disabilities from abuse, neglect, sexual and financial exploitation, and violations of legal and human rights, so that those individuals are at no greater risk of harm than other persons in the general population; and

(B) reports of deaths of and serious injuries to individuals with developmental disabilities; and

(3) a summary of any incidents of noncompliance of the programs authorized under this title with the provisions of this title, and corrections made or actions taken to obtain compliance.

SEC. 106. STATE CONTROL OF OPERATIONS.

42 USC 15006.

Except as otherwise specifically provided, nothing in this title shall be construed as conferring on any Federal officer or employee the right to exercise any supervision or control over the administration, personnel, maintenance, or operation of any programs, services, and supports for individuals with developmental disabilities with respect to which any funds have been or may be expended under this title.

SEC. 107. EMPLOYMENT OF INDIVIDUALS WITH DISABILITIES.

42 USC 15007.

As a condition of providing assistance under this title, the Secretary shall require that each recipient of such assistance take affirmative action to employ and advance in employment qualified individuals with disabilities on the same terms and conditions required with respect to the employment of such individuals under the provisions of title V of the Rehabilitation Act of 1973 (29

U.S.C. 791 et seq.) and the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), that govern employment.

42 USC 15008.

SEC. 108. CONSTRUCTION.

Nothing in this title shall be construed to preclude an entity funded under this title from engaging in advocacy, capacity building, and systemic change activities for individuals with developmental disabilities that may also have a positive impact on individuals with other disabilities.

42 USC 15009.

SEC. 109. RIGHTS OF INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES.

(a) IN GENERAL.—Congress makes the following findings respecting the rights of individuals with developmental disabilities:

(1) Individuals with developmental disabilities have a right to appropriate treatment, services, and habilitation for such disabilities, consistent with section 101(c).

(2) The treatment, services, and habitation for an individual with developmental disabilities should be designed to maximize the potential of the individual and should be provided in the setting that is least restrictive of the individual's personal liberty.

(3) The Federal Government and the States both have an obligation to ensure that public funds are provided only to institutional programs, residential programs, and other community programs, including educational programs in which individuals with developmental disabilities participate, that—

(A) provide treatment, services, and habilitation that are appropriate to the needs of such individuals; and

(B) meet minimum standards relating to—

(i) provision of care that is free of abuse, neglect, sexual and financial exploitation, and violations of legal and human rights and that subjects individuals with developmental disabilities to no greater risk of harm than others in the general population;

(ii) provision to such individuals of appropriate and sufficient medical and dental services;

(iii) prohibition of the use of physical restraint and seclusion for such an individual unless absolutely necessary to ensure the immediate physical safety of the individual or others, and prohibition of the use of such restraint and seclusion as a punishment or as a substitute for a habilitation program;

(iv) prohibition of the excessive use of chemical restraints on such individuals and the use of such restraints as punishment or as a substitute for a habilitation program or in quantities that interfere with services, treatment, or habilitation for such individuals; and

(v) provision for close relatives or guardians of such individuals to visit the individuals without prior notice.

(4) All programs for individuals with developmental disabilities should meet standards—

(A) that are designed to assure the most favorable possible outcome for those served; and

(B)(i) in the case of residential programs serving individuals in need of comprehensive health-related, habilitative, assistive technology or rehabilitative services, that are at least equivalent to those standards applicable to intermediate care facilities for the mentally retarded, promulgated in regulations of the Secretary on June 3, 1988, as appropriate, taking into account the size of the institutions and the service delivery arrangements of the facilities of the programs;

(ii) in the case of other residential programs for individuals with developmental disabilities, that assure that—

(I) care is appropriate to the needs of the individuals being served by such programs;

(II) the individuals admitted to facilities of such programs are individuals whose needs can be met through services provided by such facilities; and

(III) the facilities of such programs provide for the humane care of the residents of the facilities, are sanitary, and protect their rights; and

(iii) in the case of nonresidential programs, that assure that the care provided by such programs is appropriate to the individuals served by the programs.

(b) CLARIFICATION.—The rights of individuals with developmental disabilities described in findings made in this section shall be considered to be in addition to any constitutional or other rights otherwise afforded to all individuals.

Subtitle B—Federal Assistance to State Councils on Developmental Disabilities

SEC. 121. PURPOSE.

42 USC 15021.

The purpose of this subtitle is to provide for allotments to support State Councils on Developmental Disabilities (referred to individually in this subtitle as a “Council”) in each State to—

(1) engage in advocacy, capacity building, and systemic change activities that are consistent with the purpose described in section 101(b) and the policy described in section 101(c); and

(2) contribute to a coordinated, consumer- and family-centered, consumer- and family-directed, comprehensive system of community services, individualized supports, and other forms of assistance that enable individuals with developmental disabilities to exercise self-determination, be independent, be productive, and be integrated and included in all facets of community life.

SEC. 122. STATE ALLOTMENTS.

42 USC 15022.

(a) ALLOTMENTS.—

(1) IN GENERAL.—

(A) AUTHORITY.—For each fiscal year, the Secretary shall, in accordance with regulations and this paragraph, allot the sums appropriated for such year under section 129 among the States on the basis of—

(i) the population;

(ii) the extent of need for services for individuals with developmental disabilities; and

(iii) the financial need,

of the respective States.

(B) USE OF FUNDS.—Sums allotted to the States under this section shall be used to pay for the Federal share of the cost of carrying out projects in accordance with State plans approved under section 124 for the provision under such plans of services for individuals with developmental disabilities.

(2) ADJUSTMENTS.—The Secretary may make adjustments in the amounts of State allotments based on clauses (i), (ii), and (iii) of paragraph (1)(A) not more often than annually. The Secretary shall notify each State of any adjustment made under this paragraph and the percentage of the total sums appropriated under section 129 that the adjusted allotment represents not later than 6 months before the beginning of the fiscal year in which such adjustment is to take effect.

Deadline.

(3) MINIMUM ALLOTMENT FOR APPROPRIATIONS LESS THAN OR EQUAL TO $70,000,000.—

(A) IN GENERAL.—Except as provided in paragraph (4), for any fiscal year the allotment under this section—

(i) to each of American Samoa, Guam, the United States Virgin Islands, or the Commonwealth of the Northern Mariana Islands may not be less than $210,000; and

(ii) to any State not described in clause (i) may not be less than $400,000.

(B) REDUCTION OF ALLOTMENT.—Notwithstanding subparagraph (A), if the aggregate of the amounts to be allotted to the States pursuant to subparagraph (A) for any fiscal year exceeds the total amount appropriated under section 129 for such fiscal year, the amount to be allotted to each State for such fiscal year shall be proportionately reduced.

(4) MINIMUM ALLOTMENT FOR APPROPRIATIONS IN EXCESS OF $70,000,000.—

(A) IN GENERAL.—In any case in which the total amount appropriated under section 129 for a fiscal year is more than $70,000,000, the allotment under this section for such fiscal year—

(i) to each of American Samoa, Guam, the United States Virgin Islands, or the Commonwealth of the Northern Mariana Islands may not be less than $220,000; and

(ii) to any State not described in clause (i) may not be less than $450,000.

(B) REDUCTION OF ALLOTMENT.—The requirements of paragraph (3)(B) shall apply with respect to amounts to be allotted to States under subparagraph (A), in the same manner and to the same extent as such requirements apply with respect to amounts to be allotted to States under paragraph (3)(A).

(5) STATE SUPPORTS, SERVICES, AND OTHER ACTIVITIES.—In determining, for purposes of paragraph (1)(A)(ii), the extent of need in any State for services for individuals with developmental disabilities, the Secretary shall take into account the scope and extent of the services, supports, and assistance described, pursuant to section 124(c)(3)(A), in the State plan of the State.

(6) INCREASE IN ALLOTMENTS.—In any year in which the total amount appropriated under section 129 for a fiscal year exceeds the total amount appropriated under such section (or a corresponding provision) for the preceding fiscal year by a percentage greater than the most recent percentage change in the Consumer Price Index published by the Secretary of Labor under section 100(c)(1) of the Rehabilitation Act of 1973 (29 U.S.C. 720(c)(1)) (if the percentage change indicates an increase), the Secretary shall increase each of the minimum allotments described in paragraphs (3) and (4). The Secretary shall increase each minimum allotment by an amount that bears the same ratio to the amount of such minimum allotment (including any increases in such minimum allotment under this paragraph (or a corresponding provision) for prior fiscal years) as the amount that is equal to the difference between—

(A) the total amount appropriated under section 129 for the fiscal year for which the increase in the minimum allotment is being made; minus

(B) the total amount appropriated under section 129 (or a corresponding provision) for the immediately preceding fiscal year,

bears to the total amount appropriated under section 129 (or a corresponding provision) for such preceding fiscal year.

(b) UNOBLIGATED FUNDS.—Any amount paid to a State for a fiscal year and remaining unobligated at the end of such year shall remain available to such State for the next fiscal year for the purposes for which such amount was paid.

(c) OBLIGATION OF FUNDS.—For the purposes of this subtitle, State Interagency Agreements are considered valid obligations for the purpose of obligating Federal funds allotted to the State under this subtitle.

(d) COOPERATIVE EFFORTS BETWEEN STATES.—If a State plan approved in accordance with section 124 provides for cooperative or joint effort between or among States or agencies, public or private, in more than 1 State, portions of funds allotted to 1 or more States described in this subsection may be combined in accordance with the agreements between the States or agencies involved.

(e) REALLOTMENTS.—

(1) IN GENERAL.—If the Secretary determines that an amount of an allotment to a State for a period (of a fiscal year or longer) will not be required by the State during the period for the purpose for which the allotment was made, the Secretary may reallot the amount.

(2) TIMING.—The Secretary may make such a reallotment from time to time, on such date as the Secretary may fix, but not earlier than 30 days after the Secretary has published notice of the intention of the Secretary to make the reallotment in the Federal Register.

(3) AMOUNTS.—The Secretary shall reallot the amount to other States with respect to which the Secretary has not made that determination. The Secretary shall reallot the amount in proportion to the original allotments of the other States for such fiscal year, but shall reduce such proportionate amount for any of the other States to the extent the proportionate amount exceeds the sum that the Secretary estimates the State needs and will be able to use during such period.

(4) REALLOTMENT OF REDUCTIONS.—The Secretary shall similarly reallot the total of the reductions among the States whose proportionate amounts were not so reduced.

(5) TREATMENT.—Any amount reallotted to a State under this subsection for a fiscal year shall be deemed to be a part of the allotment of the State under subsection (a) for such fiscal year.

42 USC 15023.

SEC. 123. PAYMENTS TO THE STATES FOR PLANNING, ADMINISTRATION, AND SERVICES.

(a) STATE PLAN EXPENDITURES.—From each State's allotments for a fiscal year under section 122, the Secretary shall pay to the State the Federal share of the cost, other than the cost for construction, incurred during such year for activities carried out under the State plan approved under section 124. The Secretary shall make such payments from time to time in advance on the basis of estimates by the Secretary of the sums the State will expend for the cost under the State plan. The Secretary shall make such adjustments as may be necessary to the payments on account of previously made underpayments or overpayments under this section.

(b) DESIGNATED STATE AGENCY EXPENDITURES.—The Secretary may make payments to a State for the portion described in section 124(c)(5)(B)(vi) in advance or by way of reimbursement, and in such installments as the Secretary may determine.

42 USC 15024.

SEC. 124. STATE PLAN.

(a) IN GENERAL.—Any State desiring to receive assistance under this subtitle shall submit to the Secretary, and obtain approval of, a 5-year strategic State plan under this section.

(b) PLANNING CYCLE.—The plan described in subsection (a) shall be updated as appropriate during the 5-year period.

(c) STATE PLAN REQUIREMENTS.—In order to be approved by the Secretary under this section, a State plan shall meet each of the following requirements:

(1) STATE COUNCIL.—The plan shall provide for the establishment and maintenance of a Council in accordance with section 125 and describe the membership of such Council.

(2) DESIGNATED STATE AGENCY.—The plan shall identify the agency or office within the State designated to support the Council in accordance with this section and section 125(d) (referred to in this subtitle as a "designated State agency").

(3) COMPREHENSIVE REVIEW AND ANALYSIS.—The plan shall describe the results of a comprehensive review and analysis of the extent to which services, supports, and other assistance are available to individuals with developmental disabilities and their families, and the extent of unmet needs for services, supports, and other assistance for those individuals and their families, in the State. The results of the comprehensive review and analysis shall include—

(A) a description of the services, supports, and other assistance being provided to individuals with developmental disabilities and their families under other federally assisted State programs, plans, and policies under which the State operates and in which individuals with developmental disabilities are or may be eligible to participate, including particularly programs relating to the areas of emphasis, including—

(i) medical assistance, maternal and child health care, services for children with special health care needs, children's mental health services, comprehensive health and mental health services, and institutional care options;

(ii) job training, job placement, worksite accommodation, and vocational rehabilitation, and other work assistance programs; and

(iii) social, child welfare, aging, independent living, and rehabilitation and assistive technology services, and such other services as the Secretary may specify;

(B) a description of the extent to which agencies operating such other federally assisted State programs, including activities authorized under section 101 or 102 of the Assistive Technology Act of 1998 (29 U.S.C. 3011, 3012), pursue interagency initiatives to improve and enhance community services, individualized supports, and other forms of assistance for individuals with developmental disabilities;

(C) an analysis of the extent to which community services and opportunities related to the areas of emphasis directly benefit individuals with developmental disabilities, especially with regard to their ability to access and use services provided in their communities, to participate in opportunities, activities, and events offered in their communities, and to contribute to community life, identifying particularly—

(i) the degree of support for individuals with developmental disabilities that are attributable to either physical impairment, mental impairment, or a combination of physical and mental impairments;

(ii) criteria for eligibility for services, including specialized services and special adaptation of generic services provided by agencies within the State, that may exclude individuals with developmental disabilities from receiving services described in this clause;

(iii) the barriers that impede full participation of members of unserved and underserved groups of individuals with developmental disabilities and their families;

(iv) the availability of assistive technology, assistive technology services, or rehabilitation technology, or information about assistive technology, assistive technology services, or rehabilitation technology to individuals with developmental disabilities;

(v) the numbers of individuals with developmental disabilities on waiting lists for services described in this subparagraph;

(vi) a description of the adequacy of current resources and projected availability of future resources to fund services described in this subparagraph;

(vii) a description of the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities who are in facilities receive (based in part on each independent review (pursuant to section 1902(a)(30)(C) of the Social

Security Act (42 U.S.C. 1396a(a)(30)(C))) of an Intermediate Care Facility (Mental Retardation) within the State, which the State shall provide to the Council not later than 30 days after the availability of the review); and

(viii) to the extent that information is available, a description of the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities who are served through home and community-based waivers (authorized under section 1915(c) of the Social Security Act (42 U.S.C. 1396n(c))) receive;

(D) a description of how entities funded under subtitles C and D, through interagency agreements or other mechanisms, collaborated with the entity funded under this subtitle in the State, each other, and other entities to contribute to the achievement of the purpose of this subtitle; and

(E) the rationale for the goals related to advocacy, capacity building, and systemic change to be undertaken by the Council to contribute to the achievement of the purpose of this subtitle.

(4) PLAN GOALS.—The plan shall focus on Council efforts to bring about the purpose of this subtitle, by—

(A) specifying 5-year goals, as developed through data driven strategic planning, for advocacy, capacity building, and systemic change related to the areas of emphasis, to be undertaken by the Council, that—

(i) are derived from the unmet needs of individuals with developmental disabilities and their families identified under paragraph (3); and

(ii) include a goal, for each year of the grant, to—

(I) establish or strengthen a program for the direct funding of a State self-advocacy organization led by individuals with developmental disabilities;

(II) support opportunities for individuals with developmental disabilities who are considered leaders to provide leadership training to individuals with developmental disabilities who may become leaders; and

(III) support and expand participation of individuals with developmental disabilities in cross-disability and culturally diverse leadership coalitions; and

(B) for each year of the grant, describing—

(i) the goals to be achieved through the grant, which, beginning in fiscal year 2002, shall be consistent with applicable indicators of progress described in section 104(a)(3);

(ii) the strategies to be used in achieving each goal; and

(iii) the method to be used to determine if each goal has been achieved.

(5) ASSURANCES.—

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

(B) Use of funds.—With respect to the funds paid to the State under section 122, the plan shall provide assurances that—

(i) not less than 70 percent of such funds will be expended for activities related to the goals described in paragraph (4);

(ii) such funds will contribute to the achievement of the purpose of this subtitle in various political subdivisions of the State;

(iii) such funds will be used to supplement, and not supplant, the non-Federal funds that would otherwise be made available for the purposes for which the funds paid under section 122 are provided;

(iv) such funds will be used to complement and augment rather than duplicate or replace services for individuals with developmental disabilities and their families who are eligible for Federal assistance under other State programs;

(v) part of such funds will be made available by the State to public or private entities;

(vi) at the request of any State, a portion of such funds provided to such State under this subtitle for any fiscal year shall be available to pay up to ½ (or the entire amount if the Council is the designated State agency) of the expenditures found to be necessary by the Secretary for the proper and efficient exercise of the functions of the designated State agency, except that not more than 5 percent of such funds provided to such State for any fiscal year, or $50,000, whichever is less, shall be made available for total expenditures for such purpose by the designated State agency; and

(vii) not more than 20 percent of such funds will be allocated to the designated State agency for service demonstrations by such agency that—

(I) contribute to the achievement of the purpose of this subtitle; and

(II) are explicitly authorized by the Council.

(C) State financial participation.—The plan shall provide assurances that there will be reasonable State financial participation in the cost of carrying out the plan.

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

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

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

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

(H) HUMAN RIGHTS.—The plan shall provide assurances that the human rights of the individuals with developmental disabilities (especially individuals without familial protection) who are receiving services under programs assisted under this subtitle will be protected consistent with section 109 (relating to rights of individuals with developmental disabilities).

(I) MINORITY PARTICIPATION.—The plan shall provide assurances that the State has taken affirmative steps to assure that participation in programs funded under this subtitle is geographically representative of the State, and reflects the diversity of the State with respect to race and ethnicity.

(J) EMPLOYEE PROTECTIONS.—The plan shall provide assurances that fair and equitable arrangements (as determined by the Secretary after consultation with the Secretary of Labor) will be provided to protect the interests of employees affected by actions taken under the plan to provide community living activities, including arrangements designed to preserve employee rights and benefits and provide training and retraining of such employees where necessary, and arrangements under which maximum efforts will be made to guarantee the employment of such employees.

(K) STAFF ASSIGNMENTS.—The plan shall provide assurances that the staff and other personnel of the Council, while working for the Council, will be responsible solely for assisting the Council in carrying out the duties of the Council under this subtitle and will not be assigned duties by the designated State agency, or any other agency, office, or entity of the State.

(L) NONINTERFERENCE.—The plan shall provide assurances that the designated State agency, and any other agency, office, or entity of the State, will not interfere with the advocacy, capacity building, and systemic change activities, budget, personnel, State plan development, or plan implementation of the Council, except that the designated State agency shall have the authority necessary to carry out the responsibilities described in section 125(d)(3).

(M) STATE QUALITY ASSURANCE.—The plan shall provide assurances that the Council will participate in the planning, design or redesign, and monitoring of State quality assurance systems that affect individuals with developmental disabilities.

(N) OTHER ASSURANCES.—The plan shall contain such additional information and assurances as the Secretary may find necessary to carry out the provisions (including the purpose) of this subtitle.

(d) PUBLIC INPUT AND REVIEW, SUBMISSION, AND APPROVAL.—

(1) PUBLIC INPUT AND REVIEW.—The plan shall be based on public input. The Council shall make the plan available for public review and comment, after providing appropriate and sufficient notice in accessible formats of the opportunity for such review and comment. The Council shall revise the plan to take into account and respond to significant comments.

(2) CONSULTATION WITH THE DESIGNATED STATE AGENCY.—Before the plan is submitted to the Secretary, the Council shall consult with the designated State agency to ensure that the State plan is consistent with State law and to obtain appropriate State plan assurances.

(3) PLAN APPROVAL.—The Secretary shall approve any State plan and, as appropriate, amendments of such plan that comply with the provisions of subsections (a), (b), and (c) and this subsection. The Secretary may take final action to disapprove a State plan after providing reasonable notice and an opportunity for a hearing to the State.

SEC. 125. STATE COUNCILS ON DEVELOPMENTAL DISABILITIES AND DESIGNATED STATE AGENCIES.

42 USC 15025.

(a) IN GENERAL.—Each State that receives assistance under this subtitle shall establish and maintain a Council to undertake advocacy, capacity building, and systemic change activities (consistent with subsections (b) and (c) of section 101) that contribute to a coordinated, consumer- and family-centered, consumer- and family-directed, comprehensive system of community services, individualized supports, and other forms of assistance that contribute to the achievement of the purpose of this subtitle. The Council shall have the authority to fulfill the responsibilities described in subsection (c).

(b) COUNCIL MEMBERSHIP.—

(1) COUNCIL APPOINTMENTS.—

(A) IN GENERAL.—The members of the Council of a State shall be appointed by the Governor of the State from among the residents of that State.

(B) RECOMMENDATIONS.—The Governor shall select members of the Council, at the discretion of the Governor, after soliciting recommendations from organizations representing a broad range of individuals with developmental disabilities and individuals interested in individuals with developmental disabilities, including the non-State agency members of the Council. The Council may, at the initiative of the Council, or on the request of the Governor, coordinate Council and public input to the Governor regarding all recommendations.

(C) REPRESENTATION.—The membership of the Council shall be geographically representative of the State and reflect the diversity of the State with respect to race and ethnicity.

(2) MEMBERSHIP ROTATION.—The Governor shall make appropriate provisions to rotate the membership of the Council. Such provisions shall allow members to continue to serve on the Council until such members' successors are appointed. The Council shall notify the Governor regarding membership requirements of the Council, and shall notify the Governor when vacancies on the Council remain unfilled for a significant period of time.

(3) REPRESENTATION OF INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES.—Not less than 60 percent of the membership of each Council shall consist of individuals who are—

(A)(i) individuals with developmental disabilities;

(ii) parents or guardians of children with developmental disabilities; or

(iii) immediate relatives or guardians of adults with mentally impairing developmental disabilities who cannot advocate for themselves; and

(B) not employees of a State agency that receives funds or provides services under this subtitle, and who are not managing employees (as defined in section 1126(b) of the Social Security Act (42 U.S.C. 1320a–5(b)) of any other entity that receives funds or provides services under this subtitle.

(4) REPRESENTATION OF AGENCIES AND ORGANIZATIONS.—

(A) IN GENERAL.—Each Council shall include—

(i) representatives of relevant State entities, including—

(I) State entities that administer funds provided under Federal laws related to individuals with disabilities, including the Rehabilitation Act of 1973 (29 U.S.C. 701 et seq.), the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.), the Older Americans Act of 1965 (42 U.S.C. 3001 et seq.), and titles V and XIX of the Social Security Act (42 U.S.C. 701 et seq. and 1396 et seq.);

(II) Centers in the State; and

(III) the State protection and advocacy system; and

(ii) representatives, at all times, of local and nongovernmental agencies, and private nonprofit groups concerned with services for individuals with developmental disabilities in the State in which such agencies and groups are located.

(B) AUTHORITY AND LIMITATIONS.—The representatives described in subparagraph (A) shall—

(i) have sufficient authority to engage in policy planning and implementation on behalf of the department, agency, or program such representatives represent; and

(ii) recuse themselves from any discussion of grants or contracts for which such representatives' departments, agencies, or programs are grantees, contractors, or applicants and comply with the conflict of interest assurance requirement under section 124(c)(5)(D).

(5) COMPOSITION OF MEMBERSHIP WITH DEVELOPMENTAL DISABILITIES.—Of the members of the Council described in paragraph (3)—

(A) ⅓ shall be individuals with developmental disabilities described in paragraph (3)(A)(i);

(B) ⅓ shall be parents or guardians of children with developmental disabilities described in paragraph (3)(A)(ii), or immediate relatives or guardians of adults with developmental disabilities described in paragraph (3)(A)(iii); and

(C) ⅓ shall be a combination of individuals described in paragraph (3)(A).

(6) INSTITUTIONALIZED INDIVIDUALS.—

(A) IN GENERAL.—Of the members of the Council described in paragraph (5), at least 1 shall be an immediate relative or guardian of an individual with a developmental disability who resides or previously resided in an institution or shall be an individual with a developmental disability who resides or previously resided in an institution.

(B) LIMITATION.—Subparagraph (A) shall not apply with respect to a State if such an individual does not reside in that State.

(c) COUNCIL RESPONSIBILITIES.—

(1) IN GENERAL.—A Council, through Council members, staff, consultants, contractors, or subgrantees, shall have the responsibilities described in paragraphs (2) through (10).

(2) ADVOCACY, CAPACITY BUILDING, AND SYSTEMIC CHANGE ACTIVITIES.—The Council shall serve as an advocate for individuals with developmental disabilities and conduct or support programs, projects, and activities that carry out the purpose of this subtitle.

(3) EXAMINATION OF GOALS.—At the end of each grant year, each Council shall—

(A) determine the extent to which each goal of the Council was achieved for that year;

(B) determine to the extent that each goal was not achieved, the factors that impeded the achievement;

(C) determine needs that require amendment of the 5-year strategic State plan required under section 124;

(D) separately determine the information on the self-advocacy goal described in section 124(c)(4)(A)(ii); and

(E) determine customer satisfaction with Council supported or conducted activities.

(4) STATE PLAN DEVELOPMENT.—The Council shall develop the State plan and submit the State plan to the Secretary after consultation with the designated State agency under the State plan. Such consultation shall be solely for the purposes of obtaining State assurances and ensuring consistency of the plan with State law.

(5) STATE PLAN IMPLEMENTATION.—

(A) IN GENERAL.—The Council shall implement the State plan by conducting and supporting advocacy, capacity building, and systemic change activities such as those described in subparagraphs (B) through (L).

(B) OUTREACH.—The Council may support and conduct outreach activities to identify individuals with developmental disabilities and their families who otherwise might not come to the attention of the Council and assist and enable the individuals and families to obtain services, individualized supports, and other forms of assistance, including access to special adaptation of generic community services or specialized services.

(C) TRAINING.—The Council may support and conduct training for persons who are individuals with developmental disabilities, their families, and personnel (including professionals, paraprofessionals, students, volunteers, and other community members) to enable such persons to obtain access to, or to provide, community services, individualized supports, and other forms of assistance, including special adaptation of generic community services or specialized services for individuals with developmental disabilities and their families. To the extent that the Council supports or conducts training activities under this subparagraph, such activities shall contribute to the achievement of the purpose of this subtitle.

(D) TECHNICAL ASSISTANCE.—The Council may support and conduct technical assistance activities to assist public and private entities to contribute to the achievement of the purpose of this subtitle.

(E) SUPPORTING AND EDUCATING COMMUNITIES.—The Council may support and conduct activities to assist neighborhoods and communities to respond positively to individuals with developmental disabilities and their families—

(i) by encouraging local networks to provide informal and formal supports;

(ii) through education; and

(iii) by enabling neighborhoods and communities to offer such individuals and their families access to and use of services, resources, and opportunities.

(F) INTERAGENCY COLLABORATION AND COORDINATION.—The Council may support and conduct activities to promote interagency collaboration and coordination to better serve, support, assist, or advocate for individuals with developmental disabilities and their families.

(G) COORDINATION WITH RELATED COUNCILS, COMMITTEES, AND PROGRAMS.—The Council may support and conduct activities to enhance coordination of services with—

(i) other councils, entities, or committees, authorized by Federal or State law, concerning individuals with disabilities (such as the State interagency coordinating council established under subtitle C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.), the State Rehabilitation Council and the Statewide Independent Living Council established under the Rehabilitation Act of 1973 (29 U.S.C. 701 et seq.), the State mental health planning council established under subtitle B of title XIX of the Public Health Service Act (42 U.S.C. 300x–1 et seq.), and the activities authorized under section 101 or 102 of the Assistive Technology Act of 1998 (29 U.S.C. 3011, 3012), and entities carrying out other similar councils, entities, or committees);

(ii) parent training and information centers under part D of the Individuals with Disabilities Education Act (20 U.S.C. 1451 et seq.) and other entities carrying out federally funded projects that assist parents of children with disabilities; and

(iii) other groups interested in advocacy, capacity building, and systemic change activities to benefit individuals with disabilities.

(H) BARRIER ELIMINATION, SYSTEMS DESIGN AND REDESIGN.—The Council may support and conduct activities to eliminate barriers to access and use of community services by individuals with developmental disabilities, enhance systems design and redesign, and enhance citizen participation to address issues identified in the State plan.

(I) COALITION DEVELOPMENT AND CITIZEN PARTICIPATION.—The Council may support and conduct activities to educate the public about the capabilities, preferences, and needs of individuals with developmental disabilities and their families and to develop and support coalitions that support the policy agenda of the Council, including training in self-advocacy, education of policymakers, and citizen leadership skills.

(J) INFORMING POLICYMAKERS.—The Council may support and conduct activities to provide information to policymakers by supporting and conducting studies and analyses, gathering information, and developing and disseminating model policies and procedures, information, approaches, strategies, findings, conclusions, and recommendations. The Council may provide the information directly to Federal, State, and local policymakers, including Congress, the Federal executive branch, the Governors, State legislatures, and State agencies, in order to increase the ability of such policymakers to offer opportunities and to enhance or adapt generic services to meet the needs of, or provide specialized services to, individuals with developmental disabilities and their families.

(K) DEMONSTRATION OF NEW APPROACHES TO SERVICES AND SUPPORTS.—

(i) IN GENERAL.—The Council may support and conduct, on a time-limited basis, activities to demonstrate new approaches to serving individuals with developmental disabilities that are a part of an overall strategy for systemic change. The strategy may involve the education of policymakers and the public about how to deliver effectively, to individuals with developmental disabilities and their families, services, supports, and assistance that contribute to the achievement of the purpose of this subtitle.

(ii) SOURCES OF FUNDING.—The Council may carry out this subparagraph by supporting and conducting demonstration activities through sources of funding other than funding provided under this subtitle, and by assisting entities conducting demonstration activities to develop strategies for securing funding from other sources.

(L) OTHER ACTIVITIES.—The Council may support and conduct other advocacy, capacity building, and systemic change activities to promote the development of a coordinated, consumer- and family-centered, consumer- and family-directed, comprehensive system of community services, individualized supports, and other forms of assistance that contribute to the achievement of the purpose of this subtitle.

(6) REVIEW OF DESIGNATED STATE AGENCY.—The Council shall periodically review the designated State agency and activities carried out under this subtitle by the designated State agency and make any recommendations for change to the Governor.

(7) REPORTS.—Beginning in fiscal year 2002, the Council shall annually prepare and transmit to the Secretary a report. Each report shall be in a form prescribed by the Secretary by regulation under section 104(b). Each report shall contain information about the progress made by the Council in achieving the goals of the Council (as specified in section 124(c)(4)), including—

(A) a description of the extent to which the goals were achieved;

(B) a description of the strategies that contributed to achieving the goals;

(C) to the extent to which the goals were not achieved, a description of factors that impeded the achievement;

(D) separate information on the self-advocacy goal described in section 124(c)(4)(A)(ii);

(E)(i) as appropriate, an update on the results of the comprehensive review and analysis described in section 124(c)(3); and

(ii) information on consumer satisfaction with Council supported or conducted activities;

(F)(i) a description of the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities in Intermediate Care Facilities (Mental Retardation) receive; and

(ii) a description of the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities served through home and community-based waivers (authorized under section 1915(c) of the Social Security Act (42 U.S.C. 1396n(c)) receive;

(G) an accounting of the manner in which funds paid to the State under this subtitle for a fiscal year were expended;

(H) a description of—

(i) resources made available to carry out activities to assist individuals with developmental disabilities that are directly attributable to Council actions; and

(ii) resources made available for such activities that are undertaken by the Council in collaboration with other entities; and

(I) a description of the method by which the Council will widely disseminate the annual report to affected constituencies and the general public and will assure that the report is available in accessible formats.

(8) BUDGET.—Each Council shall prepare, approve, and implement a budget using amounts paid to the State under this subtitle to fund and implement all programs, projects, and activities carried out under this subtitle, including—

(A)(i) conducting such hearings and forums as the Council may determine to be necessary to carry out the duties of the Council; and

(ii) as determined in Council policy—

(I) reimbursing members of the Council for reasonable and necessary expenses (including expenses for child care and personal assistance services) for attending Council meetings and performing Council duties;

(II) paying a stipend to a member of the Council, if such member is not employed or must forfeit wages from other employment, to attend Council meetings and perform other Council duties;

(III) supporting Council member and staff travel to authorized training and technical assistance activities including in-service training and leadership development activities; and

(IV) carrying out appropriate subcontracting activities;

(B) hiring and maintaining such numbers and types of staff (qualified by training and experience) and obtaining the services of such professional, consulting, technical, and clerical staff (qualified by training and experience), consistent with State law, as the Council determines to be necessary to carry out the functions of the Council under this subtitle, except that such State shall not apply hiring freezes, reductions in force, prohibitions on travel, or other policies to the staff of the Council, to the extent that such policies would impact the staff or functions funded with Federal funds, or would prevent the Council from carrying out the functions of the Council under this subtitle; and

(C) directing the expenditure of funds for grants, contracts, interagency agreements that are binding contracts, and other activities authorized by the State plan approved under section 124.

(9) STAFF HIRING AND SUPERVISION.—The Council shall, consistent with State law, recruit and hire a Director of the Council, should the position of Director become vacant, and supervise and annually evaluate the Director. The Director shall hire, supervise, and annually evaluate the staff of the Council. Council recruitment, hiring, and dismissal of staff shall be conducted in a manner consistent with Federal and State nondiscrimination laws. Dismissal of personnel shall be conducted in a manner consistent with State law and personnel policies.

(10) STAFF ASSIGNMENTS.—The staff of the Council, while working for the Council, shall be responsible solely for assisting the Council in carrying out the duties of the Council under this subtitle and shall not be assigned duties by the designated State agency or any other agency or entity of the State.

(11) CONSTRUCTION.—Nothing in this title shall be construed to authorize a Council to direct, control, or exercise

any policymaking authority or administrative authority over any program assisted under the Rehabilitation Act of 1973 (29 U.S.C. 701 et seq.) or the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.).

(d) DESIGNATED STATE AGENCY.—

(1) IN GENERAL.—Each State that receives assistance under this subtitle shall designate a State agency that shall, on behalf of the State, provide support to the Council. After the date of enactment of the Developmental Disabilities Assistance and Bill of Rights Act Amendments of 1994 (Public Law 103–230), any designation of a State agency under this paragraph shall be made in accordance with the requirements of this subsection.

(2) DESIGNATION.—

(A) TYPE OF AGENCY.—Except as provided in this subsection, the designated State agency shall be—

(i) the Council if such Council may be the designated State agency under the laws of the State;

(ii) a State agency that does not provide or pay for services for individuals with developmental disabilities; or

(iii) a State office, including the immediate office of the Governor of the State or a State planning office.

(B) CONDITIONS FOR CONTINUATION OF STATE SERVICE AGENCY DESIGNATION.—

(i) DESIGNATION BEFORE ENACTMENT.—If a State agency that provides or pays for services for individuals with developmental disabilities was a designated State agency for purposes of part B of the Developmental Disabilities Assistance and Bill of Rights Act on the date of enactment of the Developmental Disabilities Assistance and Bill of Rights Act Amendments of 1994, and the Governor of the State (or the legislature, where appropriate and in accordance with State law) determines prior to June 30, 1994, not to change the designation of such agency, such agency may continue to be a designated State agency for purposes of this subtitle.

(ii) CRITERIA FOR CONTINUED DESIGNATION.—The determination, at the discretion of the Governor (or the legislature, as the case may be), shall be made after—

(I) the Governor has considered the comments and recommendations of the general public and a majority of the non-State agency members of the Council with respect to the designation of such State agency; and

(II) the Governor (or the legislature, as the case may be) has made an independent assessment that the designation of such agency will not interfere with the budget, personnel, priorities, or other action of the Council, and the ability of the Council to serve as an independent advocate for individuals with developmental disabilities.

(C) REVIEW OF DESIGNATION.—The Council may request a review of and change in the designation of the designated State agency by the Governor (or the legislature, as the case may be). The Council shall provide documentation concerning the reason the Council desires a change to be made and make a recommendation to the Governor (or the legislature, as the case may be) regarding a preferred designated State agency.

(D) APPEAL OF DESIGNATION.—After the review is completed under subparagraph (C), a majority of the non-State agency members of the Council may appeal to the Secretary for a review of and change in the designation of the designated State agency if the ability of the Council to serve as an independent advocate is not assured because of the actions or inactions of the designated State agency.

(3) RESPONSIBILITIES.—

(A) IN GENERAL.—The designated State agency shall, on behalf of the State, have the responsibilities described in subparagraphs (B) through (G).

(B) SUPPORT SERVICES.—The designated State agency shall provide required assurances and support services as requested by and negotiated with the Council.

(C) FISCAL RESPONSIBILITIES.—The designated State agency shall—

(i) receive, account for, and disburse funds under this subtitle based on the State plan required in section 124; and

(ii) provide for such fiscal control and fund accounting procedures as may be necessary to assure the proper disbursement of, and accounting for, funds paid to the State under this subtitle.

(D) RECORDS, ACCESS, AND FINANCIAL REPORTS.—The designated State agency shall keep and provide access to such records as the Secretary and the Council may determine to be necessary. The designated State agency, if other than the Council, shall provide timely financial reports at the request of the Council regarding the status of expenditures, obligations, and liquidation by the agency or the Council, and the use of the Federal and non-Federal shares described in section 126, by the agency or the Council.

(E) NON-FEDERAL SHARE.—The designated State agency, if other than the Council, shall provide the required non-Federal share described in section 126(c).

(F) ASSURANCES.—The designated State agency shall assist the Council in obtaining the appropriate State plan assurances and in ensuring that the plan is consistent with State law.

(G) MEMORANDUM OF UNDERSTANDING.—On the request of the Council, the designated State agency shall enter into a memorandum of understanding with the Council delineating the roles and responsibilities of the designated State agency.

(4) USE OF FUNDS FOR DESIGNATED STATE AGENCY RESPONSIBILITIES.—

(A) CONDITION FOR FEDERAL FUNDING.—

(i) IN GENERAL.—The Secretary shall provide amounts to a State under section 124(c)(5)(B)(vi) for a fiscal year only if the State expends an amount from State sources for carrying out the responsibilities of the designated State agency under paragraph (3) for the fiscal year that is not less than the total amount the State expended from such sources for carrying out similar responsibilities for the previous fiscal year.

(ii) EXCEPTION.—Clause (i) shall not apply in a year in which the Council is the designated State agency.

(B) SUPPORT SERVICES PROVIDED BY OTHER AGENCIES.—With the agreement of the designated State agency, the Council may use or contract with agencies other than the designated State agency to perform the functions of the designated State agency.

42 USC 15026.

SEC. 126. FEDERAL AND NON-FEDERAL SHARE.

(a) AGGREGATE COST.—

(1) IN GENERAL.—Except as provided in paragraphs (2) and (3), the Federal share of the cost of all projects in a State supported by an allotment to the State under this subtitle may not be more than 75 percent of the aggregate necessary cost of such projects, as determined by the Secretary.

(2) URBAN OR RURAL POVERTY AREAS.—In the case of projects whose activities or products target individuals with developmental disabilities who live in urban or rural poverty areas, as determined by the Secretary, the Federal share of the cost of all such projects may not be more than 90 percent of the aggregate necessary cost of such projects, as determined by the Secretary.

(3) STATE PLAN ACTIVITIES.—In the case of projects undertaken by the Council or Council staff to implement State plan activities, the Federal share of the cost of all such projects may be not more than 100 percent of the aggregate necessary cost of such activities.

(b) NONDUPLICATION.—In determining the amount of any State's Federal share of the cost of such projects incurred by such State under a State plan approved under section 124, the Secretary shall not consider—

(1) any portion of such cost that is financed by Federal funds provided under any provision of law other than section 122; and

(2) the amount of any non-Federal funds required to be expended as a condition of receipt of the Federal funds described in paragraph (1).

(c) NON-FEDERAL SHARE.—

(1) IN-KIND CONTRIBUTIONS.—The non-Federal share of the cost of any project supported by an allotment under this subtitle may be provided in cash or in kind, fairly evaluated, including plant, equipment, or services.

(2) CONTRIBUTIONS OF POLITICAL SUBDIVISIONS AND PUBLIC OR PRIVATE ENTITIES.—

(A) IN GENERAL.—Contributions to projects by a political subdivision of a State or by a public or private entity under an agreement with the State shall, subject to such limitations and conditions as the Secretary may by regulation prescribe under section 104(b), be considered to be contributions by such State, in the case of a project supported under this subtitle.

(B) STATE CONTRIBUTIONS.—State contributions, including contributions by the designated State agency to provide support services to the Council pursuant to section 125(d)(4), may be counted as part of such State's non-Federal share of the cost of projects supported under this subtitle.

(3) VARIATIONS OF THE NON-FEDERAL SHARE.—The non-Federal share required of each recipient of a grant from a Council under this subtitle may vary.

SEC. 127. WITHHOLDING OF PAYMENTS FOR PLANNING, ADMINISTRATION, AND SERVICES.

42 USC 15027.

Whenever the Secretary, after providing reasonable notice and an opportunity for a hearing to the Council and the designated State agency, finds that—

(1) the Council or agency has failed to comply substantially with any of the provisions required by section 124 to be included in the State plan, particularly provisions required by paragraphs (4)(A) and (5)(B)(vii) of section 124(c), or with any of the provisions required by section 125(b)(3); or

(2) the Council or agency has failed to comply substantially with any regulations of the Secretary that are applicable to this subtitle,

the Secretary shall notify such Council and agency that the Secretary will not make further payments to the State under section 122 (or, in the discretion of the Secretary, that further payments to the State under section 122 for activities for which there is such failure), until the Secretary is satisfied that there will no longer be such failure. Until the Secretary is so satisfied, the Secretary shall make no further payments to the State under section 122, or shall limit further payments under section 122 to such State to activities for which there is no such failure.

SEC. 128. APPEALS BY STATES.

42 USC 15028.

(a) APPEAL.—If any State is dissatisfied with the Secretary's action under section 124(d)(3) or 127, such State may appeal to the United States court of appeals for the circuit in which such State is located, by filing a petition with such court not later than 60 days after such action.

(b) FILING.—The clerk of the court shall transmit promptly a copy of the petition to the Secretary, or any officer designated by the Secretary for that purpose. The Secretary shall file promptly with the court the record of the proceedings on which the Secretary based the action, as provided in section 2112 of title 28, United States Code.

(c) JURISDICTION.—Upon the filing of the petition, the court shall have jurisdiction to affirm the action of the Secretary or to set the action aside, in whole or in part, temporarily or permanently. Until the filing of the record, the Secretary may modify or set aside the order of the Secretary relating to the action.

(d) FINDINGS AND REMAND.—The findings of the Secretary about the facts, if supported by substantial evidence, shall be conclusive, but the court, for good cause shown, may remand the case involved to the Secretary for further proceedings to take further evidence. On remand, the Secretary may make new or modified findings of fact and may modify the previous action of the Secretary, and shall file with the court the record of the further proceedings. Such new or modified findings of fact shall likewise be conclusive if supported by substantial evidence.

(e) FINALITY.—The judgment of the court affirming or setting aside, in whole or in part, any action of the Secretary shall be final, subject to review by the Supreme Court of the United States upon certiorari or certification as provided in section 1254 of title 28, United States Code.

