

Iowa Olmstead Plan 2026-2031


March 2026



Health and
Human Services

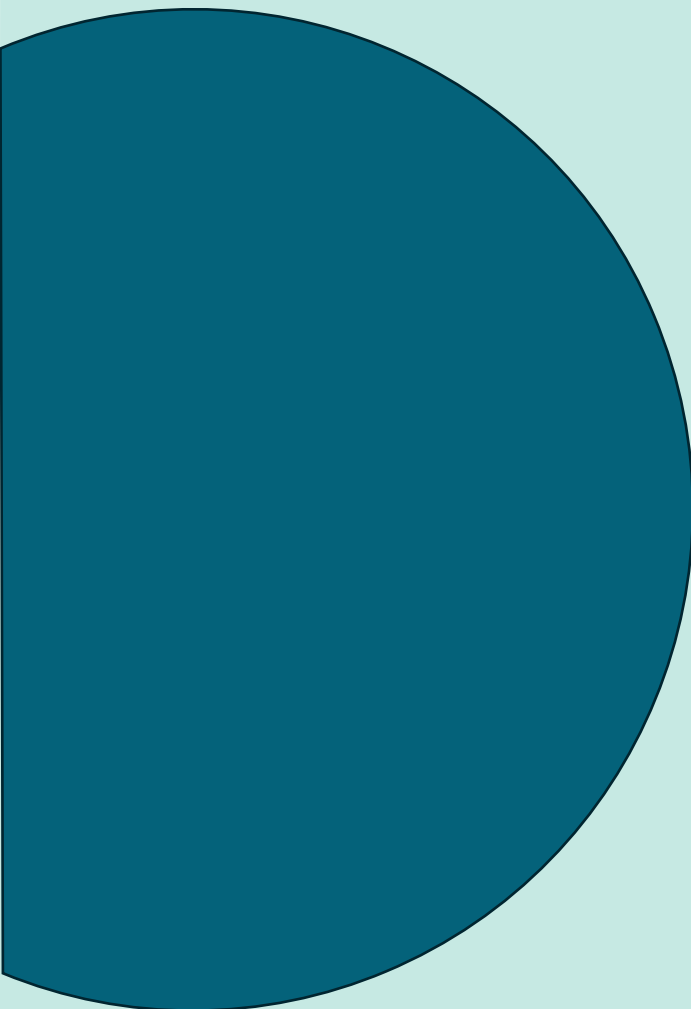
What is “Olmstead?”

- 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 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.

