



Developmental Disabilities
Council of Oklahoma

Join our meeting on Zoom

Meeting ID: 160 337 5568

Passcode: 8675309

Quarterly Board Meeting

Friday, April 24, 2026, 1:00 p.m.-3:30 p.m.

Oklahoma Center For NonProfits, 701 N Lindsay Ave, Oklahoma City, OK 73104

Board Member(s) attending via Teleconference

Lori Wieder, 711 N. Country Club, Stillwater, OK 74075

Bryce Wooten, 16905 Bedford Circle, Edmond, OK 73012

David Blose, 724 Ranchoak, Yukon, OK 73099

Jacob Pyle, 408 Evergreen Circle, Norman, OK 73072

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Board Officers

Kodey Toney, Panama
Margaret Bond, Broken Arrow
Jacob Pyle, Norman
Susan Rutledge, Broken Arrow

Board Members

David Blose, Yukon
Jeromy Buchanan, Okla. City
Sherri Coats, Oklahoma City
Brett Cunningham, Okla. City
Shelly Greenhaw, Edmond
Janie Fugitt, Oklahoma City
Heather Hancock-Blackburn, Okla. City
Laura Haney, Tulsa
Gina Richardson, Okla. City
Beth Scrutchins, Okla. City
Melissa Sublett, Tulsa
Lori Wieder, Stillwater
Cynthia Wilkett, Tulsa
Valerie Williams, Okla. City
Bryce Wooten, Edmond

Council Staff

Planning & Grants Director
Jennifer Robinson

Marketing & Outreach Director
Alissa Patterson

Advocacy Training Director
Dr. Bradley Mays

Self-Advocacy Training Director
Morgan Davis

Executive Director
Jennifer Randle

* Possible action item

- I. **Call to Order & Roll Call:** Mr. Kodey Toney, Council Chair & Staff
- II. **Welcome Recognition of New Members and Guests:** Mr. Kodey Toney, Chair
- III. **Review January 2026 Meeting Minutes*:** Mr. Jacob Pyle, Secretary **P4**

FYI: October 24, 2025, minutes as corrected and approved are included in your packet for reference.

IV. **Public Comments** – Please let staff know if you have prepared comments for the Council before the meeting. Because of time constraints, guests are limited to 3 minutes.

V. **Council Committee Reports***


- a. **State Plan Updates:** Mr. Bryce Wooten, Ms. Jennifer Robinson
 - P13** • Public Comments on Drafted State Plan Goals and Objectives
 - P10** • Drafted State Plan 2027-2031
 - P46** • Project/Activities Work Plan for 2027
 - P78** • State Plan 2022-2026 Quarter 2 Progress

b. **Finance Updates:** Ms. Lori Wieder
P44 • Project/Activities Budget for Fiscal Year Budget 2027

c. **Advocacy, Training, & Outreach (ATO) Updates:** Ms. Janie Fugitt, Dr. Bradley Mays, Ms. Morgan Davis
P90 • YLF, PIP Updates





- P92 • Self-Advocacy Solutions Training Updates
- P93 • Outreach Updates
- P94 • Governor Candidate Questionnaire Updates

- d.  Executive Updates: Mr. Kodey Toney
 - Approvals and decisions since last quarterly meeting

VI.   Outside Council Reports:


- a. Advisory Committee on Services to Persons with Developmental Disabilities: Susan Rutledge, Council Representative to Committee

- b.  Center for Learning & Leadership: Designee: Ms. Wanda Felty, Assistant Director


- c.  Disability Rights Oklahoma: Designee: Ms. RoseAnn Duplan, Policy & Communications Specialist

- d.  Developmental Disabilities Services (DDS): Ms. Beth Scrutchins, Director or Designee

P98  Discussion of DDS Potential Policy Change

- e.  Community Living, Aging, and Protective Services (CAP): Designee: Ms. Nadine Walters

- f.  Special Education Services (SDS/SES): Ms. Sherri Coats, Program Director or Designee

- g.  Oklahoma Rehabilitation Services (DRS): Ms. Janie Fugitt, Programs Field Representative or Designee



h. Oklahoma State Department of Health (OSDH): Ms. Gina Richardson, Early Intervention Manager or Designee

VII. Director’s Report: Ms. Jenifer Randle

VIII. Old Business, Federal and State Issues, Legislation, Court Actions *

IX. New Business, Federal and State Issues, Legislation, Court Actions *

X. **Public Comments** – Please let staff know if you have prepared comments for the Council before the meeting. Because of time constraints, guests are limited to 3 minutes.

XI. Announcements / Upcoming Events

• Next [Council Committee Meetings!](#)

- Friday, June 26 - 10:00 a.m. – **State Plan Committee**
- Friday, June 26 – 11:45 a.m. **A.T.O. Committee**
- Friday, June 26 -1:00 p.m. - **Executive Committee**
- Friday, July 24 - 11:15 a.m. – **Finance Committee**
- Friday, July 24 – 12:15 p.m. - **Executive Committee**
- Friday, July 24 - 1:00 p.m. - **Quarterly Board meeting**

• **Other Events!!**

- ITACC Technical Assistance Institute!
- June 9-13, 2026, **Youth Leadership Forum!** [Email Brad for details](#)
 - June 11 - YLF Capitol Day, Oklahoma State Capitol, OKC
 - June 13 – YLF Graduation, USAO Student Center Ballroom, Chickasha
- Partners in Policymaking applications due June 30!
- ADA Anniversary, July 26!
- Sign up for our [weekly emails!](#)

I. Adjournment

Developmental Disabilities Council of Oklahoma Quarterly Meeting Minutes

DATE: Friday, January 30, 2026

TIME: 1:00 PM

PLACE: 2400 N. Lincoln Blvd., Rm. C-48, Oklahoma City, OK

BE IT REMEMBERED that on Friday, January 30, at 1:00 p.m., the Developmental Disabilities Council of Oklahoma met at 2400 N. Lincoln Blvd., Rm. C-48, Oklahoma City, OK, in accordance with the Oklahoma Open Meetings Act.

NOTICE of the schedule for all regular and special meetings of the DDCO for calendar year 2026 was given in writing to the Oklahoma Secretary of State and public notice and the agenda posted on the Council's website at or before 12:00 p.m. on Thursday, January 29, 2026, in accordance with 25 O.S. § 311 et seq.

I.  **CALL TO ORDER:** Ms. Fugitt called the meeting to order at 1:06 p.m.

II.  **ROLL CALL:**

Present: Maggie Bond, Jeromy Buchanan (1:17 p.m.), Lori Chesnut for Sherri Coats (1:13 p.m.), Brett Cunningham, Janie Fugitt, Laura Haney, Gina Richardson, Susan Rutledge, Beth Scrutchins, RoseAnn Duplan for Melissa Sublett (left 2:36 p.m.), Kodey Toney (1:41 p.m.), Wanda Felty for Dr. Valerie Williams,

















Guests: Konner Toney, Meske Owens

Online: David Blose, Lori Wieder, Bryce Wooten

Absent: Shelly Greenhaw, Heather Hancock, Jacob Pyle, Cynthia Wilkett,

Staff: Jennifer Robinson, Morgan Davis, Bradley Mays, Jenifer Randle

By roll call, it was determined there were sufficient members for a quorum and business was conducted.

- III.  **WELCOME AND RECOGNITION OF GUESTS:** Ms. Fugitt welcomed everyone to the Council meeting.
- IV.  **REVIEW OF MEETING MINUTES:** Ms. Fugitt, ATO Chair
- A.  **DISCUSSION:** The Council reviewed the meeting minutes for July 18, 2025.
-  **ACTION:** Ms. Felty moved to accept the July 18, 2025, minutes. Mr. Wooten seconded the motion.
-  **AYES:** Margaret Bond, Brett Cunningham, Janie Fugitt, David Blose, Wanda Felty for Valerie Williams
-  **NAYS:**
-  **ABSTAIN:** Jeromy Buchanan, Lori Chesnut for Sherri Coats, Laura Haney, Gina Richardson, Susan Rutledge, Beth Scrutchins, RoseAnn Duplan for Melissa Sublett, Lori Wieder, Bryce Wooten
-  **MOTION: Carried**
- B.  **DISCUSSION:** The Council reviewed the meeting minutes for October 24, 2025.
-  **ACTION:** Ms. Duplan moved to accept the October 24, 2025, minutes as corrected. Ms. Bond seconded the motion.
-  **AYES:** Margaret Bond, Brett Cunningham, Janie Fugitt, Laura Haney, Susan Rutledge, RoseAnn Duplan for Melissa Sublett, Wanda Felty for Valerie Williams, Bryce Wooten
-  **NAYS:** David Blose
-  **ABSTAIN:** Jeromy Buchanan, Lori Chesnut for Sherri Coats, Gina Richardson, Beth Scrutchins, Lori Wieder
-  **MOTION: Carried**
- V.  **COUNCIL DISCUSSION ON 2027-2031 STATE PLAN GOALS AND OBJECTIVES**
-  **DISCUSSION:** Council members discussed new state plan goals and objectives. These goals and objectives will be provided to the public for comments.

 Goal 1

Make it easier for Oklahomans with intellectual and/or developmental disabilities and their families to find and understand information about services, supports, resources.

- Objective 1 – By 2031, there will be a user-friendly network of information for Oklahomans with intellectual and/or developmental disabilities and their families across Oklahoma
- Objective 2 – Annually through 2031, support creative community solutions that provide in-person help for Oklahomans with intellectual and/or developmental disabilities through the lifespan.
- Objective 3 – By 2031, there will be improved transportation assistance to Oklahomans with intellectual and/or developmental disabilities and families.
- Objective 4 – Annually through 2031, offer at least 20 specialized training workshops for caregivers on topics such as person-centered planning, behavioral support strategies, and navigating service systems.

Goal 2

Support the creation of community activities that value Oklahomans with intellectual and/or developmental disabilities and support them in speaking up and making their own decisions.


- Objective 1 – Annually through 2031, launch and evaluate a public education campaign that showcases the contributions of Oklahomans with intellectual and/or developmental disabilities in the workforce, arts, and community.
- Objective 2 – Annually through 2031, provide formalized training for 150 emerging self-advocates and their family members.
- Objective 3 – By 2029, an alumni network will be established for graduates of our leadership programs.
- Objective 4 – Annually through 2031, Self-Advocate Trainers will create and provide training to 150 self-advocates, local businesses, schools, and organizations.


- Objective 5 – By 2031, a cross-disability coalition will be established to help state-level policy discussions, with at least 50% of its members being people with developmental disabilities.
- Objective 6 – By 2030, a toolkit will be developed to assist businesses and organizations in creating more inclusive environments for employees and customers.

Goal 3

Provide caregivers and families with the support needed to ensure their long-term well-being.

- Objective 1 – Annually through 2031, support creative community solutions that provide respite and training for family caregivers.
- Objective 2 – In the event of natural and/or manmade disasters, the Council may engage in additional activities to support Oklahomans with intellectual and/or developmental disabilities and their families.

 **ACTION:** Ms. Duplan moved to accept the drafted State Plan Goals and Objectives for 2027–2031 and submit for Public Comment. Ms. Bond seconded the motion.



 **AYES:** Margaret Bond, Jeromy Buchanan, Lori Chesnut, Janie Fugitt, David Blose, Laura Haney, Gina Richardson, Susan Rutledge, RoseAnn Duplan, Kodey Toney, Bryce Wooten




 **NAYS:**

 **ABSTAIN:** Brett Cunningham

 **MOTION:** Carried

VI. **Committee Reports:**



- A.   **Advocacy, Training & Outreach Committee:** Ms. Fugitt asked Dr. Mays and Ms. Davis to report on Council programs. Dr. Mays and Ms. Davis reported updates from advocacy programs. Ms. Bond

- B.  **State Plan Committee:** Ms. Robinson referred Members to the Project Quarterly Updates. Ms. Robinson reported that final reports are included in the meeting information.
- C.  **Finance Committee:** Ms. Randle reported on federal budgeting. The Council received the first notice of awards in December.
- D.  **Executive Committee:** Mr. Toney reported the executive committee will reschedule due to not having quorum.

VII.  **Reports from Outside Committees / Organization:**

- A.  **Advisory Committee on Services to Persons with Developmental Disabilities:** Vacant. No report.


- B.   **DD Network Partner – CLL/UCEDD:** No report.

- C.   **DD Network Partner – ODLC:** Ms. Duplan reported on the federal budgeting, and that they're in the same 'boat', just waiting for a budget to pass.

- D.   **Developmental Disabilities Services (DDS):** No report. Mr. Buchanan reported that DDS had hired an Assistant Director.

- E.   **Community Living, Aging and Protective Services (CAP):**

F.  **OKLAHOMA Education** **Special Education Services (SDE/SES):** Ms. Chesnut reported there were several bills they were monitoring.

G.  **OKLAHOMA Rehabilitation Services** **Department of Rehabilitation Services (DRS):** Ms. Fugitt spoke about DRS different BEST and STEM camps. DRS and DDS are working on a pilot program. She also reported there was a student from the School of the Deaf who was selected to serve as a page this session.

H.  **OKLAHOMA State Department of Health** **Oklahoma State Department of Health (OSDH):** Ms. Richardson reminded people there was still time to get a flu shot as well as there are Community Health Partners for every county. She also mentioned the Rural Health Transformation grant that was awarded to Oklahoma and 59 of 77 counties were designated as rural. Oklahoma received the 5th largest grant.

VIII.  Directors Report:

IX.  Other Old/New Business:

X.  Federal and State Issues, Legislation, Court Actions:

XI.  Announcements:

XII.  Adjournment: The meeting was adjourned at 3:50 p.m.

2027-2031 State Plan Goals

Goal 1

Make it easier for Oklahomans with intellectual and/or developmental disabilities and their families to find and understand information about services, supports, resources.

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SUMMARY OF PUBLIC COMMENTS — 2027–2031 STATE PLAN

Goal 1

Make it easier for Oklahomans with intellectual and/or developmental disabilities and their families to find and understand information about services, supports, resources.

Major Themes from Public Comment

- **Strong support** for the goal; families consistently struggle to find clear, accurate, up-to-date information.
- **Plain language and accessibility** must be central (multiple formats, not just online).
- **Need for clarity:** “user-friendly network,” “creative community solutions,” and “improved transportation” are seen as too vague.
- **High demand for in-person help**, especially during stressful transitions (early childhood, adulthood, aging caregivers).
- **Transportation barriers** are widespread, especially in rural areas.
- **Caregiver training** is valued but must be accessible (virtual options, flexible times).
- **Workforce issues** (DSP shortages, turnover, lack of training) repeatedly surfaced even though not directly part of Goal 1.
- **Employment navigation** is a major unmet need for adults with mild or invisible disabilities.

Key Concerns & Suggestions from Public Comments

- Define what the “network of information” includes (website? phone line? navigators?).
- Ensure **rural access**, Tribal outreach, and non-internet options.

- Add **examples** of “creative community solutions.”
- Improve **case manager training and retention**.
- Include **benefits navigation** (SSI, TEFRA, Medicaid, waivers).
- Add **employment-related information** and employer networks.
- Provide **transportation vouchers**, ride-share partnerships, or rural transit expansion.

Representative Quotes from Public Comments

- “Families and individuals with I/DD often face fragmented systems, unclear information, and inconsistent access...”
- “I always feel horrible when I meet another parent and realize they have no idea about any of the resources we have available.”
- “2031??? Extremely disappointed that much of this doesn’t already exist.”

Goal 2

Support the creation of community activities that value Oklahomans with intellectual and/or developmental disabilities and support them in speaking up and making their own decisions.

Major Themes from Public Comments

- **Broad support** for self-advocacy, leadership development, and public education.
- Strong desire to ensure **inclusion of people with high or complex support needs**, not just those who communicate easily.
- Need for **clarity** on training expectations (topics, length, accessibility, stipends, transportation).
- **Alumni network** is viewed positively; people want it to be meaningful and active.
- **Cross-disability coalition** is supported but many want **more than 50%** representation by people with I/DD.
- Businesses need **practical, low-cost inclusion strategies** and incentives.
- Many comments highlight **employment barriers** and the need for employer education.
- Desire for **regional representation** (not just OKC/Tulsa).

Key Concerns & Suggestions from Public Comments

- Ensure training is accessible to non-verbal people, AAC users, and those needing supported decision-making.
- Provide **mentors** for new self-advocates and PIP graduates.
- Clarify how the public education campaign will measure impact.

- Include **rural outreach**, Tribal communities, and non-digital formats.
- Add **youth/transition-age** self-advocacy development.
- Provide **incentives** for businesses to hire people with disabilities.

Representative Quotes from Public Comments

- “Inclusion efforts should not unintentionally favor only those who can easily participate in traditional training.”
- “Self-advocacy matters... but many individuals who need real advocacy cannot speak up for themselves.”
- “The toolkit can be very powerful.”

Goal 3

Provide caregivers and families with the support needed to ensure their long-term well-being.

