



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

North Carolina Olmstead Plan Implementation

Summary Report from January 1 through March 31, 2025

June 1, 2025

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Background and Introduction

In the first quarter of the 2025 calendar year (Q1), 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](#). From January 1 through March 31, 2025, entities responsible for implementation of the North Carolina Olmstead Plan reported on progress with strategies in the Plan's six priority areas and on related implementation activities. These inputs provide the foundation for measuring overall progress toward Plan implementation.

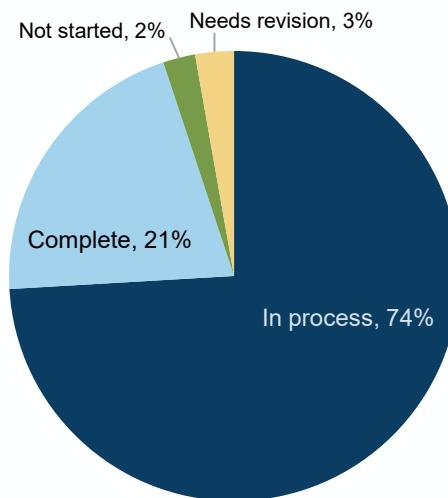
This quarterly report marks a significant departure in our presentation of progress, and these changes will carry forward to future reports. Henceforth, each quarterly report will emphasize progress made in two of the Plan's priority areas or areas of interest. The Quarter 1 report will highlight progress in employment (Priority Area 4) and workforce (Priority Area 6). Progress made in the other priority areas will continue to be provided by reporting entities and presented in [Appendix A](#).



Status of Strategies

Overall progress toward Olmstead Plan implementation is captured in [Figure 1](#), which shows that the State has completed or continues to make progress in the vast majority of strategies identified in the Plan.

Figure 1: Progress on NC Olmstead Plan Strategies



Complete: The strategy and all identified action steps were accomplished either before or during 2025 Quarter 1.

In Process: Staff were actively engaged in the strategy during Quarter 1; at least one action step had been taken.

Not Started: Work related to the strategy or action steps was not underway as of the end of the reporting period.

Needs Revision/Clarification: The strategy might move forward with modification.

Progress Highlights in Priority Area 4:

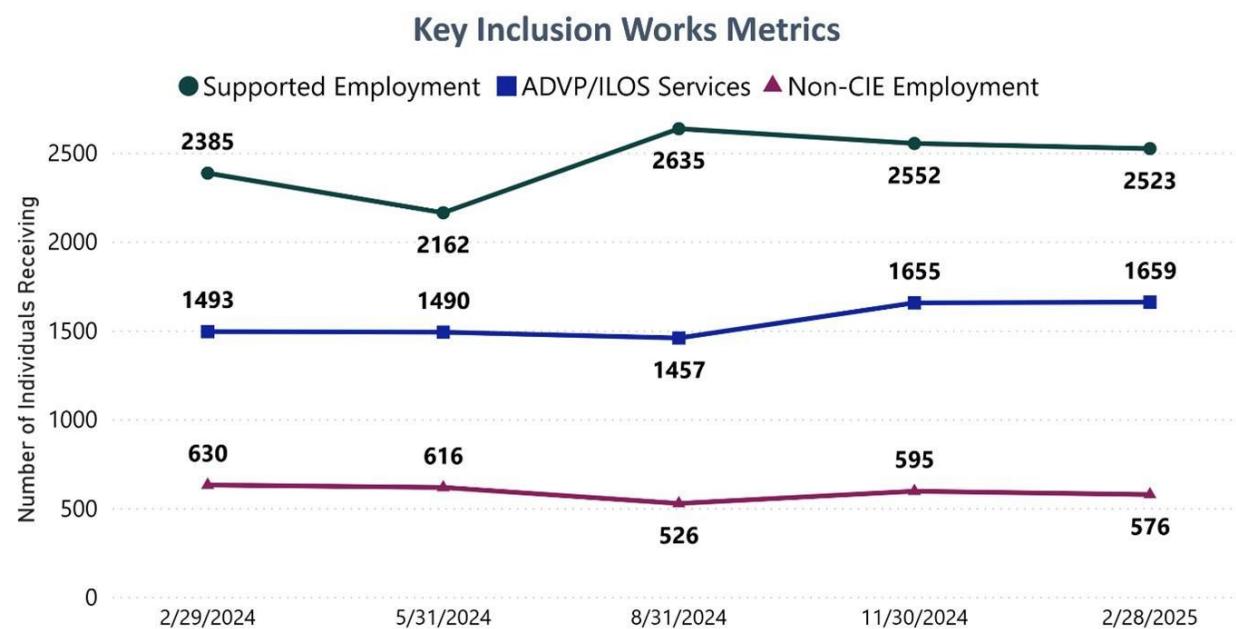
Increase opportunities for pre-employment transition services for youth with disabilities, and competitive integrated employment for adults with disabilities

