

Oregon Council on Developmental Disabilities

Program Performance Report

For Federal Fiscal Year 2014

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Oregon Council on Developmental Disabilities
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Salem, OR
97301

Section I: Identification

State or Territory: OR - Oregon Council on Developmental Disabilities

Reporting Period: October 1, 2013 through September 30, 2014

Name of Person to Contact Regarding PPR Information

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State Authority

State Authority Establishing Council:

Did the State authority change in this fiscal year? N/A

Designated State Agency

Did your DSA change? N/A

If 'yes', Name?

Is the new DSA a service provider? N/A

Section II: Comprehensive Review Update

Services for Adults

The Office of Developmental Disability Services (ODDS) provides DD services to over 22,000 people. Almost 15,000 adults receive developmental disability (DD) services (an additional 1,377 adults receive case management services only). Oregon continues to operate its Comprehensive and Supports Services waivers for adults. Services provided in these waivers have changed significantly with employment systems change efforts and implementation of Oregon's new Community First Choice Option or "K Plan."

The K Plan expands access to DD services by tying the amount of services a person receives to the results of a functional needs assessment (FNA). The FNA measures personal care needs, preferences and goals. Statewide, results of the FNA resulted in more people accessing more services, creating a collective increase in plan costs and a considerable budget impact. Stakeholders are concerned about system sustainability.

Services for Children and Families

Approximately 6,000 children receive DD services. Department of Human Services (DHS) forecast data reveal 960 new children entered in-home support services since August 2013. We anticipate this number will continue to rise as more families learn about the K Plan and apply for services. Three model waivers provide intensive in-home supports to 389 children with significant behavioral or medical support needs. Children are also able to receive services under the Comprehensive waiver. Oregon must address the question of whether children can receive employment services.

Informal (non-Medicaid funded) supports

The Council supports implementation of the Oregon Consortium of Family Networks funded by the Legislature through DHS. The Networks facilitate a family empowerment and support model in local communities using the principles of asset-based community development. Six operating Networks currently reach 7,000 families and community partners in urban and rural communities. Two additional Networks will begin operations next period; one will be located in the eastern "frontier" region of the state.

Several non-profit family support and advocacy organizations are located in communities throughout our state. They provide a wealth of support, education and referrals to local and publicly funded resources to families of children experiencing disability. Children who cannot access waiver or K Plan services may receive general fund family support services provided through community DD programs.

Systems Infrastructure and Improvements

Oregon DD system stakeholders continue to respond to rapid systems change and their impact on people receiving services, infrastructure and sustainability. Two significant systems change efforts underway include the Employment First movement in Oregon, and changes to DD services, rule, policy, and practice with implementation of the K Plan.

Healthcare

Oregon's healthcare reform efforts to expand access to health insurance and lower costs are underway. Oregon expanded Medicaid-funded healthcare under the Affordable Care Act through health insurance exchanges and the Oregon Health Plan (OHP). As a result, OHP enrollment grew 57% by August 2014 to include over 1,000,000 Oregonians. Now, one in four Oregonians uses the Oregon Health Plan.

The State established local managed care entities called Community Care Organizations (CCO) to reduce unnecessary health care costs. CCOs are local networks of all types of health care providers who work together in their local communities to serve people who receive the OHP. According to a June 2014 performance report, CCOs met a goal to reduce growth in costs by 2% per member, per year.

Section III: Progress Report - Goals and Objectives

Goal 1: Education

There is an increase in the number of students with I/DD in Oregon who exit secondary education prepared for and qualified to pursue continuing education and/or competitive employment.

Area of Emphasis	Planned for this Goal	Areas Addressed
Quality Assurance	planned	
Education and Early Intervention	planned	
Child Care		
Health		
Employment	planned	
Housing		
Transportation		
Recreation		
Formal and Informal Community Supports	planned	

Strategies	Planned for this Goal	Strategies Used
Outreach	planned	
Training	planned	
Technical Assistance	planned	
Supporting and Educating Communities	planned	
Interagency Collaboration and Coordination	planned	
Coordination with Related Councils, Committees and Programs	planned	
Barrier Elimination	planned	
Systems Design and Redesign	planned	
Coalition Development and Citizen Participation		
Informing Policymakers	planned	
Demonstration of New Approaches to Services and Supports	planned	
Other Activities	planned	

Intermediaries/Collaborators	Planned for this Goal	Actual
State Protection and Advocacy System	planned	
University Center(s)	planned	
State DD Agency		

Other Collaborators Planned:

ODE
VR
OCFN

Other Collaborators Actual:

Objective 1.1:

Typical child care or out of school time care facilities have the knowledge and resources to support children with diverse abilities and needs.

Implementation activities:

Develop Leadership and Advocacy Skills
Conduct Direct Advocacy and Influence Policy Decisions
Develop Sustainable Models of Informal and Formal Supports

Facilitate Collaboration and Raise Awareness

Activities undertaken were: All met Partially met Not met

Timelines:
2-5 Years

Timelines established were: All met Partially met Not met

Annual Progress Report:

During this FY, Council staff worked to ensure that typical childcare or after school facilities have the knowledge and resources to support children with disabilities through the Inclusive Child Care Program (ICCP). The ICCP is a program of the Council that supports access to childcare and inclusive childcare opportunities for children with diverse abilities and needs. This program receives all of its financial support with federal funds through the Oregon Department of Human Services (DHS). We describe ICCP training and non-training activities below.

Training events

* October 8, 2013, Jackson County: Twenty-four childcare providers attended an “Including Samuel: Reflections on inclusion in our lives and work” training (SC01 – 24). This training reviewed philosophies of inclusion and strategies to meet the needs of diverse learners. Participants developed action plans to continue inclusive practices in their communities.

* September 22, 2014, Wasco County: Twenty-four childcare providers attended the “Including Samuel: Reflections on inclusion in our lives and work” workshop (SC01 – 24). During the workshop, participants reflected on inclusion philosophies and strategies to meet the needs of diverse learners. They also developed action plans to further inclusive practices in their communities.

* October 10, 2013, Multnomah County: Twenty-five child care providers participated in the Including Samuel workshop during the Oregon Association for the Education of Young Children annual fall conference (SC01 – 25).

* October 24, 2013, Linn County: Twenty-five childcare providers attended a training on Sensory Processing Disorders (SC01 – 25). An ICCP contractor from the Linn/Benton/Lincoln Early Intervention/Early Childhood Special Education (EI/ECSE) program led this training.

* January 14, 2014, Clackamas County: Twenty-one participants attended a Set One “CONNECTing to Inclusion” training (SC01 – 21). The training was a trial run of a standardized curriculum offered through the CONNECT modules from the Frank Porter Graham Child Development Institute. ICCP staff collected feedback from participants and will use this information to modify the curriculum to better fit community needs.

* March 11, 2014, Tillamook County: Sixteen staff from one childcare center participated in the “Introduction to Inclusion” module of the standardized Opening Doors to Inclusive Programs curriculum (SC01 – 16).

* March 27, 2014, Multnomah County: Eleven childcare providers participated in the second

module of the Opening Doors to Inclusive Programs, called Respectful Accommodations (SC01 - 11). ICCP staff collaborated with the Multnomah County Library to provide this training.

* April 21, 2014, Tillamook County: ICCP staff training 17 people on the Supporting Positive Behavior module of the Opening Doors curriculum (SC01 – 17).

* May 7, 2014, Josephine County: ICCP staff trained 19 childcare providers Sensory Processing and the Young Child (SC01 – 19). During this training, participants learn differences in sensory processing between typically developing children and children with developmental disabilities and how these differences impact behaviors and abilities. We also discussed strategies for inclusion. This was a two-part training with providers returning with action plans and strategies specific to their settings.

* May 22, 2014, Jackson County: ICCP contractor, the Job Council in Medford conducted a two-part training called “Using the ASQ/ASQ SE & Communicating with parents” in collaboration with EI/ECSE specialists. Twenty-nine providers participated (SC01 – 29).

* May 17, 2014, Deschutes County: ICCP staff collaborated with Kids Included Together to train 33 childcare providers on the “Introduction to Inclusion, Respectful Accommodations” and “Partnering with Families” modules of the Opening Doors to Inclusive Programs standardized curriculum (SC01 – 33). This series is part of a national curriculum on supporting out of school time practitioners with a focus on school aged children. These sessions were held in English with concurrent Spanish interpretation.

* May 20, 2014, Deschutes County: ICCP collaborated with an EI/ECSE specialist to train 25 childcare providers on the “Tool Kit for Success” (SC01 – 25). This training targeted practitioners who have children with behavioral challenges in their settings and covered topics such as classroom management, adapting activities, and other accommodation strategies. The training was presented in both English and Spanish.

* May 27, 2014, Jefferson County: ICCP trained 23 childcare providers on the “Tool Kit for Success” (SC01 – 23). The training was presented in both English and Spanish.

* June 21, 2014, Deschutes County: ICCP staff presented the ASQ training 15 providers in both English and Spanish (SC01 – 15).

* June 28, 2014, Jefferson County: – ICCP staff presented the Opening Doors to Inclusive Programs modules Introduction to Inclusion, Respectful Accommodations and Supporting Positive Behavior modules to 23 childcare providers (SC01 – 23). The trainings were offered in both English and Spanish.

* Linn-Benton County: ICCP staff collaborated with Family Connections to present a Writing and Using Social Narratives training to 20 childcare providers (SC01 – 20). This class shared information on how to help children with special needs in the areas of communication and social skill by using social stories to clarify a child’s understanding of events and expectations.

* August 13 & 15, 2014, Polk County: ICCP staff Melinda Benson presented at the Western Oregon University’s Early Childhood Institute conference. Nineteen childcare providers attended the “Including Samuel: Reflections on inclusion in our lives and work” workshop (SC01 – 19).

Non-training events

Melinda Benson became the new ICCP program coordinator when Terry Butler, the originator of the program, retired. Melinda supported Terry to administer the ICCP for the past eight years. Melinda made several positive changes to the program during this reporting period:

- * Hired a subsidy coordinator to manage the direct subsidy component of the program and complete high need assessments. Our ICC specialist continues to provide assessment support and direct consultation and training to childcare providers receiving the supplemental subsidy and others.

- * Expanded our capacity to provide ICCP services by increasing the number of contracts with Child Care Resource & Referrals (CCR&Rs) from three to six (SC02 – 6). Our new contracts include:

- The Job Council serving Jackson, Josephine, Klamath and Lake counties
- The Training and Education Consortium serving Baker, Grant, Harney, Malheur, Union and Wallowa counties
- Neighbor Impact serving Deschutes, Crook and Jefferson counties
- Family Connections of Linn and Benton counties
- Family Connections of Lane and Douglas counties
- CARE Connections of Coos and Curry counties

Deliverables and services are customized to each CCR&R's local needs and range from assessment support to full consultation, training and outreach activities.

- * Expanded outreach for the High Need subsidy that ICCP staff administer. For example, the Linn Benton Resource & Referral Agency developed four Facebook public service announcements and presented to 18 members of the Corvallis DHS JOBS parent group about ICCP (SC05 – 18). Melinda regularly presents to DHS eligibility workers about the High Need subsidy. This period, she educated 73 eligibility workers about the subsidy (SC05 – 73). As a result referrals for the High Need subsidy doubled in a six-month period and increased the supplemental subsidy population. We anticipate an ongoing increase in the number of children receiving subsidies next period.

- * Worked with the DHS Child Care Program to streamline the High Need payment system to enable childcare providers to receive their payments in a more efficient and timely manner. As a result, turnaround time for payments to childcare providers is 3 to 5 days (down from 7 – 10 days). This makes for happy providers, families and caseworkers!

- * In March, ICCP partnered with the Early Learning Center, Teaching Research Institute at Western Oregon University (SC02 – 1) to rollout the Quality Rating Improvement System (QRIS) statewide. Oregon's QRIS is a program that raises the quality and consistency of childcare and early learning programs across the state. As of September 2014, 4,306 programs are engaged in the QRIS program in Oregon (SC05 – 4,306). The Quality Rating System recognizes, rewards and builds on what early learning and development programs are already doing well. It helps ensure children in QRIS programs are ready for kindergarten by connecting programs and providers with free tools, financial incentives and professional advice that they can put into practice with confidence. Melinda attends meetings and ongoing trainings with the local Quality Improvement Specialists.

