**North Carolina Olmstead Plan Implementation**

Summary Report: April 1 through June 30, 2024

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# Background and Introduction

The second quarter of calendar year (Q2) 2024 represents a period of significant transition in the design, implementation and monitoring of the North Carolina Olmstead Plan. The North Carolina Department of Health and Human Services (NCDHHS), working with other state agencies, and its community partners, devoted much time to review of the original plan, learning from successes and challenges, to inform an updated plan covering the next two years. The revised plan narrowed the original eleven priority areas to six, honing in on measurable actions and strategies, while not losing sight of other areas of focus.

From April 1 through June 30, 2024, entities responsible for implementation of the North Carolina Olmstead Plan continued to define action steps for strategies of the new plan and reported on 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 second quarter of 2024, April 1 through June 30; and this report is the first under the 2024-2025 Olmstead Plan which came into effect in April 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 they report into a newly developed template at the conclusion of each quarter. Rebecca Boss and Megan Lee serve as the TAC consultants supporting the state in quarterly monitoring. TAC continues to work with the NCDHHS and Mathematica, the lead contractor for identifying baseline data and targeted outcome measures for the Plan.

In effort to achieve the vision of the Olmstead Plan, the State of North Carolina is working to strengthen the 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 into this process.

# Status of Strategies

Table 1. Plan Strategies/Action Steps Summary through December 2023

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| --- | --- | --- | --- | --- | --- |
| Total | Complete | In Process | Not Started | Needs Revision/ Clarification | No Longer Under Consideration |
| 45 | 1 | 26 | 2 | 16\* |  |

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. \* For this reporting period, this may reflect that strategies might move forward or are underway, 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 the NCDHHS will continue to refine and to modify strategies and action steps; TAC will track and monitor these through a consolidated, quarterly progress report. TAC will continue to work with the NCDHHS to determine what alterations or technical assistance may be necessary 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 first quarter of the new plan (Q2 of the CY). Prior examples of progress achieved from the previous plan can be found in the Quarterly Summary Reports previously released by the Department and posted on the NCDHHS Olmstead Plan site <https://www.ncdhhs.gov/about/administrative-offices/office-secretary/nc-olmstead>

 It is important to note that this is the first reporting period under the updated plan. A three-month window for the implementation of new strategies is a very short period, and progress on newly developed action steps will take time. In addition, the reporting process for progress changed to reflect new strategies and while developed to simplify the process, any new instrument involves a learning curve. Therefore, reporting for this first quarter may be limited. This is by no means an implication that the State is not actively implementing its Olmstead Plan, only that reporting may be hampered, and meaningful progress will require more than one quarter of activity. What follows are highlighted *examples* of progress achieved between April 1 and June 30, 2024.

### Examples of Strategies and Action Steps Completed or In Process Between April 1 and June 01, 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

Earlier in the calendar year, the Division of Health Benefits (DHB) received approval to add 350 slots to the Innovations waiver. In this quarter, DHB is supporting the Tailored Plans in onboarding individuals who were on the waitlist to their waiver slots, and monitoring utilization. In March of 2024, DHB added an additional 500 slots to the CAP/C waiver and the Division has begun the enrollment process for individuals with qualifying conditions.

***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) is expanding the System of Care grant to implement High Fidelity Wraparound to five additional counties and confirmed funding for SFY25 to expand even further, with the goal of reaching all 100 counties in North Carolina.

The Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMHDDSUS) reports that it has made progress toward completing a landscape analysis of residential care to identify existing barriers to serving youth in the community prior to and following residential treatment and identify innovative strategies to improve the service delivery and outcomes for residential treatment settings. These efforts support the strategy of reducing lengths of stay in Psychiatric Residential Treatment Facilities (PRTFs) as well as reducing recidivism. The Division also reports the release of a Request for Applications (RFA) to expand peer run respite programs to counties that do not currently have that service. It is expected that a new peer run respite program will open in Wake County by fall of 2024. In addition, DMHDDSUS recently sent out a survey to the LME/MCOs requesting feedback on peer services in each catchment area for a better understanding of each regions’ needs.

