

Oregon Developmental Disabilities System

Strategic Plan

2018—2023



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ODDS thanks the members of the ODDS Vision Advisory Committee for their dedication and thoughtful participation in developing this strategic plan. A full membership list can be found in Appendix B.

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Letter from the ODDS Director

Greetings,

Thank you for taking the time to thoughtfully read and consider this strategic plan and what it represents for children and adults with intellectual and developmental disabilities (I/DD) living in Oregon.

Few large, bureaucratic systems have undergone the massive growth and change that has occurred in Oregon's I/DD system since 2013. With the significant shift of the I/DD system into a new federal program called the Community First Choice Option (CFCO) or K-Plan, several new federal and state mandates, and changes in policies and procedures, it has often been a struggle to do what the people we support need and want, while balancing the requirements that must be met and the rapid pace of change.

Oregon Developmental Disabilities Services (ODDS), partners and stakeholders have done extensive work to identify system core values, needed changes, and new direction, providing a foundation for the future of the I/DD system. This strategic plan is the result of a deliberate, thoughtful and transparent process that included gathering feedback and recommendations through interviews, groups discussions, interactive stakeholder meetings and an online survey.

This strategic plan reorients us to our person-centered core values. It is our North Star, the point to which we are all aiming. The plan provides guidance on the changes we will need to make to the I/DD system, our long-term vision and goals for the system, the actions we must achieve over the next two years to make progress toward our vision, and how we will measure our success in making the changes. We will use this plan in three ways: 1) to communicate to policy makers and the people we serve about the improvements we are making, 2) to guide our policy and budget decision-making, and 3) to coordinate and align activities among all the partners in the I/DD system.



*Lilia Teninty,
ODDS Director*

We cannot achieve these strategic goals alone. It will take the steadfast commitment and hard work of self-advocates, state staff, stakeholders, community partners, advocates, and families. We must continue to work together to achieve our common vision.

I would like to thank all who participated in the strategic planning process, with special thanks to the Vision Advisory Committee who worked for the last six months to guide the development of a plan that will improve the health, safety, and quality of life for people with intellectual and developmental disabilities.

Sincerely,

A handwritten signature in black ink, appearing to read "Lilia Teninty". The signature is fluid and cursive, with a large loop at the end of the last name.

Lilia Teninty, ODDS Director

The Case for Change

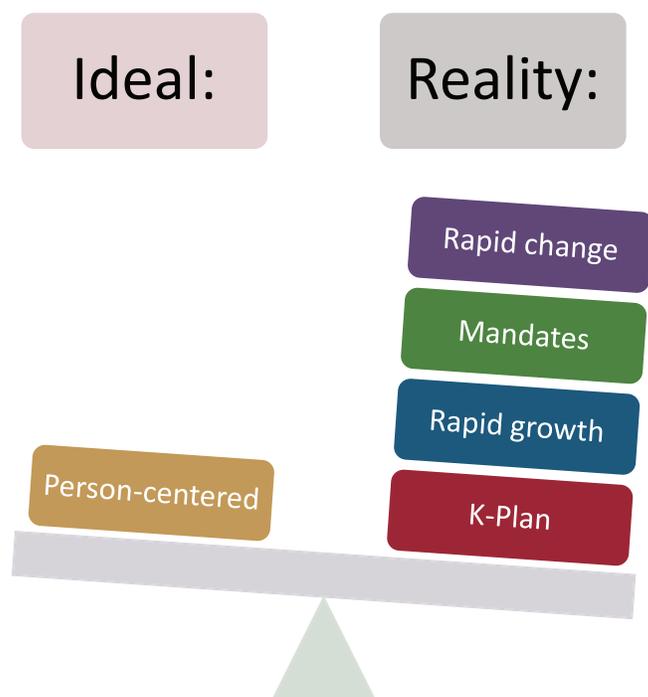
The current reality

Oregon has long been recognized as a policy leader in long-term services and supports for vulnerable people and has created a system that values choice, independence, safety, and health. As the first state in the nation to gain a home and community-based services (HCBS) Medicaid waiver, Oregon has pioneered many innovative approaches to providing services in the community to people who would otherwise live in an institutional setting.