- * ICCP staff gave a presentation to 15 members of the Portland Public Schools Child Care Group on the Inclusive Child Care Program (SC05 – 15).

- * We did not fill Melinda's position when she took the program coordinator position. As a result, a

major challenge this period has been reduced staff capacity to manage the programmatic upheaval in heavy workload times and market our program.

ICCP staff continue to advocate for inclusive childcare practices and ongoing professional development for childcare providers at many tables around the state:

- * Oregon ASK steering committee (SC02- 38)
- * The Child Care Coordinating Council and its subcommittees on professional development, quality assurance, and access & outreach (SC02 - 20)
- * The State Interagency Coordinating Council (SC03 – 28)
- * The QRIS advisory board (SC02 - 4)

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	369
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	0
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	0
SC02 Number of organizations involved coalitions/networks/partnerships:	69
SC03 Organizations engaged in systems change efforts:	28
SC04 Number of public policymakers educated:	0
SC05 Members of the general public reached:	4,412
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$0
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Objective 1.2:

Individuals with I/DD are provided opportunities and support for inclusive

participation in school and the broader education community.

Implementation activities:

Develop Leadership and Advocacy Skills

Conduct Direct Advocacy and Influence Policy Decisions

Develop Sustainable Models of Informal and Formal Supports

Facilitate Collaboration and Raise Awareness

Activities undertaken were: All met Partially met Not met

Timelines:

1-5 Years

Timelines established were: All met Partially met Not met

Annual Progress Report:

During this FY, Council staff worked to ensure that children and adults experiencing IDD have opportunities and support for inclusive participation in school and the broader education community. We describe our training and non-training activities below.

Training events

Consumer Involvement Funds (CIF)

The Council awarded \$2,500 to the Northwest Down's Syndrome Association (NWDSA) to sponsor 150 family members and self-advocates to attend their annual All Born In Conference (SA01 – 150). The conference objective is to educate families and individuals about their options and rights. The conference featured 26 breakout sessions targeted to families of children birth through adulthood. The sessions covered education related content including Universal Design for Learning, assistive technology, special education law and process, post-secondary education options, sexuality, school to work transition, employment, etc.

Oregon Consortium of Family Networks trainings

The Family Networks promote welcoming and inclusive communities for families with children with IDD. To do so, they provide specific support and advocacy with parents in local schools. Each Network also works closely with the Oregon Parent Training and Information Center (FACT/PTI) to bring trainings about education issues and related advocacy to both families and school personnel (SC03 – 1). Together, the Networks (SC02 – 6) facilitated the following trainings this period:

* Eight IEP trainings with 103 family member participants in communities around the state (SA02 – 103). These trainings focused on the parent and student rights and role in the IEP process, person-centered planning (PCP) and incorporating PCP content into the IEP.

* Twenty trainings to family members (SA01 – 304) regarding inclusive education, including guidance on the role of PCP in the IEP, understanding the IEP, and effective transitions from Early Intervention to Kindergarten.

Partners in Policymaking (PIP) – Education Session

Council staff worked with our PIP partners (i.e., six Family Network directors, FACT/PTI staff) to

present a session on Education in March of 2014 (SC02 – 7). This intensive advocacy training focused on the struggles and philosophies surrounding inclusive practices in schools, and the benefits of inclusion for all people. Michael Remus and FACT/PTI staff presented to 26 self-advocates and parents (SA02 – 26).

Non-training events

The Alliance for Early Intervention (AEI) engages parents and professionals in advocacy efforts for Early Intervention and Early Childhood Special Education (EI/ECSE) services. EI/ECSE services support children with disabilities ages birth through five and their families. The AEI supports the following principles:

- * The earlier EI/ECSE services are provided, the greater the positive impact the services have on the children and families
- * EI/ECSE services must be high-quality and provided in a family-centered manner
- * Parents are best supported when agencies work together

The Council contracted with a parent advocate member of the State Interagency Coordinating Council (SICC)* to complete the following AEI deliverables (SC03 – 1).

1. Work with the AEI advisory committee (SC04 – 10) to organize three educational activities for legislators and other key stakeholders about EI/ECSE programs.

* To date, the Contractor convened a Go Project legislative advocacy training with 25 family members in Salem (SC04 – 25). The remaining two events are scheduled next period during Oregon's legislative session.

2. Work with AEI advisory committee to provide status updates and newsletters on EI/ECSE programs and resources within the community to stakeholders through email or Facebook and Twitter at least once per month for the length of the contract.

* The Contractor established a Facebook page with 245 members. This page reached 566 viewers by the end of this reporting period (SC05 – 566). She distributes monthly newsletters by email to 1,016 people on her listserv (SC05 – 1,016).

3. Meet with Council staff, regularly to discuss the recent action on this project and current legislation.

* The Contractor also meets regularly with the Council's policy analyst staff, Family Network coordinator and meets monthly by phone with each Family Network to stay current on information and events related to EI/ECSE policy and services.

4. Meet with and update the Advisory Committee every two months on the progress of the project and any upcoming legislation or activities for the length of the contract.

5. Create and update AEI presentations and informational materials including fact sheets and an electronic presentation that introduces AEI's goals and values and explains EI/ECSE services and the impact of those services on Oregon's children with disabilities and their families.

* The Contractor developed an AEI website (www.oregonaei.org) where she posts upcoming events, presentations, fact sheets and newsletters.

* The SICC advises, advocates and collaborates on state, local and individual levels to maximize each child's unique potential and ability to participate in society. Members work to improve the quality of life, according to each family's value system.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	454
SA02 People trained in leadership, self-advocacy, and self-determination:	129
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	0
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	0
SC02 Number of organizations involved coalitions/networks/partnerships:	13
SC03 Organizations engaged in systems change efforts:	2
SC04 Number of public policymakers educated:	35
SC05 Members of the general public reached:	1,582
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$0
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Objective 1.3:

Policies and systems are in place that facilitate access to and remove barriers to appropriate and inclusive education.

Implementation activities:

Develop Leadership and Advocacy Skills
Conduct Direct Advocacy and Influence Policy Decisions
Develop Sustainable Models of Informal and Formal Supports
Facilitate Collaboration and Raise Awareness

Activities undertaken were:

All met

Partially met

Not met

Timelines:

1-5 Years

Timelines established were: All met Partially met Not met

Annual Progress Report:

Council staff participated as members of Oregon’s Think College initiative. Think College is a national organization dedicated to developing, expanding, and improving inclusive higher education options for people with IDD. Oregon is one of several states with a Think College initiative. The Arc Oregon leads this initiative. Membership to the Oregon Think College network includes representation from 18 schools, universities, parents, state agencies, and advocacy organizations (SC03 – 18). However, meeting attendance, leadership and energy from the group are ongoing issues. As a result, we withdrew participation.

Despite dysfunction with the Think College group, efforts to create postsecondary education options continue. The NW Downs Syndrome Association (NWDSA) is not a current Think College member (SC03 – 1). However, through their advocacy, they engaged the support of Nancy Golden, the Oregon Education Investment Board’s Chief Executive Officer in discussions to promote postsecondary education options for students with IDD (SC04 – 1). NWDSA is also working with Concordia University to develop an inclusive program for students with IDD. One student is currently attending Concordia.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	0
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	0
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	0
SC02 Number of organizations involved coalitions/networks/partnerships:	0
SC03 Organizations engaged in systems change efforts:	19
SC04 Number of public policymakers educated:	1
SC05 Members of the general public reached:	0
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0

SC06c Other systems change measure: 0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged: \$0

Section III: Progress Report - Goals and Objectives

Goal 2: Employment

Increase in the number of individuals with ID/DD in Oregon who achieve competitive employment.

Area of Emphasis	Planned for this Goal	Areas Addressed
Quality Assurance	planned	
Education and Early Intervention	planned	
Child Care		
Health		
Employment	planned	
Housing		
Transportation		
Recreation		
Formal and Informal Community Supports	planned	

Strategies	Planned for this Goal	Strategies Used
Outreach	planned	
Training	planned	
Technical Assistance	planned	
Supporting and Educating Communities	planned	
Interagency Collaboration and Coordination	planned	
Coordination with Related Councils, Committees and Programs	planned	
Barrier Elimination	planned	
Systems Design and Redesign	planned	
Coalition Development and Citizen Participation	planned	
Informing Policymakers	planned	
Demonstration of New Approaches to Services and Supports	planned	
Other Activities	planned	

Intermediaries/Collaborators	Planned for this Goal	Actual
State Protection and Advocacy System	planned	
University Center(s)	planned	
State DD Agency	planned	

Other Collaborators Planned:

Arc of Oregon
 ODE
 DD Coalition
 OVRs
 OCFN

Other Collaborators Actual:

Objective 2.1:

Individuals with I/DD have a vision for, pursue and achieve post-secondary education, training and integrated community employment.

Implementation activities:

Develop Leadership and Advocacy Skills
 Conduct Direct Advocacy and Influence Policy Decisions

Develop Sustainable Models of Informal and Formal Supports
Facilitate Collaboration and Raise Awareness

Activities undertaken were: All met Partially met Not met

Timelines:
2-5 Years

Timelines established were: All met Partially met Not met

Annual Progress Report:

During this FY, the Council engaged in training and non-training events to encourage people with IDD to pursue and achieve post-secondary education, training and integrated employment. We describe these events below.

Training events

Opening Doors employment trainings

The Council facilitated five "Opening Doors" trainings in local communities. The purpose of the trainings was to educate self-advocates, family members and others about systems changes related to employment services and what they can do to prepare for new service options. These trainings occurred during a time of uncertainty in the community. While community members (i.e., family members, self-advocates, providers, etc.) knew changes were coming, the state had not yet publicly messaged strategies to increase access to employment services and build community capacity to provide these services.

The trainings focused on the Employment First movement at the national and state level, the Governor's Executive Order 13-04 (April 10, 2013) and impact on services provided by the Department of Education, Vocational Rehabilitation and the Office of Developmental Disability Services. We addressed concerns related to the end of transition assessments in sheltered workshops and the Governor's order to close the front door to workshops July 2015 to new youth and adults coming into services. We also spoke to hopeful efforts by many providers to transform their services and the states promise to provide funding to increase community capacity for job development and other supported employment services.

We co-facilitated the meetings with self-advocates (SA04 – 5) and community partners engaged in systems change (SC03 – 13). These partners hosted the trainings and outreached to families and others in their regions. We presented in five different locations in the state.

* Fifty people attended our Portland event on April 3, 2014. Participants included representatives from state agencies and service providers, personal agents, family members, a teacher and self-advocates (SA01 – 50). Co-presenters included a panel of four self-advocates and two staff from Community Pathways, Inc. brokerage.

* Nine people attended our East Portland event on May 1, 2014. Participants included 3 self-advocates, a parent, a staff, and four presenters (SA01 – 9).

* Twenty-three parents of school-age children attended our Springfield event on June 25, 2014. Co-presenters included a VR counselor and a Job developer (SA01 – 23). We included

information about transition services in this presentation.

* Forty-two self-advocates, parents and provider agency staff attended our South Beach event on August 12, 2014 (SA01 – 42).

* Six parents attended our Salem event on October 9, 2014 (SA01 – 6).

Oregon Consortium of Family Networks

The Family Networks actively educate families about the importance of high expectations for their children to have a full life that includes employment. Six Networks partnered to facilitate three trainings for families in three local communities related to employment (SC03 – 6). Training topics included the transition from school to work and adult services, the importance of high expectations for individual success, person-centered planning as a tool to enhance transition planning, and the value of having a whole life, including employment. One hundred and thirty family members participated (SA01 – 130).

Oregon Association of People Supporting EmploymentFirst (APSE)

Oregon APSE is a chapter of national APSE, the only national organization dedicated to promoting competitive integrated employment for all people with disabilities. They believe employment in the general workforce is the first and preferred outcome in the provision of publicly funded services for all working age citizens with disabilities, regardless of level of disability. Council staff are APSE members and participate on the APSE board. We frequently collaborate with APSE on employment related activities.

