

A Life in the Community: A Review of the Olmstead Decision

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Objectives:

- Understand the significance of Olmstead v. L.C. and E.W. in the delivery of disability-related services.
- Determine how the central principles of the Olmstead Decision are implemented in Iowa's services system today.
- Identify milestones in the state's compliance with Olmstead principles.
- Build understanding of how programs such as Money Follows the Person, HCBS Waivers, and community-based mental health services play a role in the State's plan.

Building an understanding.

A brief legal history.

What is “Olmstead?”

Olmstead v. L.C. and E.W. is the name of a federal lawsuit decided by the United States Supreme Court on June 22, 1999.

The decision interpreted part of the Americans with Disabilities Act (the ADA) and became a landmark civil rights decision for Americans with disabilities.

The ADA is a federal law enacted by Congress in 1990

“to provide a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities.”

Moving Away from Historical Segregation

- Historically, persons with disabilities typically lived and received care, treatment, or other services in segregated, often institutional settings.
- We now recognize that the old policies of social isolation were unfair and unnecessary.

To Community Integration and Inclusion

- The Americans with Disabilities Act of 1990 and the Olmstead Supreme Court decision are about moving public policy and attitudes to the other end of the spectrum so that all persons with disabilities have the opportunity to be fully integrated into the communities of their choice and are only served in more restrictive settings based on their individual needs and their personal preferences.

Understanding the Americans with Disabilities Act (ADA)

The ADA is a federal civil rights law that prohibits discrimination against people with disabilities in everyday activities.

The ADA prohibits discrimination on the basis of disability just as other civil rights laws prohibit discrimination on the basis of race, color, sex, national origin, age, and religion.

The ADA guarantees that people with disabilities have the same opportunities as everyone else to enjoy employment opportunities, purchase goods and services, and participate in state and local government programs.

The ADA is broken up into five different sections, which are called titles. Different titles set out the requirements for different kinds of organizations.

The Five Titles (Sections) of the ADA

Title I – Employment

Title II – Subtitle A – State and Local Government Services

Title II – Subtitle B – Public Transit

Title III – Businesses and Nonprofits Serving the Public

Title IV – Telecommunications

Title V – Other Important Requirements

ADA Title I EMPLOYMENT

Title I Applies to:

- Employers that have 15 or more employees, including state/local governments, employment agencies, and labor unions.

General requirements:

- Employers must provide people with disabilities an equal opportunity to benefit from the employment-related opportunities available to others. This includes things like recruitment, hiring, promotions, training, pay, and social activities.

ADA Title II, Subtitle A STATE AND LOCAL GOVERNMENT SERVICES

Applies to all services, programs, and activities of state and local governments.
Examples of state and local government activities include:

Public
education

Transportation

Recreation

Health care

Social services

Courts

Voting

Emergency
services

Town meetings

General Requirements of Title II, Subtitle A:



- State and local governments must provide people with disabilities an equal opportunity to benefit from all of their programs, services, and activities.
- The ADA applies to state and local governments even if:
 - the state or local government is small or
 - they receive money from the federal government.
- The ADA contains specific requirements for state and local governments to ensure equal access for people with disabilities.

The Olmstead Decision specifically concerned **Title II** of the ADA, which prohibits discrimination against individuals with disabilities by public entities – meaning state and local governments.

Title II says that: “No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity.” (42 USC Sec. 12132)

The federal regulations for Title II require public entities to “administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.” The most integrated setting is defined as one that “enables individuals with disabilities to interact with nondisabled persons to the fullest extent possible.” This is known as the “integration mandate.”



ADA Title II, Subtitle B

PUBLIC TRANSIT

Applies to:

- Public transit systems (including):
City buses, regional bus systems, subways, light rail systems, and inter-city rail transportation.

- Note: Private transportation systems are also covered by the ADA under the next section, Businesses and Nonprofits Serving the Public.

General Requirements:

- Public transit systems must provide people with disabilities an equal opportunity to benefit from their services.

ADA Title III BUSINESSES AND NONPROFITS OPEN TO THE PUBLIC

Applies to:

Businesses and nonprofits serving the public. Examples of businesses and nonprofits include:

ADA Title III

Businesses and Nonprofits Open to the Public

Applies to:

- Commercial facilities need only comply with requirements of the ADA Standards for Accessible Design. Examples of commercial facilities include:
 - Office buildings
 - Warehouses
 - Factories

General requirements:

- Businesses must provide people with disabilities an equal opportunity to access the goods or services that they offer.

ADA Title IV TELECOMMUNICATIONS

Applies to:

- Telecommunication companies.
- This covers telephone and television access to individuals with hearing and speech disabilities.
- It also requires closed captioning of federally funded public service announcements.

General requirements:

- Telephone companies must provide services to allow callers with hearing and speech disabilities to communicate.
- Telephone and internet companies must provide telecommunications relay services (TRS) 24 hours day, 7 days a week.

