NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

North Carolina

Olmstead Plan Implementation

Summary Report
from April 1 through June 30, 2025

October 1, 2025

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Background and Introduction

In the second quarter of 2025 (April 1 to June 30), the North Carolina Department of Health and Human Services (NCDHHS) worked with other state agencies and community partners to carry out the 2024–2025 Olmstead Plan. At the end of the quarter, each agency shared updates on what they did in the Plan's six main areas. These updates help measure how much progress is being made.

This report focuses on two important areas:

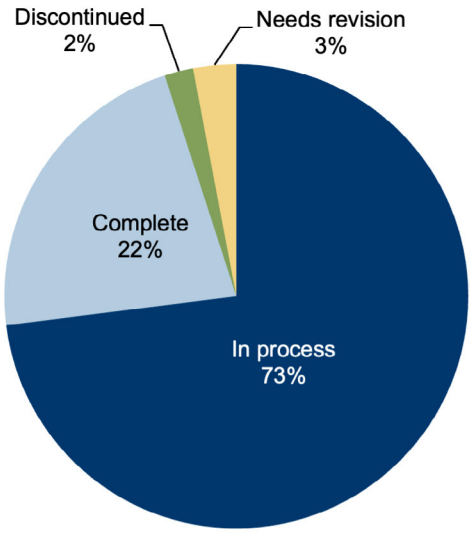
- **Priority Area 2:** Helping people avoid or leave institutions so they can live in the community.
- **Focus Area:** Creating more opportunities for people to live in the community.

Progress in the other areas is listed in Appendix A.

Status of Strategies

Figure 1 shows how North Carolina is doing on its Olmstead Plan. It shows that the state has finished or is still working on most of the strategies in the Plan.

Figure 1: Progress on NC Olmstead Plan strategies



Complete: The strategy and all identified action steps were accomplished either before or during 2025 Quarter 2.
In Process: Staff were actively engaged in the strategy during Quarter 2; at least one action step had been taken.
Discontinued: Work related to the strategy or action steps was discontinued as of the end of the reporting period.
Needs Revision/Clarification: The strategy might move forward with modification.

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

The Olmstead decision says that people with disabilities should be able to live in the communities they choose, not in institutions, unless they really need to be there. North Carolina knows that people need the right help and services to move out of institutions and live successfully in the community.

Sometimes, people with disabilities stay in institutions longer than they need to because they or their families don't know about the help that's available to move back home.

The best way to stop people from going into institutions is to help them stay in their homes in the first place. *Diversion services* give people with disabilities the support they need to live safely at home if that's what they want. Many people want to stay at home, but they and their families might not have enough help or money to do so.

Living in institutions can cause problems for people of all ages. For children and teens, being away from home means they have less time with family, friends, pets, and school. These changes can be very stressful and can even hurt how young people's brains grow and develop.

For adults and older adults, being taken away from home can lead to losing important skills and friendships. The longer someone stays in an institution, the harder it becomes for them to live on their own again.

Transitions

Helping People with Disabilities Live in their Communities

Helping people with disabilities move from big care centers into their own communities takes teamwork. The person, their family, and their helpers all need to believe that living in the community is possible. They also need to know what services are out there to help.

The Division of State Operated Healthcare Facilities (DSOHF) works with the Carolina Institute for Developmental Disabilities at the University of North Carolina (UNC). Together, they make surveys and learning materials about community living for families, legal guardians, and people with disabilities. The information they collect helps them plan new ways to connect providers with each other, and support people moving into the community.

To build trust, DSOHF works with the UNC Centers for Aging Research and Educational Services (CARES). They teach families and guardians about important topics like:

- Letting people take safe risks and make choices (called "dignity of risk")
- Sexual health and consent for people with disabilities
- Using natural supports (help from friends, family, and neighbors)

DSOHF also brings together providers and community members to share ideas and give feedback. The Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Provider Collaborative lets care centers share ideas about health programs. The Intellectual/Developmental Disabilities (I/DD) Clinical Collaborative gives community members a chance to share suggestions about medical care.

The North Carolina Money Follows the Person Program

The **Money Follows the Person** (MFP) program helps people who live in hospitals, nursing homes, or other care centers move into homes in their own communities. MFP gives people more choices about where they live and get care. It also helps fix problems that make it hard to live at home.

People in the MFP program get:

- First choice for special home- and community-based services
- Help finding housing and paying for it
- A coordinator to help them plan and adjust to living at home
- Follow-up support after they move

MFP can also pay for things people need when moving, like:

- Staff training
- Rent or security deposits
- Utility startup costs (like electricity)
- Furniture
- Home changes (like ramps)
- Food and other basic items to get started

This year, MFP has reached out to more than **400** people in nursing homes to tell them about community living options. MFP also works with Vaya Health every month to help people with physical disabilities reach their goals of moving home.