North Carolina recognizes that to be fully integrated in community living, people with disabilities need to have access to competitive job opportunities that are not segregated. This means they should be able to get the same opportunities and benefits, in the same work settings, as people without disabilities. The promotion of employment opportunities for individuals with disabilities

continues to be a high priority for North Carolina as it implements several programs that provide competitive, integrated employment (CIE) opportunities. CIE can improve an individual's self-esteem, promote social interaction and financial stability, and help them gain a greater sense of independence.

With the launch of the Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS) "Inclusion Works" website, users can access data that shows the state's progress on providing employment opportunities. In [Figure 2](#), data from February 2025 shows increases from the same period one year earlier in individuals receiving Supported Employment and participating in Adult Developmental Vocational Programs; and a decrease in individuals in jobs that do not meet CIE criteria (Non-CIE).

Figure 1: Key Metrics on the Inclusion Works Program



In addition, Inclusion Works is well underway in conducting site visits and completing employment assessments across North Carolina. The team began traveling to provider locations in January to conduct onsite assessments of individuals who have completed consent forms. Each assessment is quick, taking approximately 30 minutes per member, with minimal disruption. Employment assessments are a critical part of the Inclusion Works program, and every individual with intellectual and developmental disabilities (I/DD) should have the opportunity to participate in this process. Informational resources are available on the Inclusion Works website.

The Division of Employment and Independence for People with Disabilities (EIPD) has initiatives in several areas to promote pre-employment transition services (pre-ETS) for youth. Efforts to expand this program — which helps young people overcome disability-related barriers and prepare for life after high school by delivering vocational rehabilitation services in partnership

with local schools and community service providers — are proving successful. February 2024 to February 2025, the number of youths enrolled in pre-ETS increased by over 2,800 students. In the same period, EIPD demonstrated success in supporting more individuals to exit Vocational Rehabilitation (VR) services, to be placed in CIE, and to be placed in CIE with medical benefits, as shown in [Figure 3](#).



Project Spark helps people with I/DD move from jobs that pay less than minimum wage into a community job, where they work alongside and earn the same as their non-disabled peers. Project Spark gives people with I/DD the services and supports they need so they can work at the kinds of jobs they want. This program was created by EIPD and is paid for by a [\\$13.8 million grant from the U.S. Department of Education](#). The following personal stories describe the opportunity offered through Project Spark.

Spark Success Story

Katlyn J Chatham Trades

Through guidance from Spark, Katlyn was able to explore her interests and build her confidence to land her dream role of working with kids at the Boys and Girls Club.



Katlyn received help from her Career Navigator, Employment Specialist, Benefits Counselor, and Peer Mentor, and learned skills to build independence and succeed at work. Katlyn explored different jobs through job-shadowing and sampling. She tried working at a wildlife rescue, a day care, and clothing stores. While she enjoyed each, she discovered she loved working with school-age children the most. Katlyn now works at the Boys and Girls Club. She recently saved her first paycheck and is excited about planning for her future. Katlyn is an inspiration to the Spark team with her hard work and positive attitude.

Spark Success Story

Zaria Harison TCI Works

Zaria found her perfect job working with kids, highlighting how Spark helps people succeed in their community.

“Spark was a good thing that helped me get a job,” she says.



Zaria Harrison is thriving in her job at Word Tabernacle, where she works with kids. Her favorite part is dismissing the kids at the end of the day and seeing their smiles. With help from Spark, Zaria found the perfect fit. Miss Shannon, her Spark Employment Specialist, explored job options with her. Her mom proudly shared that Zaria recently said how much she enjoys her work. Zaria's story shows how Spark helps people find jobs they love and succeed in their community.

