Olmstead Planning and Implementation

90-Day Report

Submitted

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TABLE OF CONTENTS

Executive Summary……………………………………………………………3

- Olmstead Background
- Olmstead Directive
- Version 1.0: Integration for All—Rhode Island's Olmstead Plan
- Rhode Island's Olmstead Goals, Outcomes, and Recommendations
- Moving Beyond Version 1.0
- Staying Engaged and Educated

Implementation Infrastructure……………………………………………………6

- Olmstead Advisory Group Convenings
- EOHHS Staffing and Interagency Coordination
- External Technical Assistance
- Annual Olmstead Engagement Forum
- Olmstead Data Council
- Olmstead Action Teams
- Existing Partnerships

Implementation Progress………………………………………………………10

- Implementation Plan Overview
- Key Updates on Plan Implementation Efforts
- Brief Project Descriptions

Alignment Efforts………………………..………………………………………13

- Alignment with Health Care System Planning
- Alignment with Past and Current Consent Decrees
- Alignment with Interagency Resource Requests

Moving Forward……………………..……………………………………………15

- Creating Change
- Performance Monitoring
- A Final Reminder on Olmstead and the Challenges Ahead

Appendices……………………..…………………………………………………16

EXECUTIVE SUMMARY

Olmstead Background
Olmstead is U.S. Supreme Court ruling from 1999 which found that segregation of people with disabilities is discrimination under the Americans with Disabilities Act (ADA). Because of Olmstead, states have a legal obligation to have the supports in place for individuals with disabilities to live, work, and receive services in the community in the least restrictive setting permitted by their disabilities and of their choosing. To comply with Olmstead, the first step is for state to create a plan "for moving people out of restrictive settings into the community." In Rhode Island, EOHHS designed a plan that also prevents unnecessary institutionalization.

Olmstead Directive
In August 2024, Rhode Island Governor Dan McKee signed Executive Order 24-11 to strengthen collaboration across government and community partners to improve services and opportunities for people with disabilities. EOHHS received Federal approval for Olmstead planning through one-time Medicaid funds in the amount of $832,000 for home- and community-based services. The Executive Order also required collaboration with government agencies and the creation of an Olmstead Advisory Group (OAG) to guide efforts with perspective from community partners and individuals with lived experience.

Version 1.0: Integration for All—Rhode Island's Olmstead Plan
The development of this plan was rooted in extensive and meaningful community engagement. Between August 2024 and February 2025, over 500 people with disabilities or those who support them provided input. On February 14, 2024, EOHHS released the draft Olmstead Plan (Version 1.0) to the Olmstead Advisory Group, interagency partners, and interested parties for review and feedback. This document is publicly available here.

***Figure 1**: Community Engagement Summary*

A total of 44 community members representing the OAG met monthly to guide the development of the Olmstead Plan, with representatives from an additional 26 different government agencies provided support and input. Further, four public workgroups met five times each, with 26 to 49 participants per meeting. These meetings resulted in six goals to support the plan's vision:

"Rhode Island is committed to being a state where people with disabilities, their families, and their caregivers are fully included in their chosen community and supported by the resources needed to live a fulfilling life. *Rhode Island will be a place where dignity and respect are felt by all, regardless of ability. In Rhode Island, structures will be transformed, and information will be readily available, so that people with disabilities can make meaningful choices, participate in every aspect of life, and freely pursue their goals and aspirations without judgment, stigma, and/or discrimination."* *-Vision Excerpt from RI's Olmstead Plan*

Rhode Island's Olmstead Goals, Outcomes, and Recommendations

The plan outlines six overarching goals with proxy outcomes to achieve the plan's vision and implement core strategies. These goals are supported by the 73 recommendations prioritized by the OAG into Short-Term, Mid-Term, and Long-Term actions. The document represents a living commitment to transform structures, improve access, and ensure that all Rhode Islanders, regardless of ability, can make meaningful choices and fully participate in every as of life without judgment, stigma, or discrimination.

Figure 3: *Olmstead Plan Goals and Long-Term Outcomes At-A-Glance*

GOAL	LONG-TERM OUTCOMES*
Address Isolation	• *Fewer situations where people become institutionalized due to preventable causes* • *Lower rates of depression, isolation, and feeling hopeless for individuals with disabilities*
Facilitate Independent Living	• *More affordable and accessible housing, and fewer people with disabilities experience homelessness* • *Fewer people with disabilities say transportation stops them from participating in activities they want or need*
Strengthen Care Networks	• *Fewer people with disabilities return to institutions after leaving* • *More people with disabilities use home and community-based services* • *More people move into community living or other home-like settings instead of staying in hospitals or institutions*
Create Inclusive Environments	• *More people with disabilities are hired and retained in various job sectors* • *People with disabilities do better in school with educational outcomes* • *More accessible places for people with disabilities to enjoy recreation*
Support Community Connection	• *Fewer people with disabilities return to institutions after leaving* • *People with disabilities are more engaged in various communities* • *People with disabilities live longer and experience a better quality of life*
Improve Data and Coordination	• *Services and supports are more connected and easier to access for people with disabilities throughout their lives* • *More data systems collecting, analyzing, and reporting disability status in standardized way*

** Note that these long-term or impact outcomes will be refined by the Olmstead Data Council to identify the exact measures, data systems, and targets.*

Moving Beyond Version 1.0

Version 2.0 of the Olmstead Plan—which contain edits from leadership, the community, and state agencies as well as detailed appendices and methods—is planned for release in the late fall of 2025. Key feedback received from stakeholders is noted below.