Continuing with this trend, Oregon became the second state in the nation to implement the Community First Choice Option of the Affordable Care Act. The resulting “K Plan” opened the door to providing more home-based services to children with intellectual and developmental disabilities (I/DD), allowing families to access services before being pushed into crisis situations. It also expanded access to in-home services for adults, so those who want to continue to live with family or in their own homes can, even if they have high levels of need.

These innovations, along with dramatic and rapid growth in the number of people enrolled in programs and services have increased the scale of service delivery and fundamentally changed the policy, funding, and regulatory structure of Oregon’s I/DD system. At the same time, the system as a whole has struggled with the rapid pace of change and has yet to adjust to how it needs to operate to support this new reality.

The bottom line: Oregon is spending significant resources managing a complex and entrenched system while trying to address challenges on multiple fronts.



The end result is an inordinate amount of frustration and confusion across the I/DD system, especially for people with I/DD and their families, and a weakened ability to tackle the significant issues facing the system. Without shared commitment to systemic change and adequate tools to carry out needed improvements, the I/DD system is at risk of becoming inflexible and stifling of innovation – results that will undermine the core values of choice, self-determination and person-centered practices.

A call for change

The time for change is now. Oregon must transform its I/DD system to be simple, predictable, transparent, stable, and fully accountable for investing resources to create better lives for people. Oregonians need to have confidence that the I/DD system will be there for them when they need it, that the system is easy to access, that they know how to navigate within it, there is a wide array of quality providers to choose from, and that they are guaranteed self-determination and personal choice in the services they receive.

This document identifies a clear vision and goals for the I/DD system in Oregon and presents an initial plan to tackle the multiple systems issues that must be addressed to achieve that vision. Foremost amongst these include:

- **Creation of a statewide framework to ensure policies and procedures are communicated and implemented consistently throughout the system.** Over the past 10 years the pendulum has shifted from broad local control and decision-making to heavy state-level regulation and policy requirements. For example, ODDS policy staff are deeply involved in micromanaging case managers and unique cases, which often results in policy based on exceptions rather than broad policy development to support local decision making. This model discourages accountability and empowerment for local case management decisions “on the ground.” It is time to bring the pendulum back to center. What is needed is a management framework that identifies the right tools to support the local delivery system and creates statewide consistency. If the state can create a broad yet reasonably detailed framework that supports consistent application of policies, while allowing room for local professional judgment, it will reduce the inordinate time spent seeking out direction on specific policy issues and allow case managers and providers more time to provide quality customer service.

- **Reforming the case management system so that every case management entities' role and responsibility is clear and every entity operates fully in a person-centered approach.** Case management is fundamental to accessing person-centered services and the front-line against abuse and neglect. The vision is that it is easy for people and families to understand how to access and navigate services through a case management system that is simple, responsive and predictable. In this system case managers have the time to develop a deep understanding of what the individuals they are serving need, and that they have the proper tools and training to produce best outcomes for people with I/DD and their families. Reforming the case management system will likely require statutory changes – operating requirements for Community Developmental Disability Programs (CDDPs) and Brokerages are codified in the Oregon Revised Statutes. It will also require agreeing on a shared vision for what an ideal case management system should look like, acceptance that how case management is carried out in the future will look different than it does today, an information technology system to support new work processes and data reporting, and a system-wide change-management strategy to support the reforms.
- **Investing in our workforce.** If Oregon's I/DD system is to deliver quality services, achieve successful outcomes for individuals, and grow in professionalism, we must take action to address the workforce crisis. This requires attracting, training and retaining a highly qualified workforce. Investments are needed to support the workforce, expand its capacity, increase skills and provide career development opportunities. Funding is needed to ensure living wages and to recognize workers supporting people with I/DD as skilled practitioners. Providing direct support to people with I/DD should be recognized as an in-demand field and occupation by expanding awareness about the profession and encouraging greater participation by people across diverse racial, ethnic and cultural groups.
- **Developing an effective community-based crisis intervention system.** Oregon's Stabilization and Crisis Unit (SACU) provides 24-hour residential care and support to people with I/DD who have limited options for a residential placement due to high needs and extraordinary challenges. SACU operates along the I-5 corridor from Portland to Eugene, is set up for very few and specific needs, currently has a waiting list, and is expensive

to operate and maintain. The real need is to have a system that prevents and de-escalates crises in the person's home, so people do not have to be completely taken out of their familiar environment. The new system must build on existing resources, be designed to meet the needs of children and adults who are dually diagnosed, effectively partner with other DHS programs, the Oregon Health Authority, CCOs and local entities that may be involved, be flexible, statewide, and provide a continuum of supports that addresses crises at different levels from the family home to residential settings.

