



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

North Carolina

# Olmstead Plan Implementation

Summary Report  
from July 1 through September 30, 2025

**December 1, 2025**

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# Background and Introduction

In the third quarter of 2025 (July 1 to September 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:

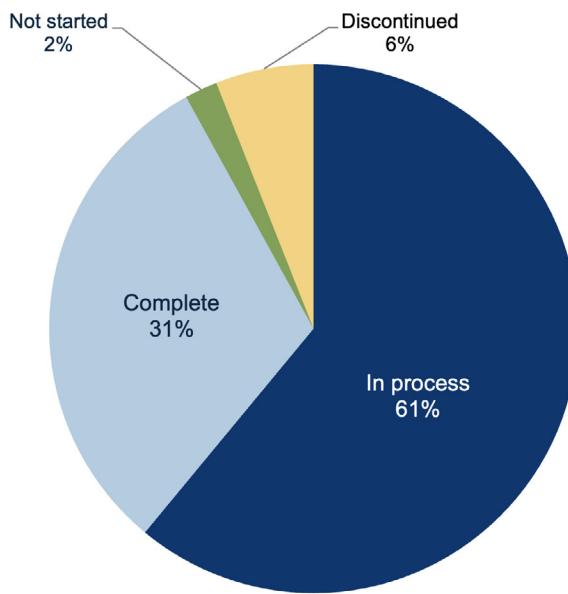
- **Priority Area 3:** Addressing gaps in community-based services
- **Focus Area:** Engaging people with disabilities and their families as partners

Progress on other parts of the Plan is listed in [Appendix A](#).

# Status of Strategies

Figure 1 shows how North Carolina is doing on the Olmstead Plan. It shows that the state has completed some parts of the Plan, and is working on others. Only a few parts have not been started yet or discontinued.

**Figure 1: Progress on NC Olmstead Plan Strategies**



**Complete:** The strategy and all its action steps were finished either before or during 2025 Quarter 3.

**In Process:** Staff were working on the strategy during Quarter 3; 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

**Not Started:** Work related to the strategy or action steps was not started by the end of Quarter 3.

## Progress Highlights in Priority Area 3: Address gaps in community-based services

Sometimes people can't get the help they need because the service either doesn't exist, or isn't available to everyone. When there aren't enough services in the community, people with disabilities may have to live in places that aren't very inclusive, like institutions. North Carolina is working to fix this. The Olmstead plan is a guide that helps the state find better ways to support people with disabilities in the community. Through the North Carolina

Olmstead Plan, the state has made a commitment to use proven ideas and practices for all groups of people with disabilities.

## Children and Families

Evidence suggests that the most positive outcomes for children and their families occur when the child can keep living in their community. Additional services and supports for children in their homes can prevent institutionalization that separates families. North Carolina is making progress in this area, but communities still need more capacity to provide these services.

### **Access to Care**

Only four of North Carolina's counties have enough people who provide mental health care. Often, primary care doctors are the only ones who can help children with mental health problems, but many doctors don't feel that they have enough training to provide this help. For this reason, the state started the NC Psychiatry Access Line (NC-PAL). This is a phone service that lets doctors talk to trained child psychiatrists for advice. ***More than a million kids have gotten help through NC-PAL.*** Beyond the telephone consultation, NC-PAL is a partnership between the North Carolina Department of Health and Human Services (NCDHHS) and the Duke University and UNC Chapel Hill Schools of Medicine — programs that offer help and training to many North Carolina providers, building their mental health knowledge and capacity. The NC-PAL website hosts a [youth mental health care dashboard](#), which shows the need and resources across the state.

### **Helping Families Take Breaks**

It can be hard to take care of children with intellectual and developmental disabilities (I/DD), autism, traumatic brain injury (TBI), and mental health and substance use concerns. Respite programs give foster, kinship, adoptive, and birth families temporary breaks from their parenting responsibilities. Families need programs that they can rely on to offer safe spaces where their children can stay while they rest. NCDHHS provided **\$3 million** to start new programs, partnering with Trillium Health Resources. These two new "Henry's House" programs, which are provided through Victory Junction and Easterseals PORT Health, will offer short stays for children with disabilities. These programs are a place where children with disabilities can have fun and make new friends, while families rest and recharge.