Since 2009, MFP has helped **1,950** people move from facilities into their communities:

- **497** older adults
- **557** people with physical disabilities
- **896** people with I/DD

In the first five months of 2025, MFP has helped **43** more people move home.

Acentra Health is another group that helps. They talk with nursing home residents about their choices and help them plan their move home. MFP meets with Acentra every week to make sure more people get the help they need.

The following personal stories show how MFP can help people.

Success Story: Money Follows the Person – Tim Myers

Tim Myers' life changed in a big way because of the Money Follows the Person (MFP) program. Tim grew up in Winston-Salem and went to Salem Baptist School. Later, he earned his GED. When Tim was in his twenties, he started having health problems, including epilepsy. Doctors later found out he had old brain injuries from when he was younger.

With some help, Tim was able to live on his own in an apartment near his family. But in 2020, his life changed again. He lost the ability to walk because of numbness on his right side. Tim had to move into a nursing home, where he lived for three years. He said that time felt like he had "no quality of life."

Then, Tim heard about the MFP program and met a transition coordinator who helped him move back into the community. In 2023, Tim got his own apartment close to his family. He says he finally feels peaceful and happy again. "I can wake up, I've made friends, and I have good neighbors who care," Tim says.

Since moving, Tim has reached some big personal goals. He lost weight and started going to church again. These changes have made him feel proud and more confident.

Tim gets help from a nursing aide six days a week. She helps him go to the doctor, buy groceries, clean, and cook.

Tim says living on his own isn't always easy. He had to get used to a new place and learn to manage things himself. But he believes the freedom is worth it.

His advice for anyone living in a nursing home who is thinking about moving into the community is this: "It's okay to be nervous, but the change is worth it. Having your freedom is priceless. You can eat what you want and live how you want — and that makes all the difference."

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.

Diversion

The Division of Child and Family Wellbeing (DCFW) works to help children with mental health and behavior challenges stay in their communities. DCFW keeps improving the Child Behavioral Health Dashboard, which shows information about kids in Psychiatric Residential Treatment Facilities (PRTFs) — places where some kids live while they are

getting mental health care. By tracking how many kids are in these facilities, the state can figure out how to help more kids without putting them in residential care. The dashboard is easy to use and is open to the public. With this tool, the state can watch progress and make sure all kids in North Carolina get the help they need. In the second quarter (Q2), DCFW got new data that will be added to the dashboard soon. They also started using new ways to measure progress for the state's fiscal year, which started on June 1.

High Fidelity Wraparound is a proven program that helps families when kids have mental health or behavior problems. DCFW is working to make this program available across the state. In Q2, the Division of Health Benefits (DHB) approved money to fund this program through a $22 million child services grant. This will lead to official coverage in state fiscal year 2027 and extra funding to expand the program in 2026.

The state also works with PRTFs, community providers, and national experts to help kids spend less time in PRTFs and to help them avoid returning to PRTFs. In Q2, a new Problematic Sexual Behavior Specialty PRTF program was designed with the NC Child Treatment Program. The state chose providers and local partners, and set up a payment system. This program will start in early 2026. The state also created a residential length-of-stay dashboard to track outcomes and help improve these programs.

The Division of Social Services (DSS) is helping kids stay with family members through Kinship Care. This program helps children with disabilities avoid going into group homes. As of April 2025, 1,774 children were in kinship homes. In Q2, 156 staff from county and private agencies finished being trained so they can teach families how to provide care for kids with disabilities.

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. In Q2, the state gave new funding for peer respite centers in Eastern, Western, and Central North Carolina. Local partners will use this money to expand community-based services and peer support.

Here's a success story from one peer respite program called the Promise Resource Network, showing how these centers help people in real life.

Success Story: Nancy's Journey of Hope and Recovery

Nancy faced many hard times for over 50 years. She struggled with trauma and addiction. At one point, she was homeless, living in her car with her dog, Sophia, and sometimes sleeping behind buildings without shelter. After a suicide attempt, Nancy woke up in the hospital on life support and stayed there for three weeks. During that time, she decided she wanted to take back her life.

While in the hospital, Nancy got a list of housing and support resources. She called Promise Resource Network, which changed her life. She stayed 10 days at their Peer-Run Respite and then found a permanent home at Oxford House. There, she focused on recovery by going to 12-step meetings and joining community activities. Nancy said, "It helped me relax, clear my mind, and focus on getting better. I would recommend the Respite to anyone who feels stuck."