Reorienting the I/DD system to effectively address the challenges faced today and the issues that will come tomorrow, while supporting person-centered core values is big work. Making these changes will not be easy, but the foundation is already in place. System advocates and stakeholders have a shared vision and are in agreement on the direction. The vision, goals and actions included in this plan provide the pathway. What is needed is the courage and commitment to change and the persistence to sustain it.

Vision and Values

Our vision: People and families access quality supports that are simple to use and responsive to their strengths, needs and choices, while they live and thrive as valued members of their community.

Mission: ODDS, stakeholders, and the developmental disabilities community come together to provide services, supports, and advocacy to empower Oregonians with intellectual and developmental disabilities to live full lives in their communities.

Our values: We fulfill our mission and carry out our responsibilities adhering to the following values:

- Choice, self-determination and person-centered practices
- Children and families together
- Health, safety, and respect
- Community inclusion and community living
- Strong relationships
- Service equity and access

Strategic goals

1. Create a system that is sustainable and easy to use, with effective communication and equitable access.
2. Honor and support people to make their own choices about who they want to be and what they want to do in their life.
3. Support equal opportunity for living options and meaningful employment in an integrated community setting.
4. Provide families the amount and type of supports they need to raise their children at home, or when necessary, in another family home within their community.
5. Support people to live rich, full lives while providing for their health and safety.

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Strategic Goals, Actions, and Success Measures

Strategic Goal 1: Create a system that is sustainable, easy to use, with effective communication and equitable access.

Where we are now: Oregon's I/DD system is slow moving, fragmented, and data is not always used to drive decisions because multiple systems are not connected. Because of the historical structure for service delivery, there are often various interpretations of the same information and policies, and communication does not flow effectively through all parts of the system. This creates confusion and complexity for staff and people served by the system. There are pockets of innovation and success throughout the I/DD system, but no systematic way to share what is working well and then replicate those innovations statewide. With inadequate tools to centralize data and wide variation in policy interpretation, the result is often over-regulation and a lack of flexibility and innovation. The good news is that I/DD stakeholders are in agreement that this needs to improve and are fully engaged in making the system more sustainable, equitable and easy to use.

Our "North Star:" We will transform the I/DD system to be simple, predictable, transparent, stable and fully accountable for investing resources in the things that will create better lives for people. There will be consistency in policy interpretation with appropriate flexibility, supported by use of an integrated statewide data system to inform decision making and ensure transparency and accountability. As a result, Oregonians will have confidence that the I/DD system will be there for them when they need it, that the system is easy to access, that they know how to navigate within it, and they are guaranteed self-determination and personal choice in the services they receive.



Two-year actions

1. Develop a strategy to reform the case management system to be effective, easy for people and families to understand, access, and navigate; and ensure that every case management entity consistently follows the expectation to operate in a fully person-centered approach.
2. Research and prepare a plan for acquiring and deploying an integrated information technology system that will support case management and provide statewide data to inform policy-making and report quality of life outcomes for individuals with I/DD.
3. Create and implement a statewide plan and clear process for managing change so that all parts of the I/DD system are prepared for and aligned with the changes proposed by the strategic plan.
4. Develop a communication strategy that includes a language access plan so that oral and written communication is understandable to everyone served by the I/DD system, and uses easily accessible tools to support family-friendly and person-first resources.
5. Develop and begin implementation of a management framework that makes available the right tools to support the local delivery system and creates statewide consistency by creating broad yet reasonably detailed guidelines that support a person-centered approach, ensure consistent application of policies statewide, while allowing room for local professional judgement and decision-making.
6. Improve the cultural competence of the I/DD service delivery system.

Long-term actions

1. Implement the strategy to reform the case management system to be effective, easy for people and families to understand, access, and navigate; and to ensure that every case management entity consistently follows the expectation to operate in a fully person-centered approach.
2. Implement an integrated information technology system statewide.

3. Fully implement a management framework that makes available the right tools to support the local delivery system and creates statewide consistency by creating broad yet reasonably detailed guidelines that support a person-centered approach, ensure consistent application of policies statewide, while allowing for local professional judgment and decision-making.

