NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

North Carolina

Olmstead Plan 2026–2031

Draft for Public Comment - August 2026

Table of Contents

Introduction

The *Olmstead* case was brought in 1995 by the Atlanta Legal Aid Society on behalf of Lois Curtis and Elaine Wilson, women with intellectual disabilities and mental illnesses who were patients in a state psychiatric hospital. The state hospital's treating professionals determined that Lois's and Elaine's needs could be served effectively in community programs, but they remained at the hospital because the State was "already using all available funds to provide services to other persons with disabilities."

On June 22, 1999, the Supreme Court issued its landmark decision, *Olmstead v. L.C.,* which held that "[u]njustified isolation" of qualified individuals with a disability may be regarded as "discrimination based on disability" under the Americans with Disabilities Act. Justice Ginsburg's opinion noted that persons with mental disabilities should be served in community settings when "the state's treatment professionals have determined that community placement is appropriate, the transfer from institutional care to a less restrictive setting is not opposed by the affected individual, and the placement can be reasonably accommodated, taking into account the resources available to the State and the needs of others with mental disabilities."

North Carolina's Olmstead Plan seeks to give people with disabilities the opportunity to live, work, and enjoy life in the most integrated setting possible. North Carolina's Olmstead Plan describes the state's vision for improving the health and well-being of individuals with disabilities and their families. The Olmstead Plan is not intended to duplicate existing work, to replace strategic plans and other efforts already underway by individual DHHS divisions, or to capture all Olmstead-related efforts by DHHS.

Olmstead in North Carolina: Vision and Foundational Principles

Vision

We continue to follow the vision statement adopted by the Olmstead Plan Stakeholder Advisory Group (OPSA) at its very first meeting in 2020:

North Carolina champions the right of all people with disabilities to live life fully included in the community.

Foundational Principles

To achieve this vision, we have adopted the following foundational principles for our work.

People with disabilities…

- …can make their own choices and get support that respects them.
- …are part of the community — living, working, and doing things they enjoy.
- …get the right help at the right time and are treated fairly.
- ...live in places that are easy to get around, affordable, and welcoming.

Systems that help people with disabilities…

- …work together and are easy to use at all stages of life.
- …are fair, responsible, and support families and caregivers.

Olmstead Plan Stakeholder Advisory Group

The OPSA is diverse group of stakeholders from the disability community, including individuals with lived experience and their families; service providers; managers of provider networks (e.g., LME/MCOs); professional associations; policymaking leaders within the NCDHHS; and state legislators. Since its beginning, the NCDHHS has succeeded in ensuring that people with lived experience and family members comprised 50% of the OPSA's stakeholder membership. The OPSA first met on July 8, 2020, and continues to meet on a quarterly basis to review Olmstead Plan activities and progress. As we present this updated Olmstead Plan, we want to share our appreciation for the support and continued partnership of the OPSA.

Governance

The Olmstead Key Initiatives Governance Structure was established to provide a clear path to evaluate progress and manage decisions, risks, and issues for Olmstead initiatives, which include:

- The Olmstead Plan
- Transitions to Community Living (TCL)
- Inclusion Connects (IC)
- Inclusion Works (IW)
- Psychiatric Residential Treatment Facilities (PRTFs)
- Justice Involved

Standardized roles are established for each initiative, people are assigned to those roles, and clear responsibilities are set.

The Olmstead Steering Committee receives regular, monthly status updates on each initiative including updates on key projects and measures; supports the resolution of cross-divisional and key risks/issues; provides guidance; makes key decisions on items escalated from the Initiative Leadership Team; provides direction on cross-Olmstead communications; and resolves issues as needed between divisions.

Responsible Department of Health and Human Services Agencies

The North Carolina Department of Health and Human Services (NCDHHS) works to foster the delivery of health and human-related services for all North Carolinians, especially the most vulnerable people – children, elderly or disabled adults, and low-income families. NCDHHS acts as the umbrella organization for many of the divisions responsible for Olmstead implementation. Key priorities of NCDHHS are identified in its Strategic Plan and the Strategic Housing Plan.

The Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS) oversees and regulates North Carolina's public system for providing prevention, treatment, services, and supports to individuals with mental health needs, substance use disorders (SUDs), intellectual/developmental disabilities (I/DD), and traumatic brain injury (TBI). DMH/DD/SUS provides training and technical assistance to providers; funds initiatives and programs directly; and oversees Tailored Plan contracts with Local Management Entities – Managed Care Organizations (LME/MCOs). Key priorities of DMH/DD/SUS are identified in its Strategic Plan, Inclusion Works Plan, and Inclusion Connects Plan.

The Division of Health Benefits (NC Medicaid) provides access to health care for more than three million North Carolinians. It operates the Community Alternatives Program for Children (CAP/C) and Community Alternatives Program for Disabled Adults (CAP/DA) waivers, implements the Money Follows the Person (MFP) program, sets rates for many services and wages, and contracts with LME/MCOs and the statewide Children and Families Specialty Plan (CFSP) including monitoring for network adequacy.
Key priorities can be found in the Medicaid Managed Care Quality Strategy.

The Division of Aging (DA) works to promote the independence and enhance the dignity of North Carolina's older adults, people with disabilities, and their families through a community-based system of opportunities, services, benefits, and protections. DA operates the Targeting Program (providing rental assistance); funds programs; and monitors and assesses aging services and programs. Key priorities are identified in the All Ages, All Stages NC Plan and the AdvaNCing Equity in Aging Plan, as well as the Dementia Capable North Carolina Plan.

The Division of Child and Family Well-Being (DCFW) works to promote healthy and thriving children in safe, stable, and nurturing families, schools, and communities. It funds, oversees, and provides training on whole-child health, including evidence-based interventions for children and families such as High-Fidelity Wraparound, Intensive Alternative Family Treatment (IAFT), and family respite programs. Key priorities are identified in

Transforming Child Welfare and Family Well-Being Together: A Coordinated Action Plan for Better Outcomes.

The Division of State Operated Healthcare Facilities (DSOHF) oversees and manages state-operated health care facilities that treat adults and children with mental illness, developmental disabilities, SUDs, and neuro-medical needs. This division is responsible for ensuring that individuals receive care in the least restrictive setting that meets their needs, and for supporting transitions to the community when appropriate. DSOHF ensures that people are only admitted to state institutional facilities if they require that level of care, and that such patients receive quality services so that they may be reintegrated into the community. Key priorities: DSOHF is in the process of developing its strategic plan.

The Division of Social Services (DSS) provides oversight and support to the 100 local social service agencies that deliver services and benefits to North Carolina's families. DSS guides policy development, funds evidence-based programming such as the START program, oversees licensure for kinship care, and provides support and training to county-based DSS offices. Counties provide social work services for children and adults, which include protective services, foster care, guardianship, and disability services. Key priorities are identified in Transforming Child Welfare and Family Well-Being Together: A Coordinated Action Plan for Better Outcomes.

The Division of Employment and Independence for People with Disabilities (EIPD) helps people overcome disability-related barriers and achieve their goals for competitive employment and more independent living in their community. As a provider of employment/vocational rehabilitation services, and a provider of assistive technology, EIPD directly influences access to competitive, integrated employment and community integration for people with disabilities. EIPD also funds employment programs such as Project Spark. The division's key priorities are identified in the Inclusion Works Plan and the WIOA Unified State Plan.

North Carolina Olmstead Plan Successes

In December of 2021, NCDHHS developed its first Olmstead Plan to guide the Department's work to support individuals with disabilities to live in the most integrated settings appropriate to their needs and in line with their choices. The plan was updated in 2024–2025 with the following priority areas and successes:

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. North Carolina has four Medicaid waivers that provide federal matching funds for HCBS: (1) the Innovations waiver for individuals with I/ DD; (2) the TBI pilot waiver; (3) for children who are medically fragile or medically com-plex, the CAP/C waiver; and (4) for adults 18 and older who are medically fragile and at risk for institutionalization, the CAP/DA waiver. Medicaid 1915(i) State Plan services are available to people with Medicaid who have I/DD, TBI, mental health needs, or SUDs.

Some of highlights of the work done by the Department on Priority Area 1 are:

- The Division of Health Benefits (DHB) added 500 additional CAP/C waiver slots.
- DHB added an additional 350 Innovations waiver slots to the Tailored Plans for distribution.
- DHB fully implemented 1915(i) services and 2,000 new people with I/DD began receiving 1915(i) services in 2025.

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

Diversion efforts can provide individuals with disabilities with the supports they need to remain at home if that is their choice, alleviating reliance on institutional or congregate living. Many individuals with disabilities want to remain in their homes, but they or their families lack the resources or assistance for them to do so safely.