Every week, Nancy volunteers for more than 20 hours at Crisis Assistance Ministries, helping sort clothes and donations. She still goes to Alcoholics Anonymous (AA) meetings, has a sponsor, and knows the Serenity Prayer by heart. She is also rebuilding her spiritual connection with God.

Nancy dreams of having her own home again with her dog, Sophia. She is committed to staying in recovery and helping others. Her story shows that even in the darkest times, hope is possible and life can get better.

Helping people during a crisis works best when the community knows about available resources, and when community members encourage people to ask for help when they need it. As part of the new NCDHHS Crisis to Care campaign, public service announcements are being shown on TV and online across the state. These messages feature real stories, and are focused on the messages that people need most in a crisis: "You are not alone" and "Support is available when you need it most."

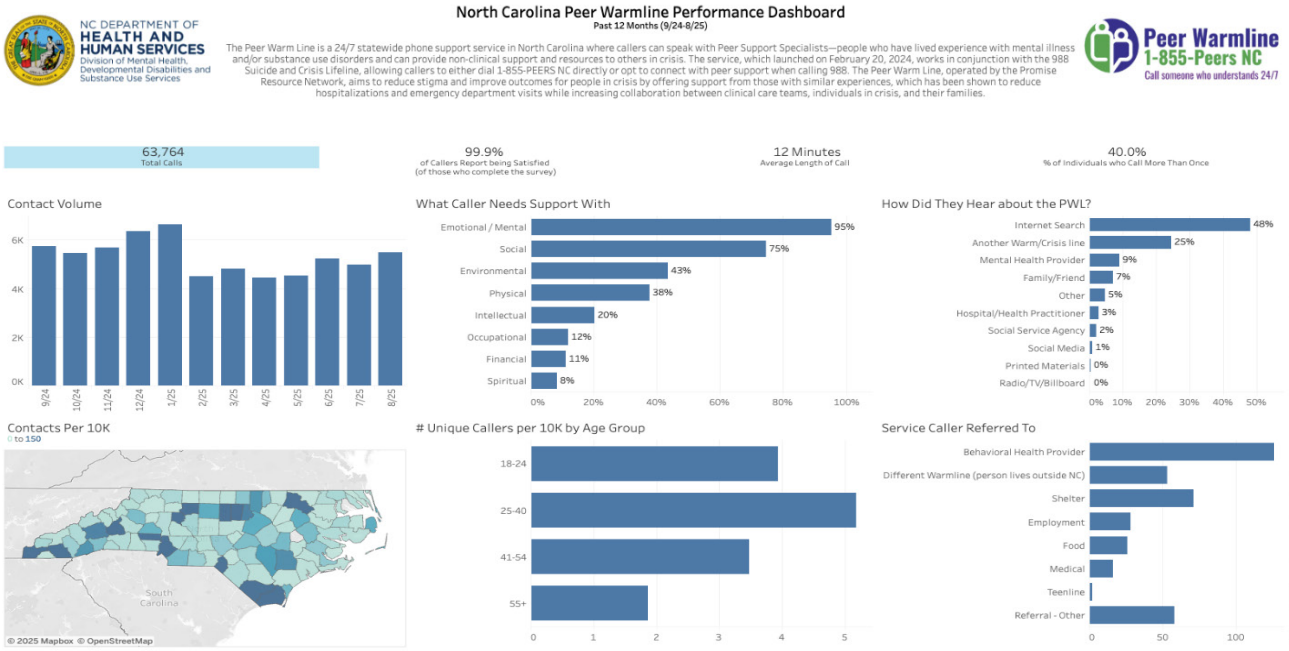
The Department also made a bilingual crisis toolkit with free flyers, posters, and other materials that explain local crisis services and how to get help.

In the second quarter of this year, the Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS) announced it would give $2.6 million to 18 community crisis centers in 14 counties. This money will help the centers fix buildings, accept more people, and make other updates so they can better help people in crisis. The centers getting funding are in Buncombe, Cabarrus, Cleveland, Davidson, Forsyth, Guilford, Iredell, Lumberton, Mecklenburg, Orange, Randolph, Rockingham, Union, and Wilkes counties.

DMH/DD/SUS also created a new dashboard showing how many calls the Peer Warmline gets, how satisfied callers are, and other statistics (see Figure 2, below). The Peer Warmline is run by Peer Support Specialists, people who have gone through mental health or substance use challenges themselves. They offer nonclinical support and help callers find resources, or just listen when someone needs to talk.

The Peer Warmline started in February 2024 and works with the North Carolina 988 Suicide and Crisis Lifeline, giving callers a choice to speak with a Peer Support Specialist anytime, 24/7. Peer support is for people who want to talk to someone who really understands what they're going through.