- 
- 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

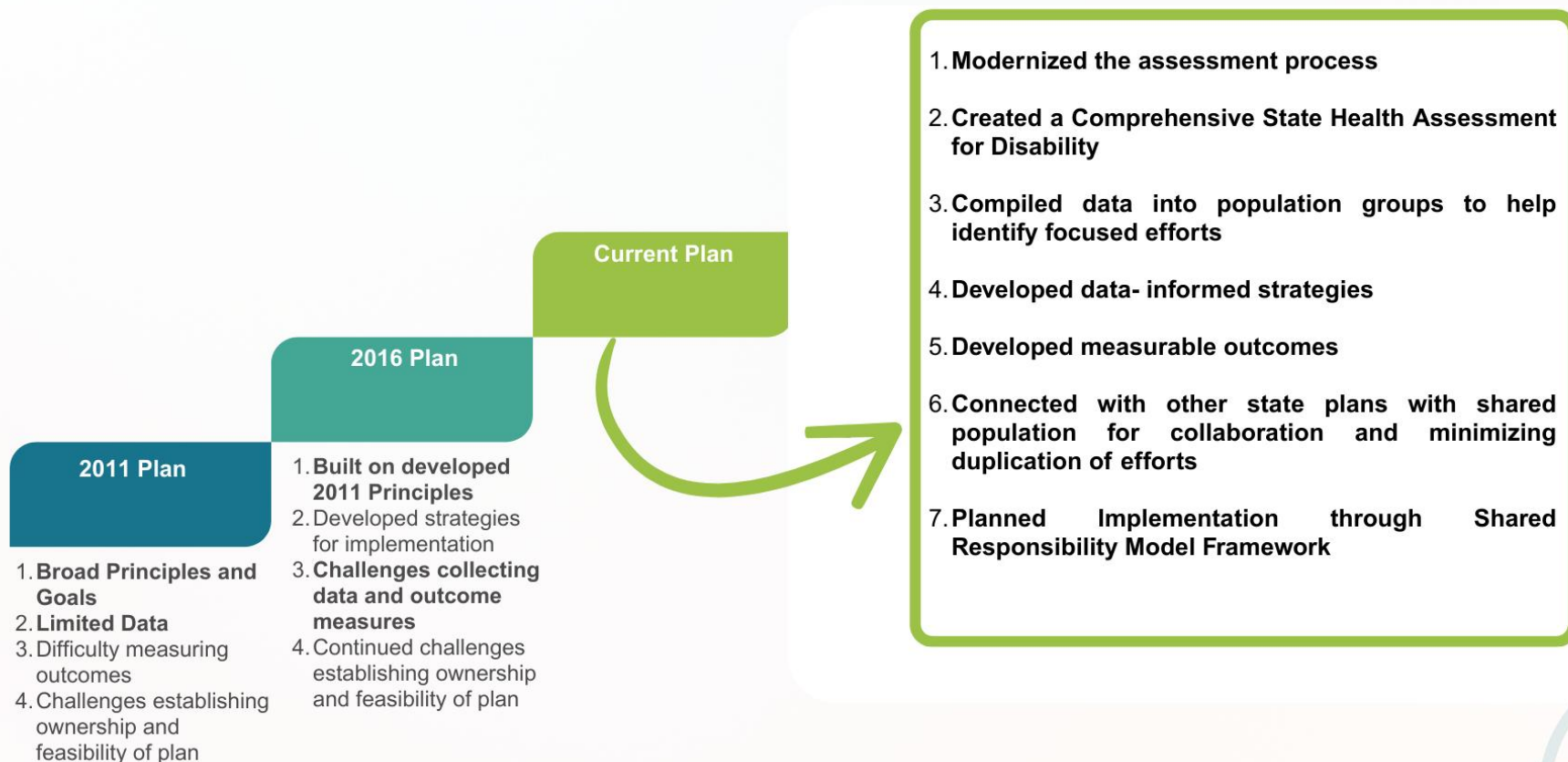
Iowa's Olmstead Plan

Building and Evolving



Health and
Human Services

Evolution of Olmstead



Modernized Assessment

Leveraged existing assessment and data:

State Health Assessment (SHA) Data

Iowa Behavioral Risk Factor Surveillance System

Data gathered for population groups:

0-17

all adults

adults 18-59

adults 60 and older

State Health Assessment (SHA) for Disability

[Link](#)



Iowa's Top Health Issues and People Living with Disabilities

Healthy Iowans State Health Assessment Supplement

October 2025

Iowa's People living with Disability

Disability population has increased 11.9%, while the total population in Iowa has increased 2.7%



65 and older – 63.0%

Iowans ages 65 and older are most likely to report living with a disability.

412,234 people living with a disability

12.9% of Iowa's total population

11.9% increase since 2019 vs. **2.7%** increase in Iowa's total population since 2020

Sources: US Census Bureau, Population Estimates Program, American Community Survey, 2024.

Overall Health of Iowans Living with Disability

SHA Top Health Issues



- ▶ Reported poorer health status
- ▶ Experience more chronic conditions
- ▶ Nearly every SHA top health issue show disparities for people with disabilities

Top Indicators from Data



Access to Care

- Developmental Screening for children
- Difficulty getting referrals to services



Mental Health

- Loneliness
- Social and Emotional Supports for adults



Economic Stability and Income

- Employment for adults



Housing

- Housing stability for children
- Housing affordability for adults
- Transportation reliability