***Figure 2**: Plan Version 1.0 Feedback Summary*

THEME	STAKEHOLDER FEEDBACK SUMMARY
Language Use	*Change implicit language to explicit language to clarify the focus on individuals with disabilities*
Process Overview	*Tighten process descriptions to ensure plan is concise and include methods as appendices*
Content Omissions	*Add omitted content areas such as increasing the education continuum for children with special needs and improving dental care related to medical accessibility*

To do this, EOHHS has retained an Olmstead Lead per the FY26 Budget passed by the legislature. This person will continue to convene the OAG, Olmstead Data Council, and others to implement, revise plans, and evaluate progress annually.

Staying Engaged and Educated

To keep people engaged, EOHHS maintains both an Olmstead Webpage and regular Monthly Newsletter available. Click on the first link below to view this website and click on the second link to join our distribution list:

- eohhs.ri.gov/Olmstead-Planning [5d7vp9xab.cc.rs6.net]
- https://lp.constantcontactpages.com/sl/UJUjzh7/olmstead

For more information on Olmstead, please consider watching this short video here.

IMPLEMENTATION INFRASTRUCTURE

Olmstead Advisory Group Convenings

The Olmstead Advisory Group (OAG) has maintained a consistent and active meeting schedule, typically convening monthly since its formation under Executive Order 24-11 in August 2024. As a reminder, the OAG is intentionally composed of diverse organizations and individuals reflecting populations impacted by an Olmstead plan and current drivers of community integration support systems. A summary listing of OAG membership can be found in the appendices to this report.

Figure 3: *Olmstead Advisory Group Accomplishments*

AREA	DESCRIPTION
Plan Design	*Authored and included a community-written preamble*
Plan Review	*Refined goals, validated content, and reviewed feedback*
Plan Prioritization	*Ranked recommendations using six standard criteria*
OAG Structure	*Co-developed workgroup structures reflective of themes*
Data Inventory	*Identified numerous sources of data and potential metrics*
Accessibility Ideas	*Made improvements for the accessibility of OAG meetings*
Project Feedback	*Provided Accountable Entity and stigma project ideas*
Future Focus	*Maintained focus on key protections such as Section 504*

EOHHS Staffing and Interagency Coordination

Initial plan development leveraged the consultant John Snow International in addition to the EOHHS Olmstead Lead. State agency points-of-contact from those that touches Olmstead met ad-hoc as an informal think thank and attended the OAG meetings. Currently, EOHHS has retained an Olmstead Lead per the FY26 Budget passed by the legislature. This person will continue to convene the OAG, Olmstead Data Council, and others to implement, revise plans, and evaluate progress annually. The Interagency Think Tank will be merged with the Action Teams moving forward.

External Technical Assistance

Rhode Island requested technical assistance (TA) from the Substance Abuse and Mental Health Services Administration through BHDDH to support the development of the Olmstead Plan—specifically as it related to for adults and children with behavioral health and substance use challenges, as well as co-occurrences with other conditions and disability types. The state sought expert review that is structured into four phases of supports to move from planning to implementation. For the coming year, Rhode Island is working to extend the free TA contract to continue advancing this effort as the state continues implementation efforts by strengthening the feasibility of its recommendations and identifying best practice models.

Figure 4: *Technical Assistance Supports*

TIMING	ASSISTANCE TYPE
Phase I	Review of the plan and recommendations for overall behavioral health alignment
Phase II	Refinement of recommendations using best practices and action planning support
Phase III	Support with addressing community/systems gaps and sustainable funding strategies
Phase V	Provision of technical expertise for cross-agency disability data improvements

Annual Olmstead Engagement Forum

Annually, EOHHS hosts a hybrid Olmstead forum focused on community engagement. Last year, over 80 participants attended. Since July 1, 2025, EOHHS planned and held the second annual forum on September 29, 2025, with over 93 attendees participating. The six-hour convening focused on implementation efforts to date and advancing collaborative opportunities to further the work of Olmstead. This included featuring strategic updates, an implementation gallery-walk, a keynote lunch to celebrate success, Federal policy updates, and a community feedback session for the Rural Heath Transformation Plan opportunity for states through the Centers for Medicare and Medicaid Services (CMS).

Olmstead Data Council

In August 2025, EOHHS onboarded Freeman Healthcare, in partnership with Health Care System Planning, to support the establishment and implementation of the Olmstead Data Council and integration with Health Care System Planning data dashboards. The Olmstead Data Council consists of State agency data leads, community data partners, and members of the OAG and/or action teams. The council is chaired by EOHHS and will appoint a community co-chair. Freeman Healthcare will help staff the council and support to strengthen the Olmstead and Health Care System Planning teams' abilities to measure progress and impact. The Olmstead Data Council kicked off on September 29, 2025, with six established priorities for the next year.