Transition services and supports can assist people to integrate into the community after leaving institutions or other congregate settings that have hindered community inclusion. Individuals with disabilities who no longer require institutional care can remain for too long in such settings if they — and any person who is legally responsible for them — do not have information about and access to the resources to cover transition costs, such as first month's rent or move-in expenses, and the ongoing tenancy supports to successfully maintain their housing.

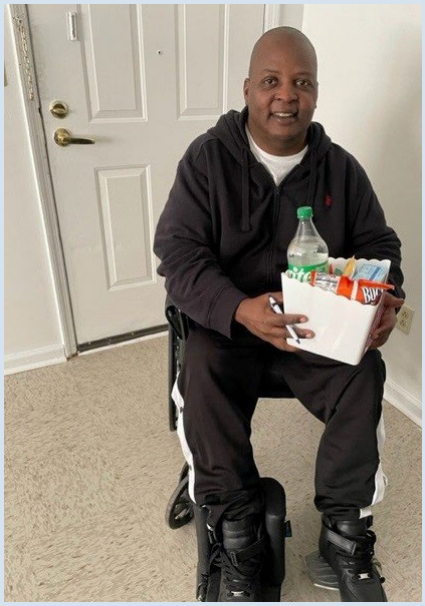
The North Carolina MFP program helps people with disabilities living in institutions move into homes in their own communities. MFP gives people more choice for where they want to live and can often fix problems that make it hard for people to get care at home. MFP participants receive priority consideration for waiver slots and housing subsidies. MFP provides participants with transition coordination and follow-up support. In addition, MFP offers startup funding to support transitions. These funds can pay for things like staff training, rent deposits, furniture, home modifications, food for the person to start with, and other one-time needs.

Here are some highlights of the work done by the Department on Priority Area 2:

- Since 2009, MFP has supported 1,950 transitions: 497 older adults, 557 individuals with a physical disability, and 896 individuals with I/DD.

Success Story: Money Follows the Person — Rondell Clarita

Rondell Clarita is a cheerful 51-year-old man who uses a wheelchair because he has paraplegia. He has lived in the Wilmington area most of his life. For 16 years, he lived at the Kissito Nursing and Rehabilitation Center.



While living at Kissito, Rondell worked hard on his education. He earned an associate degree from James Sprunt Community College and later studied online at Fayetteville Technical Community College to become a certified freight broker.

At Kissito, Rondell learned about the Money Follows the Person (MFP) program and decided to apply. The process was hard, but he said, “That push to apply really helped me when I got discouraged.”

Finding a place that fit his needs was tough, since he needed a home that was wheelchair accessible. In 2023, with help from MFP, Rondell finally moved into his own apartment near his old care center. The move took a while, especially because of Covid, but Rondell says, “It brought out the best in me.”

Now, Rondell enjoys living on his own. He still visits friends at Kissito and tells them about the MFP program. He has started cooking again — something he really missed before. His new apartment is easy for him to get around in, and with help from a daily aide, he has settled in nicely.

Rondell feels thankful for the support of his Transition Coordinator, his family, his aide, and his property manager. He’s proud of what he has achieved and says, “I am happy. It’s all about ambition and perseverance.”

- DSS is helping kids stay with family members through Kinship Care. This program can help children with disabilities avoid going into group homes. The state has invested in financial supports for kinship families, has supported streamlined training for kinship families, and is working on new kinship licensing standards. As of August 2025, 1,907 children were in kinship homes who were receiving financial support through DSS’s Unlicensed Kinship Care program.

- To help people stay in their communities during crises, the state supports peer respite centers. These centers are safe, voluntary places where people can get help during emotional or mental health crises without going to the hospital. They let people stay connected with family, school, and work. DMH/DD/SUS has provided new funding to expand peer respite centers in Eastern, Western, and Central North Carolina.
- DHHS has also invested significantly into community-based crisis services, described in more detail under Priority Area 3, including mobile crisis, crisis facilities, and other services.
- DMH/DD/SUS has been studying residential treatment across the state to determine what can make it hard for youth to get support before and after residential treatment.
- DMH/DD/SUS is also planning a quality assurance system to make sure all PRTFs provide safe and effective care. The division also launched "Ukeru," a program that helps treatment facilities reduce the use of physical restraints and other restrictive interventions.
- DHHS is preparing to launch a statewide Trauma-Informed Assessment to ensure comprehensive, timely assessments of children's needs at an earlier age and stage, including to prevent unnecessary institutional treatment.

Priority Area 3: Address Gaps in Community-Based Services

Gaps in services may occur when a service doesn't exist in the array, or when there is insufficient capacity to meet the needs of individuals assessed as needing the service.

Here are some highlights of the work done by the Department on Priority Area 3:

- North Carolina has made significant investments in the last two years to expand services available to children and families. Areas of investment include:
  - Family respite programs
  - Mobile Outreach Response Engagement and Stabilization (MORES) programs for youth in crisis
  - IAFT programs for children with complex needs, offering family-based services in therapeutic foster homes
  - Additional investments in Therapeutic Foster Care (TFC), including increased training and resources to improve capacity to care for children with more complex needs.
  - Expansion of IAFT and TFC temporary crisis placements.
  - Mental health apps available to all teens (the "Something" app)
  - High-Fidelity Wraparound, which provides intensive in-home supports to keep children in their homes and communities, including to avoid unnecessary treatment in institutional settings. DCFW is working to make this program available across the state. In 2025, the Division of Health Benefits (DHB) approved money to fund this program through a $22 million child services grant which will lead to official coverage and extra funding to expand.

- In addition, DCFW worked with child behavioral health staff to plan how to use funding from the Governor's Task Force to expand HFW to more counties throughout 2025. In July, additional capacity building funds were provided to the Tailored Plans to expand to the remaining counties. The state is also planning to submit a request to CMS to add HFW to the Medicaid State Plan in 2026, which will help make the program sustainable in all 100 counties.

- The Sobriety Treatment and Recovery Teams (START) program helps children stay in their homes while parents get treatment for substance use disorders.

START Success Story: Coming Together to Help a Family

They say "it takes a village" to raise kids. But what happens if you don't have that "village" to help you? That was the case for one of the START families. Due to a mother's substance use, her child was placed in a temporary placement days after being born and remained there for four months. During this time, the mother did not make progress toward recovery, and her child was at risk of being placed fully into the custody of the Buncombe County Department of Human Services. But the START Team continued to show up, knock on the door, and support this mom, who eventually came back to the table, ready for change. Together with community partners at the Behavioral Health Urgent Care at the Neil Dobbins Center, Transformation Village, and the Women's Recovery Center (WRC), the START program rallied together to be this parent's village and get her the support she deserved. Everyone coming together provided the stability that was needed to reunite her with her daughter, preventing the need for an out-of-home placement. The ongoing support from Transformation Village and WRC contributed to a successful graduation from the START program. Building on this success, she motioned a case back into court regarding her older daughter, demonstrating her progress and regaining custody of her older daughter as well.

- Much work has been done to address gaps in the crisis response system serving both youth and adults. To help people with disabilities live in the community instead of group homes or other institutions, NCDHHS works to make resources available in the community for people who are in crisis. Without the right kind of support, people in crisis may end up in hospital emergency rooms or even jail. In its Strategic Plan, DMH/DD/ SUS describes the steps it is taking to make things better for adults in crisis.
- NCDHHS has made significant investments in community-based crisis services, expanding mobile crisis and co-responder models, supporting the expansion of behavioral health urgent care (BHUC) centers, facility-based crisis centers, and promoting the use of 988. Recent surveys of people who use 988 show that most calls are about family, other relationships, or personal problems, and that teens aged 13–17 call the most.[1] Before contacting 988, users were feeling stressed, worried, and afraid. After contacting 988, people reported feeling hopeful, energized, and thankful, with fewer negative emotions.[2] Other notable findings:

- About **11,500** people use 988 every month.
- **1 in 3** users of 988 who responded to a recent survey said that 988 saved their life or the life of someone they love.
- Over **50%** learn ways to calm down and cope.
- Almost **90%** say 988 is important for their community.
- Over **80%** would tell others to use 988.

[1] North Carolina Department of Health & Human Services (n.d.). Celebrating three years of the 988 Suicide & Crisis Lifeline. Hot Topics special edition.

[2] North Carolina Department of Health & Human Services (n.d.). Celebrating three years of the 988 Suicide & Crisis Lifeline. Hot Topics special edition.