(f) EFFECT.—The commencement of proceedings under this section shall not, unless so specifically ordered by a court, operate as a stay of the Secretary's action.

42 USC 15029.

SEC. 129.AUTHORIZATION OF APPROPRIATIONS.

(a) FUNDING FOR STATE ALLOTMENTS.—Except as described in subsection (b), there are authorized to be appropriated for allotments under section 122 $76,000,000 for fiscal year 2001 and such sums as may be necessary for each of fiscal years 2002 through 2007.

(b) RESERVATION FOR TECHNICAL ASSISTANCE.—

(1) LOWER APPROPRIATION YEARS.—For any fiscal year for which the amount appropriated under subsection (a) is less than $76,000,000, the Secretary shall reserve funds in accordance with section 163(c) to provide technical assistance to entities funded under this subtitle.

(2) HIGHER APPROPRIATION YEARS.—For any fiscal year for which the amount appropriated under subsection (a) is not less than $76,000,000, the Secretary shall reserve not less than $300,000 and not more than 1 percent of the amount appropriated under subsection (a) to provide technical assistance to entities funded under this subtitle.

Subtitle C—Protection and Advocacy of Individual Rights

42 USC 15041.

SEC. 141. PURPOSE.

The purpose of this subtitle is to provide for allotments to support a protection and advocacy system (referred to in this subtitle as a "system") in each State to protect the legal and human rights of individuals with developmental disabilities in accordance with this subtitle.

42 USC 15042.

SEC. 142. ALLOTMENTS AND PAYMENTS.

(a) ALLOTMENTS.—

(1) IN GENERAL.—To assist States in meeting the requirements of section 143(a), the Secretary shall allot to the States the amounts appropriated under section 145 and not reserved under paragraph (6). Allotments and reallotments of such sums shall be made on the same basis as the allotments and reallotments are made under subsections (a)(1)(A) and (e) of section 122, except as provided in paragraph (2).

(2) MINIMUM ALLOTMENTS.—In any case in which—

(A) the total amount appropriated under section 145 for a fiscal year is not less than $20,000,000, the allotment under paragraph (1) for such fiscal year—

(i) to each of American Samoa, Guam, the United States Virgin Islands, and the Commonwealth of the Northern Mariana Islands may not be less than $107,000; and

(ii) to any State not described in clause (i) may not be less than $200,000; or

(B) the total amount appropriated under section 145 for a fiscal year is less than $20,000,000, the allotment under paragraph (1) for such fiscal year—

(i) to each of American Samoa, Guam, the United States Virgin Islands, and the Commonwealth of the Northern Mariana Islands may not be less than $80,000; and

(ii) to any State not described in clause (i) may not be less than $150,000.

(3) REDUCTION OF ALLOTMENT.—Notwithstanding paragraphs (1) and (2), if the aggregate of the amounts to be allotted to the States pursuant to such paragraphs for any fiscal year exceeds the total amount appropriated for such allotments under section 145 for such fiscal year, the amount to be allotted to each State for such fiscal year shall be proportionately reduced.

(4) INCREASE IN ALLOTMENTS.—In any year in which the total amount appropriated under section 145 for a fiscal year exceeds the total amount appropriated under such section (or a corresponding provision) for the preceding fiscal year by a percentage greater than the most recent percentage change in the Consumer Price Index published by the Secretary of Labor under section 100(c)(1) of the Rehabilitation Act of 1973 (29 U.S.C. 720(c)(1)) (if the percentage change indicates an increase), the Secretary shall increase each of the minimum allotments described in subparagraphs (A) and (B) of paragraph (2). The Secretary shall increase each minimum allotment by an amount that bears the same ratio to the amount of such minimum allotment (including any increases in such minimum allotment under this paragraph (or a corresponding provision) for prior fiscal years) as the amount that is equal to the difference between—

(A) the total amount appropriated under section 145 for the fiscal year for which the increase in the minimum allotment is being made; minus

(B) the total amount appropriated under section 145 (or a corresponding provision) for the immediately preceding fiscal year,

bears to the total amount appropriated under section 145 (or a corresponding provision) for such preceding fiscal year.

(5) MONITORING THE ADMINISTRATION OF THE SYSTEM.—In a State in which the system is housed in a State agency, the State may use not more than 5 percent of any allotment under this subsection for the costs of monitoring the administration of the system required under section 143(a).

(6) TECHNICAL ASSISTANCE AND AMERICAN INDIAN CONSORTIUM.—In any case in which the total amount appropriated under section 145 for a fiscal year is more than $24,500,000, the Secretary shall—

(A) use not more than 2 percent of the amount appropriated to provide technical assistance to eligible systems with respect to activities carried out under this subtitle (consistent with requests by such systems for such assistance for the year); and

(B) provide a grant in accordance with section 143(b), and in an amount described in paragraph (2)(A)(i), to an American Indian consortium to provide protection and advocacy services.

(b) PAYMENT TO SYSTEMS.—Notwithstanding any other provision of law, the Secretary shall pay directly to any system in a State that complies with the provisions of this subtitle the amount of the allotment made for the State under this section, unless the system specifies otherwise.

(c) UNOBLIGATED FUNDS.—Any amount paid to a system under this subtitle for a fiscal year and remaining unobligated at the end of such year shall remain available to such system for the next fiscal year, for the purposes for which such amount was paid.

42 USC 15043.

SEC. 143. SYSTEM REQUIRED.

(a) SYSTEM REQUIRED.—In order for a State to receive an allotment under subtitle B or this subtitle—

(1) the State shall have in effect a system to protect and advocate the rights of individuals with developmental disabilities;

(2) such system shall—

(A) have the authority to—

(i) pursue legal, administrative, and other appropriate remedies or approaches to ensure the protection of, and advocacy for, the rights of such individuals within the State who are or who may be eligible for treatment, services, or habilitation, or who are being considered for a change in living arrangements, with particular attention to members of ethnic and racial minority groups; and

(ii) provide information on and referral to programs and services addressing the needs of individuals with developmental disabilities;

(B) have the authority to investigate incidents of abuse and neglect of individuals with developmental disabilities if the incidents are reported to the system or if there is probable cause to believe that the incidents occurred;

(C) on an annual basis, develop, submit to the Secretary, and take action with regard to goals (each of which is related to 1 or more areas of emphasis) and priorities, developed through data driven strategic planning, for the system's activities;

(D) on an annual basis, provide to the public, including individuals with developmental disabilities attributable to either physical impairment, mental impairment, or a combination of physical and mental impairment, and their representatives, and as appropriate, non-State agency representatives of the State Councils on Developmental Disabilities, and Centers, in the State, an opportunity to comment on—

(i) the goals and priorities established by the system and the rationale for the establishment of such goals; and

(ii) the activities of the system, including the coordination of services with the entities carrying out advocacy programs under the Rehabilitation Act of 1973 (29 U.S.C. 701 et seq.), the Older Americans

Act of 1965 (42 U.S.C. 3001 et seq.), and the Protection and Advocacy for Mentally Ill Individuals Act of 1986 (42 U.S.C. 10801 et seq.), and with entities carrying out other related programs, including the parent training and information centers funded under the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.), and activities authorized under section 101 or 102 of the Assistive Technology Act of 1998 (29 U.S.C. 3011, 3012);

(E) establish a grievance procedure for clients or prospective clients of the system to ensure that individuals with developmental disabilities have full access to services of the system;

(F) not be administered by the State Council on Developmental Disabilities;

(G) be independent of any agency that provides treatment, services, or habilitation to individuals with developmental disabilities;

(H) have access at reasonable times to any individual with a developmental disability in a location in which services, supports, and other assistance are provided to such an individual, in order to carry out the purpose of this subtitle;

(I) have access to all records of—

(i) any individual with a developmental disability who is a client of the system if such individual, or the legal guardian, conservator, or other legal representative of such individual, has authorized the system to have such access;

(ii) any individual with a developmental disability, in a situation in which—

(I) the individual, by reason of such individual's mental or physical condition, is unable to authorize the system to have such access;

(II) the individual does not have a legal guardian, conservator, or other legal representative, or the legal guardian of the individual is the State; and

(III) a complaint has been received by the system about the individual with regard to the status or treatment of the individual or, as a result of monitoring or other activities, there is probable cause to believe that such individual has been subject to abuse or neglect; and

(iii) any individual with a developmental disability, in a situation in which—

(I) the individual has a legal guardian, conservator, or other legal representative;

(II) a complaint has been received by the system about the individual with regard to the status or treatment of the individual or, as a result of monitoring or other activities, there is probable cause to believe that such individual has been subject to abuse or neglect;

(III) such representative has been contacted by such system, upon receipt of the name and address of such representative;

(IV) such system has offered assistance to such representative to resolve the situation; and

(V) such representative has failed or refused to act on behalf of the individual;

(J)(i) have access to the records of individuals described in subparagraphs (B) and (I), and other records that are relevant to conducting an investigation, under the circumstances described in those subparagraphs, not later than 3 business days after the system makes a written request for the records involved; and

(ii) have immediate access, not later than 24 hours after the system makes such a request, to the records without consent from another party, in a situation in which services, supports, and other assistance are provided to an individual with a developmental disability—

(I) if the system determines there is probable cause to believe that the health or safety of the individual is in serious and immediate jeopardy; or

(II) in any case of death of an individual with a developmental disability;

(K) hire and maintain sufficient numbers and types of staff (qualified by training and experience) to carry out such system's functions, except that the State involved shall not apply hiring freezes, reductions in force, prohibitions on travel, or other policies to the staff of the system, to the extent that such policies would impact the staff or functions of the system funded with Federal funds or would prevent the system from carrying out the functions of the system under this subtitle;

(L) have the authority to educate policymakers; and

(M) provide assurances to the Secretary that funds allotted to the State under section 142 will be used to supplement, and not supplant, the non-Federal funds that would otherwise be made available for the purposes for which the allotted funds are provided;

(3) to the extent that information is available, the State shall provide to the system—

(A) a copy of each independent review, pursuant to section 1902(a)(30)(C) of the Social Security Act (42 U.S.C. 1396a(a)(30)(C)), of an Intermediate Care Facility (Mental Retardation) within the State, not later than 30 days after the availability of such a review; and

(B) information about the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities who are served through home and community-based waivers (authorized under section 1915(c) of the Social Security Act (42 U.S.C. 1396n(c))) receive; and

(4) the agency implementing the system shall not be redesignated unless—

(A) there is good cause for the redesignation;

(B) the State has given the agency notice of the intention to make such redesignation, including notice regarding the good cause for such redesignation, and given the agency an opportunity to respond to the assertion that good cause has been shown;

(C) the State has given timely notice and an opportunity for public comment in an accessible format to individuals with developmental disabilities or their representatives; and

(D) the system has an opportunity to appeal the redesignation to the Secretary, on the basis that the redesignation was not for good cause.

(b) AMERICAN INDIAN CONSORTIUM.—Upon application to the Secretary, an American Indian consortium established to provide protection and advocacy services under this subtitle, shall receive funding pursuant to section 142(a)(6) to provide the services. Such consortium shall be considered to be a system for purposes of this subtitle and shall coordinate the services with other systems serving the same geographic area. The tribal council that designates the consortium shall carry out the responsibilities and exercise the authorities specified for a State in this subtitle, with regard to the consortium.

(c) RECORD.—In this section, the term “record” includes—

(1) a report prepared or received by any staff at any location at which services, supports, or other assistance is provided to individuals with developmental disabilities;

(2) a report prepared by an agency or staff person charged with investigating reports of incidents of abuse or neglect, injury, or death occurring at such location, that describes such incidents and the steps taken to investigate such incidents; and

(3) a discharge planning record.

SEC. 144. ADMINISTRATION.

42 USC 15044.

(a) GOVERNING BOARD.—In a State in which the system described in section 143 is organized as a private nonprofit entity with a multimember governing board, or a public system with a multimember governing board, such governing board shall be selected according to the policies and procedures of the system, except that—

(1)(A) the governing board shall be composed of members who broadly represent or are knowledgeable about the needs of the individuals served by the system;

(B) a majority of the members of the board shall be—

(i) individuals with disabilities, including individuals with developmental disabilities, who are eligible for services, or have received or are receiving services through the system; or

(ii) parents, family members, guardians, advocates, or authorized representatives of individuals referred to in clause (i); and

(C) the board may include a representative of the State Council on Developmental Disabilities, the Centers in the State, and the self-advocacy organization described in section 124(c)(4)(A)(ii)(I);

(2) not more than ⅓ of the members of the governing board may be appointed by the chief executive officer of the State involved, in the case of any State in which such officer has the authority to appoint members of the board;

(3) the membership of the governing board shall be subject to term limits set by the system to ensure rotating membership;

(4) any vacancy in the board shall be filled not later than 60 days after the date on which the vacancy occurs; and

(5) in a State in which the system is organized as a public system without a multimember governing or advisory board, the system shall establish an advisory council—

(A) that shall advise the system on policies and priorities to be carried out in protecting and advocating the rights of individuals with developmental disabilities; and

(B) on which a majority of the members shall be—

(i) individuals with developmental disabilities who are eligible for services, or have received or are receiving services, through the system; or

(ii) parents, family members, guardians, advocates, or authorized representatives of individuals referred to in clause (i).

(b) LEGAL ACTION.—

(1) IN GENERAL.—Nothing in this title shall preclude a system from bringing a suit on behalf of individuals with developmental disabilities against a State, or an agency or instrumentality of a State.

(2) USE OF AMOUNTS FROM JUDGMENT.—An amount received pursuant to a suit described in paragraph (1) through a court judgment may only be used by the system to further the purpose of this subtitle and shall not be used to augment payments to legal contractors or to award personal bonuses.

(3) LIMITATION.—The system shall use assistance provided under this subtitle in a manner consistent with section 5 of the Assisted Suicide Funding Restriction Act of 1997 (42 U.S.C. 14404).

(c) DISCLOSURE OF INFORMATION.—For purposes of any periodic audit, report, or evaluation required under this subtitle, the Secretary shall not require an entity carrying out a program to disclose the identity of, or any other personally identifiable information related to, any individual requesting assistance under such program.

(d) PUBLIC NOTICE OF FEDERAL ONSITE REVIEW.—The Secretary shall provide advance public notice of any Federal programmatic or administrative onsite review of a system conducted under this subtitle and solicit public comment on the system through such notice. The Secretary shall prepare an onsite visit report containing the results of such review, which shall be distributed to the Governor of the State and to other interested public and private parties. The comments received in response to the public comment solicitation notice shall be included in the onsite visit report.

(e) REPORTS.—Beginning in fiscal year 2002, each system established in a State pursuant to this subtitle shall annually prepare and transmit to the Secretary a report that describes the activities, accomplishments, and expenditures of the system during the preceding fiscal year, including a description of the system's goals, the extent to which the goals were achieved, barriers to their achievement, the process used to obtain public input, the nature of such input, and how such input was used.

42 USC 15045.

SEC. 145. AUTHORIZATION OF APPROPRIATIONS.

For allotments under section 142, there are authorized to be appropriated $32,000,000 for fiscal year 2001 and such sums as may be necessary for each of fiscal years 2002 through 2007.

Subtitle D—National Network of University Centers for Excellence in Developmental Disabilities Education, Research, and Service

SEC. 151. GRANT AUTHORITY.

42 USC 15061.

(a) NATIONAL NETWORK.—From appropriations authorized under section 156(a)(1), the Secretary shall make 5-year grants to entities in each State designated as University Centers for Excellence in Developmental Disabilities Education, Research, and Service to carry out activities described in section 153(a).

(b) NATIONAL TRAINING INITIATIVES.—From appropriations authorized under section 156(a)(1) and reserved under section 156(a)(2), the Secretary shall make grants to Centers to carry out activities described in section 153(b).

(c) TECHNICAL ASSISTANCE.—From appropriations authorized under section 156(a)(1) and reserved under section 156(a)(3) (or from funds reserved under section 163, as appropriate), the Secretary shall enter into 1 or more cooperative agreements or contracts for the purpose of providing technical assistance described in section 153(c).

SEC. 152. GRANT AWARDS.

42 USC 15062.

(a) EXISTING CENTERS.—

(1) IN GENERAL.—In awarding and distributing grant funds under section 151(a) for a fiscal year, the Secretary, subject to the availability of appropriations and the condition specified in subsection (d), shall award and distribute grant funds in equal amounts of $500,000 (adjusted in accordance with subsection (b)), to each Center that existed during the preceding fiscal year and that meets the requirements of this subtitle, prior to making grants under subsection (c) or (d).

(2) REDUCTION OF AWARD.—Notwithstanding paragraph (1), if the aggregate of the funds to be awarded to the Centers pursuant to paragraph (1) for any fiscal year exceeds the total amount appropriated under section 156 for such fiscal year, the amount to be awarded to each Center for such fiscal year shall be proportionately reduced.

(b) ADJUSTMENTS.—Subject to the availability of appropriations, for any fiscal year following a year in which each Center described in subsection (a) received a grant award of not less than $500,000 under subsection (a) (adjusted in accordance with this subsection), the Secretary shall adjust the awards to take into account the most recent percentage change in the Consumer Price Index published by the Secretary of Labor under section 100(c)(1) of the Rehabilitation Act of 1973 (29 U.S.C. 720(c)(1)) (if the percentage change indicates an increase), prior to making grants under subsection (c) or (d).

(c) NATIONAL TRAINING INITIATIVES ON CRITICAL AND EMERGING NEEDS.—Subject to the availability of appropriations, for any fiscal year in which each Center described in subsection (a) receives a grant award of not less than $500,000, under subsection (a) (adjusted in accordance with subsection (b)), after making the grant awards, the Secretary shall make grants under section 151(b) to

Centers to pay for the Federal share of the cost of training initiatives related to the unmet needs of individuals with developmental disabilities and their families, as described in section 153(b).

(d) ADDITIONAL GRANTS.—For any fiscal year in which each Center described in subsection (a) receives a grant award of not less than $500,000 under subsection (a) (adjusted in accordance with subsection (b)), after making the grant awards, the Secretary may make grants under section 151(a) for activities described in section 153(a) to additional Centers, or additional grants to Centers, for States or populations that are unserved or underserved by Centers due to such factors as—

(1) population;

(2) a high concentration of rural or urban areas; or

(3) a high concentration of unserved or underserved populations.

42 USC 15063.

SEC. 153. PURPOSE AND SCOPE OF ACTIVITIES.

(a) NATIONAL NETWORK OF UNIVERSITY CENTERS FOR EXCELLENCE IN DEVELOPMENTAL DISABILITIES EDUCATION, RESEARCH, AND SERVICE.—

(1) IN GENERAL.—In order to provide leadership in, advise Federal, State, and community policymakers about, and promote opportunities for individuals with developmental disabilities to exercise self-determination, be independent, be productive, and be integrated and included in all facets of community life, the Secretary shall award grants to eligible entities designated as Centers in each State to pay for the Federal share of the cost of the administration and operation of the Centers. The Centers shall be interdisciplinary education, research, and public service units of universities (as defined by the Secretary) or public or not-for-profit entities associated with universities that engage in core functions, described in paragraph (2), addressing, directly or indirectly, 1 or more of the areas of emphasis.

(2) CORE FUNCTIONS.—The core functions referred to in paragraph (1) shall include the following:

(A) Provision of interdisciplinary pre-service preparation and continuing education of students and fellows, which may include the preparation and continuing education of leadership, direct service, clinical, or other personnel to strengthen and increase the capacity of States and communities to achieve the purpose of this title.

(B) Provision of community services—

(i) that provide training or technical assistance for individuals with developmental disabilities, their families, professionals, paraprofessionals, policymakers, students, and other members of the community; and

(ii) that may provide services, supports, and assistance for the persons described in clause (i) through demonstration and model activities.

(C) Conduct of research, which may include basic or applied research, evaluation, and the analysis of public policy in areas that affect or could affect, either positively or negatively, individuals with developmental disabilities and their families.

(D) Dissemination of information related to activities undertaken to address the purpose of this title, especially dissemination of information that demonstrates that the network authorized under this subtitle is a national and international resource that includes specific substantive areas of expertise that may be accessed and applied in diverse settings and circumstances.

(b) NATIONAL TRAINING INITIATIVES ON CRITICAL AND EMERGING NEEDS.—

(1) SUPPLEMENTAL GRANTS.—After consultation with relevant, informed sources, including individuals with developmental disabilities and their families, the Secretary shall award, under section 151(b), supplemental grants to Centers to pay for the Federal share of the cost of training initiatives related to the unmet needs of individuals with developmental disabilities and their families. The Secretary shall make the grants on a competitive basis, and for periods of not more than 5 years.

(2) ESTABLISHMENT OF CONSULTATION PROCESS BY THE SECRETARY.—Not later than 1 year after the date of enactment of this Act, the Secretary shall establish a consultation process that, on an ongoing basis, allows the Secretary to identify and address, through supplemental grants authorized under paragraph (1), training initiatives related to the unmet needs of individuals with developmental disabilities and their families.

(c) TECHNICAL ASSISTANCE.—In order to strengthen and support the national network of Centers, the Secretary may enter into 1 or more cooperative agreements or contracts to—

(1) assist in national and international dissemination of specific information from multiple Centers and, in appropriate cases, other entities whose work affects the lives of individuals with developmental disabilities;

(2) compile, analyze, and disseminate state-of-the-art training, research, and demonstration results policies, and practices from multiple Centers and, in appropriate cases, other entities whose work affects the lives of persons with developmental disabilities;

(3) convene experts from multiple Centers to discuss and make recommendations with regard to national emerging needs of individuals with developmental disabilities;

(4)(A) develop portals that link users with every Center's website; and

(B) facilitate electronic information sharing using state-of-the-art Internet technologies such as real-time online discussions, multipoint video conferencing, and web-based audio/video broadcasts, on emerging topics that impact individuals with disabilities and their families;

(5) serve as a research-based resource for Federal and State policymakers on information concerning and issues impacting individuals with developmental disabilities and entities that assist or serve those individuals; or

(6) undertake any other functions that the Secretary determines to be appropriate;

to promote the viability and use of the resources and expertise of the Centers nationally and internationally.

42 USC 15064.

SEC. 154. APPLICATIONS.

(a) APPLICATIONS FOR CORE CENTER GRANTS.—

(1) IN GENERAL.—To be eligible to receive a grant under section 151(a) for a Center, an entity shall submit to the Secretary, and obtain approval of, an application at such time, in such manner, and containing such information, as the Secretary may require.

(2) APPLICATION CONTENTS.—Each application described in paragraph (1) shall describe a 5-year plan, including a projected goal related to 1 or more areas of emphasis for each of the core functions described in section 153(a).

(3) ASSURANCES.—The application shall be approved by the Secretary only if the application contains or is supported by reasonable assurances that the entity designated as the Center will—

(A) meet regulatory standards as established by the Secretary for Centers;

(B) address the projected goals, and carry out goal-related activities, based on data driven strategic planning and in a manner consistent with the objectives of this subtitle, that—

(i) are developed in collaboration with the consumer advisory committee established pursuant to subparagraph (E);

(ii) are consistent with, and to the extent feasible complement and further, the Council goals contained in the State plan submitted under section 124 and the system goals established under section 143; and

(iii) will be reviewed and revised annually as necessary to address emerging trends and needs;

(C) use the funds made available through the grant to supplement, and not supplant, the funds that would otherwise be made available for activities described in section 153(a);

(D) protect, consistent with the policy specified in section 101(c) (relating to rights of individuals with developmental disabilities), the legal and human rights of all individuals with developmental disabilities (especially those individuals under State guardianship) who are involved in activities carried out under programs assisted under this subtitle;

(E) establish a consumer advisory committee—

(i) of which a majority of the members shall be individuals with developmental disabilities and family members of such individuals;

(ii) that is comprised of—

(I) individuals with developmental disabilities and related disabilities;

(II) family members of individuals with developmental disabilities;

(III) a representative of the State protection and advocacy system;

(IV) a representative of the State Council on Developmental Disabilities;

(V) a representative of a self-advocacy organization described in section 124(c)(4)(A)(ii)(I); and

(VI) representatives of organizations that may include parent training and information centers assisted under section 682 or 683 of the Individuals with Disabilities Education Act (20 U.S.C. 1482, 1483), entities carrying out activities authorized under section 101 or 102 of the Assistive Technology Act of 1998 (29 U.S.C. 3011, 3012), relevant State agencies, and other community groups concerned with the welfare of individuals with developmental disabilities and their families;

(iii) that reflects the racial and ethnic diversity of the State; and

(iv) that shall—

(I) consult with the Director of the Center regarding the development of the 5-year plan, and shall participate in an annual review of, and comment on, the progress of the Center in meeting the projected goals contained in the plan, and shall make recommendations to the Director of the Center regarding any proposed revisions of the plan that might be necessary; and

(II) meet as often as necessary to carry out the role of the committee, but at a minimum twice during each grant year;

(F) to the extent possible, utilize the infrastructure and resources obtained through funds made available under the grant to leverage additional public and private funds to successfully achieve the projected goals developed in the 5-year plan;

(G)(i) have a director with appropriate academic credentials, demonstrated leadership, expertise regarding developmental disabilities, significant experience in managing grants and contracts, and the ability to leverage public and private funds; and

(ii) allocate adequate staff time to carry out activities related to each of the core functions described in section 153(a); and

(H) educate, and disseminate information related to the purpose of this title to, the legislature of the State in which the Center is located, and to Members of Congress from such State.

(b) SUPPLEMENTAL GRANT APPLICATIONS PERTAINING TO NATIONAL TRAINING INITIATIVES IN CRITICAL AND EMERGING NEEDS.—To be eligible to receive a supplemental grant under section 151(b), a Center may submit a supplemental application to the Secretary at such time, in such manner, and containing such information as the Secretary may require, pursuant to the terms and conditions set by the Secretary consistent with section 153(b).

(c) PEER REVIEW.—

(1) IN GENERAL.—The Secretary shall require that all applications submitted under this subtitle be subject to technical and qualitative review by peer review groups established under paragraph (2). The Secretary may approve an application under this subtitle only if such application has been recommended by a peer review group that has conducted the peer review required under this paragraph. In conducting the

review, the group may conduct onsite visits or inspections of related activities as necessary.

(2) ESTABLISHMENT OF PEER REVIEW GROUPS.—

(A) IN GENERAL.—The Secretary, acting through the Commissioner of the Administration on Developmental Disabilities, may, notwithstanding—

(i) the provisions of title 5, United States Code, concerning appointments to the competitive service; and

(ii) the provisions of chapter 51, and subchapter III of chapter 53 of title 5, United States Code, concerning classification and General Schedule pay rates;

establish such peer review groups and appoint and set the rates of pay of members of such groups.

(B) COMPOSITION.—Each peer review group shall include such individuals with disabilities and parents, guardians, or advocates of or for individuals with developmental disabilities, as are necessary to carry out this subsection.

(3) WAIVERS OF APPROVAL.—The Secretary may waive the provisions of paragraph (1) with respect to review and approval of an application if the Secretary determines that exceptional circumstances warrant such a waiver.

(d) FEDERAL SHARE.—

(1) IN GENERAL.—The Federal share of the cost of administration or operation of a Center, or the cost of carrying out a training initiative, supported by a grant made under this subtitle may not be more than 75 percent of the necessary cost of such project, as determined by the Secretary.

(2) URBAN OR RURAL POVERTY AREAS.—In the case of a project whose activities or products target individuals with developmental disabilities who live in an urban or rural poverty area, as determined by the Secretary, the Federal share of the cost of the project may not be more than 90 percent of the necessary costs of the project, as determined by the Secretary.

(3) GRANT EXPENDITURES.—For the purpose of determining the Federal share with respect to the project, expenditures on that project by a political subdivision of a State or by a public or private entity shall, subject to such limitations and conditions as the Secretary may by regulation prescribe under section 104(b), be considered to be expenditures made by a Center under this subtitle.

(e) ANNUAL REPORT.—Each Center shall annually prepare and transmit to the Secretary a report containing—

(1) information on progress made in achieving the projected goals of the Center for the previous year, including—

(A) the extent to which the goals were achieved;

(B) a description of the strategies that contributed to achieving the goals;

(C) to the extent to which the goals were not achieved, a description of factors that impeded the achievement; and

(D) an accounting of the manner in which funds paid to the Center under this subtitle for a fiscal year were expended;

(2) information on proposed revisions to the goals; and

(3) a description of successful efforts to leverage funds, other than funds made available under this subtitle, to pursue goals consistent with this subtitle.

SEC. 155. DEFINITION.

42 USC 15065.

In this subtitle, the term “State” means each of the several States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, and Guam.

SEC. 156. AUTHORIZATION OF APPROPRIATIONS.

42 USC 15066.

(a) AUTHORIZATION AND RESERVATIONS.—

(1) AUTHORIZATION.—There are authorized to be appropriated to carry out this subtitle (other than section 153(c)(4)) $30,000,000 for fiscal year 2001 and such sums as may be necessary for each of fiscal years 2002 through 2007.

(2) RESERVATION FOR TRAINING INITIATIVES.—From any amount appropriated for a fiscal year under paragraph (1) and remaining after each Center described in section 152(a) has received a grant award of not less than $500,000, as described in section 152, the Secretary shall reserve funds for the training initiatives authorized under section 153(b).

(3) RESERVATION FOR TECHNICAL ASSISTANCE.—

(A) YEARS BEFORE APPROPRIATION TRIGGER.—For any covered year, the Secretary shall reserve funds in accordance with section 163(c) to fund technical assistance activities under section 153(c) (other than section 153(c)(4)).

(B) YEARS AFTER APPROPRIATION TRIGGER.—For any fiscal year that is not a covered year, the Secretary shall reserve not less than $300,000 and not more than 2 percent of the amount appropriated under paragraph (1) to fund technical assistance activities under section 153(c) (other than section 153(c)(4)).

(C) COVERED YEAR.—In this paragraph, the term “covered year” means a fiscal year prior to the first fiscal year for which the amount appropriated under paragraph (1) is not less than $20,000,000.

(b) LIMITATION.—The Secretary may not use, for peer review or other activities directly related to peer review conducted under this subtitle—

(1) for fiscal year 2001, more than $300,000 of the funds made available under subsection (a); and

(2) for any succeeding fiscal year, more than the amount of funds used for the peer review and related activities in fiscal year 2001, adjusted to take into account the most recent percentage change in the Consumer Price Index published by the Secretary of Labor under section 100(c)(1) of the Rehabilitation Act of 1973 (29 U.S.C. 720(c)(1)) (if the percentage change indicates an increase).

Subtitle E—Projects of National Significance

SEC. 161. PURPOSE.

42 USC 15081.

The purpose of this subtitle is to provide grants, contracts, or cooperative agreements for projects of national significance that—

(1) create opportunities for individuals with developmental disabilities to directly and fully contribute to, and participate in, all facets of community life; and

(2) support the development of national and State policies that reinforce and promote, with the support of families, guardians, advocates, and communities, of individuals with developmental disabilities, the self-determination, independence, productivity, and integration and inclusion in all facets of community life of such individuals through—

(A) family support activities;

(B) data collection and analysis;

(C) technical assistance to entities funded under subtitles B and D, subject to the limitations described in sections 129(b), 156(a)(3), and 163(c); and

(D) other projects of sufficient size and scope that hold promise to expand or improve opportunities for such individuals, including—

(i) projects that provide technical assistance for the development of information and referral systems;

(ii) projects that provide technical assistance to self-advocacy organizations of individuals with developmental disabilities;

(iii) projects that provide education for policymakers;

(iv) Federal interagency initiatives;

(v) projects that enhance the participation of racial and ethnic minorities in public and private sector initiatives in developmental disabilities;

(vi) projects that provide aid to transition youth with developmental disabilities from school to adult life, especially in finding employment and postsecondary education opportunities and in upgrading and changing any assistive technology devices that may be needed as a youth matures;

(vii) initiatives that address the development of community quality assurance systems and the training related to the development, implementation, and evaluation of such systems, including training of individuals with developmental disabilities and their families;

(viii) initiatives that address the needs of aging individuals with developmental disabilities and aging caregivers of adults with developmental disabilities in the community;

(ix) initiatives that create greater access to and use of generic services systems, community organizations, and associations, and initiatives that assist in community economic development;

(x) initiatives that create access to increased living options;

(xi) initiatives that address the challenging behaviors of individuals with developmental disabilities, including initiatives that promote positive alternatives to the use of restraints and seclusion; and

(xii) initiatives that address other areas of emerging need.

SEC. 162. GRANT AUTHORITY. 42 USC 15082.

(a) IN GENERAL.—The Secretary shall award grants, contracts, or cooperative agreements to public or private nonprofit entities for projects of national significance relating to individuals with developmental disabilities to carry out activities described in section 161(2).

(b) FEDERAL INTERAGENCY INITIATIVES.—

(1) IN GENERAL.—

(A) AUTHORITY.—The Secretary may—

(i) enter into agreements with Federal agencies to jointly carry out activities described in section 161(2) or to jointly carry out activities of common interest related to the objectives of such section; and

(ii) transfer to such agencies for such purposes funds appropriated under this subtitle, and receive and use funds from such agencies for such purposes.

(B) RELATION TO PROGRAM PURPOSES.—Funds transferred or received pursuant to this paragraph shall be used only in accordance with statutes authorizing the appropriation of such funds. Such funds shall be made available through grants, contracts, or cooperative agreements only to recipients eligible to receive such funds under such statutes.

(C) PROCEDURES AND CRITERIA.—If the Secretary enters into an agreement under this subsection for the administration of a jointly funded project—

(i) the agreement shall specify which agency's procedures shall be used to award grants, contracts, or cooperative agreements and to administer such awards;

(ii) the participating agencies may develop a single set of criteria for the jointly funded project, and may require applicants to submit a single application for joint review by such agencies; and

(iii) unless the heads of the participating agencies develop joint eligibility requirements, an applicant for an award for the project shall meet the eligibility requirements of each program involved.

(2) LIMITATION.—The Secretary may not construe the provisions of this subsection to take precedence over a limitation on joint funding contained in an applicable statute.

SEC. 163. AUTHORIZATION OF APPROPRIATIONS. 42 USC 15083.

(a) IN GENERAL.—There are authorized to be appropriated to carry out the projects specified in this section $16,000,000 for fiscal year 2001, and such sums as may be necessary for each of fiscal years 2002 through 2007.

(b) USE OF FUNDS.—

(1) GRANTS, CONTRACTS, AND AGREEMENTS.—Except as provided in paragraph (2), the amount appropriated under subsection (a) for each fiscal year shall be used to award grants, or enter into contracts, cooperative agreements, or other agreements, under section 162.

(2) ADMINISTRATIVE COSTS.—Not more than 1 percent of the amount appropriated under subsection (a) for each fiscal year may be used to provide for the administrative costs (other than compensation of Federal employees) of the Administration

on Developmental Disabilities for administering this subtitle and subtitles B, C, and D, including monitoring the performance of and providing technical assistance to, entities that receive funds under this title.

(c) TECHNICAL ASSISTANCE FOR COUNCILS AND CENTERS.—

(1) IN GENERAL.—For each covered year, the Secretary shall expend, to provide technical assistance for entities funded under subtitle B or D, an amount from funds appropriated under subsection (a) that is not less than the amount the Secretary expended on technical assistance for entities funded under that subtitle (or a corresponding provision) in the previous fiscal year.

(2) COVERED YEAR.—In this subsection, the term "covered year" means—

(A) in the case of an expenditure for entities funded under subtitle B, a fiscal year for which the amount appropriated under section 129(a) is less than $76,000,000; and

(B) in the case of an expenditure for entities funded under subtitle D, a fiscal year prior to the first fiscal year for which the amount appropriated under section 156(a)(1) is not less than $20,000,000.

(3) REFERENCES.—References in this subsection to subtitle D shall not be considered to include section 153(c)(4).

(d) TECHNICAL ASSISTANCE ON ELECTRONIC INFORMATION SHARING.—In addition to any funds reserved under subsection (c), the Secretary shall reserve $100,000 from the amount appropriated under subsection (a) for each fiscal year to carry out section 153(c)(4).

(e) LIMITATION.—For any fiscal year for which the amount appropriated under subsection (a) is not less than $10,000,000, not more than 50 percent of such amount shall be used for activities carried out under section 161(2)(A).

Families of Children With Disabilities Support Act of 2000.
42 USC 15001 note.

TITLE II—FAMILY SUPPORT

SEC. 201. SHORT TITLE.

This title may be cited as the "Families of Children With Disabilities Support Act of 2000".

42 USC 15091.

SEC. 202. FINDINGS, PURPOSES, AND POLICY.

(a) FINDINGS.—Congress makes the following findings:

(1) It is in the best interest of our Nation to preserve, strengthen, and maintain the family.

(2) Families of children with disabilities provide support, care, and training to their children that can save States millions of dollars. Without the efforts of family caregivers, many persons with disabilities would receive care through State-supported out-of-home placements.

(3) Most families of children with disabilities, especially families in unserved and underserved populations, do not have access to family-centered and family-directed services to support such families in their efforts to care for such children at home.

(4) Medical advances and improved health care have increased the life span of many people with disabilities, and the combination of the longer life spans and the aging of family

caregivers places a continually increasing demand on the finite service delivery systems of the States.

(5) In 1996, 49 States provided family support initiatives in response to the needs of families of children with disabilities. Such initiatives included the provision of cash subsidies, respite care, and other forms of support. There is a need in each State, however, to strengthen, expand, and coordinate the activities of a system of family support services for families of children with disabilities that is easily accessible, avoids duplication, uses resources efficiently, and prevents gaps in services to families in all areas of the State.

(6) The goals of the Nation properly include the goal of providing to families of children with disabilities the family support services necessary—

(A) to support the family;

(B) to enable families of children with disabilities to nurture and enjoy their children at home;

(C) to enable families of children with disabilities to make informed choices and decisions regarding the nature of supports, resources, services, and other assistance made available to such families; and

(D) to support family caregivers of adults with disabilities.

(b) PURPOSES.—The purposes of this title are—

(1) to promote and strengthen the implementation of comprehensive State systems of family support services, for families with children with disabilities, that are family-centered and family-directed, and that provide families with the greatest possible decisionmaking authority and control regarding the nature and use of services and support;

(2) to promote leadership by families in planning, policy development, implementation, and evaluation of family support services for families of children with disabilities;

(3) to promote and develop interagency coordination and collaboration between agencies responsible for providing the services; and

(4) to increase the availability of, funding for, access to, and provision of family support services for families of children with disabilities.

(c) POLICY.—It is the policy of the United States that all programs, projects, and activities funded under this title shall be family-centered and family-directed, and shall be provided in a manner consistent with the goal of providing families of children with disabilities with the support the families need to raise their children at home.

SEC. 203. DEFINITIONS AND SPECIAL RULE.

42 USC 15092.

(a) DEFINITIONS.—In this title:

(1) CHILD WITH A DISABILITY.—The term “child with a disability” means an individual who—

(A) has a significant physical or mental impairment, as defined pursuant to State policy to the extent that such policy is established without regard to type of disability; or

(B) is an infant or a young child from birth through age 8 and has a substantial developmental delay or specific congenital or acquired condition that presents a high probability of resulting in a disability if services are not provided to the infant or child.

(2) FAMILY.—

(A) IN GENERAL.—Subject to subparagraph (B), for purposes of the application of this title in a State, the term "family" has the meaning given the term by the State.

(B) EXCLUSION OF EMPLOYEES.—The term does not include an employee who, acting in a paid employment capacity, provides services to a child with a disability in an out-of-home setting such as a hospital, nursing home, personal care home, board and care home, group home, or other facility.

(3) FAMILY SUPPORT FOR FAMILIES OF CHILDREN WITH DISABILITIES.—The term "family support for families of children with disabilities" means supports, resources, services, and other assistance provided to families of children with disabilities pursuant to State policy that are designed to—

(A) support families in the efforts of such families to raise their children with disabilities in the home;

(B) strengthen the role of the family as primary caregiver for such children;

(C) prevent involuntary out-of-the-home placement of such children and maintain family unity; and

(D) reunite families with children with disabilities who have been placed out of the home, whenever possible.

(4) SECRETARY.—The term "Secretary" means the Secretary of Health and Human Services.

(5) STATE.—The term "State" means each of the 50 States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

(6) SYSTEMS CHANGE ACTIVITIES.—The term "systems change activities" means efforts that result in laws, regulations, policies, practices, or organizational structures—

(A) that are family-centered and family-directed;

(B) that facilitate and increase access to, provision of, and funding for, family support services for families of children with disabilities; and

(C) that otherwise accomplish the purposes of this title.

(b) SPECIAL RULE.—References in this title to a child with a disability shall be considered to include references to an individual who is not younger than age 18 who—

(1) has a significant impairment described in subsection (a)(1)(A); and

(2) is residing with and receiving assistance from a family member.

42 USC 15093.

SEC. 204. GRANTS TO STATES.

(a) IN GENERAL.—The Secretary shall make grants to States on a competitive basis, in accordance with the provisions of this title, to support systems change activities designed to assist States to develop and implement, or expand and enhance, a statewide system of family support services for families of children with disabilities that accomplishes the purposes of this title.

(b) AWARD PERIOD AND GRANT LIMITATION.—No grant shall be awarded under this section for a period of more than 3 years. No State shall be eligible for more than 1 grant under this section.

(c) AMOUNT OF GRANTS.—

(1) GRANTS TO STATES.—

(A) FEDERAL MATCHING SHARE.—From amounts appropriated under section 212(a), the Secretary shall pay to each State that has an application approved under section 205, for each year of the grant period, an amount that is—

(i) equal to not more than 75 percent of the cost of the systems change activities to be carried out by the State; and

(ii) not less than $100,000 and not more than $500,000.

(B) NON-FEDERAL SHARE.—The non-Federal share of the cost of the systems change activities may be in cash or in kind, fairly evaluated, including plant, equipment, or services.

(2) CALCULATION OF AMOUNTS.—The Secretary shall calculate a grant amount described in paragraph (1) on the basis of—

(A) the amounts available for making grants under this section; and

(B) the child population of the State concerned.

(d) PRIORITY FOR PREVIOUSLY PARTICIPATING STATES.—For the second and third fiscal years for which amounts are appropriated to carry out this section, the Secretary, in providing payments under this section, shall give priority to States that received payments under this section during the preceding fiscal year.

(e) PRIORITIES FOR DISTRIBUTION.—To the extent practicable, the Secretary shall award grants to States under this section in a manner that—

(1) is geographically equitable;

(2) distributes the grants among States that have differing levels of development of statewide systems of family support services for families of children with disabilities; and

(3) distributes the grants among States that attempt to meet the needs of unserved and underserved populations, such as individuals from racial and ethnic minority backgrounds, disadvantaged individuals, individuals with limited English proficiency, and individuals from underserved geographic areas (rural or urban).

SEC. 205. APPLICATION.

42 USC 15094.

To be eligible to receive a grant under this title, a State shall submit an application to the Secretary at such time, in such manner, and containing such information and assurances as the Secretary may require, including information about the designation of a lead entity, a description of available State resources, and assurances that systems change activities will be family-centered and family-directed.

SEC. 206. DESIGNATION OF THE LEAD ENTITY.

42 USC 15095.

(a) DESIGNATION.—The Chief Executive Officer of a State that desires to receive a grant under section 204, shall designate the office or entity (referred to in this title as the “lead entity”) responsible for—

(1) submitting the application described in section 205 on behalf of the State;

(2) administering and supervising the use of the amounts made available under the grant;

(3) coordinating efforts related to and supervising the preparation of the application;

(4) coordinating the planning, development, implementation (or expansion and enhancement), and evaluation of a statewide system of family support services for families of children with disabilities among public agencies and between public agencies and private agencies, including coordinating efforts related to entering into interagency agreements;

(5) coordinating efforts related to the participation by families of children with disabilities in activities carried out under a grant made under this title; and

(6) submitting the report described in section 208 on behalf of the State.

