North Carolina Olmstead Plan Implementation

Summary Report: October 1 through December 31, 2024

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# Background and Introduction

In the fourth quarter of the 2024 calendar year (Q4), the North Carolina Department of Health and Human Services (NCDHHS), working with other state agencies and its community partners, continued its implementation of strategies identified in the [2024-2025 Olmstead Plan](https://www.ncdhhs.gov/about/administrative-offices/office-secretary/nc-olmstead). From October 1 through December 31, 2024, entities responsible for implementation of the North Carolina Olmstead Plan refined action steps and reported on progress with strategies in the Plan’s six primary areas, and on related implementation activities. Staff continue to provide quarterly reports to capture progress with strategies and implementation activities. These inputs provide the foundation for measuring overall progress towards Plan implementation. It is important to note that this report accounts for *activity* during the fourth quarter of 2024; as has been the case throughout the series of quarterly updates, *data* reported is typically for the previous quarter.

The Technical Assistance Collaborative (TAC) continues to review each division’s submission of progress on action steps and measures, which the divisions report at the conclusion of each quarter. Rebecca Boss and Megan Lee serve are the TAC consultants supporting the State in quarterly monitoring. TAC continues to work with NCDHHS and Mathematica, the lead contractor for identifying baseline data and targeted outcome measures for the Plan.

In an effort to achieve the vision of the Olmstead Plan, the State of North Carolina is working to strengthen its community-based system, affording more individuals the opportunity to live as included members of their communities. We recognize and commend all staff, leadership, and the North Carolina General Assembly for the time, thought, and resources they continue to invest in this process.

# Status of Strategies

Table : Summary of Plan Strategies and Action Steps through December 2024

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Total | Complete | In Process | Not Started | Needs Revision/ Clarification | No Longer Under Consideration |
| 45 | 8 | 33 | 1 | 3 | — |

*Complete:* The strategy and all identified action steps were accomplished.

*In Process:* Staff were actively engaged in the strategy; at least one action step had been taken.

*Not Started:* Work related to the strategy or action step(s) was not underway as of the end of the reporting period.

*Needs Revision/Clarification:* The strategy *might* move forward with modification. Note: For this reporting period, this status may reflect strategies that might have moved forward, but there is insufficient information to categorize.

*No Longer Under Consideration:* The strategy is no longer active for Plan implementation.

Over the course of the implementation of the 2024 – 2025 Plan, it is expected that NCDHHS will continue to refine and modify strategies and action steps; TAC will track and monitor these changes through a consolidated quarterly progress report. TAC will continue to work with NCDHHS to assess the need for, and to deliver, targeted technical assistance to advance progress on all strategies in the Calendar Year (CY) 2024 – 2025 Plan.

## Highlights of Progress Achieved

The NCDHHS divisions reported progress with strategies during the third quarter of the 2024 – 2025 Plan implementation (Q4 of the CY). Prior examples of progress achieved from the previous plan can be found in the [Quarterly Summary Reports](https://www.ncdhhs.gov/about/administrative-offices/office-secretary/nc-olmstead) previously released by the Department and posted on the NCDHHS Olmstead Plan site. What follows are highlighted *examples* of progress achieved between October 1 and December 31, 2024.

### Examples of Strategies and Action Steps Completed or In Process Between October 1 and December 31, 2024

#### Priority Area #1: Increase Opportunities for Individuals and Families to Choose Community Inclusion through Access to Medicaid Waiver Home and Community-Based Services and Supports

Home and Community-Based Services (HCBS) provide opportunities for Medicaid beneficiaries to receive services in their homes or in a community-integrated setting rather than in institutions or other congregate settings. Therefore, access to HCBS services is a critical component of supporting individuals to live life fully in the community. North Carolina has four Medicaid waivers that provide federal matching funds for HCBS: (1) the Innovations waiver for individuals with intellectual and other developmental disabilities (I/DD); (2) the Traumatic Brain Injury (TBI) waiver; (3) for children who are medically fragile or medically complex, the Community Alternatives Program for Children (CAP/C) waiver; and (4) for adults 18 and older who are medically fragile and at risk for institutionalization, the Community Alternatives Program for Disabled Adults (CAP/DA) waiver.

In March 2024, the Division of Health Benefits (DHB) increased access to HCBS for children by adding 500 slots to the CAP/C waiver. In this quarter, DHB reports that it has an established monitoring process to ensure access to slots. This strategy is now complete. DHB is also making progress on processing referrals received to determine eligibility for enrollment in the CAP/C waiver and on tracking enrollment by primary condition.

