

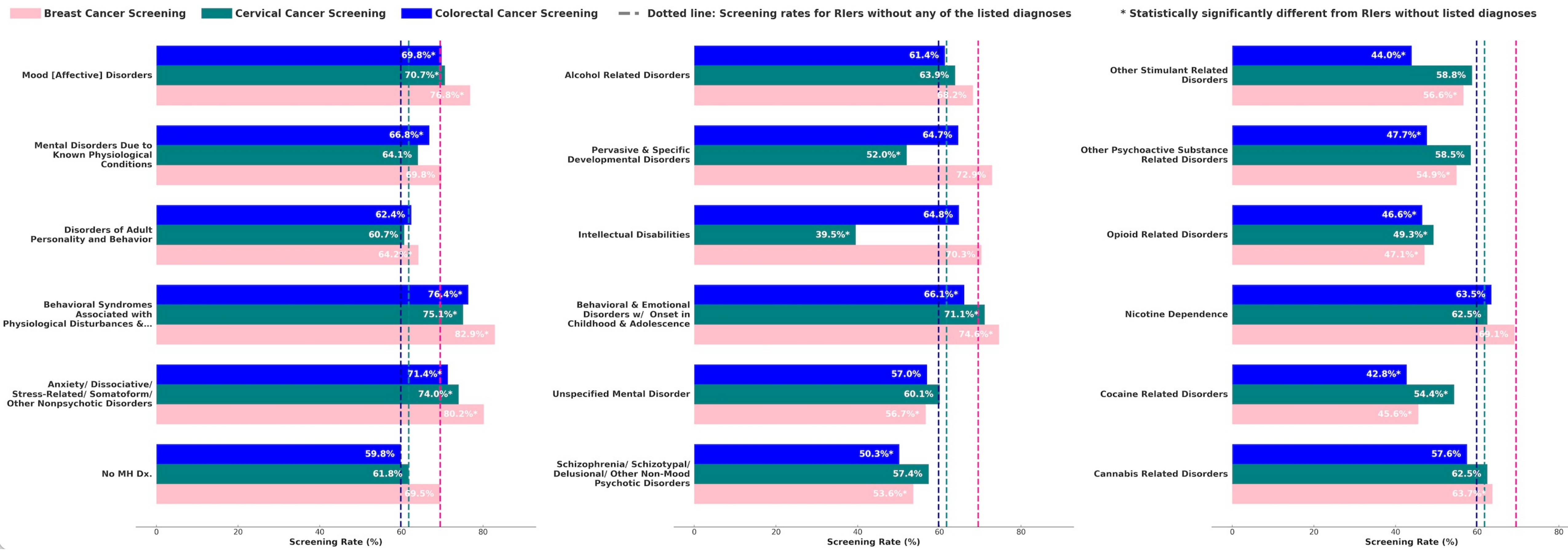


Closing the Cancer Care Gap for People with Disabilities



- **Associated Goal:** Goal 3: Make care networks stronger, especially for mental health services, and improve coordination between different systems to make sure people get the support they need without gaps or confusion.
- **Inclusion for All Recommendation:** Improve cancer screening, treatment, and outcomes of individuals with disabilities by continuing to convene regular meetings between state cancer programs, cancer providers, and other agencies and experts to design and implement pilots, training, and policy changes.

Why It Matters:	What We're Doing:	Who Is Involved:	What Success Looks Like:	What's Next?
<ul style="list-style-type: none"> ▪ People with certain disabilities are less likely to get recommended cancer screenings on time ▪ Late or missed screenings can result in later stage disease at time of diagnosis, and worse outcomes ▪ People with disabilities may benefit more from treatment offered by providers who understand their needs ▪ Removing personal, provider and systems level barriers can improve cancer screening, treatment and survivorship outcomes 	<ul style="list-style-type: none"> ▪ Bringing together State and community partners who are engaged in this work ▪ Reviewing data to identify differences (disparities) in cancer screening and diagnoses ▪ Improving policies and systems for better cancer screening, treatment and survivorship outcomes ▪ Prioritizing projects to improve health outcomes ▪ Designing a master presentation with tailored slides for different provider types to increase awareness and inspire improvement 	<ul style="list-style-type: none"> ▪ RIDOH Cancer Programs ▪ EOHHS Olmstead Initiative ▪ RIDOH Traumatic Brain Injury Program ▪ BHDDH Division of Behavioral Health ▪ BHDDH Division of Developmental Disabilities ▪ Brown University Health Medical Oncology ▪ Warren Alpert Medical School at Brown University ▪ The Partnership to Reduce Cancer in Rhode Island 	<ul style="list-style-type: none"> ▪ Providers equipped to ensure that people with disabilities achieve optimal cancer screening and survivorship outcomes ▪ Reduction in cancer mortality rates for individuals with disabilities ▪ Improved understanding of prevention, screening, diagnosis, disease and treatment among individuals with disabilities and their caregivers 	<ul style="list-style-type: none"> ▪ Enhancing training for students in healthcare professions on providing accessible care for people with disabilities ▪ Improving the capacity of screening facilities and oncology practices to provide appropriate accommodations for adults with intellectual and/or developmental disabilities ▪ Identifying opportunities to provide professional development on cancer and disability adaptations to healthcare professionals



How does Screening Impact Cancer Outcomes?

- A panel of experts convened by the U.S. Preventive Services Task Force recommends periodically screening adults with average risks for four types of cancer—breast, cervical, colorectal, and lung cancer.
- Evidence shows that screening people for these cancers at recommended intervals helps to identify cancers earlier, when they are diagnosed at more treatable stages.
- Early detection of these cancers can result in improved outcomes such as better survival rates, improved quality of life and sometimes even cure the disease.

We acknowledge the Centers for Disease Control and Prevention, for its support of the Rhode Island staff, and the printing and distribution of the monograph under cooperative agreement NUS8DP007118 awarded to Rhode Island Department of Health. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

Pathways for Removing Obstacles to Housing (PRO-Housing)



Associated Goal: Goal 2: Increase opportunities for people to live independently and be part of their communities, with a special focus on improving housing, transportation, and continuous access to utilities

Inclusion for All Recommendations:

- Support initiatives to make new housing easier for people with disabilities across the lifecycle to access (such as support for Type C "visitable" housing units being the minimum requirement when building housing units in Rhode Island).
- Build more affordable, low-barrier, and accessible housing units.