* The Council collaborated with Oregon and Washington APSE to convene the first Pacific Northwest Employment Forum. The purpose of this two-day event was to support a collaborative network of organizations, families, self-advocates and other advocates to work together integrated employment in Oregon and Washington and to learn from each other. Ninety-five people attended multiple sessions on best practice related to organizational transformation, advocacy, and supported employment (SA01 – 95). Presenters included national leaders in the integrated employment movement, self-advocates, and leaders from both Oregon and Washington. Six organizations from both states contributed a total of \$4,000 to hold the event (SC02 – 6). This marks the first time Oregon and Washington employment advocates have joined efforts towards systems change.

* The Council attended the 2014 National Convention in Long Beach with 16 other state agency staff, self-advocates, provider agency staff, advocates and family members from Oregon (SA01 – 16). One of the Oregon self-advocates from Brookings was one of two national winners of the Personal Achievement Award. Oregon APSE presented to 45 people about how we developed our newsletter THE FOCUS as an example of innovative practice by a State Chapter (SA01 – 45). Council staff designed, planned, wrote articles and edited the newsletter. This FY, THE FOCUS was published twice in April and September with a direct reach to 66 Oregon APSE members signed up to receive the newsletter (SA05 – 66).

* Oregon APSE collaborated with Disability Rights Oregon (AIDD Network Partner, Community Access Services and FACT/PTI (SC02 – 4) to host two Town Hall meetings on employment services in Oregon. Presenters explained the Governor's Executive Order 13-04 and the lawsuit against the state to expand access to employment services. A total of 98 family members, individuals receiving services, provider agency staff, and others attended the sessions in Beaverton and Portland (SA01 – 98).

Megaconference

Council staff participated in planning and convening the Megaconference in Salem during October 2013 with several other community partners (SC02 – 7). Building on the momentum of the “Employment First” system change in Oregon, we were able to leverage \$4,000 of US Department of Labor (DOL) grant resources from the state to hold a two-day training with grant-funded national Subject Matter Experts (SME’s) during the conference. The SMEs facilitated several sessions on best practices in discovery, person-centered planning, job development, customized employment, and supported employment. We outreached to Employment First (EF) teams from around the state to participate in these sessions, especially the four EF teams participated in the grant-funded “Seamless Transition” pilots described below. Approximately 80 people involved in systems change attended these sessions (SA04 – 80).

US DOL grant Seamless Transition pilots with Employment First (EF) teams

As noted above, Oregon is the recipient of a US Department of Labor grant to increase integrated employment outcomes for youth and adults with disabilities. Grant activities continued this period. Council staff participate on the grant team and in grant activities as members of the Washington County EF team.

Oregon grant funds currently support implementation of “Seamless Transition” pilot projects with consultation from national Subject Matter Experts (SME’s). EF teams located in Clackamas, Multnomah, Umatilla and Washington Counties operate the pilots. Initially, there were five pilots, however; Lane County declined participation due to frustration with the state for poor communication. While other teams were also frustrated, they decided to continue participation.

These teams are working with local school districts, community developmental disability programs, brokerages and service providers, and vocational rehabilitation offices to implement the Seamless Transition model. This model utilizes best practices in person-centered planning, discovery, customized employment, job development and supported employment. Teams are supported to implement the model with regular training and consultation from SME’s (SA01 – 20) with selected team members working directly with students. Each team received a \$10,000 grant from the state to implement the pilot. The state intends to collect recommendations from the pilot teams to influence policies that promote improved employment outcomes for students receiving special education services. To date, we have observed the following:

- * Interagency collaboration is critical to successful transition. Students benefit when there are relationships between education and adult service agencies, interagency coordination of goals and services, and streamlined documentation across formal plans (i.e., IEP, IPE, ISP).
- * Designating a “team lead” early is helpful to coordinating team members and transition activities throughout the transition process.
- * Transition teams need training and technical assistance related to discovery, person-centered planning and customized employment.

Barriers to the transition pilots include:

- * Accessing the services of an interpreter so that families can actively participate in meetings
- * Lack of communication with families whose students are involved in the transition pilots. Some families were not aware their students were involved in the project.

We estimate that these pilots reach at least 75 students, family members, teachers and school

staff, agency staff, employers and others (SA05 – 75).

Non-training events

Washington State Transition Conference

Council staff co-presented with FACT/PTI at the Washington State Transition Conference (SC02 – 1). We presented to 47 providers, teachers, vocational rehabilitation (VR) staff and others (SA01 – 47) about raising expectations for children and students related to school performance, transition from school to work and adult employment.

* The Council director Jaime Daignault presented about the Council’s mission, position on competitive employment and described five-year plan activities related to employment.

* The Council transition and employment specialist Cynthia Owens presented on combining resources or “braiding funding” from several agencies by telling the story of her son’s journey to competitive employment and showing his video.

* Council member and FACT/PTI staff Noelle Sisk, shared FACT/PTI activities to raise expectations of young parents and about using the facilitated person-centered planning process and one-page profiles to communicate a positive vision for their child’s future with teachers and staff early. She used her experience with her oldest child to demonstrate the benefits of communicating high expectations early and often.

Non-training events

Annual DD Awareness Event – raising expectation for employment

The FY’s annual event focused on raising expectations for employment. We held the event at the capitol with over 200 participants (SC05 – 200) and produced a poster featuring a person with significant disabilities who has been employed at Powell’s Bookstore in Portland for 13 years. The poster tells the story of his successful transition from school to his current job and the agencies and resources he used to get there. We’ve distributed over 1,300 posters to community and agency partners, the Department of Education and others (SC05 – 1,300). We also developed a video to promote employment of people with IDD. The message in the video is that with high expectations, appropriate supports and the right job match, people with disabilities can work in community jobs, earning competitive wages alongside their co-workers without disabilities. According to YouTube diagnostics, the video was viewed 3,898 times during this reporting period.

Narrative continued in Objective 3.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	581
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	85
SA05 People attained membership on public/private bodies and leadership coalitions:	0

SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	0
SC02 Number of organizations involved coalitions/networks/partnerships:	17
SC03 Organizations engaged in systems change efforts:	19
SC04 Number of public policymakers educated:	0
SC05 Members of the general public reached:	1,641
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$8,000
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Objective 2.2:

Policies and systems are in place that facilitate access to and remove barriers to integrated community employment.

Implementation activities:

- Develop Leadership and Advocacy Skills
- Conduct Direct Advocacy and Influence Policy Decisions
- Develop Sustainable Models of Informal and Formal Supports
- Facilitate Collaboration and Raise Awareness

Activities undertaken were: All met Partially met Not met

Timelines:

2-5 Years

Timelines established were: All met Partially met Not met

Annual Progress Report:

During this FY, Council staff continued to monitor significant systems change related to employment services for people with IDD. We engaged in multiple activities described below to ensure that policies and systems facilitate access to integrated community employment.

Transition Agency Coordinating Team (TACT)

The TACT is a cross-agency leadership team that meets quarterly to discuss implementation of the Transition MOU (executed last period). The TACT represents leaders of each signing agency including the Council, ODDS, VR and ODE (SC03 – 4). Signatory agencies envision that all students with disabilities will leave high school with a job or a plan for post-secondary education.

This period, the TACT developed a strategic plan to put into effect agency responsibilities outlined in the MOU. The plan changed as implementation of EO 13-04 began due to significant overlap between the two documents. Consequently, we decided to meet quarterly and engaged TACT members across each of five new DHS Employment First (EF) work groups (i.e., Quality Assurance and Quality Improvement (QA/QI), Communication, Policy, Training and Data) created to implement the EO. Council staff are represented on four of the work groups (SC02 – 5). We describe work group activities below.

DHS EF Quality Assurance and Improvement (QA/QI) work stream

The QA/QI Work group adopted a detailed work plan in early April 2014. Additional work in April involved gathering information on the consumer experience in accessing employment services across state agencies. Resulting information contributed to a statewide QA/QI plan required by EO 13-04, which is being implemented. Council staff contributed input to the plan.

DHS Communications work stream

The Communications work group meets periodically to strategize messaging related implementation of the EO. Our major focus this period was developing a marketing campaign for Employment First targeted to people and families experiencing IDD and others. The purpose of the campaign is to raise awareness and expectations for people with IDD for employment. This work is noted above in objective one.

DHS EF Training work stream

This work group began in late summer with a \$500,000 budget to address the need for training to build community capacity for employment. They are informally accepting proposals for trainings. One proposal under consideration is from the Oregon Self-Advocacy Coalition noted above in objective one.

DHS EF Policy work stream

This work group meets weekly to develop policies that implement the EO 13-04 and address barriers to employment for people with IDD. Accomplishments this period include:

- * Transition FAQs targeted to transition teachers, VR counselors and other professionals in the field regarding Employment First changes related to transition age youth or transition procedures and philosophies. These FAQs reiterate the 2013 policy changes that if a student is in school and expected to need DD services to maintain employment, he or she can access those services while still in school.

- * Drafted the policy related to EO 13-04 that prohibits paying for student work assessments in sheltered workshops. This policy is effective July 1, 2014 (SC01 – 1).

- * Drafted the Policy Transmittal to implement the Career Development Plan (CDP) in E) 13-04 (SC01 – 1). Beginning July 1, 2014, anyone receiving DD and VR services must have an annual “My Declaration” and associated CDP or MDE completed during their annual ISP. A person may request a CDP at any time to create or update their CDP. The policy also states that ODDS employment services may not be delayed or denied due to the lack of a CDP.

Executive Order (EO) Policy Committee

One important provision of the Governor's Executive Order 13-04 is the creation of a Stakeholder Policy Group, comprised of 23 key stakeholders and community partners, including the Council (SC02 – 23). The Policy Group meets regularly to recommend outcomes and metrics to the State and review the State's performance under those metrics; and to advise and make recommendations to the Director of DHS and the Deputy Superintendent of Public Instruction, the Governor and Legislature regarding the ongoing implementation of the Executive Order.

This FY, the policy group accomplished the following:

- * Published Oregon's first comprehensive data report to capture a baseline utilizing ODDS and VR client data, ODE indicator 13 and 14 data on post-school outcomes, and Department of Labor data. Subsequently, several barriers to producing quality data reports were identified and are being addressed. Data entry and collection is being address in other DD systems change efforts to implement the K Plan.

- * Provided input to Career Development Plan Policy and Procedure (SC01 – 1). The policy presumes that all people with disabilities are employable in an integrated setting.

- * Provided input to ODDS & VR competencies for the provision of employment services for supported employment professional, service coordinators and personal agents

- * Provided input to the DHS Employment First Outreach and Awareness Plan. The plan highlights the benefits of employment, addresses concerns of families and perceived obstacles to getting a job, and encourages individuals with IDD and their families to seek employment services.

Employment Rule Advisory Committee (RAC)

DHS convened an employment RAC of system stakeholders (SC02 – 13) to operationalize the EO 13-04 in rule. RAC members (including Council staff) responded to proposed rule language with recommendations to strengthen the rule. The Council also provided written comments and recommendations to the rule, several of which DHS accepted (SC01 – 1). System stakeholders will comment on the final rule next period.

Oregon Employment Learning Network (OELN)

Oregon renewed its training contract with the Washington Initiative on Supported Employment (WISE) (SC03 – 1) to educate employment service providers on core competencies established under EO 13-04. The trainings focus on best practices in supported employment, discovery, and person-centered employment planning to expand community capacity for employment services. WISE completed a first round of two-day trainings in Bend, La Grande, Medford, Pendleton, and Portland this period. WISE will convene a second series of two-day trainings in Eugene, Portland and Pendleton next period.

DHS EF Transformation and Training and Technical Assistance (T & TA) grants

In September, the DHS EF team issued requests for proposals (RFP) to fund T & TA contracts and transformation grants to expand capacity for employment services provided to people with IDD. Council staff participated on both proposal review committees.

Next period, DHS will distribute \$2.57 million dollars in grants of \$35,000 – \$150,000 to 25 agencies (SC03 – 25) that currently provide facility-based employment or day services. Two T & TA contractors (SC03 – 2) will work directly with the transformation grantees to provide guidance, consultation, training, and technical assistance for community-based employment services over a

two-year period.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	0
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	0
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	4
SC02 Number of organizations involved coalitions/networks/partnerships:	41
SC03 Organizations engaged in systems change efforts:	32
SC04 Number of public policymakers educated:	0
SC05 Members of the general public reached:	0
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$0
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Objective 2.3:

Individuals with I/DD have a vision for, pursue and achieve post-secondary education, training and integrated community employment narrative continued.