Figure 2: Peer Warmline Dashboard



The dashboard shows a quick picture of the calls. It tells us how many people called, why they called, how long they stayed on the line, and if they were happy with the help they got. It is helpful to talk with others who have gone through similar things. This experience can sometimes keep people from having to go to the hospital and the emergency room. The Peer Warmline had a 99% satisfaction rate from more than 56,000 callers between February and March 2025 who answered a survey. About 40% of callers called back again during that time, which may mean they think the service is helpful.

Progress Highlights in Focus Area: Enhancing opportunities for community living

The Strategic Housing Plan has been in place for about a year. (Its first anniversary was June 1, 2025). This Plan is a guide to help people with disabilities find affordable housing and get the support they need. The main goal is to keep, grow, and use supportive housing for the groups served by NCDHHS. The Plan also gives people choices, because everyone's needs are different. Besides supportive housing, it offers other options like quick rehousing and services that help people stay in their homes. These services include stopping evictions, helping people find housing, and providing peer support. NCDHHS and its partners are using this fiveyear Plan to build stronger housing support in communities.

Housing is very important for health. Studies show that people are healthier when they have safe, affordable homes with the right support. Providing people with supportive housing costs less than putting people in institutions or group housing. It also matches what people want, and leads to good results like fewer hospital visits, less homelessness, more stable housing, and better mental and physical health.

The Strategic Housing Plan builds on housing programs that have already been helping people with disabilities. The Plan's goals include:

- Creating 3,400 supportive housing units in five years, with 350 of the units designed for people with accessibility needs
- Finding more money to help pay rent
- Using current resources more effectively
- Making it easier for people to get housing
- Improving the quality of housing
- Offering strong housing support services across the state
- Training workers to provide these services

The Plan also shows how NCDHHS will work with other groups to share resources, help programs, and make housing systems stronger. Workgroups were set up to track progress in areas like building housing, finding resources, offering support services, and building partnerships.

The North Carolina Targeting and Key Rental Assistance programs have been very important for the state's **Transitions to Community Living** (TCL) initiative. TCL helps people with disabilities to find affordable homes in the community. In 2002, NCDHHS partnered with the NC Housing Finance Agency to make sure new housing developments included units for people with disabilities. Developers got extra points if they set aside 10% of their units, called Targeted Units. But by 2004, many people couldn't afford the rent. So NCDHHS created the Key Rental Assistance program to help renters pay for these units long-term.

North Carolina has made progress in helping people with serious mental illness find homes:

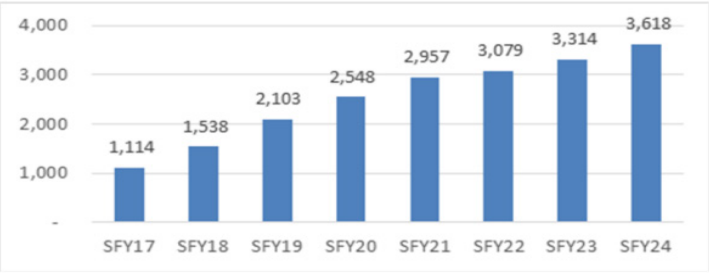
- By October 2023, more than **3,500** people were living in supportive housing.
- Almost **69%** of these people were still in their homes two years after moving in.
- On average, people stayed in housing for about two years.

The 2024 annual report showed more progress:

- By the end of 2024, **3,645** people living in supportive housing.
- **903** new people got supportive housing slots that year.
- The number of people moving from Adult Care Homes into community housing grew from **968** in 2023 to **995** in 2024. In total, **203** people moved from Adult Care Homes into supportive housing.

Overall, the TCL program has steadily grown, and by the end of 2024, there were 3,618 people living in the community with housing support, as shown in Figure 3.

Figure 3: Number of individuals living in the community with a housing slot (at end of state fiscal year)

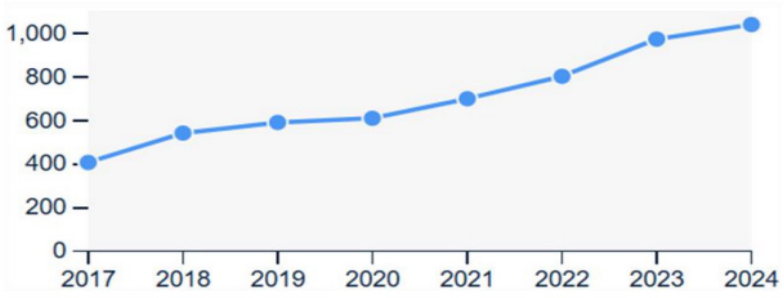


SFY	Count
SFY17	1,114
SFY18	1,538
SFY19	2,103
SFY20	2,548
SFY21	2,957
SFY22	3,079
SFY23	3,314
SFY24	3,618

Source: TCL Dashboard. Data were extracted on 3/18/2025.

