



10-Year State Plan

Purpose and Process

The role of the Oklahoma Autism Center (OAC) and the Oklahoma Autism Center Foundation (OACF) is to enhance the capacity of systems, individuals and communities across the state so they may effectively serve Oklahomans with Autism Spectrum Disorder (ASD) and their families. This is accomplished through increased awareness and understanding; training; advocacy; and, research and program development. Though not a direct service delivery organization, OACF supports partner organizations in meeting identified needs by providing funding, technical assistance and other resources.

To maximize impact across the state on behalf of Oklahomans with Autism Spectrum Disorder (ASD) and their families, OACF engaged stakeholders to drive development of a ten-year plan that will guide OACF strategies, fundraising, and resource allocation. OACF is utilizing a human-centered approach that consists of three phases:

- 1) inspiration – learning more about customer needs;
- 2) ideation – brainstorming creative, potential solutions in response to the identified needs; and,
- 3) implementation – testing potential solutions to determine what works and taking successful strategies to scale.

This approach represents a philosophy of iteration and learning from trial and error that must be maintained along with continuous communication, assessment and adjustments as needed based on customer experience and feedback.

Inspiration

Over a three-month period (September – November 2019), OACF conducted 12 key informant interviews, two group interviews, and five listening sessions (Lawton, McAlester, Oklahoma City, Tulsa, and Woodward). Further, a statewide electronic survey was administered and received 344 representing the following stakeholders:

- 58% Parent, caregiver of someone with an ASD
- 18% Teacher
- 17% Family member of someone with an ASD
- 15% Concerned citizen
- 13% Medical, healthcare professional
- 11% Self-advocate
- 9% School administrator
- 2% Social service provider
- 1% Funder
- 4% Other

(Note: Other includes counselor, paraprofessional, professor, attorney, school personnel/employee, instructional coach, friend of family and advocate trainer.)

Survey respondents lived in all quadrants of the state:

- 34% Oklahoma City Metropolitan Area
- 27% Tulsa Metropolitan Area
- 11% Northeast Oklahoma
- 9% Southeast Oklahoma
- 7% Southwest Oklahoma
- 4% Northwest Oklahoma

OACF cast a wide net to identify issues across stakeholder groups. Input on issues outside the scope of OACF will be shared with partner organizations whose mission encompasses the identified needs, and opportunities for mutual support and collaboration will be explored.

Ideation

Two strategy sessions were convened to engage diverse stakeholders in brainstorming potential solutions for key questions that emerged from the inspiration phase. Combined, 40 participants addressed the following four questions:

“How might we...”

1. ...better support lifespan planning for individuals with an ASD and their families/caregivers?”
2. ...increase availability of services/resources/supports at the local level for individuals with an ASD and their families/caregivers?”
3. ...develop shared knowledge and understanding of autism and related issues across stakeholders (e.g., parents, caregivers, public, educators, employers, law enforcement, medical professionals, etc.)?”
4. ...improve cross-system coordination (e.g., childcare, education, medical, family support, etc.) to better serve individuals with an ASD and their families?”

Numerous ideas were generated and will be assessed by OACF for desirability, feasibility and viability, and included in shorter-term operational plans.

Implementation and Monitoring

Based on stakeholder input, OACF has identified key outcomes to be accomplished over the next 10 years through capacity-building efforts and support of the Oklahoma Autism Center (OAC) and other partner organizations. Shorter-term outcomes (cognitive changes), intermediate outcomes (changes in behavior) and longer-term outcomes (changes in condition) provide a framework for aligning OACF operational (three to five-year increments), fundraising, and legislative plans. Operational plans include immediate goals, SMART objectives, strategies, tactics and key performance indicators.

In keeping with the human-centered approach used by OACF, outcomes and operational plans are intended to guide small-scale testing of ideas with real-time feedback from customers. An advisory group will be established to provide a formal mechanism for ongoing feedback, performance monitoring and real-time adjustments. The advisory group will include diverse stakeholder representation, including self-advocates and family advocates. This structure will support maximum responsiveness to customers.