Shared with Maternal Child Health

Shared with Aging

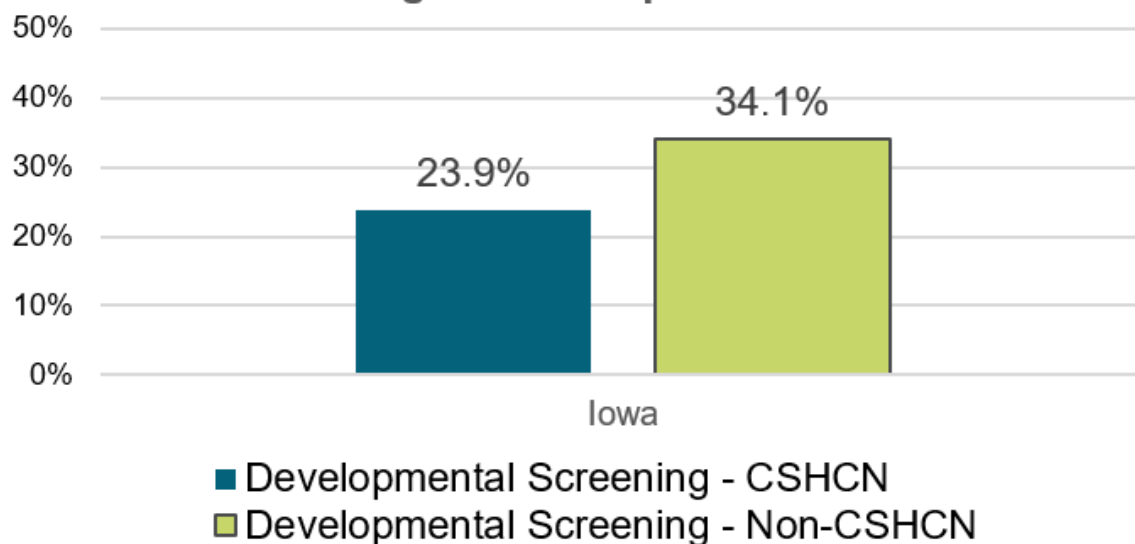
Shared with Aging

Disparities in Access to Care

► **23.9%**

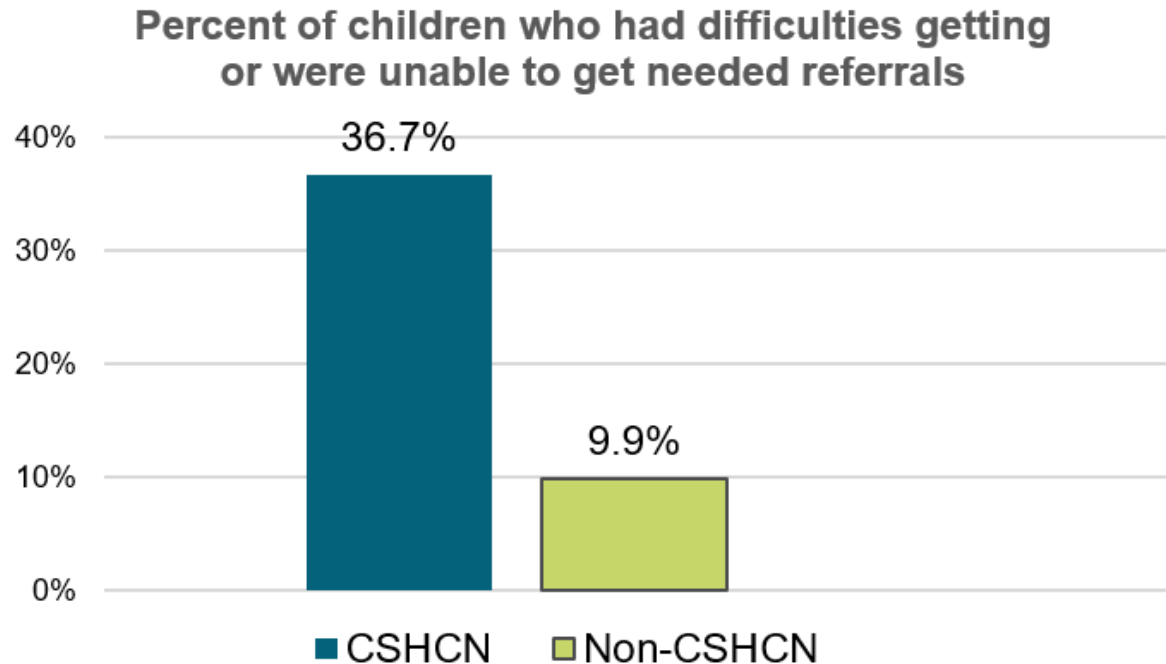
Of children with special health care needs with a completed standardized developmental screening

Percent of children ages 9-35 months whose parent completed a standardized developmental screening tool in the past 12 months