ADA Title V

OTHER IMPORTANT REQUIREMENTS:

Prohibiting retaliation against a person who has asserted their rights under the ADA

Stating that a person with a disability is not required to accept an aid or accommodation if they do not want to

Authorizing courts to award attorneys' fees to the winning party in a lawsuit under the ADA

Directing certain federal agencies to issue guidance explaining the law

Who does the ADA protect?



A person who

- has a physical or mental impairment that substantially limits one or more major life activities,
- has a history or record of such an impairment (such as cancer that is in remission), or
- is perceived by others as having such an impairment (such as a person who has scars from a severe burn).

If a person falls into any of these categories, the ADA protects them. Because the ADA is a law, and not a benefit program, you do not need to apply for coverage.

What does “substantially limits” mean?

The term “substantially limits” is interpreted broadly and is not meant to be a demanding standard. But not every condition will meet this standard.

An example of a condition that may be substantially limiting may be spina bifida.

An example of a condition that is likely not substantially limiting is a mild allergy to pollen.

What does “major life activities” mean?

Major life activities are the kind of activities that you do every day, including your body’s own internal processes. There are many major life activities in addition to the examples listed here. Some examples include:

- Actions like eating, sleeping, speaking, and breathing
- Movements like walking, standing, lifting, and bending
- Cognitive functions like thinking and concentrating
- Sensory functions like seeing and hearing
- Tasks like working, reading, learning, and communicating
- The operation of major bodily functions like circulation, reproduction, and individual organs

What is a “disability?”

- There are a wide variety of disabilities. The ADA regulations do not list all.
- Some disabilities are visible, and some are not.
- All types of disabilities are included: medical, physical, developmental, intellectual, mental health, behavioral health.
- Disabilities may be temporary or permanent.
- They may have been acquired before or during birth, or later in life.
- The determination of what is a disability protected by the ADA is an individualized matter based on how the disability “substantially limits” one or more “major life activities.”

Some examples of disabilities include:

- Cancer
- Diabetes
- Post-traumatic stress disorder
- HIV
- Autism
- Cerebral palsy
- Deafness or hearing loss
- Blindness or low vision
- Epilepsy
- Mobility disabilities such as those requiring the use of a wheelchair, walker, or cane
- Intellectual disabilities
- Major depressive disorder
- Traumatic brain injury

What is Olmstead?

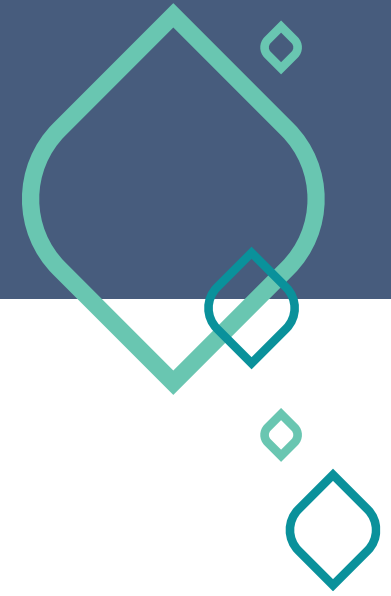
The story and case summary.

What is “Olmstead?”

Olmstead v. L.C. and E.W. is the name of a federal lawsuit decided by the United States Supreme Court on June 22, 1999.

The decision interpreted part of the Americans with Disabilities Act (the ADA) and became a landmark civil rights decision for Americans with disabilities.


The Faces of Olmstead: Lois, Elaine, and Sue




The Faces of Olmstead: Lois, Elaine, and Sue



Lois Curtis (L.C.) (right) and Elaine Wilson (E.W.) (left), had both spent the majority of their lives living in institutional settings, but even after their treatment teams agreed they were ready for community living, the state refused to make that option available to them.



Elaine Willson
(E.W.)

A portrait of Elaine Willson (E.W.), a woman with red hair wearing a white top, framed in a gold oval. The portrait is positioned in the center of the image, overlapping the portraits of the other two women.

Lois Curtis
(L.C.)

A portrait of Lois Curtis (L.C.), a woman with dark hair wearing a blue top, framed in a gold oval. The portrait is positioned on the right side of the image, overlapping the portrait of Elaine Willson.

The Faces of Olmstead: Lois, Elaine, and Sue



**Sue Jamieson
(Legal Aid
Attorney)**

Sue Jamieson, attorney from the Atlanta Legal Aid Society, agreed to help them file a lawsuit to enforce their rights.



Olmstead Timeline

- In **May 1995**, the lawsuit was filed in federal court in Georgia by the Atlanta Legal Aid Society on behalf of Lois Curtis
- In **January 1996**, Elaine Wilson joined the action and Lois, Elaine, and their guardians became the plaintiffs (the people bringing the civil lawsuit). The primary named defendants (the persons or entities being sued) were Tommy Olmstead, Director of the Department of Human Resources, the Department, and the State of Georgia.
- In **March 1997**, a federal judge ruled that the failure of the Georgia Department of Human Resources and Georgia Regional Hospital to “place plaintiffs in an appropriate community-based treatment program violates Title II of the Americans with Disabilities Act” and that it was required to provide community-based treatment options.

