

North Carolina Olmstead Plan Implementation

Second Quarter Summary Report: April 1 – June 30,
2022

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Background/Introduction

North Carolina's Olmstead Plan (the Plan) is a strategic plan, with eleven priority areas of focus. Each priority area includes strategies identified to begin or to continue a transformation of services and supports that is essential for North Carolinians with disabilities to live as fully included members of their communities. Targeted divisions and offices within the North Carolina Department of Health and Human Services (NCDHHS), working with other state agencies, are developing work plans that identify high-level action steps and timeframes for completion to implement the Plan's strategies. Staff are also providing quarterly progress reports to capture changes in strategies and in implementation activities. These inputs provide the foundation for measuring progress toward Plan implementation.

The initial, implementation work plans and status reports were due on June 15, 2022, and covered activity for the first quarter of calendar year 2022, from January 1 through March 31. This interval between activity timeframe and status report submission is necessary to allow accurate data collection and reporting to occur. **This second quarter report was due by September 15, 2022; it reflects activity from April 1 through June 30.**

The Technical Assistance Collaborative, Inc. (TAC), continues to review each work plan, and to coach divisions and agencies on strengthening their action steps, as needed. TAC also continues to work with lead staff within agencies to identify baseline data and targeted measures. In addition, TAC is working with NCDHHS lead staff and Mathematica to provide needed technical assistance and support in this effort.

All involved parties recognize that data is essential to measure the *impact* of the Plan strategies. However, outcomes do not simply occur. Transformation of services and supports is essential for North Carolinians with disabilities to live as fully included members of their communities. The Plan incorporated much work the state had already undertaken, as well as initiatives to further advance opportunities for independence, integration, inclusion, and self-determination for individuals with disabilities. Achievement of the desired target measures and outcomes are dependent on implementation of the Plan strategies, underscoring the importance of assessing progress with implementation of the Plan. We recognize and commend all staff for the time and thought they continue to invest into this process.

Status of Strategies

The following categories describe the status of Plan Strategies.

Complete: The strategy/all identified action steps were accomplished as of the end of the reporting period.

In Process: Staff were actively engaged in the strategy/at least one action step had been taken as of the end of the reporting period.

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

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

No Longer Under Consideration: The strategy is no longer under consideration.

New: The strategy has been added since the Plan was released in January 2022.

Table 1, below, summarizes the progressive status of the Plan strategies **through the second quarter of Plan Year 1, April 1 through June 30, 2022**. More information regarding the strategies and action steps can be accessed by referring to the North Carolina Olmstead Plan Implementation First Quarter Summary Report: January 1 - March 31, 2022, posted on the NCDHHS Olmstead website at <https://www.ncdhhs.gov/first-quarter-summary-report-january-1-march-31-2022/download?attachment>.

Table 1. Plan Strategies/Action Steps Summary – Through the Second Quarter (1/1/22 – 6/30/22)

| Complete | In Process | Not Started | Needs Revision/ Clarification | No Longer Under Consideration | New |
|----------|------------|-------------|----------------------------------|----------------------------------|-----|
| 8 | 80 | 12 | 2 | 3 | 3 |

NCDHHS continues to add new and to modify existing strategies and action steps; TAC is capturing and monitoring these through the progress reports. TAC anticipates the status summaries captured in Table 1 will change each quarter. TAC will continue to work with the NCDHHS to determine what alterations or technical assistance may be necessary to advance progress on all strategies.

Highlights of Progress Achieved

North Carolina continued to progress with a number of strategies during the second quarter of implementation. Examples of progress achieved during the first quarter are not repeated below but can be found in the Quarter One Summary Report. This Second Quarter Summary Report includes completion of new strategies as well as significant progress toward attainment regarding others. The following are highlighted examples from April 1 to June 30, 2022.