Why It Matters:	What We're Doing:	Who Is Involved:	What Success Looks Like:	What's Next?
<ul style="list-style-type: none"> The affordable housing landscape is a problem for everyone, and disproportionately a problem for individuals with disabilities. People with disabilities in Rhode Island are more than twice as likely to live in poverty compared to those without—about 25% versus 10% for working-age adults. Housing costs make up a larger share of their expenses, too; nearly 30% of Rhode Islanders with disabilities spend a third or more of their income on housing, while only 19% of residents without disabilities face such high housing costs. Accessibility for individuals with disabilities can be deprioritized in affordable housing development: <ul style="list-style-type: none"> Developers may prioritize cost savings and unit count over physical accessibility features, especially with limited budgets. Lack of incentives, clear guidance, or enforcement leads to minimal integration of accessible design standards. Communities can have misconceptions about housing individuals with disabilities in their neighborhoods: <ul style="list-style-type: none"> Communities may fear that housing for individuals with some types of disabilities will lower property values or change neighborhood character. Concerns about safety are often based on stereotypes, not facts. Lack of understanding about who benefits from accessible housing fuels resistance to inclusive development. 	<p>Rhode Island received funding from the federal office of housing and urban development (HUD) to support community lead strategies to remove the obstacles for affordable housing development.</p> <p>With these funds, the state will build local housing cohorts of champions (residents, providers, developers, advocates) primarily from Bristol and Washington Counties. Once cohorts are established, we will:</p> <ul style="list-style-type: none"> Train cohorts through a Community of Practice Strengthen civic engagement around affordable housing development Design local action strategies Implement local action strategies 	<ul style="list-style-type: none"> EOHHS Olmstead Team Executive Office of Housing RIDOH Health Equity Zone Initiative Bristol Health Equity Zone Warren Health Equity Zone Healthy Bodies Health Minds (Washington County Health Equity Zone) Other partners such as housing, disability, civic engagement, municipal leaders, state government and more. 	<p>We will consider this project successful in its first implementation phase if we:</p> <ul style="list-style-type: none"> Establish and enhance affordable housing cohorts Successfully integrate state actions, priorities and resources aligned with permanent supportive and broadly accessible housing Establish sustainable community capacity by building the skills and knowledge necessary to successfully develop affordable housing Create actionable, community supported site plans or pilot project proposals ready for implementation Develop a mechanism to replicate lessons learned through PRO-Housing implementation in Bristol and Washington County. 	<p>Scopes of work for this project have been designed and contracting with community partners is in process. The next steps include:</p> <ul style="list-style-type: none"> Establishing contracts with Bristol, Warren and Washington County (HBHM) HEZ Launching HEZ Housing Community of Practice <div style="background-color: #FFD700; padding: 10px; border: 1px solid #FFD700;"> <p>Do you have ideas for how to support these communities in successfully advancing affordable housing development and incorporating the needs of individuals with disabilities?</p> <p>Reach out to Allegra: Allegra.Scharff@health.ri.gov</p> </div>



Opportunities for Supportive Employment



Near Family and Caregivers



Access to Public Transportation



Opportunities for Multi-Generational Friendship and Social Connections



Affiliated Supports



Physical Accessibility



Inclusive Recreational Access



Behavioral Health and Olmstead



Inclusion for All recommendations: Multiple

Why It Matters:	What We're Doing:	Who Is Involved:	What Success Looks Like:	What's Next?
<ul style="list-style-type: none"> The BH Olmstead project is crucial because it aims to ensure people with disabilities, particularly those with behavioral health needs, can live, work, and receive services in the least restrictive community settings. The project is supported by a significant one-time allocation of \$3.06 million from the Health System Transformation Project (HSTP) budget specifically to enhance the quality of care for the behavioral health population with disabilities. 	<ul style="list-style-type: none"> Leveraging Funds: Utilizing remaining funds from the Health System Transformation Project (HSTP) – originally established via a 2016 CMS-approved 1115 Waiver Demonstration – to support Accountable Entities (AEs). A total of \$2,754,000 is allocated to AEs, with each receiving \$437,142, and an independent distribution of \$306,000.03 total for all partner HEZs. Developing Olmstead Action Plans: AEs are required to create comprehensive plans that specifically address the behavioral health needs of their Medicaid members within the Olmstead context. These plans must define clear objectives, activities, measures, and timelines for achievement by early 2026, including methods for monitoring progress. Fostering Collaboration: Action plans are developed in partnership with MCOs and HEZs, with MCOs providing support and oversight. AEs must dedicate at least 10% of their allocated funds to their HEZ partners to support this collaboration. Performance-Based Funding: Funding is not a grant but is earned by AEs through meeting EOHHS-defined metrics across three performance-based milestones. 	<ul style="list-style-type: none"> Rhode Island Executive Office of Health and Human Services – Medicaid Program: Administers the project, allocates HSTP funds, provides templates for action plans, and reviews and approves submitted plans and reports. Olmstead Team: Responsible for supporting scope development and coordinating collaboration between the Olmstead Advisory Group and Accountable Entities (AEs). Accountable Entities (AEs): Seven AEs are funded to develop and implement Olmstead Action Plans, focusing on their attributed Medicaid members with behavioral health needs. Health Equity Zones (HEZs): HEZs are required to collaborate with AEs in planning and implementing the action plans, receiving a minimum of 10% of the AEs' total funds. Managed Care Organizations (MCOs): Collaborate with AEs in developing action plans, provide direct oversight, receive a 10% administrative fee, certify AE performance metrics, and distribute funds to AEs. Olmstead Advisory Group: Provides guidance and monitoring for the Olmstead Plan and will receive presentations on implementation from AEs and HEZ partners. 	<p>Success for the BH Olmstead project is measured through specific performance metrics and deliverables tied to the distribution of funds:</p> <ul style="list-style-type: none"> Milestone 1: Successful development and submission of certified Olmstead action plans by AEs (due Wednesday, June 18, 2025). EOHHS review and approval of these plans are required for fund release. Milestone 2: Mid-year reporting on Olmstead project implementation, subject to meeting planning deliverables, including a presentation by AEs and HEZ partners to the Olmstead Advisory Group (due Tuesday, December 2, 2025). EOHHS review and approval are necessary for the release of these funds. Milestone 3: End-of-year reporting on the final implementation of action plans, also subject to meeting planning deliverables and a presentation to the Olmstead Advisory Group (due Tuesday, June 2, 2026). EOHHS review and approval are required for the final fund release. <p>Full funding depends on fully meeting performance metrics; there will be no payment for partial fulfillment.</p>	<p>As part of the Project Requirements, AE/HEZ teams must present to the Olmstead Advisory group on their project process in December of 2025. We look forward to seeing everyone there!</p>



