



OREGON  
COUNCIL ON  
DEVELOPMENTAL  
DISABILITIES

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**FIVE-YEAR PLAN**  
**As Amended August 2009**  
**October 1, 2006 – September 30, 2011**  
**Goals, Outcomes & Performance Targets**

*The mission of the Oregon Council on Developmental Disabilities is to  
create change that improves the lives of  
Oregonians with developmental disabilities.*

## **SECTION I: COUNCIL IDENTIFICATION**

**A. State Plan Period:** Oct.1, 2006 – Sept. 30, 2011

**B. Contact Person:** Bill Lynch  
**Phone Number:** 503-945-9942

**C. Council Establishment:**  
Date of Establishment: October 23, 1974  
Authorization: Executive Order  
Authorization Citation: Executive Order No. EO-74-18; continued by EO 02-24.

**D. Council Membership:** [Roster not included with this draft.] **Provide a plan for compliance if the Council cannot fulfill membership requirements by the due date of this plan. Councils are expected to be in compliance by next year.**

**E. Council Staff:** [Not included with this draft.]

## **SECTION II: DESIGNATED STATE AGENCY**

### **A. The Council: (NA)**

**B. Other Agency:** Department of Human Services  
State DSA Official's Name: Bruce Goldberg, Director  
Address: 500 Summer St. NE, Salem OR 97301  
Phone: 503/945-5944  
Fax: 503/378-2897  
E-mail: bgoldber@dhs.state.or.us

**C. Direct services to persons with developmental disabilities provided or paid for by this agency:** Service coordination/case management, vocational, residential, in-home supports for children, family support, support services for adults.

**D. Does your Council have a memorandum of understanding/agreement with your DSA? Yes**

**E. DSA roles and responsibilities related to the Council (e.g., administrative support):**  
Admin. support; representation on Council; inform/seek input from Council on DD issues/policy directions considered by DSA; report on outcomes/activities related to DSA's mission; assure non-interference with implementation of Council plan.

**F. Calendar year Council or agency was designated as DSA: 1974.**

## **SECTION III: COMPREHENSIVE REVIEW AND ANALYSIS**

### **A. Prevalence of DD in the State**

#### **1. Estimated # of people with DD in Oregon: 36,410**

**How estimate was created:** Oregon population projections for 2005 (3,641,056) based on U.S. Census Bureau "Census 2000" and a conservative prevalence rate of 1% of the total population for developmental disabilities based on national prevalence data from the University of Minnesota.

### **B. Environmental Factors Affecting Services**

Economy: At various times during the past five years, Oregon has had the distinction of having the highest unemployment rate in the nation. Since more than 90% of the state general fund comes from personal and corporate income tax, this has meant reduced funding for state services supported by general fund dollars. Hardest hit were human services, K-12 education and law enforcement/corrections, all of which experienced significant service reductions. The Oregon Health Plan was dramatically scaled back and Oregon schools had the largest class sizes and shortest school years in the nation. And while services were being cut, demand for services has been rising. Although unemployment rates have dropped to their lowest level since 2001, many people have jobs that do not provide a family living wage.

Unlike most states, Oregon has no rainy day fund to help maintain services during times of economic downturn. In times of economic prosperity, personal and corporate tax revenues are returned to taxpayers if the amount collected is at least 2% above of official projections (a provision in the Oregon Constitution known as "the kicker"). And Oregon is one of the few states that has no sales tax, having rejected it at the ballot box multiple times.

Demographics: The Oregon population has undergone significant changes in recent years. The rate of population growth in Oregon outpaces the national average. Between 1990-2005, Oregon's total population increased 27% compared to 18.5% nationally. Oregon also became more racially and ethnically diverse during that time. Since 1990, the percentage of Oregon residents who are Hispanic or Latino has climbed from 4% to an estimated 9.5%. The overall racial diversity of Oregon also increased significantly, with 18 percent claiming a racial or ethnic identity that is other than white.

Along with the rest of the nation, Oregon is seeing a rapid growth in its senior population as the baby boomer generation ages. State officials anticipate that this population will dramatically increase demand for state funded social services. In 2004, 12.8% of the population was over 65 and 41.5% reported having a disability. A recent report shows that half of all Department of Human Services employees will be eligible to retire within the next five years.