Examples of Strategies and Action Steps Completed or In Process

Priority Area #1: Strengthen Individuals' and Families' Choice for Community Inclusion through Increased Access to Home-and-Community-Based Services and Supports

The NC Medicaid Division of Health Benefits (DHB) developed a Remote Supports service definition to be included in the Traumatic Brain Injury (TBI) waiver renewal. Pending approval from the Centers for Medicare and Medicaid (CMS), DHB anticipates a go live date of July 15, 2022.

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS) reposted the Home and Community Based Services (HCBS) Statewide Transition Plan for 30-day public comment. The Statewide Transition Plan is scheduled to be submitted to CMS on 8/1/22.

Priority Area #2: Address the Direct Support Professional Crisis

In May, the DHB Money Follows the Person (MFP) program, in partnership with the University of North Carolina Center for Aging Research and Educational Services (UNC CARES), awarded one of four *MFP Building Capacity for HCBS through Collective Impact* grants to the Duke University Sanford School of Public Policy. Duke, in partnership with the NC Coalition on Aging, PHI National, the National Domestic Workers Alliance-NC Chapter and the Appalachian State University, applied for funding of a collective impact project. The project is intended to strengthen HCBS for older adults and people with disabilities by modernizing NC’s direct service/Direct Support Professional (DSP) training and credentialing system. Policy and practice goals are designed to increase the pipeline of workers; build career pathways; elevate competencies and professional standing; and improve job quality and retention. The initiative will begin in July 2022.

In June, the North Carolina Council on Developmental Disabilities (NCCDD)¹ started an analysis of how the Council can support people with lived experience and/or family members as part of the state’s cadre of care extenders.²

DHHS will continue planning, working with, and engaging with stakeholders for the ongoing development of additional DSP strategies.

¹ The North Carolina Council on Developmental Disabilities (NCCDD) is voluntarily providing an update on work that it is doing to further the vision of *Olmstead* in North Carolina. NCCDD is providing this information without interference by North Carolina Department of Human Services (NCDHHS), NCCDD’s “designated state agency,” as required by the Developmental Disabilities Bill of Rights and Assistance Act (DD Act). The work that NCCDD is funding under the Act is also not based on any interference by NCDHHS but is work that NCCDD has chosen to do with its partners. The Secretary of NCDHHS signs an assurance with the submission of each of NCCDD’s five-year state plans. The assurance states that the “designated State agency, and any other agency, office, or entity of the State, will not interfere with the advocacy, capacity building, and systemic change activities, budget, personnel, State plan development or plan implementation of the Council, except that the designated State agency shall have the authority necessary to carry out the responsibilities described in section 125(d)(3)” of the DD Act.

² The North Carolina Department of Health and Human Services’ vision is that extenders will help Advanced Medical Home Plus (AMH+) practices, Care Management Agencies (CMAs), and Tailored Plans best meet the needs of members, build efficient care teams by creating additional workforce capacity, and allow care managers and supervisors to focus on key tasks for assigned members as well as permit them additional time for members with intensive or complex needs. This document provides guidance on the Department’s expectations regarding the use of extenders, including their qualifications, functions they may perform, training, and payment considerations.

Priority Area #3: Divert and Transition Individuals from Unnecessary Institutional and Segregated Settings

NCDHHS collaborated with the NC Housing Finance Agency to develop an online, e-learning course on the Informed Decision Making (IDM) consumer engagement tool. The Department posted information on the NCDHHS Transition to Community Living (TCL) website on January 18, 2022 to expand and monitor the use of the IDM tool beyond TCL. As of June 21, 2022, 123 individuals have completed the IDM online learning module.

In April, TCL staff initiated discussions with the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) to consider utilization of the IDM tool with individuals with TBI.

On 5/13/22, NCDHHS released to the Local Management Entities/Managed Care Organizations (LME/MCOs) a Joint Communications Bulletin (JCB), clarifying TCL In-Reach functions. JCB #415 is posted on the NCDHHS TCL website.