➦ Astrana Health - RI



Accountable Entity	BH Olmstead Focus
Integra/Pawtucket Central Falls HEZ with backbone LSC	<ul style="list-style-type: none"> Care Coordination Housing Supports Stigma Reduction
Rhode Island Primary Care Physician Corporation/ South Providence HEZ backbone FSRI	<ul style="list-style-type: none"> Build a collaborative relationship to support members of 02905 community. Connecting Patients to Mental Health and Physical Wellness Understand the Needs of our South Providence Community
Integrated Health Partners / HEZ TBD	<ul style="list-style-type: none"> To better understand how persons with AUD utilize existing healthcare and social service processes, resources, and systems - to be accomplished through innovative data collection and analysis. To identify why persons with AUD still experience poor healthcare quality and utilization outcomes – such as high emergency room and hospital utilization – to be accomplished through innovative data sharing with IHP community partners. To enhance or revise current processes, resources, and systems that are intended to support persons with an AUD diagnosis - to be accomplished through innovative collaborations between IHP, its affiliated primary care providers, CCBHCs, managed care organizations (MCOs), HEZs, and community-based organizations.
Astrana Health- RI/ Pawtucket Central Falls HEZ with backbone LSC	<ul style="list-style-type: none"> Develop, foster, support, promote, and sustain a community-based coalition committed to providing the support and services required to enable individuals living with mental illness to live independently in the community by addressing their health, behavioral health, and health-related social needs grounded in high-quality, comprehensive, integrated primary care.
Providence Community Health Centers/HEZ TBD	<ul style="list-style-type: none"> Establish a collaborative partnership to increase efficiency of access to behavioral health services for the pediatric patients of 02905. Prioritizing the development of a more responsive and accessible continuum of care. By improving referral pathways and strengthening partnerships with community-based providers like Family Service of RI (FSRI).
Blackstone Valley Community Health Care/ HEZ TBD	<ul style="list-style-type: none"> To address barriers related to patients accessing behavioral health services, while also addressing transportation and food security, by meeting them where they are at: in the home. Plan is to hire, train, and support a home-based integrated IBH clinician. The Integrated Behavioral Health Clinical Liaison will deliver clinical services directly to patients within an integrated team-based care model.
Thundermist / HEZ TBD	<ul style="list-style-type: none"> Aim to improve access to outpatient behavioral health services for children and adolescents, aligning with Olmstead Principles. The objectives are: Increase outpatient behavioral health capacity to support transitions from restrictive care (such as psychiatric hospitals and residential facilities) to less restrictive outpatient care, enabling more children to return to their communities. Ensure patients can access and remain connected to behavioral health services, reducing the need for higher levels of restrictive care through effective engagement.

Why is HEZ-AE collaboration Critical for Olmstead?

Getting out of prison I had no footing. When I was finally able to get housing, it changed the trajectory of my life. I now have full custody of my kids, started my own business and support my recovery community

AE

- Clinical Systems** - supporting individuals with chronic and acute health and behavioral health needs
- Clinically appropriate and Individualized Social Needs** - supporting individuals with unmanaged health and social needs

- Post-release enrollment in Medicaid and attribution to the AE
- Development and implementation of a person-centered plan where their individual clinical and social needs will be assessed. This includes performing required SDOH screening.

HEZ

- Community Conditions** - working at the community levels to make improvements to better serve people with disabilities
- Root Causes** - addressing and changing the systems that lead to disparities in health and quality of life for people with disabilities, i.e., Policy (agency regulatory) and Policy (legislative)

- Supporting reforms to address barriers preventing local landlords from not renting to individuals who were formerly incarcerated
- Reducing school to Prison pipeline by advocating for Restorative Justice practices in local school system

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Associated Goals: Goal 5: Build stronger communities by supporting reentry, recovery, and engagement to make sure people feel connected and involved.

Goal 6: Ensure good management, responsible use of resources, improved data collection and progress tracking, and continued planning to fully complete goals and agreements.

Inclusion for All recommendations:

- Develop standard language for disability services and accommodations that could be included in state contracts to encourage funded partner organizations to provide inclusive services
- Create more opportunities for and awareness of accessible options for people with disabilities (including those in recovery) to participate in social and civic activities.

Why It Matters:	What We're Doing:	Who Is Involved:	What Success Looks Like:	What's Next?
Addressing root causes, such as public health and accessibility law, ensures that populations with disabilities are included in all aspects of life. Strengthening policy to protect and support people with disabilities promotes equitable protections us all.	<p>The Health Equity Institute (HEI), collaborates with department programs, other state agencies, academia, and community leaders to ensure every Rhode Islander has a fair and just opportunity to be healthy. This is achieved by:</p> <ul style="list-style-type: none"> • Identifying systemic root causes of unfair and avoidable differences in health outcomes across population groups; • Collaborating with partners to address those systemic root causes; and • Monitoring Rhode Island's progress toward more equitable outcomes for all. <p>Supporting equitable access through ADA falls squarely within HEI's mission.</p>	The Health Equity Institute at RIDOH EOHHS Olmstead Team	<p>Meetings with designated offices assigned to state contracts.</p> <p>Updating contracts with more appropriate and current language regarding accommodations and disability services.</p> <p>Increased use of ADA resources:</p> <ul style="list-style-type: none"> • Higher engagement on RIDOH HEI website • Internal trainings at RIDOH • Distribution of physical resources to other state organizations and other programs within RIDOH 	<p>Continue to align HEI activities with Olmstead plan (where appropriate).</p> <ul style="list-style-type: none"> • Draft an ADA action plan that includes ADA resources and trainings. • Complete an asset mapping exercise to understand the landscape of ADA compliance within RIDOH and determine HEI's role within it. • Determine where ADA trainings can align with workforce development/onboarding goals.





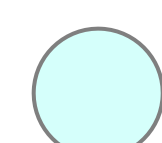




Increasing the ASL Interpreter Workforce

We are centering the voices of the Deaf community, interpreters, and allies to engage decision-makers in building solutions together



- **Associated Goal:** Goal 4: Create fair opportunities and inclusive environments for people in places like work, school, and recreation.
- **Inclusion for All recommendation:** Work with state education partners to create a career pathway for ASL interpreters.