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

Supported employment and individual placement and supports (IPS) help individuals achieve and maintain competitive, integrated employment (CIE) by offering job placement, intensive training, and ongoing support to people once they are stable in their jobs. EIPD helps people to achieve their goals for CIE and more independent living in communities statewide. EIPD also provides pre-employment transition services (pre-ETS) to eligible students with disabilities, ages 14 to 21, to help them identify their career interests.

Some of the highlights of the work done by the Department on Priority Area 4 are:

- From February 2025 to February 2026, the number of youths enrolled in pre-ETS increased by over 1,373 students for a total of 8,852 students enrolled.

- With the launch of the DMH/DD/SUS Inclusion Works website, users can access data showing the state's progress on providing employment opportunities. Inclusion Works began conducting site visits and completing employment assessments across North Carolina. These quick assessments are a critical part of the Inclusion Works program to ensure people with I/DD are informed of employment options and other possibilities for a meaningful day. Every individual with I/DD should have the opportunity to participate in this process.

- 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. Project Spark has added mini-sites to provide supports in 10 additional counties in Federal Fiscal Year 25/26. The following personal stories describe the opportunity offered through Project Spark.

- EIPD partnered with the Office of State Human Resources to create internship opportunities in state government for EIPD clients. Employment First (E1) internships are paid work experiences designed to help vocational rehabilitation clients achieve their goals for CIE. 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. Figure 1, below, shows a rise

in the percentage of people exiting VR to CIE, including those who obtain jobs with medical benefits.

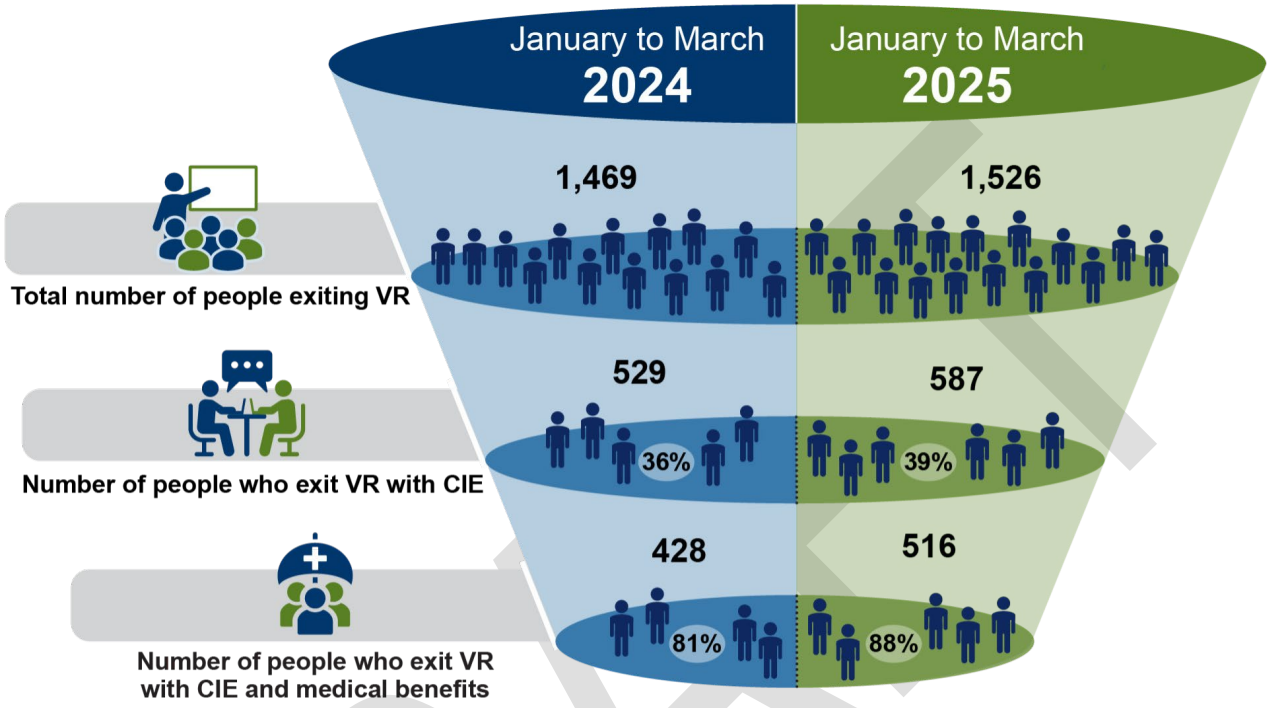
Succes Story: Katlyn J. — Chatham Trades

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.

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.

Figure 1: Exits from Vocational Rehabilitation in 2024 & 2025



From *North Carolina Olmstead Plan Implementation Summary Report from January 1 through March 31, 2025*

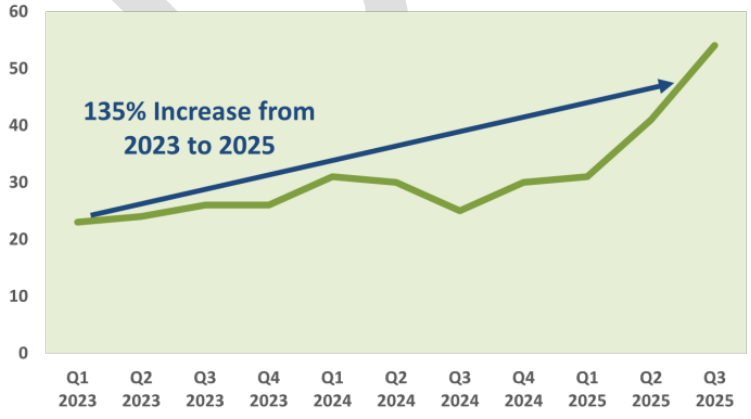
Priority Area 5: Strengthen Opportunities to Divert and Transition Individuals from the Criminal Justice System that Promote Tenure in and Successful Reentry to Inclusive Communities

This priority involves two objectives: to divert individuals with disabilities from incarceration when appropriate; and to enable individuals with disabilities to access programs and services while incarcerated to facilitate successful reentry to the community.

Here are some highlights of the work done by the Department on Priority Area 5:

- In February 2025, DMH/DD/SUS announced its $11 million investment to strengthen treatment, recovery, and reintegration pathways for justice-involved individuals who need support with mental health, substance use, I/DD, and TBI.
- Progress in the area of deflection or diversion from the criminal justice system includes the launching of four new Law Enforcement-Assisted Diversion (LEAD) programs, which allow police and sheriffs to redirect people at risk of being arrested to mental health, medical, and social services.
- In addition, North Carolina expanded access to capacity restoration programs for people who are deemed incapable to proceed to trial. Previously, only state psychiatric hospitals could provide services to restore a person's ability to understand trial proceedings and move forward in the justice system, an arrangement that caused these hospitals to be overwhelmed with increased demand. In June 2025, DMH/DD/SUS supported the launch of capacity restoration services in Wake County, building upon the success of programs in Mecklenburg and Pitt counties. NCDHHS is moving on from Wake County for the detention-based pilot moving forward. As shown in Figure 2 below, more people now have access to services and are restored to capacity sooner.

Figure 2: Increasing Use of Community-Based Capacity Restoration, 2023–2025



From: Division of Mental Health, Developmental Disabilities, and Substance Use Services Strategic Plan 2024-2029, Year 1 Annual Report

Success Story: Supporting Community Reengagement

First Lady Stein and Director Crosbie join Jubilee Home for a ribbon cutting on a new home for women re-entering their communities.

A lot of progress has been made to support people leaving jails and prisons. Funding was provided to Hope Mission, Jubilee Home, Vaya Health, Alamance Academy, and Hope Restorations, Inc. to ensure that people involved in the justice system, including those re-entering their communities, have access to housing and supported employment services that meet their needs. One resident credits Jubilee Home with giving him a “crash course of life skills,” helping him to secure his own apartment and a job and to maintain a strong relationship with his therapist. In November 2025, Jubilee Home opened a new home where women leaving jail or prison can heal and find stability in a safe, supportive place. Women living in the home will receive employment services and wraparound peer support from individuals with lived experience of incarceration.

- Significant progress has been made to support reentry. Funding was provided to Hope Mission, Jubilee Home, Vaya Health, Alamance Academy, and Hope Restorations, Inc. to ensure people involved in the justice system, including those reentering their communities, have access to housing and supported employment services

tailored to their needs. In November 2025, Jubilee Home opened a new home where women leaving incarceration can heal and seek stability in a safe, supportive environment. Women living in the home also have wraparound peer support from individuals with lived experience with incarceration and employment services.