Olmstead Timeline

- In **July 1997**, the State appealed the decision to the Eleventh Circuit Court and the lower court ruling was upheld.
- In **December 1998**, the US Supreme Court agreed to hear the appeal and 26 states initially signed on to the brief in support of the state's position that it should not be required to provide supports in the community.
- By **April 1999** Oral arguments were heard. By this time, only 7 states supported Georgia's position.
- On **June 22, 1999**, Justice Ruth Bader Ginsburg (who authored the majority decision) announced the decision of the court.
- A majority of The Supreme Court ruled in favor of the plaintiffs, upholding their right to receive supports in the community rather than institutions.

Lois and Elaine Won

- Lois and Elaine both found new homes and made lives in the community as a result of their lawsuit.
- Elaine enjoyed an active life, developed public speaking and advocacy skills, and inspired others until she passed away in 2004.



“I want to tell everybody...”

- Lois moved into a group home, reconnected with family, and made new friends.
- She found success as a folk artist, traveled, and spoke about her experiences, saying:

“I want to tell everybody, so people can get out.”



In the broader context, what does the
Olmstead decision mean?

Meaning to the public

Olmstead became a landmark decision in the federal civil rights of Americans with disabilities and mental illness, standing for the principles of non-discrimination and inclusion.



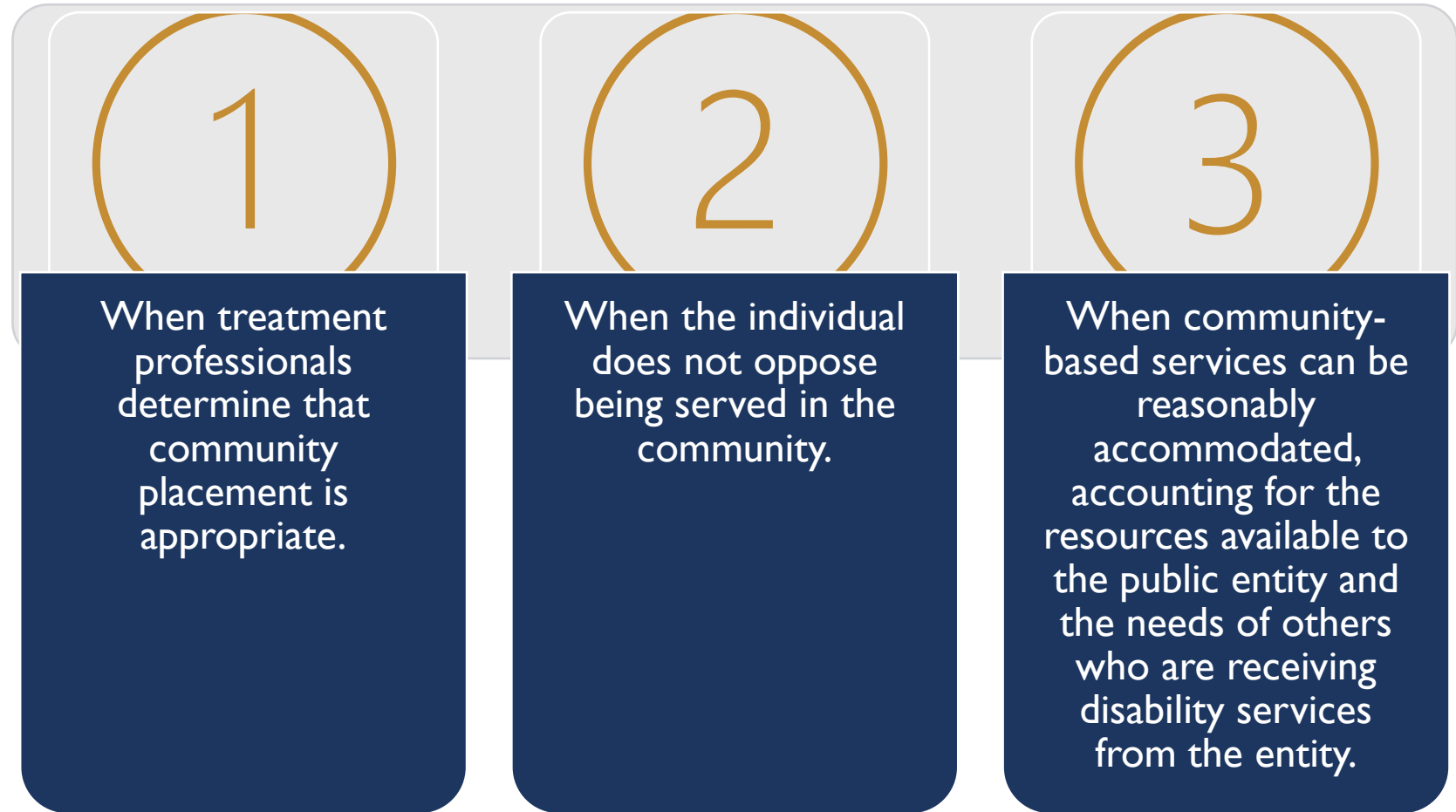
Meaning to the States



- In the words of the Court: “Confinement in an institution severely diminishes the everyday life activities of individuals, including family relations, social contacts, work options, economic independence, educational advancement, and cultural enrichment.”
- In other words:
 - States must make community living options available to persons with disabilities.
 - States must fund and operate their disability services systems in a way that does not force people to live or spend their time in institutional or segregated settings
- These responsibilities extend to all contractors, agents, or entities who carry out work on behalf of the state.