(b) QUALIFICATIONS.—In designating the lead entity, the Chief Executive Officer may designate—

(1) an office of the Chief Executive Officer;

(2) a commission appointed by the Chief Executive Officer;

(3) a public agency;

(4) a council established under Federal or State law; or

(5) another appropriate office, agency, or entity.

42 USC 15096.

SEC. 207. AUTHORIZED ACTIVITIES.

(a) IN GENERAL.—A State that receives a grant under section 204 shall use the funds made available through the grant to carry out systems change activities that accomplish the purposes of this title.

(b) SPECIAL RULE.—In carrying out activities authorized under this title, a State shall ensure that such activities address the needs of families of children with disabilities from unserved or underserved populations.

42 USC 15097.

SEC. 208. REPORTING.

A State that receives a grant under this title shall prepare and submit to the Secretary, at the end of the grant period, a report containing the results of State efforts to develop and implement, or expand and enhance, a statewide system of family support services for families of children with disabilities.

42 USC 15098.

SEC. 209. TECHNICAL ASSISTANCE.

Contracts.

(a) IN GENERAL.—The Secretary shall enter into contracts or cooperative agreements with appropriate public or private agencies and organizations, including institutions of higher education, with documented experience, expertise, and capacity, for the purpose of providing technical assistance and information with respect to the development and implementation, or expansion and enhancement, of a statewide system of family support services for families of children with disabilities.

(b) PURPOSE.—An agency or organization that provides technical assistance and information under this section in a State that receives a grant under this title shall provide the technical assistance and information to the lead entity of the State, family members of children with disabilities, organizations, service providers, and policymakers involved with children with disabilities and their families. Such an agency or organization may also provide technical assistance and information to a State that does not receive a grant under this title.

(c) REPORTS TO THE SECRETARY.—An entity providing technical assistance and information under this section shall prepare and submit to the Secretary periodic reports regarding Federal policies and procedures identified within the States that facilitate or impede the delivery of family support services to families of children with disabilities. The report shall include recommendations to the Secretary regarding the delivery of services, coordination with other programs, and integration of the policies described in section 202 in Federal law, other than this title.

SEC. 210. EVALUATION.

42 USC 15099.

(a) IN GENERAL.—The Secretary shall conduct a national evaluation of the program of grants to States authorized by this title.

(b) PURPOSE.—

(1) IN GENERAL.—The Secretary shall conduct the evaluation under subsection (a) to assess the status and effects of State efforts to develop and implement, or expand and enhance, statewide systems of family support services for families of children with disabilities in a manner consistent with the provisions of this title. In particular, the Secretary shall assess the impact of such efforts on families of children with disabilities, and recommend amendments to this title that are necessary to assist States to accomplish fully the purposes of this title.

(2) INFORMATION SYSTEMS.—The Secretary shall work with the States to develop an information system designed to compile and report, from information provided by the States, qualitative and quantitative descriptions of the impact of the program of grants to States authorized by this title on—

(A) families of children with disabilities, including families from unserved and underserved populations;

(B) access to and funding for family support services for families of children with disabilities;

(C) interagency coordination and collaboration between agencies responsible for providing the services; and

(D) the involvement of families of children with disabilities at all levels of the statewide systems.

(c) REPORT TO CONGRESS.—Not later than 2½ years after the date of enactment of this Act, the Secretary shall prepare and submit to the appropriate committees of Congress a report concerning the results of the evaluation conducted under this section.

Deadline.

SEC. 211. PROJECTS OF NATIONAL SIGNIFICANCE.

42 USC 15100.

(a) STUDY BY THE SECRETARY.—The Secretary shall review Federal programs to determine the extent to which such programs facilitate or impede access to, provision of, and funding for family support services for families of children with disabilities, consistent with the policies described in section 202.

(b) PROJECTS OF NATIONAL SIGNIFICANCE.—The Secretary shall make grants or enter into contracts for projects of national significance to support the development of national and State policies and practices related to the development and implementation, or expansion and enhancement, of family-centered and family-directed systems of family support services for families of children with disabilities.

42 USC 15101.

SEC. 212. AUTHORIZATION OF APPROPRIATIONS.

(a) IN GENERAL.—There are authorized to be appropriated to carry out this title such sums as may be necessary for each of fiscal years 2001 through 2007.

(b) RESERVATION.—

(1) IN GENERAL.—The Secretary shall reserve for each fiscal year 10 percent, or $400,000 (whichever is greater), of the amount appropriated pursuant to subsection (a) to carry out—

(A) section 209 (relating to the provision of technical assistance and information to States); and

(B) section 210 (relating to the conduct of evaluations).

(2) SPECIAL RULE.—For each year that the amount appropriated pursuant to subsection (a) is $10,000,000 or greater, the Secretary may reserve 5 percent of such amount to carry out section 211.

TITLE III—PROGRAM FOR DIRECT SUPPORT WORKERS WHO ASSIST INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

42 USC 15111.

SEC. 301. FINDINGS.

Congress finds that—

(1) direct support workers, especially young adults, have played essential roles in providing the support needed by individuals with developmental disabilities and expanding community options for those individuals;

(2) 4 factors have contributed to a decrease in the available pool of direct support workers, specifically—

(A) the small population of individuals who are age 18 through 25, an age group that has been attracted to direct support work in the past;

(B) the rapid expansion of the service sector, which attracts individuals who previously would have elected to pursue employment as direct support workers;

(C) the failure of wages in the human services sector to keep pace with wages in other service sectors; and

(D) the lack of quality training and career advancement opportunities available to direct support workers; and

(3) individuals with developmental disabilities benefit from assistance from direct support workers who are well trained, and benefit from receiving services from professionals who have spent time as direct support workers.

42 USC 15112.

SEC. 302. DEFINITIONS.

In this title:

(1) DEVELOPMENTAL DISABILITY.—The term “developmental disability” has the meaning given the term in section 102.

(2) INSTITUTION OF HIGHER EDUCATION.—The term “institution of higher education” has the meaning given the term in section 1201 of the Higher Education Act of 1965 (20 U.S.C. 1141).

(3) SECRETARY.—The term “Secretary” means the Secretary of Health and Human Services.

SEC. 303. REACHING UP SCHOLARSHIP PROGRAM.

42 USC 15113.

(a) PROGRAM AUTHORIZATION.—The Secretary may award grants to eligible entities, on a competitive basis, to enable the entities to carry out scholarship programs by providing vouchers for postsecondary education to direct support workers who assist individuals with developmental disabilities residing in diverse settings. The Secretary shall award the grants to pay for the Federal share of the cost of providing the vouchers.

(b) ELIGIBLE ENTITY.—To be eligible to receive a grant under this section, an entity shall be—

(1) an institution of higher education;

(2) a State agency; or

(3) a consortium of such institutions or agencies.

(c) APPLICATION REQUIREMENTS.—To be eligible to receive a grant under this section, an eligible entity shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, including a description of—

(1) the basis for awarding the vouchers;

(2) the number of individuals to receive the vouchers; and

(3) the amount of funds that will be made available by the eligible entity to pay for the non-Federal share of the cost of providing the vouchers.

(d) SELECTION CRITERIA.—In awarding a grant under this section for a scholarship program, the Secretary shall give priority to an entity submitting an application that—

(1) specifies that individuals who receive vouchers through the program will be individuals—

(A) who are direct support workers who assist individuals with developmental disabilities residing in diverse settings, while pursuing postsecondary education; and

(B) each of whom verifies, prior to receiving the voucher, that the worker has completed 250 hours as a direct support worker in the past 90 days;

(2) states that the vouchers that will be provided through the program will be in amounts of not more than $2,000 per year;

(3) provides an assurance that the eligible entity (or another specified entity that is not a voucher recipient) will contribute the non-Federal share of the cost of providing the vouchers; and

(4) meets such other conditions as the Secretary may specify.

(e) FEDERAL SHARE.—The Federal share of the cost of providing the vouchers shall be not more than 80 percent.

SEC. 304. STAFF DEVELOPMENT CURRICULUM AUTHORIZATION.

42 USC 15114.

(a) FUNDING.—

(1) IN GENERAL.—The Secretary shall award funding, on a competitive basis, through a grant, cooperative agreement, or contract, to a public or private entity or a combination of such entities, for the development, evaluation, and dissemination of a staff development curriculum, and related guidelines, for computer-assisted, competency-based, multimedia, interactive instruction, relating to service as a direct support worker.

(2) PARTICIPANTS.—The curriculum shall be developed for individuals who—

(A) seek to become direct support workers who assist individuals with developmental disabilities or are such direct support workers; and

(B) seek to upgrade their skills and competencies related to being a direct support worker.

(b) APPLICATION REQUIREMENTS.—To be eligible to receive an award under this section, an entity shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, including—

(1) a comprehensive analysis of the content of direct support roles;

(2) information identifying an advisory group that—

(A) is comprised of individuals with experience and expertise with regard to the support provided by direct support workers, and effective ways to provide the support, for individuals with developmental disabilities in diverse settings; and

(B) will advise the entity throughout the development, evaluation, and dissemination of the staff development curriculum and guidelines;

(3) information describing how the entity will—

(A) develop, field test, and validate a staff development curriculum that—

(i) relates to the appropriate reading level for direct service workers who assist individuals with disabilities;

(ii) allows for multiple levels of instruction;

(iii) provides instruction appropriate for direct support workers who work in diverse settings; and

(iv) is consistent with subsections (b) and (c) of section 101 and section 109;

(B) develop, field test, and validate guidelines for the organizations that use the curriculum that provide for—

(i) providing necessary technical and instructional support to trainers and mentors for the participants;

(ii) ensuring easy access to and use of such curriculum by workers that choose to participate in using, and agencies that choose to use, the curriculum;

(iii) evaluating the proficiency of the participants with respect to the content of the curriculum;

(iv) providing necessary support to the participants to assure that the participants have access to, and proficiency in using, a computer in order to participate in the development, testing, and validation process;

(v) providing necessary technical and instructional support to trainers and mentors for the participants in conjunction with the development, testing, and validation process;

(vi) addressing the satisfaction of participants, individuals with developmental disabilities and their families, providers of services for such individuals and families, and other relevant entities with the curriculum; and

(vii) developing methods to maintain a record of the instruction completed, and the content mastered, by each participant under the curriculum; and

(C) nationally disseminate the curriculum and guidelines, including dissemination through—

(i) parent training and information centers funded under part D of the Individuals with Disabilities Education Act (20 U.S.C. 1451 et seq.);

(ii) community-based organizations of and for individuals with developmental disabilities and their families;

(iii) entities funded under title I;

(iv) centers for independent living;

(v) State educational agencies and local educational agencies;

(vi) entities operating appropriate medical facilities;

(vii) postsecondary education entities; and

(viii) other appropriate entities; and

(4) such other information as the Secretary may require.

SEC. 305. AUTHORIZATION OF APPROPRIATIONS. 42 USC 15115.

(a) SCHOLARSHIPS.—There are authorized to be appropriated to carry out section 303 $800,000 for fiscal year 2001 and such sums as may be necessary for each of fiscal years 2002 through 2007.

(b) STAFF DEVELOPMENT CURRICULUM.—There are authorized to be appropriated to carry out section 304 $800,000 for fiscal year 2001 and such sums as may be necessary for each of fiscal years 2002 and 2003.

TITLE IV—REPEAL

SEC. 401. REPEAL.

(a) IN GENERAL.—The Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6000 et seq.) is repealed.

(b) CONFORMING AMENDMENTS.—

(1) INDIVIDUALS WITH DISABILITIES EDUCATION ACT.—Sections 644(b)(4) and 685(b)(4) of the Individuals with Disabilities Education Act (20 U.S.C. 1444(b)(4), 1484a(b)(4)) are amended by striking “the Developmental Disabilities Assistance and Bill of Rights Act” and inserting “the Developmental Disabilities Assistance and Bill of Rights Act of 2000”. 20 USC 1485.

(2) NATIVE AMERICAN HOUSING ASSISTANCE AND SELF-DETERMINATION ACT OF 1996.—Section 4(17)(C) of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103(17)(C)) is amended by striking “as defined in” and all that follows and inserting “as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000.”.

(3) REHABILITATION ACT OF 1973.—(A) Section 105(c)(6) of the Rehabilitation Act of 1973 (29 U.S.C. 725(c)(6)) is amended by striking “the State Developmental Disabilities Council described in section 124 of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6024)” and inserting “the State Council on Developmental Disabilities established under section 125 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000”.

(B) Sections 202(h)(2)(D)(iii) and 401(a)(5)(A) of the Rehabilitation Act of 1973 (29 U.S.C. 762(h)(2)(D)(iii), 781(a)(5)(A)) are amended by striking “Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6000 et seq.)” and inserting “Developmental Disabilities Assistance and Bill of Rights Act of 2000”.

(C) Subsections (a)(1)(B)(i), (f)(2), and (m)(1) of section 509 of the Rehabilitation Act of 1973 (29 U.S.C. 794e) are amended by striking “part C of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6041 et seq.)” and inserting “subtitle C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000”.

(D) Section 509(f)(5)(B) of the Rehabilitation Act of 1973 (29 U.S.C. 794e(f)(5)(B)) is amended by striking “Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6000 et seq.)” and inserting “Developmental Disabilities Assistance and Bill of Rights Act of 2000”.

(4) ASSISTIVE TECHNOLOGY ACT OF 1998.—(A) Section 3(a)(11)(A) of the Assistive Technology Act of 1998 (29 U.S.C. 3002(a)(11)(A)) is amended by striking “part C of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6041 et seq.)” and inserting “subtitle C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000”.

(B) Paragraphs (1) and (2) of section 102(a) of the Assistive Technology Act of 1998 (29 U.S.C. 3012(a)) are amended by striking “Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6000 et seq.)” and inserting “Developmental Disabilities Assistance and Bill of Rights Act of 2000”.

(5) HEALTH PROGRAMS EXTENSION ACT OF 1973.—Section 401(e) of the Health Programs Extension Act of 1973 (42 U.S.C. 300a–7(e)) is amended by striking “or the” and all that follows through “may deny” and inserting “or the Developmental Disabilities Assistance and Bill of Rights Act of 2000 may deny”.

(6) SOCIAL SECURITY ACT.—(A) Section 1919(c)(2)(B)(iii)(III) of the Social Security Act (42 U.S.C. 1396r(c)(2)(B)(iii)(III)) is amended by striking “part C of the Developmental Disabilities Assistance and Bill of Rights Act” and inserting “subtitle C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000”.

(B) Section 1930(d)(7) of the Social Security Act (42 U.S.C. 1396u(d)(7)) is amended by striking “State Planning Council established under section 124 of the Developmental Disabilities Assistance and Bill of Rights Act, and the Protection and Advocacy System established under section 142 of such Act” and inserting “State Council on Developmental Disabilities established under section 125 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 and the protection and advocacy system established under subtitle C of that Act”.

(7) UNITED STATES HOUSING ACT OF 1937.—Section 3(b)(3)(E)(iii) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(3)(E)(iii)) is amended by striking “developmental disability” and all that follows and inserting “developmental disability as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000.”.

(8) HOUSING ACT OF 1949.—The third sentence of section 501(b)(3) of the Housing Act of 1949 (42 U.S.C. 1471(b)(3)) is amended by striking “developmental disability” and all that follows and inserting “developmental disability as defined in

section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000.”.

(9) OLDER AMERICANS ACT OF 1965.—(A) Section 203(b)(17) of the Older Americans Act of 1965 (42 U.S.C. 3013(b)(17)) is amended by striking “Developmental Disabilities and Bill of Rights Act” and inserting “Developmental Disabilities Assistance and Bill of Rights Act of 2000”.

(B) Section 427(a) of the Older Americans Act of 1965 (42 U.S.C. 3035f(a)) is amended by striking “part A of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001 et seq.)” and inserting “subtitle C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000”.

(C) Section 429F(a)(1) of the Older Americans Act of 1965 (42 U.S.C. 3035n(a)(1)) is amended by striking “section 102(5) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(5))” and inserting “section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000”.

(D) Section 712(h)(6)(A) of the Older Americans Act of 1965 (42 U.S.C. 3058g(h)(6)(A)) is amended by striking “part A of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001 et seq.)” and inserting “subtitle C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000”.

(10) CRIME VICTIMS WITH DISABILITIES AWARENESS ACT.—Section 3 of the Crime Victims With Disabilities Awareness Act (42 U.S.C. 3732 note) is amended by striking “term” and all that follows and inserting the following “term in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000.”.

(11) CRANSTON-GONZALEZ NATIONAL AFFORDABLE HOUSING ACT.—The third sentence of section 811(k)(2) of the Cranston-Gonzalez National Affordable Housing Act (42 U.S.C. 8013(k)(2)) is amended by striking “as defined” and all that follows and inserting “as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000.”.

(12) STATE DEPENDENT CARE DEVELOPMENT GRANTS ACT.—Section 670G(3) of the State Dependent Care Development Grants Act (42 U.S.C. 9877(3)) is amended by striking “section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act” and inserting “section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000”.

(13) PROTECTION AND ADVOCACY FOR MENTALLY ILL INDIVIDUALS ACT OF 1986.—(A) Section 102(2) of the Protection and Advocacy for Mentally Ill Individuals Act of 1986 (42 U.S.C. 10802(2)) is amended by striking “part C of the Developmental Disabilities Assistance and Bill of Rights Act” and inserting “subtitle C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000”.

(B) Section 114 of the Protection and Advocacy for Mentally Ill Individuals Act of 1986 (42 U.S.C. 10824) is amended by striking “section 107(c) of the Developmental Disabilities Assistance and Bill of Rights Act” and inserting “section 105 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000”.

(14) STEWART B. MCKINNEY HOMELESS ASSISTANCE ACT.—Section 422(2)(C) of the Stewart B. McKinney Homeless Assistance Act (42 U.S.C. 11382(2)(C)) is amended by striking "as defined" and all that follows and inserting "as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000, or".

(15) ASSISTED SUICIDE FUNDING RESTRICTION ACT OF 1997.—(A) Section 4 of the Assisted Suicide Funding Restriction Act of 1997 (42 U.S.C. 14403) is amended—

(i) by striking the section heading and inserting the following:

"SEC. 4. RESTRICTION ON USE OF FEDERAL FUNDS UNDER CERTAIN GRANT PROGRAMS.";

and

(ii) by striking "part B, D, or E of the Developmental Disabilities Assistance and Bill of Rights Act" and inserting "subtitle B, D, or E of the Developmental Disabilities Assistance and Bill of Rights Act of 2000".

(B) Section 5(b)(1) of the Assisted Suicide Funding Restriction Act of 1997 (42 U.S.C. 14404(b)(1)) is amended by striking subparagraph (A) and inserting the following:

"(A) PROTECTION AND ADVOCACY SYSTEMS UNDER THE DEVELOPMENTAL DISABILITIES ASSISTANCE AND BILL OF RIGHTS ACT OF 2000.—Subtitle C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000.".

Approved October 30, 2000.

LEGISLATIVE HISTORY—S. 1809 (H.R. 4920):

CONGRESSIONAL RECORD:
Vol. 145 (1999): Nov. 8, considered and passed Senate.
Vol. 146 (2000): Oct. 11, considered and passed House.

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The DD Act

Part B

Federal Assistance to State Councils on Developmental Disabilities

An Accessible Format and Plain Language Notes

Contents

Foreword

This publication is an accessible version of the Developmental Disabilities Assistance and Bill of Rights Act (the DD Act) of 2000 Part B: Federal Assistance to State Councils on Developmental Disabilities. This document does not include the general provisions or definitions of the DD Act. The content has not been changed. The format has been updated for accessibility reading. Additional comments have been added for clarity using plain language. It is a publication of the staff at the Kentucky Commonwealth Council on Developmental Disabilities with input from other Council Executive Directors, December 2021.

Click this Link for the full US Code DD Act

You can also use your phone with this QR Code:

Overview

The DD Act is a law that says people with developmental disabilities (DD) and their families have a right to be in their communities living good lives like everybody else. It has 3 titles:

- Title 1- Programs for individuals with developmental disabilities
- Title 2- Family Support
- Title 3- Program for Direct Support Workers who assist people with developmental disabilities

In Title 1, there are 5 areas (subtitles):

A. General Provisions
B. Federal Assistance to State Councils on Developmental Disabilities
C. Protection and Advocacy of Individual Rights
D. National Network of University Centers for Excellence in Developmental Disabilities Education, Research and Service
E. Projects of National Significance

The DD Act was written to make service systems better for people. It makes sure that people with DD and their families are included in making decisions.

The DD Act includes rules that programs must follow, including Developmental Disability Councils.

There are many parts to the DD Act. This paper focuses on Part B about DD Councils.

United States Code

Title 42

The Public Health and Welfare

Chapter 144

Developmental Disabilities Assistance and Bill of Rights

Subchapter I—Programs for Individuals with Developmental Disabilities

Part B—Federal Assistance to State Councils on Developmental Disabilities

This part tells the reason for a council.

Section 121 Purpose

(1) engage in **advocacy**, **capacity building**, and **systemic change activities** that are consistent with the purpose described in section 15001(b) of this title and the policy described in section 15001(c) of this title; and

(2) contribute to a coordinated, consumer- and family-centered, consumer- and family-directed, comprehensive system of community services, individualized supports, and other forms of assistance that enable individuals with developmental disabilities to exercise self-determination, be independent, be productive, and be integrated and included in all facets of community life.

This part tells why each state gets a different amount of grant money (allotment).

Section 122 State allotments

(1) In general

(A) Authority

for each fiscal year, the Secretary shall, in accordance with regulations and this paragraph, allot the sums appropriated for such year under section 15029 of this title among the States on the basis of

- **(i)** the population
- **(ii)** the extent of need for services for individuals with developmental disabilities and
- **(iii)** the financial need

of the respective States.

(B) Use of funds

Sums allotted to the States under this section shall be used to pay for the Federal share of the cost of carrying out projects in accordance with State plans approved under section 15024 of this title for the provision under such plans of services for individuals with developmental disabilities

(2) Adjustments

The Secretary may make adjustments in the amounts of State allotments based on clauses (i), (ii), and (iii) of paragraph (1)(A) not more often than annually. The Secretary shall notify each State of any adjustment made under this paragraph and the percentage of the total sums appropriated under section 15029 of this title that the adjusted allotment represents not later than 6 months before the beginning of the fiscal year in which such adjustment is to take effect.

(3) Minimum allotment for appropriations less than or equal to $70,000,000

(A) In general

(i) Except as provided in paragraph (4), for any fiscal year the allotment under this section—

(ii) to each of American Samoa, Guam, the United States Virgin Islands, or the Commonwealth of the Northern Mariana Islands may not be less than $210,000; and

(iii) to any State not described in clause (i) may not be less than $400,000, the amount received by the State for the previous year, or the amount of Federal appropriations received in fiscal year 2000, 2001, or 2002, whichever is greater.

(B) Reduction of allotment

(i) Notwithstanding subparagraph (A), if the aggregate of the amounts to be allotted to the States pursuant to subparagraph (A) for any fiscal year exceeds the total amount appropriated under section 15029 of this title for such fiscal year, the amount to be allotted to each State for such fiscal year shall be proportionately reduced

(4) Minimum allotment for appropriations in excess of $70,000,000

(A) In general

(i) In any case in which the total amount appropriated under section 15029 of this title for a fiscal year is more than $70,000,000, the allotment under this section for such fiscal year—

(ii) to each of American Samoa, Guam, the United States Virgin Islands, or the Commonwealth of the Northern Mariana Islands may not be less than $220,000; and

(iii) to any State not described in clause (i) may not be less than $450,000, the amount received by the State for the previous year, or the amount of Federal appropriations received in fiscal year 2000, 2001, or 2002, whichever is greater.

(B) Reduction of allotment

(i) The requirements of paragraph (3)(B) shall apply with respect to amounts to be allotted to States under subparagraph (A), in the same manner and to the same extent as such requirements apply with respect to amounts to be allotted to States under paragraph (3)(A).

(5) State supports, services, and other activities

(A) In determining, for purposes of paragraph (1)(A)(ii), the extent of need in any State for services for individuals with developmental disabilities, the Secretary shall take into account the scope and extent of the services, supports, and assistance described, pursuant to section 15024(c)(3)(A) of this title, in the State plan of the State.

(6) Increase in allotments

In any year in which the total amount appropriated under section 15029 of this title for a fiscal year exceeds the total amount appropriated under such section (or a corresponding provision) for the preceding fiscal year by a percentage greater than the most recent percentage change in the Consumer Price Index published by the Secretary of Labor under section 720(c)(1) of title 29 (if the percentage change indicates an increase), the Secretary shall increase each of the minimum allotments described in paragraphs (3) and (4). The Secretary shall increase each minimum allotment by an amount that bears the same ratio to the amount of such minimum allotment (including any increases in such minimum allotment under this paragraph (or a corresponding provision) for prior fiscal years) as the amount that is equal to the difference between—

(A) the total amount appropriated under section 15029 of this title for the fiscal year for which the increase in the minimum allotment is being made; minus

(B) the total amount appropriated under section 15029 of this title (or a corresponding provision) for such preceding fiscal year

(b) Unobligated funds

Any amount paid to a State for a fiscal year and remaining unobligated at the end of such year shall remain available to such State for the next fiscal year for the purposes for which such amount was paid

(c) Obligation of funds

For the purposes of this part, State Interagency Agreements are considered valid obligations for the purpose of obligating Federal funds allotted to the State under this part.

(d) Cooperative efforts between States

If a State plan approved in accordance with section 15024 of this title provides for cooperative or joint effort between or among States or agencies, public or private, in more than 1 State, portions of funds allotted to 1 or more States described in this subsection may be combined in accordance with the agreements between the States or agencies involved.

(e) Reallotments

(1) In general

If the Secretary determines that an amount of an allotment to a State for a period (of a fiscal year or longer) will not be required by the State during the period for the purpose for which the allotment was made, the Secretary may reallot the amount.

(2) Timing

The Secretary may make such a reallotment from time to time, on such date as the Secretary may fix, but not earlier than 30 days after the Secretary has published notice of the intention of the Secretary to make the reallotment in the Federal Register.

(3) Amounts

The Secretary shall reallot the amount to other States with respect to which the Secretary has not made that determination. The Secretary shall reallot the amount in proportion to the original allotments of the other States for such fiscal year but shall reduce such proportionate amount for any of the other States to the extent the proportionate amount exceeds the sum that the Secretary estimates the State needs and will be able to use during such period.

(4) Reallotment of Reductions

The Secretary shall similarly reallot the total of the reductions among the States whose proportionate amounts were not so reduced.

(5) Treatment

Any amount reallotted to a State under this subsection for a fiscal year shall be deemed to be a part of the allotment of the State under subsection (a) for such fiscal year.

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This part is about states getting the grant money.

(a) State plan expenditures

From each State's allotments for a fiscal year under section 15022 of this title, the Secretary shall pay to the State the Federal share of the cost, other than the cost for construction, incurred during such year for activities carried out under the State plan approved under section 15024 of this title. The Secretary shall make such payments from time to time in advance on the basis of estimates by the Secretary of the sums the State will expend for the cost under the State plan. The Secretary shall make such adjustments as may be necessary to the payments on account of previously made underpayments or overpayments under this section.

(b) Designated State agency expenditures

The Secretary may make payments to a State for the portion described in section 15024(c)(5)(B)(vi) of this title in advance or by way of reimbursement, and in such installments as the Secretary may determine.

This part is about the 5 - year state plan each council must do. It tells what must be in the plan.

(a) In general

Any State desiring to receive assistance under this part shall submit to the Secretary, and obtain approval of, a 5-year strategic State plan under this section

(b) Planning cycle

The plan described in subsection (a) shall be updated as appropriate during the 5-year period.

(c) State plan requirements

In order to be approved by the Secretary under this section, a State plan shall meet each of the following requirements:

(1) State Council

The plan shall provide for the establishment and maintenance of a Council in accordance with section 15025 of this title and describe the membership of such Council.

(2) Designated State agency

The plan shall identify the agency or office within the State designated to support the Council in accordance with this section and section 15025(d) of this title (referred to in this part as a "designated State agency").

(3) Comprehensive review and analysis

The plan shall describe the results of a comprehensive review and analysis of the extent to which services, supports, and other assistance are available to individuals with developmental disabilities and their families, and the extent of unmet needs for services, supports, and other assistance for those individuals and their families, in the State. The results of the comprehensive review and analysis shall include

The activities a council does must be in a specific topic area, called an area of emphasis. These areas are described below.

(A) a description of the services, supports, and other assistance being provided to individuals with developmental disabilities and their families under other federally assisted State programs, plans, and policies under which the State operates and in which individuals with developmental disabilities are or may be eligible to participate, including particularly programs relating to the **areas of emphasis,** including—

(ii) job training, job placement, worksite accommodation, and vocational rehabilitation, and other work assistance programs; and

(iii) social, child welfare, aging, independent living, and rehabilitation and assistive technology services, and such other services as the Secretary may specify;

(B) a description of the extent to which agencies operating such other federally assisted State programs, including activities authorized under section 3003 or 3004 of title 29, pursue interagency initiatives to improve and enhance community services, individualized supports, and other forms of assistance for individuals with developmental disabilities;

(C) an analysis of the extent to which community services and opportunities related to the areas of emphasis directly benefit individuals with developmental disabilities, especially with regard to their ability to access and use services provided in their communities, to participate in opportunities, activities, and events offered in their communities, and to contribute to community life, identifying particularly—

    - **(i)** the degree of support for individuals with developmental disabilities that are attributable to either physical impairment, mental impairment, or a combination of physical and mental impairments;
    - **(ii)** criteria for eligibility for services, including specialized services and special adaptation of generic services provided by agencies within the State, that may exclude individuals with developmental disabilities from receiving services described in this clause;
    - **(iii)** the barriers that impede full participation of members of unserved and underserved groups of individuals with developmental disabilities and their families;
    - **(iv)** the availability of assistive technology, assistive technology services, or rehabilitation technology, or information about assistive technology, assistive technology services, or rehabilitation technology to individuals with developmental disabilities;
    - **(v)** the numbers of individuals with developmental disabilities on waiting lists for services described in this subparagraph;
    - **(vi)** a description of the adequacy of current resources and projected availability of future resources to fund services described in this subparagraph;
    - **(vii)** a description of the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities who are in facilities receive (based in part on each independent review (pursuant to section 1396a(a)(30)(C) of this title) of an Intermediate Care Facility (Mental Retardation) within the State, which the State shall provide to the Council not later than 30 days after the availability of the review); and
    - **(viii)** to the extent that information is available, a description of the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities who are served through home and community-based waivers (authorized under section 1396n(c) of this title) receive;
- **(D)** a description of how entities funded under parts C and D, through interagency agreements or other mechanisms, collaborated with the entity funded under this part in the State, each other, and other entities to contribute to the achievement of the purpose of this part; and
- **(E)** the rationale for the goals related to advocacy, capacity building, and systemic change to be undertaken by the Council to contribute to the achievement of the purpose of this part.

(4) **Plan Goals** The plan shall focus on Council efforts to bring about the purpose of this part, by—

(A) specifying 5-year goals, as developed through data driven strategic planning, for advocacy, capacity building, and systemic change related to the areas of emphasis, to be undertaken by the Council, that—

(i) are derived from the unmet needs of individuals with developmental disabilities and their families identified under paragraph (3); and

Here are goals a council must have in its plan.

(ii) include a goal, for each year of the grant, to—

(II) support opportunities for individuals with developmental disabilities who are considered leaders to provide leadership training to individuals with developmental disabilities who may become leaders; and

(III) support and expand participation of individuals with developmental disabilities in cross-disability and culturally diverse leadership coalitions; and

(B) for each year of the grant, describing—

(i) the goals to be achieved through the grant, which, beginning in fiscal year 2002, shall be consistent with applicable indicators of progress described in section 15004(a)(3) of this title;

(ii) the strategies to be used in achieving each goal; and

(iii) the method to be used to determine if each goal has been achieved.

(5) **Assurances**

(A) **In General**

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

(B) **Use of funds**

With respect to the funds paid to the State under section 15022 of this title, the plan shall provide assurances that—

(i) not less than 70 percent of such funds will be expended for activities related to the goals described in paragraph (4);

(ii) such funds will contribute to the achievement of the purpose of this part in various political subdivisions of the State;

(iii) such funds will be used to supplement, and not supplant, the non-Federal funds that would otherwise be made available for the purposes for which the funds paid under section 15022 of this title are provided;

(iv) such funds will be used to complement and augment rather than duplicate or replace services for individuals with developmental disabilities and their families who are eligible for Federal assistance under other State programs;

(v) part of such funds will be made available by the State to public or private entities;

(vi) at the request of any State, a portion of such funds provided to such State under this part for any fiscal year shall be available to pay up to ½ (or the entire amount if the Council is the designated State agency) of the expenditures found to be necessary by the Secretary for the proper and efficient exercise of the functions of the designated State agency, except that not more than 5 percent of such funds provided to such State for any fiscal year, or $50,000, whichever is less, shall be made available for total expenditures for such purpose by the designated State agency; and

(vii) not more than 20 percent of such funds will be allocated to the designated State agency for service demonstrations by such agency that—

(I) contribute to the achievement of the purpose of this part; and

(II) are explicitly authorized by the Council.

(C) State financial participation

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

(D) Conflict of interest

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

(E) Urban and rural poverty areas

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

(F) Program accessibility standards

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

(G) Individualized services

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

(H) Human Rights

The plan shall provide assurances that the human rights of the individuals with developmental disabilities (especially individuals without familial protection) who are receiving services under programs assisted under this part will be protected consistent with section 15009 of this title (relating to rights of individuals with developmental disabilities).

(I) Minority participation

The plan shall provide assurances that the State has taken affirmative steps to assure that participation in programs funded under this part is geographically representative of the State, and reflects the diversity of the State with respect to race and ethnicity.

(J) Employee restrictions

The plan shall provide assurances that fair and equitable arrangements (as determined by the Secretary after consultation with the Secretary of Labor) will be provided to protect the interests of employees affected by actions taken under the plan to provide community living activities, including arrangements designed to preserve employee rights and benefits and provide training and retraining of such employees where necessary, and arrangements under which maximum efforts will be made to guarantee the employment of such employees.

(K) Staff assignments

The plan shall provide assurances that the staff and other personnel of the Council, while working for the Council, will be responsible solely for assisting the

Council in carrying out the duties of the Council under this part and will not be assigned duties by the designated State agency, or any other agency, office, or entity of the State.

(L) Noninterference

The plan shall provide assurances that the designated State agency, and any other agency, office, or entity of the State, will not interfere with the advocacy, capacity building, and systemic change activities, budget, personnel, State plan development, or plan implementation of the Council, except that the designated State agency shall have the authority necessary to carry out the responsibilities described in section 15025(d)(3) of this title

(M) State quality assurances

The plan shall provide assurances that the Council will participate in the planning, design or redesign, and monitoring of State quality assurance systems that affect individuals with developmental disabilities.

(N) Other assurances

The plan shall contain such additional information and assurances as the Secretary may find necessary to carry out the provisions (including the purpose) of this part.

(d) Public input and review, submission, and approval

(1) Public input and review

The plan shall be based on public input. The Council shall make the plan available for public review and comment, after providing appropriate and sufficient notice in accessible formats of the opportunity for such review and comment. The Council shall revise the plan to take into account and respond to significant comments

(2) Consultation with the designated State agency

Before the plan is submitted to the Secretary, the Council shall consult with the designated State agency to ensure that the State plan is consistent with State law and to obtain appropriate State plan assurances.

(3) Plan approval

The Secretary shall approve any State plan and, as appropriate, amendments of such plan that comply with the provisions of subsections (a), (b), and (c) and this subsection. The Secretary may take final action to disapprove a State plan after providing reasonable notice and an opportunity for a hearing to the State.

Section 125 State Councils on Developmental Disabilities and designated State agencies

(a) In general

Each State that receives assistance under this part shall establish and maintain a Council to undertake advocacy, capacity building, and systemic change activities (consistent with subsections (b) and (c) of section 15001 of this title) that contribute to a coordinated, consumer- and family-centered, consumer- and family-directed, comprehensive system of community services, individualized supports, and other forms of assistance that contribute to the achievement of the purpose of this part. The Council shall have the authority to fulfill the responsibilities described in subsection (c).

(b) Council membership

(1) Council appointments

(A) In general

The members of the Council of a State shall be appointed by the Governor of the State from among the residents of that State.

(B) Recommendations

The Governor shall select members of the Council, at the discretion of the Governor, after soliciting recommendations from organizations representing a broad range of individuals with developmental disabilities and individuals interested in individuals with developmental disabilities, including the non-State agency members of the Council. The Council may, at the initiative of the Council, or on the request of the Governor, coordinate Council and public input to the Governor regarding all recommendations.

(C) Representation

The membership of the Council shall be geographically representative of the State and reflect the diversity of the State with respect to race and ethnicity.

(2) Membership rotation

The Governor shall make appropriate provisions to rotate the membership of the Council. Such provisions shall allow members to continue to serve on the Council until such members' successors are appointed. The Council shall notify the Governor regarding membership requirements of the Council, and shall notify the Governor when vacancies on the Council remain unfilled for a significant period of time.

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This part requires that people with DD and their families be the biggest part of the council.

(3) **Representation of individuals with developmental disabilities** Not less than 60 percent of the membership of each Council shall consist of individuals who are—

(A)

(i) individuals with developmental disabilities;

(ii) parents or guardians of children with developmental disabilities; or

(iii) immediate relatives or guardians of adults with mentally impairing developmental disabilities who cannot advocate for themselves; and

(B) not employees of a State agency that receives funds or provides services under this part, and who are not managing employees (as defined in section 1126(b) of the Social Security Act (42 U.S.C. 1320a–5(b)) of any other entity that receives funds or provides services under this part.

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This part requires councils to have state agency reps.

(4) **Representation of agencies and organizations**

(A) **In general** Each Council shall include-

(i) representatives of relevant State entities, including

(I) State entities that administer funds provided under Federal laws related to individuals with disabilities, including the Rehabilitation Act of 1973 (29 U.S.C. 701 et seq.), the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.), the Older Americans Act of 1965 (42 U.S.C. 3001 et seq.), and titles V and XIX of the Social Security Act (42 U.S.C. 701 et seq. and 1396 et seq.);

(II) Centers in the State; and

        (III) the State protection and advocacy system; and

    (ii) representatives, at all times, of local and nongovernmental agencies, and private nonprofit groups concerned with services for individuals with developmental disabilities in the State in which such agencies and groups are located

(B) Authority and limitations The representatives described in subparagraph (A) shall:

- **(i)** have sufficient authority to engage in policy planning and implementation on behalf of the department, agency, or program such representatives represent; and
- **(ii)** recuse themselves from any discussion of grants or contracts for which such representatives' departments, agencies, or programs are grantees, contractors, or applicants and comply with the conflict of interest assurance requirement under section 15024(c)(5)(D) of this title.

(5) Composition of membership with developmental disabilities of the members of the Council described in paragraph (3)

- **(A)** 1/3 shall be individuals with developmental disabilities described in paragraph (3)(A)(i);
- **(B)** 1/3 shall be parents or guardians of children with developmental disabilities described in paragraph (3)(A)(ii), or immediate relatives or guardians of adults with developmental disabilities described in paragraph (3)(A)(iii); and
- **(C)** 1/3 shall be a combination of individuals described in paragraph (3)(A)

(6) Institutionalized individuals

(A) In general

Of the members of the Council described in paragraph (5), at least 1 shall be an immediate relative or guardian of an individual with a developmental disability who resides or previously resided in an institution or shall be an individual with a developmental disability who resides or previously resided in an institution.

(B) Limitation

Subparagraph (A) shall not apply with respect to a State if such an individual does not reside in that State.

This part tells what councils must do.

(c) Council Responsibilities

(1) In general

A Council, through Council members, staff, consultants, contractors, or subgrantees, shall have the responsibilities described in paragraphs (2) through (10).

(2) Advocacy, capacity building, and systemic change activities

The Council shall serve as an advocate for individuals with developmental disabilities and conduct or support programs, projects, and activities that carry out the purpose of this part.

(3) Examination of goals

- **(A)** At the end of each grant year, each Council shall
- **(B)** determine the extent to which each goal of the Council was achieved for that year;
- **(C)** determine to the extent that each goal was not achieved, the factors that impeded the achievement;
- **(D)** determine needs that require amendment of the 5-year strategic State plan required under section 15024 of this title;
- **(E)** separately determine the information on the self-advocacy goal described in section 15024(c)(4)(A)(ii) of this title; and
- **(F)** determine customer satisfaction with Council supported or conducted activities.

(4) State plan development

The Council shall develop the State plan and submit the State plan to the Secretary after consultation with the designated State agency under the State plan. Such consultation shall be solely for the purposes of obtaining State assurances and ensuring consistency of the plan with State law.

Below are ways a council can meet their plan goals. They are called “sanctioned activities”.

(5) State plan implementation

(A) In general

The Council shall implement the State plan by conducting and supporting advocacy, capacity building, and systemic change activities such as those described in subparagraphs (B) through (L).

(B) Outreach

The Council may support and conduct outreach activities to identify individuals with developmental disabilities and their families who otherwise might not come to the attention of the Council and assist and enable the individuals and families to obtain services, individualized supports, and other forms of assistance, including access to special adaptation of generic community services or specialized services.

(C) Training

The Council may support and conduct training for persons who are individuals with developmental disabilities, their families, and personnel (including professionals, paraprofessionals, students, volunteers, and other community members) to enable such persons to obtain access to, or to provide, community services, individualized supports, and other forms of assistance, including special adaptation of generic community services or specialized services for individuals with developmental disabilities and their families. To the extent that the Council supports or conducts training activities under this subparagraph, such activities shall contribute to the achievement of the purpose of this part

(D) Technical assistance

The Council may support and conduct technical assistance activities to assist public and private entities to contribute to the achievement of the purpose of this part.

(E) Supporting and educating communities

The Council may support and conduct activities to assist neighborhoods and communities to respond positively to individuals with developmental disabilities and their families—

(i) by encouraging local networks to provide informal and formal supports;

(ii) through education; and

(iii) by enabling neighborhoods and communities to offer such individuals and their families access to and use of services, resources, and opportunities.

(F) Interagency collaboration and coordination

The Council may support and conduct activities to promote interagency collaboration and coordination to better serve, support, assist, or advocate for individuals with developmental disabilities and their families.

(G) Coordination with related councils, committees, and programs

The Council may support and conduct activities to enhance coordination of services with

(i) other councils, entities, or committees, authorized by Federal or State law, concerning individuals with disabilities (such as the State interagency coordinating council established under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.), the State Rehabilitation Council and the Statewide Independent Living Council established under the Rehabilitation Act of 1973 (29 U.S.C. 701 et seq.), the State mental health planning council established under subtitle B [1] of title XIX of the Public Health Service Act [42 U.S.C. 300x et seq.], and the activities authorized under section 3003 or 3004 of title 29, and entities carrying out other similar councils, entities, or committees);

(ii) parent training and information centers under part D of the Individuals with Disabilities Education Act (20 U.S.C. 1451 et seq.) and other entities carrying out federally funded projects that assist parents of children with disabilities; and

(iii) other groups interested in advocacy, capacity building, and systemic change activities to benefit individuals with disabilities.