- NCDHHS has expanded the NC Formerly Incarcerated Transition Program (NC FIT), which now supports nine counties to connect people with mental health and SUD services, including support from a community health worker, as they exit incarceration. NC FIT connects formerly incarcerated individuals who have a chronic disease, mental illness and/or SUD with essential health services and reentry resources. Community health workers with lived experience of incarceration lead these efforts.

- The University of North Carolina (UNC) has established the first residency program for its high-impact Formerly Incarcerated Transition Program. The program trains medical residents in a whole-person approach and builds capacity for more psychiatrists to offer such services in the future. FIT Wellness delivers psychiatric and physical health care services along with connections to community supports such as housing, transportation, and other resources for people released from the state prison system and jails who have serious mental health needs.

Success Story: Creating a "Safe Space" After Incarceration Through NC FIT Wellness

NC FIT Wellness has shown tremendous success and promise for expansion. In particular, the community health worker model has been effective in engaging people who historically have not used health care services and have high mistrust of institutions like hospitals. Some patients have shared that they view the clinic as a safe space to visit, even if they don't have a scheduled appointment.

An NC FIT Wellness patient at the clinic

- NCDHHS has launched new Forensic Assertive Community Treatment (FACT) teams to provide intensive, community-based support for individuals with serious mental illness (SMI) who have been incarcerated. These multidisciplinary teams include a licensed professional, a psychiatrist or nurse practitioner, a registered nurse, and a peer support specialist. Teams also include SUD specialists, vocational/education specialists, housing specialists, and a forensic navigator. The teams can engage faith leaders, probation and parole staff, family members, and other service providers to help clients as needed. FACT teams help clients with daily tasks, including help with housing, reconnecting with families, and reconnecting with faith communities. All fund

ed FACT teams are fully operational and have received referrals. There are five FACT Teams covering 12 counties:

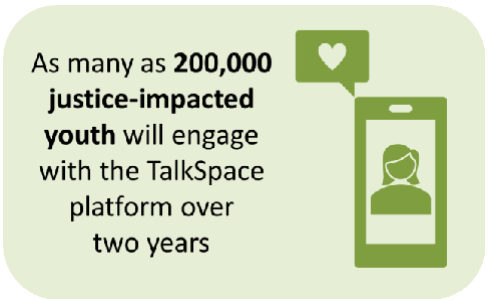
- Mecklenburg (provider is Strategic Interventions; LME/MCO Alliance)
- Buncombe (provider is RHA; LME/MCO Vaya)
- Wake/Durham (provider is Carolina Outreach; LME/MCO Alliance)
- New Hanover, Pender, Brunswick (provider is RHA; LME/MCO Trillium)
- Pitt/Martin/Tyrell/Washington/Beaufort (provider is Carolina Outreach; LME/MCO Trillium)

- Both EIPD and DMH/DD/SUS have been working to coordinate with the NC Division of Juvenile Justice and Delinquency Prevention (DJJDP) to support youth involved in the juvenile justice system through evidence-based programs.

- EIPD is collaborating to offer Pre-ETS services to youth in youth detention centers (YDCs) and provide training to staff at the YDCs and other juvenile justice programs to increase awareness of Pre-ETS services available to the youth in their care.

- DMH/DD/SUS has provided training to over 40 juvenile justice clinicians in trauma-informed and evidence-based practices through a partnership with the DJJDP and UNC Greensboro. In addition, they are working to link DJJDP to provide Ukeru resources for facilities. Ukeru is a simple yet highly effective approach to crisis management that offers an alternative to coercive behavior techniques.

- DMH/DD/SUS is also offering free mental health and well-being support for justice-impacted youth ages 13–17 through the Talkspace online therapy platform. When youth download the app or go to the website, they're put in contact with a trained clinician who can be matched by age, culture, gender, etc. The platform offers 24/7 text, audio and video access, and self-guided activities. Talkspace offers "asynchronous" therapy, allowing therapists and clients to communicate in various formats without scheduled appointments. Clients engage in therapy whenever and wherever is most convenient.



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

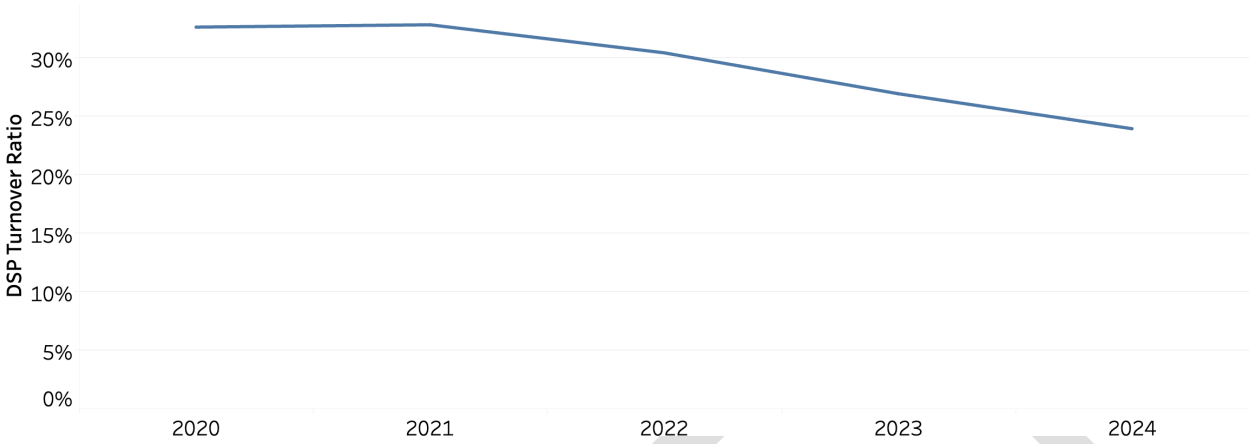
Direct care workers (DCWs) and a subset of this group, direct support professionals (DSPs), are essential to the delivery of services in the Long-Term Services and Supports (LTSS) sectors. This priority focuses on recruiting and retaining a frontline workforce composed of DCWs and DSPs who have mastered the core competencies relevant to their work. Strategies address the wages, benefits, competency-based training, and support necessary to recruit and retain these crucial staff and help equip them to deliver quality services and supports appropriate to each individual's needs.

Here are some highlights of the work done by the Department on *Priority Area 6:*

- In February 2025, as part of its DSP Workforce Plan, NCDHHS announced $3 million in funding to recruit and retain DSPs. The state awarded grants to more than 140 provider agencies and employers to help them recruit, support, train, and retain DSPs. The grants directly improve the working lives of DSPs through programs such as hiring and retention bonuses, on-the-job training, and childcare assistance. In addition to the provider grants, NCDHHS is piloting five innovative programs that show great promise for improving the DSP workforce. These pilots will provide data, feedback, and insights to optimize future planning to continue to recruit and retain DSPs across the state. Two DSP mentoring programs also launched in 2025, with one focusing on peer-to-peer mentoring and the other on leadership-to-DSP mentoring.

- "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 Dashboard for the DMH/DD/SUS Strategic Plan for 2024–2029 launched in January 2025 provides transparent access to information on progress toward those goals. As seen in Figure 3 below, the dashboard shows that the turnover rate for DSPs decreased from 2020 to 2024, resulting in more consistent care for people who get support from DSPs and more stability for providers who employ them.

Figure 3: Direct Support Professional Turnover in North Carolina from 2020 to 2024



From the "Build the Workforce" tab of the Dashboard for the DMH/DD/SUS Strategic Plan for 2024–2029

- In addition, DMH/DD/SUS implemented several initiatives focused on increasing the Certified Peer Support Specialist (CPSS) workforce. Dashboard data demonstrates consistent increases in the number of CPSSs who are employed as peer support specialists. Beyond charts and graphs, the success of efforts to increase the number and impact of peer support specialists can be seen in the story below.

Success Story: Kimberly Hernandez

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.

Public Facing Dashboards

In the last two years, divisions have created a number of public-facing dashboards which demonstrate progress across the priority areas and promote transparency.

- The Child Behavioral Health Dashboard shows information about youth in psychiatric residential treatment facilities, as well as other metrics.
- The Peer Warmline Performance Dashboard provides data on North Carolina's use of and satisfaction with the warmline.
- The DMH/DD/SUS Strategic Plan Dashboard includes data on the state's community-based crisis response system as well as lengths of stay in PRTFs.
- The Innovations Waiver Waitlist Dashboard provides data on individuals waiting for the Innovations waiver.
- Aging Population Profile by County provides implementation progress metrics for goals aligned with each priority of the All Ages, All Stages plan and details the progress made for each milestone to meet the goals.
- The NC Medicaid TBI Dashboard represents individuals with a TBI diagnosis who have accessed services in Medicaid- and state-funded programs.
- The NC Medicaid Direct LTSS Dashboard shows how people use these services. It includes data on:
  - Personal care services
  - CAP/C
  - CAP/DA
  - People moving from Medicaid Managed Care to NC Medicaid Direct
  - Nursing home residents who are exploring home and community-based services
  - Private duty nursing in both NC Medicaid Direct and NC Managed Care

Stakeholder Engagement for the 2026–2031 North Carolina Olmstead Plan

Stakeholder Engagement

To inform the 2026–2031 Olmstead Plan, DHHS conducted extensive community engagement, including six virtual listening sessions, two in-person listening sessions, a survey, and an opportunity for written feedback. Participants included people with disabilities, family members, caregivers, providers, advocates, and Tailored Plans across regions and service systems.