What does the Olmstead Decision mean to everyone else?

The Supreme Court created three criteria for when such action is required:



National Legislation that led to and carried out the goals of the Olmstead Decision:

1973

The Rehabilitation Act

1975

Education for All Handicapped Children Act which amended the Fair Housing Act of 1968 to include people with disabilities.

1988

Fair Housing Amendments Act

1990

Americans with Disabilities Act of 1990 (the ADA)

2001

The Individuals with Disabilities Education Act

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1999

Olmstead Decision

2001

The Individuals with Disabilities Education Act

Who is affected by the *Olmstead* ruling?

- ✓ All individuals protected by the Americans with Disabilities Act (the ADA)
- ✓ Children, adults, and older adults
- ✓ Individuals with all types of physical and mental disabilities, including mental illnesses



U.S. Department of Justice Enforcement Efforts

In 2009, ten years after the decision, the United States Justice Department made Olmstead a priority of its Civil Rights division and began to enforce the Supreme Court mandate in state after state. The gradual impact of Olmstead grew faster and more expansive after this milestone.

DOJ enforcement efforts have been driven by three goals:

1. People with disabilities should have opportunities to live life like people without disabilities.
2. People with disabilities should have opportunities for true integration, independence, recovery, choice, and self-determination in all aspects of life, including where they live, learn, spend their days, work, or participation in community activities.
3. People with disabilities should receive quality services that meet their individual needs.

The
Olmstead
ruling
interpreted
the law to
mean:

- The **unnecessary segregation** of individuals with disabilities is **discrimination** that violates the ADA.
- Unnecessary segregation can occur when people with disabilities have no other option than to live in an institutional facility in order to receive the services and treatment they need.

The contrast to “unnecessary segregation” is “the most integrated setting appropriate.”

- The ADA requires that states administer their programs, services, and activities “in **the most integrated setting appropriate** to the needs of qualified individuals with disabilities.”
- Everyone deserves to live a fully integrated life in the community of their choosing.
- **How individuals live** and have the opportunity to make personal choices in any type of setting is equally as important as **where they live**.
- If individuals choose to live in traditionally “institutional” facilities, they still need opportunities to be a part of the larger community and need the freedom to make personal choices in their daily lives.

It's about CHOICE and COMMUNITY INTEGRATION

- Individuals who choose to live in community settings can still be isolated and segregated from the mainstream of community life if they don't have access to the services and supports they need to be actively involved with people, jobs, local events, and programs that are available to others.
- It's not just where you live...
- It's also about how you spend your days and if you have opportunities for ...
 - ❖ work and community involvement
 - ❖ learning and skill development
 - ❖ recreation and social interaction
 - ❖ personal choice in what you do

...it's also
about HOW
you live.

Olmstead directly or indirectly lead to a new focus on:

- Person-centered planning and practices
- Self-determination
- Consumer direction
- Strength-based treatment planning
- Use of evidence-based practices and trauma informed care principles
- Community-based employment supports
- Community-based behavioral supports
- Community capacity building

Iowa and Other States Respond to Olmstead

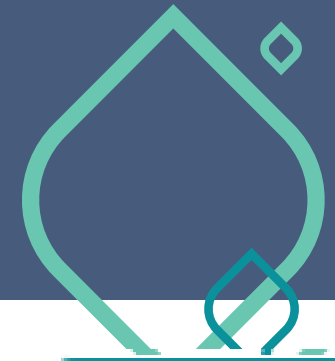
Each state works to make community living achievable.



Iowa's Response

- As a result of the Olmstead Decision, each state must work to make community living options available to individuals who want and can benefit from them.
- States have an obligation to present each individual with a full range of appropriate service options and to assure that each individual's rights and personal preferences are respected and supported.
- Most states develop an Olmstead Plan – the public entity's plan for implementing its obligation to provide individuals with disabilities opportunities to live, work, and receive services in integrated settings.

Iowa Olmstead Milestones:



2000 Governor Tom Vilsack called for a statewide steering committee to come together to develop “an effectively working plan” to eliminate barriers to community living in Iowa and named the Department of Human Services as the lead agency in Olmstead planning.

2001 The Iowa Olmstead Real Choices Task Force develops and submits the Iowa Plan for Community Development to Governor Tom Vilsack.
The Task Force educates Iowans about the Olmstead Decision.

2002 The State sped up the eligibility and assessment process for people who need long term supports and services by using technology to improve the management of services.

2003 Governor Vilsack issued Executive Order 27, which requires designated State agencies to develop actions to eliminate barriers to full community participation for Iowans with disabilities.

Iowa Olmstead Milestones:



2001 Iowa Olmstead Real Choices Task Force develops and submits the Iowa Olmstead Plan for Community Development to Governor Tom Vilsack. Task Force advocates for lowans with disabilities at the Olmstead Commission.