(H) Barrier elimination, systems design and redesign

The Council may support and conduct activities to eliminate barriers to access and use of community services by individuals with developmental disabilities, enhance systems design and redesign, and enhance citizen participation to address issues identified in the State plan.

(I) Coalition development and citizen participation

The Council may support and conduct activities to educate the public about the capabilities, preferences, and needs of individuals with developmental disabilities and their families and to develop and support coalitions that support the policy agenda of the Council, including training in self-advocacy, education of policymakers, and citizen leadership skills.

(J) Informing Policymakers

The Council may support and conduct activities to provide information to policymakers by supporting and conducting studies and analyses, gathering information, and developing and disseminating model policies and procedures, information, approaches, strategies, findings, conclusions, and recommendations. The Council may provide the information directly to Federal, State, and local policymakers, including Congress, the Federal executive branch, the Governors, State legislatures, and State agencies, in order to increase the ability of such policymakers to offer opportunities and to enhance or adapt generic services to meet the needs of, or provide specialized services to, individuals with developmental disabilities and their families.

(K) Demonstration of new approaches to services and supports

(i) In general

The Council may support and conduct, on a time-limited basis, activities to demonstrate new approaches to serving individuals with developmental disabilities that are a part of an overall strategy for systemic change. The strategy may involve the education of policymakers and the public about how to deliver effectively, to individuals with developmental disabilities and their families, services, supports, and assistance that contribute to the achievement of the purpose of this part.

(ii) Sources of funding

The Council may carry out this subparagraph by supporting and conducting demonstration activities through sources of funding other than funding provided under this part, and by assisting entities conducting demonstration activities to develop strategies for securing funding from other sources

(L) Other activities

The Council may support and conduct other advocacy, capacity building, and systemic change activities to promote the development of a coordinated, consumer- and family-centered, consumer- and family-directed, comprehensive system of community services, individualized supports, and other forms of assistance that contribute to the achievement of the purpose of this part

(6) Review of designated State agency

The Council shall periodically review the designated State agency and activities carried out under this part by the designated State agency and make any recommendations for change to the Governor.

This part requires a council to report each year on how it spent the money it received for its plan and activities.

(7) Reports

Beginning in fiscal year 2002, the Council shall annually prepare and transmit to the Secretary a report. Each report shall be in a form prescribed by the Secretary by regulation under section 15004(b) of this title. Each report shall contain information about the progress made by the Council in achieving the goals of the Council (as specified in section 15024(c)(4) of this title), including

(A) a description of the extent to which the goals were achieved;

(B) a description of the strategies that contributed to achieving the goals**;**

(C) to the extent to which the goals were not achieved, a description of factors that impeded the achievement;

(D) separate information on the self-advocacy goal described in section 15024(c)(4)(A)(ii) of this title;

(E)

(i) as appropriate, an update on the results of the comprehensive review and analysis described in section 15024(c)(3) of this title; and

(ii) information on consumer satisfaction with Council supported or conducted activities;

(F)

(i) a description of the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities in Intermediate Care Facilities (Mental Retardation) receive; and

(ii) a description of the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities served through home and community-based waivers (authorized under section 1915(c) of the Social Security Act (42 U.S.C. 1396n(c)) receive;

(G) an accounting of the manner in which funds paid to the State under this part for a fiscal year were expended;

(H) a description of

(i) resources made available to carry out activities to assist individuals with developmental disabilities that are directly attributable to Council actions; and

(ii) resources made available for such activities that are undertaken by the Council in collaboration with other entities; and

(I) a description of the method by which the Council will widely disseminate the annual report to affected constituencies and the general public and will assure that the report is available in accessible formats.

This part requires a council to have certain items in its budget, its plan for spending the money.

(8) Budget

Each Council shall prepare, approve, and implement a budget using amounts paid to the State under this part to fund and implement all programs, projects, and activities carried out under this part, including—

(A)

(i) conducting such hearings and forums as the Council may determine to be necessary to carry out the duties of the Council; and

(ii) as determined in Council policy—

(I) reimbursing members of the Council for reasonable and necessary expenses (including expenses for child care and personal assistance services) for attending Council meetings and performing Council duties;

(II) paying a stipend to a member of the Council, if such member is not employed or must forfeit wages from other employment, to attend Council meetings and perform other Council duties;

(III) supporting Council member and staff travel to authorized training and technical assistance activities including in-service training and leadership development activities; and

(IV) carrying out appropriate subcontracting activities;

(B) hiring and maintaining such numbers and types of staff (qualified by training and experience) and obtaining the services of such professional, consulting, technical, and clerical staff (qualified by training and experience), consistent with State law, as the Council determines to be necessary to carry out the functions of the Council under this part, except that such State shall not apply hiring freezes, reductions in force, prohibitions on travel, or other policies to the staff of the Council, to the extent that such policies would impact the staff or functions funded with Federal funds, or would prevent the Council from carrying out the functions of the Council under this part; and

(C) directing the expenditure of funds for grants, contracts, interagency agreements that are binding contracts, and other activities authorized by the State plan approved under section 15024 of this title.

This part lists the rules for council staff.

(9) Staff hiring and supervision

The Council shall, consistent with State law, recruit and hire a Director of the Council, should the position of Director become vacant, and supervise and annually evaluate the Director. The Director shall hire, supervise, and annually evaluate the staff of the Council. Council recruitment, hiring, and dismissal of staff shall be conducted in a manner consistent with Federal and State nondiscrimination laws. Dismissal of personnel shall be conducted in a manner consistent with State law and personnel policies.

(10) Staff assignments

The staff of the Council, while working for the Council, shall be responsible solely for assisting the Council in carrying out the duties of the Council under this part and shall not be assigned duties by the designated State agency or any other agency or entity of the State.

(11) Construction

Nothing in this subchapter shall be construed to authorize a Council to direct, control, or exercise any policymaking authority or administrative authority over any program assisted under the Rehabilitation Act of 1973 (29 U.S.C. 701 et seq.) or the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.).

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Most councils will need another state agency to help them with state operations. This is called a designated state agency or DSA.

(d) Designated State agency

(1) In general

Each State that receives assistance under this part shall designate a State agency that shall, on behalf of the State, provide support to the Council. After April 6, 1994, any designation of a State agency under this paragraph shall be made in accordance with the requirements of this subsection.

(2) Designation

(A) Type of agency

Except as provided in this subsection, the designated State agency shall be—

(i) the Council if such Council may be the designated State agency under the laws of the State;

(ii) a State agency that does not provide or pay for services for individuals with developmental disabilities; or

(iii) a State office, including the immediate office of the Governor of the State or a State planning office.

(B) Conditions for continuation of State service agency designation

(i) Designation before April 6, 1994

If a State agency that provides or pays for services for individuals with developmental disabilities was a designated State agency for purposes of part B of the Developmental Disabilities Assistance and Bill of Rights Act on April 6, 1994, and the Governor of the State (or the legislature, where appropriate and in accordance with State law) determines prior to June 30, 1994, not to change the designation of such agency, such agency may continue to be a designated State agency for purposes of this part.

(ii) Criteria for continued designation

The determination, at the discretion of the Governor (or the legislature, as the case may be), shall be made after—

(I) the Governor has considered the comments and recommendations of the general public and a majority of the non-State agency members of the Council with respect to the designation of such State agency; and

(II) the Governor (or the legislature, as the case may be) has made an independent assessment that the designation of such agency will not interfere with the budget, personnel, priorities, or other action of the Council, and the ability of the Council to serve as an independent advocate for individuals with developmental disabilities.

(C) Review of designation

The Council may request a review of and change in the designation of the designated State agency by the Governor (or the legislature, as the case may be). The Council shall provide documentation concerning the reason the Council desires a change to be made and make a recommendation to the Governor (or the legislature, as the case may be) regarding a preferred designated State agency.

(D) Appeal of designation

After the review is completed under subparagraph (C), a majority of the non-State agency members of the Council may appeal to the Secretary for a review of and change in the designation of the designated State agency if the ability of the Council to serve as an independent advocate is not assured because of the actions or inactions of the designated State agency.

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This part describes what a designated state agency does for a council.

(3) Responsibilities

(A) In general

The designated State agency shall, on behalf of the State, have the responsibilities described in subparagraphs (B) through (G).

(B) Support services

The designated State agency shall provide required assurances and support services as requested by and negotiated with the Council.

(C) Fiscal responsibilities

The designated State agency shall—

(i) receive, account for, and disburse funds under this part based on the State plan required in section 15024 of this title; and

(ii) provide for such fiscal control and fund accounting procedures as may be necessary to assure the proper disbursement of, and accounting for, funds paid to the State under this part.

(D) Records, access, and financial reports

The designated State agency shall keep and provide access to such records as the Secretary and the Council may determine to be necessary. The designated State agency, if other than the Council, shall provide timely financial reports at the request of the Council regarding the status of expenditures, obligations, and liquidation by the agency or the Council, and the use of the Federal and non-Federal shares described in section 15026 of this title, by the agency or the Council.

(E) Non-Federal share

The designated State agency, if other than the Council, shall provide the required non-Federal share described in section 15026(c) of this title.

(F) Assurances

The designated State agency shall assist the Council in obtaining the appropriate State plan assurances and in ensuring that the plan is consistent with State law.

(G) Memorandum of understanding

On the request of the Council, the designated State agency shall enter into a memorandum of understanding with the Council delineating the roles and responsibilities of the designated State agency.

(4) Use of funds for designated State agency responsibilities

(A) Condition for Federal funding

(i) In general

The Secretary shall provide amounts to a State under section 15024(c)(5)(B)(vi) of this title for a fiscal year only if the State expends an amount from State sources for carrying out the responsibilities of the designated State agency under paragraph (3) for the fiscal year that is not less than the total amount the State expended from such sources for carrying out similar responsibilities for the previous fiscal year.

(ii) Exception

Clause (i) shall not apply in a year in which the Council is the designated State agency.

(B) Support services provided by other agencies

With the agreement of the designated State agency, the Council may use or contract with agencies other than the designated State agency to perform the functions of the designated State agency.

This part describes how grant money is split into two parts, a state part and a federal part.

Section 126 Federal and non-Federal share

(a) Aggregate cost

(1) In general

Except as provided in paragraphs (2) and (3), the Federal share of the cost of all projects in a State supported by an allotment to the State under this part may not be more than 75 percent of the aggregate necessary cost of such projects, as determined by the Secretary.

(2) Urban or rural poverty areas

In the case of projects whose activities or products target individuals with developmental disabilities who live in urban or rural poverty areas, as determined by the Secretary, the Federal share of the cost of all such projects may not be more than 90 percent of the aggregate necessary cost of such projects, as determined by the Secretary.

(3) State plan activities

In the case of projects undertaken by the Council or Council staff to implement State plan activities, the Federal share of the cost of all such projects may be not more than 100 percent of the aggregate necessary cost of such activities.

(b) Nonduplication

In determining the amount of any State's Federal share of the cost of such projects incurred by such State under a State plan approved under section 15024 of this title, the Secretary shall not consider—

(1) any portion of such cost that is financed by Federal funds provided under any provision of law other than section 15022 of this title; and

(2) the amount of any non-Federal funds required to be expended as a condition of receipt of the Federal funds described in paragraph (1).

(c) Non-Federal share

(1) In-kind contributions

The non-Federal share of the cost of any project supported by an allotment under this part may be provided in cash or in kind, fairly evaluated, including plant, equipment, or services.

(2) Contributions of political subdivisions and public or private entities

(A) In general

Contributions to projects by a political subdivision of a State or by a public or private entity under an agreement with the State shall, subject to such limitations and conditions as the Secretary may by regulation prescribe under section 15004(b) of this title, be considered to be contributions by such State, in the case of a project supported under this part.

(B) State contributions

State contributions, including contributions by the designated State agency to provide support services to the Council pursuant to section 15025(d)(4) of this title, may be counted as part of such State's non-Federal share of the cost of projects supported under this part.

(3) Variations of the non-Federal share

The non-Federal share required of each recipient of a grant from a Council under this part may vary.

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This part describes how a council can lose grant money if it does not follow federal rules.

Section 127 Withholding of payments for planning, administration, and services

Whenever the Secretary, after providing reasonable notice and an opportunity for a hearing to the Council and the designated State agency, finds that—

(1) the Council or agency has failed to comply substantially with any of the provisions required by section 15024 of this title to be included in the State plan, particularly provisions required by paragraphs (4)(A) and (5)(B)(vii) of section 15024(c) of this title, or with any of the provisions required by section 15025(b)(3) of this title; or

(2) the Council or agency has failed to comply substantially with any regulations of the Secretary that are applicable to this part,

the Secretary shall notify such Council and agency that the Secretary will not make further payments to the State under section 15022 of this title (or, in the discretion of the Secretary, that further payments to the State under section 15022 of this title for activities for which there is such failure), until the Secretary is satisfied that there will no longer be such failure. Until the Secretary is so satisfied, the Secretary shall make no further payments to the State under section 15022 of this title, or shall limit further payments under section 15022 of this title to such State to activities for which there is no such failure.

This part describes how a state can ask the Secretary of the federal Department of Health and Human Services not to take away its money for the council.

Section 128 Appeals by States

(a) Appeal

If any State is dissatisfied with the Secretary's action under section 15024(d)(3) or 15027 of this title, such State may appeal to the United States court of appeals for the circuit in which such State is located, by filing a petition with such court not later than 60 days after such action.

(b) Filing

The clerk of the court shall transmit promptly a copy of the petition to the Secretary, or any officer designated by the Secretary for that purpose. The Secretary shall file promptly with the court the record of the proceedings on which the Secretary based the action, as provided in section 2112 of title 28.

(c) Jurisdiction

Upon the filing of the petition, the court shall have jurisdiction to affirm the action of the Secretary or to set the action aside, in whole or in part, temporarily or permanently. Until the filing of the record, the Secretary may modify or set aside the order of the Secretary relating to the action.

(d) Findings and remand

The findings of the Secretary about the facts, if supported by substantial evidence, shall be conclusive, but the court, for good cause shown, may remand the case involved to the Secretary for further proceedings to take further evidence. On remand, the Secretary may make new or modified findings of fact and may modify the previous action of the Secretary, and shall file with the court the record of the further proceedings. Such new or modified findings of fact shall likewise be conclusive if supported by substantial evidence.

(e) Finality

The judgment of the court affirming or setting aside, in whole or in part, any action of the Secretary shall be final, subject to review by the Supreme Court of the United States upon certiorari or certification as provided in section 1254 of title 28.

(f) Effect

The commencement of proceedings under this section shall not, unless so specifically ordered by a court, operate as a stay of the Secretary's action.

This part talks about all the money Congress gives for councils and that some of the money can be used for technical assistance.

Section 129 Authorization of appropriations

(a) Funding for State allotments

Except as described in subsection (b), there are authorized to be appropriated for allotments under section 15022 of this title $76,000,000 for fiscal year 2001 and such sums as may be necessary for each of fiscal years 2002 through 2007.

(b) Reservation for technical assistance

(1) Lower appropriation years

For any fiscal year for which the amount appropriated under subsection (a) is less than $76,000,000, the Secretary shall reserve funds in accordance with section 15083(c) of this title to provide technical assistance to entities funded under this part.

(2) Higher appropriation years

For any fiscal year for which the amount appropriated under subsection (a) is not less than $76,000,000, the Secretary shall reserve not less than $300,000 and not more than 1 percent of the amount appropriated under subsection (a) to provide technical assistance to entities funded under this part.

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Parliamentary Procedures At A Glance Insert

To Do This*	You Say This	May You Interrupt Speaker?	Must you Be Seconded?	Is the Motion Debatable?	Is the Motion Amendable?	What Vote Is Required?
Adjourn the Meeting	I move that we adjourn.	May not interrupt speaker	Must be seconded	Not debatable	Not amendable	Majority vote required
Recess the meeting	I move that we recess until…	May not interrupt speaker	Must be seconded	Not debatable	Amendable	Majority vote required
Complain about noise, room temperature, etc.	Point of privilege	May Interrupt speaker	No second needed	Not debatable	Not amendable	No vote required **
Suspend further consideration of something	I move we table it.	May not interrupt speaker	Must be seconded	Not debatable	Not amendable	Majority vote required
End debate	I move the previous question.	May not interrupt speaker	Must be seconded	Not debatable	Not amendable	Two-thirds vote required
Postpone consideration something	I move we postpone this matter until…	May not interrupt speaker	Must be seconded	Debatable	Amendable	Majority normal Two-thirds vote required, if make a special order
Have something studied further	I move we refer this matter to a committee.	May not interrupt speaker	Must be seconded	Debatable	Amendable	Majority vote required
Amend a motion	I move that this motion be amended by…	May not interrupt speaker	Must be seconded	Debatable	Amendable	Majority vote required
Introduce business primary motion	I move that…	May not interrupt speaker	Must be seconded	Debatable	Amendable	Majority vote required

*The motions or points above are listed in established order of precedence.
*When any one of them is pending, you may not introduce one that's listed below it.
*But you may introduce one that's listed above it.

** In this case, any resulting motion is debatable
** Chair decides.

Parliamentary Procedures (continued)

To Do This*	You Say This	May You Interrupt Speaker?	Must you Be Seconded?	Is the Motion Debatable?	Is the Motion Amendable?	What Vote Is Required?
Object to a procedure or to a personal affront	Point of Order	May interrupt the speaker	No second needed	Not debatable	Not amendable	No vote required, chair decides
Request information	Point of information	If urgent, may interrupt speaker	No second needed	Not debatable	Not amendable	No vote required
Ask for a vote by uncounted rising vote to verify a voice vote	I call for a division of the house.	May interrupt speaker**	No second needed	Not debatable	Not amendable	Demand
Object to considering some undiplomatic or improper matter	I object to consideration of this question	May interrupt speaker	No second needed	Not debatable	Not amendable	Two-thirds vote required
Take up a matter previously tabled.	I move we take from the table…	May not interrupt speaker	Must be seconded	Not debatable	Not amendable	Majority required
Reconsider something already disposed of	I move we now (or later) reconsider our action relative to…	May interrupt speaker	Must be seconded	Debatable if original motion is debatable	Not amendable	Majority required
Consider something out of its scheduled order	I move we suspend the rules and consider…	May not interrupt speaker	Must be seconded	Not debatable	Not amendable	Two-thirds vote required
Vote on a ruling by the chair	I appeal the chair's decision.	May interrupt speaker	Must be seconded	Debatable	Not amendable	Majority in the negative required to review chair's decision

*The motions, points, and proposals listed above have no established order of precedence.
*Any of them may be introduced at any time except when the meeting is considering a motion to adjourn, a motion to recess, or a point of privilege.

**But division must be called for before another motion is started.
** Then majority vote is required.

Words and Acronyms You May Hear During Meetings

This is a brief explanation of terms and words you may hear Council Meetings. When you have questions about these words or other Council procedures, please do not hesitate to ask.

DDCO - The Developmental Disabilities Council of Oklahoma. Previously known as the Oklahoma Developmental Disabilities Council (ODDC) and as Oklahoma Planning Council for Developmental Disabilities (OPCDD). You might also hear the DD Council, Council, Oklahoma Council.

NACDD - National Association of Councils on Developmental Disabilities. NACDD is the national organization for Developmental Disabilities Councils. DDCO is a member of this organization.

P.L. 106-402 - *The Developmental Disabilities Assistance and Bill of Rights Act,* also called the *DD Act*. This is the Council's authorizing federal legislation. Under this legislation are the Council's mandate to perform several tasks under three separate line-item budgets: **Administration**, **Planning** and **Priority Projects**.

> **Administration** – A line item in our budget, standing for administration. This funding is matched 1:1 by the State of Oklahoma. Funding is for general office administrative expenses contributed by the Department of Human Services, our designated state agency (DSA). Federal funding in this line item is capped at 5% of the federal award.
>
> **Planning** –A line item in our budget. This funding is matched 3:1 by the State of Oklahoma, and used for the administrative staff salaries, office space and equipment, supplies, utilities, travel, conference support, and professional service contracts. This budget is capped at 25% of the federal award.
>
> **Priority Projects** – A line item in our budget and called "areas of emphasis projects or grants". This funding is matched by the project, not the state, at the rate of 9:1 for projects in poverty areas or 3:1 for projects in non-poverty areas or projects that operate statewide. The Council may also use these funds for "in-house" projects (including staff support) and such projects require no non-federal match. The Oklahoma Central Purchasing Act governs projects not operated "in-house". Projects must account for a minimum of 70% of the federal award.

Basic State Grant - One of the projects funded under Title I of the DD Act. This funds the state and territorial Councils for Developmental Disabilities. The other three programs funded by the DD Act, often referred to as "sisters" or "sibling programs" are the University Centers for Excellence on Developmental Disabilities (UCEDDs, formerly University Affiliated Programs), the Protection and Advocacy Systems (P&As), and the Projects of National Significance (PNSs). The UCEDD in Oklahoma is The Center for Learning and Leadership. The P&A in Oklahoma is the Oklahoma Disability Law Center.

DSA - Designated state agency. Under the DD Act, for the state or U.S. Territory to accept funding from Basic State Grant, that State's or Territory's governor must designate a state agency that will administer the funding. Since its inception, the Oklahoma Department of Human Services (DHS) has been the Council's DSA.

ITB - Invitation to Bid, a methodology for state purchasing for products and services. Written by members of the Council committees or staff, ITBs are the means to contract for services set out in the States Plan that will cost over $25,000, under the Central Purchasing Act.

RFP - Request for Proposals, a methodology for state purchasing for products and services. Written by members of the Council committees or staff, ITBs are the means to contract for services set out in the States Plan that will cost over $25,000, under the Central Purchasing Act. RFPs are generally used for negotiated proposals, such as from mandatory state contract holders.

OMES - Previously the Department of Central Services. Under State Law, the Office of Management and Enterprise Services (OMES) is, among many other responsibilities in state government, the purchasing authority for everything from pencils to professional service contracts. When the Council needs to submit an ITB, RFP, or other purchasing contract/tool, it must be approved and rated by OMES. All state contracts are awarded by OMES.

Award cycle - At the beginning of each Federal Fiscal Year (FFY), the Oklahoma Council receives an annual award letter that tells the Council how much funding is available for the new FFY. The Council has **two** years to obligate this funding and three years (including the obligation period) to liquidate this federal funding. At any given time, the Council operates three FFYs simultaneously.

Allocate - Allocation is the process of assigning specific expenses of the Council to specific federal fiscal year grants. Expenses can be allocated or reallocated based on when expenses occurred and, if under contract, when contract was signed.

Obligate - For the Council, an obligation is more than an agreement; it is a signed contract. The Council has two years from the date of the federal award to obligate the funding awarded.

Liquidate - For the Council, a liquidation means an invoice to the Council has been approved and a check written by the Office of State Finance. Until a check is written, it is not a liquidation. The Council has three years from the date of a federal award to liquidate the funding awarded.

FFY - Federal Fiscal Year. The Council obligates and liquidates its annual federal allocation within the parameters of the federal fiscal years. FFY = October 1-September 30. If the abbreviation "FY" is used, the context should be checked, but likely Council staff would be referring to the federal fiscal year.

SFY - State Fiscal Year. State personnel will likely use the term "FY" to reference the state fiscal year. When FY is used, be sure to know whether the speaker means federal or state. The Council allocates payments and assigns contract payment within the parameters of the state fiscal years. SFY = July 1 - June 30.

PPR – Program Performance Reporting. The Council submits a "PPR" every year, which documents the past FFY work, outcomes it has achieved, challenges and barriers encountered, etc.

The Feds - More correctly, the national staff of the U.S. Department of Health and Human services (DHHS). Specifically, the Council is under the Office of Intellectual and Developmental Disabilities (OIDD) of DHHS. More specifically, the Council falls under the Administration for Community Living (ACL).

OHS - Oklahoma Human Services. DHS is the Council's designated state agency (DSA). Funding awarded to the Council is administered and recorded by DHS. Funding decisions and budget determinations are the sole responsibility of the Council; DHS provides only administrative checks and balances. The Council is currently advised by the DHS Office of Administration.

DDS - Developmental Disabilities Services. The division of DHS that was the former administrator of Council funding. This division provides the bulk of state services for persons with developmental disabilities.

Contracts Unit - Part of the DHS Office of Finance, this unit acts as the Councils liaison to DCS.

PS – People Soft, the online financial system the Council uses for contractors, claims, and contracts.

CVP – Converge Point, the online contract system the Council uses for processing contracts with DHS

Cost Allocation/Revenue Enhancement (CARE) Unit: Part of the DHS Office of Finance, this unit acts as the Council's liaison to the DHHS Regional Office in Dallas in all matters relating to finance, budget, obligation, and liquidation. (In terms of program, the Council speaks directly with the DHHS Regional Office).

PNS - Project(s) of National Significance. One of the four sister programs authorized and funded by Title I of the DD Act, this program determines one or two national priorities in direct service or research per year and issues a call for proposals to meet these needs. Currently, there are two PNS grants operating in the state, a Family Support Project at the Center for Interdisciplinary Learning and Leadership/UCE; and a self-determination project co-administered by Oklahoma People First

UCEDD - University Center for Excellence in Developmental Disabilities Education, Research, and Service. Previously known as University Affiliated Programs or UAPs. UCEDDs are research-, education, and training-oriented, although they can also provide direct services to persons with developmental disabilities or their providers and advocates. Oklahoma's UCEDD is officially named the Center for Interdisciplinary Learning and Leadership and based at the University of Oklahoma Health Sciences Center (OUHSC) in Oklahoma City.

P&A - Protection and Advocacy System. P&As provide legal advice and remedy to persons with developmental disabilities and their families in such matters as compliance cases relating to the Americans with Disabilities Act (ADA), the Individuals with Disabilities Education Act (IDEA), the Rehabilitation Act of 1973 (Rehab Act), and the Civil Rights Act. Oklahoma's P&A's official name is the Oklahoma Disability Law Center (ODLC).

Redlands Partners - The official collaborative of the three DD Act 'siblings' permanently operating in Oklahoma: DDCO, Center for Learning and Leadership, and the Oklahoma Disability Law Center. Redlands Partners directors meet regularly to keep each other apprised of current issues and priorities of the organizations.

State and National Initiatives with Acronyms:

PCT – Person Centered Thinking

PPT – People Planning Together

CtLC – Charting the LifeCourse

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IMPORTANT LAWS FOR ADVOCATES OF CHILDREN WITH DISABILITIES

(adapted from website: www.members.aol.com/MRandDD/1800s.htm)

1970	Passage of the **Developmental Disabilities Facilities and Construction Act** (authorizes Developmental Disabilities Councils).
1973	Passage of the **Rehabilitation Act**.
1975	Passage of the **Education of All Handicapped Children Act (EHA)**, (P.L. 94-142). Provides for a “free and appropriate public education.” “Children with disabilities should have available to them special education and related services to meet their unique needs.”
	Passage of reauthorization and amendments of Developmental Disabilities Facilities and Construction Act, renamed the **Developmental Disabilities Assistance and Bill of Rights Act (DD Act)**; authorizes Protection and Advocacy Agencies.
1986	Passage of the **Handicapped Children’s Protection Act**. Provides for parents to receive reasonable attorney’s fees if they prevail in due process hearings.
	Passage of reauthorization and amendments to EHA; grants provided to states to develop early intervention programs for infants and toddlers and preschool programs for children 3-5 for children with disabilities.
1988	Passage of the **Technology-Related Assistance for Individuals with Disabilities Act (Tech Act)**.
1990	Passage of the **Carl D. Perkins Vocational and Applied Technology Act Amendments** which provides that individuals with disabilities must have access to the same range of vocational education programs which are available to people without disabilities.
	Passage of the **Americans with Disabilities Act**.
1997	Passage of reauthorization and amendments to EHA, renamed **Individuals with Disabilities Education Act**.

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Building Your Advocacy Toolbox: Advocacy vs. Lobbying

NACCHO
National Association of County & City Health Officials

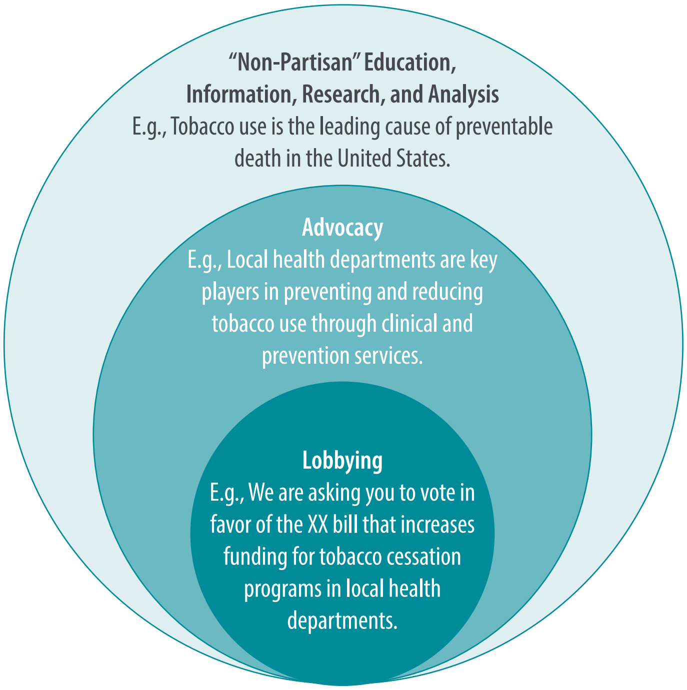
July 2016

Why is advocacy important to public health?

Advocacy is a central tenet of public health. Without advocacy, we wouldn't have seatbelt laws, safe drinking water, and nutrition labeling. It is vital in advancing public health to keep our communities healthy and safe. If public health stakeholders don't speak up and advocate for important public health issues, opposing sides will.

All lobbying contains some form of advocacy but not all advocacy is lobbying. You can communicate in multiple ways with your policymakers about health topics. Local health department leaders and staff should be able to differentiate between advocacy and lobbying because federal funds cannot be used to lobby the federal government.

ADVOCACY VS. LOBBYING



"Non-Partisan" Education, Information, Research, and Analysis
E.g., Tobacco use is the leading cause of preventable death in the United States.

Advocacy
E.g., Local health departments are key players in preventing and reducing tobacco use through clinical and prevention services.

Lobbying
E.g., We are asking you to vote in favor of the XX bill that increases funding for tobacco cessation programs in local health departments.

What is the difference between advocacy and lobbying?

Health advocacy—"The processes by which the actions of individuals or groups attempt to bring about social and/or organization change on behalf of a particular health goal, program, interest, or population."[1] Health advocacy includes educating policymakers and the public about evidence-based policy.

Lobbying— "Attempts to influence a legislative body through communication with a member or employee of a legislative body, or with a government official who participates in formulating legislation."[2] Lobbying can include written and oral communication for or against specific legislation.

Grassroots lobbying– Attempting to influence legislation by encouraging the public to contact legislators about legislation.[2]

Five Advocacy Tips

At the basic level advocacy is building relationships. The goal is to become a valuable resource for policymakers. No matter who the audience is, you should keep in mind the following:

1. Be confident.
2. Frame your message to answer the question, "So what?"
3. Plan and practice your message.
4. Present a clear and compelling message; less is more.
5. Offer yourself as an expert resource and provide examples from your community; stories are more compelling than statistics.

EXAMPLES OF ADVOCACY VS. LOBBYING ACTIVITIES

Advocacy	Lobbying
Meeting with a Member of Congress to educate them about the importance of Zika funding for your community.	Meeting with a member of Congress to urge them to vote for a bill to provide emergency Zika funding for your health department.
Preparing educational materials that depict success stories from your local health department programs.	Preparing materials that include information on health programs at your local health department and contain messaging for or against specific legislation.
Tweeting statistics about diabetes and descriptions of how local health departments are helping reduce diabetes rates.	Tweeting a message urging Congress to vote against cuts for diabetes prevention programs in local health departments.
Sending a weekly e-newsletter discussing factual information on opioid abuse and outlining programmatic efforts that are proven to reduce this health issue.	E-mailing a "call to action" to members of your organization to encourage them to contact their legislator in favor of opioid prevention legislation.

Types of Congressional Outreach

1. Meet with Members of Congress and staff in Washington, DC, or in their home district
2. Invite them to visit a facility or attend an event
3. Write them a letter or e-mail
4. Make a phone call to their office
5. Write a letter to the editor of a newspaper or magazine
6. Harness social media
7. Attend a townhall meeting

References

1. 2000 Joint Committee on Health Education and Promotion Terminology. (2002). Report of the 2000 Joint Committee on health education and promotion terminology. *Journal of School Health*, 72, 3-7.
2. The IRS. (2016). Direct and grass roots lobbying defined. Retrieved from https://www.irs.gov/charities-non-profits/direct-and-grass-roots-lobbying-defined

Disclaimer: This document is intended as an educational supplement to help further understand the difference between advocacy and lobbying. No federal funds can be used for lobbying activities. It is your resposibility to check the rules in your jurisdiction regarding advocacy and lobbying activities.

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NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

www.naccho.org

Public Health
Prevent. Promote. Protect.

The mission of the National Association of County and City Health Officials (NACCHO) is to be a leader, partner, catalyst, and voice with local health departments.

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The Advocate's Guide

To Effective Policy Change

Together, we can be an effective voice for Oklahoma's children and our future.

INSTITUTE FOR CHILD ADVOCACY

Spring 2019

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Advocacy 101: Your Voice Matters!

WHY IS ADVOCACY IMPORTANT?

Democracy is something we cannot take for granted. Our state, our communities and our families are likely to thrive when we participate in the democratic process. By showing up on Election Day to vote or participating in legislative advocacy, our involvement in the democratic process is critical to creating a better future in Oklahoma.

Showing up on Election Day to mark your ballot for the candidate of your choice and voting on critical state ballot initiatives is the first step to ensuring that your voice matters. However, it doesn't stop at the ballot box; it's not enough to simply send elected officials to the Capitol through the voting process. We must do our part to develop relationships with our elected officials and maintain a constant line of communication with those who cast votes on our behalf.

For more than three decades, the Oklahoma Institute for Child Advocacy has been and will continue to be dedicated to helping citizens be voices for Oklahoma's future. The best way to do this is by educating more Oklahomans about the fundamentals and importance of advocacy. We want people to know advocacy doesn't have to be a complex or intimidating process. In fact, advocacy doesn't have to be complicated at all. Advocacy can be as simple as picking up the phone to call an elected official or writing a letter to the editor of a local newspaper to create awareness around an issue that is close to your heart.

We know how hectic life can be for Oklahoma families and how difficult it can be to find time in the day to make your voice heard. When you're spending most of the hours each day working, raising a family, taking care of sick or elderly loved ones or any number of life's responsibilities, advocacy may not seem quite as simple or important and indeed can feel quite impossible.

Unfortunately, if we don't exercise our right to vote and become civically engaged, we often times find ourselves a little less better off than if we make our voices heard. This is why advocacy is so important and why, through this resource guide, we've developed the most effective and efficient tools to ensure our collective efforts are creating strong voices for Oklahoma's future.

The first step to being an effective advocate is understanding how the political system works in Oklahoma, including how bills are considered, the general timeline and flow of the legislative calendar and who the chief decision-makers are in the legislative process. Having a familiarity with the rules and procedures of the legislative process - where to find important information about the legislative session, how to find your elected officials and, most importantly, how to interact with them efficiently - is also helpful.

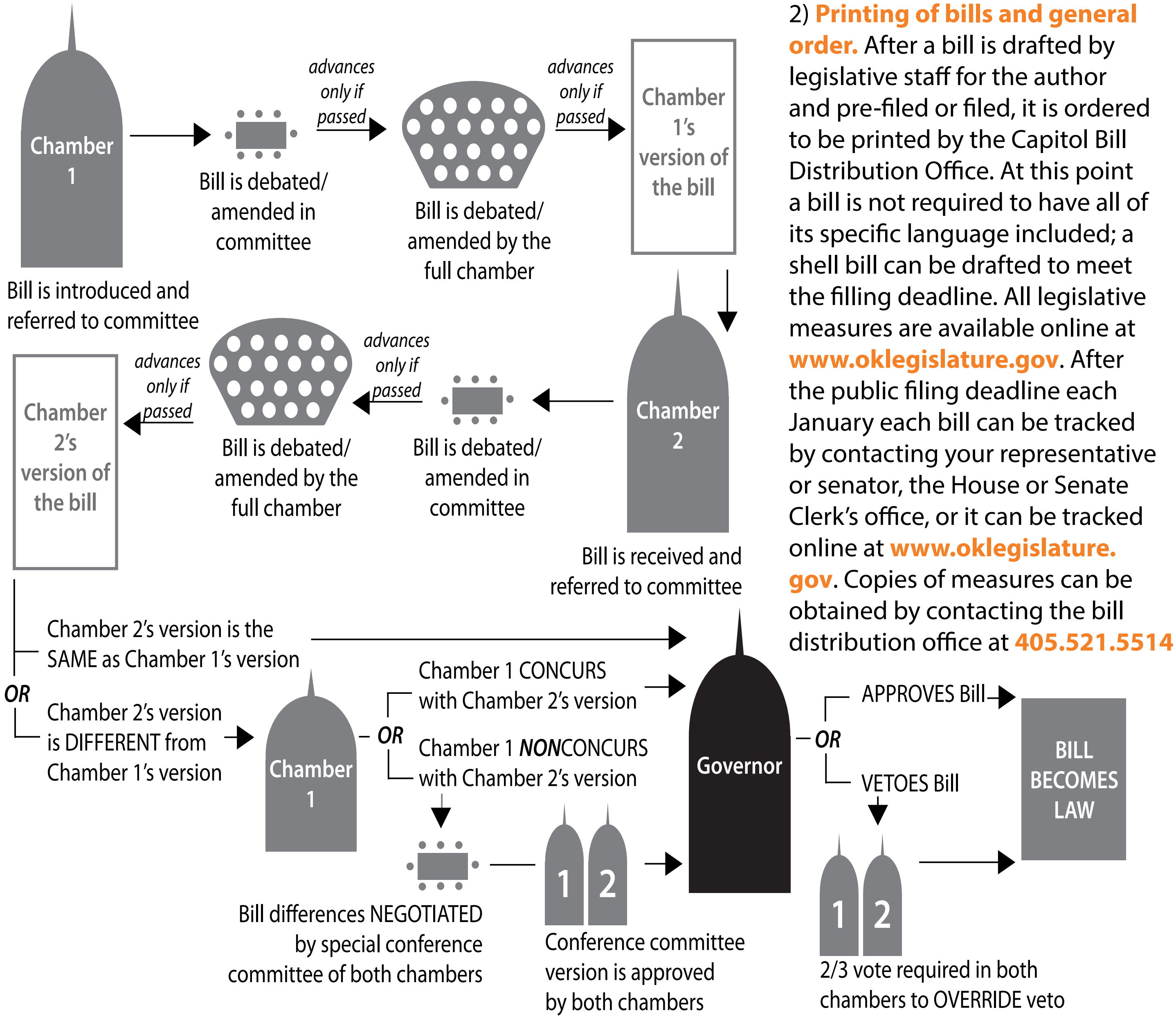
Oklahoma Legislative Process:
How a Bill Becomes Law

There are eight basic steps through which a bill normally passes before it becomes a law in Oklahoma. As follows:

Prior to the Opening of the Legislative Session

1) **Drafting and bill introduction.** Only individual legislators can introduce a bill or resolution. A citizen may give suggestions or proposals to legislator for a bill introduction or amendment. It is up to the citizen to find a legislative bill author, in either the House or Senate and it is at the discretion of an individual legislator to accept responsibility to sponsor (sign) a particular bill.

2) **Printing of bills and general order.** After a bill is drafted by legislative staff for the author and pre-filed or filed, it is ordered to be printed by the Capitol Bill Distribution Office. At this point a bill is not required to have all of its specific language included; a shell bill can be drafted to meet the filling deadline. All legislative measures are available online at **www.oklegislature.gov**. After the public filing deadline each January each bill can be tracked by contacting your representative or senator, the House or Senate Clerk's office, or it can be tracked online at **www.oklegislature.gov**. Copies of measures can be obtained by contacting the bill distribution office at **405.521.5514**



During Session

3) **Reading and reference of bills.** The introduction of a bill is its formal presentation in its chamber of origin - either the House of Representatives (House) or Senate. The bill's first reading occurs on the same day it was filed. The next legislative day constitutes the second reading where the bill is assigned to a standing committee for consideration. Very rarely, the committee consideration is skipped and sent directly to the calendar. This requires a move of suspension from the rules.

4) **Consideration by standing committee.** The committee meets, holds hearings, discusses the bill and formulates recommendations. At this point the committee either decides to not take action on a bill, not pass it or pass it with or without changes. The bills passed are then scheduled on the calendar for floor consideration. Committee hearings are a great time for citizen input. All meetings are open to the public. Check the Legislative website for meeting notices and membership or sign up for our action alerts at oica.org for kid and family related bills.

5) **Final action.** If recommended for passage by the Standing Committee, the bill is placed on the calendar under the heading of third reading. Once it is scheduled for a floor hearing in the full chamber, legislators at this time can be recognized for debate in favor of or against the bill. Finally, a roll call vote is taken to determine if the chamber will pass the bill, which must receive 51 or more House votes or 25 or more Senate votes.

6) **Action by the second chamber.** Having passed the first chamber (chamber of origin), the bill is sent to the second chamber where the same procedure as before is followed. If the second chamber passes the bill without amendment, it is "enrolled" (i.e., printed in its final form for consideration by the governor). If the second chamber amends the bill and the first chamber concurs (agrees to accept the amendments), the bill also is considered finally passed. If the first chamber disagrees with the amendments, a conference committee is appointed to work out an agreement. When both chambers have approved the report of the conference committee by a majority of all members on a floor vote, the bill is considered finally passed.

7) **Action by the governor.** The governor has ten days after receipt of the bill to act on it. If the governor does not sign a bill within five days (excluding Sunday) from receipt, the bill automatically becomes law.The legislature must be in session for this to occur. The governor approves most bills passed by the legislature. However, the governor may veto a bill by refusing to sign it and returning it to its chamber of origin with objections. Here the Legislature has an opportunity to override the veto. In appropriation (funding) bills only, the governor may veto some of the items and approve the others by signing the bill. This is a line-item veto. The legislature may override a veto by a two-thirds vote of both chambers, until the final adjournment (sine die) of the legislative session. If the bill is received in the final days of the legislative session, the governor may also pocket veto a bill by keeping it fifteen days after the Legislature has adjourned without taking official action. With this approach, the Legislature does not have an opportunity to override the veto.

8) **Publication of laws.** An act of the legislature is not in force until the enacting bill has been published so that the public has proper notice that it is law. Publication notice occurs in the session laws no less than 90 days after adjournment of the session in which it was passed, unless an emergency clause is attached and passed with the bill. In this event, the bills become effective immediately after passage and approval. The legislature and secretary of state publish the bills. The bills can be accessed through a search on **www.oklegislature.gov**. Copies of bills and legislation may be obtained through contacting the Capitol Bill Distribution Office.

This timeline provides the general dates each year for crucial deadlines in the legislative process

December	January	February	March	April	May
Bill Request Deadline	Organization Day (Odd Years) Bill Introduction Deadline	**SESSION BEGINS**	3rd Reading in House of Origin Deadline	3rd Reading in Opposite House Deadline	**SINE DIE**

You can always count on the bill request deadline falling somewhere in the middle of December, session to begin the first Monday of February and end (Sine Die) by 5 p.m. the last Friday of May.

For specific deadlines each session, look to the calendar on the House or Senate website: **okhouse.gov** or **oksenate.gov**. If you sign up for the Institute's legislative action alerts, you will conveniently find those dates in your email inbox each time they are approaching. To sign up, go to our website at **oica.org**.