Most of Oregon is rural. The number of persons per square mile is less than half that of the national average. Major urban areas are concentrated in the western part of the state, primarily in the Willamette valley. One exception is the city of Bend in central Oregon, which has been experiencing a major population growth for several years.

Politics: Passage of the "bottle bill," the assisted suicide law, the medical marijuana law and other progressive environmental/social measures has earned Oregon a liberal label. Yet in many respects, Oregon can be characterized as moderate to conservative, with strong support for self-sufficiency, family values and small government. A growing portion of the electorate is registered as

independent or otherwise not affiliated with one of the two major political parties (25% in 2006, up from about 20% in 2001). Partisan politics have impeded the legislature from dealing with many of the big issues of the day, including tax reform, funding for public education and rising health care costs. Increasingly, voters are taking the law into their own hands by bypassing the legislature and passing measures through Oregon's initiative process. At times, this has produced public policies with unintended consequences detrimental to the Oregon economy, since the larger context and impact of these laws are not always thoroughly considered by initiative sponsors. Partisan politics and disenchantment with the state political system has also motivated some experienced legislators not seek reelection and discouraged other qualified individuals from seeking office.

Legal: Oregon continues to operate under the terms of a "waitlist lawsuit" settlement agreement. The Staley agreement, reached in 2000 and renegotiated in 2003, calls for development of support services for all eligible adults with developmental disabilities. In addition, it stipulates that 300 adults shall receive comprehensive services during the life of the agreement. Terms of the agreement are scheduled to be met by 2009, effectively ending the wait list for support services and completing the development of comprehensive services for 300 people. From 2009 forward, all persons deemed eligible for support services through brokerages are supposed to receive services within 90 days. The settlement agreement, however, only extends through 2011 and no assurances exist for the continuation of these services after 2011.

### **C. The State Service System Analysis**

Self-Determination: The Office of Developmental Disability Services is committed to self-determination as an underlying philosophy for adult services. This includes participation of self-

advocates and families in service design, implementation and assessment in the following all major endeavors, including:

- Staley Implementation Group (SIG). The SIG is responsible for the initial design of services developed in response to the waitlist lawsuit and Staley Settlement Agreement. The group continues to monitor implementation and evaluation of services. SIG uses the principles of self-determination as guiding values in making policy decisions.
- Revisions to the Individual Support Plan (Medicaid Plan of Care). The ISP is being revised to reflect goals based on personal preference and the balance of risk and personal preference. Extensive training was conducted to increase consultant/family/self-advocate skills in developing person-centered plans and Essential Lifestyle Plans.
- Rate restructuring: Oregon received a CMS Real Choice System Transformation grant to restructure the assessment and funding structure of comprehensive services (see Topic 5 below). The principles of self-determination are being incorporated in the planning and design of individualized assessments and budgets.

Self-advocates, families and professionals promote self-determination when working with the Department of Education, Vocational Rehabilitation, Department of Human Services and the Legislature, and with the public through trainings, publications and presentations.

Barriers to implementation of self-determination include:

- Oregon's longstanding, challenging financial situation, which makes true systemic change difficult;
- People in a variety of roles who do not understand what self-determination is and have the skills and knowledge to support it;

- Lack of computerized data systems to support implementation of individualized budgets and resource tracking.

Integrated Community Employment: Two major state initiatives have recently been launched to increase the competitive employment of people with disabilities.

- In 2005, Oregon Vocational Rehabilitation Division received a four-year Medicaid Infrastructure Grant (MIG) to fund the Oregon Competitive Employment Project. A Leadership Steering Committee was formed and developed a strategic plan to promote the employment of people with disabilities. The plan includes goals that specifically target people with developmental disabilities, along with cross-disability goals. The plan addresses barriers related to transition, transportation, benefits planning, interagency collaboration, etc.
- In 2006, Seniors and People with Disabilities (SPD)/Department of Human Services, bought into a national technical assistance project, along with a dozen other states, to increase supported employment opportunities. The goals of the Supported Employment Learning Network (SELN) are closely aligned with the MIG project. The TA will be used in part to help Oregon build outcome-based employment incentives into the new rates being developed through the rate restructuring project (see above).