Implementation activities:

Activities undertaken were: All met Partially met Not met

Timelines:

Timelines established were: All met Partially met Not met

Annual Progress Report:

Continuation of Objective 1

Integrated Employment Media Campaign

OCDD entered into an interagency agreement with Vocational Rehabilitation to develop an awareness campaign to promote integrated employment for people with IDD consistent with the Governor's EO 13-04 (SC02 - 1). The purpose of the campaign is to raise awareness about integrated employment, raise expectations for employment, and create demand for supported employment and other services that lead to integrated employment outcomes. We leveraged \$95,000 for this work.

To complete this work, we contracted with the Devin James Group (DJG) marketing firm to help develop an overarching message and related themes and taglines to target individuals and families experiencing IDD and others. OCDD staff met with DJG staff to provide background information to the issue. They used this information to conduct research and produce a creative brief with proposed overarching message and related themes. Per the Council-VR agreement, Council staff shared this brief with members of the Transition Agency Coordinating Team (per IAG requirements) for feedback and approval (SC02 - 4). This group did not approve the creative brief.

Our primary challenge in completing this work was working with the marketing firm. They were unable to grasp the concept of treating people with disabilities with respect (rather than pity) and portraying them as equals (rather than "special"). As a result, we terminated the contract with DJG and continued this work in collaboration with the TACT, the Employment First Communications work group and the DHS communications team (SC02 – 7).

Council staff and TACT members met with the DHS communications staff to engage an internal creative process. This group met three times during this period. During the first meeting, we reviewed employment messages and imaging compiled from the internet and responded to those ideas. During the second meeting, communications staff led a naming exercise to generate more ideas. At the next meeting, we reviewed these ideas and planned next steps. Later, DHS communications staff conducted focus groups with self-advocates and families, employers, local VR agency staff, employment service providers and case managers. Thirty-four focus group participants in Salem (12), Medford (12) and Bend (10) responded several messages and themes identified by the survey results (SA05 - 34). DHS staff compiled their findings in a report and shared with the Employment First Communications team to elicit feedback and select three themes to continue developing. This work will continue into the next reporting period.

Transition Manual

OCDD entered into an interagency agreement with Vocational Rehabilitation to produce a manual for students with disabilities transitioning from school to work or post-secondary education and their families. We leveraged \$15,000 for this work.

Per the agreement, we formed an expert panel that met monthly to determine the manual's

content. Members include Council staff, ODE staff, a brokerage director, a retired special education teacher, ODDS employment policy staff, the statewide VR Youth Transition Program (YTP) coordinator, and a Family Network director (SA04 – 12). Two of these professionals are also parents of youth who have transitioned from school to work. Once the content was determined, OCDD subcontracted with writers to produce a first draft. We organized a group of five parents to help edit this draft from a parent perspective (SA05 – 5). OCDD staff made revisions to create a third draft and distributed back to the expert panel for final edits. Work on the manual will continue during the next reporting period.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	0
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	12
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	0
SC02 Number of organizations involved coalitions/networks/partnerships:	12
SC03 Organizations engaged in systems change efforts:	0
SC04 Number of public policymakers educated:	0
SC05 Members of the general public reached:	39
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$110,000
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Section III: Progress Report - Goals and Objectives

Goal 3: Community Inclusion

Increase in the number of individuals with ID/DD in Oregon who experience full community participation, exercise choice in their lives, and contribute to their communities.

Area of Emphasis	Planned for this Goal	Areas Addressed
Quality Assurance	planned	
Education and Early Intervention		
Child Care	planned	
Health		
Employment		
Housing		
Transportation		
Recreation		
Formal and Informal Community Supports	planned	

Strategies	Planned for this Goal	Strategies Used
Outreach	planned	
Training	planned	
Technical Assistance	planned	
Supporting and Educating Communities	planned	
Interagency Collaboration and Coordination	planned	
Coordination with Related Councils, Committees and Programs	planned	
Barrier Elimination	planned	
Systems Design and Redesign	planned	
Coalition Development and Citizen Participation	planned	
Informing Policymakers	planned	
Demonstration of New Approaches to Services and Supports	planned	
Other Activities	planned	

Intermediaries/Collaborators	Planned for this Goal	Actual
State Protection and Advocacy System		
University Center(s)	planned	
State DD Agency	planned	

Other Collaborators Planned:

OCFN
 ICCP
 DD Coalition
 SIG2

Other Collaborators Actual:

Objective 3.1:

There is an efficient, active and sustainable model for engaging individuals with I/DD and the DD community.

Implementation activities:

Develop Leadership and Advocacy Skills
 Conduct Direct Advocacy and Influence Policy Decisions

Develop Sustainable Models of Informal and Formal Supports
Facilitate Collaboration and Raise Awareness

Activities undertaken were: All met Partially met Not met

Timelines:
2-5 Years

Timelines established were: All met Partially met Not met

Annual Progress Report:

The Oregon Self Advocacy Coalition (OSAC) is a statewide network of 16 local self-advocacy groups representing over 400 people with intellectual and developmental disabilities (SC02 – 16; SC05 - 400). The Council provides funding and staff support to the Coalition. Council staff assist board members to run the organization, build infrastructure and pursue non-profit status. Staff also provide expertise and guidance related to policy issues and policy and legislative advocacy, especially related to their employment and healthcare goals.

The OSAC board is made up of 32 members including a representative and alternate from each of the 16 local groups. The Executive Committee is elected every two years and consists of the Chair and Vice Chair, Treasurer, Secretary and Sargent at Arms. In addition to the executive committee, OSAC also has an employment committee, a healthcare committee and an outreach committee. The OSAC board is actively implementing strategies to reach their goals utilizing this committee structure. The board meets every other month; the committees meet monthly by phone or in person as needed (SA04 - 32).

OSAC kicked off FY 2013-14 with an annual meeting in October. The meeting objective was to approve a strategic plan with goals related to employment, healthcare and building OSAC's infrastructure. The meeting was open members of OSAC's local groups, other self-advocates interested in learning more about OSAC, paid and unpaid supporters, and policymakers. A total of 23 self-advocates and 8 supporters attended (SA04 – 31).

During this meeting, OSAC members approved a strategic plan with goals related to employment, healthcare and building infrastructure.

Employment:

1. Educate state leaders, including legislators, about jobs for people with I/DD.
2. Educate self-advocates about jobs for people with intellectual and developmental disabilities.

Healthcare:

1. Engage self-advocates in health care advocacy at the state and local levels.
2. Inform self-advocates about how to work with a healthcare provider to get the care they want and need.
3. Promote Healthy Lifestyles workshops to help self-advocates set and maintain healthy goals.
4. Inform healthcare providers about how to work with people with intellectual and developmental disabilities.

Building infrastructure:

1. To have a full understanding of the budget

2. Do outreach so more people know about OSAC
3. OSAC members and officers know their roles and the support they need to do a good job.

The committees met throughout the year to make progress on their goals. During board meetings, committee members shared progress on each goal, and discussed issues and ideas from board members. What follows is a summary of accomplishments by committee.

Executive

1. To have a full understanding of the budget

Council staff worked with the Treasurer and executive committee to convene a training on the budget during a board meeting with 28 members (SA02 – 28). Council staff co-facilitated this training with the Treasurer. The Treasurer also received one-to-one training on OSAC income and expenses and how to present the budget to the board. Staff also worked with the executive committee to develop a reimbursement policy to clarify when and what members can be reimbursed for and how these reimbursements and meeting expenses impact the budget.

2. Conduct outreach so more people know about OSAC

The board created an outreach committee to develop materials and conduct outreach activities. This committee:

- * Created a presentation about OSAC. The presentation includes information about the history of self-advocacy in Oregon, OSAC's structure and members, how to join and the benefits of membership.
- * On May 1, a Council staff and OSAC member presented to approximately 50 education and disability professionals, family members and transitioning youth at a Washington County Transition Resource Fair (SA02 – 50).
- * On May 13, a Council staff, local group member and supporter presented to a local self-advocacy group in Medford. The group included 15 self-advocates and 5 staff. As a result, this group became an OSAC member (SA02 – 20; SA05 – 20).
- * In July, Council staff and the employment committee chair met with WA DDC staff and self-advocates to share information about the movements in each state and explore opportunities to work together (SC04 – 6).

3. OSAC members and officers know their roles and the support they need to do a good job.

No progress was made towards this goal. However, the executive committee spent several meetings discussing the pros and cons of becoming a nonprofit. Council staff sent a survey to Councils to gather information about self-advocacy groups with nonprofit status and requested contact information. Staff compiled results and presented information to the board. The board decided to pursue nonprofit status. Staff secured the pro bono services of an accountant and attorney to facilitate the process. We estimate the cost of these services at \$3,500.

Employment

1. Educate state leaders, including legislators, about jobs for people with I/DD.

* The employment committee held four meetings with state leaders to educate them about their position on employment, to talk about barriers that people receiving DD services experience when pursuing a job and suggestions to each agency about what they can do to make things better. State leaders attending these meetings include the directors and other high-level staff from the Oregon Department of Education (ODE), the Office of Developmental Disability Services (ODDS), Vocational Rehabilitation (VR), Department of Human Services (DHS). A total of 8 self-advocates, 4 supporters (SA04 – 12), 7 state leaders and 8 agency staff (SC04 – 15) participated in these meetings.

* In September 2014, Council staff worked with the OSAC employment committee, the IDD Coalition and APSE (SC02 - 3) to host a legislative advocacy day at the capitol. Sixteen people participated in an IDD Coalition legislative advocacy training, developed one-page profiles with employment talking points and their personal stories about employment (SA03 - 16). Then they attended scheduled appointments with their legislators to educate them about employment for people with IDD (SC04 - 8).

2. Educate self-advocates about jobs for people with intellectual and developmental disabilities. In October, OSAC convened a facilitated person-centered employment planning workshop with seven people who want a job. Each person invited family members, staff and case managers to participate. A facilitator worked with each person and their circle of support to gather information and leads for employment while a scribe took notes using words and drawings. At the end of the day, each person had a person-centered plan for employment with next steps identified. The directors of DHS and ODDS dropped view to see the process and talk to people about their employment goals. Thirty-nine people participated (4 family members (SC05 – 4), 7 self-advocates; 10 staff and case managers; 16 facilitators and scribes (SA04 – 33); 2 state leaders (SC04 – 2).

Individual progress implementing employment plans to date:

- Cole, Rebecca and Heather stopped participating and did not implement their plans
- Ross is implementing his plan, has a case open with VR and is receiving support from a job developer
- Jerrid got a part-time support job with ODDS
- Justin opened a case with VR and ended up filing a complaint when they closed his case without providing services
- Phil is not sure he wants to leave his current job on a yard crew making subminimum wage

This summer the employment committee developed a funding proposal to DHS (SA04 – 8). The proposal describes plans to use a peer support model to educate people in sheltered workshops about their options for DD and VR services that will help them get jobs. The purpose of this project is to “educate, inspire and encourage people with disabilities to succeed in their employment goals.” At the end of the FY, this proposal was under consideration by DHS.

Healthcare

(performance measures reported under Goal 5, objective 1)

1. Engage self-advocates in health care advocacy at the state and local levels.
2. Inform self-advocates about how to work with a healthcare provider to get the care they want and need.
3. Promote Healthy Lifestyles workshops to help self-advocates set and maintain healthy goals.
4. Inform healthcare providers about how to work with people with intellectual and developmental disabilities.

The healthcare committee greatest accomplishment this FY is developing a “Doctor Visit Planning Tool” which allows a person to plan for their doctor appointment and then allows the doctor to complete a section about preventive care and potential abuse. They developed this tool in partnership with OHSU (AIDD Network Partner) and the Council. The healthcare committee presented this tool to the OmbudsAdvisory Committee in September 2014. The tool was very well accepted. Several CCOs have now distributed it to their members. We estimate the tool has reached 500,000 people to date. Oregon Health Authority is also working to put it on their website, which will reach about 1,000,000 Oregon Health Plan (OHP) members. We anticipate this will happen during the 2015 reporting period.