Once you have the dates, have a general understanding of the legislative process and know where to find help along the way, you can plan out your issue campaign. Our *5 Practical Advocacy Tools* will help you create awareness around your issue and mobilize other fellow grassroots advocates to move an issue from idea into law. The *5 Practical Advocacy Tools* are proven tools used by the Institute and our partners to be effective voices for Oklahoma's future - will make it easier than ever for you to advocate for issues about which you are passionate.

5 Practical Advocacy Tools

5 PRACTICAL ADVOCACY TOOLS

1 Prepare a Good Fact Sheet

Fact sheets introduce on issues in a format useful to busy people. Good fact sheets recognize busy people (like elected officials) need something short and punch to grab their attention. A good fact sheet says, "Read me! I'm a painless way to get acquainted with an issue."

Anything long and complicated may be ignored and counterproductive.
Keep it short, accurate and interesting!

The purpose of a fact sheet:

- Present the facts: key statistics, figures or comparisons.
- Identify a group with a particular issue
- Provide answers to common questions about the issues (Fact sheets are often found in a Q & A format.)
- Show information using graphs, charts, or pictures
- Inform, persuade or educate
- Make an argument for a particular policy

A good fact sheet:

- Is only one to two pages long
- Doesn't use long sentences or wordy paragraphs
- Is easy to read, with sub-heads, bullet points and graphics
- Includes only the most compelling, useful statistics and does not exaggerate
- Has a specific call to action (Be clear about what you want readers to do.)
- Includes contact information of the organizing group

16 November
Saturday

Happy Birthday
State of Oklahoma

Artist: Amelia B.

The chronic absentee rate for Oklahoma students in the 2015-16 school year was 11.8%, compared to the national average of 15.5%.

Source: The Hamilton Project

Sponsored by Gene Rainbolt

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Featured Partner

The Little Light House

www.littlelighthouse.org

INSTITUTE FOR CHILD ADVOCACY

www.oica.org | (405)236-5437

This is a page from the OICA Daily Desktop Calendar which provides information to lawmakers

2

Utilize Social Media

A tweet with the right hashtag; a Facebook event page, status change or well-promoted update; or a blog discussion can generate a virtual "buzz" that manifests itself into true momentum for your issue. If you are not using social media to promote your cause, it's time to start.

Good news about social media:

- It's FREE!
- Ease and accessibility for everyone - mobile devices, Wi-Fi, etc.
- Speed in creating awareness - quick check online gets attention
- Connections and reach of the posts - broad scale for target audiences

Challenges of social media:

Social media are often misused because many advocates are unaware of how to *efficiently* and *effectively* get a simplified but powerful message out to the public!

Tips for better results:

- Know who to follow and how to get followed.
- Make your posts relevant and concise.
- Properly use mentions, Twitter handles of others and hashtags for specific buzz.
- Be sure your social media posts are engaging followers in conversation. Ask them specific questions or prompt them to post pictures. It's not just about your number of likes or followers, but that people are involved in your social media discussions.
- Remember, practice makes perfect. Just maintain a constant social media presence and you'll get better at it each day.

Find the Institute and current initiatives on Facebook:

Oklahoma Institute for Child Advocacy

You can also find the Institute and its initiatives on Twitter:

Oklahoma Institute for Child Advocacy - @OklaChildAdv (Ex. of conversational hashtag we use: #OKFuture)

We are constantly hosting conversations, events and creating posts that engage our social media networks to amplify our voices for Oklahoma's future.

3

Write a Letter to the Editor or Submit a Guest Commentary

Every Oklahoma newspaper publishes letters to the editor. While we know only a small percentage of newspaper readers scan the Editorial page, 100 percent of your community's decision-makers read every editorial, guest column and letter to the editor.

Key Tips for Successful Letters to the Editor and Guest Commentary

- Use e-mail. E-mailing your letter enhances the likelihood of publication and reduces the chances your letter will be incorrectly transcribed. Always include your name, address and day phone number.
- Refer to a recent news article or editorial in the first sentence of your letter. Ex.: "Your coverage of the critical need for DHS reform (December 15) is welcomed." Using this opener gives the letter a point of reference and provides relevance to the timeliness of your opinion.
- Keep your letter concise: 4-5 paragraphs, 2-3 sentences each. If it's too long, it will either be rejected outright or could be edited. (A rule of thumb is less than 250 words)
- Do not take shots at political leaders by name.
- Give readers a chance to understand your stake in the issues without getting too personal. It's proper to write, "As a parent, I'm concerned..." Or, "With all we've learned about the importance of quality early child care, I believe that..." is fine, but "I'm angered at the idiocy of politicians who are intent on..." is not. Do not hurt your case by seeming shrill or even on edge.
- Never miss a chance to say "Thank You" to a business leader, civic volunteer or political official who has provided extraordinary service. Giving gratitude publicly is always well- received, as long as it is merited and documented.
- If your letter does not appear within a week of submittal, send a polite and brief e-mail asking whether it is being considered. Major papers receive many more letters than they have space to publish. Simply try again.
- If you have more to say than a letter permits, you may consider submitting a guest column. Call the editorial page editor and ask for the paper's specifications (re: length limitations and best timing for submittal). You may e-mail a photo as well, if requested. Make sure the photo is a current, clear and well-composed headshot.

SAMPLE LETTER TO THE EDITOR

Newspaper Editor Name
Newspaper Name
Date of the Letter

Dear Editor

As a parent and advocate for a safer and healthier (name of town, Oklahoma), I'm writing to publicly ask the school board to support summer feeding programs.

Schools have long been viewed as the heart and soul of almost every community and this community is no exception. Having grown up here, I remember when schools were the place where moms and dads gathered at night to watch their children's basketball or softball practices. It's where friends gathered for Girl Scouts and where my grandparents walked around the track for their recommended daily exercise. It's where my friends and I came to play on the playground, keeping us safe and out of harm's way. It is also where some children get their only nutritional meal.

Sadly, schools have been forced to close their doors in recent years for one day a week due to weakened budgets. Thankfully, the federal government offers funding for partnerships to begin between schools and community groups so they can reduce the costs of keeping schools open and support the health and vibrancy of the community through offering breakfast and lunch to children.

Our schools add value to every community and it is time Oklahoma moved out of the dead last position of the states providing summer feeding options to children. I encourage the local school board to apply for summer feeding dollars and offer these options to our children.

Regards,

Your Name

4

Make a Phone Call

You can call elected officials at their office or contact them at home. They represent you and should be easily accessible to you. Lists of local elected officials, including school board members, city council members, state legislators and statewide elected officials, can be found by contacting your local chambers of commerce or on these government websites:

Schools Board Members: Oklahoma School Board Association // **ossba.org**
City Councilors: Oklahoma Municipal League // **oml.org**
State Legislators: Oklahoma Legislature // **oklegislature.gov/findmylegislature.aspx**
Statewide Elected Officials: OK.GOV // **ok.gov**
Federal Officials: Oklahoma Press Association // **okpress.com/oklahoma-congressional-delegation**

Tips for Calling Your Elected Official:

- Identify the issue you wish to talk about by name.
- Briefly state your position and how you would like your elected official to vote.
- Ask for your elected official's stance on the issue.
- Don't argue if the elected official has an opposing view or hasn't yet decided.
- If you don't know the answer to a question, do not guess. Simply say you don't know, but that you will find out and get back with her/him with the information.
- If elected officials or their staff need more information, supply it as quickly as possible.
- **Never be abusive or use threats.**
- Follow up your call with a note restating your position and thanking them for their time.

*Elected officials are often away from the office, so you may end up talking with a staff person instead. That's great! Use the same basic rules. Staff members are reliable and will pass along your message.

Tips for Using Voicemail:

- State your name and address.
- Identify the specific issue you are calling about.
- Briefly state your position - either support, opposition or some combination.
- Keep the message simple.

EXAMPLE: "Hello, this is Jane Smith at 123 Main Street in Oklahoma City. I'm calling to let you know I fully support SB XXXX, which would, therefore creating a better community here and a better future for our state."

5

Go Visit Your Elected Official

Personal visits are a highly effective way to help elected officials understand your position on an issue. Elected officials welcome visits from constituents. They want you to be involved. However, they are busy people so time is extremely valuable. Plan ahead and use the time well. If you make an appointment, remember there is no guarantee the elected official will be able to keep it. Their schedules can change at a moment's notice. Don't take it personally - that's just how it is.

Before the Meeting:

- Make an appointment in advance and expect to get about 15 minutes.
- Make it easy for your elected official to meet with you. Offer several possibilities and do your best to accommodate them.
- Prepare a good fact sheet (refer to Advocacy Tool #1).
- Try to learn in advance where your elected official stands on your issue. They may have their own websites, Facebook pages or Twitter profiles.
- Be prepared to explain how the issue will affect you and other voters in their district.
- Dress for the appointment. Normal business attire is appropriate.

During the Meeting:

- Be on time.
- Be prepared, polite and brief.
- Start with your 90-second speech.
- Give the elected official your fact sheet.
- Be firm but friendly. Don't be afraid to ask for a commitment to support your bill.
- Attack the issue, not the person. Remember - you may be asking for her/his support on a completely different issue in the future.
- Don't disparage government or politics.
- Don't use jargon, technical terms or acronyms.
- Don't underestimate public officials. With very rare exceptions, they are honest, intelligent and good-hearted people.
- Before leaving, ask how you can be of help to them. (Can you get them more information? Talk to others?)
- Thank them for their time, even if they will not support your cause.

After the Meeting:

Follow up with a thank you note and any information that was requested.

Additional Tools

CRUCIAL 90-SECOND SPEECH

The Crucial 90-Second Speech

Memorize a quick speech before your meeting. It's not only handy for talking to elected officials, but it will also serve you well when explaining your issue to media persons, fellow advocates, or anyone really.

Your Speech should include

- Who you are and any group or coalition to which you belong.
- The topic you came to discuss.
- What you want them to do.
- A reference the fact sheet you have brought along. Your fact sheet is crucial. If your meeting gets interrupted, you'll still get your point across and the elected official will know how to find you or your group if they have further questions. If not, you can elaborate your points in your fact sheet.

Example

"Hi, I'm Mary Jones. I'm a parent at Wilson Elementary, which serves more than 5,000 children each year. I'd like to talk to you about Senate Bill 1882/Shared Use and why keeping schools open as centers for recreation and physical activity helps add value to the community, keeps our kids and families safe and creates a healthier Oklahoma. I'm hoping you'll help me with The Shared Use Project here in___________, Oklahoma. When parents are more engaged at school and have strong ties to the school, children's grades improve as does their behavior. We also know schools truly add value to the community. Taxpayers believe schools should be open to the community who supports and pays for them. Oklahoma has room for improvement when it comes to our health. We rank 48th in overall health. One in three of our children is either overweight or obese. Furthermore, we rank nearly dead last in the amount of physical activity we get on a daily basis. Schools play a vital role in helping shape the health of the community and the health of our children. Keeping the lights on and doors open at Oklahoma schools through more shared use agreements with community groups will shape a healthier and safer Oklahoma. Can I count on you for your support?"

It's simple: Say what you mean and mean what you say.
And, of course, keep it short and simple.

BEFORE THE INTERVIEW

You may find yourself in a position which needs an interview from a reporter regarding the issue. Here are some tips for a successful interview.

- Develop a **sound bite** - take home message that is short, sweet and to the saying your sound bite so you feel comfortable using it in conversation.
- Develop **2-3 key points** to discuss about the topic.
- Come up with or decide on a catchy, relevant slogan, as they are often included in the interview segment. (Ex.: The Child Care Tax Credit helps parents find quality child care for their young children while they further their education and/or go to work, helping create a better economy and a better future for Oklahoma.)
- Think of key questions and be prepared with responses.
- Participate in a **mock interview** for practice.

DURING THE INTERVIEW

- Keep the interview **conversational**.
- Make **eye contact** with the reporter or interviewer. For televised interviews, do not look at the camera.
- Always give **honest answers**. If you don't know with the reporter. Do not fabricate an answer.
- Communicate your **main message** within the first 30 seconds of an interview, if possible.
- **Stay on topic**. Do not allow yourself to go on a tangent, regardless of what question is asked. Always find a way to bring your answer back to the main point.
- **Avoid jargon** and the use of extensive statistics in your answer.
- Always have a "**last line**" ready in case they ask if you have anything to add.
- Keep going, even if you fumble your words. Do most likely, the audience won't even notice.
- Be an **active listener**. You'll be more able to stay engaged in the interview.
- When providing a website or phone number, give the information twice...**s-l-o-w-l-y**.
- Beware of the uhms, uh-huhs and nervous laughter. They will distract the audience.
- In radio, be sure to vocalize yourself. Head nods and facial expressions cannot be heard.

OTHER KEY POINTS

- **Be early** to your interview.
- Talk in brief, complete thoughts while using terms that are easily understood by all.
- Dress for success!
- **Be confident!** Remember, you are the expert.
- Anything you say can be used . There is never an "off-the-record" moment.
- **Be enthusiastic!** Show your genuine passion for the topic.
- Keep it local. People care more about what's happening where they are.

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A Final Word

The formula is simple – put the person before the disability and you get a positive perception.

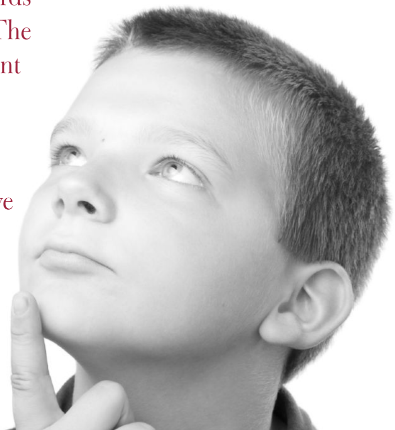
This, people with disabilities will tell you, is the first step toward full acceptance as contributing members of society. It is one of the ways they can let their fellow citizens know that they are not broken – that for them, having a disability is a natural way of life.

People first language also prevents the tendency to reduce the person to the disability. When words alone define a person, the result is a label … a label that almost always reinforces the barriers created by negative and stereotypical attitudes.

As a minority, people with disabilities know something most of us fail to recognize – what you see is not necessarily what you get. While people with disabilities and their advocates are working hard to end the very real discrimination and segregation in education, employment and participation in community activities, all of us must strive to eliminate the prejudicial language that creates barriers to inclusion in the mainstream of society.

We cannot always control our thoughts, but we can control our words.

Like paint on a canvas, words create a powerful image. The question is whether we want that image to be a straightforward, positive view of people with disabilities or an insensitive portrayal that reinforces common myths and is a form of discrimination.



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WATCH YOUR WORDS

THEY AFFECT OTHERS.

OKLAHOMA DEVELOPMENTAL
ODDC
DISABILITIES COUNCIL

Words are the only things that last forever.

People with disabilities know all too well that words create opportunities or build barriers.

For too long, words have separated and isolated people with disabilities.

Watch your thoughts for they become words.
Choose your words for they become actions.

Time after time people with disabilities have been identified not as a person, but as a problem. They've heard terms like "afflicted with," "crippled by," "suffers from," and "a victim of." They've been pitied or praised because of their "battle" to overcome their "handicap." To paraphrase writer George Orwell, if thought corrupts language then language can corrupt thought. Put another way, the words we choose reflect our attitudes.

That's why people with disabilities prefer "people first language." What, exactly, is people first language? Simply put, people first language uses words in a way that identifies the person before their diagnosis.

People First Language

Following are examples of the dos and don'ts in the use of people first language.

Put the person first when writing or speaking about people with disabilities! Stay away from labels like the blind, the deaf or the disabled. They do not reflect the individuality, equality or dignity of people with disabilities. So, with all this in mind, when referring to a person with a disability …

Say or write this …	Instead of this …
She is a person with a disability	She is handicapped or disabled
He is an individual without a disability	He is able-bodied
They are children (kids) without disabilities	They are normal or healthy children (kids)
He is a person with an intellectual disability	He's retarded
She is an individual with autism	She's autistic
He needs behavior supports	He has behavior problems
She is a person with a learning disability	She's learning disabled
He uses a wheelchair	He's confined to a wheelchair
She has a physical disability	She's a quadriplegic or a cripple
He has a brain injury	He's brain damaged
She has a congenital disability	She suffers from a birth defect
She is a person who is blind or visually impaired	The blind
He is a person who is deaf or hard of hearing	He suffers a hearing loss or from being deaf
She is an individual with (or who has) multiple sclerosis or muscular dystrophy	She is afflicted by MS or MD
He is a person with cerebral palsy	He is a victim of CP
She is an individual with epilepsy	She is an epileptic
He is a person with a psychiatric disability	He is crazy, nuts, etc.
He is a person who uses an assistive speech device or is unable to speak	He is dumb or a mute

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J. Kevin Stitt
Office of the Governor
State of Oklahoma

FILED
APR 1 1 2019
OKLAHOMA SECRETARY
OF STATE

EXECUTIVE DEPARTMENT
EXECUTIVE ORDER 2019-07

I, J. Kevin Stitt, Governor of the State of Oklahoma, pursuant to the authority vested in me by Section 256 of Title 75 of the Oklahoma Statutes, do hereby order:

A. The following Executive Orders shall remain in full force and effect:

1. **The following Executive Order issued by the Honorable David Walters:**

1994-16 Designating the Secretary of the Environment to be responsible to disburse certain funds for the state

2. **The following Executive Orders issued by the Honorable Frank Keating:**

1993-20 Establishing the Developmental Disabilities Council (as amended on September 5, 2002)
1996-07 Designating the Office of Juvenile Affairs as the agency responsible for state juvenile justice plans

3. **The following Executive Orders issued by the Honorable Brad Henry:**

2003-22 Requiring certification and submission of payrolls for payment
2004-01 Clarifying powers for the Secretary of Environment
2004-10 Creating the Governor's Interagency Council on Homelessness

4. **The following Executive Orders issued by the Honorable Mary Fallin:**

2011-39 Ordering the Oklahoma Office of Homeland Security and the Oklahoma State Bureau of Investigation to oversee and manage the Oklahoma Information Fusion Center
2013-37 Directing the Oklahoma Department of Human Services to work collaboratively with tribal sovereigns on child welfare issues
2013-43 Prohibiting the use of electronic cigarette or vaping devices on all properties owned, leased, or contracted for use by the State of Oklahoma, except for the

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use of such devices by residents of Veterans Affairs Residential Facilities while on facility grounds

2015-09 Establishing a new and streamlined Oklahoma AMBER Alert Committee
2015-10 Amending the Oklahoma Community Service Commission
2015-11 Establishing the Governor's Oklahoma United We Ride Council
2015-21 Signing Statement regarding Senate Bill 499
2015-35 Authorizing the State Adjutant General to arm certain full-time military personnel on military installations throughout Oklahoma
2016-01 Directing every State Agency website to include the name, telephone number, and email address of each individual currently serving on the governing body
2016-03 Directing all state agencies to remove from job applications questions regarding convictions and criminal history, unless a felony conviction would automatically render an applicant not qualified
2016-13 Signing Statement regarding Senate Bill 687
2016-15 Signing Statement regarding House Bill 2599
2017-12 Signing Statement regarding House Bill 1693
2017-16 Signing Statement regarding House Bill 2324
2017-18 Signing Statement regarding House Bill 2386
2017-19 Signing Statement regarding Senate Bill 643
2017-33 Approving the State Mitigation Trust created, among other States, for the benefit of the State of Oklahoma in the lawsuit entitled, In Re Volkswagen "Clean Diesel" Marketing, Sales Practices and Products Liability Litigation
2017-34 Establishing the Work-Based Program "Earn and Learn"
2017-38 Administrative consolidation of universities, colleges, centers and branch campuses by December 2019
2017-41 Directing all state officials and state agencies to clearly notify employees of agency policy regarding sexual harassment and build an environment free of such
2018-05 Directing the Oklahoma Health Care Authority to file all federal waivers and state plan amendments necessary to incorporate a work requirement in the Medicaid program
2018-15 Directing the Oklahoma Department of Human Services to publish a list of Oklahoma licensed adoption agencies on its website
2018-18 State Holidays 2019

This Executive Order shall be distributed to all members of the Governor's Cabinet.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Oklahoma to be affixed at Oklahoma City, Oklahoma, this 11th day of April, 2019.

BY THE GOVERNOR OF THE STATE OF OKLAHOMA

J. KEVIN STITT

ATTEST:

MICHAEL ROGERS, SECRETARY OF STATE

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Memorandum of Understanding
Between the Department of Human Services and The Oklahoma Developmental Disabilities Council

As provided in Executive Order 1993-20, amended by Executive Order 1993-20B (September 5, 2002) and as retained by Executive Order 2003-07, and pursuant to the Developmental Disabilities Assistance and Bill of Rights Act (Developmental Disabilities Act) [42 U.S.C. 15001 et seq.], the Oklahoma Department of Human Services (DHS) serves as the designated state agency of the Oklahoma Developmental Disabilities Council (Council). To assure the fulfillment of obligations for both DHS and the Council, the respective entities hereby agree to the following:

1. The Council's primary responsibility is the development, revision, and implementation of the five-year State Plan for Developmental Disabilities (State Plan), as outlined in §15024 of the Developmental Disabilities Assistance and Bill of Rights.
2. As required, the Council shall submit its State Plan and any subsequent amendments to the Secretary of Health and Human Services (Secretary).
3. As the Council's designated state agency, DHS is authorized to act on behalf of the Governor and ensure the State Plan, prior to any submission to the Secretary, is consistent with state law and contains appropriate State Plan assurances as may be required by §15024(c)(5) of the Developmental Disabilities Act.
4. DHS shall also serve as the recipient of all federal grant payments or allotments for expenditures made pursuant to the State Plan and any subsequent amendments approved by the Secretary.
5. The Director of Human Services designates the Director of Community Living and Support Services as the Council's point of contact within DHS.
6. The Council shall prepare, timely approve, and implement a budget which properly funds all programs, projects, and activities approved by the Council. Only the Council may approve a modification of its budget.
7. For so long as DHS serves as the Council's designated agency, the Council will also timely provide DHS with an approved budget prior to the first day of October of each year (start of the federal fiscal year).
8. The Council has the sole authority to hire, fire, supervise and evaluate the Director of the Council.
9. The Director of the Council has the responsibility to hire, fire, supervise and evaluate the staff of the Council. Recruitment, hiring, and dismissal of any staff, including the Director, shall be conducted in a manner consistent with federal and state law and Council personnel policies.
10. The Council will retain such staff as it deems necessary to meet annual goals and objectives, and within the limitations of its budget and federal regulations. Council staff shall not be assigned duties by OKDHS or any other agency or entity of the state.

11. Council staff will be considered employees of the Oklahoma Developmental Disabilities Council and the State of Oklahoma only. Council staff members included on the state payroll system are not and will not be considered employees of DHS. Consequently, DHS is under no obligation to retain the services of Council staff terminated by the Council.
12. Pursuant to 42 U.S.C. §15025(d) (3) (B), DHS shall provide the Council with support services to receive, account for, and disburse funds according to state and federal law. These responsibilities are expressly limited to ensure that expenditures are made in a manner consistent with the State Plan pursuant to the Developmental Disabilities Act and state laws pertaining to grants and contracts, proper accounting, and bookkeeping. Funding for these services will be provided to DHS through administrative "step down" billed to the Council's Administration accounts. DHS will provide the following support services to the Council:
    a. To facilitate the Council's efforts to develop and maintain appropriate staffing, DHS will operate announcement and recruitment processes on the Council's behalf and will serve as the payroll agent of the Council;
    b. The Council shall maintain three (3) separate budgets Administration, Planning, and Projects, as provided in the Developmental Disabilities Act;
    c. DHS will provide data services, postage, accounting, and supplies available from the DHS supply warehouse to be charged against the applicable Council account as provided in subsection b, immediately supra;
    d. DHS will negotiate the lease of office space on behalf of the Council and will include the Council in agency-wide contracts for office equipment such as copiers and computers. Office space and such will be billed to the Council's accounts based on staff allocations;
    e. The Council may purchase office supplies from statewide contracts awarded by the Office of Management and Enterprise Services, Central Purchasing, or, as provided by state purchasing policies, directly from vendors in amounts not exceeding $2,500. If purpose/project exceeds $2,500 or is available from a mandatory source certified by the Central Purchasing Division, DHS will issue a purchase order for the necessary costs;
    f. The Council shall maintain its financial records and produce the reports required by the federal funding source on the Council's behalf and, to the extent applicable, including but not limited to compliance with the Federal Funding Accountability and Transparency Act (FFATA), 31 U.S.C. §6101. Expenditure reports will be prepared using warrant registers and cost allocation. Copies of all claims shall be provided by the Council to the Cost Allocation and Revenue Enhancement Unit, DHS Division of Finance. Such claims shall show the federal fiscal year to which the claim should be charged. The Council shall ensure the vendor certifies in-kind vendor contributions. The Council shall advise its vendors that certifications are subject to audit, and documentation must be maintained and kept available for this purpose. DHS may produce other financial

reports upon request of the Council to assist in its administration of grants and contracts.

13. Contracts entered into by the Council shall adhere to DHS's fiscal and auditing standards for third-party contracts. The DHS Contracts and Purchasing Unit will act as central repository for Council contracts and agreements. As such, the Council shall provide the Contracts and Purchasing Unit with all fiscal and non-fiscal agreements of the Council, as well as annual monitoring reports. The Council shall provide access to all contract supporting documentation for review by DHS Contracts and Purchasing Unit, the DHS Office of Inspector General, the State Auditor and Inspector and any federal authorities if selected for an oversight visit. The DHS Contracts and Purchasing Unit will review all contracts and agreements entered into by the Council for compliance with state and federal procurement regulations. DHS Contracts and Purchasing Unit will encode data and produce requisitions for distribution to the Office of Management and Enterprise Services for encumbrance and provide technical assistance as required. Those requests that are determined to be inappropriate will be returned to the Council.
14. The Council shall provide the DHS Cost Allocation and Revenue Enhancement Unit with sufficient information related to all Council contracts to determine the appropriate fiscal year and cost category (poverty or non-poverty) against which the contract is to be charged. DHS will provide state matching funds (non-federal share) to the Council's Administration and Planning budgets only to the extent required by the Developmental Disabilities Act. The Council will assure maximum use of provided federal funding to carry out the goals, objectives and activities of the State Plan. DHS shall not be responsible for any expenditures, payments, or obligations incurred by the Council in excess of the state matching funds. The contribution of state matching funds shall not be construed as conferring on DHS or its employees the right to exercise any supervision or control over the administration, personnel, maintenance, or operation of any programs, services and supports for individuals with developmental disabilities with respect to which any funds have been or may be expended by the Council.
15. The Council and its Director shall inform DHS of Council practices and ensure the practices are consistent with federal and state laws and regulations. The Council shall be responsible for ensuring its individual members, its Director, and its staff conduct all business in accordance with state and federal law, including, but not limited to, state laws pertaining to contracts, grants, and travel.
16. The Council or its staff shall notify the Governor's Office of pending expiration dates of Council memberships in writing and at least three months in advance.

Mark Liotta, Chair
Oklahoma Developmental
Disabilities Council

David Ligon
Oklahoma Department of Human Services

Dated 3/24/14

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Assurances reference **Section 124 (c)(5)(B-N)**

The Oklahoma Human Services provides the following assurances to support the Developmental Disabilities Council of Oklahoma's Five Year Plan **2022-2026**.

(B) USE OF FUNDS

(i) not less than 70 percent of such funds will be expended for activities related to the goals of the Council Five Year State Plan;

(ii) such funds will contribute to the achievement of the purpose of Subtitle B of Public Law 106-402, The Developmental Disabilities Assistance and Bill of Rights Act of 2000 and in various political sub-divisions of the State;

(iii) such funds will be used to supplement, and not supplant, the non-Federal funds that would other-wise be made available for the purposes for which the funds paid under section 122 are provided;

(iv) such funds will be used to complement and augment rather than duplicate or replace services for individuals with developmental disabilities and their families who are eligible for Federal assistance under other State programs;

(v) part of such funds will be made available by the State to public or private entities;

(vi) at the request of any State, a portion of such funds provided to such State under this subtitle for any fiscal year shall be available to pay up to 1 /2 (or the entire amount if the Council is the designated State agency) of the expenditures found to be necessary by the Secretary for the proper and efficient exercise of the functions of the designated State agency, except that not more than 5 percent of such funds provided to such State for any fiscal year, or $50,000, whichever is less, shall be made available for total expenditures for such purpose by the designated State agency; and (vii) not more than 20 percent of such funds will be allocated to the designated State agency for service demonstrations by such agency that-

(I) contribute to the achievement of the purpose of this subtitle; and

(II) are explicitly authorized by the Council.

(C) STATE FINANCIAL PARTICIPATION. -The State assures that there will be reasonable State financial participation in the cost of carrying out the plan.

(D) CONFLICT OF INTEREST. -No member of the Council will cast a vote on any matter that would provide direct financial benefit to the member or otherwise give the appearance of a conflict of interest.

(E) URBAN AND RURAL POVERTY AREAS. -Special financial and technical assistance will be given to organizations that provide community services, individualized supports, and other forms of assistance to individuals with developmental disabilities who live in areas designated as urban or rural poverty areas.

(F) PROGRAM ACCESSIBILITY STANDARDS. -Programs, projects, and activities funded under the plan, and the buildings in which such programs, projects, and activities are operated, will meet standards prescribed by the Secretary in regulations and all applicable Federal and State accessibility standards, including accessibility requirements of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d), and the Fair Housing Act (42 U.S.C. 3601 et seq.).

(G) INDIVIDUALIZED SERVICES. - Any direct services provided to individuals with developmental disabilities and funded under the plan will be provided in an individualized manner, consistent with the unique strengths, resources, priorities, concerns, abilities, and capabilities of such individual.

(H) HUMAN RIGHTS. - The human rights of the individuals with develop-mental disabilities (especially individuals without familial protection) who are receiving services under programs assisted under this subtitle will be protected consistent with section 109 (relating to rights of individuals with developmental disabilities).

(I) MINORITY PARTICIPATION. - The State has taken affirmative steps to assure that participation in programs funded under this subtitle is geographically representative of the State, and reflects the diversity of the State with respect to race and ethnicity.

(J) EMPLOYEE PROTECTIONS. - Fair and equitable arrangements (as deter-mined by the Secretary after consultation with the Secretary of Labor) will be provided to protect the interests of employees affected by actions taken under the plan to provide community living activities, including arrangements designed to preserve employee rights and benefits and provide training and retraining of such employees where necessary, and arrangements under which maximum efforts will be made to guarantee the employment of such employees.

(K) STAFF ASSIGNMENTS. -The staff and other personnel of the Council, while working for the Council, will be responsible solely for assisting the Council in carrying out the duties of the Council under this subtitle and will not be assigned duties by the designated State agency, or any other agency, office, or entity of the State.

(L) NONINTERFERENCE. -The designated State agency, and any other agency, office, or entity of the State, will not interfere with the advocacy, capacity building, and systemic change activities, budget, personnel, State plan development, or plan implementation of the Council, except that the designated State agency shall have the authority necessary to carry out the responsibilities described in section 125(d)(3).

(M) STATE QUALITY ASSURANCE. - The Council will participate in the planning, design or redesign, and monitoring of State quality assurance systems that affect individuals with developmental disabilities.

(N) OTHER ASSURANCES. -The plan shall contain such additional information and assurances as the Secretary may find necessary to carry out the provisions (including the purpose) of this subtitle.

Samantha Galloway DHS Chief of Staff and Operations 9/29/21

Designated State Agency Representative Signature and Date

Council Chairperson Signature (if the Council operates as its own DSA) and Date

Other signatures as appropriate to State/Territory

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BYLAWS

Article I. NAME

The name of this body shall be the Developmental Disabilities Council of Oklahoma, hereinafter referred to as the Council.

Article II. COUNCIL AUTHORIZATION

Section 1. The formation of the Council is authorized under the Developmental Disabilities Assistance and Bill of Rights Act, P.L. 106-402 and as subsequently amended and numbered.

Section 2. State authorization of the Council is by Executive Order of the Governor, which names the Designated State Agency (DSA) to which the Council is assigned for assistance with administrative activities of the Council.

Section 3. As provided in the Developmental Disabilities Assistance and Bill of Rights Act (Developmental Disabilities Act), the Council and its DSA may enter in an agreement that documents the rights and responsibilities of both the Council and the DSA.

Article III. COUNCIL PURPOSE

Individuals with intellectual and developmental disabilities and their families have competencies, capabilities, and personal goals that should be recognized, supported, and encouraged. Any assistance to such individuals should be provided in an individualized manner, consistent with the unique strengths, resources, priorities, concerns, abilities, and capabilities of the individual. The purpose of the Council is to promote activities that are consistent with these principles.

The goal is to achieve independence, productivity, and integration and inclusion into the community for individuals with intellectual and developmental disabilities. This is done through activities promoting systemic change, capacity building, and advocacy. Activities developed are intended to be person- and family-centered, comprehensive, coordinated and culturally-competent in design and delivery of supports, services, and other assistance.

Article IV. COUNCIL RESPONSIBILITIES

The Council, through Council members, staff, consultants, contractors, or sub-grantees, shall have the following responsibilities:

1. Systemic Change, Capacity Building, and Advocacy Activities:

   The Council shall serve as an advocate for individuals with developmental disabilities, as defined in the Developmental Disabilities Assistance and Bill of Rights Act, and conduct programs, projects and activities that carry out the purpose of the Council.

2. State Plan Development, Implementation, and Monitoring:

   The Council, in consultation with its DSA, shall prepare the Developmental Disabilities Council Five-Year State Plan as described and required by federal law within the Developmental Disabilities Assistance and Bill of Rights Act. This plan will define programs, activities, and resources by which the Council will implement its systemic change, capacity building, and advocacy activities in selected areas of emphasis and will include information related to the Council's establishment and maintenance, identify its DSA, and provide a comprehensive review and analysis of programs and services available to Oklahomans with developmental disabilities and their family members. The state plan will also include assurances of compliance with the Developmental Disabilities Assistance and Bill of Rights Act, as described within the Act.

   The Council will solicit public review and comment on the five-year plan before submission to the Governor or their designee for approval and submission to the Administration on Intellectual and Developmental Disabilities (AIDD).

   The Council will monitor, review, and evaluate the implementation of the State Plan not less than annually. When necessary, the Council will amend the plan using the same review and approval processes described above.

   In addition to the Executive Order, federal law provides the Council must annually submit its original or amended State Plan, as defined in the Developmental Disabilities Assistance and Bill of Rights Act, to the Governor or their designee for approval.

3. Reviewing and Reporting:

   The Council shall submit to the AIDD or successor entity, the Governor, and/or the DSA such periodic reports on its activities as AIDD may reasonably request and will keep such records and afford access thereto.

4. Administrative Activities:

   The Council shall prepare and approve a budget of all monies, federal and state, allocated to and received by the Council prior to February 28 of the upcoming federal fiscal year.

The Council shall, consistent with federal and state laws, hire, supervise, and evaluate a

Director of the Council. The Director will, consistent with federal and state laws, hire, supervise, and evaluate the staff of the Council.

The Council shall inform the Governor or his designee of all Council member terms which will expire at least three months prior to the Council term expiration date, and support the Governor’s office to identify and screen applicants for Council membership.

5. Other Activities

The Council will review and act on other matters as may be deemed by the Council that fall within the intent of the federal law, guidelines, and directives.

Article V. MEMBERSHIP

Section 1. The Council will comply with the requirements of the Developmental Disabilities Assistance and Bill of Rights Act.

Section 2. All appointments to the Council shall be made by the Governor of the State of Oklahoma in accordance with the Developmental Disabilities Assistance and Bill of Rights Act, and upon the recommendation of the Council and/or other organizations, groups, and individuals.

Section 3. 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.

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

Section 4. Mandated representatives shall be appointed by the Governor. Agency representatives shall appoint a single designee to represent the agency/entity, should the appointee be unable to attend a meeting. Each agency/entity representative will inform the Council in writing of their designee. This designee will receive duplicate materials prior to Council meetings to assure their knowledge of timely Council issues and will be allowed to vote at Council meetings at which they represent their agency.

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

Section 5. The Council staff will notify the Governor's Office immediately should a vacancy arise due to death or disqualification.

Members are expected to attend in person or virtually. For a member to be a voting member, their attendance must be in person or abide by the Oklahoma Open Meetings Act. The Act requires virtual voting members to list their identity and specific location and telephone number from which the member shall be physically present and participating shall be listed on the Council agenda.

Members choosing to be a voting member virtually should notify the Council Chair and Executive Director five working days before said meeting via email. This email should include the public location and telephone number from which they will be present and participating to be listed on the Council Agenda.

Please remember no less than a quorum of the Council shall be present in person at the meeting site as posted on the meeting notice and agenda.

Disqualification shall be determined by Council vote as a result of a member's failure to attend three consecutive meetings.

Article VI. COUNCIL OFFICERS, THEIR DUTIES, AND COUNCIL COMMITTEES

Section 1. The Council shall have four officers: a Chair, Vice Chair, Secretary, and Parliamentarian. These four officers form the core of the Council's Executive Committee. Every member of the Council is eligible to serve as a Council officer.

Section 2. For the appointment of Chair and for the subsequent slating of the positions of Vice Chair and Secretary, a Nominating Committee shall be selected by consensus of the membership to serve a one-year term. The Nominating

Committee will be composed of three members of the Council, at least one of whom shall be a person with a developmental disability.

Section 3. At the direction of the Governor’s Office, or as a vacancy occurs in the office of Council Chair, the Nominating Committee may select three members who are qualified and willing to serve as Chair. These names shall be submitted to the Governor by the Council Chair and staff. The Governor will appoint the Chair. The Chair shall serve a two-year term and will be eligible for two consecutive two-year terms, consistent with the Chair’s term limits as provided above.

Section 4. Following appointment of the Chair, the Nominating Committee will nominate one person each for the offices of Vice Chair and Secretary. This slate will be presented to the Council Chair provided that the nominee's consent has been given. If the Chair accepts the slate, no voting of the Council is necessary. If the Chair rejects the slate, nominations from the floor for the offices of Vice Chair and Secretary will be taken at the subsequent Council meeting, and voting will take place consistent with the Open Meetings Act.

Section 5. Following the appointment or election of the Vice Chair and Secretary, the Parliamentarian will be appointed by the Council Chair.

Section 6. The offices of Vice Chair, Secretary, and Parliamentarian are for one year. These officers may serve in the same office three consecutive years.

Section 7. The duties of the Chair shall include the following: to call and preside over Council meetings and Executive Committee meetings; to be an *ex officio*, voting member of all Council committees except the Nominating Committee; to appoint the Chair, Vice Chair, and members of all standing and *ad hoc* Council committees except the Nominating Committee; to submit such reports as are necessary to appropriate federal and state agencies; to serve as the official spokesperson of the Council; to work in concert with the Council Director to ensure that the functions of the Council according to the Developmental Disabilities Act and its regulations are carried out; to supervise the Council Director; to sign all official reports submitted by the Council; and to perform other duties as the Council may select.

Section 8. The duties of the Vice Chair shall include the following: to carry out the duties of the Chair in their absence or through the remainder of their term if the office of Chair is vacated, and to carry out such other duties as the Chair may direct.

Section 9. The duty of the Secretary is to ensure minutes of each Council meeting and Council Committee meeting are written and approved by the Council or appropriate Council Committee. Minutes shall include a record of member attendance, documentation of all motions, seconds, and votes, and a narrative of all business conducted at the meeting.

The Secretary shall write a letter to any Council member who has missed two consecutive meetings to remind the member of the potential for disqualification if a third consecutive meeting is missed.

Section 10. The Parliamentarian shall be responsible for assuring that Council meetings are conducted in accordance with the Oklahoma Open Meetings Act.

Section 11. If neither the Chair nor Vice Chair of the Council is present to preside at a Council meeting, then the Council Director shall chair the meeting. Conduction of the meeting does not convey the right or privilege of making or seconding motions, or the right to vote to the Director.

Section 12. The Council shall have five standing committees: the Executive Committee, the Finance Committee, the Nominating Committee, the State Plan Committee, and the Advocacy, Training and Outreach Committee. In addition to these committees, the Council chair may appoint *ad hoc* committees that shall be disbanded upon completion of the task to which the committee is assigned.

All Council members are encouraged to serve on at least one of the committees per year. At the Council's last meeting of the calendar year, all Council members will select the committee(s) he/she wishes to serve for the following year.

Section 13. The Executive Committee shall consist of the four Council officers; and the chairs of the State Plan Committee; the Advocacy, Training and Outreach Committee; and the Finance Committee. Non-Council members are ineligible to serve on this committee.

The duties of the Executive Committee shall be as follows: approve requests for Consumer Involvement Fund, Professional Development Fund, and Conference Co-sponsorship funding; review and make recommendations to the Council for professional service contracts; provide day-to-day assistance to the Director and staff as requested; review and approve the Administrative Directions and Instructions to Staff; make decisions on behalf of the Council when deadlines prevent a meeting of the full Council; review the performance of the Executive Director; and other duties as assigned or delegated to the Executive Committee by the Council.

Although information may be exchanged, no action shall be taken at any Executive Committee meeting unless a quorum is present; a quorum being defined as a simple majority of the committee's membership.

Section 14. The Committee Chair, Vice Chair, and Committee members of all standing and *ad hoc* committees, with the exception of the Nominating Committee, shall be appointed by the Council Chair. Should the State Plan Committee or the Advocacy, Training and Outreach Committee wish to include non-Council members on these committees, committee members may forward such recommendations to the Council Chair. Non-Council member committee appointments shall be made by the Council Chair.

Non-Council members serving on Council committees will not be permitted to vote within the committee, nor at any full Council meetings they may attend, nor may they serve as the Chair or Vice Chair of any Council committee.

Section 15. The Finance Committee shall consist of current members of the Executive Committee, and one or two additional Council members to serve "at large," appointed by the Council Chair. The Council Chair shall appoint the Committee Chair from among the members of the Executive Committee or from the "at large" membership of the Finance Committee. If the appointed Chair is not already seated as a member of Executive Committee, the Finance Committee Chair will also be a member of the Executive Committee. Non-Council members are ineligible to serve on this committee.

The duties of the Finance Committee shall be as follows: work with the Executive Director and Staff to coordinate the development of the annual budget prior to the start of the state fiscal year; recommend the annual budget for approval by the Executive Committee and Council; review and preliminarily approve periodic changes to the annual budget for subsequent approval of the full Council; review and preliminarily approve periodic financial reports for subsequent approval of the full Council; serve as board representative to internal and external auditors; review and temporarily approve fiscal policies and guidelines for subsequent approval of the full Council; present and make recommendation to the Council for the approval of preliminarily approved actions; and other duties as assigned or delegated to the Finance Committee by the Council.

Although information may be exchanged, no action shall be taken at any Finance Committee meeting unless a quorum is present; a quorum being defined as a simple majority of the committee's membership.

Section 16. The duties of the Nominating Committee are to slate the Vice Chair and Secretary on an annual basis, with the slate being presented to the Council at the fourth quarterly meeting each year. In addition, the Nominating Committee will meet as necessary to appoint Council representatives to outside committees, such as the Group Homes Advisory Committee and the Advisory Committee on Services to Persons with Developmental Disabilities. Non-Council members are not permitted to serve on the Nominating Committee.

Section 17. The duties of the State Plan and Advocacy, Training and Outreach (ATO) Committees are to: meet at least quarterly to review progress of current and planned Council activities in each committee's workplan; approve any project scope of work to be done, work with staff to develop new agreements or invitations to bid as necessary; and develop and refine the Goals, Objectives and Activities in the State Plan and in the committee's workplan.