The NC Division of Social Services (DSS) created a work plan to provide technical assistance to counties to increase kinship care placements and the number of foster families available. The technical assistance is intended to increase support to children who historically have been more likely to live in congregate care. The next step of the work plan is to engage the county agencies in topical discussions. Site visit plans are under development and will occur throughout this state fiscal year (SFY).

The Division of Child and Family Wellbeing secured Governor's Emergency Education Relief funds via the Governor's office to expand Youth Mental Health First Aid trainings and trainers in schools and is in the process of contracting with a project manager.

Medicaid and Mental Health Block Grant funding are now in place, with additional funding through the K-12 COVID and Health Resources and Services Administration expansion, to expand the North Carolina Psychiatric Access Line. Expansion will increase the capacity to provide psychiatric consultation to primary care, specialty care, and schools. Outcome metrics are being finalized.

The State Developmental Centers hired an Olmstead Specialist at the Caswell Developmental Center in April 2022, and a specialist was targeted for hire at the Joseph Iverson Riddle Developmental Center in July 2022. A second specialist is targeted for hire at the Murdoch Center in October 2022. These specialists implement enhanced transition planning to ensure, through Memorandums of Agreement, that individuals are planning, from the time of admission, their return to the community.

In May, the State Developmental Centers began piloting a cross-divisional, Central Referral Review Committee for referrals for Murdoch Developmental Center's adult Intermediate Care Facility programs. All referrals will receive enhanced screening to ensure LME/MCOs have thoroughly considered alternative options to divert individuals from admission to the Centers.

The North Carolina Council on Developmental Disabilities (NCCDD) continued to partner with the Alliance of Disability Advocates and the NC Department of Public Safety to reduce the recidivism rate of

individuals with intellectual and other developmental disabilities (I/DD) by providing individualized, long-term support upon release from prison. From April through June 2022, the Alliance received 23 referrals of individuals with I/DD and completed 21 Individualized Reentry Plans. In addition, the Alliance of Disability Advocates staff assisted three (3) individuals with in-person, mock job interviews and continued to include interview tips and strategies in the Individualized Reentry Plans.

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

During the second quarter reporting period, 2,537 students with disabilities received Pre-Employment Transition Services (Pre-ETS), an increase of 320 students or 14%. Expansion meetings to increase availability for existing vendor projects has resulted in an increase of Pre-ETS vendors in five (5) new counties: Gaston, Lincoln, Polk, Scotland, and Orange.

During the second quarter reporting period, 358 Vocational Rehabilitation participants achieved Competitive Integrated Employment (CIE) outcomes; for the first and second quarters combined, there were 913 CIE outcomes.

The Division of Vocational Rehabilitation Services (DVRS) applied for the US Department of Education's Rehabilitation Services Administration Subminimum Wage to Competitive Integrated Employment (SWTCIE) Disability Innovation Fund grant opportunity, specifically to address the CIE needs of those in the I/DD community employed in non-integrated employment.

Alliance Health and Vaya Health LME/MCOs have fully transitioned to milestone payments for Individual Placement and Support – Supported Employment (IPS-SE) services; Partners Health Management began partially implementing milestones with one IPS-SE provider; and the remaining LME/MCOs, Eastpointe and Trillium Health Resources, are drafting proposals to transition to milestone payments. DMH/DD/SAS has provided technical assistance and education regarding the payment model.

Priority Area #5: Increase Opportunities for Inclusive Community Living

The NCDHHS, system partners, external stakeholders and TAC began monthly meetings in the fall of 2021 to identify draft goals, objectives and strategies for a Strategic Housing Plan. TAC continued to work with NCDHHS and system partners to refine the Housing Plan's goals, objectives and strategies, which will be issued for public comment.

In May, the DHB MFP program in partnership with UNC CARES awarded one (1) of four (4) *MFP Building Capacity for HCBS through Collective Impact* grants to HOPE, NC. This collective impact grant is intended to address the lack of available affordable and accessible housing and community services for people with I/DD and older adults by creating inclusive communities where people with I/DD and older adults can live with a sense of purpose and belonging.