Other healthcare committee accomplishments this FY:

- Collaborated with the Council to increase the availability of Healthy Lifestyles (see separate Healthy Lifestyles PPR).
- Partnered with the Council and Disability Rights Oregon (AIDD Network Partner) to provide feedback to the Oregon Health Plan Member Handbook. This feedback was incorporated into the newest version of the handbook – and also adopted by several local Coordinated Care Organizations for their own handbooks. The OHA Client Services phone line reports that their number three reason people call is to receive handbooks. OSAC’s contributions to the handbook will reach 1,000,000 OHP members (enrollment as of 2014).
- Partnered with the Council and Disability Rights Oregon to provide feedback to the Oregon Health Authority about client letters to inform people that they must re-enroll in the Oregon Health Plan. These letters will reach 1,000,000 OHP members in the next year as each person goes through the eligibility redetermination process.
- Submitted comments to on the Oregon HCBS Settings Transition Plan. The state incorporated many of these recommendations into the final Oregon HCBS Transition Plan.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	0
SA02 People trained in leadership, self-advocacy, and self-determination:	114
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	116
SA05 People attained membership on public/private bodies and leadership coalitions:	20
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	0
SC02 Number of organizations involved coalitions/networks/partnerships:	19
SC03 Organizations engaged in systems change efforts:	0
SC04 Number of public policymakers educated:	31
SC05 Members of the general public reached:	404
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$0
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Objective 3.2:

There is an efficient, active and sustainable model for engaging communities and supporting families with children with I/DD.

Implementation activities:

Develop Leadership and Advocacy Skills

Conduct Direct Advocacy and Influence Policy Decisions

Develop Sustainable Models of Informal and Formal Supports

Facilitate Collaboration and Raise Awareness

Activities undertaken were: All met Partially met Not met

Timelines:

2-5 Years

Timelines established were: All met Partially met Not met

Annual Progress Report:

In 2010, the Oregon Department of Human Services, Office of Developmental Disability Services (ODDS) and the Council initiated a partnership to implement a Learning Community and a network of local family-led organizations that work to engage communities and support families of children experiencing IDD using the principles of asset based community development (ABCD). The Council coordinated implementation of this initiative with funding from ODDS. Council staff coordinates the Learning Community and offers guidance to the Networks to utilize ABCD principles and strategies in their community development work while connecting families to each other for peer support. Each Network is a local non-profit organization run by families of children with IDD.

In 2012, Council staff assisted the first four Networks to form the Oregon Consortium of Family Networks (OCFN) with a common vision, mission and values (SC02 – 4; SC03 – 4). OCFN promotes Network collaboration with local non-disability specific community partners (SC02 – 142). Together, they support families to raise expectations for their children and influence local community culture so families and individuals with disability can follow a trajectory of inclusion.

During the 2013 legislative session, the Legislature doubled funding for the Networks from \$600 thousand to \$1.2 million. The Legislature designated these funds to expand OCFN's reach to rural and frontier communities. As a result, Council staff initiated two new Networks, bringing the total number up from four to six (SC02 – 2; SC03 – 2). Together, the Networks reach over 5,000 families and community partners (SC05 – 5,000). We anticipate development of two new Networks during FY 2014-15.

In addition to supporting families and engaging community, each Network is working on sustainability goals. As a result, each Network raised additional in-kind or financial support from their local communities, engaged additional parents in leadership activities in support of their Network, and increased the number and types of engagement of their partners. For example, the Networks frequently support non-disability related community businesses and organizations (i.e., local schools, children's museums, movie theaters, parks and recreation classes, and community athletics) to develop inclusive practices that are welcoming to children and families experiencing

IDD.

In addition to coordinating the Networks, the Council facilitates the Supporting Families Learning Community (SFLC). The SFLC supports the ongoing learning of the Oregon Consortium of Family Networks, as well as that of other organizations and individuals in the state who share an interest in developing community-centered supports (SC03 – 20). To do so, we engage speakers to share related tools, strategies and best practices with SFLC members. This FY, Bruce Anderson of Community Activators conducted training on “Core Gifts,” a philosophy based in the belief that all people have valuable gifts to contribute to community (SA01 – 37). The Core Gifts training included a tool to identify each person’s core gift to contribute to his or her broader community. We also invited Eric Jacobson and Caitlin Childs from the Georgia Council on Developmental Disabilities to give a training on their Real Communities initiative based on principles of ABCD (SA01 – 42).

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	79
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	0
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	0
SC02 Number of organizations involved coalitions/networks/partnerships:	146
SC03 Organizations engaged in systems change efforts:	26
SC04 Number of public policymakers educated:	0
SC05 Members of the general public reached:	5,000
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$0
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Objective 3.3:

Families and individuals with I/DD access programs, activities, services and supports in community.

Implementation activities:

Develop Leadership and Advocacy Skills

Conduct Direct Advocacy and Influence Policy Decisions

Develop Sustainable Models of Informal and Formal Supports

Facilitate Collaboration and Raise Awareness

Activities undertaken were: All met Partially met Not met

Timelines:

1-5 Years

Timelines established were: All met Partially met Not met

Annual Progress Report:

The Oregon Consortium of Family Networks actively works within their communities to ensure families with children experiencing IDD participate as valued members of their communities and have access to community-centered supports and services. They address this objective utilizing two primary strategies.

* The Networks facilitate parent-to-parent support and trainings that promote parent empowerment and reduce isolation.

* The Networks work with non-disability organizations to enhance their understanding of disability and better engage families and children with disability in community.

We believe these strategies will change community culture and divert the trajectory of children and families – from choosing deficits-based, segregated education or disability service options – to having high expectations for their children’s futures and choosing service and supports that promote inclusion, community integration and typical lives similar to children and families without disability.

During this FY, we contracted with two new Family Networks to begin their start-up phase. Each began outreach to families and developed partnerships in their respective communities. We observed that new Networks whose leaders do not have established community connections before the beginning of their Family Network contracts can expect slower growth compared to other Networks with previously established community connections. We anticipate Network growth will be a particular challenge for ROCCOS and other future Networks located in sparsely populated geographic regions classified by the US Census as “frontier.”

We will fund our two additional Family Networks during FY 2014-15.

Together, the Networks engaged a total of 630 people in various trainings (SA01), and 2,681 people in systems advocacy (SA04) utilizing the asset based community development (ABCD) approach. We describe FY 2013-14 training and non-training events below.

Regarding training events, the Networks hosted a total of:

* 21 Person Centered Planning (PCP) trainings focused on the PCP process and how it

complements formal intervention and education service planning (i.e., IEP, FSP).

- * Three trainings on sexuality

- * 10 trainings on Positive Behavior Supports

- * 42 trainings on other health, safety and quality of life topics relevant to families

- * Four trainings for community partners to raise disability awareness

- * 12 programs or activities led by parent members of the Networks. (The Networks are actively engaging emerging parent leaders to develop programs and facilitate activities as a sustainability strategy.)

Additionally, in response to implementation of the new Medicaid State “K” Plan or Community First Choice Option (and resulting systems changes), many training and non-training events included a focus on understanding the K Plan and navigating the “new” service system. Oregon uniquely included most DD services in the K Plan (i.e., 24-hour residential services, adult day program, respite, chore services, technology, community transportation, environmental adaptations, etc.), making these services entitlements to those found eligible. As a result, in its first year of operation, the K Plan expanded access to services to both children and adults, including access to over 1,000 children with developmental disabilities who were receiving case management services only.

Regarding children, we anticipate a significant increase in the number children receiving K Plan services as more families learn about these services over the next few years. We also anticipate increased costs to the DD service system as more adults receive more services. Like many other system stakeholders, the Council is concerned about Oregon’s ability to maintain the increasing provision of DD services.

This situation places increased importance of the Family Networks’ approach to systems change. They encourage families to utilize natural community supports (i.e., individual gifts, unpaid supports, community resources) and access formal services to supplement the natural supports that exist in community. This philosophy differs from a common practice espoused by the service system to provide as many funded services as possible without regard to assets available in community. Given limited general fund resources and continuing strain on the DD system, this approach is not sustainable.

The Networks also facilitated multiple non-training events including back to school resource fairs, support groups, social “moms” and “dads” groups, and “Sib Shops” events. The Networks utilize these events to develop stronger partnerships within their local communities. Together, they engaged 58 community partners (SC02). Such events reduce isolation, promote interdependence, empowerment, and the expectation that community should welcome all. We also observe that natural peer supports develop when families engage with each other socially.

In their fourth year of operation, the Networks are established local community assets, contributing to their sustainability. Each Network engages community partnerships and collaborative relationships to facilitate their work. These reciprocal relationships make them the recipients of valuable in-kind contributions from community members and partners (i.e., volunteer support, free meeting space, discounted services, free event entry, etc.). The Networks periodically receive non-government funding, which allows for creative projects outside the scope of their contracts. For example, the Central Oregon Disability Support Network (CODSN) was awarded a \$10,000 grant by the Maybelle Clark MacDonald Fund to support their community development work. CODSN will use these funds for their “Community of Smiles” collaboration with Kimberly Teichrow Photography to provide family portraits to low income families.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):	
SA01 People trained in area related to goal/objective:	630
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):	
SA04 People active in systems advocacy:	2,681
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):	
SC01 Programs/policies created or improved:	0
SC02 Number of organizations involved coalitions/networks/partnerships:	58
SC03 Organizations engaged in systems change efforts:	0
SC04 Number of public policymakers educated:	0
SC05 Members of the general public reached:	0
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):	
RL01 Dollars Leveraged:	\$10,000

Objective 3.4:

Families and individuals with I/DD are empowered to advocate for policy and systems change, and inclusive communities.

Implementation activities:

- Develop Leadership and Advocacy Skills
- Conduct Direct Advocacy and Influence Policy Decisions
- Develop Sustainable Models of Informal and Formal Supports
- Facilitate Collaboration and Raise Awareness

Activities undertaken were: All met Partially met Not met

Timelines:

1-5 Years

Timelines established were: All met Partially met Not met

Annual Progress Report:

The Council supports self-advocates and families to advocate for policy and systems-change through several training and non-training events. These are described below.

Training

We convened Oregon's Partners in Policymaking program with 26 self-advocates and family members (SA02 – 26). This intensive advocacy training educates participants to broaden their vision for the future related to themselves, their children or people with disabilities. The program also teaches participants skills necessary to advocate within communities and systems to achieve their vision. All six of our Family Networks supported this training through participation, promotion or facilitation activities (SC02 – 6). DHS and ODDS representatives also participated as facilitators and presenters (SC02 – 2).

Great Start Parent Empowerment Training

We collaborated with the Oregon Parent Training and Information Center (FACT/PTI) to develop an interactive four-part online training intended for families with children receiving early intervention/early childhood special education (EI/ECSE) in both English and Spanish. During this period, 356 people accessed this curriculum; 25 of these people accessed the Spanish version (SC05 – 356).

FACT/PTI distributed 50 CDs of the training to various organizations including community developmental disability programs, Head Start programs and Education Service Districts providing early intervention/early childhood special education (SC05 – 50). FACT also received a request from Brandman University in San Diego to include the training in a list of ECSE transition resources. A link to the training is also available with the National Center for Parent Information and Resources here: <http://www.parentcenterhub.org/?s=Great+Start>.

Non-Training

The Oregon Consortium of Family Networks (OCFN)

OCFN consists of six local parent-led networks of families. These Networks function to connect families to each other for peer support and to engage the community with children and families experiencing IDD. Locally, the Networks offer opportunities for families to engage in advocacy on a personal and community level. This may include advocacy for inclusion of a child in a classroom or activity, advocacy within private health insurance, serving on a school board, and many other things. We frequently engage family leaders and Network members in state-level advocacy related to specific issues and to participate in ongoing statewide systems change committees and work groups.

During this reporting period, 24 people attended local town halls or public forums, 4 people provided testimony, 8 met with their local Legislators, 26 participated in workgroups or committees, and 32 participated in other advocacy activities supported by the IDD Coalition, Autism Commission and Council (SA04 – 72).