EIPD has completed its strategy to work with the Department of Public Instruction (DPI) and promote the inclusion of employment in every Individualized Education Plan. With agreements in 92 North Carolina School districts to offer direct VR services for students with disabilities, EIPD continues to engage with DPI on transition planning.

Access to employment services is dependent on an adequately trained and resourced EIPD. EIPD has been working closely with Human Resources to attract and maintain VR counselors. Data in the month of December reflected a decrease in turnover rates within the Division.

To strengthen state government efforts to recruit and hire qualified employees with disabilities, EIPD partnered with the Office of State Human Resources to create internship opportunities for EIPD clients in state government. Employment First (E1) internships are paid work experiences designed to help VR clients achieve their goals for competitive integrated employment. E1 interns gain valuable on-the-job experience and in-demand skills to build their resumes, while expanding their professional network within state government. State agencies gain access to talented, motivated employees with disabilities who are eager to explore employment in public service. E1 interns work up to 28 hours per week for up to four months, depending on the needs of the business. E1 interns are provided with reasonable accommodations to carry out the duties of the position and are paid at an hourly rate commensurate with entry-level wages for the position. EIPD pays 100% of intern wages and taxes and is responsible for most payroll functions. Approximately 71% of these employees keep their positions upon completion of the internship.

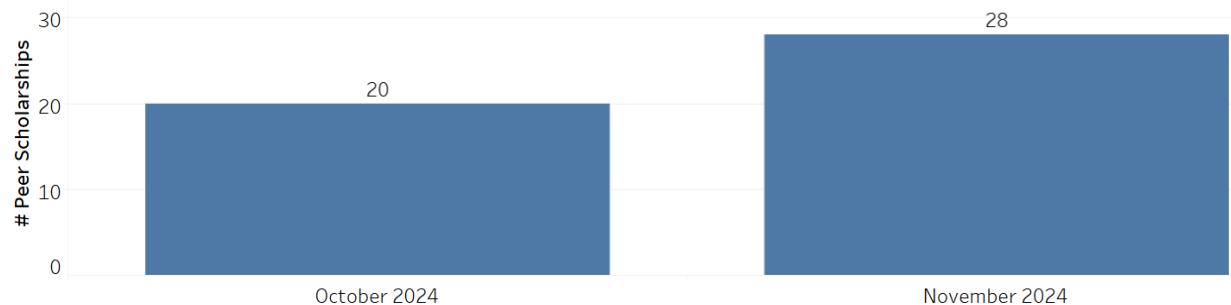
Approximately 71% of Employment First interns — who are provided with reasonable accommodations and paid a standard entry-level hourly wage — keep their positions in North Carolina state government beyond the internship.”

Progress Highlights in Priority Area 6: Promote workforce development, recruitment, and retention

Workforce challenges span all sectors of the *Olmstead* population, with far-reaching impacts; without an adequate community-based workforce, the strategies in other priority areas cannot be actualized. In addition to simply filling positions, the competence, stability, and satisfaction of direct care workers — including direct support professionals (DSPs) — can have a significant impact on quality of life for individuals with disabilities. Building a strong and inclusive workforce is one of the five goals outlined in the [NCDHHS 2024–2026 Strategic Plan](#). In alignment, DMH/DD/SUS identified a goal to “build a well-trained and well-utilized peer workforce whose work leverages lived experience.” Broadly, workforce strategies must focus on recruiting individuals for all levels of service delivery and — of equal importance — on retaining them.

“Build the Workforce” is one of seven goals identified in the recently released DMH/DD/SUS strategic plan. Consistent with the Inclusion Works website, the strategic plan dashboard published in January provides transparent access to information on progress toward those goals. Figure 4, below, documents progress in providing training opportunities for peer support specialists in a one-month period, while Figure 5 shows a year-over-year increase in the number of certified peer support specialists employed in that role.