Figure 4 below shows how many TCL members use Targeting/Key units. The rent for these units is usually lower than for private landlord units, and this cost savings helps more people to be served.

Figure 4: Targeting/Key housing unit utilization (at end of state fiscal year)



Source: TCL Dashboard. Data were extracted on 3/18/2025.

SFY	Count
SFY17	408
SFY18	543
SFY19	592
SFY20	611
SFY21	701
SFY22	804
SFY23	975
SFY24	1,042

The following success story shows the impact of the Targeting and Key Rental Assistance programs:

Success Story: Targeting and Key Rental Assistance Programs – Dale Winston

Dale Winston is proud to be independent. He says he learned that from his father. Today, Dale is happy and healthy, living in a nice apartment with a strong community. But his life wasn't always this way. At one time, Dale had no home and was living on the streets. While staying at a shelter, Dale needed surgery. He didn't have family or friends nearby, but a social worker from Davidson County Social Services helped him. After the surgery, Dale went to a nursing home where he got the care he needed.

At the nursing home, Dale learned about programs that help people with disabilities find housing. The Targeting and Key Rental Assistance programs gave him the chance to move into his own one-bedroom apartment. Another program, MFP, helped Dale get furniture and groceries so he could settle in. The Program for All-inclusive Care for the Elderly (PACE) program reviewed his needs, approved the move, and continues to provide him with support in the community.

Since moving in, Dale has made friends and built a community. He says, "This is my first house to myself. And I feel good." Dale also likes to help others. He says, "If I help them, I get a blessing." Now, Dale has another medical procedure coming up. But this time, he has a strong support system and a safe home to return to.

The Targeting and Key Rental Assistance programs help people find affordable housing. It is run by the Division of Aging (DA) and the North Carolina Housing Finance Agency. This program helps people find the special housing units they need. There are two main ways to get these units:

- **Targeting Program** – This works like the normal process for filling empty apartments.
- **TCL Housing Pilot** – This new process started in 2024. It is testing a different way to help people get housing. In this pilot program, Local Management Entities / Managed Care Organizations (LME/MCOs) work closely with landlords and make paperwork easier while giving extra support to renters.

The TCL Housing Pilot's main goals were to make referrals faster and help more TCL members move into homes when new buildings first open. The Pilot also wanted to improve teamwork, build stronger relationships with property managers, and give renters the support they need to succeed.

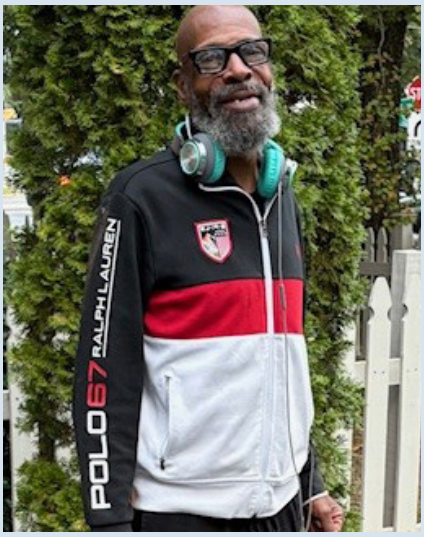
In its first year (2024), the Pilot worked with 16 properties in different counties. It focused on cutting delays, helping people move in successfully, using real-time vacancy systems, and making sure renters get any accommodations they need. Early results show that properties in the Pilot had faster move-ins and better use of referrals. Because of this success, two more health groups joined in 2025.

The next story shows how the Pilot combined with peer respite services made a big difference.

Success Story: From Unhoused to Healing and Hope – Henry Lee

Henry had no home during a very cold winter and was very sick. He couldn't have the lung surgery he needed to stay alive because he didn't have a safe place to recover. During this hard time, Henry found help and a safe place at the Promise Resource Network (PRN) Peer Run Respite, thanks to a program funded by Alliance Health. This changed everything for him.

Henry said: "I think I would have died on the street, which was my biggest fear — to die out there alone — if it wasn't for Alliance and PRN's support. You all showed me that I didn't have to do this alone."