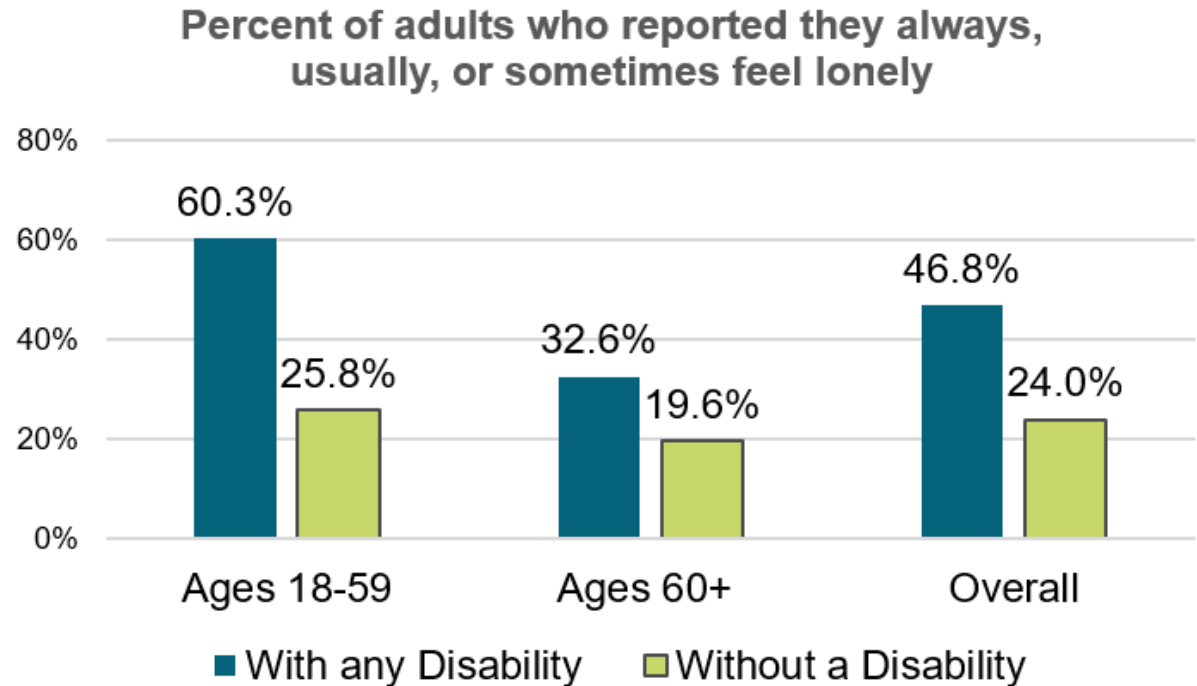
Disparities in Access to Care

- ▶ **Children with Disability**
- ▶ *4x Increased likelihood to experience difficulties getting referrals or services for children with special health care needs.*



Disparities in Mental Health

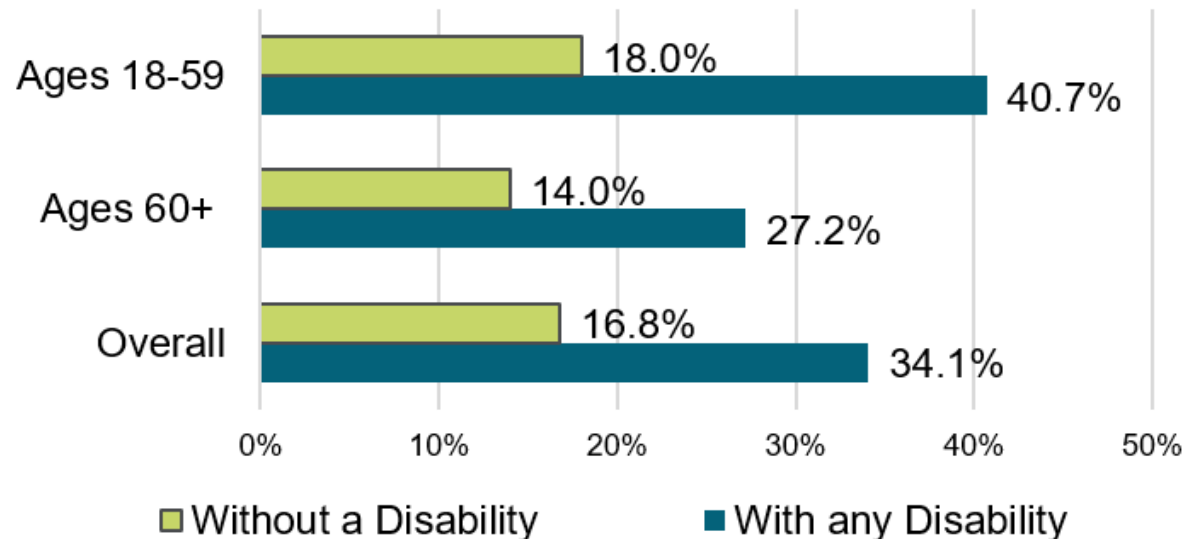
- ▶ **Younger Iowans** with a disability are **2x** more likely to feel lonely



Disparities in Mental Health (Cont.)