Through [Inclusion Connects](https://w6wxcxebb.cc.rs6.net/tn.jsp?f=0015FndZuhJKU4rCBrNpYEB5tSRoL8MYaOne-CtEDKqjBEEwFdr7Lh2hWCZ4QfZhKLlxeuT15Tad5qht_oqUEDhvaLK30UxxuTFpUUFw-kmADO0JxBkUUQTwEdn3-6jH-xYPgFZDOreuy-wrgVWdqnFIEiS5T-uM20KL_efE6c2eVGJqyxaxA1PEihWBGfqh1Eqy-_lsXxnxo3a5-ir5D64GFQ-PxEAUSNd&c=lpAfPE7LqYyozEwx1UDZ5sVitOXOaCZRJIdXZ_y4eeBRGQbrUxd0oA==&ch=EvblY-ennTFRasNBvTlRbE-HnDhEDYvEICsbNZL5qJ43AAOutOZ5Bg==), the Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS) launched the new [Innovations Waiver Waitlist Dashboard](https://www.ncdhhs.gov/about/department-initiatives/inclusion-connects/innovations-waitlist-dashboard). This tool advances [DMH/DD/SUS’s Strategic Plan goals](https://w6wxcxebb.cc.rs6.net/tn.jsp?f=0015FndZuhJKU4rCBrNpYEB5tSRoL8MYaOne-CtEDKqjBEEwFdr7Lh2hUMiL4coVAb8do3mGFDyStBzboiIpaqG-6Vg1LoLmWfcNU8bbC6SvhCw9knEhWAKtxpIh7LPBmzkhB3xJxp0mgw4Z2beQ1iAiKuxkeWd3f2MtgzaI_Ygp5kwPBrnJ8Gp0SdB81xTxZDPaG41UgfxLa1zpm_bHInqbklnwjdmDDhPqpwlZh2dsj8UeKz7FIZVZkSfJGnjl4oCr3QSq5Tx3sCyjuj5S0jXh4gXg7CSBIhmpn6H1AN4_qMJzpZNprGw8A==&c=lpAfPE7LqYyozEwx1UDZ5sVitOXOaCZRJIdXZ_y4eeBRGQbrUxd0oA==&ch=EvblY-ennTFRasNBvTlRbE-HnDhEDYvEICsbNZL5qJ43AAOutOZ5Bg==) related to increasing the number of individuals with I/DD receiving high-quality services in their homes and communities. When information is clear and accessible, everyone can be more engaged and informed. The dashboard will increase DMH/DD/SUS’s data-driven strategies for understanding services currently being used, services still needed, and the workforce necessary to meet these needs.

#### Priority Area #2: Strengthen Opportunities to Divert and Transition Individuals from Unnecessary Institutionalization and Settings that Separate Them from the Community

The Division of Child and Family Wellbeing (DCFW) continued development of the Child Behavioral Health Dashboard as a tool to identify the need for targeted interventions that could reduce admissions to psychiatric residential treatment facilities (PRTFs). Working with the NCDHHS data team and the University of North Carolina (UNC) at Chapel Hill, DCFW has finalized measures that provide critical data to inform action. With the launch of the DMH/DD/SUS [strategic plan dashboard](https://dashboards.ncdhhs.gov/t/DMHDDSAS/views/StrategicPlanDashboard/Overview?%3Aembed=y&%3Aiid=1&%3AisGuestRedirectFromVizportal=y) which includes measures on PRTFs, DCFW is now working to determine the most appropriate site for reporting measures to avoid duplication and facilitate access to information.

Diversion services provide individuals with disabilities with the supports they need to remain at home if home is the setting of their choice. These services are especially critical forchildren and youth, who are negatively impacted by out-of-home placements through reduced contact with their families, homes, communities, pets, friends, possessions, routines, and school settings. DCFW increased access to community-based services that support diversion from institutions using the System of Care expansion grant to increase access High Fidelity Wraparound. This service is now available in 80% of the State’s counties, an increase of 60% in the last three years. The most recently funded sites are now accepting members and the State has been successful in leveraging federal funds to support service provision.

DCFW is continuing work to expand access geographically and increasing community awareness of the service in counties with the service in place.