	Outcomes: Years 1-3	Outcomes: Years 4-6	Outcomes: Years 7-10
Advocacy	<ul style="list-style-type: none"> • Increase understanding among local, state and federal policymakers of ASD, related policy issues and solutions (e.g., access to services, insurance coverage, safety concerns, etc.) • Increase awareness of lack of coordination across systems, services and programs serving individuals with ASD and their families • Increase awareness of gaps in resources needed to effectively meet the needs of individuals with ASD and their families 	<ul style="list-style-type: none"> • Increase integration of ASD-related best practices in local and state policy • Improve cross-sector, person-centered planning and coordination of systems, services and programs serving individuals with ASD and their families (e.g., No Wrong Door) • Improve alignment of local, state and federal resources with ASD-related needs 	<ul style="list-style-type: none"> • Improved access to needed services • Reduced safety concerns • More effective and efficient service delivery • Improved family support • Improved outcomes (i.e., health, education, employment, housing, etc.)
Awareness	<ul style="list-style-type: none"> • Increase public knowledge and understanding of ASD across the lifespan • Increase public knowledge and understanding of ASD-related issues across the lifespan • Increase public understanding of best practices, existing resources and potential solutions for 	<ul style="list-style-type: none"> • Increase percentage of public/private entities in each quadrant of the state whose operations accommodate individuals with ASD • Increase statewide integration of ASD-appropriate planning and design guidelines in city and regional planning 	<ul style="list-style-type: none"> • Models of inclusiveness exist in all 77 Oklahoma counties • Improved accessibility • Increased housing options • Increased community/social connectivity

	Outcomes: Years 1-3	Outcomes: Years 4-6	Outcomes: Years 7-10
Awareness (Continued)	<p>ASD-related issues across the Lifespan</p> <ul style="list-style-type: none"> • Increase awareness of legal issues related to effectively meeting the needs of individuals with ASD and their families 	<ul style="list-style-type: none"> • Increase statewide integration of ASD-related needs in housing development • Increase number of community/social support networks in each quadrant of the state for individuals with ASD and their families • Increase availability of and access to resources providing legal expertise for individuals with ASD and their families 	<ul style="list-style-type: none"> • Improved infrastructure for future planning
Research & Program Development	<ul style="list-style-type: none"> • Improve access to and awareness of external (Oklahoma) program and service data related to ASD • Increase awareness of best practices based on data from Early Access, Early Foundations and Mesa pilot projects • Increase awareness of financially sustainable approaches for replicating best practices and evidenced-based models 	<ul style="list-style-type: none"> • Increase availability/access to research based early intervention in each quadrant of the state • Increase percentage of pilot and replication sites that are financially self-sustaining • Increase integration of best practices across stakeholders and systems • Increase sharing of ASD-related program and service data across state agencies 	<ul style="list-style-type: none"> • Best practices are taken to scale statewide across relevant systems • Stronger, more sustainable statewide provider and support network • Improved service delivery • Improved individual outcomes

	Outcomes: Years 1-3	Outcomes: Years 4-6	Outcomes: Years 7-10
Training	<ul style="list-style-type: none"> • Increase the number of childcare and early-education providers in each quadrant of the state with the capacity to effectively serve children with ASD from infancy through school age • Increase the number of professionals trained to provide accurate autism assessments in diverse settings (i.e., clinical and education) • Increase the number of employers in each quadrant of the state with the capacity to effectively accommodate individuals with ASD in recruitment, hiring and employment practices • Increase the number of medical/healthcare professionals in each quadrant of the state with the capacity to effectively serve individuals with ASD throughout the lifespan • Increase percentage of children with ASD receiving early diagnosis and treatment (18 months) 	<ul style="list-style-type: none"> • Increase availability of and access to regional autism specialists serving early childhood education settings, schools, and employers • Increase percentage receiving quality services among children whose families request childcare • Increase number of school-age children with ASD served in inclusive school settings • Decrease wait-time for initial diagnosis of ASD. • Increase the percentage of adults with ASD who obtain post-secondary education/training • Increase the percentage of adults with ASD who obtain meaningful employment 	<ul style="list-style-type: none"> • Statewide, lifespan curriculum and training network is accessible • Families are better supported in meeting day-to-day needs • Improved educational outcomes (including post-secondary attainment) • Improved employment outcomes aligned with state and federal reporting metrics (e.g., increased employment, increased earnings) • Improved health outcomes