Figure 5: *Olmstead Data Council Main Priorities*

FOCUS	DESCRIPTION
Landscape Analysis	*Reviewing the literature and other state efforts to identify best practice and proxy indicators for measuring Olmstead priorities*
Measure Refinement	*Identifying overall impact measures and selecting outcome measures to monitor progress toward the plan's six goals.*
Target Setting	*Establishing baselines for established measures and benchmarking with annual targets through 2030.*
Dashboard Creation	*Displaying key measures in an accessible format for public consumption to monitor Olmstead implementation*
Data Standardization	*Informing standards for state agency and other partner data collection, analysis, and reporting on disabilities and co-occurrence*
Performance Support	*Assisting action teams in developing performance indicators to track progress on specific recommendations.*

Olmstead Action Teams

EOHHS's Olmstead Team recruited interagency and public-private partners to participate in six Olmstead Action Teams. These teams, comprised of over 70 individuals in total, began convening September 12, 2025, at a kickoff meeting. At this meeting, members had an opportunity to review Olmstead efforts to date, learn about the team's charge, review the focus area of each action team, and meet other team members. The charge of the Olmstead Action Teams is to support EOHHS in moving from Olmstead Plan's tiered recommendations to implementation plans with concrete action steps. To do this, each team is selecting one or more of the Tier 1 recommendations to focus on for FY26 and are developing a clear action plan of proposed next steps, implementation partners, timelines, and—in partnership with the Olmstead Data Council—performance indicators. These teams are also responsible for getting expertise from existing coordinating bodies and advising on actual implementation, as applicable.

Figure 6: *Olmstead Action Teams*

TEAM*	EXAMPLE TIER 1 RECOMMENDATIONS
Team 1: Disability and Public Safety	• *Continue to require and enhance Crisis Intervention Training for police officers as part of the RI State Police and RI Municipal Police training academies and for Correctional Officers to better support people with disabilities*
Team 2: Disability, Housing, and Transportation	• *Create a centralized list of affordable, accessible housing options that tracks waitlists and future needs, including all public housing authorities*
Team 3A: Disability and Behavioral Health Systems	• *Expand integrated community programs and spaces to better serve underrepresented groups, like those with brain injuries or behavioral health needs, memory care needs, intellectual and developmental disabilities, working adults, new diagnoses, and late-life diagnosis*
Team 3B: Disability and State Processes	• *Improve the state's Section 508 compliance and use of plain language in advertising and community and state staff training, and central resource inventories to increase individual access to disability resources.*
Team 4: Disability and Career Opportunities	• *Expand career exploration programs for young people with disabilities and provide more pre-employment services within human services agencies*
Team 5: Disability and Civic Engagement	• *Develop alternatives or exceptions to in-person attendance regulations and requirements for virtual meetings and public events that maximizes Rhode Island community input while preventing disruption caused by cyber incidents*

** Note: There is no Action Team 6 as the team is the Olmstead Data Council itself for Goal 6. A full list of all Tier 1 recommendations aligned to these teams is available in the Appendices.*

Existing Partnerships

EOHHS works to ensure that Olmstead stays front of mind. As a part of implementation efforts, EOHHS has presented Version 1.0 of the Olmstead Plan in a variety of existing partnership settings. EOHHS also led a specialized presentation entitled *Segregation by Another Name: Incarceration, Disability, and the Promise of Olmstead* at the Justice

Assistance and Brown University School of Public Health conference called "The Intersection of Criminal Justice, Social Justice, and Behavioral Health." During this presentation, EOHHS discussed the history of institutionalization and connections between the carceral system and Olmstead.

Figure 7: *Olmstead Presentations with Key Partners*

GROUP	DATE
Medicaid Consumer Advisory Committee	*March 2025*
Youth Advisory Group (RIDOH)	*March 2025*
Rhode Island Reentry Alliance	*March 2025*
Long-Term Care Coordinating Council	*March 2025*
Accessible Transportation Advisory Committee	*April 2025*
Advisory Commission on Aging	*April 2025*
RI Commission on the Deaf and Hard of Hearing	*April 2025*
Governors Overdose Task Force*	*May 2025*
Governor's Challenge for Veterans Suicide Prevention	*May 2025*
CCBHC Veterans Coordinators Monthly Meeting	*June 2025*
Rhode Island Developmental Disabilities Council	*June 2025*
Rhode Island Continuum of Care	*July 2025*
UnitedHealthcare Managed Care Team	*July 2025*
Crisis Intervention Training for Law Enforcement	*July 2025*

** Note: In 2026, EOHHS will also work with each of the Task Force's Workgroups to get additional feedback and implementation guidance from individuals with lived experience with substance use.*

IMPLEMENTATION PROGRESS

Implementation Plan Overview

To meet the Olmstead vision for Rhode Island, 12 key strategies were identified from community feedback, including from the OAG membership. These strategies also aligned with improvement strategies in other state Olmstead Plans and in recent Rhode Island Consent Decrees. These strategies group together in three types and helped to refine the goals and recommendations of the plan.