Partners in Oregon on Diversity and Disability (PODD)

The Council and our DD Network Partners (DRO, UO UCEDD and OHSU UCEDD) are Partners in Oregon on Diversity and Disability (SC02 – 4). We meet regularly to discuss opportunities to enhance diversity within each of our organizations. This year, our discussions resulted in joint commitment to conduct a listening tour beginning in winter 2015 and convene a disability and diversity summit during fall 2015. Our overall goal is to increase cultural competence of our organizations. Desired outcomes of the summit:

- * Increase our visibility and expand our reach to interact with diverse groups in our state plan activities.
- * Develop infrastructure for ongoing outreach and communication to diverse communities statewide.
- * Identify strengths and local assets of diverse communities, barriers to engagement and strategies to develop and maintain critical relationships.
- * Increase parent awareness of ELL programs and best practice for language acquisition and development of English as a second language.
- * Develop a leadership group of bi-lingual case managers representing the Brokerage and County DD programs.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	0
SA02 People trained in leadership, self-advocacy, and self-determination:	26
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	72
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	0
SC02 Number of organizations involved coalitions/networks/partnerships:	12
SC03 Organizations engaged in systems change efforts:	0
SC04 Number of public policymakers educated:	0
SC05 Members of the general public reached:	406
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$0
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Objective 3.5:

Policies and systems are in place that facilitate access to and remove barriers to community via DHS/ODDS services (e.g., case management, brokerage services, waivers, family support program, etc).

Implementation activities:

Develop Leadership and Advocacy Skills

Conduct Direct Advocacy and Influence Policy Decisions

Develop Sustainable Models of Informal and Formal Supports

Facilitate Collaboration and Raise Awareness

Activities undertaken were: All met Partially met Not met

Timelines:

2-5 Years

Timelines established were: All met Partially met Not met

Annual Progress Report:

The Council has a strong history of collaborative systems change and advocacy. Most of our advocacy is a result of participation in or facilitation of state-level workgroups and committees. We reference several of these efforts throughout our PPR. Within our Community Inclusion goal, the Children’s Services Advisory Committee (facilitated by ODDS staff) and the Sustaining Families Workgroup (facilitated by Council staff) address our objective to ensure that policies and systems exist that reduce barriers and promote access to community. We describe these efforts below.

Children’s Services Advisory Committee

The Children’s Services Advisory Committee meets every other month to monitor and discuss issues and accomplishments related to ODDS services provided to children experiencing IDD and their families. This group functions as an advisory group to ODDS leaders and policy makers. Membership includes representation from family members, Family Networks and other family advocacy organizations, provider organizations, and ODDS children’s services staff (SC02 – 13; SA04 – 15). This FY, our discussions focused on enhancing Mental Health and DD partnerships, Family Network practices, general supports to families (including the general fund Family Support program), and problem-solving policies related to the transition from children’s to adult services. Council staff contribute policy perspectives related to self-advocate and family experiences with DD services.

Sustaining Families Work group

The Sustaining Families Work group meets once per month and is now a committee of the Intellectual and Developmental Disabilities Coalition (IDDC). The IDDC represents over 30 associations, advocacy organizations and service providers (SC02 – 30), and is our primary policy and systems advocacy partner. Being a subcommittee of the IDDC provides this group greater leveraging power in statewide policy advocacy. Likewise, the IDDC benefits from a stronger family advocacy voice.

Work group membership includes representation from the Council, ODDS, provider organizations,

support services brokerages, the Family Networks, and several other family advocacy organizations (i.e., NW Downs Syndrome Association, Oregon’s Family-to-Family Network and the United Cerebral Palsy Family Support program) (SC02 – 12; SA04 – 13).

During this FY, the work group charted desired supports to families experiencing IDD from a lifespan perspective. The chart describes what each support looks like and when it is developmentally appropriate. Going forward, this group will utilize the completed lifespan supports chart to identify policy, systems or communications gaps that need to be addressed and who should be involved in addressing them.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	0
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	28
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	0
SC02 Number of organizations involved coalitions/networks/partnerships:	55
SC03 Organizations engaged in systems change efforts:	0
SC04 Number of public policymakers educated:	0
SC05 Members of the general public reached:	0
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$0
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Section III: Progress Report - Goals and Objectives

Goal 5: Health, Safety, Quality of Life

Increase in the number of individuals with ID/DD in Oregon who experience health, safety and quality of life consistent with the values expressed in the DD Act and by ADD.

Area of Emphasis	Planned for this Goal	Areas Addressed
Quality Assurance	planned	
Education and Early Intervention	planned	
Child Care	planned	
Health	planned	
Employment	planned	
Housing	planned	
Transportation	planned	
Recreation	planned	
Formal and Informal Community Supports	planned	

Strategies	Planned for this Goal	Strategies Used
Outreach	planned	
Training	planned	
Technical Assistance	planned	
Supporting and Educating Communities	planned	
Interagency Collaboration and Coordination	planned	
Coordination with Related Councils, Committees and Programs	planned	
Barrier Elimination	planned	
Systems Design and Redesign	planned	
Coalition Development and Citizen Participation	planned	
Informing Policymakers	planned	
Demonstration of New Approaches to Services and Supports	planned	
Other Activities	planned	

Intermediaries/Collaborators	Planned for this Goal	Actual
State Protection and Advocacy System	planned	
University Center(s)	planned	
State DD Agency	planned	

Other Collaborators Planned:

Arc of Oregon
Oregon Health Authority
DD Coalition

Other Collaborators Actual:

Objective 4.1:

Individuals with I/DD are active and informed participants in their health and wellness and practice self-determination in their lives.

Implementation activities:

Develop Leadership and Advocacy Skills
Conduct Direct Advocacy and Influence Policy Decisions
Develop Sustainable Models of Informal and Formal Supports

Facilitate Collaboration and Raise Awareness

Activities undertaken were: All met Partially met Not met

Timelines:
2-5 Years

Timelines established were: All met Partially met Not met

Annual Progress Report:

During this FY, Council staff convened or facilitated multiple training and non-training events to ensure that people with IDD are active and informed participants in their health and wellness and practice self-determination in their lives. We describe these events below.

Training events

Guardianship Trainings

Council staff convened two trainings to educate families and professionals about their options related to Guardianship, Conservatorship, Power of Attorney and Health Care Directives. Sixty family members and 70 Longterm Care Ombudsman volunteers participated in these trainings (SA01 – 130) in April and May 2014. During the guardianship training, Council staff walk participants through creating a one-page tool they can use to distinguish between Guardianship, Conservatorship, Power of Attorney and Health Care Directives. They can then use this one-page tool to meet with their team, network or attorney to discuss their particular situation. The tool includes the purpose, appointee responsibilities, appointee's limits, protected person's rights, process, and costs of each option. The presentation also talks about Declaration for Mental Health Treatment, Social Security Representative Payee and other common assisted decision making options.

Healthy Lifestyles

Council staff also worked with five community partners (SC02 - 5) to convene four Healthy Lifestyles trainings with 63 participants (SA01 - 63) in four local communities. These trainings continue work funded by the Northwest Health Foundation (NWHF) through a FY 2012-13 grant to the Intellectual and Developmental Disabilities Coalition (IDDC) to implement the Health Lifestyles Curriculum with people experiencing IDD. During these trainings a team of two to three trained Healthy Lifestyles (HL) convene a three-day workshop for individuals with IDD. HL is an evidence based health promotion intervention that takes a holistic approach to health for people with disabilities. During each workshop, participants go through the curriculum together, receive education about nutrition and exercise and set a personal health and wellness goal. Facilitators typically follow these workshops with at least six monthly support groups where participants support each other to progress towards their personal health goals.

Anecdotally, we observed that many people experienced positive health outcomes as a result of their participation in the workshop and support groups. Conversely, many participants stopped practicing health promotion behaviors when the support groups ended. These outcomes sparked conversations with four additional community partners (SC02 - 4) about strategies to assist people with IDD to continue health promotion behaviors on an ongoing basis. As a result, we created "HL +" to continue our commitment to ongoing health education for people with IDD (with no additional funding).

To continue this effort, the Council and the Oregon Office on Disability and Health (OODH) at Oregon Health Science University are collaborating with provider agencies, Albertina Kerr, MidValley Rehab and Partners in Community Living (PCL), to implement the HL curriculum as part of their regular agency programming. The rationale for this approach is that by training and certifying both agency staff and the people they serve, both agencies will be able to implement HL workshops within their agencies and maintain support meetings on an ongoing basis. Thus, positive health behaviors become systemic (part of agency culture), facilitating ongoing healthy choices, behaviors and monthly support meetings.

To implement this idea, agency leaders organized internal staffing and resources to absorb the curriculum and monthly peer support meetings into everyday practice with both staff and people with disabilities they support. Both agencies also agreed to collect data from the HL workshop participants and others to determine impact of the effort with assistance from OODH. Our intended outcome is to sustain the health goals and health behaviors by making them regular ongoing practice within each agency.

We expended NWHF funds to convene a kickoff HL facilitator training/workshop in June with 19 staff and people with disabilities participating from both agencies (SA01 - 19). Some staff and people with disabilities participated as "facilitators in training" to learn how to teach the curriculum while others participated in the curriculum. Monthly support groups with participants are in process.

Per agency suggestions, improvements to the HL curriculum data collection form were revised to track individual progress towards personal health goals as well as behavior changes. Agencies discussed including health goal information in each person's Individual Service Plan (ISP) using the revised form to track progress. Upcoming efforts include building a performance measurement model to collect data and evaluate effectiveness of this approach to sustaining health promotion behaviors with people with disabilities over time.

Another output of this work to date is interest implementing this approach with youth experiencing a wide range of disabilities and mental health challenges. Both agencies serve youth. In response, OODH is developing a transition addendum to the curriculum. To start, they created a questionnaire designed to get youth feedback on the curriculum content and administered it during two focus groups with 15 youth (SC05 - 15). OODH hopes to complete the addendum in early 2015 to provide a train-the-trainer event for interested young adults and program staff sometime in spring 2015.

Consumer Involvement Fund (CIF)

The CIF provides assists individuals and families experiencing IDD to attend trainings related to developmental disability issues with flexible funds. Seventy-four people attended the following training events this period (SA01 - 74).

* Three people attended the 2014 Mowat Wilson Syndrome Family Conference. Participants received information about communication options and networked with other parents and individuals experiencing MWS.

* Two family members attended the July 2014 Northwest Rett Syndrome conference. The objective of this conference was for family members to learn more about Rett Syndrome to better support their children and train caregivers.

* 3 Family members attended conferences related to Employment

* 16 self-advocates and 5 family members attended conferences related to Community Inclusion

* 50 self-advocates and 100 Family members attend conferences related to Education

Non-training events

The following efforts describe the Council's non-training activities to address this objective.

Oregon Self-Advocacy Coalition (OSAC) healthcare goals (SA04 - 40)

Council staff support the OSAC healthcare committee to meet monthly related to their specific healthcare goals. Activities under each goal are included below.

1. Engage self-advocates in health care advocacy at the state and local levels.

* Council staff regularly seek out advocacy opportunities and projects for OSAC related to their healthcare goals.

* Council staff and a committee member met with Oregon Health Authority staff in June to talk about how OSAC could work with OHA. Ross shared challenges he experienced getting care using Medicaid, including lack of vision coverage. As a result of this meeting, OHA's requested a meeting with the entire Healthcare committee to hear about their experiences. (This meeting occurred in the next reporting period.)

* The healthcare committee partnered with the Council and Disability Rights Oregon (AIDD Network Partner) on two initiatives to provide OHA with feedback on their written materials. The first of these efforts was to provide input to the Oregon Health Plan (OHP) Member Handbook to enhance its accessibility. The OHA incorporated this feedback into the newest version of the handbook. Several local Coordinated Care Organizations (CCOs) also adopted the recommendations in their own handbooks. OSAC's work on the handbook has the potential to reach over 1,000,000 OHP members.

* The second effort involved providing the OHA with feedback to enhance accessibility of client letters to inform participants they must re-enroll in the OHP. These letters will reach OHP members as each person goes through the eligibility re-determination process.

* Finally, OSAC worked with Council staff to submit comments on Oregon's HCBS Settings Transition Plan. Many of their recommendations were incorporated into the final Oregon HCBS Transition Plan.

2. Inform self-advocates about how to work with a healthcare provider to get the care they want and need.

* The healthcare committee partnered with the UCEDD at OHSU (AIDD Network Partner) and the Council to create a "Doctor Visit Planning Tool," which allows a person to plan for their doctor appointment and then allows the doctor to complete a section about preventive care and potential abuse. OSAC presented this to the OmbudsAdvisory Committee in September 2014. The tool was well received. Several CCOs distributed it to their members. We estimate the tool has reached 500,000 people to date. OHA will post the tool on their website in 2015.