Although information may be exchanged, no action shall be taken at any State

Plan or ATO Committee meeting unless a quorum is present; a quorum being defined as a simple majority of the committee's membership.

Section 18. Properly-appointed Agency designees are authorized to participate and vote on the Council or Council committees on which their respective Agency representative is appointed, should that representative not be in attendance. Agency designees may not serve as the Chair or Vice Chair of a Council committee.

Should an Agency designee wish to serve on a Council committee that is not the committee to which their Agency representative is appointed, an appointment to a committee may be made by the Council Chair, consistent with these Bylaws. If such appointment is made, these Agency designees serve as non-Council members of a Council committee and thus may not vote within the committee, nor may they serve as a Committee Chair or Vice Chair.

Article VII. COUNCIL STAFF

In accordance with federal law, the Council may hire staff sufficient to properly support the implementation of the State Plan. Staff shall serve in the unclassified service and shall be consistent employees of the State of Oklahoma, at the pleasure of the Council.

At a minimum, the Council staff shall include an Executive Director, hired by the Council. The Executive Director, working with the Council, shall determine other staff positions necessary for the implementation of the State Plan and shall hire and supervise staff.

ARTICLE VIII. COUNCIL MEETINGS

Section 1. Regular and special Council meetings are called by the Council Chair, or, in their absence, the Vice Chair. Any eight Council members acting together may call a special Council meeting. Notice must be given to Council members in writing at least 48 hours before the scheduled time of the meeting and in such manner as to comply with the Oklahoma Open Meetings Act.

Section 2. The Council shall meet at least quarterly, and at such other times as the need arises in order to carry out its responsibilities. In addition to the quarterly meetings of the Council, the Council may meet over the course of a weekend annually for a planning retreat, at which time the State Plan will be written or amended. Council member attendance at all meetings is expected. Members are strongly encouraged to attend all regular and special meetings and the Council retreat. Members who fail to attend three consecutive meetings of the Council may be immediately disqualified by vote of the Council. Should a member be disqualified, the Governor's office will be notified and a replacement sought.

Section 3. Although information may be exchanged, no business shall be transacted at a Council meeting unless a quorum is present; a quorum being defined as one-half of the current membership of the Council. Unfilled positions will not be considered part of the current membership. Within this quorum there must be at least one member with a developmental disability or an immediate family member or guardian of a person with a developmental disability.

Section 4. All regular quarterly and special meetings of the full Council shall be open to the public in accordance with Oklahoma law. The Council retreat and most Council committee meetings are planning functions of the Council and will be held in accordance with the Oklahoma Open Meetings Act.

Section 5. A simple majority of Council Members will determine the results of any vote taken in a meeting of the Council or Council Committee.

Section 6. In accordance with the Developmental Disabilities Act, a Council member who does not represent a required state agency may designate, in writing, an authorized representative to attend a Council meeting if unable to attend. Such representatives should meet the same membership qualifications of the Council member he/she will represent. The privilege of voting is not extended to these representatives. Authorized representatives do not count toward a quorum.

Article IX. COUNCIL'S OPERATING YEAR

The operating year of the Council shall correspond to the Federal Fiscal Year, October 1 - September 30, or other fiscal year as established by the federal government.

Article X. ROLE OF THE DESIGNATED STATE AGENCY (DSA)

Section 1. Council Contracts:
In implementing its State Plan, the Council, with the assistance of the DSA, may enter into contracts with public or private agencies or organizations according to purchasing and contracting laws and regulations of the State of Oklahoma. A majority vote of the Council or designated Council Committee is necessary to pursue such contracts.

Section 2. Funding Controls:
All expenditure of funds under the Basic State Plan Grant shall be in compliance with the State Plan, written with the support of the DSA, and in compliance with the Developmental Disabilities Act. The DSA will assure compliance with state law and regulations pertaining thereto.

Section 3. Agreement between the DSA and the Council:

As permitted by federal law, the Council may enter into agreement for specific delineation of roles and responsibilities of both the DSA and the Council. Such agreement shall be signed by the Council Chair and the Director of the DSA.

Section 4. The Director of the DSA will appoint an official agency liaison to the Council. Such liaison shall have the authority to authorize action on behalf of the agency as requested by the Council.

Article XI. COUNCIL ADMINISTRATIVE DIRECTIONS AND INSTRUCTIONS TO STAFF

In addition to the Bylaws of the Developmental Disabilities Council of Oklahoma, the Council has several Administrative Directions and Instructions to Staff, including, but not limited to, staff positions, non-solicited proposals, grants, the preclusion of conflict of interest, contracting and payments procedure, cost reimbursement for Council members, travel assistance for non-council members, and conference sponsorship. These Administrative Directions and Instructions to staff provide further guidance for staff and Council members relative to Council business.

Article XII. AMENDMENTS TO THE BYLAWS

These Bylaws may be altered, amended, or repealed and new Bylaws adopted by the Council at any regular or called Council meeting by a 2/3 majority vote of the Council members present, provided a quorum has been established. Proposed amendments to the Bylaws shall be sent to the members at least thirty business days prior to the meeting at which the proposed revisions will be considered.

Approved July 28, 2023

____
AJ Griffin, Chair

Council Budget

Understanding the Budget Process

Sharon Garrity, DDCO Finance Chair

Explanation of Terms

Expenditure – an item that is bought and paid for

- **Calendar Year**: Jan 1 – Dec 31
- **Federal Fiscal Year (FFY):** Oct 1 –Sept 30
- **State Fiscal Year (SFY):** July 1 – June 30

What is a Budget?

An itemized summary of estimated or intended expenditures for a given period along with proposals for financing them.

The Purpose of the Budget Process

- To create a budget is to create a spending plan for a specific period of time
- The budget is a formal statement of the goals of an organization in financial terms (numbers)

The Council Budget

- Reflects the Councils State Plan – the budget is the plan of how a Council will fund their State Plan Goals and Objectives

- Is for a specific period of time: fiscal year or calendar year

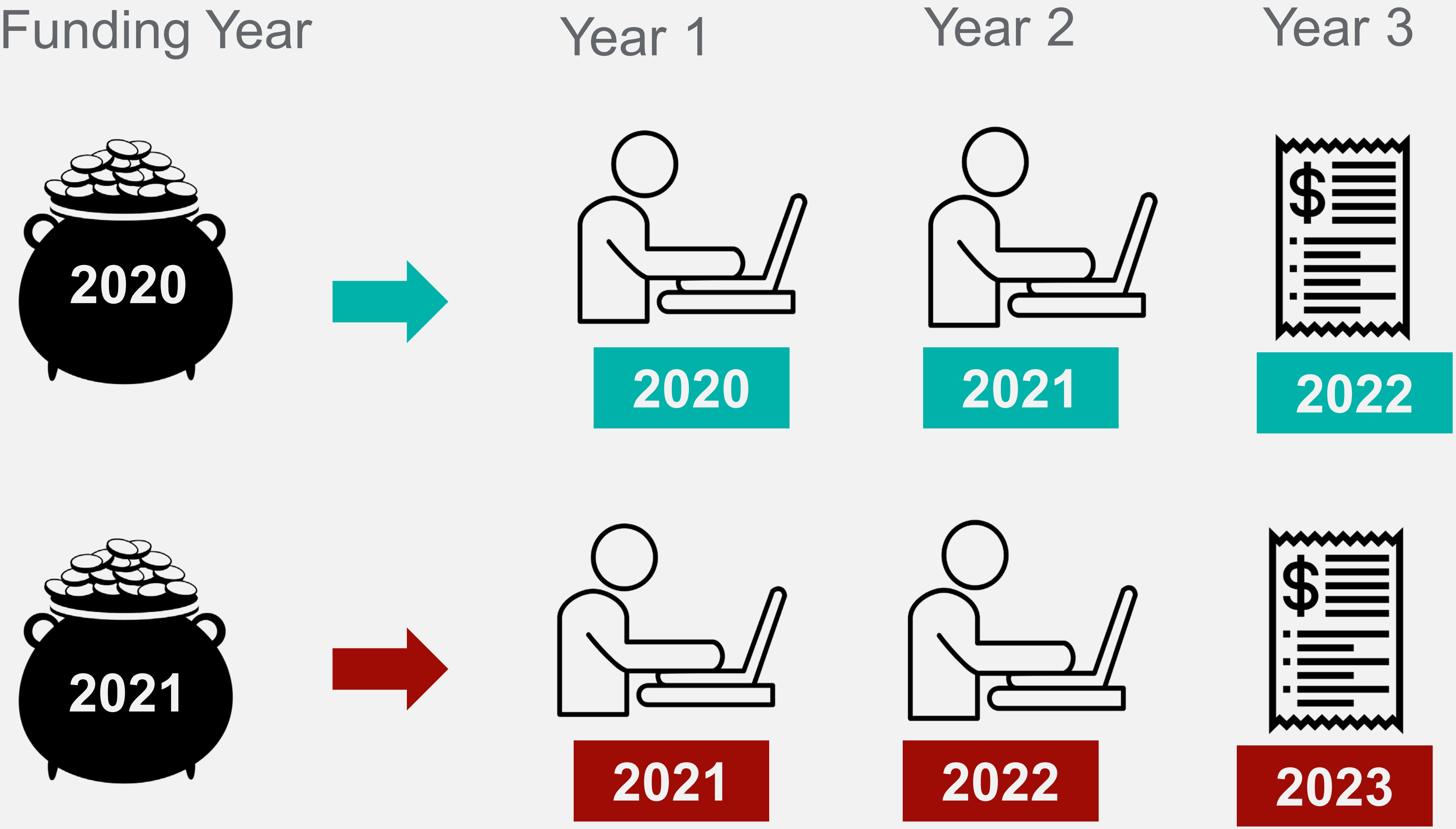
The Council Federal Allotment

- Every federal fiscal year, the Council receives an allotment from the federal agency: Department of Health and Human Services, Administration on Community Living

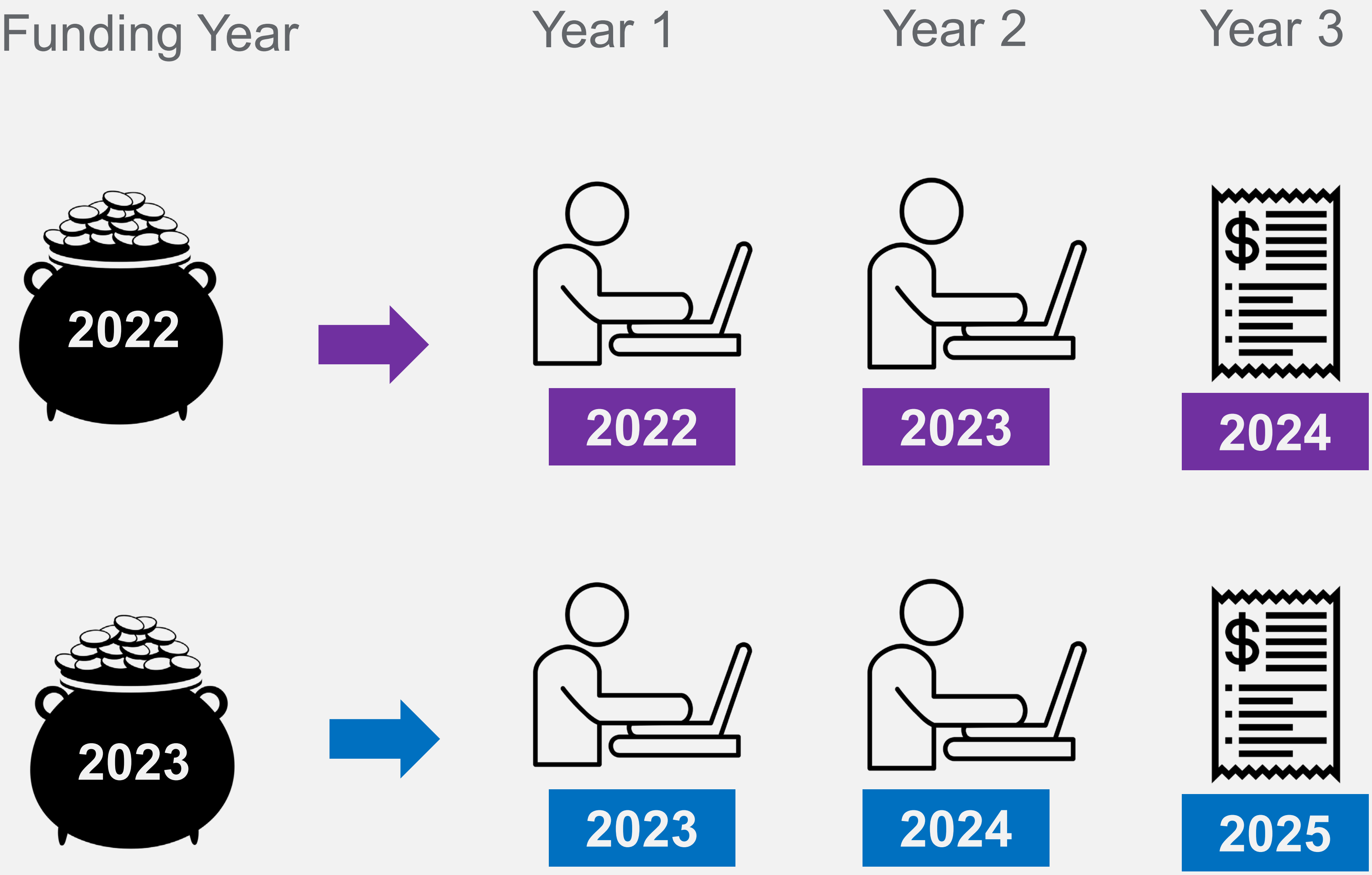
- Our allotment is based on:
    - the population of our state
    - the extent of need for services for individuals with developmental disabilities
    - the financial need of the state

Federal Allotment, continued

- Councils are given a total of three years to expend one grant award:
  - We have two years to **obligate** the federal funds. This means making a legal ‘promise’ to pay money set aside for a specific activity/project. Work must be completed within the two years.
  - We have one additional year to **liquidate** funds. This means spending money that was obligated. No work is to be done this additional year.



Funding Year	Year 1	Year 2	Year 3
2020	2020	2021	2022
2021	2021	2022	2023



Funding Year	Year 1	Year 2	Year 3
2022	2022	2023	2024
2023	2023	2024	2025

The DD Act requires:

- At least 70% of a Council's allotment must be used to implement the Council State Plan
- No more than 30% of a Council's allotment may be used for administrative costs. This includes the DSA reimbursement percentage of 5% of the annual award.
  - Administrative costs are expenses that happen in directing / managing the Council (for example, utilities, rent, accounting)

Council Member role in the budget process

- Approve annual budget
- Monitor the Councils financial status on a regular basis (ex. Quarterly)
- Council approves the budget
- Committees approves projects (the work)

Questions during budget development

- What activities or programs will the Council do?
- Are these activities/programs consistent with the State Plan?
- Are these programs/activities consistent with the Council's mission and 5-Year State Plan?
- How will the Council allocate resources to fund the activity/program?

Questions during financial reporting

- Are our expenses in line with our budget?
- Are we meeting the overall budget by line-item? If not, why?
- Is a particular grant spending according to schedule?
- Were all grantee expenses allowable? How did the Council handle any unallowable expenses?
- Do we have un-obligated funds for the current year?
- Do we have funds from prior years that must be liquidated?
- What is the Council planning for these funds?

Who prepares the budget?

- DDCO Staff will prepare the budget for Council approval.

- DDCO Staff ensures the proposed Council budget meets state requirements and requirements of the designated state agency and is reflective of allowable categories and meets the "terms and conditions" of the grant award

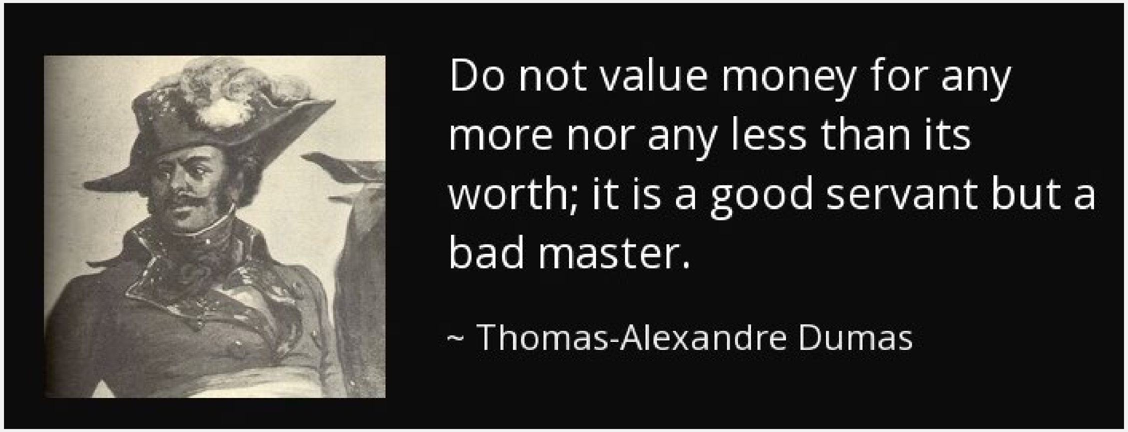
Monitoring the Council Budget

- Council members should receive a financial report on a regular basis (example: each Council meeting)
- The purpose of the financial report is so members can monitor obligation and liquidation of the Council grant award(s)
- The purpose is not to review and approve each expenditure incurred by the Council.
  - Staff and the designated state agency (DHS) will ensure expenditures are in concert with the budget and meet State and Federal rules for allowable costs.

Final thoughts

Councils who operate as their own or with a Designated State Agency (DSA) must follow all State laws, policies and procedures.

Council staff will navigate Council business to ensure compliance.



Do not value money for any more nor any less than its worth; it is a good servant but a bad master.

~ Thomas-Alexandre Dumas

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The Developmental Disabilities
Council of Oklahoma

2022 – 2026 5 Year State Plan

Goal 1: Advocacy and Self-Advocacy Skills Improvement

Individuals with developmental disabilities and their families will be skilled and empowered advocates and leaders in individual and systems change advocacy.

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. (Self-Advocacy Objective)

Objective 2: 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.

Objective 3: 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.

Objective 4: 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.

Expected Goal Outcomes: 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.

Goal 2: Good Lives Across the Lifespan

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.

Objective 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 Supporting Families Community of Practice principles.

Objective 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.

Objective 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.

Objective 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.

Objective 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.

Expected Goal Outcomes:

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.

Goal 3: Community Awareness and Inclusion

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.

Objective 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.

Objective 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)

Objective 3: 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)

Objective 4: 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.

Objective 5: By 2026, individuals with developmental disabilities will have greater opportunities for meaningful friendships and relationships, recreation activities and social inclusion in their communities.

Objective 6: 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.

Expected Goal Outcomes:

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.

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OKLAHOMA: SCDD FIVE YEAR STATE PLAN

SECTION I: COUNCIL IDENTIFICATION

State Plan Period:	
Start Period	2021-10-01
End Period	2026-09-30

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

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

Authorization:	Executive Order (1)

Authorization Citation:	Executive Oder 1993-20, as amended and retained by Executive Order.

Council Membership Rotation Plan:	

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.

Council Members:

Name	Gender	Race/Ethnicity	Geographical	Agency/Org/Citizen Rep Code	Agency/Org Name	Appt.	Appt. Expir	Alt/Proxy for

						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 Blose	M	D1	E1	B1		2021-08-02	2025-08-01	
Mindee Brown	F	D1	E1	B1		2021-08-02	2025-08-01	
Alicia D Murie	F	D1	E2	B1		2017-08-02	2023-08-01	
Lindsey R Spoon	F	D1	E2	B1		2019-08-02	2023-08-01	
Shelly L Greenhaw	F	D1	E1	B2		2019-01-23	2023-08-01	
Michelle Kelley	F	D8	E1	B2		2020-11-18	2024-08-01	
Sharron Garrity	F	D1	E2	B3		2017-08-02	2023-08-01	
Daniel P Prock	M	D1	E2	B3		2019-08-02	2023-08-01	
Debra Espinosa	F	D8	E1	A9		2020-08-02	2024-08-01	
AJ Griffin	F	D7	E1	A9		2019-08-02	2023-08-01	
Brett Cunningh	M	D1	E1	B1		2021-	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

The DSA is:	Other Agency (2)

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

E-mail	Samantha.Galloway@okdhs.org

If DSA is other than the Council, does it provide or pay for direct services to persons with developmental disabilities?	Yes (1)

If yes, describe the general category of services it provider (e.g. health, education, vocational, residential, etc.) (250 character limit)	
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.	

Does your Council have a memorandum of Understanding/Agreement with your DSA?	Yes (1)

If DSA is other than the Council, describe (250 character limit).	
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.	

PART E - Calendar Year DSA was designated [Section 125(d)(2)(B)]	1973

SECTION III: COMPREHENSIVE REVIEW AND ANALYSIS

Introduction:	
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	

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.

Describe how the DSA supports the Council:

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.

Poverty Rate:	15.2

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

any race))	

(a) Prevalence of developmental disabilities in the state:	1.58

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

(c) Demographic Information about People with	

Disabilities:	
Percentage (Population 5 - 17 years)	6.1
Percentage (Population 18 - 64 years)	13
Percentage (Population 65 years and over)	42.9

Race and Hispanic or Latino Origin of people with a disability	
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 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

Employment Status Population Age 16 and Over	
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

Educational Attainment Population Age 25 and Over	
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

Earnings in Past 12 months Population Age 16 and Over with Earnings	
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

Poverty Status Population Age 16 and Over	
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

(i) Health/Healthcare:	
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,	

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, material 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 household 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 if 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 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 LCTI 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 for 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. Team of two volunteer monitors preform 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 preforms, 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, résumés, 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.

(viii) Transportation:	

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 the 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 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 who's 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-acrea 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.

(i) Criteria for eligibility for services:

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 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 describers 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.

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

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 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' 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 or 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 to 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.

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

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

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

b. There is a statewide standardized data collection system in place for the chart above:	Yes (1)

c. Individuals on the wait-list are receiving (select all that apply) for the chart above:	
No services	1
Inadequate services	3

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

	first-come, first-served basis.

Use the space below to provide any information or data available to the related response above:	
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.	

e. Description of the state's wait list definition, including the definitions of other wait lists:	
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.	

f. Individuals on the wait list have gone through an eligibility and needs assessment:	No (1)

Use the space below to provide any information or data available to the related response above:	
DDS does not verify eligibility for HCBS Waivers until funding is available. Individuals on the Waiting List are eligible for and my receive services from other programs while that are on the Waiting List.	

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):	No (1)

h. Specify any other data or information related to wait lists	
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.	

i. Summary of Waiting List issues and challenges	

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.

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

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&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.

(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 compliant 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 At (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 homes 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 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

Description

Individuals with developmental disabilities and their families will be skilled and empowered advocates and leaders in individual and systems change advocacy.

Expected Goal Outcome

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.

Objectives

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. (Self-Advocacy Objective)
Objective 2.	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.
Objective 3.	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.
Objective 4.	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.

Goal 2. Good Lives Across the Lifespan

Description

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.

Expected Goal Outcome

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.

Objectives

Objective 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.
Objective 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.
Objective 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.
Objective 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.
Objective 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.

Goal 3. Community Awareness and Inclusion

Description 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.
Expected Goal Outcome 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.
Objectives

Objective 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.
Objective 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)
Objective 3.	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)
Objective 4.	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.
Objective 5.	By 2026, individuals with developmental disabilities will have greater opportunities for meaningful friendships and relationships, recreation activities and social inclusion in their communities.
Objective 6.	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.

Self-Advocacy Goal(s)/Objectives	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.

Targeted Disparity	
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.	

DD Network Collaboration	
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.	

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

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.

Logic Model	DDCO Logic Model 2022-2026.docx,_8.22 DDCO Logic Model 2022-2026 update.docx

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

Written and Signed Assurances	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)

Approving Officials for Assurances	For the State or Territory (DSA is to assist the DD Council in obtaining assurances) (2)

Designated State Agency	A copy of the State Plan has been provided to the DSA (true)

SECTION VI: PUBLIC INPUT AND REVIEW

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.	

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

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.

Describe the revisions made to the Plan to take into account and respond to significant comments.

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)

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.

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.

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.

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.

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.

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.

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.

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.

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

	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.

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.

Expected Outputs

Expected Output 2.5.1:	One webinar completed and available online

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.

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.

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

	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.

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.

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

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	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)

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.

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.

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.

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.

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.

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.

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.

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.

Expected Outputs

Expected Output 2.4.1:	One informational manual completed, printed and distributed.

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

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	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.

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)

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

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 policymakes
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.

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.

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

(1) Contract Year (IP = In Process; NF = Not Funded this fiscal year; C = Completed)
(2) Poverty/Non-Poverty
(3) Area of Emphasis - Employment, Housing, Health, Education/EI, Child Care, Recreation, Transportation, Quality Assurance, Formal/Informal Supports, and Cross-cutting

Organization Information	Contact Person Phone and Fax #s	CY (1)	Contract Period	P/N (2)	TOTAL: COST	Area of Emphasis (3)	Description of Program	State Quadrant
Autism Foundation of OK PO Box 42133 Oklahoma City, OK 73123-3133	Emily Scott (405) 434-5507 escott@autismfoundationok.org	IP	10/1/2022 6/30/2023	F	Council: $125,000 Match: $33,100	CC	This project seeks to increase inclusive hiring practices in Oklahoma, with the ultimate goal of increasing the practice of hiring people with developmental disabilities throughout the state.	Statewide
OK Autism Center - ADOS2 Univ. of OK Health Sciences Center Oklahoma Autism Center 3901 NW 63rd St., Ste 100 Oklahoma City, OK 73116	Bonnie McBride 405-842-9995 bonnie-mcbride@ouhsc.edu	IP	7/1/2022 6/30/2023	F	Council: $100,000 Match:	CC	This project will work to build on the early autism screenings and increase capacity of those who can make an autism diagnosis.	Statewide
OK Autism Center/MESA - Educational Symposium Univ. of OK Health Sciences Center Oklahoma Autism Center 3901 NW 63rd St., Ste 100 Oklahoma City, OK 73116	Bonnie McBride 405-842-9995 bonnie-mcbride@ouhsc.edu	IP	7/1/2022 6/30/2023	F	Total: Council: $9,999 Match:	CC	This project will create a symposium unique to school administrators on high-quality inclusive environments.	Statewide
Sooner SUCCESS Univ. of OK Health Sciences Center Sooner SUCCESS	Aietah Stephens 405-271-5700, ext. 47803 aietah-stephens@ouhsc.edu	IP	7/1/2022 6/30/2023	F	Council: $100,000 Match:	F/I	Reaizing the importance of respite for all family members, the vision for this project is to create opportunities for all members of a family to have respite.	Statewide
Oklahoma Self-Advocacy Network Univ. of OK Health Sciences Center Center for Learning and Leadership	Miranda Hooper 405-217-4500, ext. 41002 miranda.hooper@ouhsc.edu	IP	7/1/2022 6/30/2023	N	Council: $40,000 Match:	QA	Collaboration of DD organizations developed to strengthen the self-advocacy movement in OK by training self-advocates in leadership and advocacy as well as other skills.	Statewide
Partners in Policymaking DDCO PO Box 25352 Oklahoma City, OK 73125	DDCO Bradley Mays 405-215-1618 bradley.mays@okdhs.org		7/1/2022 6/30/2023		Council: $40,000 Match: $0		Partners in Policymaking is an 8 weekend disability advocacy training. Oklahoma PIP participants gain advocacy skills and awareness.	

(1) Contract Year (IP = In Process; NF = Not Funded this fiscal year; C = Completed)
(2) Poverty/Non-Poverty
(3) Area of Emphasis - Employment, Housing, Health, Education/EI, Child Care, Recreation, Transportation, Quality Assurance, Formal/Informal Supports, and Cross-cutting

Organization Information	Contact Person Phone and Fax #s	CY (1)	Contract Period	P/N (2)	TOTAL: COST	Area of Emphasis (3)	Description of Program	State Quadrant
Youth Leadership Forum DDCO PO Box 25352 Oklahoma City, OK 73125	DDCO Bradley Mays 405-215-1618 bradley.mays@okdhs.org	IP	7/1/2022 6/30/2023	N	Council: $70,000 Match: $0	QA	The Youth Leadership Forum is a 5-day leadership and advocacy training for high school students (10th-12th) with disabilities. YLF seeks to support students in gaining leadership and advocacy skills as well as create a personal action plan.	Statewide
Justin McCurry Library Redlands Partnership	DDCO	IP	7/1/2022 6/30/2023	N	Council: $1,000 Match: $0	QA	A library of disability resources containing around 1200 books, publications, and videos. The Justin A. McCurry library is housed now at the Bird Library on the OUHSC Campus (as of Oct 2021).	Statewide
Conference Support DDS Symposium, OK Gathering, OPF/OK-APSE, OK Transition Institute	DDCO Melissa Gituma (405) 521-4984 Melissa.Gituma@okdhs.org	IP	7/1/2022 6/30/2023	N	Council: Match: $0	F/I	The DDCO will accept applications for conference support funds up to $5,000 for organizations in Oklahoma that support family self-advocates and professionals.	Statewide
FEAT Family Employment Awareness Training DDCO PO Box 25352 Oklahoma City, OK 73125	DDCO Jenifer Randle (405) 521-4984 jenifer.randle@okdhs.org	IP	7/1/2022 6/30/2023	N	Council: $1,000 Match: $0	QA	Family Employment Awareness Training (FEAT) Raise expectation of people with disabilities to be competitively employed.	Statewide
NASDDDS CoP Membersip	DDCO Jenifer Randle (405) 521-4984 jenifer.randle@okdhs.org	IP	7/1/2022 6/30/2023	N	Council: $6,180 Match: $0	QA	DDCO contracts with NASDDDS and partners with the OK UCEDD and DHS/DDS to provide the state I/DD agencies access to educational materials and training	Statewide
Activity Proposals	DDCO Melissa Gituma (405) 521-4984 Melissa.Gituma@okdhs.org	IP	7/1/2022 6/30/2023	N	Council: TBD Match: TBD	F/I	Support of inititives proposed and approved during the fiscal year.	Statewide

OKLAHOMA: ANNUAL PROGRAM PERFORMANCE REPORT

SECTION I: IDENTIFICATION

1. State/Territory

OKLAHOMA

2. Fiscal Year

2022

3. Contact person regarding PPR information

Contact Person	Melissa Gituma
Phone Number	(405) 521-4984
E-mail	Melissa.Gituma@okdhs.org

4. Executive Director name

Contact Person	Jenifer Randle
Phone Number	(405) 521-4984
E-mail	Jenifer.Randle@okdhs.org

SECTION II: COMPREHENSIVE REVIEW AND ANALYSIS

Adequacy of health care and other services, supports and assistance that individuals with developmental disabilities in Intermediate Care Facilities (ICF) receive.

Oklahoma's Intermediate Care Facilities for Individuals with Intellectual and Developmental Disabilities (ICFs/IDD) 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 Health Care and serves only those dually diagnosed individuals with IDD and mental illness. Oklahoma has 1699 licensed ICFs/IDD "beds" among 86 facilities/buildings throughout the state. Those 86 licensed facilities are operated by 27 separate providers. The facilities vary in size, offering a range of 4 to 160 beds; 74 facilities have 16 or fewer residents, while 3 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 September 2021, new legislation in Oklahoma restricts approved development and use of new ICF/IID beds, except for homes that are 16 beds or smaller. They may only be approved in the service area when the total number of ICF/IID beds in the service area falls below the following standard: eighty-four (84) ICF/IID beds per one hundred thousand (100,000) general population and only in areas where 95% of such beds are currently in use.

All ICFs/IDD 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/IDD have enough qualified staff and support personnel to carry out the residential living, professional and special programs and services for residents as required by their individual needs, and of sufficient size that the facility does not depend on residents or volunteers for services. There should be sufficient dietary, nursing, housekeeping and administrative staff to serve the needs of the facility. The facility will have individualized plan and goals for each individual residing in the home. Some ICF/IDDs report that their residents participate as active members in their community, attending events, going on recreational activities, and working in the community.

Dentists/oral hygienists are not a required medical professional on staff. Dental care services are generally provided by private providers in the community. Extensive dental care is not always an "insured" cost through Medicaid; 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/IDD or not.

Pursuant to the Nursing Home Care Act of Oklahoma, ICFs/IDD shall be surveyed through an unannounced inspection at least once every fifteen months, with a statewide average survey cycle of twelve months. The results of these inspections are available to the public through the Oklahoma State Department of Health (OSDH). The OSDH's annual ICFs/IDD inspections found several regulation deficiencies that are not being met, and the Department has contacted all facilities with required regulation updates that need to be completed. Regulation deficiencies found in 2021 included: Failure maintain current Individuals plans for residents, Failure to ensure that a Human Rights committee had reviewed behavior support plans and use of psychotropic medications, Failure to follow "public health standards" by not implementing the required 2-step tuberculosis test within thirty days of new hire or new client, Failure to secure medications, Failure to meet fire inspection, Failure to meet the specific health care needs of the residents.

Any facility that has not met Federal compliance requirements 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 OSDH. 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. Family members and guardians may also submit a compliant about a facility at any time. The OSDH follows up on complaints with a targeted inspection.

Council staff did not find any instances of client death due to unusual incidents or incidents related to restraints. Upon review of the available documentation, it appears that all survey deficiencies were rectified and therefore, Staff did not find any instances of a facility closing for lack of medical care to clients.

Adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities served through home and community-based waivers receive.

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 (Oklahoma Medicaid). Generally, for individuals with developmental disabilities who have relatively good health, SoonerCare meets their needs through a successful and broad-ranged service structure. However, there are limitations that apply to ensure that only medically necessary services are provided. Some services are for children only.

Outside of Oklahoma's metropolitan areas, a great portion of the state is rural and faces a major lack of provider services and supports. Some doctors in rural areas will not accept SoonerCare patients citing low reimbursement rates. Many of rural hospitals are underfunded and struggle to provide basic necessary care. The USDA awarded 2.45 million in grant funds to health systems in 5 rural areas to begin to expand services in August 2022, including expanding the use of telehealth services. Unfortunately, the availability of reliable internet in rural areas vary greatly. While several rural towns have started to provide transportation services to citizens in their cities, these services are not reliable and limited. SoonerCare's limitation of six prescriptions per month for adults becomes a major challenge for many individuals who have extensive medication needs. This lack of coverage can result in poor health care and other troubling outcomes for individuals.

Dental care continues to be a challenge for individuals with developmental disabilities, whether 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. Unfortunately, even when dentists or oral hygienists are trained to work with the individuals with developmental disabilities, dental care is often not fully covered through Soonercare. As a result, it can be extremely challenging for people who have SoonerCare as their primary or only insurance to find a dentist. Even with these challenges, Oklahoma parent- and self-advocacy groups have continued to work toward increased awareness of the healthcare, services, supports and assistance needs of individuals with intellectual and developmental disabilities across the state. Advocacy groups have been active in the increase of access to personal care services for these individuals.

Oklahoma's TEFRA option is provided through the 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. In early 2018, Oklahoma passed a bill called "The Hope Act," which required people on TEFRA to recertify their disability quarterly to receive benefits. Parent- and self-advocacy groups managed to get 650+ TEFRA families excluded from the Act before it was passed, by flooding the legislature with calls. TEFRA remains a financial lifeline for families who have children with significant diagnoses by serving as either their sole or secondary health insurance. Applied Behavior Analysis (ABA) coverage continues to be available for SoonerCare beneficiaries and private insurers in Oklahoma.

Oklahoma currently offers six Medicaid Home- and Community-Based Waivers: Community Waiver, In-Home Support Waiver for Adults (IHSW-A), In-Home Support Waiver for Children (IHSW-C), Homeward Bound Waiver, ADvantage Waiver and Medically Fragile Waiver. All services provided through these waiver programs are individualized to the person's circumstances and must be justified through an individualized planning process. To be eligible for these waiver programs, 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/IDD. Individuals who receive these waivers may receive a comprehensive array of services, including residential, employment and direct care services and supports. The first 4 waiver programs are specifically meant to serve individuals with intellectual disabilities. Historically, a family applying for these services may wait 13 years for services to begin, due to a long waitlist. In May of 2022 the Oklahoma legislature appropriated $32.5 million to end the DDS waitlist by March of 2024. This funding also increased provider rates. Currently there are 4,174 individuals waiting for services, and 5,885 receiving waiver services. The Homeward Bound Waiver serves individuals 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. Oklahoma's Community Waiver serves individuals who are 3 years of age or older who have intellectual disabilities or related conditions who would otherwise require placement in an ICF/IDD.
Both the Homeward Bound and Community were developed to provide a compressive level of support and meet the needs of individuals who require a high level of support. The In-Home Support waivers are fiscally capitated and meet the needs of individuals who may live on their own or with their families, who may not require extensive state funded supports. The In-Home Support Waiver for Adults (IHSW-A) serves the needs of adults 18 years of age or older with intellectual disabilities, while IHSW - C Serves the needs of children ages 3 to 17. Individuals served by the IHSW waivers may self-direct their services. Individuals who self-direct their services may hire their caregiver within the rules of the self-direction program. To qualify for the IHSW-C Waiver, a child must reside in the home of a family member or friend, in his or her own homes or an OKDHS foster home or group home operated through the Children and Family Services Division of OKDHS. The key difference in these waivers is the Medicaid entitlement, which provides additional services through the state's Medicaid program. The adult waiver provides a larger "cap" to pay for the services EPSDT provides for children. An individual may move from the IHSW-C or IHSW-A waivers to the community waiver if it is found that the higher level of support is necessary for that individual.

Oklahoma's additional three Home- and Community-Based Waivers target more specific populations. The ADvantage Waiver serves frail, 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 a Home- and Community-Based 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.

SECTION III: STATE PLAN IMPLEMENTATION

A. Introduction	**Provide an executive summary with cohesive information that provides an overview of the report including, but not limited to the following: (1) targeted areas of emphasis, (2) strategies used to implement activities; (3) significant accomplishments and/or barriers to OMB Approval 0985-0033 Expiration: 11/30/2024 state plan implementation; (4) needs requiring state plan amendments.**

The Council has made progress on its goals and objectives of the State Plan. The majority of the Council's work focused in the Quality Assurance, Education and Early Intervention, Employment, Formal and Informal Community Supports areas of emphasis. The Council's work includes specific project work, collaboration, public policy, and educating policymakers.

Significant achievements during this fiscal year included the work towards bringing its Partners in Policymaking (PIP) training back for FY 2023 and an in-person Youth Leadership Forum (YLF). Both PIP and YLF are signature projects of Oklahoma's DD Council and are popular and successful. The Oklahoma Family Network continues to encourage their staff to complete PIP as part of their job training. Both are known with the Governor's office and the State Legislature as a source for well-trained, effective advocates to serve appointments on boards, commissions, and task forces. The Governor's office often requests graduates, not only for the Council, but for other statewide boards such as the Statewide Independent Living Council, the Governor's Committee on Employment of Persons with Disabilities, the Oklahoma Rehabilitation Council, the Oklahoma Commission on Children and Youth, and the Governor's Committee on Disability Concerns.

The moving of the Council's Justin A. McCurry Resource Library to the Oklahoma Health Sciences University Bird Library as well as improving and strengthening the Council's partnership with its Designated State Agency, Oklahoma Human Services (OHS) and divisions within OHS, notably the Developmental Disabilities Services and Community Living, Aging, and Protective Services divisions, has also been a significant accomplishment. The Council is an active participant on the DDS Advisory Committee as well as committees to support the work done for individuals on the waiting list.

Cultural Diversity	**Describe the Council's overall efforts to address the needs of individuals with developmental disabilities and their families of a diverse culture through its state plan supported activities.**

The Council knows it needs to improve in being more aware and responsive to the needs of those support who are of diverse cultures. The Council contracted with Recite Me to begin addressing this need with the Council website. Recite Me provides a tool bar on the website allowing guests to the website to customize their website visit through various accommodations (larger text, color changes, font changes, and more). This helps users be more comfortable with a website that is useable for them . Recite Me also translates and interprets the written language into over 50 languages. The tool bar translation also translates Council publications that are opened in the user's browsers to the language chosen.

While this one method is not by any means complete, it is helping the Council begin to reach other audiences. The Council wants to reach out to those in diverse cultures and seeks to improve.

B. Evaluation of State Plan Implementation	**In this section report on the evaluation activities conducted and results.**
B1. Evaluation Activities	**Describe the evaluation activities undertaken during the fiscal year being reported, including evaluation activities conducted to strategically assess the overall progress and direction of the state plan implementation.**

The Council is excited for the future of this area with the hiring of a new Grants and Planning Management director. This person has been more active in working with our contractors than it has been in a couple of years. This is an area of concern for the Council and one the new staff including the director is working on to develop better evaluation activities of the Council's work. The new director has instituted quarterly visits with each contractor to check in on progress on activities, and assure high quality outcomes as council projects are executed.

The Council has completed an extensive study of their Youth Leadership Forum, contracting with a researcher to support this work and making the study neutral from Council opinions. This study has been helpful in informing the Council and Staff of the impact YLF has in our youth and increasing our self-advocacy capacity in youth. The Council is excited with the results this research study. This study has been helpful in informing the Council and Staff of the impact YLF has in our youth and increasing our self-advocacy capacity in youth.

B2: Evaluation Results	**Report the broad results of the evaluation activities described above (B1), including a broad assessment of the overall progress of Council supported activities.**

The Council has made progress in each of it's three goals established in the state plan and has made strides in each area. In Advocacy and self advocacy the council has: 1) Increased awareness, knowledge, & advocacy skills for persons with I/DD, families, professionals, community members; 2) Persons with I/DD were empowered to advocate in their daily lives; 3) Individual & community behaviors were changed from trained advocates; 4) Some community partners & agencies had awareness of the needs people with intellectual disabilities and 5) Persons with I/DD, family members, advocates will educate policymakers on disability related issues. While the council is proud of the ongoing work, additional focus on this area is necessary to assure enduring impact.

The Council has made significant progress in meeting our outcomes set for Good Lives Across the Lifespan goal. Through partnerships, the council has increased awareness, knowledge, & use of Person Centered Thinking (PCT) & Charting the LifeCourse framework for supporting persons with I/DD, families, professionals, community members. The council has increased the knowledge &and understanding of tools, resources, and supports to begin early planning after diagnosis. The council has supported the increase of respite options for families and caregivers of persons with Intellectual or Developmental Disabilities. The council has provided a resource to increase family members and other caregiver's awareness about guardianship and alternatives. The council believes it has made significate progress in these areas, but more work needs to be done to assure that the implementation of these principles and ideals is incorporated into the daily lives of Oklahomans.

The council has not yet achieved all it hopes to in conjunction with community awareness and inclusion. By the end of 2026 the council hopes to have Individual and community behaviors changed from trained advocates; Community partners and agencies will have awareness of the needs people with intellectual disabilities; Oklahoma students are supported through successful & proven inclusive practices; Increased employment opportunities for persons with I/DD; and persons with I/DD are active & valued members of their local community. Strides have been made in all areas, but they have not yet been achieved. Through videos, training modules, and presence in community activities, the council is pleased with the progress being made, but much more is necessary.