2002 The State sped up the eligibility and assessment process for people who need long term supports and services by using technology to improve the management of services.

2003 Governor Vilsack issued *Executive Order 27*, which requires designated State agencies to develop action plans to eliminate barriers to full community participation for lowans with disabilities.

2004 The State took steps toward developing the *Consumer Choices Option*, which now offers Home and Community Based Services (HCBS) Waiver participants more flexibility and personal control over their own budgets and service plans.

2005

Iowa Olmstead Milestones:



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2004 The State took steps toward developing the **Consumer Choices Option**, which now offers Home and Community Based Services (HCBS) Waiver participants more flexibility and personal control over their own budgets and service plans.

2005 The Iowa Legislature passed the **Iowa Care Act**, expanding Medicaid and aiming to improve access to home and community-based services and expand choices for individuals who rely on long-term services and supports.

2006 A new HCBS **Children's Mental Health Waiver** allowed families to get the help they need for their children without giving up custody. **Home and community-based services for adults with serious mental illness** are incorporated into the **Medicaid State Plan**, expanding access to mental health services.

2007 Iowa implemented **children's mental health system** care in northern Iowa, laying the foundation for statewide improvements in children's mental emergency crisis services, and evidence-based care in serving people with mental illness.

Iowa Olmstead Milestones:



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2007 Iowa implemented a **children's mental health system of care** in northeast Iowa, laying the foundation for statewide improvements in children's mental health, emergency crisis services, and evidence-based practice in serving people with mental illness.

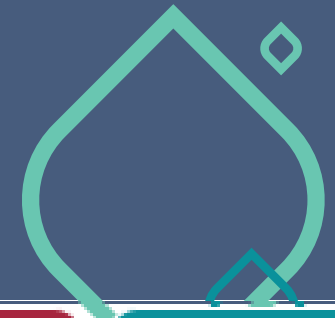
2008 Iowa's **Money Follows the Person initiative** began moving people with intellectual disabilities out of the Glenwood and Woodward Resource Centers and other Intermediate Care Facilities. From 2008 through 2022 over 1000 individuals have used MFP to transition to homes in the community.

2009 The State renewed its commitment to Olmstead principles and invited Iowans with disabilities and their families to share their vision for a barrier free future in the development of a new **State Mental Health and Disability Services Plan.**

2010 The **State Health and Disability Plan**, in accordance with Olmstead principles, was developed with five key goals:

- **Community**
- **Access**
- **Capacity**
- **Quality**
- **Accountability**

Iowa Olmstead Milestones:



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2010 The **State Mental Health and Disability Services Plan**, incorporating the principles of the Olmstead Decision, was formally adopted with five central goals:

- **Community**
- **Access**
- **Capacity**
- **Quality**
- **Accountability**

2011 The Iowa Legislature initiated a statewide **mental health and disability services redesign**, and stakeholder workgroups were convened to make recommendations on regional administration, core services and eligibility criteria for children and adults with mental illness, intellectual disabilities, and brain injuries, as well as improvements to the judicial commitment process.

2012 The Iowa Legislature used the workgroup recommendations and passed **MHDS regional redesign legislation** that is based on and consistent with the principles established in the Olmstead Decision. Stakeholder workgroups continued to meet and provide valuable input.

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Iowa Olmstead Milestones:



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input.

2013 Iowa continued to move forward with **MHDS system redesign** and the transition to a regionally administered, locally delivered, system of uniform statewide core services and standards became **fully operational July 1, 2014.**

2014 On January 1, 2014, the **Iowa Health and Wellness Plan** expanded Medicaid coverage to over 150,000 Iowans, increasing statewide enrollment by 28%. DHS and other state agencies engaged in the coordinated development of initiatives to improve **opportunities for integrated and competitive employment.**

2015 Newly formed **Mental Health and Disability Services Regions** provide a greater level of statewide consistency in delivering an array of core services. Regions continue to **develop and expand additional services**, including crisis response, sub-acute care, jail diversion, and prescreening for civil commitments.

2016 The **C Health Work** recom submit on child health the ne establ childr system The C revise

Iowa Olmstead Milestones:

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2016

The **Children's Mental Health and Wellbeing Workgroup** was reconvened and submitted their report on children's mental health crisis services and the next steps in establishing a statewide children's mental health system to the legislature.

The **Olmstead Plan** is revised and updated.

2017

Mental Health and Disability Services **Complex Mental Health Needs Workgroup** developed and submitted its report to the legislature.

Rules were developed and put in place to guide the implementation of new **regional crisis response services**.

2018

In accordance with the recommendations of the Complex Needs Workgroup, the legislature called for Iowa's mental health and disability services regions to initiate **new core services, expand the core services the regions currently provide, and meet new access standards**. DHS, with the input of stakeholders, developed and adopted rules for implementation of the new **Intensive Mental Health Services**.

2019

The legislature established the **Children's Behavioral Health System** to advise development of **statewide community children's health services** with the input of stakeholders to develop new services by 2020.