Services to Children and Families: In the mid 1990's, the Office of Developmental Disability Services assumed responsibility for foster care and residential services for children with developmental disabilities. They applied for model waivers, increased family support, and respite services. The 2005 Oregon Legislature directed the Department of Human Services, in collaboration with the Oregon Council on Developmental Disabilities, to create a workgroup that would review

and evaluate services to children with disabilities. The group has found the following barriers and issues:

- Budget reductions in education and human services have eroded assistance to families of children with disabilities.
- High caseloads in the county case management system mean that many families don't have access to the information, emotional, and financial support they need.
- The lack of sufficient and timely support for families has resulted in unnecessary out of home placements of children into nursing homes and foster care.
- There is a lack of sufficient collaboration with the mental health system to meet the needs of an increasing number of children and youth who experience both a developmental disability and mental health issues.
- Lack of insurance or under-insurance forces families to either impoverish themselves to access Medicaid or place their children outside the family home.

System Capacity: Human services in Oregon, particularly developmental disability services, are going through the most significant systems change in decades. As a result of the Staley wait list lawsuit and settlement agreement, an additional 5,000 individuals with developmental disabilities will be able to access services by 2009. New service delivery systems are being developed to better reflect the values of self-determination. Currently, there is not sufficient capacity to provide the additional case managers, resource consultants, employment specialists, trainers, staff, respite providers, and information and training that is needed to respond to the influx of new customers. In addition, all the partners including self-advocates, families, and professionals need information and training to understand the new roles and responsibilities of a system based on the values of self-determination.

The 24/7 comprehensive system of services has experienced years of under-funding and neglect. Low wages have made it difficult to recruit and retain qualified workers. Providers who have not received cost of living adjustments for years, struggle to keep the nonprofit service agencies afloat while dealing with high fuel prices, ballooning insurance costs, and an aging and increasingly complex population of clients.

Individual Budget and Resource Allocation Alignment: Oregon struggles with a “legacy” of inconsistent rates, inequities and barriers to meeting individual goals. Current funding for individuals in the DD Comprehensive System (24/7) is not consistently based on individual needs. Oregon lacks adequate historical and current data on individual needs and service costs. Oregon lacks the necessary tools to link funding to objectively assessed support needs. Variations in funding interfere with portability and choice. The absence of good information about consumer needs, provider costs and consistent, credible rate setting methodologies makes it very difficult to compete for scarce resources and effectively target what is available.

In 2006 Oregon received a CMS Real Choice, Systems Transformation Grant. The focus of the 5-year grant is to develop individual assessment and resource allocations, implement more effective payment methodologies, and implement a comprehensive quality management system in the Comprehensive Service System. The active involvement of key stakeholders, including customers, families, providers, and others throughout the planning and implementation process will be critical to successful system change.

**D. Community Services and Opportunities:** (Note: Most of the information requested here is already provided in other parts of Sec III.) In 1994, Access Technologies, Inc., ATI, formed as a nonprofit organization to continue the work of the grant-funded Technology Access for Life Needs (TALN) Project which formed in 1990. The TALN Project is sponsored by the State of Oregon and is partially funded by a grant from the National Institute of Disability and Rehabilitation Research (NIDRR) of the U.S. Department of Education. ATI administers the Technology Access for Life Needs (TALN) Project through a team of Certified Assistive Technology Specialists. ATI staff are trained and certified to work with all types of technology. ATI manages an online Used Equipment Market Place where equipment and technology is offered at reduced prices. They also have an equipment library that allows people to use and evaluate equipment before buying so they don't spend time, energy and dollars on products that doesn't meet their needs.

**E. Waiting Lists:**

Waiting List 1: Support Services for Adults  
Number: About 3600

Wait List 2: Family Support  
Number: About 2500

- The Staley Settlement is intended to eliminate or substantially reduce adult service waiting lists in Oregon by providing access to a basic level of support services and increasing access to 24-hour residential services on a non-crisis basis. Roll out for those waiting for support services will be completed at the end of 2009. After 2009, all eligible individuals will receive services

within 90 days of application. The current wait list projection, including those youth known to case management who will turn 18 by 2009, is about 3600.