Throughout this quarter, DMH/DD/SUS and Olmstead/TCL continued to support the Local Management Entity/Managed Care Organizations (LME/MCOs) in conducting in-reach with individuals in adult care homes and state psychiatric hospitals. NCDHHS and the LME/MCOs conducted a monthly Transitions to Community Living (TCL) Community of Practice (CoP) commencing in October 2024, with a total of 71 attendees across the three-month period. NCDHHS surveyed TCL peers to determine interest in forming the CoP and logistics for each session. Unfortunately, attendance was impacted by Hurricane Helene recovery efforts in Western NC where TCL peers provided daily assistance. Participation in monthly CoP, is voluntary though anticipated benefits include 1) Increase peers’ knowledge, 2) Improve work-related skills, 3) Build a larger network for peers, and 4) Expand peers’ awareness of resources and tools to support TCL individuals. This strategy is now complete as the CoP has transitioned to being peer-led.

In order to facilitate effective transitions from its facilities, the Division of State Operated Healthcare Facilities (DSOHF) provided training in this process to all staff members involved in transitions to the community, and also provided guidance to support goals for individuals with a Memorandum of Agreement (MOA). All new staff receive onboarding and training specific to supporting individuals in the community. As this training process has become integrated into routine procedure, this strategy is now considered to be complete.

Extending its efforts to address transition across all populations, DSOHF continues to actively engage with the UNC Institute for Developmental Disabilities, which is contracted to gather information and assess level of interest in transitions for individuals without an MOA. In this quarter, DSOHF continued this strong collaborative partnership holding monthly meetings and focusing on the development of a proposal and materials to recruit community members and people with lived experience to participate in the advisory council, included drafting the presentation for the first Advisory Council orientation session scheduled for January 17, 2025. UNC has begun to research and draft materials in preparation for initial feedback for the Community Interest survey designed for people with disabilities and legally responsible persons to identify interest in pursuing or learning more about community support options. This preparation includes visuals, use of technology, and researching additional ways to adapt the survey for accessibility.

In partnership with Money Follows the Person (MFP) and UNC Cares, DSOHF provides an in-depth series on Guardianship and Supported Decision Making for legally responsible individuals and staff, to promote increased choice for individuals living in State Developmental Centers (SDCs). These training sessions are provided quarterly and are complemented by office hours for more individualized support and engagement. In this quarter, UNC Cares held a Dignity of Risk Office Hours session for SDC staff on October 31, 2024, applying scenarios on Dignity of Risk to implement and build understanding. UNC Cares also drafted materials for a training on Legally Responsible Persons of the SDCs on Dignity of Risk held in early January 2025.

DSOHF continues to strategize on ways to create greater participation by guardians and encourage more interactive formats. DSOHF also collaborated with MFP to expand a clinical training series addressing critical topics in crisis prevention and intervention. Participants included private providers, community agency staff, and internal team members. Feedback from the training series was overwhelmingly positive. As this training series has concluded, DSOHF is determining the most valuable focus for future initiatives. In addition, DSOHF provided educational opportunities for residents of the State Developmental Centers (SDCs), legally responsible persons (LRPs), and staff on community support options to promote informed choice through a quarterly training series. Training topic areas included guardianship, residential options, community resources, employment, transition experience, and other topics deemed relevant. This training series has now concluded and this strategy is also noted as complete.

DSOHF is continuing to implement action steps to address the needs of individuals on an MOA experiencing significant barriers to transition. The DSOHF central office is further developing the criteria for escalation of individual concerns to LME/MCO leadership. The division is further analyzing MOA data to determine how best to reduce total length of stays.

The North Carolina Department of Social Services (DSS) set a five-year goal in July of 2023 to have more foster children placed with kin. DSS continues to explore and plan for the legislative, rule, and policy changes needed to implement kin-specific licensing standards for kinship caregivers of children in foster care. Effective January 2, 2025, county child welfare agencies can utilize a new curriculum for prospective licensed kinship families called the National Training Development Curriculum (NTDC). While prospective family foster and therapeutic foster families will be required to complete 30 pre-service training hours, the pre-service training hours for kinship families related by birth, marriage, or adoption is reduced to 15 hours. As of November 2024, there were 1,746 children who were in homes receiving Unlicensed Kinship payments. In addition, there are 420 children in unlicensed non-relative kin homes. DSS continues to work with the National Center for Diligent Recruitment to outline and implement recruitment and retention strategies specific to kinship families that will support North Carolina’s 5-year kinship care goals. The most recent data (May 2024) indicates positive movement toward all of the kinship goals for children in foster care:

* May 2024: 29.64% are placed with kin, an increase from 25.57% in February 2022.
* SFY 23-24: 41.31% are initially placed with kin, an increase from 32.11% in SFY 18-19.
* May 2024: 3.08% are placed with licensed kin, an increase from 1.74% in February 2022.
* May 2024: 10.38% of kinship foster care placements are licensed, an increase from 6.81% in February 2022.
* May 2024: 5.87% are placed in non-treatment group settings, a decrease from 6.06% in February 2022.