On May 7, DMHDDSUS announced a 1.35M investment to begin piloting trauma-informed mobile crisis and crisis co-responder models. These services involve deploying specialized teams consisting of counselors and peers to respond to individuals experiencing a behavioral health crisis and provide support. The focus on de-escalation will serve to reduce unnecessary emergency department visits and decrease incarceration of individuals experiencing crisis. In addition, the Division announced significant new investment for the expansion of crisis centers which will support five new community crisis centers for adults in Alamance, Forsyth, New Hanover, Pitt and Vance counties and three new community crisis centers for children in Gaston, Pitt and Vance counties. These centers provide short-term inpatient mental health stabilization and substance use detox for people in the community who otherwise would need to go to a hospital. The new investment will create an additional 60 beds for adults and 44 beds for children, increasing the state’s capacity for community crisis stabilization by 20%. The Department partnered with the Tailored Plans to select locations based on several criteria, including regional data on the number of individuals waiting for behavioral health care in emergency departments and the center’s proximity to other community behavioral health services that would help individuals successfully return home with wrap-around care and services. The new centers will join a network of 24 facility-based crisis centers in 22 other counties across the state. Additionally, DMHDDSUS is actively working on quality improvement in the Psychiatric Residential Treatment Facilities for youth, and completed four site visits this quarter and is working on data reporting improvements, adherence to best practice, and reductions in treatment denials.

Vaya was awarded the statewide Money Follows the Person (MFP) Transition Coordination contract on June 20, 2023. This contract provides statewide Transition Coordination services assisting eligible older adults, and adults with physical disabilities transition from qualified long-term care facilities into community-based living arrangements, and engagement in outreach and education efforts with potential MFP Participants, family members, individuals and organizations that connect to the transition process, and stakeholders throughout the state that support an individual’s transition to a home and community-based setting.. Transition coordination will officially launch in September.

The North Carolina Division of State Operated Healthcare Facilities (DSOHF) is working toward transitioning all individuals under a Memorandum Of Agreement (MOA) back to the community within a specified timeframe and made progress in several areas to actualize this goal: active staff workgroups to address barriers to discharge, development of tools to use in transition planning, and monthly transition coordinator meetings. Additionally, they have partnered with MFP to develop an educational series on Supported Decision Making for Legally Responsible Persons to promote choice in independent living. This quarter they offered 2 new staff trainings, uploaded a module onto the Learning Management System (LMS), and held office hours. In addition to the staff training series, they offered community training and an NC Start Clinical Training series.

The North Carolina Department of Social Services (DSS) set a five-year goal in July of 2023 to have more foster children be placed with kin and licensed kinship care placements. In April of 2024 there were 1,669 children in foster care in placements benefitting from the Unlicensed Kinship Care Program and 4,983 children in foster care in kinship (relative and nonrelative kin) placements. They have been successful in promoting the goal of keeping children with families through many efforts, including

* Releasing a Request for Proposal for a Family Search and Engagement training for child welfare workforce
* Releasing kinship related resources in the NC Blueprint
* Overseeing a kinship CQI plan and regularly reviewing data on goal progress status
* Completing kinship listening sessions to learn from kin with lived experience
* Enhancing the NC DHHS Kinship/Relative Care website
* Completing a Kinship Awareness Media Campaign

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

The North Carolina Department of Adult Services (DAS) has numerous efforts to combat isolation amongst the elderly population and promote connection to community-based resources. This quarter they released the Ageless Access Digital Navigator Toolkit as part of their virtual engagement series in partnership with senior centers and AAAs. Additionally, DAS expanded their reach through social media, releasing new resources on frauds and scams.

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. This quarter, they finalized a contract with a new provider, Rapid Resources, for Intensive Alternative Family Treatment (IAFT) which will promote community-based responses for young people who would otherwise be repeatedly institutionalized, and for Therapeutic Foster Care. DCFW has also expanded the 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.

DMHDDSUS, recognizing the importance of robust community-based crisis stabilization, has invested over $30 million in Behavioral Health Urgent Care (BHUC) facilities and Facility-Based Crisis Programs and is working on consistent messaging in statewide awareness campaigns.

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

The Division of Employment and Independence for People with Disabilities (EIPD) has initiatives in several areas to promote pre-employment transition services for youth with over 83 agreements with public schools to offer vocational rehabilitation services for students with disabilities as well as partnering with the North Carolina Department of Public Instruction (DPI) to promote vocational and transition services for students with disabilities. This quarter they met with 11 transition teams to provide information and resources about available services. EIPD released a grant in May for new pre- Employment Transition Services (pre-ETS) vendors. Through a partnership with Work Together NC and the Post-Secondary Education Alliance, EIPD received state general funds this legislative session to place a case manager in six community colleges to provide rehabilitation services for students with Intellectual/Developmental Disabilities (IDD).

EIPD engages in robust partnership with Work Together NC to provide other transition services for youth and young adults with IDD.