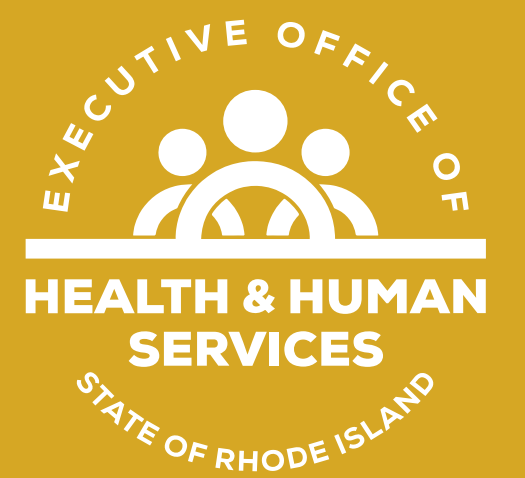
Why It Matters:	What We're Doing:	Who Is Involved:	What Success Looks Like:	What's Next?
<ul style="list-style-type: none"> ▪ In Rhode Island, 143,000 individuals have hearing disabilities—and too many are being left behind. ▪ 22,000 have severe to profound hearing loss and may use ASL ▪ Only 51.9% of Deaf and hard-of-hearing (DHH) individuals are employed, compared to 76.6% of those without hearing disabilities. ▪ 1 in 4 DHH individuals lives in poverty—nearly three times the rate of their hearing peers. ▪ A major contributor? Limited access to qualified ASL interpreters. ▪ Rhode Island has just ~30 licensed interpreters statewide. ▪ More than 50% are over the age of 50, signaling an approaching shortage. ▪ Interpreter education and career pathways are sparse and inconsistent, especially for young people or career switchers. ▪ This shortage is more than an inconvenience—it's a barrier to healthcare, education, employment, and full civic participation. ▪ A 2020 RICDHH survey found that 72% of healthcare professionals didn't know how to request a sign language interpreter. ▪ 37% were unaware that only up to 30% of English can be lip-read, even under perfect conditions. ▪ Without urgent action, we risk a growing gap in communication access for Deaf, DeafBlind, and hard-of-hearing communities across the state. 	<ul style="list-style-type: none"> ▪ We're laying the groundwork for a sustainable, high-quality American Sign Language (ASL) interpreter workforce right here in Rhode Island. Our ASL Workforce Development Convening on Monday, July 28, 2025, marks a critical first step in designing a statewide strategy that: <ul style="list-style-type: none"> ▪ Introduces students to interpreting early, starting in high school ▪ Strengthens interpreter training in post-secondary programs ▪ Expands access to ongoing professional development ▪ Aligns with the goals of Rhode Island's Olmstead Plan ▪ Centers the needs and voices of Deaf, DeafBlind, and hard-of-hearing communities ▪ Through collaborative discussions, shared insights, and a commitment to equity, we're working together to close the interpreter gap and build a stronger, more inclusive future. 	<p>Leads</p> <ul style="list-style-type: none"> • Rhode Island Commission on the Deaf and Hard of Hearing • EOHHS Olmstead Team <p>This is a cross-sector, private public partnership with representation from state agencies and community partners. Examples include: RIDE, DLT, GCD, OPC, State Legislators, ASL interpreters, individuals with lived experience, CCRI, Davies Career and Technical School, Rhode Island School for the Deaf, Building Future RI, Governor McKees Office, and many more!</p>	<p>Increases or improvements in exposure, recruitment, training, mentorship/apprenticeship and credentialling</p> <p><i>"Imagine a world where everyone learns sign language, where compassion is the norm, and Deaf, DeafBlind, and hard of hearing people stand on equal footing – in education, employment, medical care, and legal system."</i></p>	<ul style="list-style-type: none"> • Share feedback survey results with participants, highlighting key themes and our initial steps to address concerns. • Turn insights from the ASL Pathway event into clear goal statements. • Create action planning process to move from goal to implementation for each goal statement. • Begin convening workgroups to draft action plans • Reconvene as a larger group to review draft plans and gather feedback across workgroups.

-  Exposure → Discussions highlighted the need for **increased funding, more Deaf role models and certified ASL teachers**, and the importance of advocacy, collaboration among agencies, and **introducing ASL to children in early education**, led by Deaf directors, to improve interpreter pathways and education.
-  Recruitment → This group emphasized the need for **more flexibility in ASL programs**, an increase in Deaf ASL teachers and mentors, crucial advocacy to secure funding for educational incentives and free college ASL programs, and active involvement with the Deaf Community and CDHH.
-  Training → A significant demand for ASL interpreters exists, but Rhode Island faces major challenges in funding, a **lack of training programs, and heavy workloads for current interpreters**, necessitating prioritized high school ASL programs, data gathering for funding appeals, and the urgent hiring of a full-time Deaf professor at CCRI to provide leadership.
-  Mentorship/ Apprenticeship → Key issues included the **significant challenge of reciprocity and lengthy waiting periods for RI licensure**, the **absence of a state interpreter training program**, and persistent funding problems, leading to **interest in developing apprenticeship models and fostering a culture of mentorship**.
-  Credentialling → This group strongly advocated for **transferring the ASL interpreter licensing board and complaint process from the Department of Health (DOH) to the Commission on Deaf and Hard of Hearing (CDHH)** due to the DOH's lack of expertise, and stressed the **necessity of provisional licensure, reciprocity with other states, and a transparent complaint system**.