The NCCDD continued to partner with NC Medicaid's MFP program and Liberty Corner Enterprises to develop a how-to guidebook to help individuals with I/DD who have the highest level of needs and their families access Supported Living successfully. Liberty Corner Enterprises engaged with ten (10)

individuals with I/DD, six (6) family members, and eleven (11) other stakeholders through individual, in-person interviews and virtual meetings.

During the second quarter reporting period, 140 Independent Living Rehabilitation Program (ILRP) participants achieved their goal to live independently. DVRS is on track to achieve its Olmstead Plan goal for 80 percent or more of ILRP participants to achieve living independently in their homes and communities.

In collaboration with the NC Housing Finance Agency – Displacement Prevention Program, the DVRS ILRP provided home modifications and related services to 80 ILRP participants. DVRS is on track to achieve its Olmstead Plan goal.

Four LME/MCOs met their performance measures to increase utilization of housing Targeted Units for TCL members by 33%.

Priority Area #6: Address Gaps in Services

Children

In May 2022, NCDHHS' Child Welfare Family Wellbeing Transformation Team released the [Coordinated Action Plan \(CAP\)](#), to expand access to needed community-based services, thereby reducing reliance on out-of-home placements. Monthly reports are made through the Executive Response Team. Current tracking includes initiatives that already had funding and now, initiatives supported with one-time funding approved by NCDHHS leadership.

Adults

DMH/DD/SAS completed transition and launch of an inpatient psychiatric bed registry, intended to reduce stays in emergency departments and facilitate access to care for people with serious mental illness, with 90% of participating hospitals reporting.

Temple University has continued to provide training and technical assistance to expand peer education around community inclusion and natural supports. Since March 31, 2022, Temple has provided three (3) trainings/webinars and 115 people received training around community inclusion.

NCDHHS expanded its Peer-Operated Respite Services contract, supporting providers to increase staff, capacity and outreach activities, thereby increasing community impact. In addition, NCDHHS is in the process of renewing the contract with the Promise Resource Network to continue its support of the No Wrong Door and Green Tree Peer-Run Wellness Centers.

In April, the State Developmental Centers began piloting a collaborative opportunity with community Intermediate Care Facilities for individuals with I/DD for the purpose of sharing resources, building community capacity, and providing technical assistance and consultation.

Also in April, the Centers completed development of a training curriculum for an Olmstead Implementation Institute. This enhanced training to internal Center employees was designed to increase understanding of the *Olmstead* decision, as well as how to incorporate *Olmstead*-derived principles and practices into the transition planning process. The intended outcome is to better support each

individual's return to a home or community setting. The 24-week institute series began in May and will wrap up in October.

In June, the Division of State Operated Healthcare Facilities released a report on a needs assessment survey, conducted to better understand the community's perspective on gaps and needs in the I/DD system of care.

Priority #7: Explore Alternatives to Full Guardianship

During the second quarter reporting period, TCL staff reviewed 246 IDM assessments from six (6) LME/MCOs to demonstrate a standardized process for individualized decision making when individuals are at risk of entering or reside in publicly funded, segregated settings. As of June 17, 2022, a cumulative total of 401 IDM assessments had been reviewed by TCL staff.

During the second quarter reporting period, the NCCDD and its partners in Rethinking Guardianship completed the Spanish translation of handouts on 12 options for supporting choice and self-determination and published *Supporting Choice and Self-Determination in North Carolina: A Guide*; see [3-18-22 SDM Options Booklet JDM \(ncdhhs.gov\)](#).