Feedback was analyzed using a qualitative approach, resulting in a set of common themes that appeared across engagement methods, geography, and populations.

Analysis of NCDHHS Strategic Plans

All major relevant plans below were reviewed for goals related to and aligned with *Olmstead* principles:

- The NCDHHS Strategic Plan
- The DMH/DD/SUS Strategic Plan
- The DHB Medicaid Managed Care Quality Strategy
- The NCDHHS Strategic Housing Plan
- The DMH/DD/SUS Inclusion Connects Workplan
- The DMH/DD/SUS Inclusion Works Plan
- The North Carolina Workforce Innovation & Opportunity Act (WIOA) Unified State Plan (developed by the North Carolina Department of Commerce, North Carolina Community College System, North Carolina Department of Public Instruction, and NCDHHS)

- The DA All Ages, All Stages Plan
- The DCFW Child Welfare Coordinated Action Plan

This review revealed that the themes that emerged from community feedback are already acknowledged in these existing state plans. At the same time, the process shows where progress is still needed and where accountability is not clear.

Priority Areas for the 2026–2031 Olmstead Plan

The development of the 2026–2031 Olmstead Plan was guided by community feedback, existing divisional strategic plans, and ongoing implementation efforts from the 2024–2025 Olmstead Plan.

The purpose of the Olmstead Plan is not to replace divisional strategic plans or duplicate existing work but to elevate work already underway, establish shared outcomes and accountability, and ensure that work being done is having a positive impact on the lives of people with disabilities in North Carolina.

The analysis of existing plans revealed several areas of alignment with community priorities. This alignment indicates shared recognition of key issues and a common direction for addressing them. The Olmstead Plan will elevate these efforts to reinforce their importance, as well as to increase public awareness of initiatives already underway.

The 2026–2031 Olmstead Plan will focus on five priorities, outlined below.

Priority 1: Access to Housing and Related Supports

Desired Outcome: People obtain and maintain stable housing in the community, with timely access to the services and supports needed to remain safely housed.

Olmstead strategy: Promote stable, community-based living by improving housing opportunities and the services necessary to maintain housing. This priority focuses on aligning housing with health care, mental health, and long-term supports to prevent instability, crisis, and institutional reliance.

Examples of existing strategies in current plans:

- NCDHHS Strategic Plan (2024–2026), which emphasizes stable housing as a foundation for health and well-being and recognizes the need for coordination between housing and service systems.
- NCDHHS Strategic Housing Plan, which focuses on increasing housing stock and improving housing stability for vulnerable populations, including people with disabilities and older adults.

- Medicaid Managed Care Quality Strategy (2025), which includes supportive housing services and care coordination for members with complex needs.
- Inclusion Connects Work Plan (2025), which advances housing-related strategies intended to support community living for people with disabilities.
- All Ages, All Stages which recognizes housing stability as a cross-cutting determinant of outcomes across the lifespan. (Topic Area 2)

Impact tracking: For examples of how DHHS is tracking, or may track Priority 1 impacts, see Table A below.

Table A: *Examples of Impact Tracking for Priority 1—Access to Housing & Related Supports*

Measure	Impact	Source
Total number of individuals in housing	Increase	Transitions to Community Living
Percentage separated from housing	Decrease	Transitions to Community Living
Number of individuals receiving supported living	Increase	Inclusion Connects
Number of PSH units added per year	Same or increase	NCDHHS Strategic Housing Plan
Number of Individual in TCL with peer supports who are in housing at six months and 12 months.	Increase	NCDHHS Transitions to Community Living

Priority 2: Crisis Services and Community Stabilization

Desired Outcome: People with disabilities experiencing crisis receive timely, effective, community-based responses, followed by coordinated stabilization and follow-up supports that reduce repeat crises and prevent or reduce unnecessary institutional placement. People with disabilities have access to deflection and diversion programs to keep them in their communities.

Olmstead strategy: Strengthening crisis response and post-crisis stabilization is essential to prevent unnecessary institutionalization and to support recovery in the community. Deflection and diversion programs provide the care needed to reduce recidivism, lower jail populations, and decrease public expenditures on incarceration.

Examples of existing strategies in current plans:

- NCDHHS Strategic Plan (2024–2026), which prioritizes strengthening community-based crisis response and reducing reliance on institutional care, including PRTFs.
- DMH/DD/SUS Strategic Plan (2024–2029), which includes statewide crisis system development, diversion initiatives, and expansion of community stabilization services.
- Medicaid Managed Care Quality Strategy (2025), which addresses crisis services, transitions of care, and follow-up for members with complex needs.
- Inclusion Connects Work Plan (2025), which advances crisis-related strategies intended to support people with disabilities in community settings.
- All Ages, All Stages Plan, which emphasizes prevention and safety through bolstering Adult Protective Services (APS).
- Transforming Child Welfare Coordinated Action Plan, which highlights 1) Mobile Outreach, Response, Engagement, and Stabilization (MORES) and the bed-tracking system to expand and enhance non-institutional crisis response for children and youth, and 2) START as a strategy to reduce family substance use related crises and keep children in their communities.

Impact tracking: For examples of how DHHS is tracking, or may track Priority 2 impacts, see Table B below.

Table B: *Examples of Impact Tracking for Priority 2 — Crisis Services & Community Stabilization*

Measure	Impact	Source
Number of Medicaid- or DMH/DD/SUS-funded crisis response visits	Increase	DMH/DD/SUS Strategic Plan
Number of individuals served by a facility-based crisis center or behavioral health urgent care facility	Increase	DMH/DD/SUS Strategic Plan
Number of children with mental health needs held in a hospital emergency department or boarded in the Division of Social Services	Decrease	DMH/DD/SUS Strategic Plan
Number of individuals with mental health or substance use needs served by a deflection or diversion program	Increase	DMH/DD/SUS Strategic Plan
Number of individuals who receive detention- and community-based capacity restoration services	Increase	DMH/DD/SUS Strategic Plan
Number of individuals diverted from institutional settings per quarter	Increase	Inclusion Connects

Measure	Impact	Source
Percentage of people diverted from adult care home (ACH) placement	Same or increase	NCDHHS Transitions to Community Living
Number of individuals transitioned from ACH placement	Increase	NCDHHS Transitions to Community Living
Percentage of Medicaid-insured children ages 5–17 who used a PRTF	Decrease	Child Behavioral Health Dashboard
Average/median length of stay at each SPH	Decrease	DSOHF Strategic Plan (in development)
Average length of stay for residents with a MOA	Decrease	DSOHF Strategic Plan (in development)
Length of time from referral to admission	Decrease	DSOHF Strategic Plan (in development)

Priority 3: Sustainable and Equitable Access to Community-Based Services and Supported Employment

Desired Outcomes: People who need home- and community-based services receive timely, equitable access to supports, and individuals awaiting waiver services have access to interim resources that prevent deterioration, crisis, or institutional placement. People with disabilities have access to services to assist them in obtaining and maintaining competitive and integrated employment (CIE).

Olmstead strategy: Ensure that community-based supports are accessible, stable, and equitably distributed. This priority addresses long-term service financing, sustainability of critical programs, and equitable access to services that promote community inclusion, including reducing instability associated with service waitlists and gaps in support.

Examples of existing strategies in current plans:

- NCDHHS Strategic Plan (2024–2026), which emphasizes improving access to services, reducing disparities, and supporting community living across populations.
- DMH/DD/SUS Strategic Plan (2024–2029), which includes access to community-based treatment that is safe, time-limited, intentional, effective, and close to the person's home community.
- Transforming Child Welfare and Family Well-Being Coordinated Action Plan, which highlights cross-system coordination and shared accountability for children, youth, and families interacting with multiple service systems (major focus throughout).