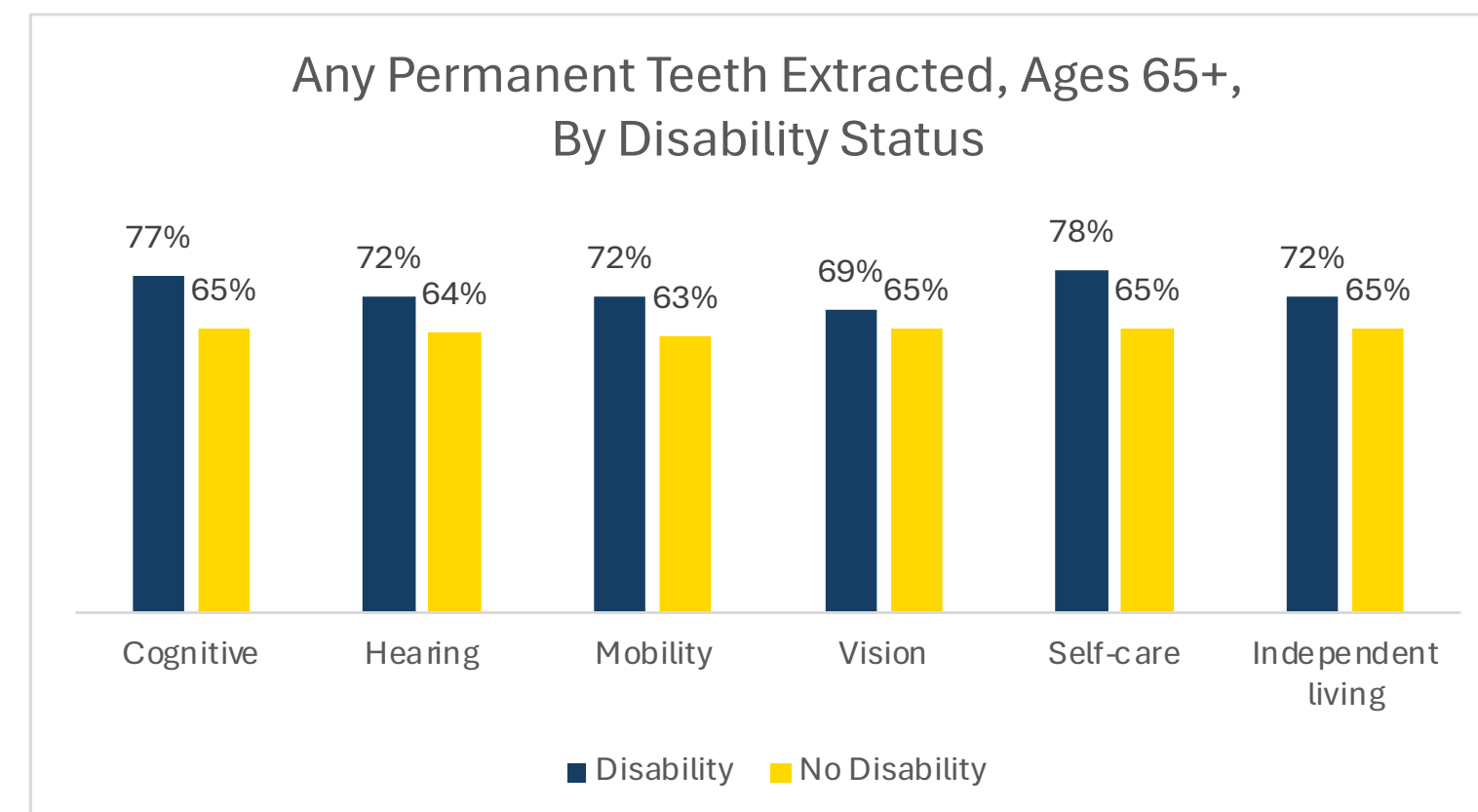
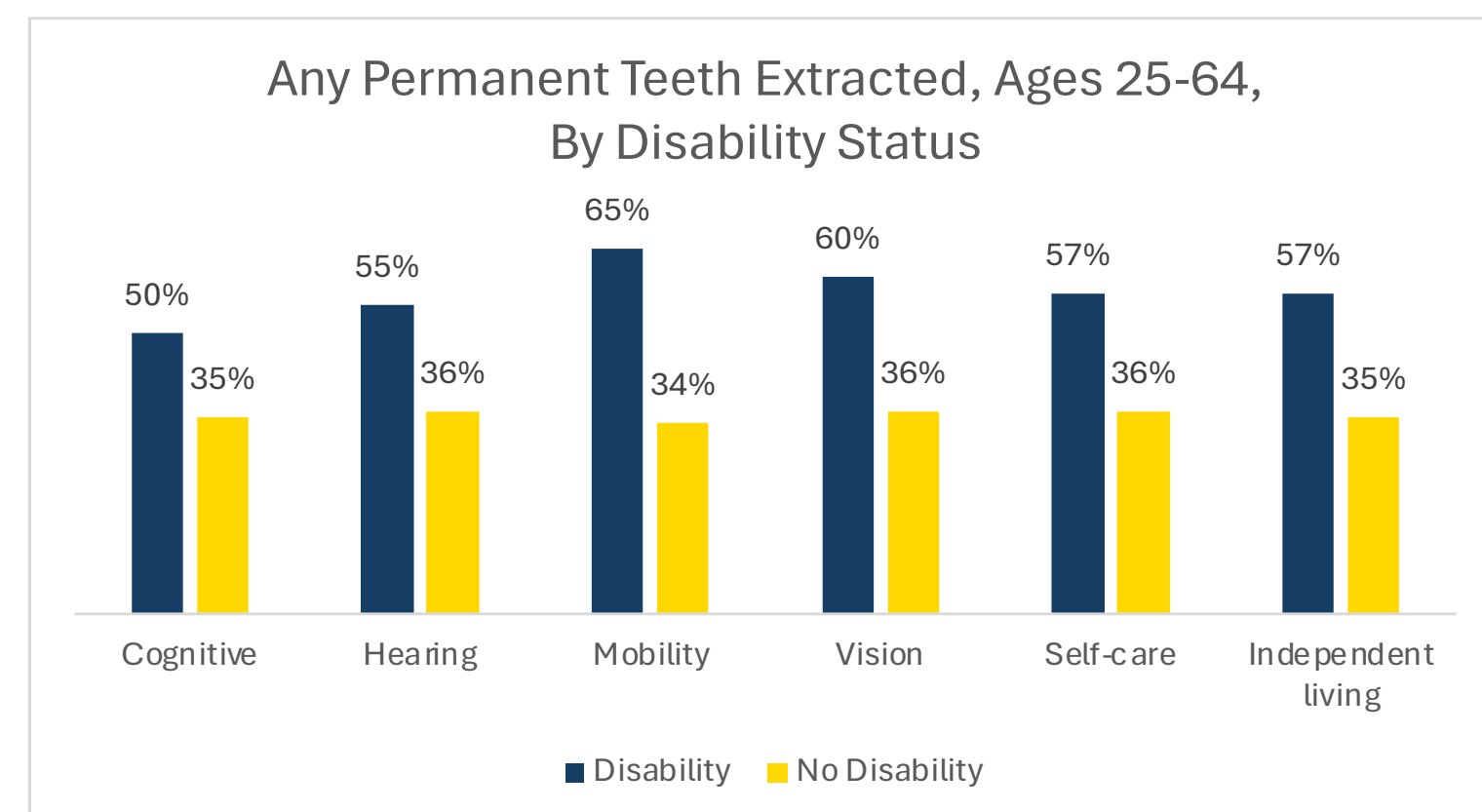
Highlighting Oral Health Outcomes and Access for People with Disabilities