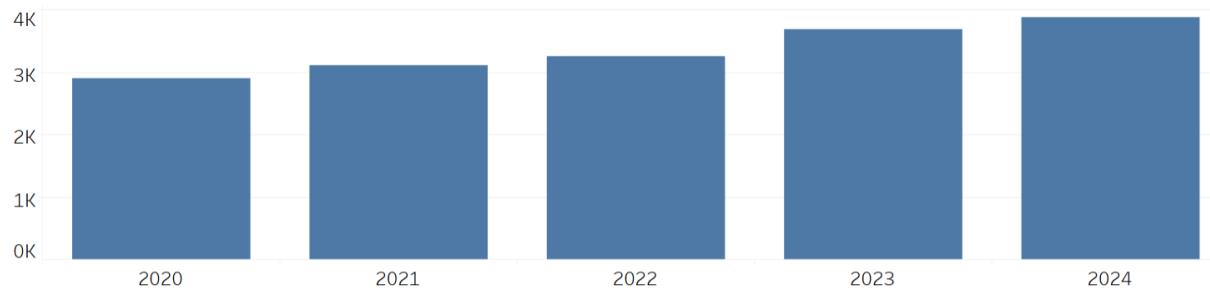
Figure 4: Number of Scholarships Given by DMH/DD/SUS for Peer Support Specialist Training Programs



Why this matters: Developing a standardized curriculum of training and providing scholarships will help more peers become Certified Peer Support Specialists.

Target: Increase

Figure 2: Number of Certified Peer Support Specialists (CPSSs) Employed as Peer Support Specialists in North Carolina's Public System



Why this matters: Certified Peer Support Specialists have valuable expertise and provide much needed recovery supports to others with mental health or substance use issues. More actively employed CPSSs in the public system means their unique expertise can strengthen the workforce and improve outcomes for consumers.

Target: Increase

Beyond charts and graphs, the success of efforts to increase the number and impact of Peer Support Specialists can be seen in Kimberly's story below.



Kimberly Hernandez is an individual with I/DD who *transitioned from a subminimum wage position and is now working to transform CIE services through Project Spark!* She is employed as a peer support specialist for individuals with developmental disabilities and is also enrolled as a student in the Integrated Community Studies program at UNC Greensboro, where she lives on campus. Kimberly has been a featured guest for several organizations and is well on her way to becoming a spokesperson for disability services in North Carolina.

In February, as part of its [Direct Support Professional Workforce Plan](#), NCDHHS announced \$3 million in funding to recruit and retain DSPs. As part of the investment, NCDHHS awarded grants to more than 140 provider agencies and employers of record to help them recruit, support, train, and retain DSPs. The grants are being distributed in 2025 and will directly improve the working lives of DSPs through programs such as hiring and retention bonuses, on-the-job training, and child care assistance. In addition to the provider grants, NCDHHS is piloting five programs with providers that are exceptionally innovative and show great promise for improving the DSP workforce. These pilot programs will provide data, feedback, and insights to optimize future planning to continue to recruit and retain DSPs across the state. Two DSP mentoring programs are also launching this year, with one focusing on peer-to-peer mentoring and the other on leadership-to-DSP mentoring.

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 DSP and peer support specialist workforce. In the first quarter of 2025, the Division has focused on maximizing Medicaid benefits through the 1115 waiver to provide funding that would support as many DSPs as possible.



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 toward creating inclusive communities.

Appendix A: Progress in Additional Priority Areas

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

The Department of Health Benefits (DHB) monitors the implementation of the 1915(i) waiver through encounter data and meets monthly with the Tailored Plans to assess 1915(i) services. DHB identified that overcoming challenges in implementation requires updates to Tailored Plan contracts to ease access and standardize services.

The DHB distributed an additional 350 waiver slots to the Tailored Plans, 85% of which have been filled. Challenges in making contact with individuals and resulting delays in eligibility determinations account for the 15% unfilled slots.

In March 2024, the Division of Health Benefits (DHB) increased access to home and community-based services (HCBS) for children by adding 500 slots to the CAP/C waiver. Last quarter, DHB reported that it established a monitoring process to ensure access to slots. This strategy is now complete. In this quarter, DHB reports that requests for CAP/C enrollment are processed from all referrals received that include behavioral health or cognitive limitations. Decisions on eligibility and enrollment are based on information retrieved from clinical information and findings during the in-person assessments.

Priority Area 2: Strengthen opportunities to divert and transition individuals from unnecessary institutionalization and settings that separate them from the community

DHB is responsible for reporting on progress in Money Follows the Person (MFP), supporting individuals transitioning from institutions to the community. MFP is providing in-reach once per quarter for all skilled nursing facilities, hosting weekly meetings with the NC LIFTSS vendor to

address barriers to MDS-Q referrals. MFP is also working biweekly with the vendor responsible for transitioning people with physical disabilities to provide the necessary training and assistance to ensure a smooth start. In February, MFP hosted a training to introduce the new ombudspersons to MFP.