- Access to the Comprehensive Service System is primarily through Crisis Services. The crisis system, organized regionally, does not maintain a formal wait list. It acts to triage individuals in crisis to available services throughout the region and state. Families who have indicated that they are approaching a crisis in their ability to continue to provide care to their family member are told that no options are available until they are actually “in crisis.” Individuals may be placed in less than ideal situations and must wait for more appropriate services. Data on these situations is not tracked. In addition, 300 individuals by 2009 will have Comprehensive Services as a result of the Staley lawsuit settlement agreement.
- The rule for Family Support Services requires that each county maintain a wait list. Few counties maintain an active wait list. Many families do not apply for services because there is little service available. It is estimated that about 2,500 families who currently do not receive services would request family support services.
- Oregon has three Medicaid Model 200 Waivers. Neither the medically fragile nor behavior waivers have wait lists.
- Changes in current data collection systems may make it even more difficult to track individuals waiting for services and gather information on the services for which they are waiting.

## **F. Unserved and Underserved Groups**

### **Group 1: Hispanic/Latino**

**Barriers to receipt of supports and services for specific racial/ethnic group:** Lack of culturally competent services; discrimination; lack of legal status/documentation; linguistic/literacy barriers.

### **Group 2: Rural populations**

**Barriers to receipt of supports and services for other unserved and underserved groups:** Lack of public and/or accessible transportation, lack of best practice information, lack of community resources/services

## **G. Rationale for Goal Selection**

Most goals selected by the Council directly relate to the public input we received during early development of the plan. All goals were affirmed by the public comments we received prior to finalizing the plan. Many are similar to goals from our current 5 year plan because the Council felt sustained effort in a number of areas was essential. In addition, many of the goals were chosen because of new opportunities for collaboration that hold promise for major systems change.

Employment Goals: Oregon was once recognized as a national leader in supporting people with developmental disabilities in real jobs. Oregon's ranking has since slipped and employment outcomes have at best remained flat for several years (see Employment Outcome System data). In early 2005, the Council and the Oregon Technical Assistance Corporation formed a workgroup of advocates interested in developing strategies to increase work and career opportunities for Oregonians with developmental disabilities. Soon after, in mid 2005, the Oregon Vocational

Rehabilitation Division received a Medicaid Infrastructure Grant (MIG). This four-year “Competitive Employment” grant has brought new resources and renewed energy to improve employment outcomes for people with disabilities in Oregon. The Council has representatives on the Leadership Council for the project and had a strong voice in shaping that part of the plan devoted to employment of people with developmental disabilities. The Competitive Employment Project has committed three years of funding to OCDD to provide training for families and youth on how to obtain meaningful work. Also in 2005, the Department of Human Services/Seniors & People with Disabilities (SPD) received a CMS grant to assist the state in restructuring its rates and payment system to better support the continuing shift toward a service system based on self-determination. When complete, the new system will be able to tie rates to employment outcomes. As recently as May, 2006, SPD joined a consortium of states that will pool resources to receive technical assistance from national experts on supported employment at the Institute for Community Inclusion in Boston. All these recent developments present an excellent opportunity for the Council through collaboration, to produce better employment outcomes for Oregonians with developmental disabilities.

Transportation Goal: Much of rural Oregon has little or no public transportation. Recent cutbacks in inter-city transportation between rural communities have only made the situation worse. The MIG Competitive Employment Project and the Oregon Department of Transportation are forming a collaborative a project to help three local communities develop and implement plans for coordinating accessible transportation resources for people with disabilities to get to work. In 2004 the Council helped leverage funds that led to this effort and continues to participate on the Oregon United We Ride Working Group that oversees the project.

Education and Early Intervention Goals: While some schools do an exemplary job of teaching students with developmental disabilities and preparing students for transition to adult life, many other schools fall short of the mark. The Council expects to have an impact in this area by arming families and students with information about their education rights, about transition planning rights and about best practices for successful transition. This will help families and students know what to ask for as they move through the education and transition process.

While some schools and districts in Oregon currently offer inclusive education, others have tried and failed, and still others have made no effort to include students with disabilities in the regular classroom. The Council believes all students benefit when students of all abilities learn together. This is only possible when schools and districts adopt policies and practices ensure that students and teachers have the supports they need to succeed in an inclusive classroom.