Success measures and indicators

- Percent of individuals who apply for ODDS services who are determined eligible within 90 days from application (existing ODDS KPM)
- Percent of individuals enrolled in DD services by race/ethnicity compared to the population as a whole (existing ODDS QBR)

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Strategic Goal 2: Honor and support people to make their own choices about who they want to be and what they want to do in their life.

Where we are now: The values of self-determination and choice have long been part of the fabric of Oregon’s I/DD system. However, right now there is no way to measure how effectively the system is supporting the ability and right of people to make their own choices and whether people are being served and related to in an equitable manner. Some of the person-centered values are also being compromised by increases in paperwork and procedures that were put in place to help manage new federal requirements.



People accessing the system often report they have difficulty finding information about the services and options available to them in the community, and who to talk to when their needs change or they have problems accessing supports. The current individual service planning process is deficits-based, leading to a service plan based on disability rather than choices based on the whole person. ODDS and I/DD stakeholders have already begun working to address these challenges through the “Compass Project,” a multi-faceted initiative that refocuses the system on a person-centered approach, emphasizing whole life and quality of life, rather than “paid service life” outcomes for individuals and families.

Our “North Star:” Building on the work of the Compass Project, we will reorient the system’s focus to person-centered core values to ensure self-determination and choice are truly embedded in the planning process. We will focus on outcomes and expand efforts to measure customer satisfaction of the people we serve and how effective the system is in supporting the person, not the choice itself.

Two-year actions

1. Create systemic change in the ISP planning process by “unwinding” existing deficit-focused practices and defining a new process that will use the LifeCourse framework to support a strengths-based approach that will be informed, but not driven by, the functional needs assessment, and will have a holistic focus on a whole life, rather than the narrow focus on Medicaid funded services.
2. Work with the Legislature and I/DD stakeholders to codify supportive decision-making in Oregon state statute.
3. Provide access to information on the full array of services and resources, paid and unpaid, so people and families are empowered to make informed choices.
4. Promote and incentivize the use of assistive technology, when appropriate.

Long-term actions

1. Explore opportunities for individual self-directed budgets as part of future system changes.
2. Refocus the quality improvement strategy on outcomes for people and families, including respect for people’s choices.
3. Finalize and implement a Human Rights Committee structure as proposed in the SB834 report.

Success measures and indicators

Indicators to measure choice and decision-making and self-determination will be developed for this goal using the National Core Indicators (NCI). NCI supports states to gather a standard set of performance and outcomes measures to track their own performance over time, to compare results across states, and to establish national benchmarks relating to services for people experiencing I/DD. Oregon has collected NCI data that will be useful to developing and tracking measures for this goal.

Strategic Goal 3: Support equal opportunity for living options and meaningful employment in an integrated community setting.

Where we are now: Oregon is ahead of many states in making sure that people with intellectual and developmental disabilities have the supports needed to work in an integrated job setting and for full participation in their communities. For example, in 2017 there was a 32 percent increase in the number of people with I/DD working in community jobs with supports and a 46 percent increase in the people working 20 or more hours per week.



Despite these positive outcomes, the I/DD system is not always able to support equal access to community living and competitive employment for all for several reasons: differences in provider capacity and case manager knowledge and skills, lack of capacity for resource development at the local level, and barriers to providing supports to people living in smaller communities and rural areas. Also, the ability of people to live in the home of their choice is limited by lack of statewide supports for people with co-occurring mental health conditions. These supports can help prevent and resolve crisis where person lives. The result is an imbalance in the information and resources people are receiving.

Our “North Star:” We will increase efforts to make a continuum of housing, transportation and customized employment options available across a wide spectrum of support needs. The result will be that people have options for private and shared living, can live with those they wish to live with, be supported during crisis in an integrated community setting and live their lives in a productive and self-directed manner.

Two-year actions

1. Create a forum to begin developing a community-based crisis and intervention system that provides continuity of crisis supports and makes available service options and settings that address a range of needs and choices.
2. Strengthen collaboration and partnerships with housing resources and entities to support people in accessing housing in their community.
3. Continue efforts to implement Employment First and the Lane settlement agreement benchmarks.
4. Develop and strengthen cross-system collaboration with the Oregon Health Authority, Coordinated Care Organizations (CCOs) and other partners to expand system capacity to serve adults with complex needs so they are able to live in their communities.