- Medicaid Managed Care Quality Strategy (2025), which addresses access to LTSS, care coordination, and reducing disparities in service utilization.
- DMH/DD/SUS Strategic Plan (2024–2029), which includes strategies related to access, community integration, and reducing reliance on institutional settings.
- Inclusion Connects Work Plan (2025), which prioritizes access to community-based supports for people with disabilities.
- Transforming Child Welfare and Family Well-Being Coordinated Action Plan, which highlights NC Psychiatry Access Line (NC-PAL) as a resource to reduce wait time for assessments.[3]

Impact tracking: For examples of how DHHS is tracking, or may track Priority 3 impacts, see Table C below.

Table C: *Examples of Impact Tracking for Priority 3 — Sustainable & Equitable Access to Community-Based Services & Supported Employment*

Measure	Impact	Source
Number of people on the Innovations Waiver waitlist receiving any Medicaid- or state-funded I/DD, mental health, or substance use service	Increase	DMH/DD/SUS Strategic Plan
Number of individuals who received at least one core services.	Increase	Transitions to Community Living
Number of individuals on the waiting list receiving IDD services per quarter	Increase	Inclusion Connects
Number of individuals on the waiting list not receiving I/DD services per quarter	Decrease	Inclusion Connects
Number receiving 1915(i) services per quarter	Increase	Inclusion Connects
Number of 1915(i) assessments for individuals with IDD approved and completed.	Increase	Inclusion Connects
Number of 1915(i) assessments for individuals with TBI approved and completed.	Increase	NC Medicaid TBI Dashboard
Number of individuals receiving CIE	Increase	Inclusion Works Data Summary
Number of individuals who participated in the CIE assessment process.	Increase	Inclusion Works Data Summary
Number of individuals receiving supported employment	Increase	Inclusion Works Data Summary

[3] In addition, many of the strategies described above that support the 2024-2025 Olmstead Plan priority areas, particularly Priority Areas 2 and 3, continue to support Priorities 2 and 3 of the 2026-2031 Olmstead Plan.

Measure	Impact	Source
Number of children served in out-of-state PRTFs	Decrease	DMH/DD/SUS Strategic Plan
Average length of stay for children in PRTFs	Decrease	DMH/DD/SUS Strategic Plan
Number transitioned from institutional settings per quarter	Increase	Inclusion Connects
Number transitioned from institutional settings over 18 per quarter	Increase	Inclusion Connects

Action steps in support of outcomes:

- Create workgroups for State TBI Action Plan from October through December 2025
- Create State TBI Action Plan by July 1, 2026

Priority 4: Promote Workforce Development, Quality, and Stability

Desired Outcome: People receive consistent, high-quality, person-centered services delivered by a stable, skilled, and supported workforce.

Olmstead strategy: Strengthen the availability, capability, and stability of the workforce across systems to ensure consistent access to services, continuity of supports, and fidelity to community-based service models. This priority focuses on workforce capacity, retention, safety, and quality as core drivers of system performance and community stability.

Examples of existing strategies in current plans:

- NCDHHS Strategic Plan: Workforce recruitment, training, and retention initiatives (Goal 1, Strategy 1.4, Goal 4)
- Inclusion Connects Workplan, Workforce Plan: Stabilizing DSP workforce, training and credentialing pathways, wage and incentive pilots, provider capacity-building initiatives (Strengthening the DSP Workforce)
- DMH/DD/SUS Strategic Plan: Provider workforce development and stabilization (Priority 4)
- Medicaid Quality Strategy: Network adequacy and access standards, provider capacity (A4)
- All Ages, All Stages Plan: Workforce capacity and capability cross-cutting requirements for achieving improved outcomes across the lifespan (Topic Area 3)
- Inclusion Works Strategic Plan: Emphasizes the importance of the employment services workforce (Goal 4)
- WIOA Unified State Plan

Impact tracking: For examples of how DHHS is tracking, or may track Priority 4 impacts, see Table D below.

Table D: *Examples of Impact Tracking for Priority 4 — Promote Workforce Development, Quality, & Stability*

Measure	Impact	Source
Number of scholarships given for direct support professional training programs	Increase	DMH/DD/SUS Strategic Plan
Direct support professional turnover ratio	Decrease	DMH/DD/SUS Strategic Plan
Number of Certified Peer Support Specialists who are employed as peer support specialists	Increase	DMH/DD/SUS Strategic Plan
% of authorized community living supports delivered	Increase	Inclusion Connects
Average recruitment time to hire (onboarding)	Decrease	DSOHF Strategic Plan (in development)

Priority 5: Communication and Engagement

Desired Outcome: Raise awareness about programs, services, and initiatives to improve outcomes for people with disabilities and to engage them as partners.

Olmstead strategy: Increase awareness of programs and services, increase engagement, and create feedback opportunities. This priority focuses on making people aware of information in an accessible format, engaging them, and getting feedback to improve services.

Examples of existing strategies in current plans:

- DMH/DD/SUS Accessible Communications Campaign: Redesign website and develop accessible, consumer-facing communication to help members with SMI, SUD, TBI, and I/DD better understand Tailored Plans, Tailored Care Management, Innovations Waiver, and 1915(i) services.

- NCDHHS holds monthly meetings of the Statewide Consumer and Family Advisory Committee, as well as monthly State to Local Collaboration virtual meetings to gain input for the Department and General Assembly on the planning and management of the state's public mental health, I/DD, SUD, and TBI service system.

- DMH/DD/SUS hosts various advisory committees which provide community forums to inform particular work on community policy and programs. Below are a few such committees:
  - Crisis Advisory Committee
  - Workforce Advisory Committee (direct support professionals)

- Workforce Advisory Committee (peer supports)
  - Supports for Justice-Involved Individuals

- The Brain Injury Advisory Council studies the causes and impact of traumatic and other acquired brain injuries in North Carolina. The Council provides recommendations to the Governor, the General Assembly, and the Secretary of Health and Human Services on how to plan, fund, and deliver a statewide system of services to meet the needs of people living with brain injuries.

- Coalition for a Dementia-Capable NC — In 2014, the NC General Assembly mandated a statewide Task Force on Alzheimer's disease, led by the NC Institute of Medicine. The Task Force formed the Coalition for a Dementia-Capable NC, which developed the Dementia-Capable NC Strategic Plan for Addressing Alzheimer's Disease and Related Dementias (ADRDs). The strategic plan recommendations aim to improve statewide awareness and education about ADRDs, support people with dementia and their families, improve and enhance services that support greater quality of life, reach underserved populations, and improve data collection and research around treatment and prevention of ADRDs. The Coalition for a Dementia-Capable NC was established in 2016 and meets quarterly to oversee progress and implementation of recommendations contained in the state strategic plan.

- The Inclusion Connects Advisory Committee (ICAC) works to improve the lives of people with I/DD in North Carolina by identifying and guiding best and promising practices. The committee brings together community partners and subject matter experts who collaborate to review and strengthen services and support systems. ICAC shares information and recommendations with stakeholders, including NC Medicaid, by reviewing data, service definitions, waiver updates, and promising practices to help inform I/DD initiatives. The committee meets quarterly and forms smaller workgroups

as needed to focus on specific topics, ensuring diverse perspectives and continuous, informed oversight of I/DD services statewide. Smaller workgroups include:

- Community Living
- Access to Services
- DSP Workforce
- Inclusion Works
- Interpersonal Violence
- Tailored Plans

- The Long-Term Services and Supports (LTSS) Section of DHB holds quarterly CAP meetings to share updates and provide important information about CAP programs. The Quarterly CAP Stakeholder Meetings webpage has more information and a schedule for the upcoming meetings.

- Strategic Housing Plan groups:
  - Development Workgroup: This group looks at what permanent supportive housing is available and identifies plans to increase the stock of housing units. One of the major strategies so far has been to complete a gaps and needs analysis for permanent supportive housing in NC and to inform strategies moving forward.
  - Non-development workgroup: This group addresses barriers to getting into and staying in housing. The group looks at units that are reaching their period of affordability (typically 30 years), coordination with the North Carolina Housing Finance Agency and Vera Institute regarding issues affecting accessibility, identifying training for tenancy support available in NC, and coordination and collaboration with public housing agencies.
  - Services: This group has been working on developing a definition of “housing and tenancy supports” that would guide trainings and establish quality standards. The group is also reaching out to learn more about peer support’s role in tenancy supports, as well as developing a spreadsheet of available housing services and tenancy supports.
  - Coordination and Partnerships: This group will work with the Interagency Council for Coordinating Homelessness Programs. It has not yet gotten started, due to administrative turnover and state-level changes.