Project SPARK is a new competitive integrated employment program designed to help people who are

working in sheltered work programs shift into competitive integrated employment, gives people with

intellectual and developmental disabilities the support they need so that they can work at the kinds of

jobs they want and is providing services to 29 individuals, with ongoing incoming referrals.

In an effort to attract and maintain an adequate workforce of vocational rehabilitation counselors, EIPD has been working closely with Human Resources (HR) to streamline their onboarding process. In March, HR presented to the State Rehabilitation Council about their strategies to address this critical need as well as other essential personnel. Hiring blitzes and job fairs have been held and prospective candidates can apply, interview, and receive a contingency offer in the same day.

#### 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

The DMHDDSUS has awarded a two-year contract to Alliance of Disability Advocates (ADANC) to continue successfully transitioning individuals with I/DD from incarceration while also expanding the initiative to include people with Traumatic Brain Injury (TBI). Since execution, in this quarter, ADANC is meeting regularly with the University of North Carolina Technical Assistance Center (UNC TAC) to standardize I/DD & TBI re-entry program processes and documents and the DMHDDSUS is in the process of drafting a statement of work for the Housing and Transition supports service component.

EIPD continues their work in outreach and engagement with youth detention centers to offer Pre-ETS to adjudicated youth to support successful reentry to community through connection to employment and training opportunities.

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

#### This section was added into the 2024-2025 plan in response to stakeholder feedback that indicated workforce issues often influenced the success of the other Olmstead pillars. The NCDHHS has several initiatives underway to address the workforce crisis.

DMHDDSUS has made progress in the partnership with the Direct Support Professional (DSP) Workgroup and other agencies to adopt a definition of “direct care workforce” and “direct support professional.” DMHDDSUS, in partnership with the community college system is preparing for a Fall 2024 launch of competency-based curricula for direct support professionals, resulting in a certificate, which will be maintained in a Direct Support Professional Directory. DMHDDSUS is also working on a Career Resource Platform for peers to create clear pathways for peer credentialing and easily accessible training and educational resources.

In June, DHHS released a multi-year Direct Support Professional Workforce Plan which aims to address the critical shortage of DSPs. Implementation will begin on July 1. The comprehensive plan is part of the Inclusion Connects initiative which is dedicated to connecting people with I/DD to more choices and more access to services and supports. The initiative includes developing a robust, high quality DSP workforce through improved recruitment, retention, and training strategies. The workforce plan also addresses directives form the recent Consent Order stemming from the Samantha R. case. The DSP workforce plan focuses on several key initiatives during the first year of implementation:

* Awareness and Recruitment Campaign: Targeting high school and community college students as well as people who are unemployed or underemployed to educate and motivate them about careers in human services. The campaign will launch in September 2024.
* Community College Pilot Program: A partnership with selected community colleges to develop and implement a DSP-specific curriculum and certificate program, including a scholarship component covering tuition and fees for participants.
* Provider Recruitment and Retention Grants: These grants will support provider agencies in enhancing their support structures to attract and retain DSPs.

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## Challenges for Plan Implementation

**Addressing the Ongoing Workforce Crisis**

The workforce crisis continues to be a challenge impacting all areas of the Olmstead Plan. It was a common issue reported in stakeholder feedback on the draft 2024-2025 plan. The NCDHHS has taken steps to address this issue, and has reprioritized the issue, adding it back into the revised plan. The NCDHHS has advanced several efforts to address the frontline workforce crisis. Led by the NC Council on Developmental Disabilities (NCCDD), there is significant work to address worker compensation. Additionally, through a NCDHHS grant to the Area Health Education Centers (AHEC), AHEC developed recommendations related to Direct Support Professional credentialing and certification.[[1]](#footnote-1) Additionally, the Coalition on Aging has funded PHI to assist in developing competencies against which the frontline workforce should be trained. The Direct Support Professional Work Group has advocated for pay increases in the NC General Assembly; an effort 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 OPSA committee identified work that is ongoing which supports the strategies along with new planned new activity. It is expected that adjustment to the new plan and reporting processes could give the appearance of progress being hampered, but by no means reflects the actual, ongoing efforts at the state level to implement its Olmstead plan.

# 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. The Technical Assistance Collaborative, the Department, and Mathematica will work to ensure that all measures and action steps continue to be relevant for reporting and adjust 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 due on September 30, 2024. The Technical Assistance Collaborative will prepare the next Summary Report to be released in October 2024.

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