Major Themes from Public Comments:

- **Overwhelming support** for respite, caregiver training, and crisis prevention.
- Many families describe **burnout**, lack of trained respite providers, and difficulty accessing services.
- Strong desire for **clarity** on “creative community solutions” and “additional activities” during disasters.
- Families want **long-term planning support** (aging caregivers, future housing, financial planning).
- Disaster planning must include **Deaf/HoH access**, technology-dependent individuals, and emergency communication.
- Need for **better training and oversight** of group home staff and home health agencies.
- Families want **equity**: rural access, low-income access, and culturally responsive supports.

Key Concerns & Suggestions from Public Comments:

- Define types of respite (in-home, overnight, emergency).
- Provide **mental health supports** for caregivers.
- Improve **DSP and respite workforce training and pay**.
- Add **future planning** supports (guardianship alternatives, supported decision-making, housing).
- Strengthen **emergency preparedness** for people who rely on technology (hearing devices, oxygen, communication tools).
- Provide **clearer language** and examples in the objectives.

Representative Quotes from Public Comments

- “Supporting caregivers is not optional – it is foundational.”
- “During power outages we have to relocate to a hotel because our son requires oxygen at night.”
- “Respite care is not easy to find for some.”

OTHER / GENERAL COMMENTS from Public Comments

Major Themes from Public Comments

- Many express **gratitude** for being asked to provide input.
- Some express **deep frustration** with bureaucracy, slow systems, and lack of accountability.
- Strong emphasis on **workforce issues** (DSP shortages, turnover, lack of training).
- Concerns about **DDS case manager turnover**, delays, and lack of follow-through.
- Desire for **one-stop navigation** instead of multiple disconnected systems.
- Comments highlight **employment barriers**, especially for adults with mild disabilities.
- Several mention **successful existing programs** (e.g., NSU, New Leaf) and want them included.
- Some comments express **distrust** of government processes or skepticism about implementation.
- A few comments are **off-topic or personal**, but still reflect frustration with system gaps.

Representative Quotes from Public Comments

- “I’ve served on state planning committees... all conducted by bureaucratic minded people... little actual change occurring.”
- “There is no service that I can find that can actually help us.”
- “Great job with this plan! Do not forget individuals with more significant intellectual disabilities.”

Column1	Column2
Goal 1:	Make it easier for Oklahomans with intellectual and/or developmental disabilities and their families to find and understand information about services, supports, resources.
Objectives:	
1	By 2031, there will be a user-friendly network of information for Oklahomans with intellectual and/or developmental disabilities and their families across Oklahoma
2	Annually through 2031, support creative community solutions that provide in-person help for Oklahomans with intellectual and/or developmental disabilities through the lifespan.
3	By 2031, there will be improved transportation assistance to Oklahomans with intellectual and/or developmental disabilities and families.
4	Annually through 2031, offer at least 20 specialized training workshops for caregivers on topics such as person-centered planning, behavioral support strategies, and navigating service systems.
Comments:	
Column1	
	<p>This goal addresses a real and urgent need in Oklahoma. Families and individuals with I/DD often face fragmented systems, unclear information, and inconsistent access to in-person support, especially during high-stress or transition periods.</p> <p>To strengthen this goal, I recommend the following clarifications and additions:</p> <p>Clearly define what a “user-friendly network of information” means by including plain-language standards, cognitive accessibility, and active outreach for families in rural areas and those without reliable internet access.</p> <p>Explicitly identify key life transitions where access to information and support often breaks down (early childhood, school-to-adulthood transitions, aging or ill caregivers, and crisis or overload situations).</p> <p>Ensure that in-person support (Objective 2) is available not only for navigation, but also during moments of acute need, when families may not be able to independently seek or understand services.</p> <p>For transportation assistance, clarify whether this includes access to medical, behavioral, crisis-related, and caregiver-support transportation, particularly in rural and underserved areas.</p> <p>Caregiver trainings should be accessible in multiple formats (in-person and virtual) and include content relevant to families supporting individuals with high or complex support needs.</p> <p>Overall, Goal 1 is well aligned with real needs. With greater specificity around accessibility, transitions, and crisis moments, it can have a significant and lasting impact.</p>

Column1	Column2
	I appreciate this goal. As a mom to a five-year-old with intellectual and developmental disabilities, I have had to learn a lot by trial and error and finding information out on my own. I always feel horrible when I meet another parent and realize they have no idea about any of the resources we have available in our state - TEFRA, DDS waiver, Lindsey Nicole Henry Scholarship, etc. I am grateful there will be more of an effort to create a network where parents can find this information. A lot of my research has been done simply by connecting with other medical parents in Oklahoma via Facebook groups.
	I am a trainer for ddcancel and I love it yes
	Yes! Great!
	The workforce of direct support professionals remains entry level. However, the qualifications of program coordinators are more strict, which leaves 1 qualified person responsible for two many inexperienced individual direct support workers. There also is not enough oversight or accountability when it comes to coordinators. Too many of those who are vulnerable are able to be manipulated by support workers who portray the image of being a friend. There is a severe lack of professionalism & support workers who remain ethical and want to improve the lives of those they care for are overlooked, underpaid, and limited in what they are trained to be allowed to do. The lack of availability of any career ladder is stunting the overall quality of lives.
	<p>These goals address real and pressing needs in Oklahoma’s disability community. Access to clear information, in-person support, transportation assistance, and caregiver training are all critical gaps that families consistently face across the lifespan. The focus on practical supports—not just systems-level change—is especially appreciated.</p> <p>To make these goals clearer, it would help to define what “user-friendly network of information” and “improved transportation assistance” mean in practice. For example, will the information network include a centralized website, phone support, and in-person navigators? Will transportation improvements include expanded rural access, shorter wait times, or additional funding for non-emergency transportation? Clear definitions and measurable outcomes would strengthen accountability and help the public understand what success looks like.</p> <p>One additional area to consider is intentional outreach to rural communities, Tribal nations, and underserved populations who often face the greatest barriers to services. Co-designing these efforts with people with intellectual and developmental disabilities and family caregivers would also help ensure the supports are practical, accessible, and culturally responsive.</p> <p>Regular public updates on progress toward the 2031 goals would promote transparency and trust.</p>
	This goal focus' of most real needs; I also see fine arts and encouragingly social development of home care-givers.
	They all sound interesting. In order to give a more direct and confident answer, I feel like it would be easier as a multiple choice question. There's a lot to remember and to process. Make more plain.
	[#3] Could we advocate for Medicaid coverage of Uber/ Lyft ride sharing [which have special categories for accessibility] when the state's contracted transportation systems are SLOW or unreliable and not simple to use for many occasions? Like a voucher / reimbursement program?

Column1	Column2
	Better employees at DHS, I agree to educate parents, caregivers, and make stronger support systems for people with ID and their families
	Hybrid (In-person while there also being a virtual option to attend) events for all 3 goals with their respective objective events could increase attendance due to transportation issues with the disability community. That, and/or setting up temporary or one time ride services or funding to provide transportation to said events would be good as well until a permanent solution is provided + this could provide employment opportunities by employing potential drivers if the council decides to do so.
	Yes
	I'm interested in seeing interventions that you anticipate to complete the listed objectives.
	<p>2031??? Extremely disappointed that much of this doesn't already exist!! A number of years ago I thought a directory existed, a flip chart, that covered the state?? I served on multiple state committees at one time and believe the Okla Disability Law center was involved.</p> <p>Frankly, one has to wonder why 2031 for the 3 goals...and how many staff, volunteers, are working towards these goals, how often they meet, who or whom are they accountable to, and funding available to address such goals and availability of funds to print, distribute, etc?</p> <p>Network of resources re goal 1. is this state and/or national? 2. Please define and give examples of "creative community solutions ". 3. Improved transportation? Whatv currently exists vs what is absolutely necessary? Again 2031?? 4. Offer 20 through 2031?? Is this 4-5 a year? Advocacy training not included nor legal???</p> <p>Pardon me if I'm not current re the Council or OKDHS, but this sounds like extreme regression from what existed in the early 2000's..sounds like a nightmare created by bureaucracy and people that perhaps do not have an interest or passion for this population group.</p>
	Only if a sincere effort of stated items named are actually done by those responsible to implement with actual results in mind.
	One place with "well informed people" would be ideal. Hard to believe Tulsa can put that together without taxing Tulsa residents even more. Biggest problem, employers really don't want disabled employees, believe that.
	I recently talked to an organization in California that created an App to complement the network information website. Glad to see this project on the list.
	It is a good start but I wish it was already in place. I don't see anything constructive about supporting or assisting individuals obtain jobs or job training. That is what we need for our adult son. It is hard to even get companies to give him an interview, then the ones that do give him an interview always say, we will call you, but they never do. It is incredibly discouraging for him and as his parents we know he has the skills, he is just slower.
	Will the network of information include how to apply for benefits once your child is 18 or older? We did not apply for SS thinking our son would be able to maintain a full-time position in fast-food, retail, etc. We were naive. These places don't want to give him full-time hours and he is fully capable. He couldn't live on his own if he wanted or needed to based on his income. His disability is mild, but enough to cause employment issues.

Column1	Column2
	<p>I think this goal helps address the needs in OK's disability community. I think we need more resources to address self-harm and aggression, especially in teenagers and adults. My child is still young but I have friends with older children that feel very isolated and cannot find resources for the support they need for their child, due to aggression. Having a user-friendly network I think would help with this, but we also need resources for this in our state.</p>
	<p>Many individuals with intellectual and developmental disabilities and their families struggle to find clear, accurate, and up-to-date information about available services and how to access them. The idea of a user-friendly network of information is important, but it should be available in plain language and multiple formats, including online, printed materials, phone support, and in-person assistance, especially for rural communities. In-person support should include trained navigators or peer mentors who understand local systems and barriers.</p> <p>Transportation assistance is a critical need and should include rural transportation, non-medical transportation, and coordination with existing transit options. Caregiver training workshops are valuable, and it would help to clearly communicate how families will learn about these opportunities and ensure they are accessible, affordable, and available virtually when possible.</p>
	<p>Assistance in helping people (youth and adults) with invisible, mild, developmental/intellectual disabilities seek employment would be extremely helpful. Services to evaluate a person's strengths and align them with the type of job/work they are most likely to be successful at would enable individuals to focus their job search appropriately. Developing a network of employers who are willing to provide opportunities for those who might need more time to learn a job, or might not be able to work as fast as others, or may need periodic supervision to ensure they're doing the job correctly would be a tremendous accomplishment. What businesses are willing to help / provide meaningful opportunities . . . and commit to a culture of helping those who can be "productive", but not able to climb the career ladder? More seminars/business summits like the Thrive Forum 2024 would certainly help. Contact lists for companies that attend such seminars should be available to those seeking employment. Perhaps a criterion for Top Workplaces awards could be established to recognize efforts to employ individuals of need.</p>
	<p>Yes- the Goal meets the needs. These are all great objectives, especially #3 for transportation services.</p>
	<p>User friendly is a great goal. The basic, everyday workings seem very clearly to be troublesome to accomplish in our experience however. While the quite frequent turnover of case managers has its own category that may need to be addressed, it certainly begs to ask about their (case managers) training and retention. Our current case manager is working on her undergraduate degree for example and while she may be well intentioned, is often unprepared for questions that arise or responding to them in a timely manner.</p>
	<p>Looks good - emphasizing the transportation aspect</p>
	<p>Deaf and hard-of-hearing access is not synonymous with any single communication modality. A modern, legally compliant, and ethically sound system must support a continuum of evidence-based options—including bilingual ASL/English models, listening-and-spoken-language pathways, cued language/oral transliteration, speech-to-text services, captioning, assistive listening technology, qualified interpreters, and robust educational audiology. National best-practice frameworks emphasize language access, literacy, psychosocial development, and long-term independence; consequently, limiting students to a single pathway (e.g., "ASL-only") is both antiquated and misaligned with 21st-century educational and workforce demands. Families need unbiased navigation and a complete menu of supports so each child can access instruction, peer community (Deaf and hearing), and real-world skill development—including transportation and employment readiness—regardless of socioeconomic status.</p>

Column1	Column2
	<p>For the 2nd objective, what do you mean by creative community solutions that provide in-person help? I think changing the wording will help clarify the overall goal of that objective, which is to offer support through the lifespan.</p> <p>Such as, "Annually through 2031, invest in innovative community solutions that deliver in-person support to Oklahomans with intellectual and/or developmental disabilities throughout their lifespan."</p> <p>Unless I'm not reading it correctly, then please disregard my suggestion.</p>
	<p>A user-friendly way to access information for families would be amazing. It seems so confusing and overwhelming to try to educate families on the resources available in Oklahoma. It seems working with the Dept of Ed to get information to families more timely than upon graduation would be so much more helpful.</p>
	<p>Write it in English only, this is America not some foreign country</p>
	<p>This is an amazing goal!!! I think starting with an advisory committee from each region in OK, made up of people with intellectual and/or developmental disabilities would be a great gateway into the transportation need in each area and what trainings and how to provide them. I think this goal should be top priority so you always have this committee to work with on the other goals.</p>
	<p>Open a resource center where you come to access services, employment, counseling, government services access and transportation services if needed. Homeless facilities after hours.</p>
	<p>There is nothing like person to person information. Does "user friendly" mean using the internet? Parents need to talk to someone who can answer their specific questions.</p>
	<p>Consider adding in a goal for individuals to have access to information on publicly funded resources that families may have access to without cost</p>
	<p>It looks ☺</p>
	<ol style="list-style-type: none"> 1. I thought there was already a user-friendly network of information available, I used to get great information from the DD Counsel anytime I needed it, are you talking about internet access? 2. What does that mean "support creative community solutions"? What are the solutions? 3. What type of assistance will be available, in rural areas there is not much available. 4. I do like the ideas of specialized training for caregivers as the burn out rate is so high.
	<p>I think number 2 is vague. What does this mean, creative community solutions? Number 3: improved transportation...does this mean public transit? This should be readable and easily understandable for the demographic it will also serve. People who live without higher level reasoning skills may not be able to picture/understand what this means.</p>
	<p>It's sounding like you mean well but not sure if you understand my issue isn't really a disability as much as it's ptsd</p>
	<p>If the goal is for the DD Council to create a tool for providing an explanation of services, supports, and resources how will this tool be maintained as programs evolve over time. As you develop your own tools to explain these systems, your tool may become outdated. Is it appropriate to consider building a set of standards or a set of trainings to present to various entities so they could learn more about the needs of the community you are serving so they can build their websites and pamphlets to meet that standard? For instance, there are a set of standards based on ADA that requires public-facing websites to be accessible. Would the Council be able to build on that to create an Oklahoma standard for websites and pamphlets? Does the Council have the kind of reach that might have an impact across the state?</p>

Column1	Column2
	I do think this meet OK needs. the PCP and behavior support is much needed. I am not sure how the OK transition council and their Plan Your way OK can weave into this. And Navigating Service System - even learning about all the service systems!
	No, I am in a disability apt, however they placed kids above that run, stay up all hrs, father is alone raising them, he cusses them middle of nite and every holiday. I call police, cps, nothing is done, not even management or the corporation whom owns this place.
	I believe you should have training
	My hope is that the network of information and in-person help includes assistance with applying for TEFRA which is an incredibly difficult application process as well as assistance with applying for SSI, SSDI, and Medicaid. We could provide much more support for families through this. There should also be resources guiding parents through the education system if their child is a minor and the resources that are offered to them to assist.
	Real transportation options are needed. Include education about disability trust funds. Help with financial needs, penalties and restrictions on savings.
	This is an amazing goal. I appreciate improved transportation. Families really need help navigating the system. It is so difficult and complex and often I do not know where to start.
	Yes. The goal does meet a much needed need. I have met so many parents who have no idea how to access services for their family. Also, the amount of paperwork required to receive and continue services has been the most challenging part for me as a mom and EOR for my son who has Down syndrome
	Yes I do we as trainers should be out the others unstated how to act when we hear harsh remarks from others.
	This is very important especially to add in plain language easier to understand for everyone including those with I/DD that are living as independent as possible.
	I am writing to express my full support for the Goal 1 objectives regarding the 2027–2031 State Plan. Specifically, I agree that Oklahoma needs a more user-friendly information network and improved transportation assistance for the I/DD community. These goals address the real-world barriers that families like mine face when trying to navigate complex service systems across the state.
	Use in language where we would understand it

Column1	Column2
	<p>Focus is much needed on overseeing the homes that our intellectual and/or developmental disabilities loved ones reside in and funding used by the CMS. Some are not living their best daily lives under the care of some Home Health Agencies in Oklahoma. In some cases Agencies providing care under DDS/Community Waiver In House Support for the vulnerable adults are not showing the needed attention and oversight. Legislation and direct oversight board for Home Health Care Agencies are warranted now! Adult Protective Services is a very streamline system that does not allow concerns to be monitored as reported, if the answers do not meet certain standards, the complaint is closed, with no answer as to why or a true appeal process. OCA investigations are backlogged and this could lead to more serious harm as a vulnerable person may need immediate oversight. Developmental Disabilities Council of Oklahoma need to do more than just launch user-friendly networks, support creative community solutions for in-person help because NOT ALL can come IN-PERSON, not just improved transportation BUT also stress the importance that caregivers stay on topics such as person-centered planning for the vulnerable adults, learn behavioral support strategies and require training online and face to face training sessions. The Developmental Disabilities Council of Oklahoma should help our loved ones to stay safe in the DDS Community Waiver Homes that they pay rent in with In House Support Caregiver/Caretakers. Many Home Health Care Agencies are not providing the training needed to caregivers and some caregivers are abusing our love ones right under our nose and no one is doing a thing about it but investigating and because the vulnerable is considered not no totally equal understood and important (only on paper) it continues and they live day to day causing them multifaceted stress.</p> <p>(I have been told by a Home Health Care Agency that they were not sure that he could provide the first and last name of caregivers working and taking my love one out on outings through an Oklahoma Agency called Caremax Inc)</p>
	I believe all items in this objective are important. I believe that number 3 will have the most impact for the people agency's serve.
	Very well thought out with the goals mentioned.
	<p>Parents and individuals with disabilities often still face major challenges when trying to access information and essential resources. Transportation is a significant barrier for many people with disabilities, especially in Oklahoma, where transportation deserts exist even within metropolitan areas. Without an affordable and well-connected transportation system, individuals with disabilities may struggle to access opportunities and live full, independent lives.</p>
	It may be necessary at this point in the process but I do find "network of information" to be rather vague.
	I have reviewed the drafted goals for the 2027–2031 State Plan and I fully agree with the proposed objectives regarding information access, transportation, and caregiver support. I believe these priorities accurately reflect the needs of our community and I look forward to seeing them implemented.
	I love these objectives and feel they are clear and concise. I feel everything was covered.