Iowa Olmstead Milestones:



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2019 The legislature established a new **Children's Behavioral Health System State Board** to advise on the development of a **statewide system of community-based children's behavioral health services.** DHS, with the input of stakeholders, will develop rules for the new services by January 2020.

2020 Department of Human Services began updating the Olmstead Plan and identify strategies to collect data that better shows the experiences of people with disabilities.

2021 Submitted legislation governing both topics such as and restraint coverage for and issues im direct support professionals Working with on updating the Olmstead Plan getting better

Iowa Olmstead Milestones:

Department of Human Services began updating the Olmstead Plan and identify strategies to collect data that better shows the experiences people with disabilities.

2021

Submitted letters to governing bodies on topics such as seclusion and restraint in schools, coverage for telehealth, and issues impacting direct support professionals

Working with DHHS on updating the Olmstead Plan and getting better data

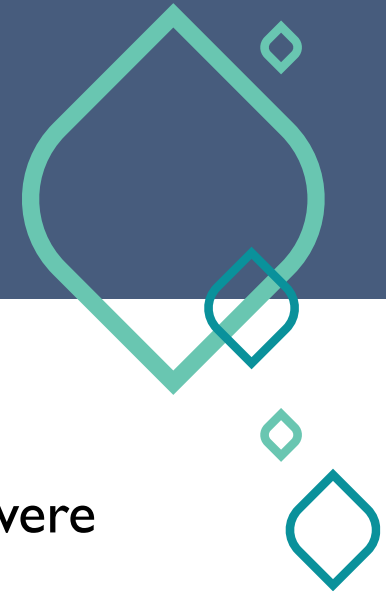
2022

The Iowa Department of Health and Human Services contracted with Mathematica and the Harkin Institute to conduct a systemwide assessment of the State's community-based services system and create a vision for the ideal system.

2023

Mathematica and the Harkin Institute presented their findings and recommendations to strengthen the foundation of the services system and ensure that high-quality and equitable services are delivered in a coordinated and transparent way.

Just Some of the Key Systems Change Initiatives During This Time:



- Medicaid coverage was expanded to many more lowans, increasing statewide enrollment by about 28%.
- The majority of Medicaid services, including long term services and supports were moved into a managed care structure.
- Iowa's county-based and county funded mental health and disability services system transitioned over several years to a regional-based and state-funded system.
- An array of core services were established that are required by all MHDS Regions.
- Two of Iowa's four state mental health institutes were closed as community-based services were enhanced.
- The population at both state resource centers has been significantly reduced and Glenwood State Resource Center is scheduled to close on July 1, 2024.

More of the Key Systems Change Initiatives During This Time:

- Iowa planned for and met the requirements of new federal rules for home and community-based settings, known as the “HCBS Settings Rules.”
- Iowa has worked with the U.S. Department of Justice through investigations into the Glenwood Resource Center and ADA and CRIPA (Civil Rights of Institutionalized Persons Act) to reach settlement agreements and continues to work to address system improvement.
- Iowa has undertaken a statewide initiative to better understand how community members experience the home and community-based services system and how the system can be improved to support community living.



Iowa's Olmstead Plan

Olmstead Planning in Iowa Begins

2001 Iowa Plan for Community Development

- Iowa's first "Olmstead Plan" was started in 2000 completed in 2001.
- With the participation of a statewide Olmstead Steering Committee of consumers of services, family members, and other community representatives, The Iowa Plan for Community Development was presented to Governor Tom Vilsack in July 2001.

2005 Iowa Plan for Community Development Update

- With continuing input from the Olmstead Real Choices Task Force and the public, the State's initial Olmstead Plan was revised and updated in 2005.

Olmstead Plan Updates

2010 Iowa Olmstead Plan for Mental Health and Disability Services

- The Iowa Olmstead Plan for Mental Health and Disability Services was developed in 2009 and released in 2010.
- This plan was intended to establish the guiding principals for Iowa's evolving county-based Mental Health and Disability Services System and to help coordinate efforts to improve community integration throughout the State and to track progress

2016 Iowa Olmstead Plan for Mental Health and Disability Services

- A newly updated and redesigned plan was released in 2016 with a Framework and plan for data collection building upon the principles of the 2010 plan
- Initially the next iterated was planned for 2021 – that date has been extended, partially due to the major redesign efforts underway in Iowa's Executive Branch, the major redesign efforts related to MHDS regional services, and two investigations by the U.S. Department of Justice

2010

Iowa Olmstead Plan for Mental Health and Disability Services

- The 2010 plan established a vision of “a life in the community for everyone” and included nine guiding principles:

Public awareness
and inclusion

Access to services
and supports

Individualized and
person-centered
services

Collaboration and
partnership in
building community
capacity

Adequate
workforce and
organizational
effectiveness

Empowerment

Active participation

Accountability and
results for
providers

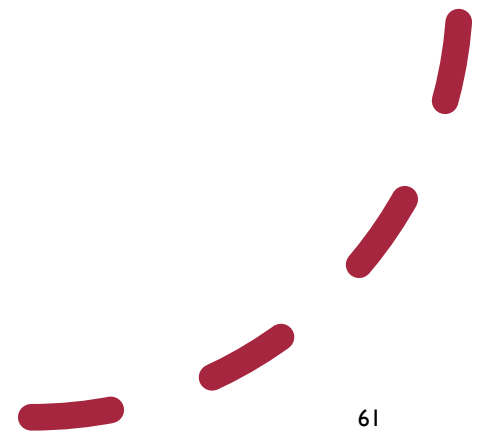
Responsibility and
accountability for
government

The 2016 Olmstead Plan Framework built on what has come before...