- ▶ **40.7% of younger adults** reported limited social and emotional support

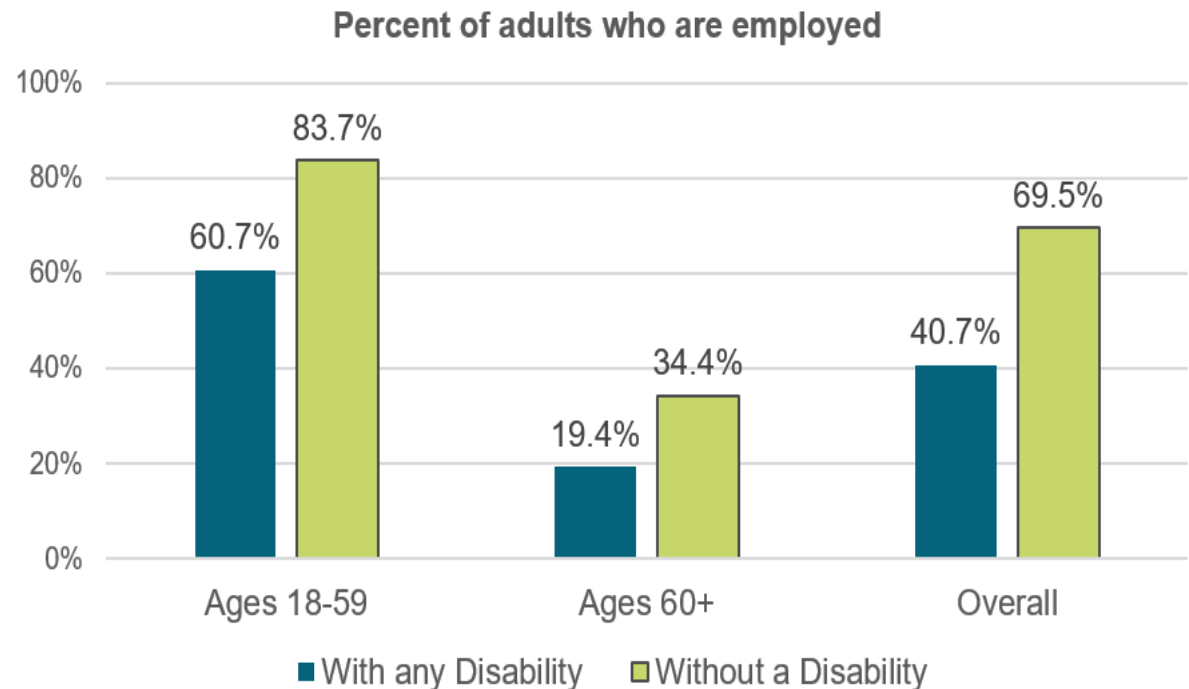
Percent of adults who reported they sometimes, rarely, or never receive the social and emotional support they need



Disparities Economic Stability and Income

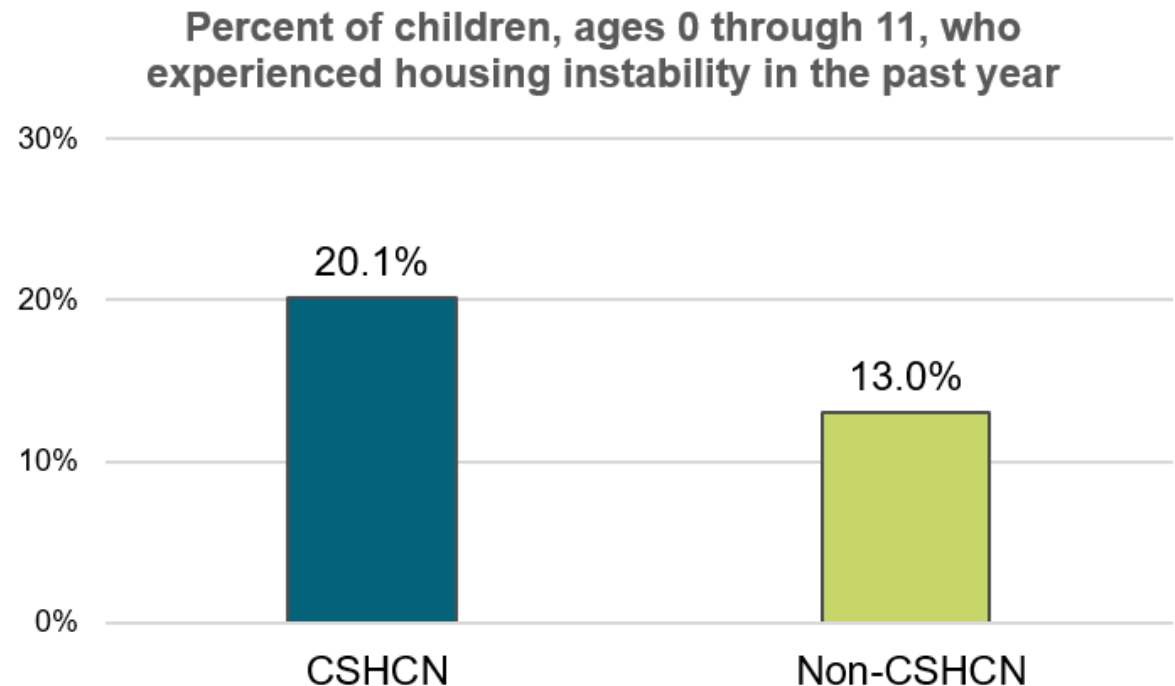
▶ **Younger lowans with disability** have a significantly lower rate of being employed than younger lowans who do not have a disability.