Column1	Column2
	<p>I am not sure how these goals were developed, but I think it would be more effective to involved the families of people with intellectual or developmental disabilities to determine what specific needs are. For example, I have a son with Asperger's syndrome. He has a Master's degree in computer programming but has not been able to work for over 5 years because of medical problems associated with Asperger's syndrome. He is very smart, but there is no one to help us find him an appropriate job in the community. We have been to the Rehabilitation Service but they do not actually help to find a job. There is a lot of information out there but no real solutions. I am worried about how he will survive when I am gone. I am now 71 years old. I have been told that he will become homeless. I feel that Oklahomans need a one stop Service to provide for individual needs. We have been trying to get SSI for my son for over 5 years and he is continually denied even though we have doctor's reports that he cannot work at a number of jobs. We are told that he is not disabled "enough". We just need someone to help us. I am at a loss. I think it is also important to include doctors that understand the needs of people with intellectual or developmental disabilities.</p>
	<p>Yes, meets needs. Written clearly. Nothing else needed. WONDERFUL! This has been needed for a long time - since OASIS was no longer available.</p>
	<p>YES to the user friendly network of information and YES to improved transportation assistance. Transportation is probably one of the biggest obstacles for employment.</p>
	<p>Include rural tele medicine as an element of provision. Integrate education and follow-up tasks using this.</p>
	<p>There are multiple organizations that already provide resources to meet objective 1 and 4. Does Obj. 2 relate to in-person help to find and understand info about services, supports and resources? Obj. 3 is great, but very broad as well. I would like to see DD Council expand focus in this goal to include equitable access to DDS waivers to all Oklahomans who need the service, not just to those that apply.</p>
	<p>It would be helpful if events/meetings were not mostly in OKC. It would also be helpful to have more resources for adults with developmental disabilities instead of school age children</p>
	<p>Objective 1. Why will it take till 2031 to get this in place. Families need help NOW. Objective 2. I don't know even know what this means: creative community support???? Objective 3. It's one thing to offer the training. Its another thing to make it accessible to caregivers who work, can't leave the house, or do not have access to the internet.</p>

Goal 2	Support the creation of community activities that value Oklahomans with intellectual and/or developmental disabilities and support them in speaking up and making their own decisions.
Objectives:	Column1
1	Annually through 2031, launch and evaluate a public education campaign that showcases the contributions of Oklahomans with intellectual and/or developmental disabilities in the workforce, arts, and community.
2	Annually through 2031, provide formalized training for 150 emerging self-advocates and their family
3	By 2029, an alumni network will be established for graduates of our leadership programs.
4	Annually through 2031, Self-Advocate Trainers will create and provide training to 150 self-advocates, local businesses, schools, and organizations.
5	By 2031, a cross-disability coalition will be established to help state-level policy discussions, with at least 50% of its members being people with developmental disabilities.
6	By 2030, a toolkit will be developed to assist businesses and organizations in creating more inclusive environments for employees and customers.
Comments:	
	development, public education, and self-advocate training meets real needs in Oklahoma’s disability community. To further strengthen this goal, I recommend the following considerations: Ensure that self-advocacy and leadership initiatives explicitly include individuals with high or complex support needs, including people who are non-verbal or who rely on supported decision-making. Inclusion efforts should not unintentionally favor only those who can easily participate in traditional training or public-facing roles. Clarify how family members, trusted caregivers, and support persons can serve as facilitators of communication and decision-making without replacing or overshadowing the voice of the person with a disability. For public education campaigns, consider including evaluation measures that assess not only visibility, but also changes in attitudes, practices, or inclusion outcomes within communities, schools, and workplaces. When establishing the cross-disability coalition, consider safeguards to ensure meaningful participation across different levels of disability, communication styles, geographic regions (including rural areas), and life stages. The proposed inclusion toolkit for businesses and organizations would benefit from practical, low-cost strategies that are feasible for small businesses and rural communities. Overall, Goal 2 is well aligned with the principle of self-determination. By explicitly addressing supported advocacy and representation for individuals with higher support

	though he is non verbal. I would love to hear more about this perspective from people with disabilities to help me be a better parent and advocate.
	Yes
	Would love more specifics in terms of working with the business community.
	decisions. I appreciate that this goal centers people with intellectual and developmental disabilities as leaders, trainers, and decision-makers—not just recipients of services. To make these objectives clearer and more effective, it would help to define how impact will be measured for the public education campaign (e.g., audience reach, changes in public attitudes, or increased employer engagement). The campaign could also benefit from being accessible across multiple formats and regions, including rural communities, Tribal nations, and non-digital channels. For the training goals, clarifying what “formalized training” includes (length, topics, accessibility supports, and whether stipends or transportation are provided) would strengthen transparency and participation. I strongly support the focus on self-advocate trainers and the cross-disability coalition. To ensure meaningful inclusion, I recommend adding supports such as plain-language materials, paid leadership roles, and accommodations (transportation, technology, communication supports) so that people with developmental disabilities can fully participate in training, leadership programs, and policy discussions. For the alumni network, it may be helpful to outline how alumni will stay engaged (mentorship, peer support, advocacy opportunities). One additional area to focus on is sustainability and long-term impact. For example, how will businesses and organizations be encouraged or incentivized to actually use the inclusion toolkit, and how will its effectiveness be evaluated? It may also be valuable to include youth and transition-
	Yes
	Please include the occupational therapy association in the coalition! OKOTA
	their love one with disabilities does. Workplaces are not flexible and supportive with caregivers either with people with special needs. And FMLA it is like a joke (you qualify after 1400 hours of work) . Do you know how many doctors appointments the caregiver and the disabled person attend per month????
	food truck or banquet being provided could be a good fundraiser and promote understanding of lived experience from poetry and spoken word.
	Yes
	people with developmental/ or intellectual disabilities is a nice social work project to pursue social change. However, we have many people placed in employment opportunities and their families can't afford to get them transported to and from work. They are able to make a fair wage with fair increases. Yet, if paying for their own transportation, self-sufficiency is not attainable. Please pursue activities that meet real needs. A group accompanying you to the capital will be impressive. We need tangible outcomes.


	2. Are they going to identify people from all areas of the state or break down into regions? Ages of people being trained?? Children, teens, young adults, adults? 2 & 3 confusing...does 150 = self advocates training or 150 combined all listed entities? And again, broken into regions across state, & urban, suburban, rural areas covered? 4. Only 50%? Really??? 5. Seriously??? Why so long? Again, smacks of bureaucracy and bureaucratic employees
	in mind.
	people with real disabilities? How many people are playing it for benefits? How many use a disability to get out of jail free?
	Self-advocacy is essential for all individuals. When inclusion is natural, and not forced, belonging occurs. The toolkit for community businesses and organizations is needed.
	Yes, this goal meets real needs. I wonder if the state would supplement employers to hire people with disabilities. Whatever you do it is more than what we have now, so it is all positive. I just wish it could move faster.
	I think this goal meets the needs of OK's disability community.
	people with I/DD in leadership and paid roles. Self-advocacy trainings should be accessible to individuals with different communication styles and support needs. Family involvement should support self-advocates without limiting their independence or voice. The cross-disability coalition is a strong objective. It would be helpful to clarify how members will be recruited, supported, and compensated for their time and expertise. The inclusion toolkit for businesses is a positive step and should include practical guidance on hiring practices, workplace accommodations, customer accessibility, and ongoing inclusion efforts.
	tax credit)?
	Yes- this goal represents true needs of the disability community and the objectives are clear.
	training modules for residential based programs. Although I am my son's HTS in a self directed waiver, I am required now to complete these modules. As an RN with a bachelor's degree, I am not able to opt out. The content of these modules are profoundly outdated (using RETARDED as a client description) as well as significant problems with basic anatomy and physiology facts and application. This is what I understand is being used for new and current employees which is a huge red flag to me. I spoke with the program director when I pursued the ability to opt out of these modules since they seem clearly to be a waste of my precious time. She explained that I could not opt out and that the updates to these modules are being worked on to improve them. This seems to me to be a rather straightforward way to not only provide credible educational opportunities, but also properly train any employee.
	Differentiate the disability categories to allow for the right type of support

	a full continuum of options—bilingual ASL/English pathways, listening-and-spoken-language development with appropriate hearing technology, speech-to-text/CART and captioning, qualified interpreters (including CDI when appropriate), and assistive listening systems such as loops/FM/IR. Unbiased navigation resources emphasize that families need accurate information across all communication approaches rather than being funneled into one “program.” Limiting Deaf/HoH students to a single option is not accessibility—it is restriction, and it fails to prepare students for education, employment, and community participation in the 21st century.
	I think this goal is very vital and it is most definitely needed. Everything it covers will have a positive impact and help fill the gap of what is missing in giving more validity to inclusion and self-advocacy.
	historically we've worked to prepare individuals with I/DD to work in integrated settings, but no one has prepared the employers and the potential coworkers!
	What is your definition of inclusion
	Yes. it's clear.
	I think a tool kit is much needed and a way to present it to the businesses so they will use it and not toss it to the side.
	Same facility can showcase the inventions and ideas 💡 of people who have disabilities.
	To me this applies only to persons with DD that is fairly functional in life skills. The individuals who need real advocacy often cannot speak up for themselves.
	accomdatations
	Yes as a trainer get more people to train
	I feel like these objectives do meet the needs of Oklahomans with disailities.
	advocate?
	Sounds like a good goal
	the toolkit can be very powerful. I wonder how the toolkit outreach can overlap with Goal 1. Are their good measure for collecting data on self-advocates and emerging self-advocates?
	I am not sure, this Goal is confusing to understand, however I am an intelli9gent person, I will state this, Lincoln County has poor help for disabled people. We need counselling agencies out here.
	Self advocacy matters. Maybe target scholarships and internships to individuals who have the aptitude and ability to self advocate. Maybe add recognition to businesses that go above and beyond as an incentive.
	Yes it is very difficult to get a job and keep it. Many times business do not know or understand what to do.

	put in schools to teach special education needs improvement. In my opinion before you can even begin helping a person with disabilities to advocate they first need to complete Kindergarten to 12th grade and 2 years of transition academy. We as Oklahomans are failing our people with Developmental Disabilities in public school settings. I've tried reaching out to DDSD for guidance and help. Especially since I am a PIP graduate and was not able to discuss this with anyone.
	Yesby
	simplified so that everyone can understand and move forward... I feel there is a BIG need to advocacy mentors to be available for individuals with I/DD who are advocating for themselves and need the guidance and support a seasoned mentor could provide. Furthermore, I feel strongly that partners in policy making graduates should be provided seasoned mentors if the graduate wants one. I feel this is extremely important!
	guarantee an inclusive environment. We should instead prioritize employment retention rates or specific policy wins as our primary KPIs to ensure we are creating actual integration for Oklahomans with IDD, not just checking boxes.Regarding the 2031 Coalition, I disagree with the 50% representation floor; I believe it should be at least 60-75% to ensure that the voices of those with developmental disabilities are the clear majority. Additionally, the public education campaign should shift focus from 'contributions' to 'rights and systemic barriers' to better align with
	Tell our stories and let others know
	This is absolutely something that should be focused on. It meets real needs.
	This goal does seem to meet the goals afor mentioned.
	The alumni network is a powerful asset because graduates of PIP have a strong advocacy presence within the disability community across the state. By organizing and engaging this group, we can better focus and leverage their expertise to support both local and statewide advocacy efforts.
	I'd love to see additional inclusion objectives focused on laying the groundwork for self-advocacy earlier in the lifespan (i.e. what can do for young children to set them up for successfully become self-advocates in the future).
	I love each and every one of these.- great job.
	Yes, meets needs. Written clearly. Nothing else needed.
	In the business toolkit include key benefits of hiring individuals with disability.
	These are great. I would suggest offering incentives to businesses who hire individuals with IDD. They will be more inclined if there is a financial reason.
	There is a level of function that cannot integrate well into mainstream businesses or organizations. For those who can, this is great. But I don't see how this will help my son who has communication issues.

Goal 3:	Provide caregivers and families with the needed support to ensure the long-term well-being of their loved ones.
Objectives:	
1	Annually through 2031, support creative community solutions that provide respite and training for family caregivers.
2	In the event of natural and/or manmade disasters, the Council may engage in additional activities to support Oklahomans with intellectual and/or developmental disabilities and their families.
Comments	Column1
	<p>This goal addresses a critical and often underestimated reality: the long-term sustainability of families is central to the well-being of people with intellectual and developmental disabilities. Supporting caregivers is not optional - it is foundational.</p> <p>To strengthen this goal, I recommend the following additions and clarifications:</p> <ul style="list-style-type: none"> - Explicitly recognize that temporary caregiver overload, burnout, or crisis does not equate to caregiver unfitness. Families often need support during periods of acute stress, and timely, preventive assistance can avoid unnecessary family separation or institutional placement. - Expand the concept of respite beyond short-term relief to include stabilization supports during high-risk periods, such as medical crises, behavioral escalation, or loss of informal supports. - Include planning supports for aging caregivers, single caregivers, and families without extended support networks, focusing on long-term continuity and future care planning. - Clarify how disaster-related activities will include preparedness and continuity planning, not only emergency response, and how these efforts will coordinate with emergency management, first responders, and local service systems. - Ensure that caregiver trainings and respite solutions are accessible and relevant for families supporting individuals with high and complex support needs, including those requiring constant supervision or intensive behavioral support. - By explicitly centering family preservation, crisis prevention, and long-term continuity, <p>Goal 3 can significantly strengthen Oklahoma’s support system for both individuals with I/DD and the families who care for them.</p>
	Yes, yes, yes!
	Yes
	Think the disaster work is critical - take it to the next level

	<p>Family caregivers are the backbone of long-term support for people with intellectual and developmental disabilities, and respite, training, and crisis support are essential to preventing burnout and ensuring stability across the lifespan. The focus on community-based solutions is especially valuable because local programs often know families' needs best.</p> <p>To make this goal clearer and more actionable, the objective of "creative community solutions" would benefit from examples and measurable outcomes. For instance, what types of respite (in-home, overnight, emergency respite) and training (behavioral supports, navigating systems, crisis planning) are envisioned, and how many families are expected to be served each year? Clarifying how families can find and access these supports—especially in rural areas—would also improve usability.</p> <p>The disaster-response objective is important, but the language is very broad. Consider specifying what "additional activities" might include (e.g., emergency respite, accessible shelters, continuity-of-care planning, medication access, communication supports) and how families will be notified and supported during emergencies. Proactive planning and coordination with emergency management agencies could strengthen this objective and reduce harm during crises.</p> <p>One additional area to consider is caregiver well-being and sustainability over time. This could include mental health supports for caregivers, peer support networks, and planning assistance for long-term caregiving transitions (such as aging caregivers and future guardianship or supported decision-making). It would also be helpful to center equity by ensuring respite and disaster supports reach rural communities, Tribal nations, and families with limited financial resources or language barriers. Regular public reporting on how many families are served and how supports improve caregiver well-being would strengthen accountability and trust.</p>
	Yes
	Sounds good!
	Create workplaces where caregivers can support each others and being able to know their love ones are supported and care in safe places.
	Along with the other goals and their respective objectives, having good marketing through social media and other entertainment apps & media is important in the entertainment age. Be a part of what the majority loves to use the majority of their time on & they are bound to hear about what your marketing.
	Yesyes
	Please see above statement.
	Omgosh...seriously? This is what was identified & nothing else? Extremely disappointing, Extremely. Plus...I don't see or didn't see, re middle aged or aged clients/families being addressed.
	Only if a sincere effort of stated items named are actually done by those responsible to implement with actual results in mind.
	Again another costs, a real disability like my brother born with a whole in his back, cannot feel from waist down. What big help can your new group provide? Tell me something new!
	Families are in need of positive support.
	During our multiple power outages due to weather disasters, we have to relocate to a hotel because our son requires oxygen at night. That is expensive and disruptive. Providing generators to families with Rx for oxygen may be helpful. I feel like we fall into a gap in the system because our son has a low IQ but not disabled IQ. He has medical needs but (thankfully) not critical medical needs. He is a functioning adult, able to drive, etc. He graduated from Rogers State University, refusing help because he was tired of always dealing with an IEP. It took him almost 8 years but he did it, all on his own. Now he still can't find a good job, because people see him as a medical liability to their company's insurance, or they aren't willing to give him a chance.
	I think this goal meets the needs of OK's disability community.