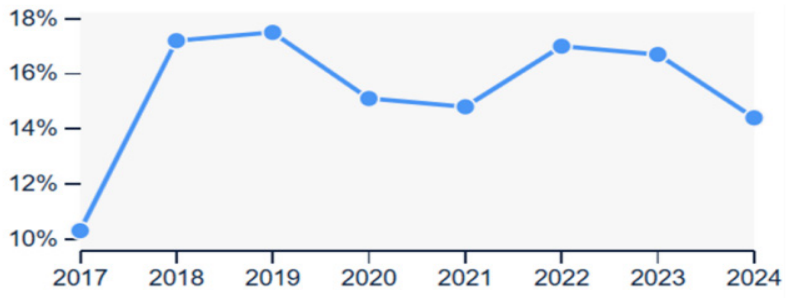
With support from the respite team, Henry faced his fear and had the surgery. He stayed at the respite while he healed, which helped his body and mind get better. He also made new friends and started sharing his story to help others. Now, Henry is getting ready to move into a TCL-supported apartment in a senior community that he chose. He said, “I really like my new spot. I am ready to get moved in.”

Henry is excited about having a stable home, being part of a community, and having a purpose. He will keep getting help from Promise Resource Network’s Hub and Community Inclusion programs. He also wants to volunteer at the respite to give hope to others. Henry is looking for an emotional support dog to live with him in his new apartment and help him keep healing.

Besides giving people housing and resources, NCDHHS knows that it is important to help people keep their homes and stay in the community. To do this, NCDHHS pays for Community Inclusion providers in three **Behavioral Health I/DD Tailored Plans**. These providers are run by peers who give one-on-one support to TCL members. NCDHHS recently agreed to add another Community Inclusion provider next year. This means every Local Management Entity / Managed Care Organization (LME/MCO) area will have one. NCDHHS also works with partners to train teams that help people stay in their homes, like Community Support Treatment and Assertive Community Treatment teams.

Figure 5 shows that during state fiscal years 2020 and 2021, when there was a national ban on evictions, fewer people lost their housing within a year. The number went up in state fiscal year 2022, but has been going down again since then. Now the state is closer to its goal, which is for fewer than 16% of North Carolina’s renters to experience a separation each year. This improvement happened because LME/MCOs and providers worked hard to stop people from losing housing and helped rehouse those who did.

Figure 5: Percentage of People who Lost Housing (by state fiscal year)



SFY	Percentage
SFY17	10.3%
SFY18	17.2%
SFY19	17.5%
SFY20	15.1%
SFY21	14.8%
SFY22	17%
SFY23	16.7%
SFY24	14.4%

Source: TCL Dashboard. Data were extracted on 4/4/2025.

Next Steps in Olmstead Plan Implementation

Quarterly reports will continue documenting progress on the six priority areas of the 2024–2025 North Carolina Olmstead Plan. TAC, NCDHHS, and Mathematica will make sure that all the action steps and measures in the Plan are useful. We will update them when needed. These reports will help North Carolina track its progress toward building communities where everyone is included.

Appendix A: Progress in Additional Priority Areas

Priority Area 1: Increase opportunities for individuals and families to choose community inclusion through access to Medicaid waiver home and community-based services and supports

The Department of Health Benefits (DHB) keeps track of the 1915(i) waiver by looking at data and meeting every month with Tailored Plans to check on services. DHB is working on updates to Tailored Plan contracts to make it easier for people to get services and to make them the same across the state. DHB is also making sure all 350 Innovation Waiver slots given to Tailored Plans are used for people on the waitlist.

As shared in the Q1 report, DHB added 500 new slots to the **Community Alternatives Program for Children** (CAP/C) **waiver** to give **home and community-based services** (HCBS) to more kids. DHB also started a process to check that these slots are being used. DHB continues to review requests for CAP/C enrollment for children who have behavioral health or cognitive challenges. Decisions about eligibility and enrollment are based on clinical information and in-person assessments.

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

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

Priority Area 3: Address gaps in community-based services

In Q2, the Division of Aging (DA) kept working on its goal to help older adults feel less lonely by promoting digital access. DA worked with UNC Asheville's Center for Health and Wellness to create resources for Social Bridging NC, including a toolkit called *The Social Bridging NC Toolkit: Promoting Social Connectedness and Expanding Awareness about Social Isolation and Loneliness*. This toolkit was shared widely through the Department of Public Health. It explains how loneliness can harm health, gives tips for staying connected, and offers resources for starting a phone-based wellness or social program. DA also held monthly meetings with Digital Navigators, who helped older adults and gave presentations at senior centers.

The Division of Health Benefits (DHB) oversees Tailored Plans to make sure they have enough providers to meet the needs of people with disabilities. If a Tailored Plan can't meet a person's standards for accessibility and choice, it may submit an "exception" request to the state. In Q2, DHB compared requests for exceptions in the first contract year to the second year. They found that fewer exceptions were requested in the second year, which may mean the network is improving and service gaps are smaller.