### **Helping Kids in Crisis**

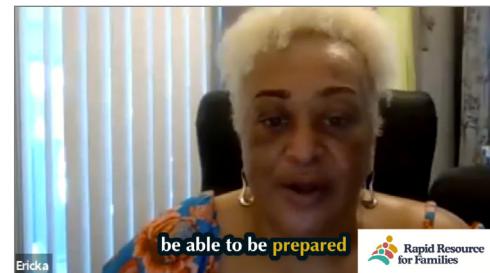
When children with disabilities are in crisis, the people who respond should understand their needs. This is why NCDHHS is expanding its Mobile Outreach Response Engagement and Stabilization program (MORES). MORES sends trained teams into the community to help children ages 3 to 21 with emotional or behavioral problems. Giving this help to children and support to their families can keep them out of hospitals and group homes. MORES now works in 20 counties, and the program has secured funding for another year.

If children in crisis need to leave home for safety, they should have a calm place to go. Emergency rooms can be scary and noisy, and may lead to hospital admissions. This quarter, Trillium Health Resources announced \$3.8M in funding to open a new center in Greenville that will give both children and adults a safe place for mental health care, open 24/7. This Behavioral Health Urgent Care center, which is run by Integrated Family Services, will be open to people from all parts of the state with any diagnosis, including mental illness, I/DD, substance use disorder, or TBI.

Below are more evidence-based programs that help children and their families:

### Intensive Alternative Family Treatment (IAFT) Program

NCDHHS has a contract with Rapid Resources for Families (RRF) to expand access to IAFT — which is a program for children with needs that make it hard to find a safe, supportive place for them to stay. IAFT helps to prevent these children from having to stay in institutions. IAFT offers family-based services in a therapeutic foster home with counseling and other mental health supports to keep children healthy and well. In its first year, RRF created **27** Treatment Parent Specialist homes, which was more than RRF's original goal of 25.<sup>1</sup> In a national presentation on the model in September 2025, the state shared several positive outcomes, shown in [Figure 2](#).



*Appreciation for IAFT's In-Depth Training:  
[Being Prepared to Deal with Trauma in Children](#)*

### Figure 2: Positive Outcomes of the Intensive Alternative Family Treatment Program<sup>2</sup>

-  74% of youth leave IAFT and step down to a lower level of care. Of that total, 35% are to their family of permanence and/or Independent living (2024-2025).
-  Evidence from quasi-experimental studies indicates that among youth with or without prior institutionalization, IAFT reduces the likelihood of subsequent admission to PRTFs by 23% and 28%, respectively, compared to usual care. (Lanier et al., 2021; Rose et al., 2021).
-  Research conducted recently has shown that IAFT is successful at reducing first time admissions to a PRTF as well as positively impacting re-admission to higher level of care after a prior episode of treatment
-  Higher treatment parent satisfaction (compared to TFC)
-  Families of permanence and/or legal guardians are satisfied with treatment outcomes and behavior change upon discharge

1. Bell, S. (2025, September 7). Intensive Alternative Family Treatment (IAFT) [PowerPoint slide deck]. Presented to the National Academy for State Health Policy Children's Behavioral Health Policy Academy.
2. Bell, S. (2025, September 7). Intensive Alternative Family Treatment (IAFT) [PowerPoint slide deck]. Presented to the National Academy for State Health Policy Children's Behavioral Health Policy Academy.

## High-Fidelity Wraparound

This service provides a team that works with families to help children with mental health challenges stay at home. The High-Fidelity Wraparound team supports the family and child to help them reach their goals. This program has helped to keep many children out of residential care, emergency rooms, foster care, and detention centers. For each child this program serves, the state saves \$33,000.

## The Somethings App

To make more mental health supports available for teens, the Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS) invested in a free app called “Somethings” that connects teens to peer mentors and mental health providers. As of May 2025, **369 teenagers in 54 counties** were using the Somethings app, and many said it helped them feel better. NCDHHS and its partners, Somethings and Alliance Health, have seen an increase in the number of people using the app, the number who report that they like it, and the number who say it helped them reduce crises. One 15-year-old Somethings user says “I feel more calm and confident because of my mentor.” An 18-year-old user says “I don’t know where I’d be without this app.”<sup>3</sup>



## START Program

Parents’ use of alcohol and other drugs is the number one reason children are placed in foster care in North Carolina. Sobriety Treatment and Recovery Teams (START) help keep kids safe at home while their parents get treatment for their substance use. In Q3, two more counties began this program, for a total of six counties that use START. Funding for this program has been approved as part of the Title IV-E prevention services program.

In 2017, North Carolina’s Buncombe County became the second community in the nation to complete the START certification process. Since then, its START program has handled 198 cases, with 165 of them now closed.

The 165 closed cases in the Buncombe County START program served 252 children.

- **179** of those 252 children (**71%**) were either not removed from their parents’ care or were reunited with their parents.
- In **108** of the closed cases (**65%**), at least one of the child’s caregivers reached their recovery goals.