	<p>Respite services should be flexible, available across the lifespan, and accessible to families in rural and underserved areas. Clear information on how to access respite and emergency or short-notice options would be helpful.</p> <p>Disaster-related support is important and could be strengthened by including proactive planning, coordination with emergency management agencies, and accessible communication before, during, and after emergencies. Additional focus on long-term planning, including housing, financial planning, and future caregiving arrangements, would further support families.</p>
	Yes, this goal meets the needs of the community. An area of enhancement for objective 1 is to consider adding a support group that works for parents- maybe online meetings/groups?
	In our family, it is difficult to find adequately trained caregivers. As a result of our particular situation/needs, there is little respite opportunity. I would refer back to goal 2 response as to training in order to attempt to have a workforce that is prepared.
	Great plan - include power outages if not already included
	<p>When discussing preparedness goals for Oklahoma, there appears to be a significant omission regarding the deaf and hard-of-hearing (Deaf/HoH) population. In both natural and man-made disasters, this group faces disproportionate risk due to reliance on technology for communication, environmental awareness, and safety. For many Deaf/HoH individuals, access to the world is mediated through devices such as hearing aids, cochlear implants, assistive listening systems, captioning platforms, smartphones, relay services, and internet-based communication tools. In the event of a widespread power outage, infrastructure failure, cyber disruption, or environmental catastrophe, these technologies may become inoperable. When that occurs, communication access is not merely reduced—it can be eliminated. Children with disabilities who depend on technology are uniquely vulnerable in disaster scenarios. If power grids fail, charging capabilities disappear. If broadband or cellular networks are disrupted, relay services, captioning platforms, and emergency notifications become inaccessible. Traditional auditory emergency alerts (sirens, PA systems, radio broadcasts) are insufficient for Deaf/HoH individuals. Without intentional planning, this population is effectively excluded from real-time life-saving information.</p> <p>A comprehensive state preparedness strategy must include:</p> <ul style="list-style-type: none"> Community-based emergency charging stations accessible to individuals who rely on hearing technology. Redundant communication systems that include captioned broadcasts, text-based alerts, and visual emergency notification channels. Pre-designated emergency information streams that Deaf/HoH individuals can reliably access during infrastructure disruption. Integration of qualified interpreters and real-time captioning into emergency press briefings. Targeted outreach planning to ensure families with technology-dependent children are identified and supported. <p>Emergency management cannot assume that universal sirens or auditory alerts constitute universal access. True resilience planning requires multimodal communication design.</p> <p>If Oklahoma’s preparedness goals do not explicitly address Deaf/HoH and other technology-dependent populations, then those goals are incomplete. Disaster planning must account for the reality that accessibility is infrastructure. When infrastructure fails, accessibility must have redundancy.</p> <p>A forward-thinking state should not merely react to vulnerability; it should anticipate it. Incorporating Deaf/HoH-specific contingencies into disaster planning is not a special accommodation—it is a fundamental component of equitable public safety.</p>
	much needed outcomes!
	Parents and partners should not have to fear losing their jobs because of having to take care of their children or spouse with disability
	Yes. This is important to address.
	LOVE THIS!
	In the event of a disaster early warning  get to a center that is hopefully storm proof.
	For adults who live in group care situations, there needs to be much more training of caregivers that work in those residences.

	Add current programs that provide respite that are available for individuals and families to utilize
	More groups to train
	1. Totally agree that respite is needed for family caregivers and needs to be easily accessible. 2. I agree that additional activities , whatever they may be, would be beneficial for people and their families.
	2. disaster responses: what would an additional activity be? it is my firm belief that when writing goals of this nature that things should be written in such a way that any person of any level of education or intellect should be able to easily follow along. I personally find these purposefully vague, without needed context on what some of these may be.
	Yes
	Is there ever a disability coalition across Oklahoma. One thing I personally struggle with is the who's who and who does what. For example = there are several autism specific organizations. There are multiple parent organizations.
	This area does not focus on people with disabilities during dangerous tornadoes or flooding
	Everyone needs help
	Finance, finances, finances. Programs to provide aids, care for families. Unhoused folks and families need help.
	Great
	I found Partners in Policy making to be one of the most significant opportunities to be a better advocate for people with Disabilities. What I learned from PIP guides us at home, school, community & workplace. I hope this goal somehow relates to PIP
	By using plain language where they will understand. No
	Again, it's important for everything to be in plain language simplified for everyone to be able to understand.
	I am writing to express my full support for the Goal 1 objectives regarding the 2027–2031 State Plan. Specifically, I agree that Oklahoma needs a more user-friendly information network and improved transportation assistance for the I/DD community. These goals address the real-world barriers that families like mine face when trying to navigate complex service systems across the state.
	Just be are self we are no different than any one else
	This goal does meet real needs for our people.
	This goal meets the needs of the community.
	In my professional and personal opinion, we cannot offer enough respite opportunities for families—the need far exceeds the current supply. Families also use these opportunities to strengthen their toolkits by gaining valuable information, resources, and support.
	Possible opportunity for clarification: How does the training mentioned here in 3.1 differ from the training previously mentioned in 1.4?
	Perfect- love it- great job
	This goal does not really address-long term well-being. It may help families while parents are alive, but does not address what happens to a person who is not completely independent when the parents die.
	Yes, meets needs. Clearly written. Please include "through the lifespan" in #1.
	I'm 65 years old, on social security disability for 25 years plus. My daughter was on SSI. Now off SSI, 28 going on 29, unemployed and no longer eligible for SSI because she worked for Walmart for five years. She had a slip & fall injury in Auto center that led to spinal surgery and dismissal from Walmart. Now D.H.S. in OKC want to list her as a caregiver, so she won't have to apply for work. She is borderline I.Q., and went to special education schooling all fifteen years of her life. I'm frustrated because I've been the main caregiver in her life & she does not have the aptitude or ability to care for me and I don't need a caregiver in my life. That is where you and all of you need to make changes and stop committing fraud in the work place against parents and senior citizens doing our best to help these adult children learn how to become independent and free from separation anxiety.

	All caregivers need respite opportunities. Often respite opportunities are only provided for families that meet certain criteria based on income. Respite care is not easy to find for some.
	Definitely need focus on recruiting, training and pay for respite providers, as well as for Direct Support professionals. I would suggest investment in strategies to help families plan to move from being paid to provide care for loved one to transitioning to others providing that care when family member can no longer do so or when it is no longer appropriate.
	Objective 1. Again, I don't know what are creative community solutions are and what does it mean to support them? Funding? Accessibility? Objective 2 the Council MAY engage in additional activities???? What are the activities?

Other C	Column1
	<p>Thank you for the opportunity to provide input on this draft Five-Year State Plan. The proposed goals reflect strong intent and meaningful community engagement. Together, they create a solid foundation for improving access, inclusion, and family support across Oklahoma.</p> <p>As this plan moves toward implementation, I encourage continued attention to prevention rather than crisis response, family preservation, and continuity of support across the lifespan, particularly for individuals with high and complex support needs and the families who care for them.</p> <p>I appreciate the Council’s commitment to listening to lived experience and look forward to seeing how public input is reflected in the final plan.</p> <p>Nancy Kokshoorn</p>
	Thank you for giving us the opportunity to provide feedback.
	Alumni association is a great idea - hope it gets traction!
	<p>In addition, it is important to consider how these initiatives will be coordinated across state agencies and community partners so families are not left navigating multiple disconnected systems. Clear commitments to plain-language communication, accessible formats, and strong privacy protections will help ensure people with intellectual and developmental disabilities can safely engage with new programs and resources. The success of these goals will also depend on a stable, well-supported workforce, particularly direct support professionals and respite providers, and addressing workforce capacity should be part of the long-term strategy. Ongoing feedback from self-advocates and families should be built into implementation to allow continuous improvement. Finally, attention to equitable access across rural and</p>
	That is all I can think of for now.
	<p>I've served on state planning committee and councils such as these. Most were conducted to obtain more funding, justify their existence, etc etc and all conducted by bureaucratic minded people, perpetuating the need for their positions and roles in basically supporting each other with little actual change occurring for ordinary state citizens in need. I would have hoped things change through the years but it appears not. Politics. Yet another example of why we remain in the lowest indicators re health, education, infant mortality, child abuse/death, public health, etc.</p>
	Only if a sincere effort of stated items named are actually done by those responsible to implement with actual results in mind.
	Ellisonyerri01@gmail.com
	Great job with this plan! Do not forget the individuals with more significant intellectual disabilities, who are still isolated and excluded, along w
	<p>There are some great programs in place already, I hope you are including them in this planning. Like the program at Northeastern State University, in Tahlequah, for students with disabilities to get a degree and New Leaf, in Broken Arrow and Owasso, providing great jobs, skills</p>
	Thanks for sending out the survey!
	tanya.dillard@okdhs.org

	<p>Since our son graduated from college in 2015 we have tried to use the services of DRS, but had no success. His disability was apparently not severe enough to warrant assistance. What he asked for was assistance in finding a job . . . to be given guidance on what employers might be willing to offer him an employment opportunity. He's found jobs on his own, and is now in his 3rd year with a very compassionate employer.</p>
	<p>with DDS that the everyday workings could be a greater focus to work smoothly and in a timely manner. Another area I will mention is Acumen. Their lack of consistent payment to our vendors continues to be a huge concern. We recently had a new service go through becoming a vendor, then decline when he found out about Acumen's lack of reliability. Is there any accountability for Acumen to DDS or are they just another contract with the state of Oklahoma? (Refer back to everyday workings that persistently are problematic and take lots of time to resolve. It seems inappropriate to have very lovely goals when the basic system feels broken.)</p>
	<p>I have parents asking me why it is taking so long to get the approval for the DDS, when the state are basically making them go to DDS. Once they are accepted to DDS the case managers continuously are being changed and the parents feel like they have to start all over with their information when they are contacted by the new case managers....even though the new case managers have this information already but do not read about the clients. Also the case managers have other case managers come in to check on their clients then report back. Parents are</p>
	<p>I think it would be helpful to improve medical provider awareness of the resources to better support individuals with intellectual and/or developmental disabilities and their families as I feel like right now there are a lot of missed opportunities to get individuals plugged in.</p>

My professional focus is deaf and hard-of-hearing education. I approach this work not only as a licensed audiologist, but as the parent of a deaf daughter. That dual perspective has given me both clinical insight and lived experience into what meaningful access truly requires.

For our daughter, remaining in Oklahoma would not provide the depth of opportunity she needs. We have had to look beyond our state to secure an educational environment where she can participate fully in both Deaf and hearing communities. That decision was not merely academic — it was foundational to her long-term autonomy, identity, and future success.

As parents, we must ensure she has access to the same developmental milestones and life experiences as her hearing peers. Access is not an abstract educational slogan; it is practical, structural, and measurable.

For example, there are currently no structured programs in Oklahoma designed to teach a deaf or hard-of-hearing student how to drive. When we sought assistance through vocational rehabilitation, we were provided with written test materials and answer sheets. That is not access. Providing written materials does not equate to providing instruction. While optional license designations or adaptive vehicle packages may exist, those are meaningless without qualified instruction. We were able to privately secure training, but most families cannot absorb those costs. Equity cannot depend on a family's financial position.

Our daughter currently attends a virtual bilingual program that maintains rigorous academic standards. Earlier in her education, she was placed in a public-school setting with supports; however, expectations were significantly lowered. While that model felt comfortable and “easy,” it did not align with our expectations for her intellectual growth or independence. Deaf and hard-of-hearing students are not limited by intelligence. They are limited by access and by expectations.

Meaningful development for this population requires interaction with both Deaf and hearing peers. When we attempted to enroll our daughter in high school locally, we were told her only option was the district's ASL program, and that because a “deaf program” exists, no further services would be provided. That approach reflects compliance, not inclusion. Offering a single categorical placement does not constitute comprehensive access.

We must examine outcomes honestly. Reading proficiency rates among deaf and hard-of-hearing students should compel us to reconsider current models. If literacy remains chronically delayed, the issue is not student capability — it is system design.

I welcome 🙏 the honor to contribute to conversation.

I wish I lived in an area that focused on people with severe disabilities good luck with program

Why did I receive this

Consider advocating for a form of tax credit for families with disabled kids.

The Social Security System is so difficult. Would like a workshop on applying for Medicare and how to apply for Snap and income waivers and the waiting list. I am sure you have done a million of these but it would be of great help for those who are new to the system. You all are

	I highly recommend finding some way to provide help, training, opportunities for the Bootcamp teachers and the aides who are the majority of teachers being placed in Oklahoma's public schools.
	No problem
	Please consider establishing seasoned mentors for any self advocate and all other advocate situations.
	I am a family member/caregiver of a member of the I/DD community.
	Md6301773@gmail.com
	Debra Barnett Gills
	The objectives that the Council is putting in to action will no doubt meet the needs of so many in our community with special needs, and their
	Keep up the great work!
	I would like to see one agency that provides solutions for the care of people with disabilities. I have searched for answers for five years and there is no service that I can find that can actually help us.
	Thank you for listening and responding.
	Extreme lack of supportive housing options. Particularly for those who want to stay in their home
	There has been a great effort of inclusion for people with DD. For those who desire to be a part of mainstream society, that is commendable. But there are many individuals who don't have the skills or the motivation to participate in mainstream activities. What is being done for

5. Who?

- Person with an intellectual or developmental disability (I/DD).
- Person with a disability.
- Parent of a person with an I/DD.
- Family member (sibling, etc.) of a person with an I/DD.
- Guardian of a person with an I/DD (non-family member).
- Professional in a disability related field.
- I prefer not to answer
- Other

7

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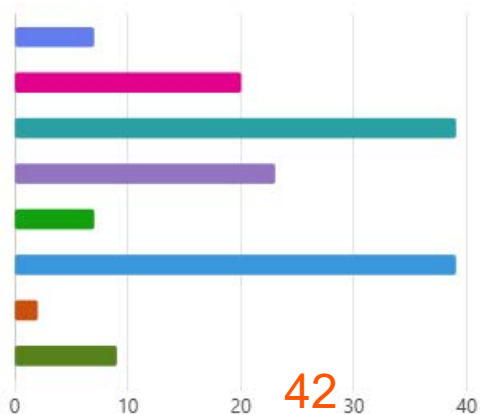
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9



**DDCO SFY27
Drafted Budget**

Description	FY-26		FY-27	
	Requested	Chg / 26 Proj	Requested	Chg / 27 Proj
29144001 GRANTS MANAGEMENT				
Payroll (3) 1	\$ 283,117	\$ 283,117	\$ 186,604	\$ (96,513)
Operating 2	<u>49,422</u>	<u>49,422</u>	<u>49,422</u>	<u>-</u>
Total 3	\$ 332,539	\$ 332,539	\$ 236,026	\$ (96,513)
29141001 PLAN & ADMIN (25% State)				
Council & Operating 4	\$ 59,409	\$ 59,409	\$ 59,409	\$ -
Translation & ADA Accommodations 5	5,000	1,892	5,000	-
NACDD Mbrship 6	<u>7,600</u>	<u>7,550</u>	<u>7,600</u>	<u>-</u>
Total 7	\$ 72,009	\$ 68,851	\$ 72,009	\$ -
29142001 PLAN/PROJ MGT (12.5% State)				
Payroll (2) 8	\$ 173,409	\$ 173,409	\$ 169,247	\$ (4,162)
Operating 9	<u>23,053</u>	<u>23,053</u>	<u>23,053</u>	<u>-</u>
Total 10	\$ 196,462	\$ 196,462	\$ 192,300	\$ (4,162)
29143002 Partners in Policymaking				
100% in person 11	\$ 45,000	\$ 45,000	\$ 55,000	\$ 10,000
PIP Graduate Academy (built into PIP) 12	<u>10,000</u>	<u>10,000</u>	<u>-</u>	<u>(10,000)</u>
Total 13	\$ 55,000	\$ 55,000	\$ 55,000	\$ -
29143003 Youth Leadership Forum				
100% in person 14	\$ 65,000	\$ 65,000	\$ 65,000	\$ -
29143007 Self-Advocacy Training				
Statewide self-advocacy trainings 15	\$ 20,000	\$ 20,000	\$ 20,000	\$ -
29143004 CIF / PDF				
CIF / PDF 16	\$ 5,000	\$ 5,000	\$ 5,000	\$ -