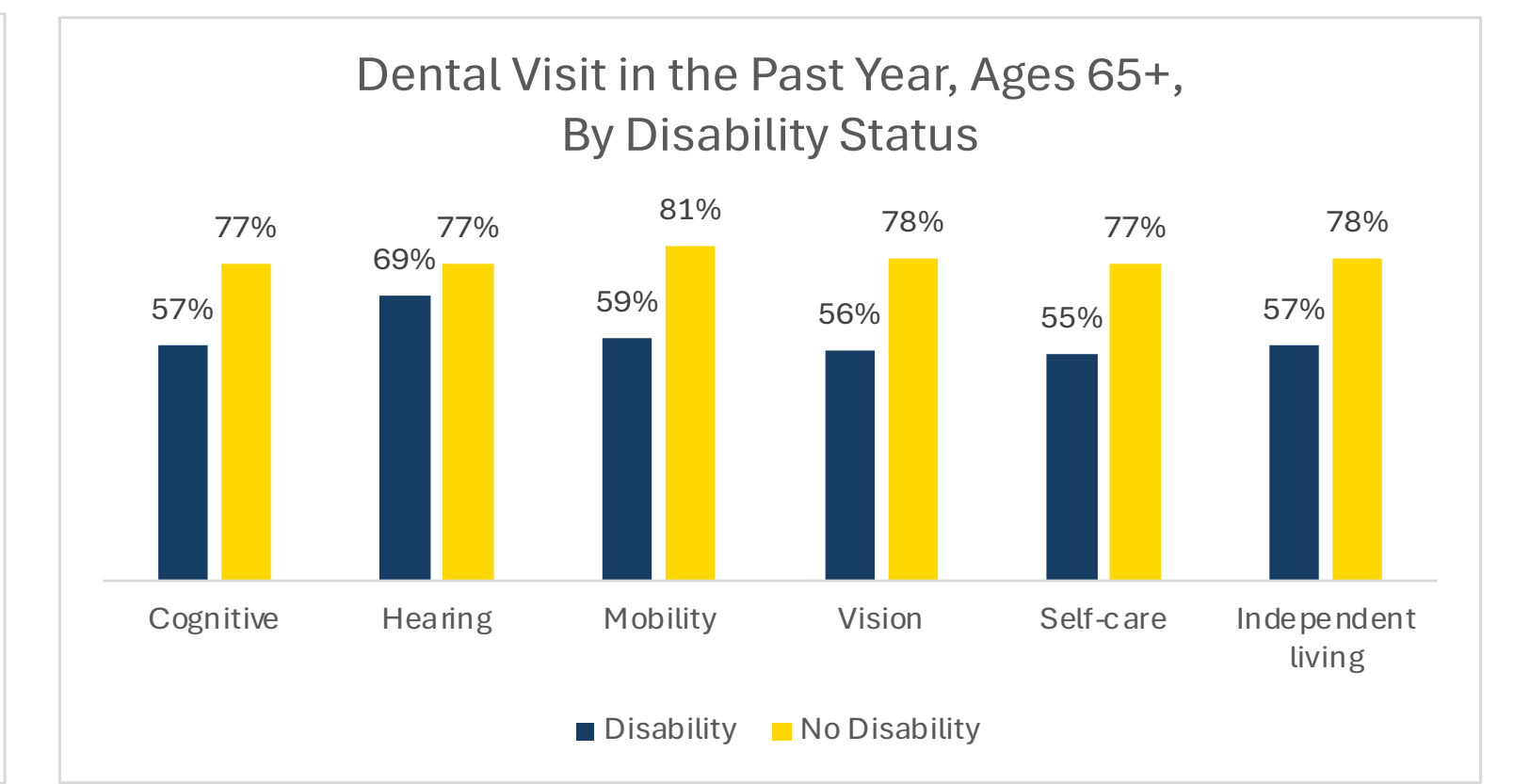
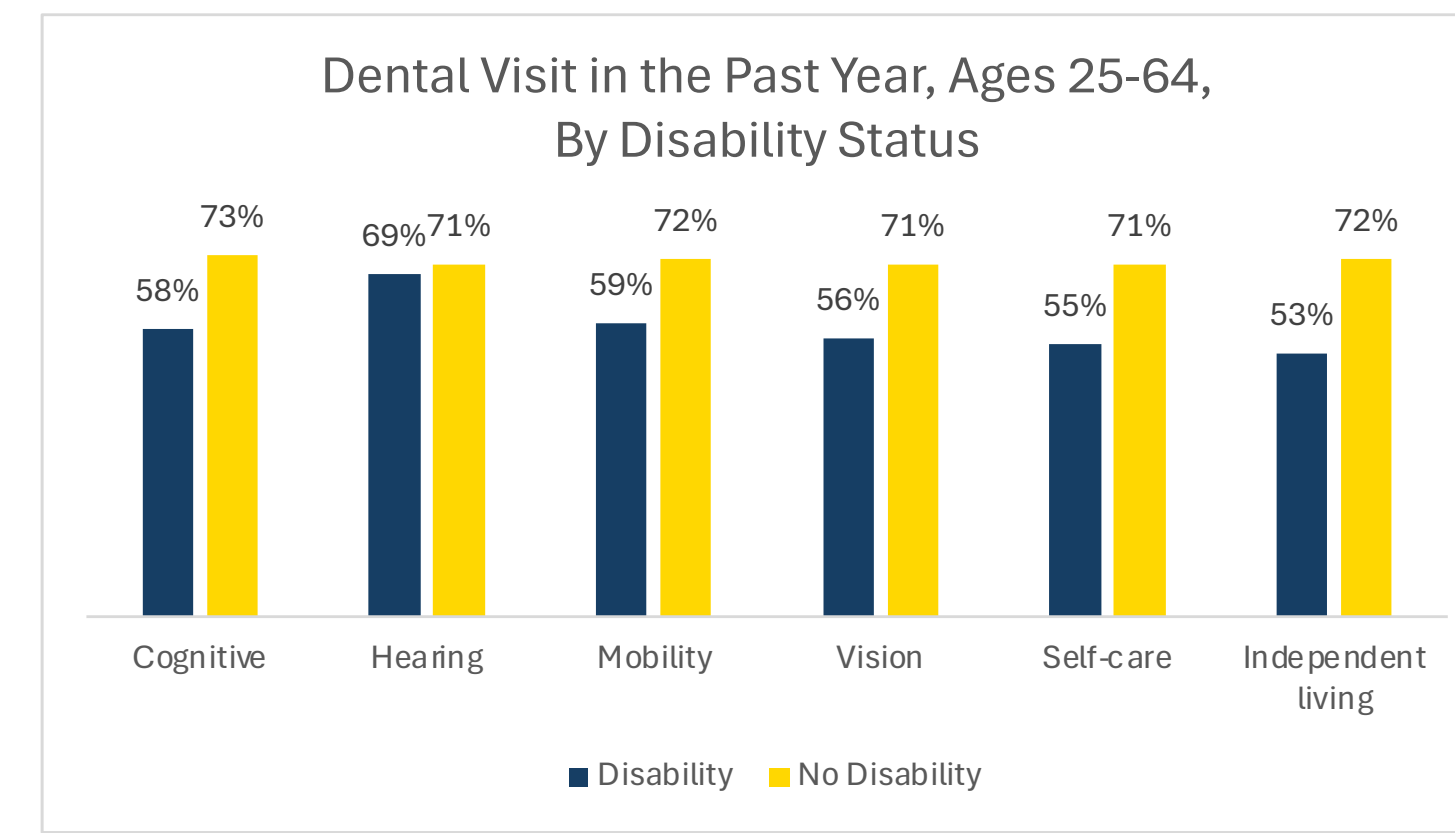
- **Associated Goal:** Goal 3 - Make care networks stronger, especially for mental health services, and improve coordination between different systems to make sure people get the support they need without gaps or confusion.
- **Inclusion for All Recommendation:** "Assess the number of medical provider offices, including dental offices, that are physically accessible, and the number of providers trained and comfortable with welcoming people with all disabilities."