Figure 8: *Key Strategies for Implementation of the Olmstead Vision*

TYPE	ALIGNED STRATEGIES
Enhancement Strategies	*(1) Facilitate effective discharge/transition planning—including for youth* *(2) Improve availability of outreach, education, and support initiatives* *(3) Expand community-based services and intensive in-home services* *(4) Enhance existing services planning and care coordination*
Integration Strategies	*(5) Assure quality socio-economic conditions for community living* *(6) Support community provider capacity and integrated service delivery* *(7) Expand career development planning and training, supported employment services, and placements* *(8) Foster integrated day services in the community*
Overarching Strategies	*(9) Promote stakeholder outreach and public participation* *(10) Coordinate state agency actions and foster collaboration* *(11) Strengthen disability data collection, monitoring, quality assurance, performance systems, and evaluation* *(12) Invest in transformational change and secure sustainable funding*

Key Updates on Plan Implementation Efforts

EOHHS, in partnership with other collaborating agencies, has already started implementation of the specific recommendations in the plan—where resources allow—starting in early 2026 and continuing beyond July 2026. Each of these projects are aligned with specific Olmstead Plan goals and subsequently all prioritized recommendations. The EOHHS Olmstead Team has identified areas of opportunity for implementation aligned with existing state priorities and worked to enhance capacity of projects to ensure momentum is gained and projects take shape. Note that these projects are in addition to the current Action Team implementation plan development for Tier 1 recommendations.

Figure 9: *Implementation Projects At-A-Glance*

GOAL	PROJECT
Address Isolation	• *Olmstead and Behavioral Health—An Accountable Entities Investment*
Facilitate Independent Living	• *Accessible and Affordable Housing—Pathways to Removing Obstacles*
Strengthen Care Networks	• *Dental Health and Disability—Looking at Trends and Addressing Needs* • *Closing the Cancer Care Gap—Parity for Individuals with Disabilities*

	• *Traumatic Brain Injury—Olmstead Alignment*
Create Inclusive Environments	• *American Sign Language Interpreters—Developing the Workforce*
Support Community Connection	• *Enhancing Governance Structures—A Focus on Disability Representation*
Improve Data and Coordination	• *Olmstead Data Council—Monitoring the Olmstead Plan* • *Stigma Reduction Campaign—Your Life, Your Rights*

Olmstead and Behavioral Health—An Accountable Entities Investment

The Medicaid Program is implementing an Olmstead-focused investment in Accountable Entities (AE) focused on improvements to systems addressing behavioral health. AEs in partnership with Health Equity Zones (HEZ) are being asked to select one or more behavioral health Olmstead recommendations, develop an action plan, and lead implementation efforts. This represents approximately a $2.75 million investment. Many of the AEs presented project plans for feedback from the disability community at OAG meetings this summer.

Accessible and Affordable Housing—Pathways to Removing Obstacles

The Pathways to Removing Obstacles (PRO) to Housing initiative is a competitive grant program administered by the Housing and Urban Development. The primary goal is to address critical barriers hindering the production and preservation of affordable housing. To maximize the impact of these funds to meet the needs of Rhode Islanders, EOHHS is working to align PRO efforts with identified Olmstead Priorities. The initiative, led jointly between the Executive Office of Housing and EOHHS proposes a multi-pronged approach—using $3.9M—to overcome these barriers, focusing on building local capacity, knowledge, civic engagement, and practical application.

Dental Health and Disability—Looking at Trends and Addressing Needs

To address dental disparities among people with disabilities, especially those in recovery from substance use disorder, EOHHS and RIDOH published a data brief that shows individuals with disabilities in Rhode Island are less likely to receive annual preventive dental care and more likely to have teeth removed compared to those without disabilities. Further, the Olmstead team is collaborating with RIDOH to raise provider awareness of these inequities and to strengthen compliance with the Americans with Disabilities Act (ADA) within dental practices. Additionally, using Opioid Settlement funds, a Request for Proposals was released soliciting a pilot program for oral health and dental reconstruction for individuals in recovery from substance use disorder.

Closing the Cancer Care Gap—Parity for Individuals with Disabilities

RIDOH, in partnership with EOHHS, is implementing an Olmstead-focused quality improvement project to address disparity data findings pertaining to cancer rates among people with disabilities. Ongoing meetings were held with RIDOH cancer programs, Brown Health oncologists, BHDDH, and EOHHS who have reviewed data on cancer screening disparities, identified key actions to address these disparities, prioritized actions for implementation, and begun breaking down each action into manageable parts that

identifies additional stakeholders needed at the table for regulatory changes, expanding patient education, and strengthening system-wide coordination.

Traumatic Brain Injury—An Olmstead Alignment

The Traumatic Brain Injury (TBI) work in Rhode Island is aligned with the state's Olmstead Plan to ensure people affected by TBI receive services and supports in the most integrated and least restrictive setting possible. Current activities include working with TBI stakeholders to improve existing policies, such as those associated with transitional and step-down (less than 24-hour home and community-based care) services following inpatient TBI treatment and implementing TBI screening in Certified Community Behavioral Health Clinics.