**DDCO SFY27
Drafted Budget**

Description		FY-26		FY-27		
		Requested	Chg / 26 Proj	Requested	Chg / 27 Proj	
29143006	Projects & Activities					
	NASDDDS & UMKC - Supporting Families C.O.P. Mbrship & Annual Mtg / Showcase	17	\$ 11,620.0	\$ 11,620.0	\$ 12,000.0	\$ 380.0
	OK Autism Ctr - Childcare Provider Training & Screenings	18	135,570	135,570	70,000	(65,570)
	Sooner SUCCESS - Caregiver & Sibling Respite	19	108,502	108,502	87,972	(20,531)
	Recite Me website tool bar	20	5,565	5,565	5,788	223
	Best Buddies - School Inclusion Project	21	25,000	25,000	4,000	(21,000)
	AutismOK - Look Out Art Programming	22	18,000	18,000	15,000	(3,000)
	Inclusive Communications Conference	23	20,000	9,760	-	(20,000)
	OK APSE Conference	24	5,000	5,000	-	(5,000)
	Joining Forces Conference	25	5,000	5,000	-	(5,000)
	Oklahoma State Fair - Momentum Refresh	26	25,000	25,000	-	(25,000)
	Tulsa State Fair - Momentum Refresh	27	20,000	25,000	-	(20,000)
	Har Ber Village - Sensory Inclusion Project *	28	-	-	25,000	25,000
	VGM Storytelling - employment story *	29	-	-	25,000	25,000
	Youth Expedition Summit	30	24,500	20,000	-	(24,500)
	Advocacy Events (DD Day, ADA Day)	31	5,000	-	-	(5,000)
	Discretionary Funding	32	-	-	19,364	19,364
	Total	33	\$ 408,757	\$ 394,017	\$ 264,124	\$ (144,634)
Totals & Summary						
	Total DDCO Budget	35	\$ 1,149,767	\$ 1,131,869	\$ 904,459	\$ (245,309)
	Indirect & Cost Allocations	36	90,000	90,000	90,000	-
	Total DDCO Costs	37	\$ 1,239,767	\$ 1,221,869	\$ 994,459	\$ (245,309)
	Less: State Funding	38	(42,560)	(41,770)	(42,040)	520
	Less: DSA Adm @ 5% of Grant	39	(45,961)	(45,961)	(45,961)	-
	NET GRANT USE	40	\$ 1,151,246	\$ 1,134,137	\$ 906,458	\$ (244,788)



Developmental Disabilities
Council of Oklahoma



Fiscal Year (FY) 2027

Council Budget & 2027 Work Plan

Oklahoma Center for NonProfits

701 N Lindsay Ave, Oklahoma City, OK 73104

State and Federal Budget Periods

The Oklahoma State Fiscal Year 2027 (SFY27)

July 1, 2026 & Ends June 30, 2027

The Federal Fiscal Year 2027 (FFY27)

October 1, 2026 & September 30, 2027

5-year State Plan 2027-2031, Year One

Grant Funding

DDCO's source of funding is a federal grant
from the:

Administration for Community Living at the
U.S. Department of Health & Human Services
(ACL)

Grant Availability

- Grant funding is available for 3 years, **BUT...**
- Grants must be obligated before the start of the 3rd year, or the Council gives up funding. This means funding must be assigned to an activity or project and work must be done in the first 2 years.
- Grants must be expended prior to the end of the 3rd year or DDCO gives up funding. The 3rd year is used to wrap up the activity through reporting and payment of all invoices.

Selected Grant Requirements

- Funding is conditional on the Five-Year State Plan meeting federal requirements.
- State must identify a Designated State Agency (DSA) to provide assurances and support services.
- The DSA for the Council is Oklahoma Human Services.
- Must designate and have a council.

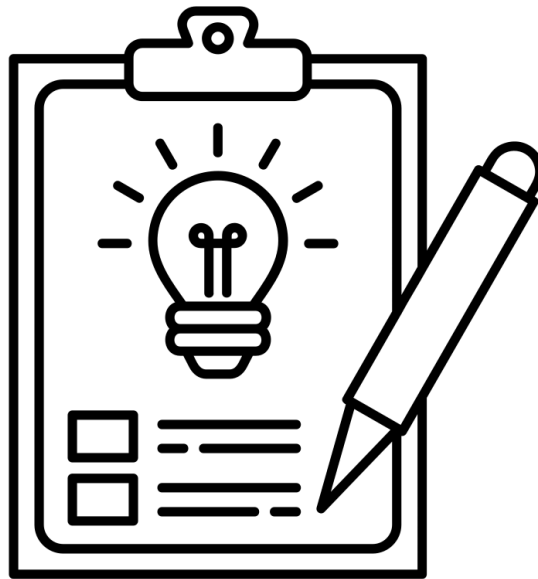
Project Matching Funds

- All projects or activities NOT carried out by Council or Council Staff require a 25% match in funds. Matching funds cannot be federal funds.
- Projects or activities NOT carried out by Council or Council Staff in designated poverty areas require a 10% match in funds. Matching funds cannot be federal funds.
- Projects or activities directly undertaken by the Council or Council Staff require no match.

Grant Fund Distribution

- A minimum of 70% of the grant must be used on projects or activities.
- No more than 30% of the grant may be used for planning.
- The lower of 5% or \$50,000 may be paid to the DSA.

Project Proposals For FY27



Project: Translation & ADA Accommodations

Organization: [Developmental Disabilities Council of Oklahoma](#)

Proposal Description: This sets aside money to make sure all can understand our information. This will pay for translation of our written materials and for interpreters, including sign language interpreters, during meetings and trainings. This helps everyone, no matter the language or communication, get the same information and take part fully.

Goal & Objective: Supports all Council State Plan Goals, making our materials and events accessible to as many people as possible in Oklahoma's disability community.

LINE 5: Funding requested for FY 27, Yr 1:

Council	Match (in kind)	Total
5,000	n/a	5,000

Project: NACDD Membership

Organization: [National Association of Councils on Developmental Disabilities \(NACDD\)](#)

Proposal Description: The National Association of Councils on Developmental Disabilities (NACDD) supports DD Councils across the country. They give technical help, offer leadership training, and bring Councils together to learn from each other. NACDD also works at the national level to educate policymakers about the needs of people with developmental disabilities and to support federal funding for DD Councils. They help Councils plan, carry out, and report on their State Plan Goals so each Council can meet its federal requirements and serve its state well.

Goal & Objective: Supports all Council State Plan Goals.

LINE 6: Funding requested for Fy 27, Yr 1:

Council	Match (in kind)	Total
7,600	n/a	7,600

Project: [Partners in Policymaking \(PIP\)](#) and [Partners in Policymaking \(PIP\) Graduate Academy](#)

Organization: [Developmental Disabilities Council of Oklahoma \(DDCO\)](#)

Proposal Description: Oklahoma Partners in Policymaking (PIP) is a nationally trademarked disability advocacy training program that has run for more than 30 years in Oklahoma. PIP develops advocacy skills as well as promotes innovative, inclusive approaches for people with disabilities and their family members. PIP is a 7-weekend course throughout the school year in which we bring the nation's premier speakers to speak on one or multiple of the learning objectives as stipulated by the national program.

It has been many years since the last Oklahoma PIP Graduate Academy. Recognizing the ongoing need for informed and engaged advocates, this academy aims to gather alumni, re-energize their commitment to systems change, and promote collaborative advocacy efforts on behalf of individuals with developmental disabilities and their families in Oklahoma, this Proposed PIP Leadership Graduate Academy will enhance the advocacy capacity of graduates from the Oklahoma PIP program.

Goal 2: Support the creation of community activities that value Oklahomans with intellectual and/or developmental disabilities and support them in speaking up and making their own decisions.

Objective: Annually through 2031, provide formalized training for 150 emerging self-advocates and family members.

Objective: By 2029, a formal alumni network will be established for graduates of our leadership programs.

LINE 11 AND 12: Funding requested for FY 27, Year 1:

Council	Match (in kind)	Total
\$55,000	n/a	55,000

Project: [Youth Leadership Forum \(YLF\)](#)

Organization: [Developmental Disabilities Council of Oklahoma \(DDCO\)](#)

Proposal Description: The Youth Leadership Forum (YLF) is a 5-day leadership program for high school students with disabilities. Students hear from national and statewide speakers, learn collaboratively through team games, and take time to learn about their own strengths and goals. YLF helps students build confidence, practice advocacy skills, and explore what leadership can look like in their own lives. It is a supportive place for students to grow, connect, and discover their future possibilities.

Goal 2: Support the creation of community activities that value Oklahomans with intellectual and/or developmental disabilities and support them in speaking up and making their own decisions.

Objective: Annually through 2031, provide formalized training for 150 emerging self-advocates and family members.

LINE 13: Funding requested for FY 27, Yr 1:

Council	Match (in kind)	Total
65,000	n/a	65,000

Project: Self-Advocacy Training & Skills Development

Organization: [Developmental Disabilities Council of Oklahoma \(DDCO\)](#)

Proposal Description: The Council provides funding to support training that is created and taught by Self-Advocates. These peer-to-peer trainings use real lived experience to teach important skills to self-advocates, families, professionals, and healthcare providers. Funding will support Self-Advocate Peer Trainers, keep training materials updated, and collect feedback to understand how the trainings help people build skills and confidence. This investment supports accessible, authentic learning and strengthens self-advocates as leaders and teachers in the disability community.

Goal 2: Support the creation of community activities that value Oklahomans with intellectual and/or developmental disabilities and support them in speaking up and making their own decisions.

Objective: Annually through 2031, Self-Advocate Trainers will create and provide training to 150 self-advocates, local businesses, schools, and organizations.

LINE 14: Funding requested for FY27, Year 1:

Council	Match (in kind)	Total
\$20,000	n/a	\$20,000

Project: Consumer Involvement Fund & Professional Development Fund
Organization: [Developmental Disabilities Council of Oklahoma \(DDCO\)](#)

Proposal Description: To strategically build community capacity in Oklahoma, the Council dedicates funding to enable advocates to attend key conferences, workshops, and trainings. This support ensures advocates can acquire valuable knowledge and skills, which participants are expected to share, creating a multiplier effect that ultimately leads to improved services and outcomes for persons with developmental disabilities across the state.

Goal 2: Support the creation of community activities that value Oklahomans with intellectual and/or developmental disabilities and support them in speaking up and making their own decisions.

Objective: Annually through 2031, provide formalized training for 150 emerging self-advocates and family members.

LINE 15: Funding requested Fy27, Year 1

Council	Match (in kind)	Total
\$5,000	TBA	\$5,000

Project: [Community of Practice \(CoP\) for Supporting Families Across the Lifespan](#)

Organization: [Developmental Disabilities Council of Oklahoma \(DDCO\)](#)

Proposal Description: Recognizing families as the fundamental support system and key drivers of community participation and self-determined lives for their members, the Council invests in strengthening family capacity. This includes a contract with the [National Association of State Directors of Developmental Disabilities Services \(NASDDDS\)](#) for valuable technical assistance: educational materials, quarterly advisory meetings, and three annual stakeholder conference registrations. Furthermore, Council Staff, with Developmental Disabilities Services (OKDHS/DDS) and The Center for Learning and Leadership (UCEDD/CLL) to facilitate the Oklahoma Community of Practice, directly supporting families.

Funding will provide technical assistance mentioned above and the attendance of 3 people (DDCO Staff, OKDHS/DDS Staff, and/or UCEDD/CLL / OFN) to the [Annual Meeting and Showcase](#).

Goal 3: Provide caregivers and families with the support needed to ensure their long-term well-being.

LINE 17: Funding requested for FY 27, Yr 1:

Council	Match (in kind)	Total
\$12,000	n/a	\$12,000

Project: [Early Access & Childcare Provider Training](#)

Organization: Oklahoma Autism Center

Proposal Description: This project will continue to expand the past efforts of the Oklahoma Autism Center and Council to strengthen early identification, family support, and inclusion for young children with developmental differences. Building on existing success, this work will increase access to evidence-based training for early care and education providers using a Multi-Tiered System of Supports (MTSS) model. The training equips providers to create inclusive classrooms, address behavioral and sensory needs, and partner with families to ensure children under age five have access to high-quality early learning opportunities, with expanded reach to Head Start, Early Head Start, and rural and underserved communities through in-person and virtual options.

The program will include 3 levels of training and consultation.

- Level 1 provides universal training on inclusive practices, developmental monitoring, and positive behavior supports;
- Level 2 offers targeted workshops from provider self-assessment and classroom needs; and
- Level 3 delivers individualized consultation for providers serving children with developmental delays or disabilities.

The expanded project will build on outcomes from pilot work that has shown strong effectiveness, with knowledge of inclusion strategies increasing from 36% to 75% and confidence using positive behavior supports rising from 36% to 69%, can reduce early childhood expulsions and improve developmental outcomes.

Evaluation of this work will measure changes in provider knowledge, confidence, and implementation of inclusive strategies, along with improvements in children's participation and classroom outcomes.

Goal 1: Make it easier for Oklahomans with intellectual and/or developmental disabilities and their families to find and understand information about services, supports, resources.

Objective: Annually through 2031, support creative community solutions that provide in-person help for Oklahomans with intellectual and/or developmental disabilities through the lifespan.

LINE 18: Funding recommended by State Plan Cmte for FY27, Yr 1: 2027–2031

Council	Match (in kind)	Total
\$70,000		

Funding requested by the Oklahoma Autism Center for FY 27, Yr 1: 2027–2031

	Council	Match (in kind)	Total
	\$103,253	\$34,547	\$137,800

Approved funding, 2022–2026 State Plan

	Council	Match (in kind)	Total
TOTAL MONIES 2022–2026	\$639,555	\$213,798	\$851,056
Year 5 (2026)	\$135,570	\$45,264	\$180,834
Year 4 (2025)	\$135,024	\$45,185	\$177,912
Year 3 (2024)	\$135,076	\$42,836	\$177,912
Year 2 (2023)	\$100,000	\$34,052	\$134,052
Year 1 (2022)	\$133,885	\$46,461	\$180,346

Project: Caregiver Respite Retreats

Organization: [Sooner SUCCESS](#)

Proposal Description: This proposal will continue to expand on respite options in Oklahoma for caregivers of children and adults with intellectual and developmental disabilities (I/DD), regardless of prior access to services. This addresses a critical gap in safe, accessible respite for families by providing structured opportunities that reduce caregiver stress, improve family well-being, and help caregivers integrate respite into their daily lives. This work will prioritize inclusive access for diverse, rural, and underserved families and recognize caregiver well-being as essential to child and family stability.

This work will provide an extended respite through vouchers for substitute caregiving, meals and lodging, peer connection, self-care education, and individualized service navigation using Charting the LifeCourse tools to support long-term respite planning.

Evaluation of this work will use pre- and post-surveys, program metrics, and qualitative feedback to measure any reduction in caregiver stress, increased access to resources, and improved family outcomes. The project will build on proven success, with prior participants reporting significant stress reduction and limited access to respite without these services.

Supported by strong statewide partnerships and a sustainability plan that diversifies funding and expands community implementation, this initiative offers a replicable, evidence-informed model that increases access to respite, reduces isolation, and promotes long-term health and inclusion for Oklahoma families.

Goal 3: Provide caregivers and families with the support needed to ensure their long-term well-being.

Objective: Annually through 2031, support creative community solutions that provide respite and training for family caregivers.

LINE 19: Funding recommended by State Plan Committee for FY27, Yr 1

	Council	Match (in kind)	Total
	\$87,971.50		

Funding requested by Sooner SUCCESS for FY27, Yr 1 of 2027–2031 State Plan

	Council	Match (in kind)	Total
	\$103,253	\$34,547	\$137,800

Approved funding, 2022–2026 State Plan

	Council	Match	Total
TOTAL MONIES 2022–2026	\$558,333	\$200,957	\$759,290
Year 5 (2026)	\$108,502	\$36,359	\$144,861
Year 4 (2025)	\$117,585	\$39,210	\$156,795
Year 3 (2024)	\$108,496	\$47,340	\$155,836
Year 2 (2023)	\$100,000	\$36,298	\$136,298
Year 1 (2022)	\$123,750	\$41,750	\$165,500

Project: [Recite Me](#)

Organization: Developmental Disabilities Council of Oklahoma

Project Description: The Council will continue to have a cloud-based accessibility toolbar on its website to make sure all visitors including people with disabilities and people who speak languages other than English can access the site. This tool lets each person adjust the website to fit their needs and preferences.