The Department of Child and Family Well-Being (DCFW) updates the Child Behavioral Health Dashboard to understand psychiatric residential treatment facility (PRTF) utilization and assess strategies to reduce admissions. In this quarter, DCFW reported that measures to be analyzed and reported on were finalized and discussions were held about which dashboard to utilize.

DCFW has also been working to expand High-Fidelity Wraparound (HFW) into more counties and has previously reported progress in this action. This quarter, DCFW reported working on a plan to distribute additional funding for expansion beyond the current 80% of counties with state-funded HFW.

DMH/DD/SUS completed a landscape assessment in September 2024 to identify barriers to serving youth in the community and identify potential solutions or actions to address those barriers. DMH/DD/SUS plans to develop specialty residential treatment for youth with complex needs, and design and implement a quality assurance and performance improvement (QAPI) model for PRTFs. In this quarter, DMH/DD/SUS continues to collaborate with the Division of Health Service Regulation and community stakeholders as they are developing next projects.

DMH/DD/SUS also reported plans for opening three new peer respite facilities to serve additional regions of the state.

The Division of State-Operated Health Facilities (DSOHF) is working to ensure that people admitted to their facilities prior to 2012 have the information they need to make a decision about living in the community. This process involves the development, disbursement, and analysis of an accessible survey. During this quarter, DSOHF continued collaborating with the vendor on survey development, recruited for an advisory council, and prepared for initial feedback on the survey results.

DSOHF has been partnering with MFP to develop information and training on “Informed Choice for Legally Responsible Persons (LRPs)” to promote increased choice in State Developmental Centers (SDCs). This quarter, CARES provided training sessions to SDCs on “Dignity of Risk” and “Sexual Health and Relationships.” These trainings are designed for the Social Work departments but are made available to a wide range of employees. CARES has provided corresponding Office Hours session on these two topics, allowing for the practical application of the content. CARES also provides a training session on each topic made available to any LRPs of residents at the SDCs who may be interested in joining. A community training series is being developed for community providers, to begin in July 2025.

The Division of Social Services (DSS) has been promoting Kinship Care to attract additional resources for families, thereby preventing more children with disabilities from unnecessary placement in congregate care settings. As of February 2025, there were 1,738 children in

kinship homes who received the payments. 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 1/2/25, county child welfare agencies can utilize a new curriculum for prospective licensed kinship families called the National Training Development Curriculum (NTDC). While the prospective family foster and therapeutic foster families will be required to complete 30 pre-service training hours, the pre-service training requirement for those related by birth, marriage, or adoption has been reduced to 15 hours.

Here are the goal percentages updates:

- **Feb 2025:** 31% of children in foster care are placed with kin, an increase from 25.57% in February 2022.
- **SFY 23–24:** 41.31% of children in foster care are initially placed with kin — an increase from 32.11% in SFY 18–19.
- **Feb 2025:** 2.77% of children in foster care are placed with licensed kin, an increase from 1.74% in February 2022.
- **Feb 2025:** 16.87% of kinship foster care placements are licensed, an increase from 6.81% in February 2022.
- **Feb 2025:** 5.65% of children in foster care are placed in non-treatment group settings, a decrease from 6.06% in February 2022.

Priority Area 3: Address gaps in community-based services

To promote digital equity to counter social isolation in older adults, the Division of Aging planned three presentations this quarter with the Ann Johnson Institute for Senior Center Management. To develop new social resources, Digital Navigators engaged in continued trainings and monthly meetings.

DHB has a large role in community-based services. The Healthy Opportunities Pilot has been leveraged under the Olmstead Plan to bring food and transportation services to more parts of North Carolina. Progress was not reported this quarter. DHB oversees the work of the Tailored Plans to ensure Network Adequacy and this quarter, gaps were noted in meeting Network Adequacy Standards.

DCFW focuses on filling gaps in community-based care for children, youth, and families through the expansion of Intensive Alternative Family Treatment (IAFT) and Therapeutic Foster Care (TFC) providers. Since contract implementation, 13 new treatment parent specialists for high-need populations have been approved, serving 11 new children; 1 new IAFT agency has been approved with eight new homes; and 10 IAFT/TFC homes have been reengaged. As outlined in

Priority Area 2, DCFW has expanded HFW in more counties; this is important for not only diversion and transition but also for keeping children in the community by bolstering access to community-based care. DCFW has also allocated \$5 million to the Tailored Plans for home- and facility-based respite services.