- The governor-appointed North Carolina Council on Developmental Disabilities is made up of 40 members including:
  - People with I/DD, parents, family members, and guardians
  - Representatives of state agencies

  - State legislators, Representatives from Disability Rights NC and the Carolina Institute for Developmental Disabilities
  - Provider and LME/MCO representatives

- The North Carolina Council on Developmental Disabilities is responsible for carrying out the provisions of the Developmental Disabilities Act and works to help people with I/DD and their families to get the services and supports they need to live independently and be a part of their community.

Impact tracking: For examples of how DHHS is tracking, or may track Priority 5 impacts, see Table E below.

Table E: *Examples of Impact Tracking for Priority 5 — Community & Engagement*

Measure	Impact	Source
Number of stakeholders attending Inclusion Works advisory and stakeholder committee meetings	Increase	Inclusion Connects
Number of quarterly stakeholder events open to the public hosted by Inclusion Works	Maintain	Inclusion Works Data Summary
Number of participants in state-offered employment training	Increase	Inclusion Works Data Summary
Number of stakeholders attending Inclusion Works advisory and stakeholder committee meetings	Increase	Inclusion Works Data Summary

Action Steps in Support of Outcomes:

- DMH/DD/SUS redesign website and develop accessible, consumer-facing communication to help members with SMI, SUD, TBI, and I/DD better understand Tailored Plans, Tailored Care Management, Innovations Waiver, and 1915(i) services.
- Care directory online: Launch a statewide public-facing “Network of Care” website with a directory of walk-in clinics, crisis service providers, mental health outpatient providers, and substance use treatment providers.
- UNSHAME NC: Launch a statewide anti-stigma campaign for opioid use disorder (OUD) by providing education on OUD-related topics and sharing the stories of people whose lives have been affected by OUD and those who serve those communities.

Conclusion

The NCDHHS Olmstead Plan is intended to serve as a roadmap, addressing the health and wellbeing of children and families, youth, adults, and elderly people with disabilities. This Plan builds on work undertaken in previous Olmstead Plans. Like these earlier plans, it incorporates the many actions and policies North Carolina has already undertaken to advance independence, integration, inclusion, and self-determination. This Plan builds on these successes as we strive to address remaining challenges so that all North Carolinians with disabilities have the opportunity to live and thrive in our state's diverse communities. The Plan is intended to be a living, breathing document, responsive to needs of the people with disabilities in North Carolina. It is expected that revisions will be made as needed to keep us moving towards a future that is inclusive for all.

Appendix A: Current OPSA Membership

OPSA Community Co-Chair – Bryan Dooley bryan@sicilnc.org

OPSA Departmental Co-Chair – Deputy Secretary for Health, Debra Farrington

NCDHHS Divisions/Offices

1. **NC Medicaid**
   Angela Smith, David Clapp (alt.)
2. **Division of Mental Health, Developmental Disabilities and Substance Use Services**
   Kelly Crosbie, Renee Rader (alt.)
3. **Division of Employment and Independence for People with Disabilities**
   Kathie B. Smith, Kenny Gibbs (alt.)
4. **Division of State Operated Healthcare Facilities**
   Niki Ashmont
5. **Office of the Secretary**
   Debra Farrington, Deb Goda (alt.)
6. **Division of Social Services**
   Carla West; Lisa Cauley (alt)
7. **Division of Aging Services**
   Tammy Koger; Detra Purcell (alt)
8. **Division of Child and Family Well-Being**
   Yvonne Copeland' Anne Odusanya (alt.)
9. **Division of Services for the Blind**
   Patricia Sikes

People with Lived Experience

1. Bryan Dooley, Chair and OPSA Community Co-Chair
2. **Disability Rights North Carolina** – Ed Rizzuto, Chair
3. **Direct Support Professional Work Group** – Annette Smith, Member
4. **Money Follows the Person (MFP)** – Semaj Moore
5. **NC Mental Health Planning and Advisory Committee** – Lacy Flintall, Board Chair
6. **Transition to Community Living (TCL; Alliance)** – Sareefah Emanuel
7. **State Consumer and Family Advisory Committee** – Jean Andersen, Western Region
8. **State Consumer and Family Advisory Committee** – Jessica Aguilar, Central Region
9. **At large** – Sam Antkowiak, Student, Beyond Academics at UNC-Greensboro
10. **NC Child** – Jenny Hobbs, Member, Parent Advisory Council
11. **NC Empowerment Network** – Matthew Potter, Board Member
12. **Promise Resource Network** – Cherene Allen-Caraco, CEO
13. **Brain Injury Advisory Council of NC** – Beth Overby, Chair, Tracy Hayes, Vice Chair
14. **Statewide Independent Living Council** – Ashley Large, Chair
15. **At Large** – Victoria Chibuogu Nneji, sibling
16. **NC Substance Use Disorder Federation** –Kathleen Gibson

Professional Organizations, Agencies and Associations

1. **NC Association for Persons in Supported Employment** –Tracey Craven, Vice-President
2. **NC Providers Council** – Wilson Raynor, Board Member
3. **Benchmarks** – Karen McLeod, CEO
4. **National Alliance for People with Mental Illness/NC (NAMI/NC**) – Lisa Lowe-Hall (Interim Director)
5. **LME/MCOs** – Cindy Ehlers
6. **Standard Plan Representative** – Chad Stage, Associate Director, Behavioral Health, United Health Group
7. **Developmental Disabilities Facilities Association** – Peyton Maynard, CEO
8. **Marketing Association of Rehabilitation Centers** – Michael Maybee, President
9. **Disability Rights North Carolina** – Corye Dunn, Policy Director
10. **NC Coalition on Aging** – Mary Bethel, Board Chair
11. **Association for Home and Hospice Care of NC** – Kathie Smith, Senior Vice President of Home Care and State Relations
12. **NC Senior Living Association** – Stacy Massey, Chief Executive Officer

North Carolina General Assembly

1. Representative Carla Cunningham
2. Senator Michael V. Lee
3. Senator Sydney Batch
4. Representative Donna White

Appendix B: Olmstead Resolutions in NC

Transitions to Community Living

In 2012, the North Carolina Department of Health and Human Services (NCDHHS) settled an *Olmstead*-based lawsuit with the U.S. Department of Justice (U.S. DOJ). The resulting work to develop and implement Transitions to Community Living (TCL) assists individuals with serious mental illness (SMI) or serious and persistent mental illness (SPMI) to transition from state psychiatric hospitals and adult care homes (ACHs) to their own homes in the community. TCL also implements strategies to divert individuals who are at risk of placement in an ACH. TCL promotes recovery through providing long-term housing, community-based services, supported employment and community integration.

Samantha R.

In April 2024, NCDHHS and Disability Rights North Carolina (DRNC) finalized a Consent Order in the *Samantha R. et al. v. DHHS and State of North Carolina* litigation — initially filed in 2017 to address insufficient community-based services for individuals with intellectual and developmental disabilities (I/DD).

Key elements of the Consent Order include:

- Proactive in-reach initiatives to identify and assist individuals wishing to live in the community
- Improve access to community services — Timely outreach, assessments, and rollout of 1915(i) services for those on the Innovations Waiver waitlist
- Develop direct support professionals (DSPs) workforce workplan to recruit, retain, and support the DSP workforce
- Improved transparency and accountability — Publish quarterly reporting of relevant data and progress in a public and accessible format

This Consent Order lays out a multi-year, measurable plan to expand community-based services, improve support structures, and enhance opportunities for North Carolinians with I/DD to live in inclusive, community settings.

Competitive Integrated Employment for People with Intellectual/Developmental Disabilities

In 2023, NCDHHS and DRNC renewed their shared commitment to helping people with I/DD find and keep real jobs in the community. The cooperative agreement outlines how both organizations will work together to expand opportunities for competitive integrated employment (CIE) — jobs where people with disabilities earn fair pay, work alongside people without disabilities, and have opportunities for career growth.

The agreement objectives include:

- Supporting people with intellectual/developmental disabilities to explore career goals and find jobs that match their strengths.
- Improving employment services, so they are easier to access, more consistent, and better designed to help people succeed.
- Encouraging provider agencies to modernize and expand employment supports.
- Increasing public awareness that people with disabilities can and do succeed in community jobs.

Key ongoing efforts under the agreement:

- Develop and implement informed decision-making processes, career planning tools, and supports.
- Improve employment service models and access.
- Support provider innovation.
- Improve outreach, education, and communication.
- Accountability and progress reporting.

Appendix C: Glossary of Key Terms

1915(i) State Plan Option – Allows the state to provide certain Home and Community Based Services options to a target population that does not have to meet institutional level of care. In North Carolina, these services target children and adults with mental health conditions, substance use disorders, traumatic brain injuries, and intellectual/developmental disabilities.