Long-term actions

1. Make intentional investments into proactive development of community resources.
2. Fully implement a community-based crisis and intervention system that provides continuity of crisis supports and makes available service options and settings that address a range of needs and choices.

Success measures and indicators

- Number and percent of adults with developmental disabilities who obtain Competitive Integrated Employment (existing ODDS KPM).

Strategic Goal 4: Provide families the amount and type of supports they need to raise their children at home, or when necessary, in another family home within their community.

Where we are now. Implementation of the Community First Choice Option, or K Plan, provided supports to many children and families who were not previously receiving services. The implementation of the K Plan has been a tremendous benefit for families that had historically been forced to unravel into crisis before they were able to access services. However, as the I/DD system has struggled to expand capacity, other critical issues in children’s services have evolved into crises. Among these critical issues are the need to develop service models that can serve children and youth in less restrictive settings than 24-hour residential homes, the demand for increased collaboration among child-serving systems to serve children and youth with significant cross-systems support needs, and the need for the service planning process to help families identify and access needed integrated supports to pursue a positive life trajectory for their children.



Our “North Star:” Children live in their family home, or a family-like environment, have typical childhood experiences and are supported along a trajectory toward full lives where integrated supports help them be independent, active members of their community.

Two-year actions

1. Use the LifeCourse as a framework to evolve the service planning process to be more family-friendly and focused on supporting children along a trajectory toward full lives where integrated supports help them be independent, active members of their community. Ensure that the I/DD system’s policy and guidance structure supports this process to provide children and families with the flexibility needed to identify and access the right supports at the right time.

2. Develop and strengthen cross-system collaboration with the Oregon Health Authority, Child Welfare, CCOs, Oregon Department of Education and other partners to expand system capacity to serve children with complex needs.
3. Create service options and expand capacity within existing service offerings to provide equitable access to a continuum of supports that allow children with a range of needs to be supported in their home community.
4. Begin development of specialized services and resources and access to training to prepare parents with I/DD to support their children.

Long-term actions

1. Expand capacity within the system to facilitate connections between local communities and families with children with I/DD in a manner that provides greater access to family peer support and local resources across the state.
2. Fully implement specialized services and resources and provide access to training to prepare parents with I/DD to support their children.

Success measures and indicators

Indicators to measure access and support and family satisfaction with supports and services will be developed for this goal using the National Core Indicators (NCI). NCI supports states to gather a standard set of performance and outcomes measures to track their own performance over time, to compare results across states, and to establish national benchmarks relating to services for people experiencing I/DD. Oregon has collected NCI data that will be useful to developing and tracking measures for this goal.

Strategic Goal 5: Support people to live rich, full lives while providing for their health and safety.

Where we are now: The current I/DD system is often risk averse and does not effectively incentivize creativity and innovation in order to maximize funded and unfunded resources. Services and resources are not always equally distributed and accessible statewide and the expertise and knowledge of caseworkers about available supports is uneven. Fear of future changes to services and supports causes people to use everything that is available (a “use it or lose it” mindset). People are not always supported to consider the role that paid services play in their lives and how this can contribute to isolation, interference with relationships, and reduced self-advocacy. Family networks, while not yet available statewide, have started to address the value of non-paid supports in helping people with I/DD to live rich, full lives. High turnover and low wages in the I/DD workforce, particularly direct support professionals, contribute to problems with quality and availability of care and can make those within the system’s care more vulnerable to abuse and neglect.



Our “North Star:” We will establish a management framework that supports robust standards for health and safety, is effective in protecting people from abuse and neglect, and utilizes a strong process for informed decision-making. Understanding that the direct support workforce is critical to ensuring that people with I/DD can live, work and contribute to their communities and be healthy and safe, we will take a series of actions to strengthen this workforce and promote I/DD as an in-demand field of work. We will move the system from risk aversion to a better balance of supporting people’s safety and wellbeing while recognizing that risk is part of life and people can be accountable for their choices and decisions.

Two-year actions

1. Expand capacity and increase the quality of the long-term services and supports workforce that provides direct care to individuals with I/DD by advocating for funding of the new rate models that support better wages for workers and by making available options for workers to pursue career advancement opportunities within the field.