Key features include:

- Text adjustments: Change font size, font style, and spacing for easier reading.
- Color and contrast options: Choose from preset themes or create custom colors for better visibility.
- Navigation support: Use tools like a page mask, reading guide, and link/highlight options to stay focused and move through pages more easily.
- Language translation: Translate website content into many languages in real time.
- Screen reader improvements: Make the website work better with common screen readers.
- Keyboard navigation: Ensure all parts of the site can be used without a mouse.

Goal 1: Make it easier for Oklahomans with intellectual and/or developmental disabilities and their families to find and understand information about services, supports, resources.

Objective: Annually through 2031, support creative community solutions that provide in-person help for Oklahomans with intellectual and/or developmental disabilities through the lifespan.

LINE 20: Funding requested for FY 27, Yr 1:

Council	Match (in kind)	Total
\$5,788	n/a	\$5,788

Approved funding, 2022-2026 State Plan

	Council	Match (in kind)	Total
TOTAL MONIES 2022-2026	\$25,835	n/a	\$25,835
Year 5 (2026)	\$5,350	n/a	\$5,350
Year 4 (2025)	\$5,350	n/a	\$5,350
Year 3 (2024)	\$5,145	n/a	\$5,145
Year 2 (2023)	\$4,995	n/a	\$4,995
Year 1 (2022)	\$4,995	n/a	\$4,995

Project/Activity: Best Buddies Oklahoma Expansion Project

Organization: [Best Buddies](#)

Proposal Description: The Best Buddies Oklahoma Expansion Project will establish 5 new Best Buddies chapters at elementary schools, middle schools, high schools, and colleges beyond the Tulsa area; recruit and engage 100 student volunteer members; deliver 20 inclusive group activities; and train 5 student and five faculty leaders. The project will engage a minimum of 25 students with I/DD, at least 5 of will serve in a leadership role in their chapter.

Goal 3: Support the creation of community activities that value Oklahomans with intellectual and/or developmental disabilities and support them in speaking up and making their own decisions.

Objective: Annually, through 2031, provide formalized training for 150 emerging self-advocates and their family members.

LINE 21: Funding recommended by State Plan Cmte for FY 27, Yr 1 Yr 1 of State Plan 2027-2031

Council	Match	Total
\$4,000		

Funding requested by Best Buddies for FY27

	Council	Match (in kind)	Total
	\$25,000	\$8,334	\$33,334

Approved funding, 2022-2026 State Plan

	Council	Match (in kind)	Total
TOTAL MONIES 2022-2026	\$50,000	\$16,666	\$66,666
Year 2 (2026)	\$25,000	\$8,333	\$33,333
Year 1 (2025)	\$25,000	\$8,333	\$33,333

Project/Activity: Art Programming - LookOut

Organization: AutismOklahoma (AO)

Proposal Description: This proposal seeks funding to expand an inclusive, community-based art program serving people of all ages with developmental disabilities. The program integrates adaptive art classes, artist mentorship, and public exhibitions to provide participants with structured opportunities for creative expression, skill development, and social connection. Classes are led by trained instructors using accessible materials, while participants are paired with local artists for personalized guidance, portfolio development, and encouragement. Public exhibitions and community events will showcase participants' artwork, increase visibility, and promote inclusion within the broader community.

Planned activities include outreach to 25 new artist participants, three submission events to recruit emerging artists, and the addition of four new art classes in the Tulsa area. At least one major exhibition will highlight the collaborative work of participants and mentors, providing a platform for public engagement and recognition. These program components are designed to strengthen participants' creative abilities, confidence, and sense of belonging, while simultaneously fostering public awareness of the talents of individuals with developmental disabilities.

Expected outcomes include improved self-expression, fine motor and communication skills, social connectedness, and portfolio development that could lead to vocational or entrepreneurial opportunities. For the community, the program will enhance appreciation of diverse artistic abilities, reduce stigma, and expand inclusion in cultural events. Program evaluation will track attendance, mentorship hours, portfolio development, pre- and post-surveys, and community feedback to measure impact and inform ongoing program growth. This expansion

represents a strategic opportunity to increase access to lifelong art programming and further embed inclusive practices within the local arts ecosystem.

Goal 2: Support the creation of community activities that value Oklahomans with intellectual and/or developmental disabilities and support them in speaking up and making their own decisions.

Objective: Annually through 2031, launch and evaluate a public education campaign that showcases the contributions of Oklahomans with intellectual and/or developmental disabilities in the workforce, arts, and community.

LINE 22: Funding requested for FY27, Year 3 of project / Year 1 of State Plan 2027-2031

Council	Match (in kind)	Total
\$15,000	\$19,000	\$34,000

Approved funding, 2022-2026 State Plan

	Council	Match (in kind)	Total
TOTAL MONIES 2022-2026	\$42,000	\$26,000	68,000
Year 2 (2026)	\$18,000	\$16,000	\$34,000
Year 1 (2025)	\$24,000	\$10,000	\$34,000

Project/Activity: Retreat Room

Organization: [Har-Ber Village Museum](#), Grove, Oklahoma

Proposal Description: Har-Ber Village Museum is requesting funding to support the creation of a sensory-friendly Retreat Room – a quiet, calming space where visitors, especially neurodivergent and trauma-affected youth, can regulate and rejoin activities with confidence. This room will be the heart of the Village and feature soft lighting, acoustic treatments, fidgets, noise-reducing headphones, and nature elements to promote calm and inclusion. The project will include youth co-design workshops, trauma-informed staff training, and clear wayfinding to ensure the space is welcoming, sustainable, and responsive to visitor needs. This initiative addresses the increasing reports of sensory overload during school and public visits, ensuring equitable access to informal education for people with developmental disabilities.

This year the focus will be on design, implementation, and evaluation. Within 12 months, Har-Ber Village will launch the Retreat Room, integrate sensory kits and visual schedules across school programs, and train all staff and volunteers in inclusive, trauma-informed guest care. Additional outreach components, such as resource days and family navigation materials, will connect caregivers to SoonerStart, DDS, tribal services, etc.

Evaluations will look at measurable goals, including a 20% reduction in early departures due to sensory overload, a 20% increase in teacher confidence when including students with developmental disabilities, and over 150 families receiving navigation assistance.

They hope this will create a replicable model for rural museums to improve accessibility and inclusion. Using documented best practices, such as sensory kit contents, staff scripts, and operational workflows, will be shared through a free “Sensory-Ready Venue Starter” guide. By

normalizing sensory support and connecting families to services, Har-Ber Village will strengthen community participation, shift public attitudes toward inclusion, and help every visitor, especially those with developmental disabilities feel seen, supported, and welcome.

Goal 1: Make it easier for Oklahomans with intellectual and/or developmental disabilities and their families to find and understand information about services, supports, resources.

Objective: Annually through 2031, support creative community solutions that provide in-person help for Oklahomans with intellectual and/or developmental disabilities through the lifespan.

LINE 28: Funding requested for FY27, Yr 1 of State Plan 2027–2031

Council	Match (in kind)	Total
\$25,000	\$3,000	\$28,000

Project/Activity: Blend Ability Series – One Episode

Organization: [VGM Visual Storytelling](#), Valentina Gutierrez

Proposal Description: Building on the past success of the award-winning documentary Blend Ability, this request seeks to expand into additional episodes (10–15 minutes each) to highlight people with developmental disabilities and their experiences with employment.

Each episode will feature diverse subjects, across gender, disability, and type of work, showcasing both the barriers they face and the unique strengths they bring, challenging misconceptions and promoting understanding that inclusive hiring benefits both individuals and communities.

The series will combine storytelling with practical solutions, featuring in-depth interviews, workplace footage, and authentic narratives that emphasize dignity and ability. Each episode will include a guided framework for HR professionals and business leaders, offering tools, resources, and best practices to advance inclusive hiring. With a budget of \$33,334 per episode, Blend Ability will be released progressively online and shared with corporations, HR departments, and diversity programs to maximize reach and impact.

Anticipated outcomes include increased public understanding of employment barriers, stronger representation of people with developmental disabilities, and direct commitments from businesses to expand inclusive hiring. Success will be measured through viewership, engagement, festival recognition, and reported employment actions by participating organizations. Ultimately, Blend Ability aims to drive long-term systems change, embedding inclusion into workplace culture, influencing HR practices, and shaping public attitudes toward individuals with developmental disabilities as capable, valuable contributors.

Goal 2: Support the creation of community activities that value Oklahomans with intellectual and/or developmental disabilities and support them in speaking up and making their own decisions.

Objective: Annually through 2031, launch and evaluate a public education campaign that showcases the contributions of people with developmental disabilities in the workforce, arts, and community.

LINE 29: Funding requested for FY27

Council	Match (in kind)	Total
\$25,000	\$8,334	\$33,334

Fiscal Year 2026 (Current Year)

Project/Activity: Southeast Region Youth Expedition

Organization: Oklahoma Family Network

Proposal Description:

The *Southeast Region Youth Expedition* will continue its successful leadership and advocacy model to reach more youth with intellectual and developmental disabilities (I/DD) and their families across rural eastern Oklahoma. Oklahoma Family Network (OFN) will build what has been started and lead a coordinated series of activities to strengthen self-advocacy, employment readiness, and community inclusion for youth ages 14 and older. The program will include interactive workshops, caregiver training, and public engagement opportunities that align with the Developmental Disabilities Council's priorities.

OFN will coordinate a multi-day Youth Expedition in partnership with the Autism Foundation of Oklahoma (Improv), Oklahoma Family Network (Telling Your Story and All About Me), and the Choctaw Nation (Healthy Relationships). Council funds will support facilities, facilitators, training supplies, meals, travel, and accessibility needs. The project will engage at least 50 youth participants and 40 caregivers through both in-person and virtual activities.

OFN will coordinate a multi-day Youth Expedition, working with the Autism Foundation of Oklahoma, Oklahoma Family Network, and the Choctaw Nation. Council funds will support facilities, facilitators, training supplies, meals, travel, and accessibility needs.

\$24,500 Funding approved 4/25/25 for 2026, however, new request from OFN shows reduction in request:

Council	Match (in kind)	Total
\$20,000	\$10,925	\$30,925

State Plan Project Quarterly Progress
Fy26 - July 1, 2025-June 30, 2026

Quarter 1: July, August, September

Quarter 2: October, November, December

Quarter 3: January, February, March

Quarter 4: April, May, June

AutismOklahoma, LookOut Art Programming

	Q1	Q2	Q3	Q4
# individuals with DD who participated in council activity	60	50		
# of family members who participated in council activity	20	20		
# of others who participated in council activity	200	300		

This was the sixth quarter of the LookOut program (Year 2, Quarter 2), marked by strong community engagement and visible arts programming. Activities included public outreach events, structured art classes, and exhibits. In Tulsa, a pumpkin painting walk-up activity invited community members to engage directly with the program, followed by pumpkin-themed classes and an exhibit at the 7725 location. We also hosted the DDS Leadership team for training, using the opportunity to highlight our arts programming and partnership with the Council. During the holiday season, we held two inclusive Christmas celebrations, one for families and one for young adults, tailored to meet the needs of different participant groups.

Community partnerships continued to strengthen and expand program impact. A local car show provided approximately \$4,500 in support for the Art Commission, and our collaboration with Vantage Point resulted in 85 handmade holiday cards for employees, reinforcing community connection. The Independent Living Program completed production of a professional video with Delta Dental focused on employment and collaboration, giving participants real-world exposure through interviews and on-site filming. DUET teams continued developing artwork for the April 2026 art show at the Paseo Creativity Center, including three teams made up of artists recruited directly through LookOut, highlighting the program’s success in cultivating emerging talent.

During this quarter, approximately 30 artists were served through direct programming, with outreach and education reaching at least 300 community members and about 160 hours of training delivered. Collaborations included 7725 Connect, Vantage Point, LifeChurch, the OK Corvette Club, the DDS Leadership team, and Delta Dental, with all timelines met. The program continues to prepare for the April art show, expand sustainability efforts through donations, volunteers, and an online market, and explore new fundraising strategies such as a “Friends of AO” gallery wall. Interest in the program remains strong, and recruitment of new artists continues, reflecting the enthusiasm and pride artists and families feel when sharing their work.

AutismOklahoma Success Story: Turning Vulnerability into Learning Through Film

During this quarter, our film program received a **\$5,000 grant from the Delta Dental of Oklahoma Foundation** to produce a film addressing dental anxiety, with a particular focus on the experiences of people with disabilities. The project provided a powerful opportunity for hands-on learning, professional skill development, and unexpected emotional growth for everyone involved.

The film was produced by a team led by **Sarah and Dillon** and supported by approximately **eight film students**. The students were responsible for setting up the full studio environment, including professional lighting, backdrops, cameras, and sound equipment. Filming took place both in the studio and on location at a dental office, where interviews were conducted with dental professionals, including a dentist and a hygienist. In the video, one student acted as a dental patient.

Knowing that I personally experience dental anxiety, the team asked if I would be willing to be interviewed for the film. Sarah conducted the interview in a highly professional manner, intentionally not providing questions in advance to allow for an authentic and natural conversation. During the interview, she guided me through my personal history, including a childhood experience that led to my extreme dental anxiety.

As I revisited this experience, the emotions became overwhelming, and I reached a point where I was unable to continue speaking without crying. We made the decision to pause the interview and take a break.

During the break, Sarah checked in with me privately to ask what I needed. I explained that I needed time to regain my composure and asked if she could also talk with the students, many of whom are autistic, so they would understand what had happened and not feel distressed by my emotional response. I also suggested that it might be a valuable teaching moment for them as filmmakers, particularly around how to respond when an interview subject becomes emotional.

While I waited in the lobby, I could hear Sarah thoughtfully engaging the group. She asked them questions about what ethical, respectful filmmakers can do when an interviewee becomes upset. The students offered ideas ranging from giving the person space, checking in on their needs, to helping them feel more comfortable. One student even suggested telling jokes to lighten the mood.

Moments later, a couple of students came out to try exactly that—cheering me up with jokes, which genuinely helped. Another participant asked if he could give me a hug, demonstrating empathy, consent, and emotional awareness. After about 15 minutes, I felt ready to return to the studio and successfully complete the interview.

What could have been a stressful or discouraging experience was instead transformed into a meaningful, real-world learning opportunity. The students practiced professionalism, emotional intelligence, adaptability, and compassion—skills that are essential in filmmaking and far beyond the classroom.

While the experience was personally difficult, I was grateful to serve as the “guinea pig” in a moment that clearly deepened the students’ confidence and understanding. The film is now complete but has not yet been released publicly due to grant requirements. In accordance with the agreement, all acknowledgements on the video will credit the **Delta Dental of Oklahoma Foundation** for their support.

We have since met with Delta Dental representatives to discuss future collaboration, including the possibility of an additional grant to produce another video, reflecting the strength and success of this partnership.

Best Buddies, Expansion

	Q1	Q2	Q3	Q4
# individuals with DD who participated in council activity	1	0		
# of family members who participated in council activity	0	0		
# of others who participated in council activity	25	0		

During this reporting period, Best Buddies in Oklahoma focused on targeted outreach and relationship-building across Osage, Rogers, Wagoner, and Washington counties to support future expansion of school-based friendship programs for students ages 6–18. Outreach to 85 elementary, middle, and high schools increased awareness and generated early interest, including a successful meeting with the Director of Special Education for Bartlesville Public Schools and positive responses from Newman Middle School in Skiatook and Andersen Public Schools in Sand Springs. While no new chapters were launched this quarter, these connections represent meaningful progress and have created strong entry points for future implementation.

Collaboration across education levels and service systems was also a priority this quarter. Best Buddies initiated partnerships with adult service providers, including a productive meeting with Developmental Resources, Training & Counseling (DRTC) to explore linking adult participants with an Oklahoma City–area college chapter. Additionally, early discussions began with Oklahoma Wesleyan University about establishing a college chapter, which would expand programming into a new geographic area and support transition-aged students with intellectual and developmental disabilities. These efforts are strengthening a statewide network of inclusion and supporting long-term sustainability beyond the current footprint.

Outreach strategies evolved this quarter to include community-based engagement such as local Facebook groups and forums, resulting in increased parent involvement and identification of parent advocates who helped advance school-level conversations. While response rates remained limited, the team reframed success around long-term impact rather than volume and remains encouraged by the momentum gained. Best Buddies continues to explore alternative program models, including potential school-day implementation to reduce participation barriers, and remains financially sustainable through efforts such as the Champion of the Year Gala. Overall, this quarter laid critical groundwork for future expansion and reinforced the importance of persistence, community voices, and strategic outreach.

DDS – Smart Home in Tulsa Area

	Q1	Q2	Q3	Q4
# individuals with DD who participated in council activity	0	0		
# of family members who participated in council activity	0	0		
# of others who participated in council activity	0	0		

Soaring on Hope (SOH) is finalizing a Smart Home Demonstration Site designed to educate individuals with intellectual and developmental disabilities (I/DD) and their families about enabling technology that promotes independence and autonomy. Over the past three months, SOH has completed most technology purchases, partnered with OK-DDS, ABLE Tech, and vendors for additional equipment, developed a website with scheduling and a virtual tour, and began installing technologies on site. Once established, SOH will maintain the site and provide tours, using the space as a long-term educational resource to increase awareness and adoption of enabling technologies that support greater independence for people with I/DD.