In this quarter, DMH/DD/SUS made significant investments in community crisis response services designed to provide trauma-informed care to individuals who can be diverted from hospitals and criminal justice settings. The NCDHHS partnership with [Alliance Health](https://w6wxcxebb.cc.rs6.net/tn.jsp?f=001UGn1zfiUZ3ywHymgNFtlV13cmZvtB-5-UnW7o0kuKbK6eg7W0MDnEUyBPqZSqRC_zYfas9ru813B43nF2skKl_j9jOpISBFeGVVolRgus29VCjE9NZ7QTioY3B7JSlDu77PqGgUMOtK8_IqYao8XGSmQg0Xp2LaruUe-1eMczBw=&c=sG4mApNZyRu7EU10_MrA9g4VqzL4uYosH2b39iyizp_M08Fe1MgByQ==&ch=ff3I6mxl3JCssWsfwg65s8rWYrk96_eH-9DCE1l-q0k96vKDi7iIig==) and [Promise Resource Network](https://w6wxcxebb.cc.rs6.net/tn.jsp?f=001UGn1zfiUZ3ywHymgNFtlV13cmZvtB-5-UnW7o0kuKbK6eg7W0MDnEZoIlDSpUKVRavGxzzVmvi43UTYlDNn4aXTkPrzunkAcjAbwVaRtzoz9s5_6tFyjffrGGrsFcS4rtRTxNmU9L2VBAJKOUYgCjrs3ZNhg0If0zWfuEdeI_xw=&c=sG4mApNZyRu7EU10_MrA9g4VqzL4uYosH2b39iyizp_M08Fe1MgByQ==&ch=ff3I6mxl3JCssWsfwg65s8rWYrk96_eH-9DCE1l-q0k96vKDi7iIig==) to open the new Peer Respite Center in Wake County is part of an ongoing effort to transform North Carolina’s behavioral health crisis response system. Peer respite programs are a voluntary overnight alternative to emergency departments or in-patient settings for people who are experiencing mental-health-related crises or any other emotionally distressing challenges. These innovative programs offer homelike settings that are among the least restrictive options for behavioral health treatment, offering 24-hour access to Peer Support Specialists who provide support from the perspective of lived experience. NCDHHS also announced an investment of $20 million in non-law-enforcement transportation, a promising practice of providing trauma-informed transportation for people in mental health crises who need to be transported from hospital emergency departments to residential treatment. The new transportation program aims to decriminalize and destigmatize the process of seeking mental health care. This program will initially operate in two regions of the state, which will be identified through a competitive request for proposal (RFP) process.

#### Priority Area #3: Address Gaps in Community-Based Services

Gaps in services occur when a service doesn’t exist in the array, when there is insufficient service capacity, or when services are inaccessible. To increase service array and accessibility, NCDHHS intends to expand Healthy Opportunities Pilots to bring food and transportation services to more parts of the state as well as build out promotional strategies and awareness of the services. During this quarter, the Department completed the first step in this expansion as it has obtained CMS authorization; NCDHHS now needs to pursue budget authority for funding from the General Assembly to implement the program.

The North Carolina Department of Adult Services (DAS) is making numerous efforts to combat isolation in the elderly population and to promote connection to community-based resources and digital equity. In this quarter, all digital navigators for Area Agencies on Aging (AAAs) were onboarded, and a training was held in December. The North Carolina Center for Health and Wellness is in the process of developing a Social Bridging North Carolina Toolkit so that resources and tools can be replicated at the local level.

DSS has made progress in implementation of the Sobriety Treatment and Recovery Teams (START) program. When implemented with fidelity, this specialized child welfare service delivery model has been shown to improve outcomes for children and families affected by parental substance use and child maltreatment. Four counties successfully contracted with DSS to implement the program; completed trainings; and hired staff. These counties are now all actively implementing START and are meeting regularly with the model purveyor and receiving technical assistance. Two additional counties have requested to implement and are reviewing contract documents. UNC has developed an evaluation plan for START, which the State will use to evaluate the pilots.