Health Goals: Families and advocates often cite the lack of affordable, high quality health care for people with development disabilities as a major concern. The Council believes it can best address this concern by working to restore cuts to the Oregon Health Plan, create policies that ensures access to quality health care for people with developmental disabilities and help health care providers understand how to respectfully serve this population.

Housing Goals: Many adults with developmental disabilities live with and receive supports from their family. Many of these families and individuals need and want more independence. State-funded community housing and residential supports, however, are only available through crisis services and, on a very limited basis, through the Staley lawsuit settlement agreement. In response to this dilemma, some families have banded together to develop housing and residential services for their

family members with developmental disabilities by combining a variety of public and private resources. Unfortunately, individual preferences about where and with whom a person lives are not always considered when these housing arrangements are being developed. The Council believes that with training, technical assistance and information, families will better appreciate the rights of their adult family members to have a central role in these important decisions.

The lack of affordable, accessible housing continues to be a barrier to community living for Oregon adults with developmental disabilities. The Council believes that changes in public policy need to occur so that more people can gain access to housing that is suited to them.

Child Care Goal: The Council recognizes that some children with disabilities require a higher level of care in a child care setting, which can translate to higher costs. In addition, even families who may be able to afford the higher cost of care may have difficulty finding providers that have the skills and knowledge required to provide quality care to a child with disabilities. The Council's Inclusive Child Care Program, funded by the Employment Department, attempts to address both of these issues for a growing number of families through stipends and through provider training and technical assistance.

Recreation Goal: While it is generally understood that lives are enriched by diverse social networks, friendships and relationships, not enough is done to ensure that people with developmental disabilities have opportunities to form friendships beyond the ones they develop with roommates and staff. Inclusive recreation provides endless opportunities to meet new people with common interests and form bonds. One barrier to inclusive recreation is lack of information about community

recreation options. The Council plans to address this barrier through the collection and dissemination of information.

Community Supports Goals: These goals, like our recreation goal, are focused on removing barriers so people with developmental disabilities can form meaningful and lasting relationships. The Council believes that relationships are the key to reducing the loneliness that so many people with developmental disabilities experience on a daily basis. Relationships also play a big role in promoting personal safety and wellness.

Quality Assurance Goals:

The Council is involved in three major systems change efforts to more firmly embed self-determination into our system of services and supports. One is implementation of the wait list lawsuit settlement agreement and the continuing rollout of support services for adults. Another is an effort to restructure rates so they are fair and are linked to the changing support needs of individuals. The Council is also leading an effort to reform our system of services to families and children, including family support.

In 2005, Seniors and People with Disabilities/DHS formed the Developmental Disabilities Quality Assurance Committee to oversee development of a quality assurance system for developmental disability services and supports. Historically, quality assurance has been fragmented, inadequate and incomplete. The Council, through its involvement, wants to ensure that a QA system consistent with the self-determination philosophy is fully developed and implemented.

**SECTION IV: AREAS OF EMPHASIS AND PERFORMANCE TARGETS**

**AREA - EMPLOYMENT (EM):** “People get and keep employment consistent with their interests, abilities and needs.”

Goal **Employment and careers are real options for all people with developmental**  
 EM-1 **disabilities.**

<p><b>Outcome</b> EM-1.1</p>	<p>Students, adults and families see the benefits of employment and know how to use existing resources to get jobs.</p>	<p><b>Performance Targets:</b> -216 trained - 12 get jobs</p>
<p><b>Outcome</b> EM-1.2</p>	<p>Policies and programs are created or improved to help individuals reach their employment and career goals.</p>	<p><b>Performance Targets:</b> - 12 policies/programs created / improved - \$8400 leveraged (2008)</p>

**AREA - EDUCATION and EARLY INTERVENTION (ED):** “Students reach their educational potential and infants and young children reach their developmental potential.”