The Council is especially proud of Partners in Policymaking and the Youth Leadership Forum (YLF). The long-term research study on the Oklahoma Youth Leadership Forum has given much information to the Council about the impact YLF has made on its YLF graduates. YLF helps our young people with the knowledge and understanding of one's individual strengths and needs, rights and responsibilities, along with decision-making and self-advocacy. These are key features of leadership and have a significant impact on post-secondary education, employment, community engagement, and independent living choices and outcomes of young adults. Recommendations for next steps for the future of Oklahoma's YLF include: Students are most likely to drop out of HS between grades 8th and 9th grade so maybe accessing that group as YLF delegates would be helpful; When developing and/or updating the YLF curriculum, ensure group leaders understand accommodations, modifications, and effective instructional methods, and universal design for learning; Conduct in-depth case studies; Examine the financial situation of participants; Attend YLF twice - Transition age begins no later than 16 or younger if determined appropriate. YLF opportunities could begin at age 15 or between freshman and sophomore year and again between junior and sr year; Encouraged to attend another camp between sophomore and junior year; On the final day of YLF invite families for brunch/lunch and delegate presentations; Online courses and activities (youth and their families) throughout the year; and Participate in Partners in Policymaking. During the study, the researcher interviewed past YLF graduates. One young person who was being interviewed answered the question 'What was their most memorable part of YLF' this way: 'I feel like YLF really taught me to be able to advocate for myself, to realize that I have a voice, I have a say in my life and goals in my life and everything. The most memorable part to me was when we worked on worksheets about us. It said that students can lead their own IEP meetings, lead the IEP meetings, help with that. And I thought to myself, 'I never knew this, that I could do that before.' And so I took that seriously and that staff member helped me along with that, coming up with a plan. And then it was the fall after I came. No. It was spring of the next year, my senior year of high school, that spring that I talked to my teachers and my parents and my IEP teacher and we all got going to where, eventually, the few teachers, my IEP teacher and my mom and dad, they all came to attend the morning. That morning was my exit IEP meeting and I was able to.. I pretty much led it in that. I remember my mom saying later, she says, 'I felt like I barely did any talking.'

At the meeting, though, the exit meeting, I talked about my goals for the rest of the senior high school, what wanted to accomplish as far as goals after high school, and I asked my IEP teacher what places could help with that, what organizations could help with that and everything, and then kind of let them be open to questions from everyone because the other part of advocacy, I think, is it's like you've got to get help sometimes from those who support you, as well, to help you get what you need and want in life, too, at times. And so it was interesting. My IEP teacher, she said, 'We've never had a student with a disability like you, just asking if they could lead it.' That was pretty big. So YLF, thanks to that, I was able to lead the IEP meeting at the end.'

B3. Lessons Learned and Future Work of the Council	**Report on how the Council will use lessons learned from state plan implementation and the data gathered from the evaluation activities to move forward the work of the Council.**

Council Staff has learned a great deal the past year. All staff are new in their position and have had to learn a great deal while keeping the focus on the work of the Council at the forefront. Staff are eager to learn all aspects of the job including how to continually improve and evaluate the Council's State Plan. Council staff continue to make positive strides in the rebranding of the Council's work.

C. Input on National Priorities	

The Council would like to see a national discussion on collaboration and equity with DD Network Partners. While the Council has worked to improve its partnerships with organizations statewide and has been successful in building relationships with its DSA and others, collaboration with our network remains difficult.

The role of assistive technology in the lives of people with I/DD is also worthy of more discussions. Every week the Council fields questions from Oklahomans in regards to needing various levels of technology needs which includes expensive accessible vehicles, costly augmented communication devices, and ramps being built to access homes. Individuals with ID and/or DD could have need for expensive assistive technology for their life, but are often in limbo because of updates or repairs to their technology. Services that are of support for individuals are discontinued after technology replaces this support, however, updates to technology are required. When updates and/or repairs to owned equipment, updates to assistive technology, or life situations change, one could need to reapply and wait for services.
The Council serves on the State's Tech Act Advisory Committee (Oklahoma ABLE Tech) and works to have a positive relationship with Oklahoma ABLE Tech. This has not been partially successful. They're invited to be a part of training and advocacy programs the Council hosts. The Council would enjoy hearing national discussions on assistive technology and believe it would have positive outcomes for those with I/DD and their families.

Around the nation there is a national push to make competitive integrated employment a reality for all those who wish to pursue it. Employment in segregated settings, were individuals often make less than minimum wage, is know viewed an antiquated and employment in the community is preferred. Continued support and guidance is needed to assure this becomes a reality in all 50 states.

Direct Support Professionals (DSPs) are the backbone of systems which support individuals with disabilities. They provide support in their homes, at work, and in the community. There is a documented shortage of these professionals across the nation. These professionals are utilized to meet the individual needs of those with disabilities. They may be needed to help with daily living skills or with assisting the individual in pursuit of their personal goals. Without these professionals, the services that can be provided are limited. Focus on this area is imperative to assure that any goals are achieved in the next few years.

SECTION IV: STATE PLAN IMPLEMENTATION PROGRESS REPORT

Planned Goals

Goal 1: Advocacy and Self-Advocacy Skills Improvement

Section IV: A

Area of Emphasis	Planned for this Goal	Areas Addressed
Quality Assurance	Yes	Yes
Health	Yes	Yes
Formal and Informal Community Supports	Yes	Yes

Strategies	Planned for this Goal	Strategies Used
Outreach	Yes	Yes
Training	Yes	Yes
Technical Assistance	Yes	Yes
Supporting and Educating Communities	Yes	Yes
Interagency Collaboration and Coordination	Yes	Yes
Coordination with Related Councils, Committees and Programs	Yes	Yes
Barrier Elimination	Yes	Yes
Coalition Development and Citizen Participation	Yes	Yes

Intermediaries and Collaborators	Planned for this Goal	Actual
State Protection and Advocacy System	Yes	Yes
University Center(s)	Yes	Yes
State DD Agency	Yes	Yes
Other Collaborators	Yes	Yes

Goal Narrative
The Council has made progress in achieving the short term outcomes established in the state plan logic model. These include: 1) Increased awareness, knowledge, & advocacy skills for persons with I/DD, families, professionals, community members; 2) Persons with I/DD are empowered to advocate in their daily lives; 3) Individual & community behaviors changed from trained advocates; 4) Community partners & agencies will have awareness of the needs people with intellectual disabilities and 5) Persons with I/DD, family members, advocates will educate policymakers on disability related issues. Each of our contractors have provided awareness and advocacy trainings. The Council enjoys its partnership with the Oklahoma Self-Advocacy Network (OKSAN), an all-disability coalition. OKSAN provided awareness and advocacy trainings to professionals, community partners, and individuals with disabilities through the use of a peer to peer teaching model. Colleagues with

disabilities teaching and sharing their own lived expertise with others who have disabilities. The Youth Leadership Forum (YLF) achieved this through an advocacy and leadership training provided to high school students with disabilities. OAALA provided these opportunities to advocates and community partners addressing the needs of Aging Oklahomans. Partners in Policymaking encourages ongoing advocacy graduates of the program who are family members, individuals with disabilities and professionals. The Oklahoma Transition Institute (OTI) focuses on students as they move from high school to adult living.

The Council would like to note that while training for and with individuals with developmental and other disabilities and family members this year has been substantial, the amount of education and awareness provided to professionals in Oklahoma this fiscal year has been significant. These professionals have included individuals within the developmental disabilities service system, such as direct support professionals and state employees. It has also included medical professionals and emergency responders. Council contractors report a total of 923 professionals have participated in these educational opportunities provided through our contractors . (OTI report 524 trained, OKAPSE 42; OKSAN 254). (direct care staff, state employees, medical professionals, emergency responders, etc.)

With the ongoing work of these contractor's the Council is optimistic to meeting its 5- year goal of advocacy and self-advocacy skills improvement. In the annual council satisfaction survey 100% of respondents responded that they feel better able to advocate after participation in council activities. The Council is hopeful that continued support for the beneficiaries of these programs will result successfully in the intended impacts of: Individuals with developmental disabilities, their family members and others will live their best life in an inclusive and supportive communities they choose. Community partners, agencies, programs, and projects will be better able to support individuals with developmental disabilities family members so that they may live their best lives; and improved policies and legislative actions will be taken to improve the lives of individuals with disabilities, their families and others.

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. (Self-Advocacy Objective)

3. This objective is:	Individual & Family Advocacy

4. This objective is:	Ongoing

5. This objective is:	
Fulfilling a Self-Advocacy DD Requirement	Yes
Targeted disparity	No
DD Network Collaboration	No

A demonstration project of New Approaches to Services and Supports	No

A demonstration of projects or activities	No

6. Stage of Implementation:	Implementation

7. Provide an overall description of this effort:	The Council believes in training advocates and self-advocates to increase advocacy capacity. This is one of the greatest influences on the state. The Council has invested in national training programs Partners in Policymaking, Youth Leadership Forum, Oklahoma Aging Advocacy and Leadership Academy, as well as the Oklahoma Self-Advocacy Network to support its efforts in improving advocacy and self-advocacy skills. These programs have not only increasingly trained advocates to participate in legislative advocacy and on statewide boards and commissions, but also increased the Council's network of allies. The Council believes having a strong influential base of advocates and self advocates assures that resources, services, and legislation are appropriate and ensures individual needs are met. During this fiscal year the Council provided opportunities across online platforms to provide opportunities for advocacy and self advocacy skills improvement. The Council partners with the DD Network to provide more advanced opportunities for self-advocates to teach and share those advocacy skills with others through the Oklahoma Self-Advocacy Network (OKSAN). The Council provides technical support and funding to OKSAN to work with self-advocates and professionals to create, support and lead trainings to better prepare self-advocates to make their own choices and live their best lives. Trainings are delivered and facilitated by self-advocates to other self-advocates, with support as necessary, from professionals. The Council was partially successful in meeting its objective of Advocacy and Self-Advocacy Skills Improvement in this fiscal year through its collaborative work and support for the Oklahoma Self-Advocacy Network (OKSAN). OKSAN is an all disability coalition created by disability network partners. OKSAN trainings are completed with a peer-to-peer training model. Self-advocates becoming trainers work long hours to hone their skill to deliver curriculum and many have seen skills as well as confidence, pride, and leadership increase. Consulting with the Council, OKSAN self-advocate leaders determine annual trainings. Trainings this year included Self Advocates as Medical Educators (SAME), Taking Control of Your Health, Sexual Health, Teach Us To Do It Ourselves, Emergency Preparedness, Self-Advocacy Leadership, and Bullying. OKSAN trained 419 persons during this year. This includes people with disabilities, national sexuality educators, case

	management, state legislators, DD Council, Social Work and Health students, medical residents and interns, employment specialists, and family members. With 95% of participants reporting satisfaction in its project activities, OKSAN continues to be a strong impetus for improving the lives of Oklahomans with developmental disabilities and their families. OKSAN reports that self-advocates have been actively serving on 11 boards and advisory committees as well. OKSAN report a culture of success, saying that when self-advocates see other self-advocates develop and conduct trainings, they want to be part of that success. The OKSAN training project has shown that self-advocates expect and demand excellence from themselves and others. COVID-19 still proved to impact activities negatively. Many of OKSAN trainings were completed online using zoom. The Oklahoma Youth Leadership Forum (YLF) returned to an in person format this year. YLF is a weeklong intensive educational and motivational week, encouraging and supporting youth with disabilities in improving or developing their leadership and advocacy. Topics addressed during this week include disability rights laws, innovations in technology, community resources, and legislative processes. Student delegates met with state government officials, including Oklahoma's Governor. 22 students applied for the week, 19 accepted an invitation to attend, and 17 students completed the week. Leadership by example is a key component to the YLF. This summer we had 6 alumni return to join our YLF staff. We also had a few former alumni stop by to visit with delegates during the week. we also had a few former alumni stop by to visit with delegates during the week. COVID-19 still proved to impact activities negatively. Recruiting students for YLF has been difficult due to a decrease in the awareness of the program, but Staff continue to seek partnerships to help recruiting efforts. The Council is pleased with its activities as they continue to have a positive impact for Oklahoma.

Outputs Achieved	
8. Expected Outputs	9. Outputs Achieved
200 individuals with developmental disabilities are trained to be effective self-advocates.	NO
50 individuals with developmental disabilities from rural and frontier areas of the state are trained to be effective self-advocates.	NO
20 self-advocacy trainings conducted.	Yes
One mental health training curriculum is developed.	Yes
40 individuals with developmental disabilities or their family	Yes

members are trained to be effective advocates to healthcare professionals.	
15 YLF program graduates; 5 youth mentors supported	Yes

10. The report should include the following:	(a) A narrative progress that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used, how the activity was implemented, challenged to achieving the objective and unexpected benefits. (b) For system change activities, include a description of the stage of implementation (Planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative. (d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report)

The Council continues to provide support and funding to the Oklahoma Self-Advocacy Network (OKSAN) to work with self-advocates and professionals to develop, support and lead trainings for Oklahoma's self-advocates so that they can be better prepared to make their own choices and live their best lives. The Council and OKSAN support trainings led by self-advocates to other self-advocates, allowing self-advocates to better develop leadership, advocacy and trainings skills. With the consult of the Council, the self-advocate leaders determine their annual training topics. The Council works closely with OKSAN to guide outcomes in this area and assure that every opportunity for self-advocacy is leveraged. Council staff attends many OKSAN meetings to provide technical support, and meets with OKSAN staff on a quarterly basis to check on progress. The Council administers the programming for the Youth Leadership Forum. Staff plan all aspects of the event including housing, speakers, and activities. The Council also provides staffing and support during the event to assure a quality experience. After the event occurs staff report on outcomes and provide ongoing support to the graduates.

Expected Outcomes Achieved	
11. Expected Outcomes	12. Outcomes Achieved
Oklahomans with developmental disabilities are more empowered to be self-advocates in their everyday lives.	Yes
Individuals with developmental disabilities in the rural and frontier areas of Oklahoma are more knowledgeable about how to be effective self-advocates in their	Yes

personal lives and in their local communities.	
Oklahomans have developed effective advocacy skills to support the developmental disabilities community throughout the state.	Yes

13. Progress towards achieving outcomes for overall objective:	

The Council fell short of achieving all its planned outputs and outcomes for the reporting period but did make strides toward those goals. We continue to strive for excellence in this area. During this reporting period, self-advocates implemented new training on sexual health and wellness while continuing to train on topics that will enable them to better make choices of their own and live their best lives, including health living and emergency preparedness.

14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community).	

The Council continues to support individual legislative advocacy through our partnership with OKSAN. This year self-advocates participated as part of AUCD's Plan Language Workgroup which resulted in the requirement of grant proposals to be written in plain language. In addition self-advocates continued to build relationships with state legislators by visiting them at our state capitol during Developmental Disabilities awareness day at the capital. Here OKSAN passed out information to 120 people. OKSAN also put together a follow-up zoom call with legislators. 30 individuals attended the call, including 7 legislators. Discussion during this call including Medicaid expansion, managed care, accessible voting for people with disabilities, accessible transportation, the need for a provider rate increase, and plan language in bills and policy writing. After this call, self advocates reported being called by their legislators to discuss upcoming bills and advocacy needed. This advocacy may have contributed to provider rates being drastically increased.

Objective 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.

3. This objective is:	Individual & Family Advocacy

4. This objective is:	Ongoing

5. This objective is:	
Fulfilling a Self-Advocacy DD Requirement	Yes

Targeted disparity	No
DD Network Collaboration	Yes

A demonstration project of New Approaches to Services and Supports	No

A demonstration of projects or activities	No

6. Stage of Implementation:	Implementation

7. Provide an overall description of this effort:	The Council is proud of the work being done around the state to educate families and professionals about systems change advocacy. Not only is the Council looking forward to the return of the disability advocacy training Partners in Policymaking but is happy to be working with advocates of the Oklahoma Aging Advocacy Leadership Academy (OAALA) training program. OAALA is an extraordinary and award-winning program administered by Oklahoma Human Services (OKDHS) Community Living, Aging and Protective Services (CAP) division. The mission of OAALA is to identify, train, and develop volunteer leaders, aging services professionals, and advocates in issues related to aging. Through the academy, participants are empowered to become committed leaders to successfully advocate for Oklahoma's aging population. Its primary focus is on aging issues, available services, and gaps in services. This a focus is relatable to multiple populations as we are all aging. Topics trained include aging, legislative advocacy, socialization, person centered thinking and planning, Charting the LifeCourse, and more. OAALA includes topics each year specific to developmental disabilities programs and services. Despite original planning, this year OAALA was presented virtually due to COVID concerns. 13 individuals completed the coursework within OAALA, representing 9 counties within Oklahoma. 4 participants identified as a family member of someone with a disability. As part of the coursework, participants are required to complete a project. Projects from this class including expanding housing options (new housing); education and materials, and socialization projects. Partners in Policymaking (PIP) is a disability advocacy training for adults with disabilities, parents or family members of children with disabilities and advocates for persons with disabilities. PIP is coordinated and facilitated by Council staff. The Council's goal is to educate participants to be active advocates with

	those who make policy, foster development of positive relationships with policymakers, help prevent the loss of basic rights for people with disabilities, and support graduates as they advocate for supports and services to increase independence, productivity, and inclusion into the community for people with disabilities. PIP alumni continue to make significant impact throughout the state in advocating for individuals with disabilities. Two PIP alumni ran for State office during this fiscal year. Numerous other PIP alumni continue to hold positions of leadership with private and public organizations where their impact is profound for individuals with developmental disabilities and other disabilities. Another of our PIP alumni was honored as one of the top 55 most inspirational people in Oklahoma. Council Staff has worked to coordinate logistics and have identified 32 participants to bring PIP back starting in October of 2022. Curriculum has been modified to better fit a virtual platform due to concerns of COVID. PIP alumni and those interested in attending were happy to hear its back as well as past speakers. Recruiting efforts for future years, like YLF, has been set back but seems to be on track with the help of the program's graduates. A class of 32 was seated and set to begin in October. The Council remains vigilant in continuing PIP to increase its advocacy capacity by educating, preparing, and leading future advocates towards changing systems in Oklahoma. Oklahoma APSE is the Oklahoma state chapter of the Association of People Supporting Employment First (OK-APSE), a national organization committed to improving and expanding integrated employment opportunities, services, and outcomes for people experiencing disabilities. Oklahoma People First (OPF) aspires to promote equality for all with disabilities, advocate to speak for themselves, provide employment opportunities and vote, and access for all. OK-APSE and OPF found the very core principles of their organizations are similar: to support individuals with disabilities in pursuit of their dreams. Therefore, it made sense OK-APSE and OPF joined forces in FY21 to administer an annual virtual conference, which shared expertise of national experts and local leaders on topics such as advocacy, successful employment practices, and self-determination. The Council participated in this event, supporting the planning and administration of the conference. Nothing about us without us was kept at the forefront as self-advocates assisted in planning the conference and as well as speaking during sessions to share their experiences and advocate. The Oklahoma Transition Institute (OTI) is an annual two-day event to improve secondary transition education, planning, and services that lead to successful

	post-school outcomes for students with disabilities. This event brings together experts, family members, and students to collaborate for the best outcomes for students. Statewide best practices and advocacy skills are shared throughout the conference. The Council participated in this event, supporting the planning and administration of this event.

Outputs Achieved	
8. Expected Outputs	9. Outputs Achieved
18 Partners in Policymaking program graduates.	NO
3-5 Partners in Policymaking program graduates seated in leadership positions on boards, councils or committees that take up issues related to developmental disabilities.	NO
5 conferences related to the field of developmental disabilities supported.	Yes
3-5 self-advocates, advocates or professionals supported.	Yes

10. The report should include the following:	(a) A narrative progress that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used, how the activity was implemented, challenged to achieving the objective and unexpected benefits. (b) For system change activities, include a description of the stage of implementation (Planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative. (d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report)

We've been partially successful in meeting this outcome for this fiscal year. We have successfully been able to educate individuals with developmental disabilities, family members, and professionals will be educated about systems change advocacy and the tools to use to effectively educate community leaders and policymakers about issues impacting people with developmental disabilities and their families. Our numbers well exceed the target of 50 individuals. OAALA reports that they had 13 graduates, the OK-APSE / OPF conference had 127 participants, OTI reported an attendance of 525. The council worked closely with these contractors to assure high quality outcomes. The council worked to market the events, identify viable speakers, assist with logistics as needed, and other support.

Expected Outcomes Achieved	
11. Expected Outcomes	12. Outcomes Achieved
An educated and trained advocacy base that can provide leadership in Oklahoma on issues related to developmental disabilities.	Yes
Oklahoma's public entities and agencies have the benefit of a well-trained advocacy base that can advise about issues related to developmental disabilities.	Yes

13. Progress towards achieving outcomes for overall objective:

The Council believes that the disability community benefits from the the ongoing leadership of a well-trained advocacy base in Oklahoma. This includes professionals, families, and individuals with disabilities that have the skills to work together to achieve positive outcomes for individuals in the state. While this advocacy base is present and fairly robust, more work is needed assure ongoing support is maintained in the future. As our population ages, so too is does this primary base of individuals. Assuring depth in this area is extremely important. Oklahoma's public entities and agencies have the benefit of a well-trained advocacy base that can advise about issues related to developmental disabilities. This is evident in Oklahoma. One extraordinary example of advocacy in Oklahoma occurred around Oklahoma's Developmental Disabilities Services Waiting list. This list had grown to such an extent that it took 13 years for individual's applications to be reviewed and services started. For families, the situation was dire and extremely frustrating. Through years advocacy and leadership, the legislator was encouraged to provide the funding needed to do away with this list. This has occurred this year.

14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community).

The Council knows it needs to improve in being more aware and responsive to the needs of those support who are of diverse cultures. In this area the council attempted to remind contractors and partners to assure that all opportunities are accessible to everyone. This resulted in closed captioning being used during some events and sign language at others. Council staff encouraged the presentation of one contractor to be revamped with those needs in mind and to be more culturally sensitive in the content of their presentation. We are aware that this does not meet needs of those who may have language barriers. This is an area that the council will continue to work through and address.

Section IV: B

Individual & Family Advocacy Performance Measures

Race and Ethnicity

Race/Ethnicity	#	%
White alone	64	65.31%
Black or African American alone	19	19.39%
American Indian and Alaska Native alone	3	3.06%
Hispanic/Latino	6	6.12%
Asian alone	1	0%
Native Hawaiian & Other Pacific Islander alone	0	0%
Two or more races and Race unknown	5	5.10%
Gender	#	%
Male	25	25.51%
Female	58	59.18%
Other	15	15.31%
Category	#	%
Individual with DD	27	69.23%
Family Member	12	30.77%
Geographical	#	%
Urban	60	70.59%
Rural	25	29.41%

I. Output Measures

Objective	Performance Measure: IFA 1.1 People with DD who participated in activities	Performance Measure: IFA 1.2 Family members
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)	76	29
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.	35	0
Total # of Output Respondents (The total number of respondents should be the number of people from each	111	29

category that responded to a survey/evaluation)		

II. Outcome Measures

Performance Measures	Percent (%)
IFA 2.1 Percent of people with DD	96
IFA 2.2 Percent of family members who increased advocacy	94

Sub-Outcome Measures: The number (#) of people who are better able to say what they want/say what is important to them.

Projects	# People with Developmental Disabilities	# Family Members
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)	85	7
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.	17	0
Total # of Sub-Outcome Respondents (The total number of respondents should be the number of people from each category that responded to a survey/evaluation)	7	1
IFA 2.3 Percent of people better able to say what they need	6.31%	3.45%

Sub-Outcome Measures: The number (#) of people who are participating in advocacy activities.

Projects	# People with Developmental Disabilities	# Family Members
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)	85	7
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.	17	0
Total # of Sub-Outcome Respondents (The total number of respondents should be the number of people from each category that responded to a survey/evaluation)	7	1
IFA 2.4 Percent of people participating in advocacy activities	6.31%	3.45%

Sub-Outcome Measures: The number (#) of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.

Projects	# People with Developmental Disabilities	# Family Members
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)	0	
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.	20	
Total # of Sub-Outcome Respondents (The total number of respondents should be the number of people from each category that responded to a survey/evaluation)	7	
IFA 2.5 Percent of people on cross disability coalitions	6.31%	3.45%

II. Outcome Measures

Satisfied	Percent (%)
IFA 3 The percent of people satisfied with a project activity	95
IFA 3.1 Percent of people with DD satisfied with activity	95
IFA 3.2 Percent of family members satisfied with activity	0

Section IV: C

Systems Change Performance Measures

SC 1: Output Measures

Objective	
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)	
SC 1.1 Number of policy/procedures created/changed	1
SC 1.2 Number of statutes/regulations created/changed	0
SC 1.3.1 Number of promising practices created	0
SC 1.3.2 Number of promising practices supported	0
SC 1.3.3 Number of best practices created	0
SC 1.3.4 Number of best practices supported through Council activities	0
SC 1.3 Number of promising and/or best practices created and/or supported	0
SC 1.4 Number of people trained/educated	0
SC 1.5 Number of Systems Change activities with other organizations	0

Objective	
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.	
SC 1.1 Number of policy/procedures created/changed	0
SC 1.2 Number of statutes/regulations created/changed	0
SC 1.3.1 Number of promising practices created	0
SC 1.3.2 Number of promising practices supported	0
SC 1.3.3 Number of best practices created	0
SC 1.3.4 Number of best practices supported through Council activities	0
SC 1.3 Number of promising and/or best practices created and/or supported	0
SC 1.4 Number of people trained/educated	0
SC 1.5 Number of Systems Change activities with other organizations	0

Systems Change SC 2: Outcome Measures

Outcome Measures	Number (#)
SC 2.1 - Efforts that led to improvements	2
SC 2.2 - Efforts that were implemented	1

III. Sub-Outcome Measures

Objective	Number (#)
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)	
SC 2.1.1 Policy, procedure, statute, regulation improvements	1
SC 2.1.2 Policy, procedure, statute, regulation implemented	1
SC 2.1.3 Number of improved promising or best practices	1
SC 2.1.4 Number of implemented promising or best practices	1

Objective	Number (#)
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.	
SC 2.1.1 Policy, procedure, statute, regulation improvements	0
SC 2.1.2 Policy, procedure, statute, regulation implemented	0
SC 2.1.3 Number of improved promising or best practices	0
SC 2.1.4 Number of implemented promising or best practices	0

Goal 2: Good Lives Across the Lifespan

Section IV: A

Area of Emphasis	Planned for this	Areas Addressed

	Goal	
Quality Assurance	Yes	Yes
Education and Early Intervention	Yes	Yes
Child Care	Yes	Yes
Health	Yes	Yes
Formal and Informal Community Supports	Yes	Yes

Strategies	Planned for this Goal	Strategies Used
Outreach	Yes	Yes
Training	Yes	Yes
Technical Assistance	Yes	Yes
Supporting and Educating Communities	Yes	Yes
Interagency Collaboration and Coordination	Yes	Yes
Coordination with Related Councils, Committees and Programs	Yes	Yes
Barrier Elimination	Yes	Yes
Systems Design and Redesign	Yes	Yes
Coalition Development and Citizen Participation	Yes	Yes
Demonstration of New Approaches to Services and Support	Yes	Yes

Intermediaries and Collaborators	Planned for this Goal	Actual
University Center(s)	Yes	Yes
State DD Agency	Yes	Yes
Other Collaborators	Yes	Yes

Goal Narrative
The council believes it has made significant progress in meeting the outcomes set for this Goal. Through partnerships, the council has increased awareness, knowledge, & use of Person Centered Thinking & LifeCourse framework for supporting persons with I/DD, families, professionals, community members. The council has increased the knowledge &and understanding of tools, resources, and supports to begin early planning after diagnosis. The council has supported the increase of respite options for families and caregivers of persons with Intellectual or Developmental Disabilities. The council has provided a resource to increase family members and other caregiver's awareness about guardianship and alternatives. The council believes it has made significate progress in these areas, but more work needs to be done to assure that the implementation of these principles and ideals is incorporated into the daily lives of Oklahomans. While these principles share the targeted impact that individuals with disabilities, their family members and others will live their lives in inclusive and supportive communities, too many are not. It is also our hope that community partners, agencies, programs, and projects will be better able to support advocates, self-advocates and family members so that they may live their best lives. This impact has not yet been felt. Another ongoing impact is that policies and legislative actions will be taken to improve the lives of individuals with disabilities, their families and others. Ongoing

education and advocacy is still necessary to assure this occurs.

Objective 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.

3. This objective is:	System Change

4. This objective is:	Ongoing

5. This objective is:	
Fulfilling a Self-Advocacy DD Requirement	No
Targeted disparity	No
DD Network Collaboration	Yes

A demonstration project of New Approaches to Services and Supports	No

A demonstration of projects or activities	No

6. Stage of Implementation:	Implementation

7. Provide an overall description of this effort:	The Developmental Disabilities Council (DDCO) believes in the principles of Person-Centered Thinking and the Community of Practice for Supporting Families principles. A person-centered approach recognizes the right of individuals to make informed choices, and take responsibility for those choices and related risks. It builds on the strengths, gifts, talents, skills, and contributions of the individual and those who know and care about the individual. Being person-centered means affording people dignity, respect and compassion, whether service user or provider. Being person-centered means the person is a partner in their own services and health care, and the person is the focus. A person-centered approached supports the person to make informed decisions about, and successfully manage, their own lives. Creating a community of practice around these principles assures that these values are ingrained in Oklahoma's service delivery and creates a space for professionals to grow in their knowledge of person centered values., and a space to address challenges. DDCO began prioritizing these principles

	in 2012 and and throughout the years has supported others in learning and expanding their knowledge base as well. For maximum outcomes on this objective DDCO partners with the University Centers for Excellence in Developmental Disabilities (UCEDD) leaders to assist in forwarding this mission. The target audience for this are Oklahomans in all corners of the state who are individuals with lived experience of being disabled, professionals working in the field of developmental disabilities, or family members. While these activities have been occurring for a decade, the council continues to value these principles and has seen a shift in how state services are provided. Rather the focus being on the service or the convenience of the provider, who is responsible for the service, the service is now focused on the wants and needs of the individual. However more work needs to be done to continue to assure this impact is prevalent.

Outputs Achieved	
8. Expected Outputs	9. Outputs Achieved
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.	Yes
One Person-Centered Gathering hosted in Oklahoma.	NO
Monthly Community of Practice for Supporting Families planning meetings.	Yes
9 People Planning Together virtual modules.	Yes
10 self-advocates complete People Planning Together curriculum training.	NO

10. The report should include the following:	(a) A narrative progress that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used, how the activity was implemented, challenged to achieving the objective and unexpected benefits. (b) For system change activities, include a description of the stage of implementation (Planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative. (d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data

	collection methods; (logic model and evaluation plan may be attached to the report)

The Developmental Disabilities Council of Oklahoma (DDCO) is pleased to continue to support training and education on the Person-Centered Thinking and the Community of Practice for Supporting Families principles. Principles in these trainings assure that services and supports for individuals with disabilities are consistent with the wants and needs of the individuals who receive them. Charting the Lifecourse is a person-centered framework designed to reflect the needs and wants of people with intellectual disabilities and to drive change for them and their families. This framework and it's tools are useful when applied to everyone and can be used to drive transformational change in practices, organizations, policies, and communities. DDCO partners with the Center for Learning and Leadership, our University Center for Excellence in Developmental Disabilities (UCEDD), to administer these trainings. During this fiscal year, the UCEDD reports that they have held this training 9 times, with 309 attendees. During this Fiscal year, DDCO partnered with Better Lives, Inc to provide People Planning Together (PPT) for individuals with developmental disabilities. This is a curriculum is provided through a series of 9 modules to provide self-advocates the knowledge to learn how to discover information about themselves to develop their own Person Centered Plans. The training includes modules around relationship maps, routines, communication, and identifying what works and what doesn't work. Each module spotlights a person centered thinking tool and provides opportunities to learn to use it. This training was administered by two trained People planning together trainers, one of which has lived experience as a person with a disability. Four individuals attended the training. They reported satisfaction with the training and an enhanced ability to advocate for themselves and others. This year DDCO has achieved the goal educating 250 Oklahomans with developmental disabilities, their families, community leaders and other professionals on the Person-Centered Thinking and the Community of Practice for Supporting Families principles. As noted above 318 individuals have received education on these principles. All of this training was provided through online platforms as concerns around COVID19 were still prevalent during the year.

Expected Outcomes Achieved	
11. Expected Outcomes	12. Outcomes Achieved
Oklahomans regularly use Person-Centered Thinking and Community of Practice for Supporting Families principles.	Yes
Professionals that support individuals with developmental disabilities and their families are better able to provide quality individualized supports to everyone they support.	Yes

13. Progress towards achieving outcomes for overall objective:

The coursework identified above provide extensive information on the use of person-centered thinking principles and a foundation for individuals with disabilities, their families, and professionals to provide quality individualized support. Due to these opportunities we believe that we have made considerable progress in this area.

14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community).	

Because of the work in this area, participants are better able to advocate for themselves while also showing confidence in teaching others. One example of this is in the People Planning Together course. One of the participants, and individual with a disability, shared a desire to become a trainer herself. She wishes to share directly with others her lived experience as a person with a disability while also advocating for the change she wants to see in the world.

Objective 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.

3. This objective is:	Capacity Building

4. This objective is:	Ongoing

5. This objective is:	
Fulfilling a Self-Advocacy DD Requirement	No
Targeted disparity	No
DD Network Collaboration	Yes

A demonstration project of New Approaches to Services and Supports	No

A demonstration of projects or activities	No

6. Stage of Implementation:	Implementation

7. Provide an overall description of this effort:	The Developmental Disabilities Council of Oklahoma (DDCO) aspires to support Oklahomans with disabilities and their families in achieving their 'best lives.' This goal is not limited in any way. The council wishes for individuals to make their own determinations of what a good life looks like and support them in achieving that goal. That support includes providing education and support to families in new and innovative ways, while also meeting them where they are.

	To achieve this DDCO aspires to reach Oklahomans with developmental disabilities and their families to have increased knowledge and understanding of resources, services and supports across the lifespan that will allow them to live their best lives. During this fiscal year DDCO was pleased to partner with SoonerSUCCESS (State Unified Children's Comprehensive Exemplary Services for Special Needs) to provide opportunities for families across the state for respite and education. They have aspired to reach as many individuals as possible through the respite weekend, including rural underserved areas. To support children with disabilities and their siblings they have also provided camps to provide fun and education to these populations. The camp provided an overnight, fun camp experience for individuals with special health care needs and their siblings. Additionally, family caregivers received a weekend of respite. Siblings connected with other siblings from across the state in an inclusive camp environment. Campers reported that they had not ever attended a camp previously and/or had not had the opportunity to attend a camp with their sibling with special health care needs.

Outputs Achieved	
8. Expected Outputs	9. Outputs Achieved
Weekend respite event is planned and piloted.	Yes
20 families participate in an overnight respite event.	Yes
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.	Yes
20 persons with developmental disabilities and their siblings participate in a weekend recreational camp.	Yes
One completed respite care study.	NO

10. The report should include the following:	(a) A narrative progress that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used, how the activity was implemented, challenged to achieving the objective and unexpected benefits. (b) For system change activities, include a description of the stage of implementation (Planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative. (d) A summary of evaluation activities to monitor progress

	and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report)

The Developmental Disabilities Council of Oklahoma (DDCO) is pleased to report on the partnership with Sooner SUCCESS, (State Unified Children's Comprehensive Exemplary Services for Special Needs). Sooner SUCCESS is a program established over 19 years ago, under the Child Study Center, a division of the section of Developmental and Behavioral Pediatrics at the University of Oklahoma Health Sciences Center. The primary mission of Sooner SUCCESS is to support and empower parents/caregivers of children with disabilities. Sooner SUCCESS remains on the fore-front of systems design, family advocacy, policy change and community engagement specifically for families that have been impacted by disability. With funding and partnership through DDCO Sooner SUCCESS provided a series of 4 weekend retreats family caregivers. Over the course of the weekend, family caregivers would benefit from the following: A respite voucher to cover the cost of providing a substitute caregiver for children or adults with I/DD of any age, in the caregiver's choice of setting, a Friday night meal with entertainment to promote parent to parent peer support and connection with a drawing for door prizes focused on self-care or utilizing local recreational opportunities, receive a gift bag of self-care items and self-care educational materials, have unstructured time to relax or strengthen partner relationships throughout their stay, enjoy complimentary lodging and some meals during their stay, a 1 on 1 service navigation session with a Sooner SUCCESS staff member to ensure that the family has access to resources, and supports across the lifespan that would benefit their family's unique needs. The service navigation will include use of life course tools to identify ongoing respite resources and supports. These weekend retreats occurred in each quarter of the state with the intention to reach rural areas. Participants reported a fun and positive weekend, citing that the events helped to reduce stress. One stated that the event helped secure a more positive relationship between a child and his grandfather. The partnership with SoonerSUCCESS also resulted in a unique and innovative project. This year, children with intellectual and developmental disabilities were able to participate in a 3-day camp in partnership with the Cavett Kids Foundation. The children enjoyed typical camp activities in combination with custom SibShop activities geared especially for children who have siblings with special needs. The Cavett Kids Foundation hosts camps for kids with chronic and life-threatening conditions. The programs are designed to allow kids to have fun while also connecting to other kids with similar conditions. Their mission is to develop Character, Coping, and Connection for kids living with chronic and life-threatening illnesses. While the kids are enjoying camp, caregivers will have the opportunity to enjoy 3 days of respite and relaxation.

Expected Outcomes Achieved	
11. Expected Outcomes	12. Outcomes Achieved
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.	Yes
Families and caregivers of Oklahomans with developmental disabilities have opportunities to develop peer support	Yes

networks.	
Oklahomans regularly use Person-Centered Thinking and Community of Practice for Supporting Families principles.	NO
Siblings of persons with developmental disabilities develop a peer support system.	Yes
Families, professionals, policymakers and the wider community understand the physiologic impact of respite on caregivers.	NO

13. Progress towards achieving outcomes for overall objective:

The relationship with SoonerSUCCESS has fostered extraordinary opportunities for family respite in Oklahoma. One family reported directly to the council that they learned a lot during the respite weekends but more than anything was appreciative of the opportunity to rest. This rest is vitally important as individuals with disabilities often need additional support and that support often must be provided by family members. Family members often neglect their own health and wellbeing to care for their loved one, leading to their own health challenges. Respite weekends offer an occasion to address needs that may have been ignored for a long time. This meets the outcome of providing increased respite and a way to connect with a peer support network. The siblings camp provided an opportunity for siblings to meet other siblings of an individual with a disability. SoonerSUCCESS provides ongoing sib shops and support for siblings, but this was the first camp of this kind in Oklahoma. The council is proud of the work it has achieved this year in beginning to meet the needs of families in this area. Future goals include expansion of these programs to provide these opportunities to more families.

14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community).

The Council knows it needs to improve in being more aware and responsive to the needs of those support who are of diverse cultures. SoonerSUCCESS worked bring respite opportunities to varying areas in Oklahoma, hoping to address the needs of those who may live in rural parts of the state. However, targeted opportunities for respite services and sibling camps for minority groups, who may not speak English well were not available. This is an area that the council is working to rectify.

Objective 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.

3. This objective is:	Capacity Building

4. This objective is:	Ongoing

5. This objective is:	
Fulfilling a Self-Advocacy DD Requirement	No
Targeted disparity	No
DD Network Collaboration	Yes

A demonstration project of New Approaches to Services and Supports	No

A demonstration of projects or activities	No

6. Stage of Implementation:	Implementation

7. Provide an overall description of this effort:	Research shows that early diagnosis of and interventions for autism are more likely to have major long-term positive effects on symptoms and later skills. Unfortunately it may take several years before children are diagnosed with autism, even after there are noted developmental concerns. This lag is likely due to several factors including lack of appropriate screening and referral practices as well as long waiting lists for an evaluation. The Oklahoma Developmental Disabilities Council of Oklahoma (DDCO) is addressing this by increasing the 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 life. The Council is working closely with Oklahoma Autism Center to address this lag. The council is working with a psychologist, Dr. Moore, at the center as she becomes an ADOS-2 trainer. This means that she will have the credentials to train other professionals to be qualified to diagnose children with Autism. There are currently no trainers in Oklahoma, so becoming trained in the state requires individuals to travel to the state to provide this level of expertise. Having a trainer means that someone will be readily available and ready to provide the training necessary to professionals to provide this service. Dr. Moore is in the second year of a three year process to become a trainer. While Dr. Moore continues this process, her colleagues worked to make community connection to identify partner agencies and address any barriers to

	providing high quality autism evaluations. This work has resulted in partnerships with pediatricians, psychiatrists, behavioral health providers, administrative assistants, and medical assistants. This work will allow Dr. Moore to tailor future trainings to meet their needs. One important aspect to this effort is the collaboration with several existing community partners, including Oklahoma State Department of Health's (OSDH) Child Guidance, the Oklahoma City Indian Clinic, OSDH's Home Visitation Programs, the Chickasaw Nation, The Jumpstart Clinic, and iLEAP. In partnership with the administration of OSDH's Family Support & Prevention Service they were able to provide resources and materials to providers at additional programs including CAP Tulsa, the Latino Community Development Agency, Northcare Safecare, Oklahoma City Public Schools, and Oklahoma City Children 1st. Other training activities included use of previously developed training series for new and existing community training partners. OAC provided 3 trainings of introduction to autism and developmental monitoring to 61 participants from the Chickasaw Nation, the Center for Families and Children, iLEAP (Interprofessional Language, Enrichment and Pre-kindergarten Program) at the John W. Keys Speech Hear Center (University of Oklahoma Health Sciences Center), and multiple programs with the Oklahoma State Department of Health (OSDH) including Child Guidance and multiple home visitation programs. They also conducted 2 sessions of in depth screening training for 40 participants who are now able to conduct autism and general developmental screening at their respective programs, including the Chickasaw Nation hospital.

Outputs Achieved	
8. Expected Outputs	9. Outputs Achieved
Community Screening Partners are trained to screen for autism and other developmental delays.	Yes
40 healthcare professionals participate in the ADOS training to do diagnostic testing for autism or other developmental delays.	NO
In-state psychiatrist has begun training to be an ADOS trainer.	Yes

10. The report should include the following:	(a) A narrative progress that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used, how the activity was implemented, challenged to achieving the objective and unexpected benefits.

	(b) For system change activities, include a description of the stage of implementation (Planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative. (d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report)

The Oklahoma Developmental Disabilities Council of Oklahoma (DDCO) is proud of the partnership it has with the Oklahoma Autism Center (OAC). OAC is part of the University of Oklahoma and has the mission to improve the quality of life for children with Autism Spectrum Disorder. This partnership's goal is to address the lag between when families and physicians first note developmental concerns and first evaluations. This lag is likely due to several factors including lack of appropriate screening and referral practices as well as long waiting lists for an evaluation (e.g., 1 or more years). The goal of this partnership is to support and increase the work being done in promoting early identification of children at risk for autism and related developmental disabilities. In order to increase positive outcomes for children, it is critical to identify them at an even earlier age. In this year OAC continued to expand the project to include new partners and networks who work with the very youngest children, and continued efforts to improve these services for American Indian children and other underserved populations. As part of efforts to target underserved populations, the project has a particular emphasis on building capacity for early identification of ASD for Oklahoma's tribal communities. This includes continued and expanded collaboration with current partners at the Chickasaw Nation, the Delaware Tribe of Indians, the Citizen Potawatomi Nation, and the Peoria Tribe of Indians of Oklahoma.

Expected Outcomes Achieved	
11. Expected Outcomes	12. Outcomes Achieved
Well-trained Community Screening Partners who are available to travel throughout Oklahoma will be able to provide screening for autism and other developmental delays.	Yes
Early childhood educators have increased their skills, knowledge and capacity to support families and children with developmental disabilities or delays.	Yes
Oklahoma has a certified ADOS trainer in-state to increase the capacity of trained ADOS healthcare workers who can diagnosis autism in children.	NO
Oklahoma has a better capacity to	Yes

diagnose children with autism and other developmental delays.	