American Sign Language Interpreters—Developing the Workforce

EOHHS, in partnership with the RI Commission for Deaf and Hard of Hearing—alongside several agencies, colleges, and community partners are working to increase the ASL Interpreter Workforce starting with a scheduled convening with select high schools, interpreters, ASL teachers, colleges, and state agencies to strategize about the ASL interpreter workforce and build a robust ASL certification and career pathway. This pathway, starting from high school and extending through post-secondary education, also includes professional development—inclusive of apprenticeship and shadowing opportunities in healthcare, education, and community settings.

Enhancing Governance Structures—A Focus on Disability Representation

This project involves the collaboration between the EOHHS and RIDOH on Culturally- and Linguistically-Appropriate Services (CLAS) and Americans with Disabilities Act (ADA) work. To support the implementation of specific Olmstead recommendations, improving disability services, promoting leadership opportunities for individuals with lived experience, and strengthening accessibility standards is the focus. his includes thinking about how we improve representation on boards, commissions public workgroups and within government.

Stigma Reduction Campaign—Your Life, Your Rights

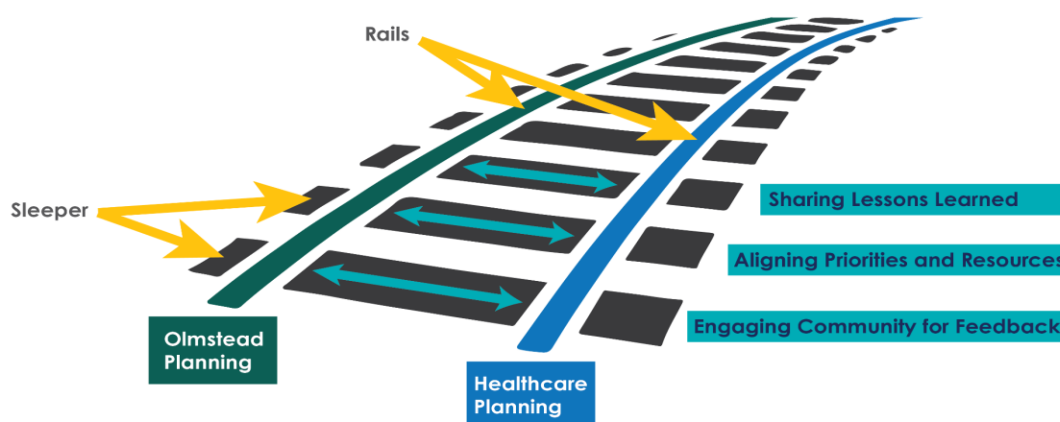
EOHHS recently funded an expansion of the "Your Life, Your Rights" stigma reduction campaign that went live in early April as social media advertisements. These advertisements and public educational material come from BHDDH. The campaign ran on digital and social media platforms in English and Spanish, leading viewers to the Your Life, Your Rights Program.

ALIGNMENT EFFORTS

Alignment with Health Care System Planning

Both the Olmstead Planning and the Health Care System's Planning processes have created recommendations to improve the lives of people in Rhode Island. While separate and distinct, there is a high level of alignment between these two teams. Both teams work together on a weekly basis to share lessons learned, aligned priorities and maximize resources, and jointly engage community for feedback to inform both efforts. The table located in the Appendix highlights some areas where Olmstead Plan recommendations overlap with the Health Care System Planning recommendations.

Figure 10: *Railroad Model of Alignment*



Alignment with Past and Current Consent Decrees

The Olmstead Plan core strategies are aligned with prior and current consent decrees related to disability rights. In addition, the current Children's Behavioral Health Consent Decree and the Olmstead Plan are closely aligned in their goals and strategies to improve community-based behavioral health services. Specific examples of how the Olmstead Plan enhances requirements of the Consent Decree can be found below.

Figure 11: *Examples of Mutually-Supportive Aims Between the Olmstead Plan and the Children's Behavioral Health Consent Decree*

SYNERGY	DETAIL
In-Home Services	*Both prioritize the expansion of intensive in-home services as a foundational support to keep individuals in their communities*
Access to Alternatives	*Both emphasize the need to increase access to and strengthen support for therapeutic foster care placements as a critical alternative to institutions*
Crisis Response	*Both detail accessible crisis services—particularly mobile response and stabilization—to prevent unnecessary hospitalizations*
Discharge Planning	*Both include improving discharge and transition efforts to more smoothly move individuals from restrictive settings into community*

Care Coordination	*Both address improvements to care coordination that has been identified as essential in both documents*
Data Collection	*Both stress the need for robust data collection systems, regular reporting, and monitoring mechanisms to track outcomes*
Community Engagement	*Both stress the importance of ongoing stakeholder engagement to ensure transparency, accountability, and responsiveness to community needs*

Alignment with Interagency Resource Requests

EOHHS has made significant strides in working to obtain additional resources to continue to make investments in the Rhode Island's Olmstead Plan. In some cases, EOHHS has applied for funding or partnered with others to apply for funding. Where possible, EOHHS is leveraging existing funding. Additionally, EOHHS works closely with the Office of Management and Budget (OMB) to identify and summarize annual budget opportunities and to summarize the allocation of any Olmstead-related resources appropriated by the General Assembly.