To improve access to services, DMH/DD/SUS has a focus on building awareness of specialty providers' resources across many other disciplines. To this end, in Quarter 1, DMH/DD/SUS updated several websites on crisis services; services related to mental health, I/DD, substance use, and traumatic brain injury; and other services. DMH/DD/SUS continues to host community engagement activities such as monthly Side-by-Sides, Fireside Chats, and webinars, and has released and promoted materials on the 1915i program. DMH/DD/SUS will also connect with the broad community through the Inclusion Connects Advisory Committee and its associated subgroups, which launches in April.

DMH/DD/SUS is continuing to work to expand the children's mobile crisis teams, MORES, into five additional counties and is strengthening the adult crisis response system through community engagement via frequent town halls, the opening of three Behavioral Health Urgent Care facilities, and the launching of a mobile crisis dispatch pilot.

To strengthen the Transitions to Community Living pilots, DMH/DD/SUS is on track to provide the 15 required trainings by the end of the fiscal year and continues to fund three community inclusion providers. Measures continue to be reported on the TCL dashboard and have shown small increases in the provision of core community mental health services (Assertive Community Treatment, Community Support Teams, transition management services, peer support specialists) in recent quarters.

The Division of Social Services funds and implements Sobriety, Treatment, and Recovery Teams (START), and is expanding the model and training to more counties in North Carolina. Two additional counties started implementation of START teams, but further expansion is halted due to recent federal funding changes.

Priority Area 4:

Increase opportunities for pre-employment transition services for youth with disabilities, and competitive integrated employment for adults with disabilities

This Priority Area is featured under "Status of Strategies" in the main body of this report.

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

Pre-employment transition services (pre-ETS) for youth help young people overcome disability-related barriers and prepare for life after high school by delivering vocational rehabilitation services in partnership with local schools and community service providers. EIPD delivers pre-ETS services to adjudicated youth in Youth Detention Centers (YDCs), and is planning a professional development module (to be delivered regionally) which will include the topic of serving justice-involved youth. EIPD identifies challenges in delivering this service and states the need to reopen contacts with YDCs to explore access barriers and re-market programs.

DMH/DD/SUS provides mental health services in YDCs and is making progress in building relationships with these facilities for service delivery. The memorandum of agreement (MOA) with the Division of Juvenile Justice and Delinquency Prevention (DJJDP) has been circulated for signatures. Upon execution of the MOA, DJJDP will begin consulting with [CM3](#) for TA to introduce credible messengers into DJJDP facilities. Program staff have received a scope of work to assess the Juvenile Justice Behavioral Health (JJBH) teams and evidence-based practices and services in community- and detention-based settings. The team has confirmed that funding can pass through Trillium Health Resources. The allocation letter is being drafted for review.

To support incarcerated individuals with opioid use disorder (OUD), DMH/DD/SUS is expanding use of medication for OUD (MOUD) in jails and prisons for both medication induction and continuation. Forty-four North Carolina jails have partnered with opioid treatment providers to allow the continuation of methadone for inmates in 2025. DMH/DD/SUS reports that challenges arise in standardization due to varying funding, staffing patterns, and levels of staff buy-in.

DMH/DD/SUS is also working to expand community-based services to justice-involved individuals. Twenty-five individuals with I/DD were released from prison and referred for support during the last quarter of 2024. To continue and expand this work, initial discussions have occurred regarding the re-entry program and the future 1115 waiver.

Priority Area 6: Promote workforce development, recruitment, and retention

This Priority Area is featured under "[Status of Strategies](#)" in this report.



Appendix B: Glossary of Key Terms

1915(i) State Plan Option — Allows the state to provide Medicaid coverage for certain home and community-based services (HCBS) to people with disabilities who do not meet the criteria for an institutional level of care and who have incomes lower than 150% of the federal poverty level.

CAP/C Waiver — A 1915(c) Home and Community-Based Services waiver that provides Medicaid services for medically fragile children under 21 who are at risk of institutional care. By providing in-home nursing care, case management, and other supports, CAP/C can help these children stay at home with their families.