Assertive Community Treatment (ACT) – An evidence-based practice that provides community based, multidisciplinary mental health treatment for individuals with serious and persistent mental illness.

Community Alternatives Program for Children (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. CAP/C can help these children stay at home with their families by providing in-home nursing care, case management, and other supports.

Community Alternatives Program for Disabled Adults (CAP/DA) Waiver – A 1915(c) Home and Community-Based Services waiver that provides an alternative to institutionalization for a Medicaid beneficiary who is medically fragile and at risk for institutionalization. The services allow the beneficiary to remain in a home- and community-based setting, to or return to the community from an institutional stay.

Assistive Technology – An item or piece of equipment that helps a person with a disability to increase, maintain, or improve their ability to function. Assistive technology can range from “low-tech” devices, such as a cane or wheelchair, to “higher-tech” devices, such as a software program on a computer, or screen readers.

Behavioral Health I/DD Tailored Plans – An integrated health plan for individuals with significant behavioral health needs and intellectual and other developmental disabilities (I/DDs). The Behavioral Health I/DD Tailored Plan also serves people who are enrolled in the Innovations and Traumatic Brain Injury (TBI) waivers or are on the waitlist. The Tailored Plan is responsible for managing the state’s non-Medicaid behavioral health, developmental disabilities, and TBI services for people in North Carolina who don’t have enough health insurance to cover the services.

Competitive Integrated Employment (CIE) – A full- or part-time job for a person with a disability that is paid at least minimum wage. This can include self-employment. The person should be paid the same as nondisabled coworkers doing a similar job, and they should get the same level of benefits. The job should be at a location where the employee

interacts with other individuals without disabilities, and they should have opportunities for advancement similar to those of other employees without disabilities in similar positions.

Direct Support Professional (DSP) – Staff who work one-on-one with individuals with disabilities and help them become integrated into the community or the least restrictive environment. North Carolina's Rule 10A NCAC 27G.0104, Staff Definitions, includes this definition: "'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 (HOP) – A North Carolina Department of Health and Human Services initiative that tested and evaluated programs related to housing, food, transportation, and interpersonal safety for high-needs Medicaid enrollees. This initiative is no longer funded.

High Fidelity Wraparound – Care coordination for children and youth (3 to 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 services which a managed care plan can offer in place of a state plan service. The individual has to choose this service over the state plan service. "In Lieu Of" services are not required. Managed care organizations choose which ones they may want to provide. These services must be cost effective and approved by the State.

Home and Community-Based Services (HCBS) – Medicaid funded services that address the needs of people with disabilities, chronic conditions, or functional limitations to receive care in their own homes. These services can be covered through 1915(c) waiver or state plan (including 1915(i)) services).

Inclusion Connects – an NCDHHS program that connects people with IDD to more choices and more access to services and supports. The program is a collaboration among NCDHHS divisions, including the Division of Mental Health, Developmental Disabilities, Employment and Independence for People with Disabilities, Substance Use Services and Medicaid, to provide resources for connecting people with I/DD to services and supports available to live, work and play in their chosen communities.

Inclusion Works - an NCDHHS Initiative to promote competitive integrated employment (CIE) for Individuals with Intellectual or Developmental Disabilities (I/DD). Everyone has a right to work in an integrated setting for fair pay if that is their choice. Inclusion Works offers services and support to help individuals with I/DD find and maintain jobs in the community at competitive wages. Inclusion Works is a collaboration between the Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMHDDSUS), the Division of Health Benefits (DHB) and the Division of Employment and Independence for People with Disabilities (EIPD).

Individual Placement and Support / Supported Employment (IPS/SE) – An evidence-based practice that assists individuals with serious mental illness and other debilitating disorders to find competitive, integrated community employment and provides ongoing, individualized services with a focus on employment.

Innovations Waiver – A 1915(c) waiver that helps children and adults with intellectual and developmental disabilities who meet the level of care provided by Intermediate Care Facilities for individuals with Intellectual and Development Disabilities (ICF-IDDs) to live in the community.

Money Follows the Person (MFP) – A program that helps Medicaid-eligible people who live in institutional facilities to move into their own homes and communities with the support they need. North Carolina was awarded its initial MFP grant from the Centers for Medicare and Medicaid Services in 2007 and began supporting individuals to transition to community living in 2009.

Serious and Persistent Mental Illness (SPMI) – A mental illness or disorder (but not a primary diagnosis of Alzheimer's disease, dementia, or acquired brain injury) experienced by a person, 18 years of age or older, that is so severe and chronic that it prevents or erodes development of functional capacities in primary aspects of daily life, such as personal hygiene and self-care, decision-making, interpersonal relationships, social transactions, learning and recreational activities; or satisfies eligibility for Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) due to mental illness.

Transitions to Community Living (TCL) – An Olmstead settlement agreement between NCDHHS and the U.S. Department of Justice to make sure that eligible adults with serious mental illness living in, or at risk of being admitted to, an adult care homes (ACHs) can live in their communities in the least restrictive settings of their choice. This program has in-reach, transition, diversion, housing, and community-based services to help people remain in the community or transition from facilities to the community.

Workforce Innovation and Opportunity Act (WIOA) – A federal law signed in 2014 to help job seekers access employment, education, training, and support services to succeed in the labor market and to match employers with the skilled workers they need to compete in the global economy. Under the Act, each U.S. state and territory submits a Unified or Combined State Plan to the U.S. Department of Labor and Department of Education that outlines its workforce development system's four-year strategy, and updates the plan as required after two years. WIOA empowers North Carolina to train its workforce and guides how the NCWorks initiative connects job seekers to employers.

Appendix D: Abbreviations Used in this Document

ACH – Adult Care Home

ACT – Assertive Community Treatment

ADA – Americans with Disabilities Act

ADA/NC – Alliance of Disability Advocates of North Carolina

ADVP – Adult Developmental Vocational Program

AHEC – Area Health Education Center

CAP – Coordinated Action Plan

CAP/C – Community Alternatives Program for Children

CAP/DA – Community Alternatives Program for Disabled Adults

CIE – Competitive Integrated Employment

CMS – Centers for Medicare & Medicaid Services

CY – Calendar Year

DAAS – Division of Aging and Adult Services

DCFW – Division of Child and Family Wellbeing

DCW – Direct Care Workers

DHB – Division of Health Benefits

DMH/DD/SUS – Division of Mental Health, Developmental Disabilities and Substance Use Services

DPI – Department of Public Instruction

DSB – Division of Services for the Blind

DSOHF – Division of State Operated Healthcare Facilities

DSP – Direct Support Professional

DSS – Division of Social Services or local Department of Social Services

EMS – Emergency Medical Services

FFY – Federal Fiscal Year

HCBS – Home and Community-Based Services

HUD – U.S. Department of Housing and Urban Development

ICF/IID – Intermediate Care Facility for Individuals with Intellectual Disabilities

I/DD – Intellectual and other Developmental Disabilities

IPS/SE – Individual Placement Support -Supported Employment

LME/MCO – Local Management Entity/ Managed Care Organization

LTSS – Long-Term Services and Supports

MFP – Money Follows the Person

MORES – Mobile Outreach Response Engagement Stabilization

NCCDD – North Carolina Council on Developmental Disabilities

NC CORE – North Carolina Collaborative for Ongoing Recovery through Employment

NCDHHS – North Carolina Department of Health and Human Services

NC FIT – North Carolina Formerly Incarcerated Transitions Program

NCI – National Core Indicators®

NC-PAL – North Carolina Psychiatry Access Line

NC START – North Carolina Systemic, Therapeutic, Assessment, Resources and Treatment

OPSA – Olmstead Plan Stakeholder Advisory

ORH – Office of Rural Health

Pre-ETS – Pre-Employment Transition Services

PRTF – Psychiatric Residential Treatment Facility Division of Employment and Independence for People with Disabilities (EIPD)

RUN – Registry of Unmet Need

SAMHSA – U.S. Substance Abuse and Mental Health Services Administration

SED – Serious Emotional Disturbance

SILES – Social Isolation, Loneliness, and Elevated Suicide Risk

SFY – State Fiscal Year

SMI – Serious Mental Illness

SPMI – Serious and Persistent Mental Illness

START – Sobriety Treatment and Recovery Teams

SUD – Substance Use Disorder

SWTCIE – Subminimum Wage to Competitive Integrated Employment

TAC – Technical Assistance Collaborative

TBI – Traumatic Brain Injury

TCL – Transitions to Community Living

UNC – University of North Carolina

U.S. DOJ – United States Department of Justice

WECARE – Workforce Engagement with Care workers to Assist, Recognize and Educate

WIOA – Workforce Investment Opportunity Act