The Division of Child and Family Wellbeing (DCFW) worked to give children and families more care in their communities. DCFW expanded intensive alternative family treatment (IAFT) and therapeutic foster care (TFC) providers. In Q1, DCFW signed a contract with Rapid Resources to grow IAFT and added two new IAFT and TFC providers. DCFW also expanded High Fidelity Wraparound services to more counties to keep kids out of institutions. In Q2, DCFW funded more sites through the system of care expansion grant, and got more money to keep growing. DCFW gave $3 million to Tailored Plans to start and expand respite services for families that are caring for children with challenging behavioral health needs.

The Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS) added more children's mobile crisis teams this quarter. They funded eight new teams to start July 1, 2025. DMH/DD/SUS and DHB also started workgroups to create a permanent way for Medicaid to support mobile crisis management services, which would allow children's mobile crisis teams to be billed and have clear rules for coverage and payment.

To make crisis services easier to find, DMH/DD/SUS launched a new website in Q2 where people can search for services in their area. The site is updated often to keep information correct. DMH/DD/SUS also made the Orange County co-responder program bigger, and recruited new providers in western North Carolina who will start later in 2025. They also created new reports to track the quality of crisis services.

The Division of Social Services (DSS) funds Sobriety, Treatment, and Recovery Teams (START) and is working to expand this program to more counties. As of Q2, six counties are part of the START pilot. DSS met with these counties often, and gave them technical help. As mentioned in Q1, START needs to be included in the state's Title IV-E Prevention Services Plan so that it can keep its funding and grow. DSS sent the necessary amendment and is waiting for a response.

Priority Area 4:
Increase opportunities for pre-employment transition services for youth with disabilities, and competitive integrated employment for adults with disabilities

The Division of Aging worked toward its goal of getting more people into the Senior Community Service Employment Program, including people with disabilities. In Q2, there were 14 participants with disabilities and 249 total participants in the program.

The Division of Employment and Independence for People with Disabilities (EIPD) also made progress on its goals in Priority Area 4. To build a strong workforce, EIPD held a hiring event to find candidates for important jobs. However, there was a hiring pause which kept them from finishing the process with all candidates. Even so, EIPD lowered its turnover rate a little — from 15.9% last year to 15.7% this year. EIPD also worked on adding more pre-employment transition service (pre-ETS) vendors by reviewing grant applications and signing new contracts. The grant is still open for new and renewing providers if funds are available.

EIPD stayed active with Work Together NC and the Post-Secondary Education Alliance in Q2. They joined monthly meetings to get feedback and learn about resources, like college programs for people with intellectual and developmental disabilities (I/DD). EIPD also partnered with Work Together NC on a project to make it easier for people with I/DD to get **competitive, integrated employment** (CIE). The project offers job assessments and support. People who want work are connected with a CIE Liaison from EIPD or their Tailored Plan. The liaison helps answer questions, remove barriers, and guide them through the process.

EIPD also worked with the NC Community College System to place case managers in six colleges. These case managers help students with I/DD get vocational rehabilitation services. Right now, Alamance Community College, College of the Albemarle, and Wilkes Community College have case managers, and 57 students are getting help through the Bridge to Success program.

Finally, EIPD made progress on the Subminimum Wage to Competitive Integrated Employment and Spark grant, which gives extra support to help people get and keep jobs. Project Spark now serves 85 people at three pilot sites: Chatham Trades, Tri-County Industries, and Wake Enterprises. So far, 13 Spark participants have competitive jobs. Success stories are shared on social media (check Project Spark North Carolina on LinkedIn or Facebook), newsletters, and meetings.

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

EIPD gives job training (called pre-employment transition services, or pre-ETS) to youth in Youth Detention Centers (YDCs). In Q1, EIPD planned several training events for staff, and one was held in Q2 in Morganton. Juvenile justice leaders from across the state spoke at the event, which helped start important talks about how systems can work together and improve access. These speakers will also attend events in Greensboro and Greenville later this year. EIPD had some challenges in Q2 because staff who used to teach the pre-ETS program left. To fix this, EIPD is training new staff and hopes to start helping the Edgecombe YDC improve services for students with disabilities.

DMH/DD/SUS supports mental health services in YDCs. This quarter, they worked on bringing peer support to youth by planning the launch of Talk Space, an app that connects youth to peers and resources. They hope to start Talk Space in July 2025 if funding is approved. DMH/DD/SUS also worked on changing laws so they can create special behavioral health treatment units in YDCs for youth who have serious mental health and substance use problems.