3. North Carolina Department of Health & Human Services (2025, July 8). [Free teen mentoring app grows in engagement and satisfaction](#). *Hot Topics*, July 8, 2025.

The two stories below show how the Buncombe County START program has helped parents with SUDs enter recovery, while making it possible for them to keep custody of their children.

### ***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.

### ***START Success Story: Regaining Hope***

Fighting at the 11th hour — that is what one mom did to regain custody of her son. The Buncombe County Department of Human Services had custody of her child, but had not yet identified a safe home for him. The mother was doing the bare minimum to address the court’s substance use concerns. During supervised weekly visits, a social worker and a family mentor worked hard to convince this parent that hope was not lost, and that things could be turned around. As time went on, however, that hope started to fizzle, and the social worker on the case planned to recommend that the court choose a different long-term plan for the child instead of reunification. But this mom’s light was not put out yet. With the help of community partners at Project CARA, the Julian F. Keith Alcohol and Drug Abuse Treatment Center, and Mary Benson House, she was able to do a complete 180 and demonstrate to the Department that reunification with her son was still the best plan. Weeks passed, and while the seasons changed, she stayed consistent — all the way up to that long-awaited court hearing where the judge awarded custody of the child back to his mother.

## Adults

To help people with disabilities live in the community instead of group homes or other institutions, NCDDHS must make resources available to people in the community who are in crisis. Without the right kind of support, people in crisis end up in hospital emergency rooms or even jail. In the Olmstead Plan, DMH/DD/SUS describes the steps it is taking to make things better for adults in crisis.

### **988 Suicide and Crisis Lifeline**

One big step was improving the **988 Suicide and Crisis Lifeline**. This is a free phone number that people can call or text if they need help. When a person calls 988, trained helpers listen and give support. They can also send help if needed. To teach more people about 988, NCDHHS has been giving out free materials to schools and communities.

Recent surveys of people who use 988 show that most calls are about family, other relationships, or personal problems, and that teens 13–17 call the most.<sup>4</sup> Before contacting 988, users were feeling stressed, worried, and afraid. After contacting 988, people reported feeling hopeful, energized, and thankful, with fewer bad emotions. 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.



When a phone call isn't enough, mobile crisis teams can come to help in person. These teams include mental health experts and peer supporters. They help calm people and connect them to services.

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

One user named Faith says “I texted 988 because sometimes speaking gets hard for me, and they just helped me calm down, and then I was able to find a friend. It’s free, and you can get in touch with people who are trained to help through all sorts of crises.”

In places where there are not enough services, police were often the ones to respond to people in crisis. Mobile crisis and co-responder models provide another option. In this quarter, new co-responder programs started in Orange County and RHA Health Services through Vaya Health, and can now send trained helpers with or instead of police.

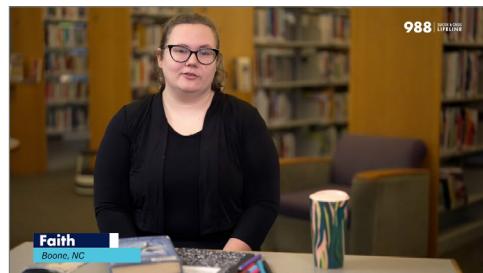
### ***Behavioral Health Urgent Care (BHUC)***

Another option for people who need help is a new BHUC center that is opening in Greenville. This program will be available to all adults no matter where they live or what kind of insurance they have.

In Q3, it was announced that another new center in Concord will help adults with drug or alcohol problems and mental health needs. Pyramid Healthcare will offer proven treatments, including medicine for opioid addiction at Pyramid’s new detox and residential programs.

To make sure people with disabilities get care that fits their needs, NCDHHS started a Person-Centered Practice Learning Collaborative. In September, the Collaborative held its first training session, which was attended by more than 100 providers. This program helps service providers learn from national experts and from each other so they can improve care. The Learning Collaborative will run through 2026.

NCDHHS is also working to make sure that people with serious mental illness can get quality care. The Department launched and expanded a program to give extra help to Assertive Community Treatment (ACT) and Community Support Teams that support people with serious mental illness.



Watch [Faith's 988 story on YouTube](#).

## Older Adults

In North Carolina, **97%** of adults aged 65 and older live in the community. Of these households, **86%** own a computer and **78%** have internet. Many of these older adults need help learning how to use technology safely. Through the Social Bridging NC program, the Division of Aging offers resources that teach older adults about online safety, like avoiding scams and fake emails.

Social Bridging NC also helps older adults stay connected and fight loneliness. The state has completed its action steps identified in the Olmstead Plan to make sure older adults, including those with disabilities, can use technology for social connection and virtual social activities.