Why It Matters:	What We're Doing:	Who Is Involved:	What Success Looks Like:	What's Next?
<ul style="list-style-type: none"> ▪ Oral health is critical to overall health and quality of life. ▪ People with disabilities face barriers to dental care. 	<ul style="list-style-type: none"> ▪ Producing a data brief. ▪ Connecting findings to resources. ▪ Coordinating Olmstead review. ▪ Ensuring distribution across partners 	<ul style="list-style-type: none"> ▪ RIDOH Oral Health Program ▪ EOHHS Olmstead Initiative 	<ul style="list-style-type: none"> ▪ Clear, actionable data brief ▪ Dental Partners understand disparities in care and steps to improve accessibility. 	<ul style="list-style-type: none"> ▪ Dental managed care for adults with care coordination ▪ Education of dental teams in best practices for care ▪ Identify more practice settings.

People reporting disabilities are more likely to have experienced tooth loss.



People reporting disabilities received dental care at lower rates



Contributing Factors	Recommendations	Timeline
<ul style="list-style-type: none"> ▪ Office accessibility ▪ Limited staff training and experience ▪ Medical conditions ▪ Mobility challenges ▪ Limited dentist participation in Medicaid 	<ul style="list-style-type: none"> ▪ Ensure offices are ADA-Compliant ▪ Engage public health dental hygienists to bring care where people are. ▪ Improve accessibility of educational materials 	<ul style="list-style-type: none"> ▪ September 2025: Special Care Dentistry ECHO begins in to educate dental staff. ▪ October 2025: EOHHS releases requests for information for managed care dental program with care coordination.

Data analysis by the Rhode Island Department of Health Oral Health Program, using data from 2022 and 2023 Rhode Island Behavioral Risk Factor Surveillance System (BRFSS), Centers for Disease Control and Prevention.



Scan the QR Code to Download the full report!

<https://health.ri.gov/sites/g/files/xkgbur1006/files/2025-09/oral-health-disability-brief.pdf>

- **Associated Goal:** Goal 6: Ensure good management, responsible use of resources, improved data collection and progress tracking, and continued planning to fully complete goals and agreements.
- **Inclusion for All recommendations:** Continue public outreach and stigma reduction campaigns to raise awareness about Olmstead.

Why It Matters:	What We're Doing:	Who Is Involved:	What Success Looks Like:	What's Next?
BHDDH has a great number of communications and outreach resources that were developed with community input to explain, in plain language, the rights that apply to everyday lives of people living with disabilities. These materials promote education and independence and help reduce stigma.	EOHHS and BHDDH partnered with a marketing vendor to promote awareness of these resources among the disability community in Rhode Island. Ads were designed in English and Spanish and appeared as digital display ads and social media ads on Meta. Social media ads also ran on LinkedIn geared more toward a health/human services professional audience to improve awareness of these resources among other stakeholders and community partners.	<ul style="list-style-type: none"> ▪ EOHHS, ▪ BHDDH, ▪ Duffy & Shanley, ▪ Olmstead Planning Team 	<p>Short Term: Increased traffic to the Your Life, Your Right campaign web page, and increased downloads/utilization of related materials.</p> <p>Longterm: One of BHDDH's goals is to make sure people know more about their rights and how to protect them. Learning about human rights is the first step to protecting them.</p>	Although the marketing campaign has ended, EOHHS and BHDDH own the assets that were developed by Duffy & Shanley. The agencies may continue to promote these resources organically through newsletters, social media, and other outreach methods.

Campaign Overview

Campaign Objectives	Create awareness of the human rights and the developmental disability (DD) services available, drive traffic to the Your Life, Your Rights web pages, and increase downloads of related resources
Target Audience	<ul style="list-style-type: none"> ▪ RI Adults, 18 and older who live with a disability ▪ Caregivers ▪ English and Spanish Speakers
Geographic Target	Rhode Island
Flight (how long did the campaign run)	March 17 th 2025 - May 11 th 2025
Tactics (what approached did we use)	Display custom audience targeting Social boosting display Paid Social (LinkedIn)
Overall Performance of Campaigns	3,179,226 total impressions delivered 3,277 clicks earned

BHDDH BDDH Division of Developmental Disabilities

Your Life, Your Rights

DD Bill of Rights:
The rights you have when it comes to your DD Services.

Disability Rights:
Laws that protect you as a person with a disability.

Safety Rights:
Your rights to be treated well and feel safe.

Housing Rights:
Your right to fair, safe housing if you rent or own.

Antidiscrimination:
Laws that make sure you get treated fairly and can be happy.

Voting Rights:
Laws to protect your right to vote.

Healthcare Rights:
Your rights to physical and mental health care.

Employment Rights:
Your right to feel safe and be treated well at work.

Relationship Rights:
Your rights to start, end, and be treated well in relationships.

Being Stopped by Police:
Laws that protect you when the police stop you.

Visit the [Your Life, Your Rights website](#) for program details.

Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals
This flyer has been designed using images from [Flicicon.com](#)

LINKEDIN CAMPAIGN PERFORMANCE

Placement	Creative	Impressions	Clicks	CTR
Paid Social (LinkedIn)	Carousel A	22,750	89	0.39%
	Carousel B	13,228	48	0.36%
Total	-	35,978	137	0.38%
Benchmark	-	-	-	0.35%

Carousel A

Carousel B

Notes: The LinkedIn campaign was focused to specifically target and create awareness with the professional audience. We targeted member skills such as: *Healthcare, Emergency Services, Human Services, Health Insurance, etc.*

Note: that this LinkedIn campaign ran for a one-month flight, while the display tactics ran for the full two-month flight, per the media plan.