2. Develop a marketing and outreach plan to expand visibility of the I/DD support services field of work as a viable professional career.
3. Re-evaluate I/DD program OARs and service-related practices to begin implementation of a regulatory structure that is responsive to a person's needs, supports self-determination and full community experience and promotes health and safety in all settings.
4. Establish required training for paid family caregivers, which would also be available as an option for unpaid caregivers, that covers services and work expectations, roles, and respect for a person's self-determination.
5. Expand access to timely and accurate information to increase transparency and inform decision making at all levels of the system. Make available data and information to empower people to make informed service choices, strengthen service delivery system capacity to assure health and safety, and to prevent and address abuse and neglect.

Long-term actions

1. Implement a marketing and outreach plan to promote I/DD service delivery as a desirable field for those seeking employment opportunities and expand awareness about the profession to encourage greater participation by people across diverse racial, ethnic and cultural groups.
2. Strengthen the quality of supports provided by improving and streamlining requirements for provider training and qualifications.
3. Positively impact the social determinants of health by considering the effects of poverty, trauma, and discrimination during the person-centered planning process.

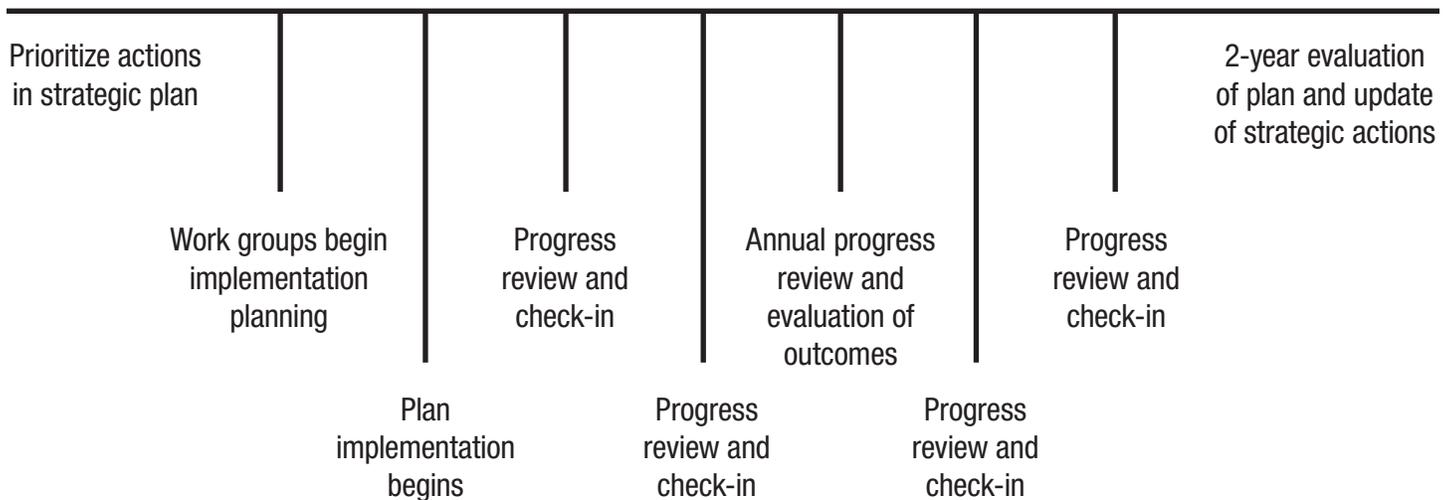
Success measures and indicators

- Percent of substantiated abuse/neglect of children in licensed residential service settings (existing ODDS QBR)
- Percent of substantiated abuse/neglect of adults in licensed & certified programs (existing ODDS QBR)
- NCI Staff Stability Survey: DSP Turnover rate

Accountability

This plan does not seek to direct how specific programs should be managed at the local level. Instead it measures the system as a whole and provides all I/DD system partners with direction and guidance to align their activities with the goals and actions included in the plan. It lays out “why” the system needs to transform and “what” ODDS and system stakeholders intend to do to make changes that will produce better outcomes for people with intellectual and developmental disabilities and make the system more sustainable over time. This plan intentionally does not address the specifics of “how” the strategic goals and actions included in the plan will be carried out. This will be addressed in implementation planning discussions with I/DD partners and stakeholders.