- The plan has nine **Outcome Goals**
 - These are “big picture” statements that describe the positive life experiences that should be available to lowans with disabilities or mental illnesses.
 - Each goal has four components:
 1. **Objectives**
 2. **Programs, Activities, & Policies**
 3. **Indicators of Progress**
 4. **Data and Links to Data Sources**

... combined
with a fresh
vision of
community
integration.

1. **Objectives** are specific “pieces” that come together to form the big pictures. These objectives in each of the nine goal areas of community living define “where we want to be.”



... combined
with a fresh
vision of
community
integration.

2. Programs, Activities, & Policies are specific actions being implemented to achieve measurable progress toward the outcome goals and objectives.

Programs, Activities, and Policies include those managed by HHS or other state agencies, and activities of other organizations that support the vision of life in the community for everyone. These describe “what we are doing to make progress.”

... combined
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- 3. Indicators of Progress** are the types of information that is to be gathered or reviewed at least annually to measure progress toward the outcome goals and objectives. These are the questions we are asking. They include data that can be collected through systems (things we can count) and data we gather through personal experience surveys from individuals with disabilities or mental illnesses and the people who most closely support them. These describe “how we can tell we are getting there.”

... combined
with a fresh
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4. **Data and Links to Data Sources**
report on the indicators of progress
and describe “where we are now.” As
new data is collected and made
available, the plan is designed to show
how we have progressed toward the
outcome goals.

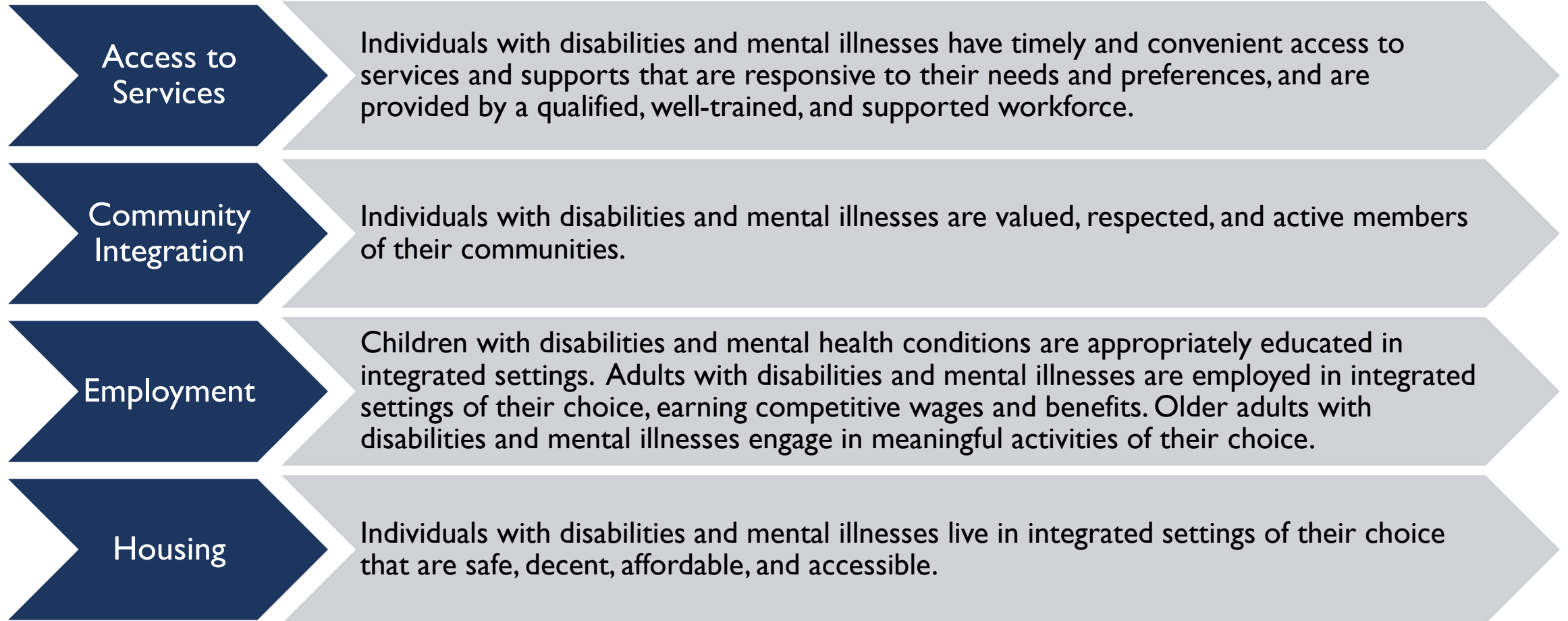
Over the years since the plan was
completed in 2016, useful analysis of
data has been challenging and we
continue to work to identify and
better sources of meaningful outcome
measurement data that truly reflects
the system as it is experienced by the
individuals accessing services.