3. Promote Healthy Lifestyles workshops to help self-advocates set and maintain healthy goals.

* When workshops are in session in communities that have OSAC members, OSAC supporters will call people to recruit participants.

4. Inform healthcare providers about how to work with people with intellectual and developmental

disabilities.

* Using information from the Healthy Lifestyles curriculum, committee members are drafting a document with information about what self-advocates should do before, during, and after appointments with their doctors.

WINGS

Council staff participate with 25 agency and organization representatives in the Oregon WINGS initiative (SA04 - 25). This initiative began with a federal grant to the Oregon Department of Justice and Department of Human Services to:

1. Create materials to help people and families navigate the different assisted decision making tools available in Oregon including guardianship, power of attorney, conservatorship, etc. These materials are for families who have not already been appointed as a guardian, conservator or power of attorney. Various partners, including the Oregon Department of Education, have distributed several thousand of these booklets. We are currently working to make the booklet available electronically.
2. Create a person centered planning tool that allows newly appointed guardians and other people working with the person to discover what is important to and for a protected person. This then allows the guardian to make decisions consistent with the protected person's wishes.
3. Develop materials to educate health care workers about different decision making tools available to individuals and their families.
4. Monitor and comment on proposed legislation and policies impacting guardianship, conservatorship, power of attorney and health care directive policies in Oregon.
5. Develop materials to help guardians, conservators and power of attorney who are already appointed manage their duties and support the protected person's vision for their life.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	286
SA02 People trained in leadership, self-advocacy, and self-determination:	9
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	65
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	0
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SC02 Number of organizations involved coalitions/networks/partnerships:	9
SC03 Organizations engaged in systems change efforts:	0
SC04 Number of public policymakers educated:	0
SC05 Members of the general public reached:	15
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$0
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Objective 4.2:

Policies and systems are in place to facilitate access and promote health, safety, and quality of life for individuals with I/DD.

Implementation activities:

- Develop Leadership and Advocacy Skills
- Conduct Direct Advocacy and Influence Policy Decisions
- Develop Sustainable Models of Informal and Formal Supports
- Facilitate Collaboration and Raise Awareness

Activities undertaken were: All met Partially met Not met

Timelines:

2-5 Years

Timelines established were: All met Partially met Not met

Annual Progress Report:

During this FY, Council staff collaborated with multiple state agencies and community organizations to ensure that policies and systems are in place to promote health, safety, and quality of life for individuals with IDD. We conducted one training event related to this objective; however, we participated in or facilitated multiple non-training events. We describe these below.

Training events

Person Centered Plan (PCP) Facilitator Training

PCP is a documented best practice in planning supports for children and adults with IDD, which includes utilizing available community resources to support a person's whole life. The Council invested in a five-year PCP Facilitator training project to expand access to this service and build capacity in local communities for trained PCP facilitators. We anticipate increased use of PCP will lead to a greater number of children and adults being included in typical age-appropriate

settings in community. During this FY, we trained 22 family members of people with IDD as facilitators and engaged three organizations to participate (SA01 – 22; SC02 – 3).

Human Services Coalition of Oregon (HSCO)

Council staff participate as members of HSCO. HSCO is a well-established group of human service advocates and organizations with the goal of creating a place for collaboration, partnership, and dialogue between health, housing and human service providers. We work as a collective to advocate for increased revenue for these critical community investments. HSCO promotes the dignity of all Oregonians through improved public policy and strengthened support for human services. During legislative session, HSCO meets weekly. Between sessions, HSCO meets monthly. Legislators are frequently invited guests to HSCO meetings and discuss a variety of human services topics, including human service budgets.

In November 2013, Council staff facilitated a training on “hot topics in DD” to provide the developmental disability perspective during 2014 legislative session (SA01 – 40). The training focused on why integrated employment is a civil rights issue, and the K plan. Because of the training, HSCO supported DD budget issues, including Employment First funding. HSCO also successfully advocated for increased funding in Oregon Human Services agencies during the 2014 legislative session.

Non-training events

OmbudsAdvisory Committee work

Council staff participate on the OmbudsAdvisory Committee, which meets monthly to speak with the Oregon Health Authority (OHA) about health reform activities in Oregon. The committee includes 14 agencies and organizations (SC02 - 14) representing 65 people involved in systems advocacy (SA04 - 65). Discussions primarily focus on accessing the Oregon Health Plan (OHP) rather than the DD Services and LongTerm Supports. Council activities on this committee include the following.

* The Council recommended that OHA work with Oregon courts to ensure that people experiencing changes in employment or family status (adoption, divorce), understand that they can enroll in OHP and QHPs outside of open enrollment because those events are “qualifying life events.”

* The Council and OSAC presented the “Doctor Visit Planning Tool” that the Council, OSAC, and OHSU created to help people have meaningful, productive, and comprehensive conversations with their doctors. As previously noted in Objective 1, the card received positive feedback.

* Council input to OHA client communication letters to over 1,000,000 OHP members. As previously noted, these communications included letters to clients about re-enrollment and new enrollments.

* The Council successfully advocated for a “call back” system for people calling into the OHP Member hotline. The new system allows for call backs when a person’s place in the queue is open to avoid using cell minutes as they wait for their turn in the queue.

Functional Needs Assessment work

The Council participates on a state-level functional needs assessment work group with 23 other stakeholders involved in DD systems change (SA04 - 23). Oregon is adopting one single assessment tool to assess kids and adults in foster care, group homes, supported living and living

in their own or their family's home. This stakeholder work group met three times to examine and discuss several different DD assessments tools used in other states. At the end of the third meeting, the recommended the state use a Connecticut tool, called the CT-LON. The group appointed Council staff to work with ODDS staff to draft the final recommendation document. Shortly after the group's recommendation, Connecticut stopped using their tool. The Oregon stakeholder group reconvened and recommended that Oregon continue to use its current tool. This tool was developed in Oregon and must go through a standardization process to be fully implemented.

Transition Memorandum of Understanding (MOU) work

The Council is a signing agency to an MOU with the Office of Vocational Rehabilitation Services, Oregon Developmental Disability Services, Department of Human Services (Employment First) and the Oregon Department of Education (SC02 – 4). The MOU (signed May 16, 2013) envisions all students with disabilities will leave school with a job at minimum wage or above, or a post-secondary education plan. The MOU also creates an advisory group of MOU partner staff to direct the collaborative work of the MOU. This includes aligning policy and practice, creating common data metrics, creating innovative program design, addressing program sustainability, and communicating with stakeholders. The MOU group or TACT (Transition Agency Coordinating Team) met monthly until execution of the Governor's Executive Order 13-04 (EO 13-04), which overlaps with the MOU.

Employment First work

EO 13-04 directs three of the MOU partner agencies (SC02 - 3) to implement strategies related to services for transitioning youth. As a result, the group decided to meet quarterly to avoid duplication of effort. Agency commitments outlined in the MOU have been integrated into the work of what is now the DHS "Employment First work streams." There are five work streams with 17 staffs from DHS agencies, the Council and the Oregon Department of Education (SA04 – 17; SC03 – 4). Some staff participate on more than one work stream. The work streams focus on employment data, quality assurance and improvements, policy, communications and training.

While Oregon is implementing EO 13-04, the state is also continuing implementation of the new Medicaid State K Plan. To assist with this work, ODDS organized several state-level stakeholder work groups with a total of 35 representatives from various stakeholder organizations (SC02 - 35). Council staff held leadership roles within many of these work groups. For example, the Council Policy Analyst operated closely with ODDS staff on the Rule Advisory Committee to draft person-centered changes to 16 Oregon Administrative Rules (OARs). These changes impact all aspects of the DD System including adult foster care, child foster care, support services (in-home supports), group homes, children's medically needy programs, children's medically involved programs, employment and the rights and complaints policies.

Program, policy and rule changes

Due to these systems change initiatives, several policies, programs and OARs were improved during this FY:

- * The policy change resulting from EO 13-04 that limited transition age youth access to sheltered workshops July 1, 2014 (SC01 - 1).
- * The policy stating that DHS would no longer pay for assessments in sheltered workshops beginning July 1, 2014 (SC01 - 1).
- * Sixteen Oregon Administrative rules impacting services to people with IDD were changed (SC01 - 16).

National Core Indicators (NCI) work

Oregon participates in the NCI project through collaboration with the Council, the Office of Developmental Disability Services (ODDS), the UCEDD at the Oregon Health Sciences University (OHSU) and the Department of Human Services (SC03 – 3). Oregon’s year two (2013-14) data collection efforts began during winter 2014.

OCDD coordinated with ODDS to administer the Child Family Survey to families of children receiving DD case management, family support and waiver services. OCDD is responsible to collect completed surveys and enter survey data into an online database. Last year, we sent surveys to all 1,700 families and received 400 complete surveys. This year, we received 1,714 completed surveys and entered corresponding data. We attribute this jump in the increase in the number of children receiving DD services. This number rose from about 1,700 children in FY 2012-13, to over 6,000 this FY.

K Plan system changes continue to place a strain on the entire system, especially case management. As a result, case managers do not have the capacity to complete the required customer contacts and pre-surveys that allow us to proceed with face-to-face interviews. As a result, OHSU was only able to complete 167 of the 400 required face-to-face interviews last year to have our data included in the national report. Subsequently, Oregon will not participate in NCI this year (SC01 -1).

Oregon Dental Lifeline Network (DLN)

The Council participates on the DLN board, which meets quarterly to receive quarterly reports, discuss funding opportunities and our legislative agenda. There are five people active in systems advocacy on this board. They represent five organizations active in systems change efforts (SC03 – 5; SA04 – 5).

CMS Implementation Team (CIT)

The CIT is a stakeholder advisory group made up of 11 organizations involved in coalitions and partnerships (SC02 - 11). ODDS convenes this group quarterly to discuss proposed policy changes to implement the K Plan or waiver changes. This group frequently reviews policy transmittals and draft procedures. Examples of the work include:

- * Policy transmittal to implement procedure for guardians to remain as paid caregivers for the protected person if they appoint a designated representative to manage the Medicaid service planning.
- * Reviewed waiver amendment and renewal language for all five Oregon DD Waivers submitted in June (SC01 - 5)
- * Policy transmittal to implement “choice advising” where people are advised of services and case manager options within the ODDS system.

The DD Budget Stakeholder group

The DD Budget Stakeholder group started in fall 2013 at the request of the Council and is facilitated by the Council Policy Analyst. This group is representative of the DD System stakeholders and includes brokerages, CDDPs, family members, self-advocates, Council members and staff, and providers (SA04 – 19).

During this FY, the group met twice to develop seven budget recommendations for ODDS to move forward in its budget request to the Governor. ODDS leadership incorporated several recommendations in to the proposed ODDS budget request and asked that the stakeholder group continue to meet monthly to discuss the ODDS budget request for the 2015-17 biennium. DHS adopted three of our recommendations through the Agency Request Budget, which was then adopted in the Governor’s Balanced Budget. These include funding to increase:

- * Capacity to avoid crisis placements
- * Direct support worker wages
- * Employment opportunities for people with IDD

The Agency Request Budget is the starting point for the Governor to build his budget, which the legislature uses to build its budget.

(Continued in Objective 3)

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	62
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	129
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	24
SC02 Number of organizations involved coalitions/networks/partnerships:	67
SC03 Organizations engaged in systems change efforts:	15
SC04 Number of public policymakers educated:	0
SC05 Members of the general public reached:	0
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$0
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Objective 4.3:

Policies and systems are in place to facilitate access and promote health, safety, and quality of life for individuals with I/DD narrative continued.

Implementation activities:

Activities undertaken were: All met Partially met Not met

Timelines:

Timelines established were: All met Partially met Not met

Annual Progress Report:

NOTE: This is a continuation of Objective 2. All numbers associated with this objective are reported on the first Objective 2.