▶ **Similar pattern among older lowans**



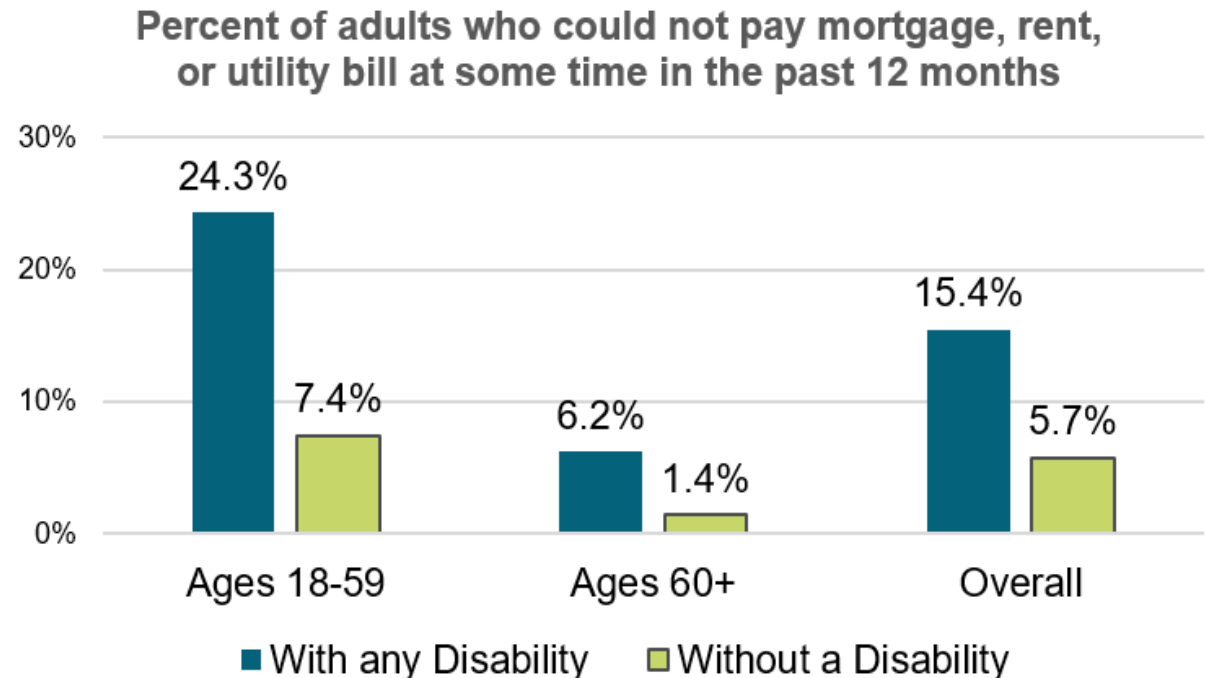
Disparities in Housing

- ▶ **20.1% of Children with disability** experienced instability



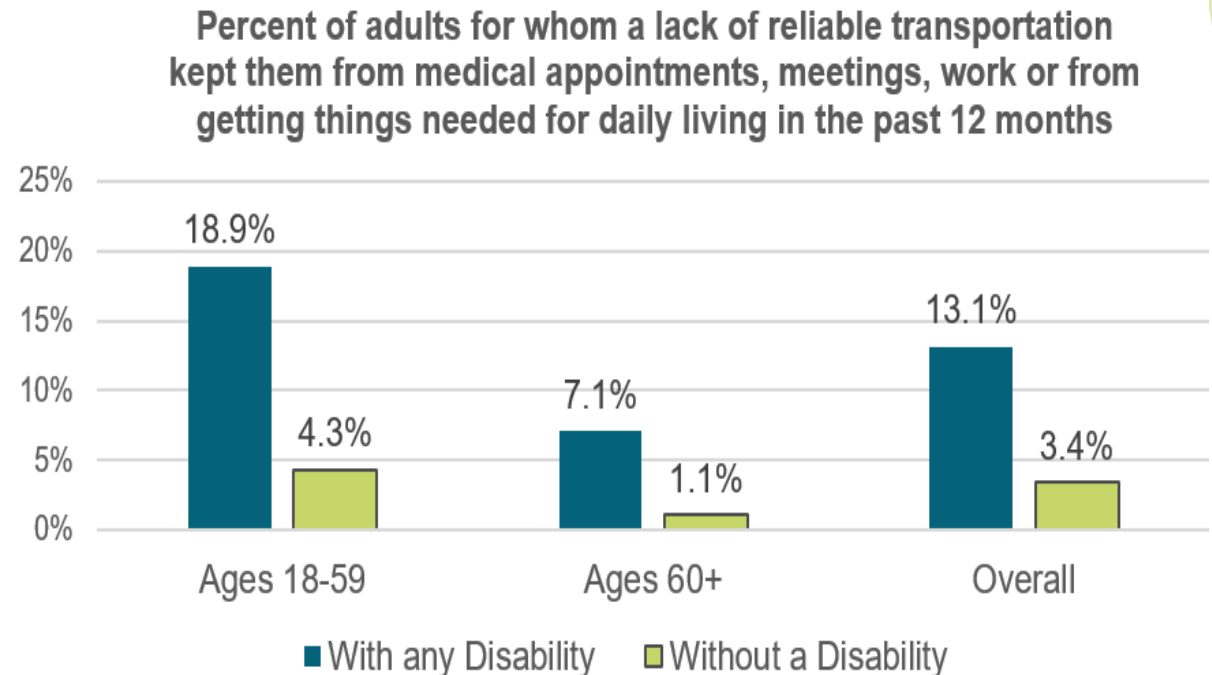
Disparities in Housing (Cont.)