CAP/DA Waiver — A 1915(c) Home and Community-Based Services waiver that provides a cost-effective alternative to institutionalization for a Medicaid beneficiary who is medically fragile and at risk for institutionalization if these Home and Community-Based services were not available. The services allow the beneficiary to remain in or return to a home- and community-based setting.

Assistive Technology — Comprises both devices and services: Assistive technology as a device can be any item or piece of equipment that helps a person with a disability to increase, maintain, or improve their ability to function. Assistive technology as a device can range from “low-tech” devices, such as a cane or wheelchair, to “high-tech” devices, such as a software program on a computer, or screen readers. Note: Medical devices that are surgically implanted are not considered assistive technology. Assistive technology as a service can involve any combination of the following:

- Evaluating an individual’s needs
- Acquiring assistive technology devices (e.g., purchasing, leasing, or loaner programs)
- Selecting, fitting, or repairing a device
- Training an individual with a disability, or their caregivers, on how to use assistive technology

Behavioral Health I/DD Tailored Plans — An integrated health plan designed for individuals with significant behavioral health needs and intellectual and other developmental disabilities (I/DDs). The Behavioral Health I/DD Tailored Plan also serves other special populations, including Innovations and Traumatic Brain Injury (TBI) waiver enrollees and waitlist members, and are responsible for managing the state’s non-Medicaid behavioral health, developmental disabilities, and TBI services for uninsured and underinsured North Carolinians.

Competitive Integrated Employment — As defined by the Rehabilitation Act, work that is performed on a full-time or part-time basis for which an individual is: (a) compensated at or above minimum wage and comparable to the customary rate paid by the employer to employees without disabilities performing similar duties and with similar training and experience; (b) receiving the same level of benefits provided to other employees without disabilities in similar positions; (c) at a location where the employee interacts with other individuals without disabilities; and (d) presented opportunities for advancement similar to other employees without disabilities in similar positions.

Direct Support Professional — Staff who work one-on-one with individuals with disabilities with the aim of assisting them to become integrated into the community or the least restrictive environment. North Carolina's Rule 10A NCAC 27G .0104, Staff Definitions, includes this definition of Direct Support Professional: "Direct Support Professional" means an individual who has a GED or high school diploma hired to provide intellectual disability, developmental disability, or traumatic brain injury services.

Healthy Opportunities — An NCDHHS initiative designed to test and evaluate the impact of providing select, evidence-based, non-medical interventions related to housing, food, transportation, and interpersonal safety to high-needs Medicaid enrollees.

High Fidelity Wraparound — An evidence-informed and standardized supportive care coordination service for youth (3-20 years old) with serious emotional disturbance, including those with a co-occurring substance use disorder or intellectual and other developmental disability. "In Lieu Of" service definitions have been developed to promote the use of High Fidelity Wraparound services across the state. "In Lieu Of" services are alternative mental health, substance use disorder, or intellectual and other developmental disability services that are not included in the state Medicaid plan or managed care contract but that are clinically appropriate, cost-effective alternatives to State Plan services. These services are not required and are provided at the discretion of Local Management Entities/Managed Care Organizations.

Home and Community-Based Services — Health and human services that address the needs of people with functional limitations who need assistance with everyday activities, like getting dressed or bathing. Home and Community-Based Services are often designed to enable people to stay in their homes, rather than moving to a facility for care. Medicaid funds Home and Community-Based Services through its waivers as well as through the 1915(i) State Plan amendment.

Innovations Waiver — A 1915(c) Home and Community-Based Services waiver that supports children and adults with intellectual and other developmental disabilities who meet Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) level of care criteria or are a risk of being placed in an ICF/IID, to live in the community.

Money Follows the Person (MFP) — A program that helps Medicaid-eligible North Carolinians who live in inpatient facilities to move into their own homes and communities with the appropriate supports. North Carolina was awarded its initial MFP grant from the Centers for

Medicare and Medicaid Services in May 2007 and began supporting individuals to transition to community living in 2009.

Transitions to Community Living (TCL) — A settlement agreement entered into by North Carolina with the United States Department of Justice in 2012. The purpose of this Olmstead-based agreement was to make sure that eligible adults with serious mental illness can live in their communities in the least restrictive settings of their choice. The NCDHHS has developed in-reach, transition, diversion, and community-based services to support those who are in the TCL target population to remain in the community or transition from facilities to the community.

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