During the second quarter reporting period, the NCCDD's *Making Alternatives to Guardianship a Reality in North Carolina* Statute Writing Team and the Right to Counsel Pilot Group shared their drafts regarding reforms to NC General Statute 35A, Guardianship and Incompetency. Ten (10) meetings were held with individuals and small groups for the purpose of moving forward with proposed changes to the statute that will significantly impact the ability for North Carolinians with I/DD to have Supported Decision-Making and other alternatives to guardianship given stronger consideration in North Carolina courts.

Priority Area #8: Address Disparities in Access to Services

In July, DMHDDSAS posted a Request for Applications to expand evidence-based, substance use disorder treatment and recovery services to underserved populations.

DVRS continued outreach to individuals in rural parts of the state to increase access to Assistive Technology devices and services, providing 11 Weekly *AT4All* demonstrations with an average attendance of 38; uploaded five (5) YouTube product demonstration presentations; conducted two (2) Senior Center presentations virtually; and proceeded with development of nine (9) Assistive Technology Center demonstration videos.

Priority Area #9: Increase Input from Individuals with Lived Experience

During the second quarter reporting period, the National Alliance on Mental Illness/NC (NAMI NC) supported dozens of peers through a minimum of seven (7) peer-led groups and trained peers to share their stories through *Ending the Silence*. Eight (8) peers graduated from a NAMI peer-to-peer training. NAMI also engaged peer authors to contribute to blogs and, through *Thursdays with NAMI*, provided eight (8) peer events.

Priority Area #10: Reduce Transportation Burdens for Individuals with Disabilities

No highlights for this quarter.

Priority Area #11: Use Data for Quality Improvement

NCDHHS staff continued to work with Mathematica to enhance Olmstead Plan data quality and integration, performance measurement, and use of program data for evaluation and decision-making. In collaboration with TAC, the goal is to establish a framework that can support a quality assurance structure for the state's Olmstead Plan.

NCDHHS staff identified baseline data for additional strategies/action steps in the Olmstead Plan.

Challenges for Plan Implementation

Funding

Division of Child and Family Wellbeing requested the funding for implementation of the Coordinated Action Plan (CAP) be included in the Governor's SFY 2023 budget; however, funding was not approved. NCDHHS leadership identified limited funding that could be used for CAP initiatives, with partial funding and/or time-limited strategies that build toward fully executing the strategies in the CAP.

The Workforce Crisis

Workforce issues continue to present challenges for NCDHHS and for providers. The vacancy rate in NCDHHS has grown from 12.7 percent in March 2020 to an estimated 23 percent in June 2022. Staff turnover in the Department has impacted, for example, the ability of its divisions, DHB and DMH/DD/SAS, to create a project plan detailing the use of enhanced Federal Medical Assistance Percentage (FMAP) to strengthen the Direct Support Professional workforce. More broadly, the challenges to hiring staff are causing divisions within NCDHHS to re-evaluate timelines for completion of Olmstead Plan action steps and strategies. Some strategies have yet to be assigned.

The strategy to increase DSP wages identified in the Plan was 'completed' by the end of the first quarter reporting period. However, completion of that strategy should not be interpreted as resolving the DSP workforce crisis. NCDHHS has committed to continuing to explore new strategies and approaches, aimed at further improving recruitment and retention of DSPs, as well as to fully implementing the remaining, identified Plan strategies.

Next Steps in Olmstead Plan Implementation

With support from TAC, as needed:

1. NCDHHS will continue to clarify, refine and strengthen work plans where needed.

2. NCDHHS will identify additional strategies to address the Direct Support Professional/direct service workforce.
3. NCDHHS will continue to collaborate with Mathematica and TAC to identify additional baseline data and targeted measures to assess progress with implementation of the plan and the impact of strategies.
4. NCDHHS, system partners, and external stakeholders will continue drafting NCDHHS Strategic Housing Plan goals, objectives and strategies and issue these for public comment.
5. NCDHHS will develop a comprehensive plan to provide training and coaching support for best-practice, tenancy-sustaining services.

The Third Quarter Status Report of activity, from July 1 through September 31, 2022, will be due on December 15, 2022.