Goal

ED-1 **Youth with developmental disabilities are prepared for life after high school.**

<p><b>Outcome</b> ED-1.1 Families, students and professionals have information about transition planning rights and best practices for successful transition.</p>	<p><b>Performance Targets:</b> - 30 people trained/ year</p>
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Goal

ED-2 **The educational needs of children with developmental disabilities are addressed.**

<p><b>Outcome</b> ED-2.1 Students have access to quality, inclusive education.</p>	<p><b>Performance Targets:</b> - 6 policies/programs created/improved - 19,600 students benefit from improved policy or program</p>
<p><b>Outcome</b> ED-2.2 Families and students know and understand special education advocacy, rights, services, best practices and self-determination.</p>	<p><b>Performance Targets:</b> - 500 people trained</p>

**AREA - HOUSING (HO): “Adults choose where and with whom they live.”**

**Goal HO-1      People with developmental disabilities have the support they need to make informed choices about their housing.**

<b>Outcome</b> HO-1.1	Families recognize the rights of family members to make decisions about where and with whom they live.	<b>Performance Targets:</b> - 400 people receive training
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**Goal HO-2      People with developmental disabilities have homes that are accessible, affordable and appropriate.**

<b>Outcome</b> HO-2.1	Public policies promote more access to housing for people with developmental disabilities.	<b>Performance Targets:</b> - 2 policies/programs created/improved - 36 people move into community
<b>Outcome</b> HO-2.2	Homes are equipped to support the health, safety and independence of people with developmental disabilities.	<b>Performance Targets:</b> - 850 people have homes of their choice - \$1,875,000 leveraged

**AREA – HEALTH (HE):** “People are healthy and benefit from the full range of needed health services.”

**Goal HE-1**      **People with developmental disabilities receive the full range of necessary health services from the Oregon Health Plan.**

<b>Outcome</b> HE-1.1	The Oregon Health Plan will be fully funded to meet the needs of people with developmental disabilities.	<b>Performance Targets:</b> - 10,000 people have health care
<b>Outcome</b> HE-1.2	Oregon Health Plan policies address the needs of people with developmental disabilities.	<b>Performance Targets:</b> - 5 program / policies created / improved

**Goal HE-2**      **People with developmental disabilities have access to health care that meets their needs.**

<b>Outcome</b> HE-2.1	Health care is available and affordable.	<b>Performance Targets:</b> - 4 policies/programs created/improved - 230 have medically involved child waiver
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**AREA - CHILD CARE (CH):** “Children and families benefit from a range of inclusive, flexible child care options.”

**Goal CH-1** Child care for families of children with disabilities is available, affordable, accessible and inclusive.

<p><b>Outcome</b> CH-1.1</p>	<p>Child care providers have resources available to serve children with disabilities who need higher levels of care.</p>	<p><b>Performance Targets:</b> - 550 children served - 625 programs improved - \$2,069,000 leveraged</p>
<p><b>Outcome</b> CH-1.2</p>	<p>Child care providers have the skills, knowledge and support to provide quality care to children with disabilities.</p>	<p><b>Performance Targets:</b> - 120 providers trained</p>

**AREA – RECREATION (RE):** “People benefit from inclusive recreational, leisure and social activities consistent with their interests and abilities.”

**Goal RE-1**      **People with developmental disabilities have appropriate supports and resources to successfully participate in recreation and leisure activities of their choice.**

<p><b>Outcome</b> RE-1.1</p>	<p>The social connections and wellness of people are improved through inclusive recreational opportunities.</p>	<p><b>Performance Targets:</b> -1 policies/programs created or improved (2009-2011) - 500 people trained (2009-2011)</p>
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**AREA - TRANSPORTATION (TR):** “People have transportation services for work, school, medical, and personal needs.”

**Goal**            **People with developmental disabilities have reliable transportation for work.**  
**TR-1**

<b>Outcome</b> TR-1.1	Accessible transportation resources are coordinated and expanded in rural and urban communities.	<b>Performance Targets:</b> 7 policies/programs created or improved
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**AREA - QUALITY ASSURANCE (QA):** “People have the information, skills, opportunities and supports to live free of abuse, neglect, financial and sexual exploitation, and violations of their human and legal rights, and the inappropriate use of restraints or seclusion. Quality assurance systems contribute to and protect self-determination, independence, productivity, and integration and inclusion in all facets of community life.”