DCFW has been working to enhance the array of quality community-based services for children and youth across the state, reducing the need for PRTF admissions. The department contracted with Rapid Resources for Families to expand access to Intensive Alternative Family Treatment® (IAFT), enabling children to receive trauma-informed treatment in a home-based setting. In this reporting quarter, new IAFT agencies were approved and training is in process. In addition, DCFW increased the number of counties participating in the North Carolina Psychiatry Access Line (NC-PAL), which is a consultation line for pediatricians and primary care physicians to consult with psychiatrists to improve diagnoses and reduce polypharmacy for children, allowing children to benefit from robust psychiatric expertise outside of an institutional setting. With the completion of planned outreach activities, and the addition of new counties, this strategy is now complete. Finally, DCFW has made progress in the plan to implement facility-based and home-based respite service pilots for caregivers of children with challenging behavioral health needs. The cross-divisional workgroup concluded its work with recommendations to award four pilots — one in each Tailored Plan — and to implement respite policy initiatives for the next several years. DCFW is including respite as an area of focus as it plans for the development of a center of excellence to support several child behavioral health initiatives.

In this quarter, DMH/DD/SUS has made progress in strengthening the behavioral health crisis system, identified as a priority in the department’s recently released [strategic plan.](https://www.ncdhhs.gov/dmhddsus-2024-2029-strategic-plan-vf011625-update/open) Data displayed on the strategic plan [dashboard](https://dashboards.ncdhhs.gov/t/DMHDDSAS/views/StrategicPlanDashboard/5_1?%3Aembed=y&%3Aiid=1&%3AisGuestRedirectFromVizportal=y) demonstrates increasing utilization of the 988 Suicide and Crisis Lifeline, increased use of behavioral health crisis facilities such as behavioral health urgent care centers, and decreasing numbers of children being held in an emergency department or boarded in a DSS setting.

Access to services requires awareness of available resources. Knowledge of resources needs to be more widespread within communities, extending beyond individuals, providers, and families to include natural allies and other sources of support. During this quarter, Inclusion Connects announced availability of a new [Community Living Guide](https://w6wxcxebb.cc.rs6.net/tn.jsp?f=001B_7arXaJAjDSeMQkMcGr9LyCx7y9yfiQZ6OPa8mSlvQlGysr-9lZUseB3jCWCAE8JhNAscjKb4qqplj0xpuhhKDEo3LJVanl9F6hV49KYx6W17l41bFc60nMmcS_Ev-mU-Kmb0hD7YOgPLLdGAYJ7jjgOwzq7mnfVsnTAo-SWs3cYlmibM_kE0gSk0x4-yN1G3of1gWSzuYDXvGVLoiTwI4vKCvZ8ESsmx8o78c2nXI0mUW3q6n2VUaz1OMBBbU8VsFgqiUxjnsD0CfU6-L4AQ==&c=ZCMUb1A1lpPysVKzw2tZVRkKdi5Eu7VKStHZ60ZUbmv7DK8AoTQW8A==&ch=QUeCu-aIOyImTRJVUdeOdZqJ5hSrGdvo68EddfIMi6g-1XeIQuWX_w==), developed to connect individuals with I/DD to resources across the state.

Highlights of the guide include:

* Housing: Contacts for immediate shelter, affordable and accessible housing, community housing options, and homeownership support.
* Funding: Information on financial help, NC Medicaid services, and area-specific funding, as well as support for housing expenses and legal services.
* Supports: 24/7 crisis services, home modifications, and resources related to food, transportation, employment, peer support, and caregiver assistance.

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#### Priority Area #4: Increase Opportunities for Pre-Employment Transition Services for Youth with Disabilities, and Competitive Integrated Employment for Adults with Disabilities

North Carolina implements several programs which provide competitive, integrated employment (CIE) opportunities for individuals with disabilities. CIE can improve an individual’s self-esteem, promote social interaction and financial stability, and help people gain a greater sense of independence.

The Division of Employment and Independence for People with Disabilities (EIPD) has initiatives in several areas to promote pre-employment transition services for youth. EIPD partners with the North Carolina Department of Public Instruction (DPI) and local school leadership on promoting best practices including employment and transition services for students with disabilities as reflected on their individualized education plan (IEP). This quarter, EIPD collaborated with DPI in the planning of two staff training modules focused on transition planning. Also, please note a correction from the Q3 progress report. In the report it was stated, “This quarter, the Division and NCDPI jointly hosted two regional meetings with the NC Collaborative’s Transition Aged Youth and Young Adult Committee, with 3-member transition teams to discuss strategies for coordinating resources to promote transition services leading to competitive integrated employment (CIE).” The report should have stated, “EIPD and NCDPI hosted two regional meetings through their joint professional development initiative, the NC Collaborative on Secondary Transition. During the regional meetings, 3-member teams representing school districts in the Central and Western parts of the state discussed strategies for coordinating resources for students with disabilities in their district to promote transition services leading to competitive integrated employment (CIE).”