The 2016 Olmstead Plan Framework:

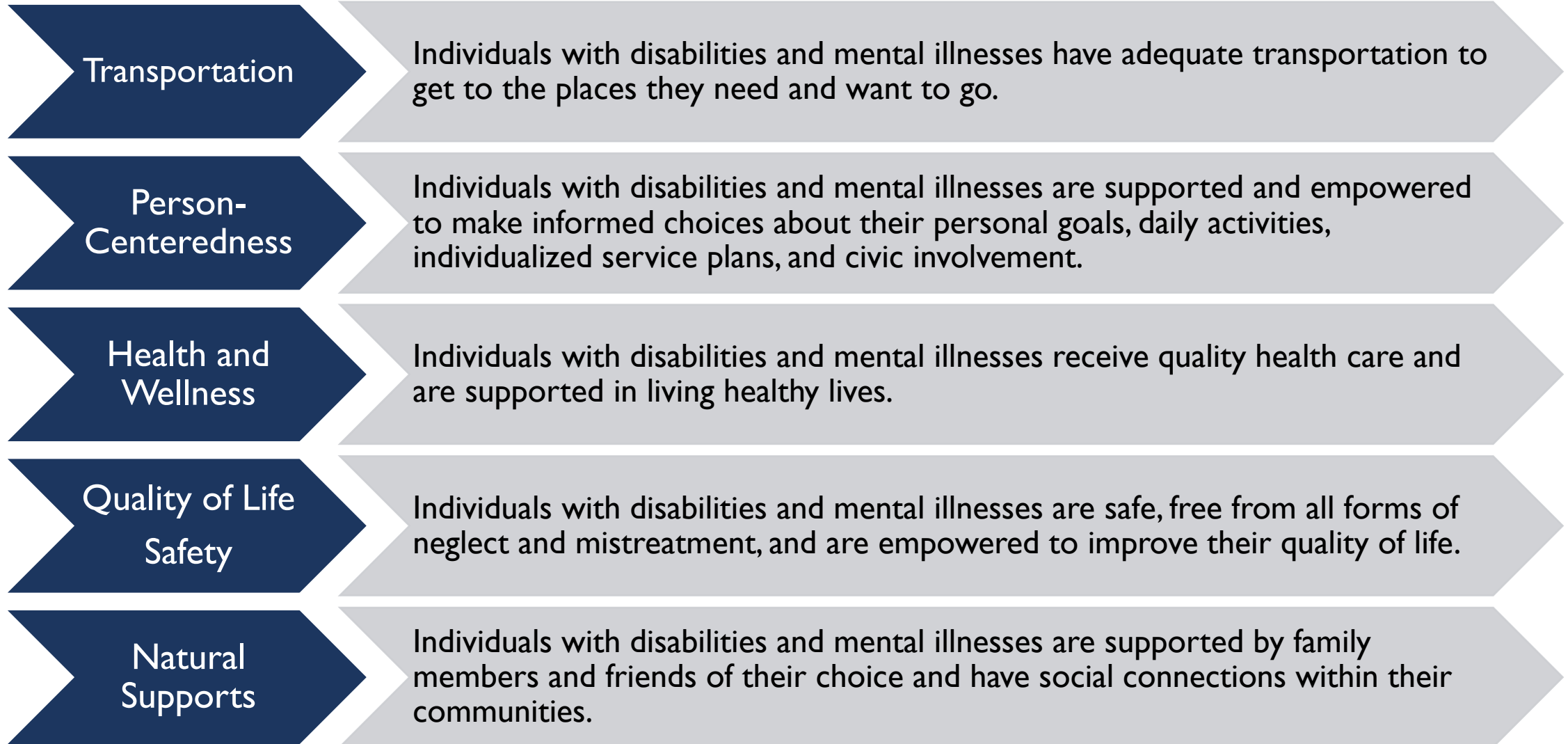
The nine outcome domains of the plan are:



The Nine Outcome Domains and their plan objectives:



The Nine Outcome Domains and their plan objectives:



Olmstead Planning is an ongoing process.

Other state agencies are invited to provide input and add their own initiatives.

Input is continuously gathered from users of the mental health and disability services system, family members, providers, advocates, and other stakeholders, and the general public to inform planning.



The Olmstead Planning Process Includes:



Review of federal guidance and plans developed by other states



Input from lowans with mental illness or disabilities on what is important to them and how they are impacted by the policies that govern the services system



Input from advisory and advocacy groups, providers, stakeholders, and members of the public



Focus on person-centeredness and quality-of-life indicators that make a positive difference for people with disabilities or mental illness



Aligning the Plan with other state planning processes and community integration efforts



Identifying, collecting, and analyzing timely, accurate, and meaningful data that reflects the participate experience with Iowa's services system

QUESTIONS