13. Progress towards achieving outcomes for overall objective:	

Due to the ongoing support of the council, the Oklahoma Autism Center has been able to improve access to screening partners throughout the state of Oklahoma. Clinicians and other professionals have increased their skills, knowledge and capacity to support families and children with developmental disabilities and delays. Oklahoma has a greater capacity to diagnose children with autism and other developmental delays. However, there is still a lag in the time it takes to get an autism diagnosis. We are hopeful that having a certified trainer in Oklahoma will help alleviate this problem. We have not achieved this goal to date, but we are making headway toward that goal.

14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community).	

There are 38 federally recognized indigenous tribes in Oklahoma. This equates to 535,675 people or more than 13% of the population in Oklahoma, second only to Alaska. Partnering with these tribes creates a catalyst for serving many underserved individuals in our state. These individuals often live on reservations, in rural areas of the state. This is why partnering with the tribes is key to meeting their needs. The council is proud to support OAC as they do just that. They continue to work closely with these partners and develop strategies for meeting the needs of the children they serve.

Objective 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.

3. This objective is:	Individual & Family Advocacy

4. This objective is:	New

5. This objective is:	
Fulfilling a Self-Advocacy DD Requirement	No
Targeted disparity	No
DD Network Collaboration	No

A demonstration project of New Approaches to Services and Supports	No

A demonstration of projects or activities	No

6. Stage of Implementation:	Implementation

7. Provide an overall description of this effort:	The Oklahoma Developmental Disabilities Council of Oklahoma believes that all Oklahomans should be given every opportunity to live their best lives. This is a deliberately broad philosophy, as individuals' best lives are determined by them. Therefore it is an important goal of the council to provide opportunities to enhance the develop independent living and life skills that will allow them to lead self-directed and self-determined lives. In this way they may make decisions for themselves so that they may have their own version of their best lives. This year the council did this by supporting a new program, Opportunity Orange Scholars (OOS) located on the Stillwater campus of Oklahoma State University (OSU). OSU is a top-tier university, with 35,000 students across 5 campuses in Oklahoma. It is known for it's vibrant friendly environment and it's extraordinary academic prowess. OOS enhances OSU's ability to serve the academic needs of all Oklahomans. This year the council also worked with the Oklahoma Department of Mental Health and substance able to support an outreach and recreational event targeting youth in middle and high school who have behavioral health needs, developmental disabilities, or both. The event occurred in the rural town of Poteau, OK. The event was two days long and provided developmentally appropriate opportunities for participants to learn leadership skills, self-advocacy, team building, ways to positively connect with peers and providers, and gain resources. These activities were meant to help bridge existing gaps between developmental disability and mental health systems in our communities.

Outputs Achieved	
8. Expected Outputs	9. Outputs Achieved
A developed program for a two-year, non-degree Certificate in Career and Community Studies at Oklahoma State University, known as Opportunity Orange Scholars.	Yes
4 students admitted to the first cohort of Opportunity Orange Scholars in fall 2022.	Yes
2 events hosted for youth with behavioral health needs or developmental disabilities.	NO

10. The report should include the following:	(a) A narrative progress that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used,

	how the activity was implemented, challenged to achieving the objective and unexpected benefits. (b) For system change activities, include a description of the stage of implementation (Planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative. (d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report)

This fiscal year DDCO has partnered with The Department of Human Development and Family Science at Oklahoma State University (OSU) to bring higher education to individuals with developmental disabilities. A new program, based on the Stillwater campus, Opportunity Orange Scholars (OOS). OOS offers a two-year, non-degree Certificate in Career and Community Studies with an additional two-year, non-degree Advanced Certificate option in Community Living and Engagement. Over the past two decades, inclusive postsecondary education programs have emerged as a model for enhancing employment options and outcomes for students with intellectual disability. In addition to positive employment outcomes, research consistently demonstrates that students who complete an inclusive postsecondary education program report expanded peer and social networks and increased independence. The first cohort of five scholars was admitted into the program in Fall 2022. Subsequent cohorts will be admitted each fall semester and will grow in size based on demand and program capacities. Opportunity Orange Scholars centers training around four cornerstones with clear outcomes for students who complete the two-year. These are 1. Independent Living: On-campus, inclusive housing with the support of trained Residential Life Coaches while learning independence, time management, and navigating the community and transportation systems; 2. Social Engagement: Participation in activities and organizations throughout campus with the support of Social Engagement Coaches while building meaningful networks of peers; 3. Academics: Enrollment in program specific courses and auditing of entry level classes from the course catalog supported naturally and by Academic Coaches while gaining knowledge to manage the basics of a personal budget, health, wellness, and nutrition; and 4. Professional and Career Development: Targeted assessment and instruction parallel to job shadowing, internships and paid supported naturally in the workplace and through Employment Coaches while working toward the goal of successful integrated employment in a competitive job of choice. While the council met the first two outputs set for this objective, the council fell short of achieving the third. The council held one event for youth with behavioral health needs or developmental disabilities. The council hopes to work toward achieving this goal moving forward.

Expected Outcomes Achieved	
11. Expected Outcomes	12. Outcomes Achieved
Students with intellectual and developmental disabilities develop lifelong learning skills necessary for	NO

competitive employment and independent living.	
The Oklahoma State University community is enriched by increased involvement by students with disabilities.	Yes
Youth with behavioral health needs or developmental disabilities have developed leadership and interpersonal skills to be active members of the community.	Yes

13. Progress towards achieving outcomes for overall objective:	

Reports indicate that Oklahoma State University community is enriched by increased involvement by students with disabilities. This community has long welcomed individuals with disabilities, hosting events and sponsoring programs which support their success. This is the first year that a program for their academic enrichment has been hosted on campus. Reports indicate that the students have joined clubs and intermural activities on campus and that the campus has more than welcomed them. Two internal policies within OSU have been changed to allow for students to receive financial aid and support on campus. It is the council's hope that through this experience the scholars will develop lifelong learning skills for competitive employment and independent living. While this outcome has not been achieved to date, all reports are encouraging. The youth summit through the Oklahoma Department of Mental Heath and Substance Abuse provided opportunities for youth to develop leadership and interpersonal skills. 35 youth participated in the two day event.

14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community).	

The Council knows it needs to improve in being more aware and responsive to the needs of those support who are of diverse cultures. Opportunity Orange the and the youth summit provided opportunities to all individuals in Oklahoma, without targeting any specific cultures.

Objective 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.

3. This objective is:	Capacity Building

4. This objective is:	New

5. This objective is:	

Fulfilling a Self-Advocacy DD Requirement	No
Targeted disparity	No
DD Network Collaboration	No

A demonstration project of New Approaches to Services and Supports	No

A demonstration of projects or activities	No

6. Stage of Implementation:	Outcome / Fully integrated

7. Provide an overall description of this effort:	Caregivers of individuals with disabilities often fear what will happen to their loved one, once they are no longer able to take care of them. This comes from the understanding that individuals with disabilities need to be protected and cared for, for the duration of their lives and that the supports they require is significant. Therefore, the council aspires to provide family and caregiver education by increasing the 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. This year, the council did this by providing a guardianship on-demand webinar, which is readily available to individuals with disabilities, family members, and professionals. This webinar provides Oklahoma specific information regarding guardianship in our state, the limitations of guardianship, and other viable options. Precise legislation is referenced during the webinar and real life examples are used to illustrate options.

Outputs Achieved	
8. Expected Outputs	9. Outputs Achieved
One webinar completed and available online	Yes

10. The report should include the following:	(a) A narrative progress that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used, how the activity was implemented, challenged to achieving the objective and unexpected benefits. (b) For system change activities, include a description of the stage of implementation (Planning, initiation, implementation, outcome/fully integrated) of the system

	change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative. (d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report)

The Developmental Disabilities Council of Oklahoma (DDCO) is proud to have been able to work with InLeadS Consulting and Training to develop a ninety-minute, on-demand webinar on the topic of Alternatives to Guardianship for people with Developmental Disabilities. Topics included in the video are: Competency vs. Capacity, Decision-making standards, Urgency and significance, The continuum of decisional authority (moving from independent decision making to guardian-directed decision making), Purposes of guardianship, and Alternatives to guardianship. The alternatives to guardianship discussed where: Powers of Attorney (healthcare and/or property), Supported Decision Making, Conservatorship, Representative Payee, and Trusts. Also included are tips for taking a person centered approach to Guardianship and decisions around Guardianship. The webinar has 3 specific breaks built in so viewers can stop and start at their convenience. Support for this project was provided through the partnership the Department of Human Services, Community Living Aging and Protective Services (CAP) , and the Developmental Disabilities Services Divisions (DDS). These expert staff, who provide leadership for issues around guardianship in these programs, provided guidance to DDCO staff and InLeadS Consulting around legislation and current issues around guardianship. This support was invaluable as the video was developed. These experts also reviewed the completed video to ensure clarity and applicability in their respective programs. After the video was complete these experts expressed excitement at having a resource to share with families and case workers when they have questions around guardianship. The video is available on Youtube and has been shared through DDCO's social media platforms. It has been viewed 134 times. Feedback from viewers of the video include confirmation that the video is helpful and DDCO looks forward to this continued partnership with these experts and the continued use of this video.

Expected Outcomes Achieved	
11. Expected Outcomes	12. Outcomes Achieved
Adults with developmental disabilities, their families and caregivers are better educated about guardianship and its alternatives so that they may make informed legal decisions.	Yes
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.	Yes

13. Progress towards achieving outcomes for overall objective:

This year's council activities around guardianship has provided has provided a resource that will be available to all Oklahoma's until the laws around guardianship change again. With the aid of the webinar, adults with developmental disabilities, their families and caregivers are better educated about guardianship and it's alternatives. Professionals advising individuals about issues related to guardianship have the critical information they need to advise each individual case effectively.

14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community).

The Council knows it needs to improve in being more aware and responsive to the needs of those support who are of diverse cultures. The Alternatives to Guardianship is provided to all individuals in Oklahoma, without targeting any specific cultures. However, it is not available in varied languages. It is available with closed captioning for those who may need it.

Section IV: B

Individual & Family Advocacy Performance Measures

Race and Ethnicity

Race/Ethnicity	#	%
White alone	57	58.76%
Black or African American alone	8	8.25%
American Indian and Alaska Native alone	13	13.40%
Hispanic/Latino	15	15.46%
Asian alone	0	0%
Native Hawaiian & Other Pacific Islander alone	0	0%
Two or more races and Race unknown	4	4.12%
Gender	#	%
Male	31	31.96%
Female	65	67.01%
Other	1	1.03%
Category	#	%
Individual with DD	6	5.41%
Family Member	105	94.59%
Geographical	#	%
Urban	41	70.69%
Rural	17	29.31%

I. Output Measures

Objective	Performance Measure: IFA 1.1 People with DD who participated in activities	Performance Measure: IFA 1.2 Family members
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.	65	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.	65	1
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.	61	0
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.	0	0
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.	0	0
Total # of Output Respondents (The total number of respondents should be the number of people from each category that responded to a survey/evaluation)	0	0

II. Outcome Measures

Performance Measures	Percent (%)
IFA 2.1 Percent of people with DD	100
IFA 2.2 Percent of family members who increased advocacy	100

Sub-Outcome Measures: The number (#) of people who are better able to say what they want/say what is important to them.

Projects	# People with Developmental Disabilities	# Family Members

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.	4	1
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.	4	1
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.	0	0
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.	0	0
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.	0	0
Total # of Sub-Outcome Respondents (The total number of respondents should be the number of people from each category that responded to a survey/evaluation)	0	0
IFA 2.3 Percent of people better able to say what they need	0%	0%

Sub-Outcome Measures: The number (#) of people who are participating in advocacy activities.

Projects	# People with Developmental Disabilities	# Family Members
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.	4	1
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.	4	1
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	0	0

transitions across the child's lifespan.		
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.	0	0
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.	0	0
Total # of Sub-Outcome Respondents (The total number of respondents should be the number of people from each category that responded to a survey/evaluation)	0	0
IFA 2.4 Percent of people participating in advocacy activities	0%	0%

Sub-Outcome Measures: The number (#) of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.

Projects	# People with Developmental Disabilities	# Family Members
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.	4	
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.	0	
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.	0	
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.	0	
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.	0	
Total # of Sub-Outcome Respondents (The total number of respondents should be the number of people from each category that responded to a survey/evaluation)	0	

IFA 2.5 Percent of people on cross disability coalitions	0%	0%

II. Outcome Measures

Satisfied	Percent (%)
IFA 3 The percent of people satisfied with a project activity	0
IFA 3.1 Percent of people with DD satisfied with activity	0
IFA 3.2 Percent of family members satisfied with activity	0

Section IV: C

Systems Change Performance Measures

SC 1: Output Measures

Objective	
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.	
SC 1.1 Number of policy/procedures created/changed	0
SC 1.2 Number of statutes/regulations created/changed	0
SC 1.3.1 Number of promising practices created	0
SC 1.3.2 Number of promising practices supported	0
SC 1.3.3 Number of best practices created	0
SC 1.3.4 Number of best practices supported through Council activities	0
SC 1.3 Number of promising and/or best practices created and/or supported	0
SC 1.4 Number of people trained/educated	0
SC 1.5 Number of Systems Change activities with other organizations	0

Objective	
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.	
SC 1.1 Number of policy/procedures created/changed	0
SC 1.2 Number of statutes/regulations created/changed	0
SC 1.3.1 Number of promising practices created	0
SC 1.3.2 Number of promising practices supported	0
SC 1.3.3 Number of best practices created	0
SC 1.3.4 Number of best practices supported through Council activities	0
SC 1.3 Number of promising and/or best practices created and/or supported	0
SC 1.4 Number of people trained/educated	0
SC 1.5 Number of Systems Change activities with other organizations	0

Objective	
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.	
SC 1.1 Number of policy/procedures created/changed	0
SC 1.2 Number of statutes/regulations created/changed	0
SC 1.3.1 Number of promising practices created	0
SC 1.3.2 Number of promising practices supported	0
SC 1.3.3 Number of best practices created	0
SC 1.3.4 Number of best practices supported through Council activities	0
SC 1.3 Number of promising and/or best practices created and/or supported	0
SC 1.4 Number of people trained/educated	0
SC 1.5 Number of Systems Change activities with other organizations	0

Objective	
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.	
SC 1.1 Number of policy/procedures created/changed	2
SC 1.2 Number of statutes/regulations created/changed	0
SC 1.3.1 Number of promising practices created	0
SC 1.3.2 Number of promising practices supported	0
SC 1.3.3 Number of best practices created	0
SC 1.3.4 Number of best practices supported through Council activities	0
SC 1.3 Number of promising and/or best practices created and/or supported	0
SC 1.4 Number of people trained/educated	0
SC 1.5 Number of Systems Change activities with other organizations	0

Objective	
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.	
SC 1.1 Number of policy/procedures created/changed	0
SC 1.2 Number of statutes/regulations created/changed	0
SC 1.3.1 Number of promising practices created	0
SC 1.3.2 Number of promising practices supported	0
SC 1.3.3 Number of best practices created	0
SC 1.3.4 Number of best practices supported through Council activities	0
SC 1.3 Number of promising and/or best practices created and/or supported	0
SC 1.4 Number of people trained/educated	0
SC 1.5 Number of Systems Change activities with other organizations	0

Systems Change SC 2: Outcome Measures

Outcome Measures	Number (#)
SC 2.1 - Efforts that led to improvements	2
SC 2.2 - Efforts that were implemented	1

III. Sub-Outcome Measures

Objective	Number (#)
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.	
SC 2.1.1 Policy, procedure, statute, regulation improvements	0
SC 2.1.2 Policy, procedure, statute, regulation implemented	0
SC 2.1.3 Number of improved promising or best practices	0
SC 2.1.4 Number of implemented promising or best practices	0

Objective	Number (#)
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.	
SC 2.1.1 Policy, procedure, statute, regulation improvements	0
SC 2.1.2 Policy, procedure, statute, regulation implemented	0
SC 2.1.3 Number of improved promising or best practices	0
SC 2.1.4 Number of implemented promising or best practices	0

Objective	Number (#)
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.	
SC 2.1.1 Policy, procedure, statute, regulation improvements	0
SC 2.1.2 Policy, procedure, statute, regulation implemented	0
SC 2.1.3 Number of improved promising or best practices	0
SC 2.1.4 Number of implemented promising or best practices	0

Objective	Number (#)
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.	
SC 2.1.1 Policy, procedure, statute, regulation improvements	0
SC 2.1.2 Policy, procedure, statute, regulation implemented	0
SC 2.1.3 Number of improved promising or best practices	0

SC 2.1.4 Number of implemented promising or best practices	0

Objective	Number (#)
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.	
SC 2.1.1 Policy, procedure, statute, regulation improvements	0
SC 2.1.2 Policy, procedure, statute, regulation implemented	0
SC 2.1.3 Number of improved promising or best practices	0
SC 2.1.4 Number of implemented promising or best practices	0

Goal 3: Community Awareness and Inclusion

Section IV: A

Area of Emphasis	Planned for this Goal	Areas Addressed
Quality Assurance	Yes	Yes
Education and Early Intervention	Yes	Yes
Recreation	Yes	Yes
Formal and Informal Community Supports	Yes	Yes

Strategies	Planned for this Goal	Strategies Used
Outreach	Yes	Yes
Training	Yes	Yes
Technical Assistance	Yes	Yes
Supporting and Educating Communities	Yes	Yes
Interagency Collaboration and Coordination	Yes	Yes
Coordination with Related Councils, Committees and Programs	Yes	Yes
Barrier Elimination	Yes	Yes
Systems Design and Redesign	Yes	Yes
Coalition Development and Citizen Participation	Yes	Yes
Informing Policymakers	Yes	Yes

Intermediaries and Collaborators	Planned for this Goal	Actual
State Protection and Advocacy System	Yes	Yes
University Center(s)	Yes	Yes
State DD Agency	Yes	Yes
Other Collaborators	Yes	Yes

Goal Narrative
The council has not yet achieve all it hopes to in conjunction with this goal. By the end of 2026 the council hopes to have Individual and community behaviors changed from trained advocates; Community partners and agencies will have awareness of the needs people with intellectual disabilities; Oklahoma students are supported through successful & proven inclusive practices; Increased employment opportunities for persons with I/DD; and persons with I/DD are active & valued members of their local community. Strides have been made in all areas, but they have not yet been achieved. Through videos, training modules, and presence in community activities, the council is pleased with the progress being made, but much more is neccessary.

Objective 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.

3. This objective is:	Individual & Family Advocacy

4. This objective is:	Ongoing

5. This objective is:	
Fulfilling a Self-Advocacy DD Requirement	No
Targeted disparity	No
DD Network Collaboration	Yes

A demonstration project of New Approaches to Services and Supports	No

A demonstration of projects or activities	No

6. Stage of Implementation:	Implementation

7. Provide an overall description of this effort:	Public awareness is vital to strengthen enthusiasm and support, stimulate action, and mobilize local knowledge and resources. This is why the Developmental Disabilities Council of Oklahoma (DDCO) aspires to educate Oklahoman communities and community leaders about developmental disabilities. This awareness also contributes to the inclusion and support of people with developmental disabilities and

	their families in the community. This year DDCO provided awareness through the Developmental Disabilities Awareness Day at the Capitol, Developmental Disabilities Awareness Training, Oklahoma Historical Society Exhibit, and the Oklahoma Historical Society interviews. Each of these activities addresses the misconceptions and stereotypes surrounding those with disabilities while also exhibiting the lives that individuals with disabilities truly live. This shows them to be productive, contributing, tax-paying citizens. The Developmental Disabilities Awareness Day is an annual event which enables individuals with disabilities to be present at the capitol, and lobby for what is important to them. Individuals, advocates, and family members come together to make their presence known on this day. Participants are given opportunities to speak directly to their state legislators and share their thoughts, either in general in reference to particular bills. Legislators share that this day is helpful for them to know how to represent their constituents well. As a partner for this event, the council is present to help and answer any questions as they may be presented. This year's developmental disabilities awareness day occurred at the Oklahoma Historical Society, just steps from the capital, due to scheduling around construction at the capitol and covid concerns. On the same day of the event, the Oklahoma Historical Society opened the exhibit, "From Institution to Inclusion: The History of Disability in Oklahoma." The exhibit highlighted artifacts and shared the long history of individuals with disabilities in Oklahoma. The Oklahoma Historical Society also partnered with the council to perform a series of videos, highlighting individuals with disabilities in Oklahoma. Twenty interviews were completed and fifteen are currently available at the Oklahoma Historical Society's websites. To date these videos have been viewed 301 times.

Outputs Achieved	
8. Expected Outputs	9. Outputs Achieved
100 Oklahomans are trained in developmental disabilities awareness.	NO
5 developmental disabilities awareness trainings conducted.	NO
A curated exhibit about Oklahomans with developmental disabilities launched.	Yes
20 oral history interviews of self-advocates, family members, advocates recorded and uploaded for public viewing	NO

10. The report should include the following:	(a) A narrative progress that cohesively describes the activities that were implemented toward achieving the

	objective, including how the identified strategy was used, how the activity was implemented, challenged to achieving the objective and unexpected benefits. (b) For system change activities, include a description of the stage of implementation (Planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative. (d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report)

Public awareness is vital to strengthen enthusiasm and support, stimulate action, and mobilize local knowledge and resources. This is why the Council aspires to educate Oklahoman communities and community leaders about developmental disabilities. This awareness also contributes to the inclusion and support of people with developmental disabilities and their families in the community. This year the Oklahoma Historical Society highlighted the research done in the previous year about the history of disability in Oklahoma through the Department of Rehabilitation Services People with Disabilities Awareness Day. This exhibit, "From Institution to Inclusion: The History of Disability in Oklahoma" was well received and will be a part of the next People with Disabilities Awareness Day in 2023. This exhibit shares information about many forms of disability, from polio to use of equipment, to institutionalization and the conditions of those institutions. The advertisement for the exhibit includes a caveat that it may include some items which may be sensitive to some. The Council continued this history research with the Historical Society through the interviews of Oklahomans involved in advocacy and self-advocacy. These interviews are live and captioned on the Oklahoma Historical Society's YouTube page. They have been viewed 301 times so far. Both of these activities addresses the misconceptions and stereotypes surrounding those with disabilities while also exhibiting the lives that individuals with disabilities truly live. This shows them to be productive, contributing, tax-paying citizens.

Expected Outcomes Achieved	
11. Expected Outcomes	12. Outcomes Achieved
More Oklahomans are aware of issues that affect people with developmental disabilities and their families.	Yes
Individuals with developmental disabilities and their families have community supports and systems that help them to live their best lives.	Yes
The Council and its partners are a known resource for information about developmental disabilities.	Yes

13. Progress towards achieving outcomes for overall objective:	

This year's awareness activities highlighted individuals with disabilities well. Each of the activities developed and completed highlighted personal experiences and put a face to the story of life with a disability. The exhibit at the Historical Society was visited by state leaders, including the Oklahoma Secretary Human services, who shared on his social media accounts how profound the exhibit was and encouraged others to see it. The council believes strides have been made during this fiscal year to enhance individual's awareness of individuals with disabilities in Oklahoma, but that more needs to be done. It is still common for buildings and websites to be inaccessible, and for the perception of those with disabilities to be one of helplessness. Awareness activities such as those completed this year combat these concerns and enhance the wellbeing of the individuals and the larger society.

14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community).	

The Council knows it needs to improve in being more aware and responsive to the needs of those support who are of diverse cultures. The awareness activities completed during this fiscal year were made available to everyone in Oklahoma. There were not targeted awareness opportunities for minority groups, who may not speak English. This is an area that the council is working to address.

Objective 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.

3. This objective is:	Capacity Building

4. This objective is:	Ongoing

5. This objective is:	
Fulfilling a Self-Advocacy DD Requirement	No
Targeted disparity	No
DD Network Collaboration	No

A demonstration project of New Approaches to Services and Supports	No

A demonstration of projects or activities	No

6. Stage of Implementation:	Implementation

7. Provide an overall description of this effort:	The council has worked with state partners to implement opportunities for educators to learn about best practices around an inclusive education. Partnering with the Oklahoma Autism Center (OAC), has worked closely with public school districts around the state to provide tools to achieve inclusion, including a symposium and ongoing support to initiate change. Inclusive education results in favorable outcomes for both students with disabilities and typical peers. Research shows that students with disabilities who are included are absent less often, develop stronger academic skills and are more likely to have jobs and pursue education after high school. Effective inclusion not only benefits students with disabilities, but also creates an environment in which every student, including those who do not have disabilities, has the opportunity to flourish. However, despite the benefits, teachers continue to report barriers to implementing inclusive environments. These barriers include leadership, attitudes/beliefs, instructional practices, professional development, resources, educator preparation, physical barriers, curriculum, organization, and standardized assessments. This year's symposium had a waiting list, as 103 administrators and leaders came to learn about the best ways to support children with disabilities. These participants learned: 1) Processes for adapting curriculum; 2) Roles and relationships of team members and 3) Student planning for success. By providing training on inclusion to teams of educators, the MESA Program builds the capacity of school districts to meaningfully include students in all aspects of school life and remove barriers for access. In addition to the symposium, OAC provided follow-up support and guidance as needed to schools as they transitioned to inclusive environments.

Outputs Achieved	
8. Expected Outputs	9. Outputs Achieved
A collaborative coalition to support administrators in effective inclusive education.	Yes
Training materials and resources to promote and facilitate inclusion in public schools.	Yes
1 symposium planned and facilitated for school administrators.	Yes
2 follow-up virtual support sessions for school administrators.	Yes

10. The report should include the following:	(a) A narrative progress that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used, how the activity was implemented, challenged to achieving the objective and unexpected benefits. (b) For system change activities, include a description of the stage of implementation (Planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative. (d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report)

DDCO has worked closely with the Oklahoma Autism Center, through the University of Oklahoma to administer the MESA Program. The MESA program was formerly known as Project Peak (a past activity of the Council). MESA provides consultation and professional development to educators and professionals who work with children with autism spectrum disorder. The goal is to build capacity in the public school system to support children with autism by teaching evidence-based practices in statewide trainings and workshops and through consultation with individual school teams. This year the MESA Program worked with the Council to facilitate an educational symposium to public school administrators. Knowledge and skills gained will promote inclusive practices within their buildings and to support teachers in developing inclusive classrooms while also providing skills to administer those ideas throughout their schools. The inclusive practices taught and discussed were evidence based, showing inclusion not only benefits students with disabilities, but also creates an environment in which every student, including those who do not have disabilities, has the opportunity to flourish. The Council worked with the Oklahoma Department of Mental Health and Substance Abuse to host the a first of its kind community outreach and recreational event targeting youth in middle and high school who have behavioral health needs, developmental disabilities, or both. The event was held in LeFlore County, an identified rural area of Oklahoma. The event provided developmentally appropriate opportunities for participants to learn leadership skills, self-advocacy, team building, ways to positively connect with peers and providers, and gain resources. Different workshops were provided for the youth to attend to build team and leadership skills, learn how to access resources, and use their voice. The event also provided workshops for parents, helping them learn of resources available and more. These activities will help bridge existing gaps between developmental disability and mental health systems in our communities.

Expected Outcomes Achieved	
11. Expected Outcomes	12. Outcomes Achieved
Oklahoma schools have the training and know-how to create inclusive school environments for all students.	NO

Classroom educators are supported by school administrators to create inclusive classroom settings.	NO
Oklahoman students are able to succeed through inclusive practices and are able to achieve increased academic and personal success.	NO
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.	NO

13. Progress towards achieving outcomes for overall objective:	

This year's progress toward expected outcomes has been significant, but these outcome have not yet been achieved. 20 Oklahoma schools were targeted, including the two largest school districts in the state, Oklahoma City and Tulsa. These schools reaped the benefit of having the training to create an inclusive school, but others did not. The classroom educators may have heard some of the information from the administrators to institute changes, but the Council feels more is needed. The effect on the students is not yet realized. The Council is following up with its contractor to determine the effects of this work.

14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community).	

The Council is aware additional attention is needed to meet the needs of the diverse cultures in the state. Opportunities where provided to the community and to everyone, but not targeted to meet the linguistic needs of these groups. This is something the council hopes to address in the coming years.

Objective 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.

3. This objective is:	Individual & Family Advocacy

4. This objective is:	Ongoing

5. This objective is:	
Fulfilling a Self-Advocacy DD Requirement	No

Targeted disparity	No
DD Network Collaboration	Yes

A demonstration project of New Approaches to Services and Supports	No

A demonstration of projects or activities	No

6. Stage of Implementation:	Implementation

7. Provide an overall description of this effort:	The council has been working in collaboration with state leaders to support individuals with disabilities in pursuit of their employment goals. The council has been working to update our FEAT (Family Employment Awareness Training) course. FEAT is an educational opportunity to provide families' information about employment benefits, services, barriers, and skills to provide the support necessary to support their loved one in employment. It is founded on the principle that everyone can work with the right supports. This year Dale Rogers Training center sponsored the development of two short videos through Dale Rogers Training Center (DRTC). DRTC is a local non-profit organization who strives to support individuals in pursuit of their employment goals. As a part of this goal DRTC developed the Employability Academy. An online training academy to support individuals with disabilities and their families learn about community employment, the process of moving through government services like vocational rehabilitation, and the supports available. As part of the academy DRTC asked for the council's support to develop two training videos highlighting an individual's experience as she begins the transition from working in a workshop to community employment. This video have been viewed 428 times on YouTube. The council also work with the Autism Foundation of Oklahoma (AFO) and the National Center for Disability Education and Training (NCDET) to provide opportunities for employers to learn why they should hire individuals with disabilities. AFO developed 4 modules with very detailed information around this topic, explaining disability, specifically neurodiversity, and how it affects individuals. They also discussed why individuals make good employees and showed evidence. NCDET is part of the University of Oklahoma and partnered with the council to provide personalized training to employers in rural areas. Because NCDET is a training partner for the Oklahoma

	Department of Rehabilitative Service, they already had extensive training developed in these areas and has been working during this year to spread the word about the availability of the training. The council also continues to provide information, brochures, and referrals to Oklahoma STABLE accounts. Stable accounts offer individuals with disabilities a way to save for qualified expenses, invest for future needs, and government benefits. This year the council partnered with ABLETech to develop instructional on demand modules through the Oklahoma Department of Libraries on technology accessibility topics. Two courses were developed, Accessible Webpage Design & Content, and Web Accessibility Testing. These modules have been viewed 33 times so far.

Outputs Achieved	
8. Expected Outputs	9. Outputs Achieved
2 Family Employment Awareness Trainings conducted.	NO
20 family members trained on the Family Employment Awareness Training curriculum.	NO
50 new STABLE accounts opened.	Yes
4-part training series to raise awareness of neurodiversity and effective management practices developed.	Yes
Video highlighting integrated competitive employment benefits	Yes
accessibility instructional video modules created	Yes

10. The report should include the following:	(a) A narrative progress that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used, how the activity was implemented, challenged to achieving the objective and unexpected benefits. (b) For system change activities, include a description of the stage of implementation (Planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative. (d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report)

This year's work around inclusive employment in Oklahoma has been good, but we are not yet meeting all of the outcomes we hoped to achieve in his goal. Training has been revamped and developed to prepare for educational opportunities around employment but the actual courses have not taken place. The council has shared and advertised information around STABLE accounts in the states, but 50 new accounts have not yet been opened. So, while we are proud of the work that is being done in this area, more is necessary.

Expected Outcomes Achieved	
11. Expected Outcomes	12. Outcomes Achieved
Individuals with developmental disabilities are active and valued members of their local community.	NO
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.	NO
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.	NO

13. Progress towards achieving outcomes for overall objective:

In many areas of various communities, individuals with disabilities are included and valued members. In others individuals with disabilities are viewed as a lower class, or as individuals who are helpless. To combat his the council aspires to provide opportunities to increase public awareness of the impact that individuals with disabilities can have, particularly in the workforce. The council has not yet achieved it's expected outcomes and more work is needed to be done in this area in the coming years.

14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community).

The council is aware that it must provide additional support and opportunities to meet the needs of culturally diverse individuals. While no effort is made to exclude anyone from training opportunities, not enough has been done to support those with language barriers in employment education. This is an area to be addressed in the coming years.

Section IV: B

Individual & Family Advocacy Performance Measures

Race and Ethnicity

Race/Ethnicity	#	%
White alone	57	58.76%
Black or African American alone	8	8.25%
American Indian and Alaska Native alone	13	13.40%
Hispanic/Latino	15	15.46%
Asian alone	0	0%
Native Hawaiian & Other Pacific Islander alone	0	0%
Two or more races and Race unknown	4	4.12%
Gender	#	%
Male	31	31.96%
Female	65	67.01%
Other	1	1.03%
Category	#	%
Individual with DD	6	5.41%
Family Member	105	94.59%
Geographical	#	%
Urban	41	70.69%
Rural	17	29.31%

I. Output Measures

Objective	Performance Measure: IFA 1.1 People with DD who participated in activities	Performance Measure: IFA 1.2 Family members
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.	0	0
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.	0	0
By 2026, employers, community leaders, family members and	0	0

the wider community will have an increased understanding about the benefits of having individuals with developmental disabilities participate in the workforce and volunteer activities.		
Total # of Output Respondents (The total number of respondents should be the number of people from each category that responded to a survey/evaluation)	0	0

II. Outcome Measures

Performance Measures	Percent (%)
IFA 2.1 Percent of people with DD	100
IFA 2.2 Percent of family members who increased advocacy	100

Sub-Outcome Measures: The number (#) of people who are better able to say what they want/say what is important to them.

Projects	# People with Developmental Disabilities	# Family Members
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.	0	0
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.	0	0
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.	0	0
Total # of Sub-Outcome Respondents (The total number of respondents should be the number of people from each category that responded to a survey/evaluation)	0	0
IFA 2.3 Percent of people better able to say what they need	0%	0%

Sub-Outcome Measures: The number (#) of people who are participating in advocacy activities.

Projects	# People with Developmental Disabilities	# Family Members
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	0	0

experience increased inclusion and support in the community and will be empowered to live their best lives.		
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.	0	0
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.	0	0
Total # of Sub-Outcome Respondents (The total number of respondents should be the number of people from each category that responded to a survey/evaluation)	0	0
IFA 2.4 Percent of people participating in advocacy activities	0%	0%

Sub-Outcome Measures: The number (#) of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.

Projects	# People with Developmental Disabilities	# Family Members
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.	0	
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.	0	
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.	0	
Total # of Sub-Outcome Respondents (The total number of respondents should be the number of people from each category that responded to a survey/evaluation)	0	
IFA 2.5 Percent of people on cross disability coalitions	0%	0%

II. Outcome Measures

Satisfied	Percent (%)
IFA 3 The percent of people satisfied with a project activity	0
IFA 3.1 Percent of people with DD satisfied with activity	0

IFA 3.2 Percent of family members satisfied with activity	0

Section IV: C

Systems Change Performance Measures

SC 1: Output Measures

Objective	
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.	
SC 1.1 Number of policy/procedures created/changed	0
SC 1.2 Number of statutes/regulations created/changed	0
SC 1.3.1 Number of promising practices created	0
SC 1.3.2 Number of promising practices supported	0
SC 1.3.3 Number of best practices created	0
SC 1.3.4 Number of best practices supported through Council activities	0
SC 1.3 Number of promising and/or best practices created and/or supported	0
SC 1.4 Number of people trained/educated	0
SC 1.5 Number of Systems Change activities with other organizations	0

Objective	
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.	
SC 1.1 Number of policy/procedures created/changed	0
SC 1.2 Number of statutes/regulations created/changed	0
SC 1.3.1 Number of promising practices created	0
SC 1.3.2 Number of promising practices supported	0
SC 1.3.3 Number of best practices created	0
SC 1.3.4 Number of best practices supported through Council activities	0
SC 1.3 Number of promising and/or best practices created and/or supported	0
SC 1.4 Number of people trained/educated	0
SC 1.5 Number of Systems Change activities with other organizations	0

Objective	
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.	
SC 1.1 Number of policy/procedures created/changed	0

SC 1.2 Number of statutes/regulations created/changed	0
SC 1.3.1 Number of promising practices created	0
SC 1.3.2 Number of promising practices supported	0
SC 1.3.3 Number of best practices created	0
SC 1.3.4 Number of best practices supported through Council activities	0
SC 1.3 Number of promising and/or best practices created and/or supported	0
SC 1.4 Number of people trained/educated	0
SC 1.5 Number of Systems Change activities with other organizations	0

Systems Change SC 2: Outcome Measures

Outcome Measures	Number (#)
SC 2.1 - Efforts that led to improvements	0
SC 2.2 - Efforts that were implemented	0

III. Sub-Outcome Measures

Objective	Number (#)
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.	
SC 2.1.1 Policy, procedure, statute, regulation improvements	0
SC 2.1.2 Policy, procedure, statute, regulation implemented	0
SC 2.1.3 Number of improved promising or best practices	0
SC 2.1.4 Number of implemented promising or best practices	0

Objective	Number (#)
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.	
SC 2.1.1 Policy, procedure, statute, regulation improvements	0
SC 2.1.2 Policy, procedure, statute, regulation implemented	0
SC 2.1.3 Number of improved promising or best practices	0
SC 2.1.4 Number of implemented promising or best practices	0

Objective	Number (#)
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.	
SC 2.1.1 Policy, procedure, statute, regulation improvements	0
SC 2.1.2 Policy, procedure, statute, regulation implemented	0
SC 2.1.3 Number of improved promising or best practices	0
SC 2.1.4 Number of implemented promising or best practices	0

SECTION V: COUNCIL FINANCIAL INFORMATION

Council is its own DSA?	No

1. Fiscal Year	2020
2. Reporting Period	10/01/2019 - 9/30/2020
3. Total Federal Fiscal Award for Reporting Year	$918206
4. State Funds Contributing to Council State Plan Activities	$85355.16
5. Additional Council Funds Used for Other Activities	$0
6. Federal Share of Expenditures	$535101.67
7. Federal Share of Unliquidated Obligations	$383104.33
8. Unliquidated Balance of Federal Funds	$-5.820766091346741e-11
9. Match Required	$85355.17
10. Match Met	$85355.17
11. Match Unmet	$0

1. Fiscal Year	2021
2. Reporting Period	10/01/2020 - 9/30/2021
3. Total Federal Fiscal Award for Reporting Year	$917676
4. State Funds Contributing to Council State Plan Activities	$59423.77
5. Additional Council Funds Used for Other Activities	$0
6. Federal Share of Expenditures	$348132.99
7. Federal Share of Unliquidated Obligations	$569543.01
8. Unliquidated Balance of Federal Funds	$0
9. Match Required	$59423.76
10. Match Met	$59423.76
11. Match Unmet	$0

1. Fiscal Year	2022
2. Reporting Period	10/01/2021 - 9/30/2022
3. Total Federal Fiscal Award for Reporting Year	$905386
4. State Funds Contributing to Council State Plan Activities	$55597.18
5. Additional Council Funds Used for Other Activities	$0
6. Federal Share of Expenditures	$286890.05
7. Federal Share of Unliquidated Obligations	$618495.95
8. Unliquidated Balance of Federal Funds	$0
9. Match Required	$55597.18
10. Match Met	$55597.18
11. Match Unmet	$0

Dollars leveraged for the reporting year being reported	

SECTION VI: MEASURES OF COLLABORATION

5. Identify the critical issues or barriers affecting individuals with developmental disabilities and thier families in your State that the Council and the PA, the Coucil and the UCEDD, the Council and other collaborators may have worked on during the reporting period.

The Council has worked hard this fiscal year to become a viable collaborator and knowledgeable contributor when working with partners throughout the state. The Council is comprised of extraordinary partners with extensive expertise in serving Oklahomans with developmental disabilities. In addition, newly hired staff have varying perspectives which has assisted the Council to be a sought after partner when addressing needs in the state.

One area of collaboration has been in employment. Oklahoma has begun the transition away from the practice of using subminimum wage contracts. The Council has surveyed current employment service providers, participate in an 14c coalition in Oklahoma, having regular meetings with the state Medicaid agency, Vocational Rehabilitation services, and employment service providers to help Oklahoma prepare for the movement away from subminimum wage employment practices for individuals with developmental disabilities. Several Council Members and Staff have expertise in this area and retain Membership of both the Association of People Supporting Employment First (APSE) and the Supported Employment Leadership Network (SELN) through the University of Massachusetts Boston. The expertise of this staff is sought by state leadership in discussions around policy change and implementation.

The DD Network Partners in Oklahoma continue to collaborate, using the name Redlands Partners. They continue to meet monthly to discuss advocacy issues or potential focus areas for the collaboration. They also watch potential state legislation and produce an electronic legislative email together for interested individuals, currently over 7,000 readers.

Experience and expertise is sought by community members when planning events and conferences throughout the state. This includes when the Council is a sponsor and when it is not. For example, the Council is sought as an expert to speak and assists with the facilitation of the annual Oklahoma Transition Institute, Wellspring respite events created by the state's Developmental Disabilities Services to provide a respite weekend for parents who are waiting for services. Council Staff serves on various committees and coalitions. Council Members and Staff attend and present at community events, such as secondary transition and resource fairs regularly, increasing the Council's reach. Staff are frequently requested to speak at events, such as, but not limited to, the Governor's Awards of Excellence in Employment, the Oklahoma Transition Institute, Down Syndrome Association, Oklahoma Family Network events, and the Board for Higher Regents.

6. Area of Emphasis

Identify the Area of Emphasis collaboratively addressed by the DD Council and Collaborators

Area of Emphasis	Areas Addressed
Quality Assurance	Yes
Education and Early Intervention	Yes
Employment	Yes
Recreation	Yes
Quality of Life	Yes
Assistive Technology	Yes
Other - Leadership	Yes

7. 3. The report should include a narrative progress report that cohesively describes the activities that were implemented by the Council and the P&A, the Council and the UCEDD, the Council and other collaborators DD Network. For at least one of the issues-barriers identified above describe:

The DD Network (P&A, UCEDD, and Council) meet monthly. Because of distance and travel time, meetings are virtual. Meetings are used to discuss what's working or not working, concerns we are having, how we can help support each other, and future work potential. They work together to provide expertise to the Oklahoma Self-Advocacy Network (OKSAN).

The DD Network Partners have joined together to watch potential state legislation and create an electronic legislative email called the Redlands Partners State and Federal Legislative Watch. We have over 7,000 subscribers to this email. DD Network partners collaborate on identifying state legislation that could potentially impact individuals with an intellectual/developmental disability or other disability and family members. Legislation is identified, using an

Barriers in creating this email include limited staffing for each partner to be involved. Only the P&A has a designated staff to follow state policy. Each partner has limited staff available to monitor, maintain bill watch lists, create the legislative email and advocate to legislators about potential legislation and do other aspects of our work. The P&A has included both the UCEDD and Council in access to a statewide online legislative bill search. This allows each partner to collaborate on shared lists as well as creating their own list. Using this system, and an online electronic mail system, the partners create a legislative bulletin. Before the beginning of the state legislative session the bulletin provides readers tips as well as state legislative deadlines.
Our electronic legislative email currently has over 7,000 readers.

The benefits of this work includes the sharing of resources. As mentioned previously, the P&A shared access to the online bill tracking resource they use with both the Council and the UCEDD. This is a more intensive resource than what is provided on the state legislative website. The Council has also shared access with both the P&A and the UCEDD for the electronic newsletter and listserve used to create legislative emails to the public.

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