The EIPD continues to explore opportunities to improve access to Pre-Employment Transition Services (pre-ETS) for students with disabilities, focusing on increasing the number of pre-ETS vendors. EIPD released a request for proposals in May for new vendors; Q4, grant awards were negotiated and implemented for the new standardized pre-ETS milestone program to increase employment opportunities for youth with disabilities. In this quarter, seven new programs became effective. EIPD engaged in ongoing conversations with pre-ETS providers on implementation barriers as part of new contract negotiations.

Through a partnership with the NC Community Colleges System, EIPD received state general funds last legislative session to place case managers in six community colleges to provide rehabilitation services for students with I/DD. Under Bridge to Success, these case managers will provide and coordinate vocational rehabilitation services to students with I/DD. In Q4, a Bridge to Success case manager was placed at Wilkes Community College. EIPD is still in the hiring process for the two remaining community colleges under the Bridge to Success program: South Piedmont Community College and Asheville-Buncombe Technical Community College. The EIPD Program Specialist for I/DD participates in leadership/committee meetings with the NC Post-Secondary Education Alliance (NC PSEA) to stay informed of new and existing post-secondary training programs for individuals with I/DD. EIPD also engages in robust partnership with Work Together NC to provide other transition services for youth and young adults with I/DD. The EIPD Program Specialist for I/DD participates in monthly advisory meetings with Work Together NC and ensures that relevant information and resources are shared throughout the division.

EIPD continues to implement Project Spark which provides increased supportive services to individuals with I/DD who wish to move from no work or working in a non-integrated setting to work in a CIE setting. Through December, Project Spark was serving 60 individuals through three pilot sites: Chatham Trades, Tri County Industries, and Wake Enterprises. Five individuals have obtained employment since services were initiated. Project Spark North Carolina is now on Facebook to share success stories, highlight supports available, and provide information on news and events. The Facebook site was launched in October 2024.

Access to employment services is dependent on an adequately trained and resourced EIPD. In an effort to attract and maintain vocational rehabilitation counselors, EIPD has been working closely with Human Resources (HR). In December, HR reported that the total vacancy rate overall for EIPD is 20.47% and the rehabilitation counselor vacancy rate is 22.8%. These numbers reflect an improvement of more than 10% for counselors from one year ago. Efforts to date, including a counselor sign-on bonus, have helped significantly with hiring. Work on this strategy continues with a goal of 15% vacancy rate for counselors and overall.

The use of assistive technology (AT) in the workplace can support people with disabilities to achieve their full potential. In this quarter, the NC Assistive Technology Program (NCATP) hosted the annual AT Expo: “Breaking Boundaries: Empowering Lives” with a total of 740 attendees and 45 AT exhibitors on site. NCATP engaged in a number of additional learning opportunities including: a presentation to EIPD staff, parents, individuals and community partners working with Inclusion Works on the use of and benefit of AT for individuals with I/DD transitioning into the workplace; hosting an Innovation, Independence and Ethics training in Morganton on November 22, attended by over 30 professionals working with individuals with I/DD across the western region; presenting at the NC NAMI association on AT in transition, including apps and AI tools, for individuals experiencing functional limitations as a result of mental health disabilities; and a presentation at the EIPD Statewide Managers meeting on AI and AT tools and the implementation of AI in the field of assistive technology. In December, clients and staff from the Caldwell Opportunities Program visited the Morganton NCATP AT Center to explore assistive technology options. Caldwell Opportunities is a nonprofit organization dedicated to offering a comprehensive range of services for adults with disabilities. During the visit, participants received informative sessions on the nature of assistive technology and its potential to promote greater independence in various tasks. The clients expressed specific interest in AT related to vision, recreation, communication, and activities of daily living.

During this quarter, NCDHHS announced that Inclusion Works along with expert partners, Work Together NC and TEACCH, will begin visiting providers across North Carolina to offer new employment assessments and career development plans for individuals with I/DD currently working in non-CIE settings. These tools will help individuals share skills and interests, and develop a personalized plan to reach career goals.