DMH/DD/SUS also worked on helping people with intellectual/developmental disabilities (I/DD) and traumatic brain injuries (TBI) when they leave detention. They funded the Alliance of Disability Advocates (ADANC) to write a program manual for programs that provide reentry services, and the final draft was finished in Q2. DMH/DD/SUS signed another contract with ADANC to keep helping people with I/DD and TBI until December 1, 2025. They helped 19 people with reentry plans, but they had to stop the program on June 30, 2025 because of funding issues. The Department of Adult Correction will make sure these individuals are connected to Local Management Entities / Managed Care Organizations (LME/MCOs) for continued support.

To help people in jail who have opioid use disorder (OUD), DMH/DD/SUS is expanding the use of medication for OUD (MOUD) in jails and prisons. This includes starting medication and continuing it for those already on treatment. In 2025, 44 jails in North Carolina partnered with treatment providers to provide methadone for inmates. Expansion has been hard because of staff turnover and different levels of support from jail leaders. A big step forward happened in Q2 when the State Opioid Treatment Authority connected with the President of the North Carolina Sheriffs' Association. They plan to meet soon, and the president wants to learn more about the state's plan for MOUD and how it can help. This partnership will help expand MOUD to more jails. Also in Q2, funding was approved to create MOUD education kits for all jails in the state. The state is now developing these kits.

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

The Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS) is working on several projects to improve training and keep more **direct service professionals** (DSPs) and certified peer support specialists. This quarter, DMH/DD/SUS continued creating an advanced training program for direct support professionals, which will be ready in fall 2025. DMH/DD/SUS also finished two new courses for peers:

- **Foundations of Peer Support Part I** – an online course you can do at your own pace, launched in July 2025.
- **Foundations of Peer Support Part II** – an in-person class starting in September 2025.

The North Carolina Department of Health and Human Services (NCDHHS) wants these trainings to be free or low-cost so more people can join. They are also creating a certified peer workforce center. In Q2, they started sending emails to certified peer support specialists to tell them about job updates in their region. This goes along with the job board that is updated regularly.

Also in Q2, the Provider Workforce Center began helping peers with writing resumes, job coaching, and learning the basics of peer support. The center is also working on help for providers, like how to add peer support to their programs and how to understand what peers do. This help should be available on the NCDHHS website by April 2026.

Finally, NCDHHS is creating more trainings for special groups and continues to support peer-to-peer mentoring that started earlier this year.

Appendix B: Glossary of Key Terms

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

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 “high-tech” devices, such as a software program on a computer, or screen readers. Note: Medical devices that are surgically implanted are not considered assistive technology. Assistive technology isn’t always a device. It can also mean a service, such as:

- Evaluating an individual’s needs
- Helping to get assistive technology devices by buying, leasing, or borrowing them
- Choosing, fitting, or repairing a device
- Training an individual with a disability or their caregivers on how to use assistive technology

Behavioral Health I/DD Tailored Plans – An integrated health plan 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 – A full or part-time job for a person with a disability that is paid at least minimum wage. 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 other employees without disabilities in similar positions.

Direct Support Professional – 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 – A North Carolina Department of Health and Human Services initiative that tests and evaluates programs related to housing, food, transportation, and interpersonal safety for high-needs Medicaid enrollees.

High Fidelity Wraparound – Care coordination for youth (3–20 years old) with serious emotional disturbance, including those with a co-occurring substance use disorder or intellectual and other developmental disability. "In Lieu Of" service definitions have been developed to promote the use of High Fidelity Wraparound services across the state. "In Lieu Of" services are alternative mental health, substance use disorder, or intellectual and other developmental disability services that are not included in the state Medicaid plan or managed care contract. "In Lieu Of" services are not required. Local Management Entities / Managed Care Organizations choose which ones they may want to provide.

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

Innovations Waiver – A 1915(c) waiver that helps children and adults with intellectual and other developmental disabilities to live in the community — even if they have been evaluated to need the level of care provided by Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs).

Money Follows the Person (MFP) – A program that helps Medicaid-eligible people who live in inpatient 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.

Transitions to Community Living (TCL) – An Olmstead-based court agreement to make sure that eligible adults with serious mental illness can live in their communities in the least restrictive settings of their choice. The North Carolina Department of Health and Human Services has in-reach, transition, diversion, and community-based services to help people remain in the community or transition from facilities to the community.

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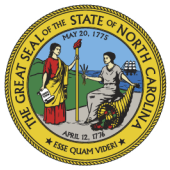

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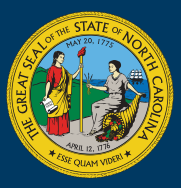

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