Key Insights: Carousel A outperformed Carousel B across the board (impressions, clicks, CTR), but both creative versions were above the benchmark CTR.

DISPLAY CAMPAIGN PERFORMANCE

Placement	Language	Impressions	Clicks	CTR
Custom Audience Targeting Display	English	1,040,311	901	0.09%
	Spanish	696,101	613	0.09%
Social Boost Display	English	771,251	1,051	0.14%
	Spanish	514,721	555	0.11%
Total	-	3,143,248	3,140	0.10%

YOUR LIFE, YOUR RIGHTS

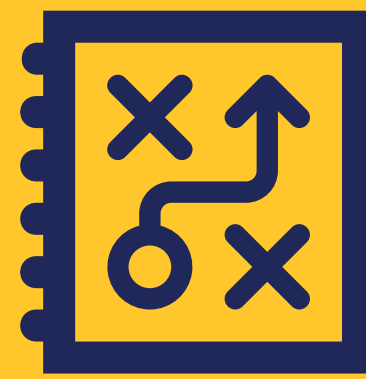
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Notes: Both display tactics were on par with industry CTR standard. The display tactics were highly targeted and allowed for a high volume of impressions (\$6.68 cost per thousand impressions delivered).

Note: Due to an issue with the click tracker, clicks were not accurately tracked until 4 days after launch. As a makegood, the English placement finished with 56,965 over delivery impressions, and the Spanish placement finished with 38,531 over delivery impressions.

Your Life, Your Rights

[HTTPS://BHDDH.RI.GOV/ DEVELOPMENTAL-DISABILITIES/YOUR-LIFE-YOUR-RIGHTS-PROGRAM](https://bhddh.ri.gov/developmental-disabilities/your-life-your-rights-program)



Alignment with TBI Strategic plan [Transition]



- **Associated Goal: #3.** Make care networks stronger, especially for mental health services, and improve coordination between different systems to make sure people get the support they need without gaps or confusion.
- **Inclusion for All recommendations:** 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.

Why It Matters:	What We're Doing:	Who Is Involved:	What Success Looks Like:	What's Next?
<p>Traumatic brain injury (TBI) systems improvements are essential in Rhode Island where services and supports for individuals with TBI may be limited or hard to access. The Rhode Island Department of Health TBI Partnership Program aims to strengthen the system to ensure that existing resources are better coordinated, individuals and families can more easily navigate care, and critical service gaps are identified. By improving data collection, referral processes, and provider collaboration, Rhode Island can maximize the impact of current services and provide survivors with a better experience.</p>	<p>Over the last 5 years the program has focused on the following activities:</p> <p>1. Improving Data and Surveillance</p> <ul style="list-style-type: none"> ▪ Updated the Rhode Island TBI Registry to improve data collection and analysis. ▪ Receiving data reporting from five of the six hospital systems statewide for the Traumatic Brain Injury (TBI) Registry, moving closer to full participation and comprehensive statewide data collection. ▪ Completed two Data Briefs (2022 and 2023) to share key findings and trends. ▪ Developed a comprehensive list of resources for individuals who have experienced a concussion or mild TBI. ▪ Developed the Rhode Island Traumatic Brain Injury State Action Plan, outlining priorities and strategies through 2026. <p>2. Building Community Partnerships</p> <ul style="list-style-type: none"> ▪ Funded a three-year pilot program with the Brain Injury Association of Rhode Island to provide resource facilitation and identify service gaps for individuals with TBI. ▪ Since 2022, we have conducted monthly meetings with Rhode Island state agencies to coordinate services and ensure alignment of goals across systems impacting individuals with TBI. ▪ Since 2021, we have convened bi-monthly meetings with community members, including individuals with lived experience, shared grant updates, gathered feedback, and discussed progress on the State Action Plan. 	<p>This work brings together a diverse group of people and organizations who are committed to improving the lives of Rhode Islanders affected by Traumatic Brain Injury (TBI).</p> <p>Our partners include:</p> <ul style="list-style-type: none"> ▪ Community members living with brain injury and their families ▪ Caregivers and support networks ▪ State agencies, including EOHHS, DHS, BHDDH, DCYF, RI Office of Healthy Aging, Office of Rehabilitation Services, Vocational Rehabilitation, RIDOH, disability services ▪ Nonprofit organizations and community-based providers that deliver services and supports ▪ Hospitals and healthcare systems across the state ▪ Members of the Rhode Island State TBI Advisory Board <p>Ensure that people with lived experience have a voice in decision-making, program design, and planning through regular community meetings and ongoing collaboration.</p> <p>"Participation in the RI Brain Injury Advisory Board is essential to provide survivors' perspectives during the processes of informing and supporting existing agencies and potential legislation for the benefit of the complex issues experienced in the Brain Injury Community that may be unrecognized by lay members not experiencing these invisible injuries. When the BI participants are heard and, in fact, valued during formative meetings, the impact is greatest," B.J – TBI survivor</p>	<p>Success means that people with lived experience of brain injury are not just receiving services — they are actively shaping the system and becoming leaders, advocates, and educators in their communities.</p> <p>Community Empowerment and Advocacy :</p> <ul style="list-style-type: none"> ▪ Individuals with brain injuries have participated in grant-related educational activities, conferences, and trips to expand their knowledge and advocacy skills. ▪ Community members are now: <ul style="list-style-type: none"> ▪ Presenting at workshops and seminars ▪ Participating in the Governor's Commission on Disabilities' Annual Public Forums ▪ Completing important surveys, such as those informing the Olmstead Plan ▪ Speaking at and helping to plan the Redesign of Brain Injury Services ▪ Serving as advocates and peer leaders within their communities <p>Systems Change and Sustainability:</p> <p>State agencies are applying for and securing additional funding to continue and expand support for people with brain injuries, such as:</p> <ul style="list-style-type: none"> ▪ The TBI screening initiative is now implemented in Certified Community Behavioral Health Clinics (CCBHCs) ▪ Rhode Island completed a comprehensive study on redesigning brain injury services, conducted by the National Association of State Head Injury Administrators (NASHA) — laying the groundwork for long-term system improvement. ▪ Success means building stronger individuals, stronger systems, and stronger communities—with people affected by brain injury leading the way 	<ul style="list-style-type: none"> ▪ Continue to strengthen the state agency partnership, work on sustainability of the work, and prioritize what can be accomplished in the Redesign plan. ▪ Work with EOHHS to identify the state agency best positioned to take the lead on TBI service coordination and oversight.



Learn more about Traumatic Brain Injury by scanning QR Code at right of using this link: health.ri.gov/injury-prevention/traumatic-brain-injury-program

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