Figure 12: *Recent Resource Funding Requests and/or Allocations*

TYPE	DESCRIPTION
Requested	*Applied for $1,000,000 in funds through Senators Sheldon Whitehouse and Jack Reed to support the continued Olmstead planning*
Requested	*Applied for $80,000 in funds from the RIDOH Prevention Block Grant to support assessment of accessibility of medical providers*
Leveraged	*Leveraged existing health care system planning funding for data analytics to ensure both planning efforts are mindful of individuals with disabilities*
Leveraged*	*Leveraged continued investments into Olmstead through opioid settlement funding approved by the Opioid Settlement Advisory Committee*

**Note: This includes but is not limited to investments being made in homelessness prevention for covered populations, medication access, and recovery supports such as oral health improvements for those in recovery.*

MOVING FORWARD

Rhode Island intends to continue this work with sustained community involvement and revise future versions of the Olmstead Plan based on annual feedback.

Creating Change

EOHHS is continuing to build our implementation plan for recommendations through the five established public/private Action Teams, each aligned with one of the five community-focused Olmstead goals and associated Tier 1 recommendations. Teams are in the process of selecting short-term recommendation(s) to focus on for State Fiscal Year 2026, develop a clear action plan of proposed next steps, and where applicable, begin implementation with the State were existing collaborations, planned system changes, and current resources allow. In the event roadblocks arise, the teams will identify, highlight, and propose solutions to barriers for assistance from EOHHS. EOHHS continues to work across partners to identify resources to support work requiring funding.

Performance Monitoring

Two Olmstead Community Engagement Forums have been held to date, with the intent of making this a recurring, annual event. Ongoing discussions ensure the plan, materials, and meetings are accessible and EOHHS strives to use plain language, ensure 508-compliance, and include live closed captioning. The Olmstead Advisory Group will continue to meet regularly to monitor progress, discuss funding opportunities, and address emerging priorities. EOHHS has convened the Olmstead Data Council that will develop outcome measures and guide data collection improvements. This body will also continue to convene throughout the year and beyond. Annual progress reports and public dashboard updates will track investments and outcomes, as required by the Executive Order and as demonstrated by this report submission.

A Final Reminder on Olmstead and the Challenges Ahead

This community-led plan is intended to serve as a guide for executive and legislative branch decision-making on policy changes and investment strategies. While there is always more work to be done, this plan provides Rhode Island with a blueprint for making the State's Olmstead vision a reality. Concerns about restrictive Federal policies and ongoing court challenges affecting disability services and the need for state-level protections remain. Further, changes due to H.R.-1 also threaten the progress made on Olmstead. Continued discussions and safeguards will be needed as changes are realized.

"I'd like people to understand that inclusion isn't just about physical access; it's about changing attitudes and making everyone feel valued and respected."

-RI Community Listening Session Participant

APPENDICES

APPENDIX I: Olmstead Partner Overview

State Agencies and State Convenings

Executive Office of Health and Human Services (EOHHS), Rhode Island Department of Health (RIDOH), Long-Term Care Coordinating Council, Governor's Commission on Aging, Governor's Commission on Disabilities, Governor's Council on Behavioral Health, Governor's Overdose Taskforce, Rhode Island Commission on the Deaf and Hard of Hearing (RICDHH), Office of Healthy Aging, Department of Children, Youth & Families (DCYF), Department of Business Regulation (DBR), Department of Labor and Training (DLT), Department of Corrections (DOC), Office of the Health Insurance Commissioner (OHIC), Office of Rehabilitation Services (ORS), Rhode Island Emergency Management Agency (RIEMA), EOHHS Independent Advisory Council.

Community Organizations

Personal Lifetime Advocacy Networks of Rhode Island (PLAN RI), Ocean State Center for Independent Living (OSCIL), Rhode Island Community Action Association (RICAA), Westbay Community Action, Rhode Island Developmental Disabilities Council, Perspectives in Communication, Youth Advisory Council, Rhode Island Foundation, Rhode Island Housing, United Way of Rhode Island, Foster Forward, AARP of Rhode Island, Brain Injury Association of Rhode Island, Woonsocket Health Equity Zone, Rhode Island Continuum of Care, Genesis Healthcare, Progreso Latino, Rhode Island Police Chiefs Association, Special Olympics Rhode Island, Rhode Island Parent Information Network (RIPIN), Real Access Motivates Progress, Disability Rights Rhode Island (DRRI), , Medicaid Consumer Advisory Council.

Academic Institutions

University of Rhode Island (URI) College of Health Sciences, Brown University School of Public Health, Hassenfeld Child Health Innovation Institute, The Sherlock Center on Disabilities at Rhode Island College.

Healthcare Partners

Kent Hospital, Bradley Hospital, Brown University Health, Rhode Island Medical Society (RIMS), Care New England (CNE), Integra Care New England Accountable Entity, Care Transformation Collaborative Rhode Island (CTC), UnitedHealthcare, East Bay Community Action Program (EBCAP), The Autism Project, Thundermist Health Center, Rhode Island Health Center Association, Community Provider Network of RI (CPNRI), Neighborhood Health Plan of Rhode Island (NHPRI), Mental Health Association of RI.

People with Lived Experience

Members with lived experience were also actively recruited and introduced in October and November 2024, to ensure their voices are central to the planning process. A total of eight individuals participate.