Medicaid Advisory Committee (MAC)

The Medicaid Advisory Committee (MAC) is a federally-mandated body which advises the Oregon Health Policy Board, the Office for Oregon Health Policy and Research and the Oregon Health Authority on the operation of Oregon's Medicaid program, including the Oregon Health Plan. The MAC develops policy recommendations at the request of the Governor and the Legislature and is made up of 14 people involved in systems advocacy (SA04 - 14) and representing 7 organizations involved in coalitions, networks or partnerships (SC02 - 7). The MAC meets monthly.

This period, the MAC engaged in a project to mitigate the impact of "churn" in Oregon's new health insurance exchange, which includes the Oregon Health Plan (OHP) and Qualified Health Plans (QHPs). A key design challenge for Oregon to implement the Affordable Care Act is how to manage "churning" – when people cycle in and out of public programs as their income fluctuates – so that healthcare is not interrupted. To address this issue, the Medicaid Advisory Committee considered policy options intended to promote continuity of coverage for individuals and families enrolled in the OHP and QHPs in the Exchange. The MAC also held Oregon Health Authority (OHA) accountable for "administrative churn." In these cases, people who are in Medicaid lose eligibility when they are due for "re-determination" (renewal) because of internal, administrative OHA policies.

To ameliorate this effect, the MAC developed the following recommendations to reduce churn. The MAC presented the following recommendations to the Oregon Health Policy Board in August 2014:

1. Simplify and streamline OHP enrollment, eligibility and redetermination processes. This will reduce administrative barriers to accessing OHP.
2. Align Medicaid and Tax Credit Income Budget Periods. This means that OHP would consider a projected annual income rather than using current monthly income. This will optimize consumer coverage and continuity in OHP coverage by offering more stability on an annual basis.
3. Study 12-month continuous eligibility for all OHP beneficiaries. Twelve-month continuous eligibility allows continued enrollment in OHP (and continuous health coverage) when there are changes in income during the year. This study should include any available evidence about reduced administrative costs, improved health outcomes and service offsets resulting from better management of chronic conditions. A 12-month continuous eligibility policy is already in place for children on OHP.
4. Adopt Transparent OHP Eligibility, Enrollment and Redetermination Indicators, starting in 2015.

These metrics should include consistent, timely and reliable program data to monitor monthly applications, number of determinations or renewals, and number of individuals determined ineligible (and the reason for ineligibility).

5. Implement Contractual Mechanisms to streamline care transitions between Coordinated Care Organizations and QHPs.

6. Align Medicaid and QHP markets by incentivizing CCO participation as QHPs. This will help OHP and QHPs maintain similar provider networks and support uninterrupted care coordination.

7. OHA should seek funding to wraparound consumer out of pocket costs and/or benefits. This could include a) Subsidizing premiums and/or cost sharing for former Medicaid beneficiaries enrolling in QHP; and b) Provide coverage for a limited set of targeted Medicaid benefits that are not offered by QHPs. Both of these options would require state only general fund dollars.

We expect to see outcomes from these recommendations in the FY 2014-15 PPR as the legislature examines these recommendations.

HCBS Transition Plan comments

The Council submitted comments to Oregon's transition plan implementing the Federal HCBS Settings rules. Council staff also engaged 26 members of the Oregon IDD Coalition (SA04 – 26), members of OSAC (SA04 – 10) and Oregon Consortium of Family Network members (SA04 – 6) to submit comments. DHS accepted our recommendations and made the following changes to the transition plan as a result:

1. Oregon failed to submit a transition plan that complies with federal rules and therefore must create an adequate transition plan and provide a 30-day comment period for the new plan. Oregon DHS did revise and then resubmit the plan for public comment.

2. Oregon included 1915(k) settings and 1915(c) settings in the transition plan.

3. Oregon convened a transition taskforce to create field assessment surveys and a comprehensive transition plan. This group should include strong representation from self-advocates, families, and the provider community, as well as other stakeholders.

4. Oregon's quality measurement system includes ongoing HCBS setting compliance monitoring to ensure that settings continue to comply with the HCBS Setting Rule.

5. To fully implement HCBS Setting rules, DHS will evaluate and revise applicable Oregon Administrative rules (OARs). The Council suggests that DHS convene a rule advisory group to:

* Examine each OAR governing I/DD programs or services, including rules governing quality assurance monitoring; and

* Propose revised language to comply with HCBS Setting requirements.

Department of Human Services Budget Rebalance

The current biennium runs from 2013-2015. The short session allows DHS to "rebalance" or adjust its current biennium budget. HB 5201 adjusted the current DHS budget to add \$21.9 million General Fund, \$1,291 Other Funds expenditure limitation, \$41.8 million Federal Funds expenditure limitation, and a decrease of 80 positions (78.80 FTE). Read below for more information on the budget rebalance and analysis from the HB 5201 Budget Report. You can find

the DD information on page 53 of the budget report at:
<https://olis.leg.state.or.us/liz/2014R1/Measures/Analysis/HB5201>

An increase of \$10.8 General Fund (\$22.0 million Federal Funds) allows for increasing caseloads and services (SC01 – 1). The HB 5201 budget report indicates that “caseload counts are growing and clients are moving between service categories, primarily because under the K Plan, services must be provided to all eligible applicants. Costs per case are also going up due to increasing client acuity. While the legislatively adopted budget attempted to build in K Plan impacts, some elements, such as significantly more children entering the DD system or side effects of brokerages being pushed to capacity, were not anticipated in the previous forecast. These and other issues will continue to be risks moving forward.”

Other program costs covered in the rebalance include (SC01 – 9):

* \$1.3 million General Fund (\$2.6 million total funds) to keep funding for the Community Developmental Disability Programs (CCDP) at 94% equity; a budget estimate error resulted in the equity level being underfunded.

* \$1.9 million General Fund (\$5.2 million total funds) to cover a 6% interim rate increase for DD employment services providers; this item was included after discussion during November 2013 Legislative Days.

* \$490,000 General Fund (\$1,136,368 total funds) to cover a gap in some CDDP budgets due funding formula changes that left 11 of the programs with budgets below 2011-13 levels. This action corrects that disparity and supports program stability while the Department and the CDDPs are transitioning to a workload, instead of caseload, model for 2015-17 budget development.

Policy bills under the health/quality of life goal and policy objective:

* HB 4108A: Requires Oregon Health Authority to contract with community-based organizations to operate pilot project to provide used durable medical equipment to medical assistance recipients. This bill has the potential to impact all 1,000,000 people using the Oregon Health Plan. Enacted, effective April 1, 2014.

* SB 1542B: Allows private payers to hire home care workers through registry maintained by Home Care Commission. Enacted, effective April 1, 2014.

* SB 1553B: Directs Governor to appoint Oregon Public Guardian and Conservator in office of Long Term Care Ombudsman to provide public guardian and conservator services for persons without relatives or friends willing or able to serve as guardians or conservators. Enacted, effective April 1, 2014.

* SB 1577A: Requires Department of State Police and all sheriffs and municipal police departments to adopt written policies relating to missing vulnerable adults by 2015. Enacted, effective March 3, 2014.

* HB 4114B: Authorizes court to appoint protected person special advocate that is not a trust company or financial institution, in protective proceeding at any time after appointment of fiduciary. This impacts all people in Oregon who have guardians. Enacted – effective March 6, 2014.

* SB 1566A: Declares state public policy to promote coordinated provision of education, employment, economic development and job training. Enacted – effective March 6, 2014.

Enhanced Home Care Worker Report and Requirements (SC01 – 1)

The enhanced home care worker report and related requirements are being implemented by the Oregon Home Care Commission (OHCC) per legislative authority. The Oregon Home Care Commission was established by the Legislature in 2000 to ensure the quality of home care services funded by DHS for seniors and people with disabilities.

The Council participates on the Enhanced Home Care Worker Subcommittee with nine other people involved in systems change (SA04 - 9). The purpose of this initiative is to establish training standards and corresponding pay rates, and to create a statewide pool of qualified, trained home care workers (HCWs) and direct support workers (DSWs) for hire by families and people with disabilities. Workers with higher training levels/certifications will qualify for a higher hourly rate. This training will be required for all HCWs and DSWs to receive a higher rate of pay if they work for someone who qualifies under the guidelines and they pass the required classes.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	0
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	65
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	11
SC02 Number of organizations involved coalitions/networks/partnerships:	7
SC03 Organizations engaged in systems change efforts:	0
SC04 Number of public policymakers educated:	0
SC05 Members of the general public reached:	0
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$0
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Section IV: Satisfaction with Council Supported or Conducted Activities

Individual Survey Responses:

Number of responses:	80
Respect (%):	Yes 85.72% No 14.28%
Choice (%):	Yes 85.72% No 14.28%
Community (%):	Yes 78.58% No 21.43%
Satisfaction (%):	0.00% Strongly Agree 0.00% Agree 0.00% Disagree 0.00% Strongly Disagree
Better life (%):	46.43% Strongly Agree 35.71% Agree 7.14% Disagree 10.71% Strongly Disagree
Rights (%):	Yes 0.00% No 0.00%
Safe (%):	Yes 0.00% No 0.00%

Individual Comments:

Survey respondents felt that the Council could do a better job in these areas:

Work at getting more media coverage, market the event(s).

Getting your message out more...I'm not always sure that the Council has sponsored something until it's over.

Avoid the partisanship of some coalition activities.

Stakeholder Survey Responses:

Number of responses:	22
Choices & Control (%):	72.73% Strongly Agree 27.27% Agree 0.00% Agree Somewhat 0.00% Disagree Somewhat 0.00% Disagree 0.00% Strongly Disagree
Participation (%):	45.45% Strongly Agree 54.55% Agree 0.00% Agree Somewhat 0.00% Disagree Somewhat 0.00% Disagree 0.00% Strongly Disagree
Satisfaction (%):	54.55% Strongly Agree 40.91% Agree 0.00% Agree Somewhat 4.55% Disagree Somewhat 0.00% Disagree 0.00% Strongly Disagree

Stakeholder Comments:

Survey respondents felt that the Council could do a better job in these areas:

Increase visibility, make sure people know who they are and what they represent. Maybe be the monitor on what people think of their services and then provide that feedback to ODDS and legislature.

Define roles between legislative activities involving DHS and Council.

More widespread use of posters.

Go visit the agency that are requesting aid. Go to their staff meetings and hear first hand all the great things that are going on and hear the dreams of what could be with better funding and management of the money we do get.

Section V: Measures of Collaboration

Critical issues/barriers affecting individuals with developmental disabilities and their families that the collaboration has jointly identified:

1. Collaboration with community partners on public policy advocacy
2. Employment First
3. Leadership development for Latino families
4. Protecting individuals from abuse and neglect

Section V: Measures of Collaboration

Issue 1: Collaboration with community partners on public policy advocacy

Description of collaborative issue/barrier or expected outcome:

Public policy advocacy is most effective when all major stakeholder organizations collaborate together on issues. By continuing to build and strengthen the Oregon DD Coalition, we positively influence budgets, laws and administrative rules that affect people with developmental disabilities and their families. Budget cuts have required that we collaborate and coordinate even more closely.

Life Areas:

- | | | | |
|---------------------------------------------------------|-------------------------------------------------------|-----------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> Self-Determination | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Transportation | <input type="checkbox"/> Recreation |
| <input checked="" type="checkbox"/> Employment | <input type="checkbox"/> Education | <input type="checkbox"/> Childcare | <input type="checkbox"/> Housing |
| <input checked="" type="checkbox"/> Community Inclusion | <input checked="" type="checkbox"/> Quality Assurance | | |

Council roles and responsibilities in collaboration:

The Council provides staff support to the coalition, serves on the Executive Committee and various workgroups and provides in-kind contributions. The Council's policy analyst regularly updates the Coalition on the status of Legislation and policy changes and educates public policymakers about coalition interests and concerns.

Problems encountered as a result of collaboration:

At times a member organization will take action on an issue affecting multiple stakeholders without adequately including the rest of the coalition. This can fragment the advocacy community and be counterproductive to the cause being pursued. Group facilitation meetings were held, guiding principals were written, and member responsibilities were updated and reviewed.

Unexpected benefits:

The Coalition has become a trusted voice around the state for issues surrounding the DD community. The Department of Human Services has allocated training funds to the Coalition as a result of that trust.

Section VI: Dissemination

Distribution of PPR: Will send copies to the full Council, the Governor's office, the Director of the Department of Human Services and key policy makers within the Seniors & People with Disabilities Division.