Goal **Self-determination is reflected in all developmental disability services and**  
 QA-1 **supports.**

<b>Outcome</b> QA 1.1	Policies, administrative rules and laws reflect self-determination in the public and private sector.	<b>Performance Targets:</b> 10 policies/programs created/improved
<b>Outcome</b> QA 1.2	People have choice and control over the services and supports they receive.	<b>Performance Targets:</b> 5,000 have access to choice and control over services
<b>Outcome</b> QA 1.3	People with developmental disabilities, their families and professionals have skills and knowledge about self-determination best practices.	<b>Performance Targets:</b> - 5000 people trained - \$30,000/year leveraged (2008-2009)

**Goal  
QA-2**

**Oregon has a quality assurance/quality improvement (QA/QI) system for all developmental disability services and supports.**

<p><b>Outcome</b> QA-2.1</p>	<p>Oregon has an accessible, statewide QA/QI system that reflects the values and priorities of families and self-advocates.</p>	<p><b>Performance Targets:</b> - 5 policies/programs created/improved</p>
<p><b>Outcome</b> QA-2.2</p>	<p>People with developmental disabilities and their families are key players in service improvements through involvement in QA/QI systems.</p>	<p><b>Performance Targets:</b> - 25 people involved in systems advocacy</p>
<p><b>Outcome</b> QA-2.3</p>	<p>Providers have policies, plans and information for maintaining services and supports during times of emergency.</p>	<p><b>Performance Targets:</b> - 1 policy/program created/improved (2008)</p>

**Goal QA-3 Self-advocates and family members have leadership roles in policy arenas at all levels.**

<p><b>Outcome</b> QA-3.1</p>	<p>Self-advocates and their families have access to resources that develop their knowledge and skills as advocates and leaders.</p>	<p><b>Performance Targets:</b> - 700 receive training</p>
<p><b>Outcome</b> QA-3.2</p>	<p>Self-advocates and their families have the skills and opportunity to do legislative and other systems advocacy.</p>	<p><b>Performance Targets:</b> -880 people trained in systems advocacy</p>
<p><b>Outcome</b> QA-3.3</p>	<p>Oregon has statewide and local self-advocacy organizations that develop leaders and involve them in public policy advocacy.</p>	<p><b>Performance Targets:</b> - 900 people trained in systems advocacy</p>

**Goal  
QA-4**

**Developmental disability supports and services are available to all eligible people and their families.**

<p><b>Outcome QA-4.1</b></p>	<p>People receive culturally responsive services and supports.</p>	<p><b>Performance Targets:</b>          - 5 policies/programs created/improved          - 12,000 trained cultural competency          - 50/year served (08-11)</p>
<p><b>Outcome QA-4.2</b></p>	<p>Oregon has a strategic plan for developmental disabilities services and supports that is developed by all who are affected.</p>	<p><b>Performance Targets:</b>          - 1 policy created (2008)</p>
<p><b>Outcome QA-4.3</b></p>	<p>Services and supports to children and families are improved.</p>	<p><b>Performance Targets:</b>          - 8 policies/programs created or improved          - 4000 children have access to improved services (2008-2011)</p>
<p><b>Outcome QA-4.4</b></p>	<p>Services and supports for people with developmental disabilities are maintained, improved and expanded.</p>	<p><b>Performance Targets:</b>          - 5060 individuals and families get services          - \$138.8 million</p>

**Goal  
QA 5**

**Oregon has strong statewide advocacy coalitions and networks to address developmental disability issues and broader disability concerns.**

<b>Outcome QA-5.1</b>	Oregon has an active developmental disabilities coalition representative of all major advocacy organizations.	<b>Performance Targets:</b> - 1917 active in systems advocacy - 32 entities collaborate
<b>Outcome QA-5.2</b>	Oregon has active cross-disability groups that advocate for people with developmental and other disabilities.	<b>Performance Targets:</b> - 15 entities collaborate/year
<b>Outcome QA-5.3</b>	Oregon has an active coalition of family organizations that advocate for people with developmental and other disabilities and their families.	<b>Performance Targets:</b> - 25 entities collaborate/year
<b>Outcome QA-5.4</b>	Oregon has an active network of agencies funded by the Administration on Developmental Disabilities.	<b>Performance Targets:</b> - 4 entities collaborate/year
<b>Outcome QA-5.5</b>	Disability advocacy groups in Oregon collaborate with racial/ethnic advocacy groups.	<b>Performance Targets:</b> - 4/year active in systems advocacy from racial/ethnic groups - 2/year disability groups active on racial/ethnic advocacy groups

**AREA - FORMAL AND INFORMAL COMMUNITY SUPPORTS (CS):** “Individuals have access to other services available or offered in a community, including formal and informal community supports that affect their quality of life.”