- ▶ Adults with disability are **3x more likely** to report being unable to pay for housing or utilities in the past year
- ▶ **1 in 4 younger adults with disabilities report difficulty**
- ▶ **Fewer older adults than younger adults**



Disparities in Transportation

- ▶ **Younger adults with disabilities** are more likely to lack reliable transportation than those without disabilities



Additional Input

Additional Information



Feedback sessions with
Olmstead Consumer
Taskforce



Invited community
organizations and people with
lived experience to participate
in the development of the
Olmstead Plan



Participant surveys for
Olmstead Strategies and
Tactics



Cross walked top indicators
with other state plans with
shared populations

Olmstead Recommendations

A Shared Responsibility



Health and
Human Services

Desired Outcomes



Access to Care

- Individuals with disabilities have timely and convenient access to services and supports that are responsive to their needs and preferences, delivered by a qualified, well-trained, and supported workforce.



Mental Health

- Individuals with disabilities and mental illnesses are supported by family members and friends of their choice and have social connections within their communities.



Economic Stability and Income

- Adults with disabilities and mental illnesses are employed in integrated settings of their choice, earning competitive wages and benefits.



Housing

- Individuals with disabilities experience life in the community demonstrated through integration, employment, housing and transportation.



Aligns with Rural Health Transformation

Aligns with Rural Health Transformation

Desired Outcome and Strategy for Access to Care



What We Hope to Achieve

- Individuals with disabilities have timely and convenient access to services and supports that are responsive to their needs and preferences, delivered by a qualified, well-trained, and supported workforce.

What We Will Do

- Ensure children are connected to prevention and early intervention services and resources to help them thrive.

Recommendations for Access to Care



At a State Level:

- Expand 1st Five statewide from 88 counties to all 99 counties.
- Establish a standard statewide developmental screening tool for developmental milestones with standardized recommendations.
- Conduct a state gap analysis of existing behavioral health, dental, medical providers, and those who can serve those with disabilities.

At a County/District Level:

- Explore other potential sources of 1st Five referrals outside of the medical sector, example: childcare, WIC.
- Standardize implementation of developmental screening and tracking within an integrated system.
- Conduct a district gap analysis of existing behavioral health dental medical providers and those who can service those with disabilities.
- Ensure system navigation is a collaborative effort between districts and local providers.

At an Organization Level:

- Increase provider participation in 1st Five.
- Standardize implementation of developmental screening and tracking within an integrated system.
- Ensure system navigation is a collaborative effort between districts and local providers.

Desired Outcome and Strategy for Mental Health



What We Hope to Achieve

- Individuals with disabilities and mental illnesses are supported by family members and friends of their choice and have social connections within their communities.

What We Will Do

- Create and use a data informed, statewide communication plan that helps connect those at risk for isolation with social and emotional support.

Recommendations for Mental Health



At a State Level:

- Develop best practices for service plans that addresses all life domains: community living activities, employment, recreation, healthcare and relationships.
- Develop social isolation training for ADRC navigators, including the effect of strategies to compact social isolation in the training.
- Conduct a state analysis of services people are experiencing access barriers.
- Develop cohesive awareness messaging of social and emotional support services that can be used statewide.

At a County/District Level:

- Incorporate best practices for service plans to address all life domains.
- Conduct a gap analysis of social and vocational programs for adults with disabilities aged 22 to 59 years of age.
- Train ADRC navigators and local providers on the effects of social isolation and ways to combat social isolation.
- Conduct a district analysis of services people are experiencing access barriers.
- Develop cohesive awareness messaging of social and emotional support services that can be used across a district.

At an Organization Level:

- Promote personal growth through education and the adoption of positive behaviors that contribute to a meaningful society.
- Work with providers to increase knowledge of social and emotional supports available and how to access them.