Their open house was Wednesday, February 11.

Oklahoma Autism Center, Early Access Screenings & ADOS2 Qualified Examiner

	Q1	Q2	Q3	Q4
# individuals with DD who participated in council activity	0	0		
# of families who received screening referrals/screening appts.		19		
# of families who received direct screenings	13	16		
# of families who received resources and referrals	95	37		
# of others who received resources and referrals	9	7		
# of people trained in Autism/Early Identification	14	80		
# of people trained in more in-depth training	8			
# of CASAs trained	10			
# of people trained in Pilot Training	34			

During this quarter, Early Access activities focused on trainings, screenings, and direct support for families and providers. Five trainings on autism spectrum disorder identification and developmental monitoring were conducted across Oklahoma City, Tulsa, and virtually, reaching 80 participants statewide. In addition, the team completed 16 developmental screenings, fielded 19 screening-related referrals, and provided resource assistance to 37 families seeking guidance on accessing assessments and services. Support was also extended to seven providers, and 246 *Learn the Signs, Act Early* books and related materials were distributed to promote developmental monitoring, language, and social communication.

Collaboration and outreach remained central to this work. Partnerships included providing developmental monitoring information to childcare staff at the YMCA of Greater Oklahoma, with additional potential collaborations underway with the Otoe-Missouria Tribe and childcare staff at Tinker Air Force Base. Outreach efforts through social media, community conferences, and training networks expanded awareness beyond Oklahoma City and Tulsa, and Spanish-language *Let's Play* CDC guides were introduced to better reach Spanish-speaking families. Despite staffing transitions and challenges with screening no-shows, the team adapted through flexible scheduling, reminder calls, and increased coordination among remaining staff, allowing timelines to remain on track.

Sustainability efforts focused on integrating Early Access work into broader organizational initiatives, diversifying funding, and disseminating lasting resources. Developmental monitoring activities were embedded into an OAC inclusion project with the YMCA, and new funding from the Oklahoma Department of Health is supporting additional statewide trainings for early intervention providers. The quarter also demonstrated lasting impact, as a training participant initiated plans for a parent support group in Ada, Oklahoma and connected a family to diagnostic evaluation resources. Overall, this quarter strengthened statewide awareness, built provider capacity, reduced caregiver burden, and reinforced sustainable practices in early identification and developmental monitoring.

Sooner SUCCESS, Family Respite Retreats & Sibling Retreat

	Q1	Q2	Q3	Q4
# individuals with DD who participated in council activity	0	0		
# of family members who participated in council activity	0	0		
# of others who participated in council activity	0	0		
# of retreats held	0	0		

All four regions have now secured their dates and sites for the Spring 2026 Caregiver Respite Retreats, marking an important milestone in the planning process. With venues confirmed statewide, each regional team is moving forward with final contracts, family outreach, and detailed event planning to ensure successful and meaningful retreats for caregivers. Planning includes respite-focused activities, service navigation sessions, partnerships with vendors and speakers, and collection of donated items. These retreats are designed to support diverse caregivers of individuals with intellectual and developmental disabilities (IDD), particularly those facing high stress, limited respite access, or barriers related to geography, culture, or complex care needs.

Sibling support programming also remains a major focus. The Fifth Annual Sibling Camp will take place April 24–26, 2026, serving approximately 24 participants, and is supported through strong partnerships with state agencies. In addition, four Sibling Day Camps are being planned across Oklahoma to provide accessible, non-overnight options for families not ready for a full camp experience. These programs offer siblings opportunities for peer connection, emotional support, and relationship-building while providing caregivers with respite. Ongoing interest forms and regular communication have been effective in sustaining engagement with families and volunteers, and past sibling camps have generated strong positive feedback and interest in expanding Sibshops statewide.

High demand for both caregiver retreats and sibling programs confirms the critical need for these services, while also highlighting ongoing challenges. Capacity constraints, rising costs, limited respite availability, and staffing or volunteer gaps continue to limit access. Equity remains a priority when demand exceeds capacity, with efforts focused on reaching families with the greatest need. Sustainability will depend on continued funding, strong partnerships, and support from the Developmental Disabilities Council of Oklahoma, including assistance with respite connections, resource coordination, outreach, and volunteer engagement. Despite challenges, strong participation and family feedback affirm the value of these programs and the importance of continued investment and strategic collaboration.

Region 1- Roman Nose State Lodge Watonga, April 17-19, 2026

Region 2- Stoney Creek Hotel Broken Arrow, April 26-27, 2026

Region 3- Embassy Suites NW Exp OKC, May 1-2, 2026

Region 4- Chickasaw Retreat and Conference Center Sulphur, March 1-3, 2026

Advocacy, Training, and Outreach Committee
(ATO)

Youth Leadership Forum
Partners in Policymaking
Self-Advocacy Training Solutions
Outreach Efforts
Advocacy Efforts

Advocacy Updates

Partners in Policymaking (PIP)

- Number of PIP students: 31
 - Family members: 18
 - Professionals: 9
 - Person with a lived experience: 4
- 2025-2026 PIP location/dates:
 - Connect Auditorium
 - Weekend 1 – Sept 26-27, 2025
 - Weekend 2 – Oct 17-18, 2025
 - Weekend 3 – Nov 7-8, 2025
 - Weekend 4 – Jan 9-10, 2026
 - Weekend 5 – Feb 6-7, 2026
 - Weekend 6 – Mar 6-7, 2026 – Mock Legislative Hearing
 - Weekend 7 – Apr 17-18, 2026 – Graduation

Oklahoma Youth Leadership Forum (YLF)

- 2025 YLF Alum Luke Bleeker has been accepted to the University of Oklahoma for Fall 2026
- Preparations for the 23rd Oklahoma Youth Leadership Forum are underway
 - **The 2026 YLF is scheduled for June 9-13** for delegates (June 8-13 for staff/alumni)
 - Interviews are being conducted

Other Advocacy updates:

- **Recent events:**
- Developmental Disabilities Awareness Day, March 23
- Oklahoma Partners in Policymaking (PIP) Session Five on February 6-7
 - Former Representative Collin Walke spoke about the importance of negotiation to PIP on Friday, February 6.
 - Derrick Dufresne discussed “Behavior and Communication” during PIP on Saturday, February 7. Dee Blose discussed Autism Oklahoma, Jen Randle discussed Charting the LifeCourse and Brad Mays discussed the importance of participating on boards and councils

- Oklahoma Partners in Policymaking (PIP) Session Six on March 6-7, 2026 **86**

- On Friday, March 6, PIP graduate Carly Putnam discussed the legislative process
- 24 PIP students participated in the mock legislative hearing on Saturday, March 7. Each student delivered a testimony in disability-related bills. Senator Julia Kirt, Senator Jack Stewart, and Representative Jacob Rosecrants participated in the hearing and offered feedback for the PIP students' testimonies
- 2026 Oklahoma APSE Conference presentation, April 7: *Beyond Accommodations: Fostering Success in the Community and Workplace, Springlake MetroTech, Oklahoma City.*
- Upcoming events:
- Oklahoma Partners in Policymaking (PIP) Session Seven, April 17-18, 2026
 - PIP Graduation Weekend- Dr. Bobby Kern will serve as the keynote speaker.



Self-Advocacy Trainings Report, 3/19/2026

Fy26 Trainings

- Number of work sessions FY 26: **21**
- Number of training courses completed: **20**
- Number of Self-Advocates trained: **91**
- Number of professionals and family members trained: 31, includes “Unsure” identification data

Highlight quotes from training courses:

- People said they will use this information learned from trainings to “be prepared.”
- Comments people have left include, “I liked learning” and “The Trainers have a disability like me.”
- When asked what the best part of a training was someone said “everything.”

Upcoming training courses:

- 3-20-26: Ask the experts-DDCO Virtual Self Advocate Q&A
- 3-28-26: Self-Advocacy Leadership Training -4RKids Conference
- 4-14-26: Taking Control of Your Health- Bridges Foundation
- 5-5-26: Developmental Disabilities Awareness-Bridges Foundation

Quarterly Social Media Report



Developmental Disabilities Council of Oklahoma

January 2026 - March 2026

Followers Growth

+328 Total Followers
3,921

Compared to Last Quarter

234.6%

Views

138.5K

Compared to Last Quarter

115.3%

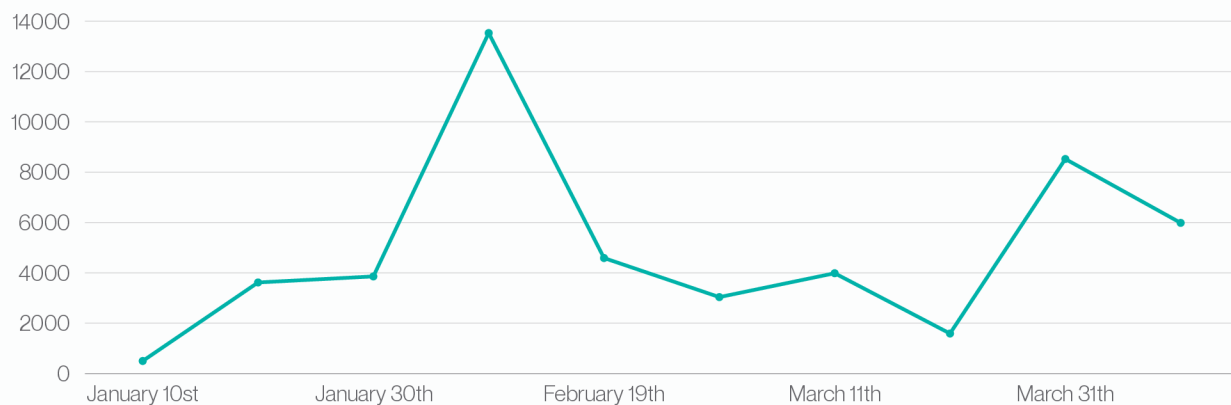
Interactions

2,265

Compared to Last Quarter

46.6%

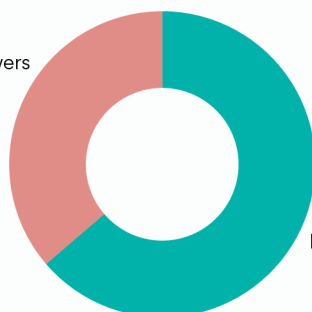
Views Breakdown



Interactions

- Followers
- Non-Followers

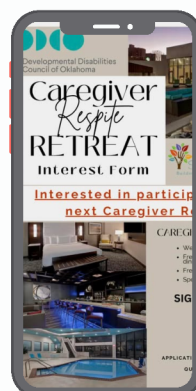
Non-Followers
36.3%



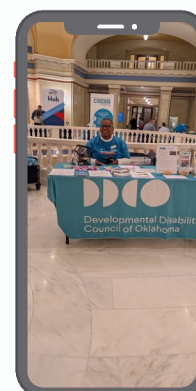
Followers
63.7%

3 Best Posts

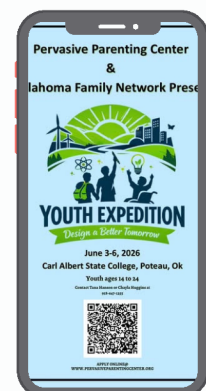
views:



23,386



11,193



2,663

According to the U.S. Centers for Disease Control and Prevention (CDC), 1 in 4 adults in the U.S. has a disability. This includes impairments with vision, hearing, mobility, and cognition. Many people with disabilities rely on programs and services funded by the state to support them in maintaining their health, access to education and employment, and participate in their communities.

To put this into perspective, Oklahoma has over 62,500 Oklahomans who have developmental disabilities. These Oklahomans, along with their families and caregivers, represent a significant and vital portion of the Oklahoma electorate. Their success in achieving independence, access to employment, quality education, and full community inclusion is directly tied to the overall health and prosperity of our state. This number is based on the prevalence rate which is 1.58% of the population, per the Health and Human Services National Health Interview Survey (NHIS-D).

The Developmental Disabilities Council of Oklahoma (DDCO) requests your position(s) on the questions below. All candidate responses will be provided in one document for Oklahomans. Questions are organized by the Charting the LifeCourse (CtLC) Life Domains. Life domains are the different aspects and life experiences that we consider as we age and grow. We lead whole lives made of specific, connected and integrated life domains that are important to a good quality of life. Life domains help us think about the current reality in our lives as well as the life experiences we'd like to have, which can lead us to the good life we want.

We understand these questions are specific to issues facing Oklahomans with intellectual/developmental disabilities (I/DD) and their families. If you would like to gain deeper insight or discuss these topics, staff and board members of the Council (people with developmental disabilities, family members, and key state agency representatives) are available as a resource. We welcome the opportunity to connect you with them and/or other Oklahoma disability advocates to help you in developing plans for our state's disability community.



DAILY LIFE & EMPLOYMENT - *What a person does as part of everyday life (school, employment, volunteering, communication, routines, life skills, etc.).*

Question 1: College and University tuition continues to rise. While Oklahoma has increased inclusive college opportunities for students with intellectual/developmental disabilities (I/DD), the cost of these programs can be twice that of a typical college student. What are your plans to support students with I/DD with these cost increases?

Question 2: What are your plans to help people with disabilities receive the necessary support to find and maintain jobs in the community that offer equal wages to those without disabilities, which will help to address the high unemployment rates for people with disabilities?



COMMUNITY LIVING - *Where and how someone lives (housing and living options, community access, transportation, home adaptations and modifications).*

Question 3: What is your plan to improve Oklahoma's transportation systems to meet the needs of all Oklahomans, including people with I/DD who are non-drivers?

Question 4: What is your plan to increase access to available, accessible, and affordable housing for people with disabilities who are seeking housing or who are experiencing homelessness?



HEALTHY LIVING - *Managing and accessing health care and staying well (medical, mental health, behavioral health, developmental, wellness and nutrition).*

Question 5: What is your plan to address potential federal reductions to the current level of Medicaid funding so Oklahomans with I/DD and their families can have the support and services they currently receive to maintain their health and independence?

Question 6: What is your plan to help people with intellectual/developmental disabilities (I/DD) remain in their communities and out of costly Medicaid-funded institutions such as nursing homes or intermediate care facilities (ICFs)?



SAFETY & SECURITY - *Staying safe and secure (emergencies, well-being, guardianship options, legal rights and issues).*

Question 7: What plans do you have to address Oklahoma's community-based direct care workforce crisis, the pressure it puts upon family caregivers and provider agencies, and the barriers it creates to ensuring people with disabilities have access to a qualified essential workforce?

Question 8: What plans do you have to address Oklahoma's teacher workforce crisis, including the need for special educators and paraprofessionals to ensure students with intellectual/developmental disabilities (I/DD) have access and ensure students are prepared for the workforce or a postsecondary opportunity after completing high school?



SOCIAL & SPIRITUALITY - *Building friendships and relationships, leisure activities, personal networks, and faith community.*

Question 9: Isolation and loneliness are significant public health concerns with widespread impacts on mental and physical well-being for everyone and have plagued people with I/DD for too long. What are your ideas to use existing partners to promote policies that promote social inclusion to increase positive relationships and improve the mental and physical well-being for everyone?



ADVOCACY & ENGAGEMENT - *Building valued roles, making choices, setting goals, assuming responsibility and driving how one's own life is lived.*

Oklahomans with I/DD deserve to understand and exercise their personal and civil rights to lead safe and successful lives as independently as possible, and they deserve equal protection when their rights are infringed upon.

Question 10: What will you do to increase the protection for the personal and civil rights of Oklahomans with I/DD?

Question 11: What is your plan to appoint people with lived experience (people with disabilities or their family members) to policy making positions which includes agencies, boards, and commissions, throughout your administration?

317:30-5-412. Description of services

Revised: ~~9-11-23~~ 9-15-27

Family support services include services identified in (1) through (6) of this section. Providers of any family support service must have an applicable SoonerCare Provider Agreement for Home and Community-Based Services (HCBS) Waiver Providers for persons with developmental disabilities.

(1) **Transportation services.** Transportation services are provided per Oklahoma Administrative Code (OAC) 317:40-5-103.

(2) **Assistive technology (AT) devices and services.** AT devices and services are provided per OAC 317:40-5-100.

(3) **Architectural modification.** Architectural modification services are provided per OAC 317:40-5-101.

(4) **Family training.**

(A) **Minimum qualifications.**

(i) Individual providers must have a Developmental Disabilities Services (DDS) Family Training application and training curriculum approved by ~~DDS staff~~ DDS State Office. The curriculum must be developed, implemented, evaluated and revised as necessary by the provider. Any revisions to the approved curriculum must also be approved by DDS staff. Individual providers must hold a current licensure, certification, or a bachelor's degree in a human service field related to the approved training curriculum, or other bachelor's degree combined with a minimum of five (5) years' experience in the intellectual disabilities field. Only individuals named on the SoonerCare Provider Agreement to provide Family Training services may provide service to members.