#### Priority Area #5: Strengthen Opportunities to Divert and Transition Individuals from the Criminal Justice System that Promote Tenure in and Successful Reentry to Inclusive Communities

In the recently released strategic plan, DMH/DD/SUS established a key priority to “Expand Services for Individuals in the Justice System.” The division will create alternatives to incarceration, increase access to behavioral health treatment, and develop supports to deflect and divert more individuals from the justice system, as well as maintain stability upon reentry. DMH/DD/SUS will track success of these efforts on the public-facing strategic plan dashboard. The division is currently working with the Department of Adult Corrections (DAC) to develop comprehensive reentry programs in preparation for the Medicaid 1115 waiver launch.

DMH/DD/SUS has awarded a two-year contract to the Alliance of Disability Advocates of North Carolina (ADANC) to continue successfully transitioning individuals with I/DD from incarceration while also expanding the initiative to include people with TBI. The division has now allocated funds to provide participants with critical supplies and resources to support successful reentry. The division also continues to support community-based opioid treatment programs, which provide access to medication for opioid use disorder (MOUD) in carceral settings.

EIPD continues its work in outreach and engagement with youth detention centers to offer pre-ETS to adjudicated youth and support successful reentry to the community through connection to employment and training opportunities. In this quarter, EIPD resumed contact with the Department of Corrections, and Juvenile Education Services participated in the 11/7/2024 Coordination of State Collaboration event held by CAPE Youth Center (Cornell).

#### Priority Area #6: Promote Workforce Development, Recruitment, and Retention

DMH/DD/SUS continues to make progress in identified workforce development strategies that include: supporting increased wages for the community-based direct care workforce; supporting family caregivers as essential; and creating essential resources and pathways to support an appropriately trained and certified direct support professional (DSP) and peer support specialist workforce. In this quarter, the division has focused on maximizing 1115 benefits to provide funding that would support as many DSPs as possible.

In this quarter, DMH/DD/SUS announced that it is seeking proposals to fund interventions that improve DSP recruitment and retention. This investment is part of a series of initiatives to support DSPs, who provide vital services for people with I/DD and play a critical role in the state’s behavioral health workforce. The funding will support initiatives to enhance job quality and job satisfaction for DSPs with the goal of improving recruitment and retention rates.

Workforce development is another of the key priorities of the DMH/DD/SUS strategic plan with outcomes tracked and made available on the strategic plan dashboard. The first two months of Q4 demonstrate progress in the number of division-supported scholarships given for peer support specialist training programs. The dashboard also demonstrates the success of enhanced efforts with an increasing number of Certified Peer Support Specialists employed. The division is working on publishing similar data for DSPs in the coming months.

## Challenges for Plan Implementation

### Hurricane Helene

As the deadliest storm in state history, Hurricane Helene brought damage and devastation to North Carolina on an unprecedented scale. On September 27, 2024, the hurricane reached North Carolina and left significant, long-term impacts on the western region of the state where over 40% of the state’s Medicaid population resides. In addition to the devastating loss of life, the storm destroyed thousands of homes, damaged tens of thousands more, disrupted critical services, and damaged thousands of miles of roads and bridges. History informs us that individuals with disabilities are disproportionately harmed by natural disasters. There are more than 4,000 children in the custody of DSS and their resource parents in the affected counties. With over 100 group homes for individuals with I/DD affected, some residents needed to be transitioned to new homes and many required counseling and therapeutic services. As evidenced by the examples of progress that preceded this section of the report, this disaster did not deter work on implementing *Olmstead* goals. It should be noted, however, that substantial effort also went to addressing the needs of individuals with disabilities affected by the hurricane. Examples of these efforts are described below:

DMH/DD/SUS released a [workbook](https://www.ncdhhs.gov/documents/hurricane-helene-idd-resource-english/download?attachment) to explain Hurricane Helene to people with I/DD written in plain language with visuals to support understanding. The workbook incudes a story, activities, and information for care partners. NCDHHS also published the online [Hurricane Helene Recovery Communications Toolkit.](https://www.ncdhhs.gov/assistance/hurricane-helene-recovery-resources/hurricane-helene-recovery-communications-toolkit)  This resource provides flyers, social media images, and videos about disaster recovery resources. The Hurricane [Helene Recovery Resources](https://www.ncdhhs.gov/assistance/hurricane-helene-recovery-resources) webpage hosted by NCDHHS provides links to critical information for supporting individuals with disabilities including communication strategies, accessibility in shelters, and specific resources for people who are deaf or hard of hearing.