ODDS and participants in the Vision Advisory Committee will develop work groups to facilitate the creation of implementation plans for each goal and assign appropriate tasks, responsibilities and timeframes for carrying out the actions in the strategic plan. Once the implementation plans are complete, members of the I/DD system will engage in frequent progress reviews and timely evaluation at key milestones, using the agreed upon success measures and indicators included in the strategic plan. Because many of the two-year actions in the plan are broad, the ODDS is working with the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute (HSRI) to develop measures to track progress on the goals and activities in this strategic plan using National Core Indicators (NCI) data for Oregon.



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Appendix A: Description of the I/DD System

The Office of Developmental Disabilities Services (ODDS) provides leadership to support persons with intellectual and developmental disabilities (I/DD) to live as full participants in their communities.

Who we serve

We serve people with intellectual disabilities (IQ 75 or below) or developmental disabilities such as autism, down syndrome and cerebral palsy. These disabilities are lifelong and have a significant impact on the person's ability to function independently. The person must also meet Medicaid financial requirements.

*Oregon serves 26,874 individuals with I/DD
— Sept. 2017*

How the service delivery system is organized

Oregon's system is built on critical partnerships between local governments, non-profits, provider agencies, self-advocates and families to help persons with I/DD to live successfully in their communities.

ODDS oversees the state's I/DD system. Its duties include strategic planning, funding, policies and general oversight. ODDS also runs the Stabilization and Crisis Unit (SACU) and provides case management for a few hundred children with significant needs.

Other services are provided through contracted case management entities: Community Developmental Disability Programs (CDDPs), usually county governments, and Support Service Brokerages.

CDDPS are the front door to eligibility for I/DD services. CDDP responsibilities include adult abuse investigations and foster care licensure and certification reviews. CDDPs and Brokerages provide case management.

A myriad of provider agencies offer day-to-day support for people with I/DD. Personal Support Workers are hired by people to help them carry out day-to-day activities. Direct Support Professionals do similar work but are employees of provider agencies.

Services we provide

Focusing on the person is what matters. We look at everything through the prism of that person and help them articulate what they need. We understand they have choices and the dignity of risk. We meet them where they are at and use paid and unpaid services to help them have full lives.

All persons eligible for I/DD services can receive case management. Service Coordinators (CDDPs) and Personal Agents (Brokerages) work with the person to develop an Individual Support Plan to ensure the person's needs and desires to be engaged in the community are supported.

Examples of services

- In-home supports for everyday activities, like bathing, dressing, making meals and help with behavior or communication challenges.
- 24-hour services when persons are unable to stay at home on their own or with their family.
- Community living supports to help promote integration, independence and participation in the community.
- Ancillary services, such as behavioral consultation, assistive devices and technology, environmental modifications and nursing services.
- Employment services to support a person to learn about, find and keep employment.
- Stabilization and Crisis Unit (SACU) safety net for persons with I/DD who have no other option for a residential bed due to high needs and extraordinary challenges.
- Family support services for families with a child with I/DD under the age of 18 who is not eligible for Medicaid. The program offers minimal support services, usually respite care.

The future

The state of Oregon is recognized nationally as an innovative leader in developing community-based services for individuals with I/DD. It was the first state to eliminate its I/DD institutions and an early adopter of federal programs to expand services to all eligible people, instead of continuing waiting lists. Oregon's system has the benefit of a strong advocacy community. One that has a long history and firm commitment to supporting people with I/DD to live as independently as possible in their communities.

Enrollment in the I/DD system has grown 26% since July 2013.

Appendix B: Acknowledgments

We recognize the members of the ODDS Vision Advisory Committee for their dedication and thoughtful participation in developing this strategic plan.

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Stay connected, be involved

- ODDS website: <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/Pages/index.aspx>
- Twitter: @OregonODDS
- Facebook: @OregonDHS.IDD
- Sign up to receive the I/DD Director's messages at <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/Pages/messages.aspx>
- ODDS is committed to engaging with individuals, families, providers, and case management partners to gather feedback on policy and guidance proposals. You can participate by signing up for the ODDS Engagement and Innovation updates at <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Pages/engagement-innovation.aspx>



You can get this document in other languages, large print, braille or a format you prefer.
Contact the Oregon Office of Developmental Disabilities Services at 503-945-5811.
We accept all relay calls or you can dial 711.

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