(ii) Agency or business providers must have a (DDS) Family Training application and training curriculum approved by ~~DDS staff~~ DDS State Office. The curriculum must be developed, implemented, evaluated, and revised as necessary by the provider. Any revisions to the approved curriculum must also be approved by DDS staff. Agency or business provider training staff must hold a current licensure, certification, or a bachelor's degree in a human service field related to the approved training curriculum or other bachelor's degree combined with a minimum of five (5) years experience in the intellectual disabilities field. ~~The credentials of n~~ New training staff hired by an approved DDS HCBS Family Training agency or business provider must be submitted to also meet these credentials and receive approved approval by the DDS programs manager for Family Training prior to new staff training members or members' families.

(a) Per OAC 317:40-1-3, agencies or businesses providing direct care or vocational services cannot also provide Family Training services on a member's plan of care to avoid conflicts of interest.

(B) **Description of services.** Family Training services include instruction in skills and knowledge pertaining to the support and assistance of members. Services are:

(i) Intended to allow families to become more proficient in meeting the needs of members who are eligible;

- (ii) Provided in any community setting;
- (iii) Provided in either group, consisting of two (2) to fifteen (15) persons, or individual formats;
- (iv) For members served through DDS HCBS Waivers and their families. For the purpose of this service, family is defined as any person who lives with, or provides care to a member served on the Waiver;
- (v) Included in the member's Individual Plan (Plan) and arranged through the member's case manager; and
- (vi) Intended to yield outcomes as defined in the member's Plan.

(C) **Coverage limitations.** Coverage limitations for family training include (i) through (iv) of this subparagraph.

- (i) The limitation for individual family training is \$6,500 per Plan of Care (POC) year
- (ii) The limitation for group family training is \$6,500 per POC year
- (iii) Session rates for individual and group sessions do not exceed a range comparable to rates charged by persons with similar credentials providing similar services.
- (iv) Rates must be justified based on costs incurred to deliver the service and are evaluated to determine if costs are reasonable.

(D) **Documentation requirements.** Providers must maintain documentation fully disclosing the extent of services furnished that specifies (i) through (ix) of this subparagraph. Progress reports for each member served must be submitted to the DDS case manager per OAC 340:100-5-52.

- (i) The service date.
- (ii) The start and stop time for each session.
- (iii) The signature of the trainer.
- (iv) The credentials of the trainer.
- (v) The specific issues addressed.
- (vi) The methods used to address issues.
- (vii) The progress made toward outcomes.
- (viii) The member's response to the session or intervention.
- (ix) Any new issues identified during the session.

(5) **Family counseling.**

(A) **Minimum qualifications.** Counseling providers must hold current licensure as clinical social workers, psychologists, licensed professional counselors, or licensed marriage and family therapists.

(B) **Description of services.** Family counseling offered to members and his or her natural, adoptive, or foster family members, helps to develop and maintain healthy, stable relationships among all family members.

- (i) Emphasis is placed on the acquisition of coping skills by building upon family strengths.
- (ii) Knowledge and skills gained through family counseling services increase the likelihood the member remains in or returns to his or her own home.
- (iii) All family counseling needs are documented in the member's Plan.

- (iv) Services are rendered in any confidential setting where the member or family resides or the provider conducts business.
- (C) **Coverage limitations.** Coverage limitations for family counseling are outlined in (i) and (ii) of this subparagraph.
 - (i) Individual counseling is accounted for in units of 15 minutes with a limitation of 400 units per POC year.
 - (ii) Group counseling, with a six (6) person maximum, is accounted for in units of 30 minutes with a limitation of 225 units per POC year.
- (D) **Documentation requirements.** Providers must maintain documentation fully disclosing the extent of services furnished that specifies:
 - (i) The service date;
 - (ii) The start and stop time for each session;
 - (iii) The signature of the therapist;
 - (iv) The credentials of the therapist;
 - (v) The specific issues addressed;
 - (vi) The methods used to address issues;
 - (vii) The progress made toward resolving issues and meeting outcomes;
 - (viii) The member's response to the session or intervention; and
 - (ix) Any new issue identified during the session.
- (E) **Reporting requirements.** Progress reports for each member served must be submitted to the DDS case manager per OAC 340:100-5-52.
- (6) **Specialized medical supplies.** Specialized medical supplies are provided per OAC 317:40-5-104.

Developmental Disabilities Council of Oklahoma Quarterly Meeting Minutes


DATE: Friday, October 24, 2025

TIME: 1:00 PM

PLACE: 2400 N. Lincoln Blvd., Rm. C-48, Oklahoma City, OK

BE IT REMEMBERED that on Friday, October 24, 2025, at 1:00 p.m., the Developmental Disabilities Council of Oklahoma met at 2400 N. Lincoln Blvd., Rm. C-48, Oklahoma City, OK, in accordance with the Oklahoma Open Meetings Act.

NOTICE of the schedule for all regular and special meetings of the DDCO for calendar year 2025 was given in writing to the Oklahoma Secretary of State and public notice and the agenda posted on the Council's website at or before 12:00 p.m. on Thursday, October 23, 2025, in accordance with 25 O.S. § 311 et seq.

- I.  **CALL TO ORDER:** Mr. Toney called the meeting to order

- II.  **ROLL CALL:**

Present: Maggie Bond, Nadine Walter for Jeromy Buchanan (1:17 p.m.), Sherri Coats (2:20 p.m.), Brett Cunningham, Janie Fugitt, Laura Haney, Jacob Pyle, Mark Lewis for Beth Scrutchins, RoseAnn Duplan for Melissa Sublett (left 2:36 p.m.), Kodey Toney, Bryce Wooten


Guests: Wendy Morton, Tosha Robinson

Online: Susan Rutledge, Wanda Felty for Dr. Valerie Williams (1:25 – 2:07 p.m.)


Absent: David Blose, Shelly Greenhaw, Heather Hancock, Gina Richardson, Lori Wieder, Cynthia Wilkett,

Staff: Jennifer Robinson, Morgan Davis, Bradley Mays, Jenifer Randle



By roll call having determined there were sufficient members for a quorum and business was conducted.



- III.  **WELCOME AND RECOGNITION OF GUESTS:** Mr. Toney welcomed new Council Members: Laura Haney, Susan Rutledge, Bryce Wooten, and Heather Hancock to the Council.



IV.  **Council Presentation:** Dr. Wendy Morton and Ms. Tosha Robinson presented findings and their recommendations from the Council public listening sessions held this past spring and summer.



V.  **Review Meeting Minutes:** Mr. Kodey Toney, Chair
The Council reviewed the meeting minutes for July 18, 2025. Minutes will be redone and ready for review at the next quarterly board meeting in January along with today's minutes (10/24/2025).

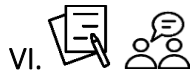
VI.  **Committee Reports:**

A.   **Advocacy, Training & Outreach Committee:** Ms. Fugitt asked Dr. Mays and Ms. Davis to report on Council programs. Dr. Mays reported that Partners in Policymaking (PIP) has completed the second weekend for this year's class and referred members to the report provided in their materials. He also reported that preparations are being made for this year's YLF, which is scheduled for June 9-13. Dr. Mays served as an MC at this year's Disability Employment Awards Ceremony. He also received the Laura Choate Resilience Award from the Oklahoma Institute for Child Advocacy this past month and will be presenting at this year's Oklahoma Transition Institute. Ms. Davis referred Members to the report provided in their materials and also mentioned she will be presenting at the Oklahoma Transition Institute as well as supporting Self-Advocacy Trainers at the Institute.

B.   **State Plan Committee:** Ms. Robinson referred the Members to the Project Quarterly Updates for fiscal year 2025 in their materials. Fiscal year 2026 just finished their first quarter.

C.   **Finance Committee:** Ms. Randle reported that our fiscal year 2024 funding is almost exhausted. The Council has about three months of funding.

D.   **Executive Committee:** Mr. Toney discussed a Professional Involvement Fund request from Beyond the Spectrum to fund an IEP training course from The Arc of Oklahoma for parents. They are requesting \$1,000 and providing \$500 match funding. The Committee has questions for Beyond the Spectrum before approval.



VI. Reports from Outside Committees / Organization:

- A. **Advisory Committee on Services to Persons with Developmental Disabilities:** Vacant. No report.



- B. **Center for Learning and Leadership**
Oklahoma's University Center for Excellence in Developmental Disabilities (UCEDD)
University of Oklahoma Health Sciences Center – College of Medicine **DD Network Partner - CLL/UCEDD:** No report.



- C. **Oklahoma Disability Law Center** **DD Network Partner - ODL:** Ms. Duplan reported they're still waiting to hear more about fiscal year 2026 funding. She also mentioned that the mental health settlement agreement hasn't moved further. They have filed a motion for injunctive relief.




- D. **Oklahoma Human Services** **Developmental Disabilities Services (DDS):** Mr. Lewis reported that the Council is currently using carryover funding from 2024 and 2025. On the DDS side, concerning waiver services, as of now, there is sufficient funding to get us through December 31, and funding has been approved. Beyond that, it's difficult to say what will happen concerning federal dollars (state dollars are approved). October 1 did see DDS begin serving waiting list Cohort 11 on October 1. This Cohort is serving people on the wait list from December 2024. This means the waiting list is down to 10 months. DDS has hired 20 new case workers to serve over 8,000 people. They've held 2 regional trainings with another in February and will be virtual.




- E. **Oklahoma Human Services** **Community Living, Aging and Protective Services (CAP):** Ms. Walters reported that the report Mr. Lewis provided concerning funding for waiver services was similar. Hiring nurses for the ADvantage waiver continues to be difficult as nurses are being asked to return to the office as opposed to working from home. They are preparing to submit a grant to focus on rural health. It's unsettling times and thankful for their team for being resilient.





- F. **Oklahoma Education** **Special Education Services (SDE/SES):** Ms. Coats reported that the office of special education programs is not available to the state department due to the government shut down. She reminded people that services don't end. She also reported they haven't had trouble drawing down funds. Ms. Coats mentioned that the climate and atmosphere has changed since the appointment of the new Superintendent. The Board of Education did celebrate the 50th Anniversary of IDEA with a resolution.


- G.  **OKLAHOMA Rehabilitation Services** **Department of Rehabilitation Services (DRS):** Ms. Fugitt mentioned a couple of upcoming events including the Oklahoma Transition Institute in Owasso; DRS Business Services Unit is hosting a Career Expo Oct 30 at Tulsa Tech. DRS finished their program year at the end of 25 and reported DRS had more people request services and more people with successful closures this past year.

- H.  **OKLAHOMA State Department of Health** **Oklahoma State Department of Health (OSDH):** No report.

VII.  **Directors Report:** Ms. Randle welcomed new Council Members. She praised the Staff for their work despite the challenges. Ms. Randle referred members to the brochure provided about the Alternatives to Guardianship website. She mentioned if brochures are needed, to let staff know and we will get them.

VIII.  **Other Old/New Business:** Mr. Toney asked Members and Staff to introduce themselves and their role.

IX.  **Federal and State Issues, Legislation, Court Actions:** Ms. Randle discussed a sign-on letter from the NACDD concerning the cuts in the Department of Education and Mental Health and possible impact from said cuts. The sign-on letter is only educational.

X.  **Announcements:** Ms. Randle asked Members to look through the descriptions of Council committees and to respond with their what committee they would like to serve as well as to check their address listed in the Members Roster.

XI.  **Adjournment:** The meeting was adjourned at 3:02 p.m.



Information and Technical Assistance Center (ITACC)

2026 DD Council Training and Technical Assistance Institute

Annually, a training and technical assistance institute is planned in partnership and collaboration with the Administration for Community Living, Administration on Disabilities, Office of Intellectual and Developmental Disabilities staff.

A planning committee has worked to prepare sessions that will assist Council staff and members as they conduct strategic planning efforts, recruit Council members, and engage people through positive social media practices to impact people with developmental disabilities and their families in their State or Territory.

Please join us as we learn and explore different topics on “Shaping the Future”. The full schedule and registration information is below.

Please see the dates, times and scheduled topics for the 2026 event. They're all virtual.

Session 1: Administration on Disabilities, Office of Intellectual and Developmental Disabilities (OIDD) Federal Updates Session

Tuesday, April 28, 2026, 1:00 – 2:30 p.m. Eastern Time

Session description: Leaders and staff from the Administration on Disabilities (AoD), Office of Intellectual and Developmental Disabilities (OIDD), will share updates about current federal programs and priorities.

Session 2: ACL Operational Drivers – Scalability and Speed

Tuesday, April 28, 2026, 3:00 – 4:30 p.m. Eastern Time

Session description: Participants will explore factors to determine if a Council-funded project can and should be scaled. Whether scaling a project within the state to more areas, replicating a project or activity started by one Council and used in another state, or sustaining a project, scalability can help achieve positive outcomes more quickly. Three scaling paths will be reviewed.

Session 3: Strategy to Impact: Transitioning to a New 5-Year State Plan

Thursday, April 30, 2026, 1:00 – 2:30 p.m. Eastern Time

Session description: Participants will explore best practices when closing out one plan and transitioning to a new plan. Topics will include closing out the current 5-Year State Plan intentionally, celebrating achievements and contributions, creating a clear

bridge between plans, and communicating clearly and often. Examples of applied practices will be shared.

Session 4: Strategy to Impact: Communicating Results

Thursday, April 30, 2026, 3:00 – 4:30 p.m. Eastern Time

Session description: Information to help Councils understand the importance of sharing the results and impact of their work will be shared. Participants will learn how to share results in simple, easy-to-understand ways so policymakers, partners, communities, people with intellectual and developmental disabilities (I/DD), and their families understand what the Council does and why it matters.

Session 5: Strategy to Impact: Effective Governance Best Practices

Tuesday, May 5, 2026, 1:00 – 2:30 p.m. Eastern Time

Session description: This session will review governance best practices that support a Council-led, staff-supported structure. Participants will learn how other Councils put five of the best practices into action. Participants will explore clear roles, decision-making processes and ownership of decisions, staff role(s), Chairs leading meetings, and building member confidence. A Council-Staff Roles one-pager will be provided.

Session 6: Strategy to Impact: Prioritizing Strategic Policy Engagement

Tuesday, May 5, 2026, 3:00 – 4:30 p.m. Eastern Time

Session description: Councils face many policy issues each year. This session will help participants identify which policy issues to prioritize and how to focus their education efforts where they can

have the greatest impact, based on their State Plan goals, the identified needs in their state, and overall feasibility. A policy issue screening checklist and engagement flowchart will be shared.

Register to attend 1, 2, 3, 4, 5, 6, or all

<https://itacchelp.org/2026-dd-council-training-and-technical-assistance-institute/>


for
1



WITH SPECIAL

Thanks

TO ALL OF YOU

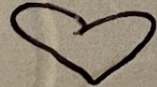
We are thankfull
for this experiance
and giving us the
oppportunity to be
part~~s~~ of Partners
and Policy Makers
Class of  2026

Claudia 105 Kevin

advocacy is the key to success,
this education that PiP gives
is crucial and life changing.
Thank you for putting this on
for us. -Jasmyn Herrmann

Thank You so much for giving
us this opportunity to learn &
grow to be better advocates.

April Sloan



Thank you for this
life changing opportunity!

Thank you so much for
~~the~~ sharing the knowledge so
generously. I truly appreciate you!
LaTasha Freeman

Thank you for all that you do for
families & individuals in Oklahoma!
- Nancy H.

THANK you for all you do! OK is better
because of you all! Julie

I have so much gratitude for all you do, individually and
as a body. Programs like Partners in Policymaking are life changing
and so beneficial for all Oklahomans! Thank you for your
constant support. ♡ Myranda Kieffer

Thank you for all you are doing
for the families of Oklahoma



WITH SPECIAL

Thanks

TO ALL OF YOU

We are thankful
for this experience
and giving us the
opportunity to be
part of Partners
and Policy Makers
Class of 2026

Claudia ¹⁰⁷ and Kevin

this program has changed
my life. Thank you!

Love, Adeike Paul

Thank you for this life changing
opportunity. The friends
are now family & can't wait
to continue the work!
♥ Julie

Thank you for
supporting all of us
and allowing us to
grow in our skills!
Ariana

Thank you
for giving us the
opportunity to be
heard. ♥ Tamara
Beazley

Thank you for
offering such an
amazing opportunity
to individuals who
need it! - Emily
Dutall

Thank You for this life changing
opportunity! - Shollie
Hammons

Life altering! Heart
& mindset changed for the
better, Thank you for
helping me open my eyes
to a new world of
possibilities. ♥ Vinera

Thank you for this
experience & All you do!
V Rock - Vinera

Thank you for
everything you do!

-Megan

Thank you so
much for this
opportunity!
-Hannah

Although this note says "Thank You"

In just this simple way,

There's special meaning in these words

To all of you today,

For the thoughts behind this message

Are especially warm and true,

And words cannot express

The special thanks this brings to you.

A V R

With Appreciation,

Partners in Policy making

Class of 2020