APPENDIX II: Olmstead and Health Care System Planning

<table>
<tr><th>Olmstead Plan Version 1.0</th><th>Health Care System Planning Report</th></tr>
<tr><td colspan="2">Behavioral Health</td></tr>
<tr><td>Support programs and policies that help prevent harmful (also known as adverse) childhood experiences
Advocate for restorative justice practices in public schools
Sustain and expand existing statewide efforts to prevent violence and injuries in communities</td><td>Introduce and promote policies that reduce children's exposure to toxic stress and enhance interventions that strengthen resources</td></tr>
<tr><td>Focus on preventing substance use in children
Include social and emotional learning in school lessons and activities to help students cope with challenges and build confidence, as well as administrator and education training on trauma</td><td>Support the development and implementation of comprehensive prevention, education, and outreach campaigns to raise awareness, reduce stigma, and encourage early connections to care</td></tr>
<tr><td>Support and expand the children's mobile crisis and stabilization program throughout the state</td><td>Ensure the continuation of Mobile Response and Stabilization Services (MRSS) for children/youth fidelity with a focus on ensuring provision of the model's stabilization services</td></tr>
<tr><td>Evaluate Certified Community Behavioral Health Clinics (CCBHCs) performance and provide quality improvement support to better meet the needs of individuals with disabilities across the lifespan</td><td>Support, track, evaluate the implementation of RI's Certified Community Behavioral Health Clinics</td></tr>
<tr><td>Facilitate state collaborative agency meetings or expand the Olmstead Advisory Group functions to enable sharing and review of current services and resources
Promote and track opportunities for individuals with lived experience of disability to serve in leadership capacities, such as state, local, and private commissions, and boards
Increase opportunities for people with disabilities and their supporters to give feedback and ideas to state programs –perhaps through presentations at the Olmstead Advisory Group
Continue the Olmstead Advisory Group, resource community engagement sessions, and develop an Olmstead Data Council to review progress and improve data reporting</td><td>Engage diverse communities in behavioral health planning conversations</td></tr>
<tr><td>Expand the Police Officers Commission on Standards (POST) to include individuals with lived experience and expertise in disability and to work together to propose policy, practice, and training changes for first responders as a way to reduce the criminalization of individuals with disabilities when their actions are driven by their disabilities
Continue to require Crisis Intervention Training for police officers as part of the RI State Police and RI Municipal Police training academies and for Correctional Officers to better support people with disabilities
Assess the number of medical provider offices that are physically accessible and the number of providers trained and comfortable with welcoming people with all disabilities</td><td>Reduce inappropriate criminalization by ensuring that providers are aware of social biases</td></tr>
</table>

● Increase opportunities for people with disabilities and their supporters to give feedback and ideas to state programs –perhaps through presentations at the OAG ● Promote and track opportunities for individuals with lived experience of disability to serve in leadership capacities, such as state, local, and private commissions and boards ● Facilitate state collaborative agency meetings or expand the OAG functions to enable sharing and review of current services and resources	● Expand and enhance systems that gather and analyze feedback from RI residents
Hospitals	
● Support new or revised payments for behavioral health providers as determined through rate reviews to ensure more people get help where and when they need it	● Medicaid Payment: (a) Pursue pathways to maximize federal contributions to make interim adjustments while performing a comprehensive rate study
Long Term Care and Healthy Aging	
● Expand integrated community programs and spaces to better serve underrepresented groups, like those with brain injuries or behavioral health needs, memory care, intellectual and developmental disabilities, working adults, new diagnoses, and late-life diagnosis ● Increase the state's ability to monitor if there are enough mental health care workers for children and adults by developing and distributing a survey like the Massachusetts Health Care Workforce Survey	● Assess gaps in the supply of services across socioeconomic levels and geographic regions to meet the needs of older adults and those with disabilities
● Increase collaboration between State health and human services agencies and disabilities commissions to strengthen the state's ability to monitor and address complaints about accessibility and communication standards in healthcare facilities ● Develop model policies, practices, and systems for clinical providers to transition health records and care to avoid disruptions ● Work with state agencies and health insurance companies to reduce barriers to obtaining and maintaining mobility devices and other durable medical equipment that promote community integration	● Review, assess, and remove barriers to enrollment, transitions of care, and regulatory requirements that impede innovation in care delivery and workforce development
● Determine and pilot what additional nursing home supports–such as training, staffing, and risk mitigation–are needed and can be implemented to be able to safely care for patients with traumatic brain injuries and behavioral health diagnoses	● Establish staff training programs in LTC Settings on issues of aging and disability care
● Improve data collection systems to better support decision-making and track services for people with disabilities–including things like real-time data in map form off, public and accessible transit, affordable and accessible housing, RIde services, community resources, food vendors, and disability-friendly employers	● Work to develop flexible solutions to allow the deployment of resources to remote sections of the state that may address reimbursement, incentives, or regulatory barriers
Health-Related Social Needs	
● Sustain and enhance program inventory activities across government on Olmstead-focused initiatives and discuss future funding needs	● Inventory the specific programs and services being conducted across public state agencies and private organizations/ coalitions that screen, assess, link, and provide HRSNs services