DMH/DD/SUS also announced the [expansion of Hope4NC](https://w6wxcxebb.cc.rs6.net/tn.jsp?f=0019MpOsrTQCznOfQ1m08EIVezoYzEBaj5xJr-3ZbgD9nEqWltzif7nCg21cGwqfiOebOnhQjrjJtcbXHzskrLdw0Ek73ZTVZ0X0kzxLpf1LiLJ2wIqMOCkLfYGvM5YXpmDcYwXroIGrzBHL1spz8_QYt18lIWRfyYQ7TmvROx3e3onI_IFqPuru0o3z9do-l2A1sJBWIQP02yP049DAzEOu-isA10wGPA_IDX8scnzO-b5eihoMyOFAwofddWl3DlLVpsrJ-b9sFwMwsG0cYPdu59KcaDRBM_pxozCyMYThfs=&c=OkLGU1b03WaBgVweHMvC4SQuWmmuoGHxOIET1cR7VhEBOdv1EPHy4Q==&ch=TwGI0I6watFFStGTHxN5n1BUfa0Vk_XQ6diz1y-i5pTDlvJpncfn_A==), to grow and sustain Hurricane Helene mental health response efforts. In addition to a helpline, Hope4NC provides a broader program to assist individuals in communities as they recover from the devastating impacts of Hurricane Helene. Hope4NC brings trained crisis outreach workers to affected communities. These workers link people to resources that assist in mental health recovery and support. These crisis counselors will reach people where it’s most convenient, whether that is their home, the library, a church, or any other location. DMH/DD/SUS is working closely with key partners, including Vaya Health, Partners Health Management, REAL Crisis Center, the Office of Emergency Management, and the Eastern Band of Cherokee Indians, to ensure our communities have the resources they need.

Hope4NC offers the following help to those in need:

* Individual Crisis Outreach and Support
* Group Crisis Outreach
* Public Education
* Community Networking and Support
* Assessment, Referral, and Resource Connection

### Addressing the Ongoing Workforce Crisis

The workforce crisis continues to be a challenge, affecting all areas of the Olmstead Plan. This problem was a common issue reported in stakeholder feedback on the draft 2024 ‒ 2025 Plan. NCDHHS has taken steps to address this issue, and has reprioritized it, adding it back into the revised Plan. Much of this work is reflected in Priority Area #6 above. NCDHHS has advanced several efforts to address the frontline workforce crisis. The NC Council on Developmental Disabilities is leading significant work to address direct support professional (DSP) compensation. Additionally, through an NCDHHS grant to North Carolina Area Health Education Centers (AHEC), AHEC developed recommendations related to DSP credentialing and certification.[[1]](#footnote-1) Additionally, the Coalition on Aging has funded the Public Health Institute (PHI) to assist in developing competencies in which frontline workers should be trained. The Direct Support Professional Workgroup has advocated for pay increases in the NC General Assembly; this effort is expected to meet with success. These efforts are critical, as providers continue to struggle to hire and maintain sufficient staff to meet the needs of service recipients with disabilities, particularly in the community.

### Shift to Updated Plan Strategies

The transition to strategies identified in the updated plan required the development of specific, incremental action steps across involved state agencies. Upon approval and publication of the updated plan, members of the internal Olmstead Plan Stakeholder Advisory (OPSA) identified ongoing work that that supports the strategies, along with new planned new activity. Q4 (the third quarter of new plan implementation) continued to reflect adjustment to the new Plan and efforts to align identified strategies with ongoing work and avoid duplication of reporting mechanisms. This point may be most clear in the development of the DMH/DD/SUS strategic plan and dashboard. This strategic plan is itself noted as a strategy in the Olmstead Plan, and many of its activities have direct impact on Olmstead Plan implementation. However, duplication of reporting for the dashboard and for the Olmstead Plan have created challenges and some inefficiency in use of resources. TAC will continue to support reporting entities to streamline the process, ensure alignment, and avoid duplication of effort.

# Next Steps in Olmstead Plan Implementation

Quarterly reports will continue to reflect progress on strategies derived from the six priority areas in the 2024 ‒ 2025 Plan. TAC, NCDHHS, and Mathematica will work to ensure that all measures and action steps continue to be relevant for reporting and that they are adjusted as needed. The alignment of priorities, action steps, and measures will support North Carolina in assessing its continued progress towards creating inclusive communities.

The next Status Report of activity from the reporting entities will be in April 2025. TAC will prepare the next Summary Report, to be released in May 2025.

1. See also https://medicaid.ncdhhs.gov/DCW-Initiative. [↑](#footnote-ref-1)