**Goal CS-2**      **People with developmental disabilities have support to develop and maintain healthy friendships and relationships.**

<b>Outcome</b> CS-2.1	Providers adopt policies and best practices that assist individuals in forming and keeping friendships and relationships.	<b>Performance Targets:</b> - 1 policies/programs created/improved
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**AREA - CROSS CUTTING (CC):** "Activities that impact all Areas of Emphasis."

**Goal CC-1**      **People are educated about issues of importance to people with developmental disabilities in Oregon and their families.**

<b>Outcome</b> CC-1.1	Legislators, the Governor and administrators of state departments serving people with developmental disabilities are educated.	<b>Performance Targets:</b> -107 policymakers/year are educated - 62,900 copies of materials distributed
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<b>Outcome</b> CC-1.2	Members of the general public are educated.	<b>Performance Targets:</b> - 4,000,000 people reached
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**Goal CC-2 Communities support inclusion and self-determination for individuals with developmental disabilities and families.**

<b>Outcome</b> CC-2.1	Community businesses, groups and associations are educated about inclusion and self-determination.	<b>Performance Targets:</b> - 3000 people receive information
<b>Outcome</b> CC-2.2	Families have information to select and advocate for accessible, inclusive child care options.	<b>Performance Targets:</b> - 800 families receive information

<b>Goal</b> CC-3	People with developmental disabilities receive respectful, quality services from health care providers.	
<b>Outcome</b> CC-3.1	Health care providers have knowledge and awareness needed to care for people with developmental disabilities.	<b>Performance Targets:</b> - 7200 Health Care Providers receive information (2010).

**Goal CC-4 People with developmental disabilities have information to develop and maintain healthy friendships and relationships.**

<b>Outcome</b> CC-4.1	Families have information about how to support family members in forming and keeping friendships and relationships.	Performance Targets: - 1544 Received Oregon Perspectives issue 3.
<b>Outcome</b> CC-4.2	Individuals have information about how to form and keep friendships and relationships.	Performance Targets: - 327 Received Oregon Perspectives issue 3.

**SECTION V: ASSURANCES THE COUNCIL WILL ABIDE BY STATE AND FEDERAL RULES, REGULATIONS AND LAWS** [Not included with this version.]

**SECTION VI: PROJECTED COUCIL BUDGET** [Not included with this version.]

**SECTION VII: PUBLIC REVIEW OF THE PLAN**

More than 300 Oregonians responded to a survey by the Oregon ADD Network. People were asked to identify issues that needed addressing and opportunities for systems change. The electronic survey was sent to more than 1400 people and posted on our webpage in English and Spanish. 4500 received postcards inviting them to visit our webpage and complete the survey or request a hard copy in English or Spanish. Many issues mentioned by survey responders are reflected in the Plan.

The draft plan was reviewed at two statewide conferences and at a DD Coalition meeting. Postcards were sent to 4500 people and public notices ran in five newspapers (including three weeklies that target specific ethnic/racial communities) inviting the public to comment by going to our webpage, by requesting a hard copy in English or Spanish and/or by attending one of two public forums. A total of 75 individuals offered comments.

**SECTION VIII: EVALUATION PLAN**

Progress and outcomes will be evaluated at least quarterly by workgroups responsible for specific portions of the plan. Each workgroup will be assigned one or more Areas of Emphasis. Contractors submit quarterly reports and make annual presentations to the Council that include outcome data related to performance targets. Relevant outcome data collected by state agencies will also be tracked regularly. Workgroup chairs and staff will report progress to the full Council at bimonthly

meetings. Once a year the Council will evaluate whether a plan amendment is necessary and what changes to submit. The Council plans to use the DD Suite software to track outcomes.

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