Continue the Olmstead Advisory Group, resource community engagement sessions, and develop an Olmstead Data Council to review progress and improve data reporting *Build staffing and data capacity to monitor and plan long-term Olmstead goals* *Improve data collection systems to better support decision-making and track services for people with disabilities–including things like real-time data in map form off, public and accessible transit, affordable and accessible housing, RIde services, community resources, food vendors, and disability-friendly employers*	*Enhance existing data systems to monitor, inform, and guide decision making to identify areas where investment in improvements of SDOH can have the greatest impact on the demand for HRSN.*
Promote health for all by making healthy food, safe and accessible public spaces, and safe, healthy housing (including working utilities) more available to everyone *Build more affordable, low-barrier, and accessible housing units*	*Strengthen comprehensive understanding of the downstream impacts of addressing SDOH on HRSNs and Healthcare demand by conducting data analysis, research, and literature reviews*
Support and resource peer recovery specialists, peer support paraprofessionals, and community health workers working with all types of disabilities	*Expand local structures or systems (e.g., HEZs, CHW, Prevention Coalitions) that work to share information and promote collaboration across state and private agencies to promote and provide HRSNs services*
Other	
Develop, with community input, standardized data and career ladders for the Community Health Worker, Peer Recovery Specialist, Outreach Worker, and Case Manager workforce through unique identifier collection, occupational licensing, and/or employer reporting of workforce data at the individual or aggregate level	*Expand authority and resources to collect, share, analyze, and report workforce data to inform health system and workforce planning*
Increase the state's ability to monitor if there are enough mental health care workers for children and adults by developing and distributing a survey like the Massachusetts Health Care Workforce Survey *Reduce bias and discrimination among employers by providing training and tools to follow ADA rules and support employees with disabilities–perhaps similar to the Recovery Friendly Workplaces initiative*	*Expand and sustain healthcare career awareness and experiential learning opportunities for youth, unemployed and underemployed adults, or other untapped or underrepresented populations*
Convene interagency education, human services, and workforce partners to identify and apply for funds to increase resources for adult education programs for individuals with disabilities	*Expand and sustain academic, financial, and wraparound supports for working adults to pursue healthcare certificates, degrees, and licensure to reduce barriers to success and increase the capacity and diversity of the healthcare workforce*

Note: *Alignment with other plans (e.g., Overdose Strategic Roadmap) are in process and this table will be updated in future reports.*

APPENDIX III: Full List of Tier 1 Recommendations by Action Team

TEAM	TIER 1 RECOMMENDATIONS
Team 1: Disability and Public Safety	• *Continue to require and enhance Crisis Intervention Training for police officers as part of the RI State Police and RI Municipal Police training academies and for Correctional Officers to better support people with disabilities* • *Expand law enforcement models (such as the Police Officers Commission on Standards and Training) to include individuals with lived experience and expertise in disability and to work together to propose changes to policy, practice, and training for first responders to reduce the criminalization of individuals with disabilities when their actions are driven by their disabilities*
Team 2: Disability and Housing and Transportation	• *Create a centralized list of affordable, accessible housing options that tracks waitlists and future needs, including all public housing authorities* • *Work to expand allowable destination types (like recovery meetings or service animal appointments) for non-emergency medical and other transportation services and discuss program monitoring needs with community partners* • *Maintain and enhance the Transportation in Your Community webpage as a single list of transportation options for people with disabilities to include private options, town programs, state programs, and pilots with links for each*
Team 3A: Disability and Behavioral Health Systems	• *Evaluate Certified Community Behavioral Health Clinics' (CCBHCs) performance and provide quality improvement support to better meet the needs of individuals with disabilities across the lifespan* • *Expand integrated community programs and spaces to better serve underrepresented groups, like those with brain injuries or behavioral health needs, memory care needs, intellectual and developmental disabilities, working adults, new diagnoses, and late-life diagnosis. Example: Mental Health Club Houses* • *Support new or revised payments for behavioral health providers as determined through rate reviews to ensure more people get help where and when they need it* • *Support and provide resources for peer recovery specialists, peer support paraprofessionals, and community health workers working with all types of disabilities*
Team 3B: Disability and State Processes	• *Improve the state's Section 508 compliance and use of plain language in advertising and community and state staff training, and central resource inventories to increase individual access to disability resources.* • *Cross-train state and community partner entry point staff on all available services and navigating supports for individuals with disabilities* • *Increase collaboration between state health and human services agencies and disabilities commissions to strengthen the State's ability to monitor and address complaints about accessibility and communication standards in healthcare facilities* • *Work with state agencies and health insurance companies to reduce barriers to obtaining and maintaining mobility devices and other durable medical equipment that promote community integration*
Team 4: Disability and Career Opportunities	• *Expand career exploration programs for young people with disabilities and provide more pre-employment services within human services agencies* • *Support all Rhode Island schools so that transition planning for students with disabilities starts by age 14* • *Convene interagency education, human services, and workforce partners to identify and apply for funds to increase resources for adult education programs for individuals with disabilities*
Team 5: Disability and Civic Engagement	• *Develop alternatives or exceptions to in-person attendance requirements for virtual meetings and public events that maximizes Rhode Island community input while preventing disruption caused by cyber incidents*

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