Desired Outcome and Strategy for Economic Stability and Income



What We Hope to Achieve

- Adults with disabilities and mental illnesses are employed in integrated settings of their choice, earning competitive wages and benefits.

What We Will Do

- Identify and address system gaps in recruitment and training for adults with disabilities.

Recommendations for Economic Stability and Income



At a State Level:

- Assess the gaps for recruiting and training for people with disabilities, in partnership with Iowa Vocational Rehab Services, for areas like direct care workforce apprenticeships and trades.

At a County/District Level:

- Assess the gaps for recruiting and training for people with disabilities for areas like direct care workforce apprenticeships and trades.
- Engage community partners in education on the work incentives and benefits of employing people with disabilities.

At an Organization Level:

- Increase participation in Iowa vocational rehab services by including work transition planning in Individualized Education Program (IEP) for students.
- Participate and enroll in state and county training on employing people with disabilities.



What We Hope to Achieve

- Individuals with disabilities experience life in the community demonstrated through integration, employment, housing and transportation.

What We Will Do

- Build knowledge and skills for financial planning and resources available to support stable housing.

Recommendations for Housing



At a State Level:

- Create an education campaign on financial coaching and budgeting programs using Iowa's ABLE (IAble) Savings Account and planning to assist with the campaign.
- Provide education on statewide centralized housing assistance, the application process and the existing database.
- Partner with Iowa Financial Authority and Housing & Urban Development (HUD) for a centralized and universal application and collaborate for resource development.

At a County/District Level:

- Increase the number of eligible older adults and people with disabilities who are enrolled in local state and Federal Housing assistance programs.
- Explore funding options like Housing Trust funds and builder incentives to rehab and preserve existing housing stock especially in rural areas.

At an Organization Level:

- Share and promote education on financial coaching and budgeting and connect individuals to financial planning programs.
- Increase the number of eligible older adults and people with disabilities who are enrolled in local state and Federal Housing assistance programs.
- Partner with schools to increase awareness of housing resources like financial literacy and home modification, disability access points short term support services service navigation, and ADRC's at individualized education program (IEP) meetings.
- Explore funding options like Housing Trust funds and builder incentives to rehab and preserve existing housing stock especially in rural areas.

Desired Outcome and Strategy for Transportation



What We Hope to Achieve

- Individuals with disabilities experience life in the community demonstrated through integration, employment, housing and transportation.

What We Will Do

- Expand the reach and capacity of transportation options by enhancing connections to existing transportation resources.

Recommendations for Transportation



At a State Level:

- Partner with the Iowa Transportation Council to coordinate accessible Transportation programs in Iowa.
- Conduct an environmental scan and analysis of the current state of services and funding to identify gaps and true understanding of transportation needs.

At a County/District Level:

- Partner with local organizations like schools, churches, retired and senior volunteer programs, etc. to explore collaboration opportunities to increase the capacity and reach of existing transportation.
- Provide education on transport on transportation options through disability access points.

At an Organization Level:

- Promote the use of retired and seniors volunteer programs and other volunteer transportation programs to increase local transportation options in the community.
- Include transportation planning in case plans and Individual education program (IEP) planning to educate on transportation options for those with disabilities.



Putting the Plan in Action

How the Plan Will be Used



Inform Aging and Disability Resource Centers (ADRC) and Disability Access Points (DAPs) future planning efforts



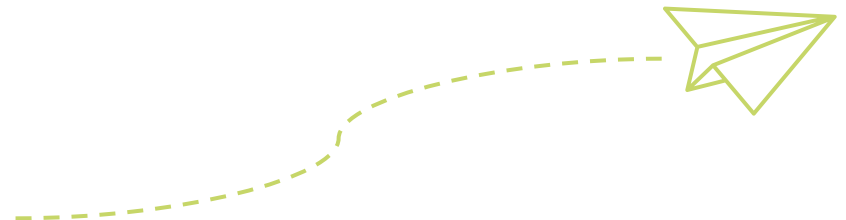
Encourage collaboration between state and local agencies and disability community



A tool for public health and other county/district and local planning efforts



Guide the Olmstead Consumer Taskforce advocacy for disability initiatives



Resources to Move Olmstead Forward

Aging and Disability Resource Center (ADRC) Network

- Planned enhancement of Iowa's ADRC network
- ADRC planned activities and data collection

HHS Service Systems

- Multi Sector Plan for Aging Workgroups
- Maternal Child Health Title V planning efforts
- Behavioral Health Continuum of Care

Aging and Disability Olmstead Specialist

- Collaborate with and gather feedback from the DAPS and the Olmstead Consumer Taskforce
- Yearly progress report

Olmstead Consumer Taskforce

- Promote the Olmstead plan and activities beyond HHS at a state and local level
- Monitor through bimonthly updates from ADS Olmstead Specialist





Questions

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