# Engaging People with Disabilities and their Families as Partners

NCDHHS has many ways for people to participate in shaping services for people with disabilities. Some of these activities are specific to the Olmstead Plan, while others are advisory groups on services for particular groups of people. All of them can help change and improve the Plan.

## Olmstead Plan Engagement

North Carolina will release its next Olmstead Plan update in July 2026. This update will show what has been done over the past two years. This new update will outline a five-year vision for improving services, getting rid of barriers, and making the system work better for people with disabilities.

To make sure the plan reflects what the community cares about, the Olmstead Director and Associate Director, supported by TAC, have begun a major effort to hear from the public (see overview in [Figure 3](#)). The goal of this effort is to:

- Listen to many voices and points of view, including people with disabilities, families and caregivers, providers, advocates, and community partners.
- Learn what people want and need most from the service system.
- Identify the biggest barriers that make it hard for people to succeed in the community they want to live in.
- Discover what is working well now.
- Make the plan relevant to real-world needs.
- Begin building shared understanding.

**Figure 3: Community Engagement Plans for the 2026 Olmstead Plan Update**

**NCDHHS is updating the Olmstead Plan**

- We are launching Phase 1 of community engagement to shape North Carolina's updated Olmstead Plan. This work centers the voices of people with disabilities, families, providers, and advocates to ensure our systems are equitable, accessible, and person-centered.
  - ▶ Virtual Sessions: Utilizing existing standing meetings and offering registration for additional sessions.
  - ▶ In-Person Sessions: Two regional, mixed-population meetings.
  - ▶ Accessibility: ASL, interpreters, plain-language materials

*If you want to sign up for a session or offer written feedback, email us at: [ncolmstead@tacinc.org](mailto:ncolmstead@tacinc.org)*

*Take our survey:  
[Olmstead in North Carolina Survey](#)*



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### **Quarter 3 Engagement Activities**

In Q3, the Olmstead office and TAC gave people many ways to share their ideas. They made sure the options worked for different communication needs and comfort levels.

Engagement activities included:

- Four online listening sessions, open to anyone who wanted to join.
- A community inbox, which got several emails with ideas, concerns, and questions.
- An English-language survey, which received 55 responses.

The goal of these activities was to hear from as many people as possible, learn about different experiences, and get honest feedback.

### **Planned Activities for Quarter 4**

Community engagement will keep going in Quarter 4 of 2025 to include more people and make sure more voices are heard. Upcoming efforts include:

- Two in-person listening sessions
  - ◆ Greensboro – December 3
  - ◆ Asheville – December 4
- Launch of a Spanish-language survey
- One or two additional online sessions for people who didn't get a chance to join earlier

### ***Engagement with State Divisions***

Each division in the North Carolina state government that provides services for people with disabilities gives progress reports every three months. These reports are where most of the information comes from for these quarterly summary reports. The divisions will also play an important role in creating a new Olmstead Plan. The feedback from the community engagements will be shared with the divisions. Each division will:

- Look at its strategic plans and current work.
- Decide how to fix gaps and remove barriers.
- Make the things that are working well even better and more available.

This information will be written into the new plan as goals, strategies, and action steps for the divisions to work on over the next five years. Some strategies and actions may change during that time as divisions learn more about what people need; if there are changes in funding; or from other factors.

### ***Engagement for the Draft Plan***

Once the divisions complete their assessment and come up with goals, strategies, and action steps, a draft plan will be released in Quarter 2 of 2026. People with disabilities, families and caregivers, providers, and advocates will have the opportunity to offer feedback on the draft. NCDHHS will announce when the draft is available and how feedback can be given.

### ***Olmstead Plan Stakeholder Advisory Committee***

NCDHHS brings together the Olmstead Plan Stakeholder Advisory (OPSA) committee. This group includes state divisions, people with lived experience, professional organizations, and some members of the General Assembly. These meetings are open to the public. OPSA meets four times per year and shares updates about what the divisions are doing. At each meeting, OPSA helps guide the work of the Olmstead Plan by providing different points of view and expertise. In each meeting there is a time for the public to share comments.

## **State Consumer and Family Advisory Committee (SCFAC)**

As it says on the [State Consumer and Family Advisory Committee's web page](#), "SCFAC serves as the representative voice of consumers and families with mental health, substance use, intellectual/developmental disabilities, and traumatic brain injury. It advises the Division of Mental Health, Developmental Disabilities and Substance Use Services, other NCDHHS agencies, and the General Assembly. SCFAC gives consumers a way to have input on the planning and management of the public system." These meetings are held monthly. SCFAC is not focused only on Olmstead, but the group talks about topics that are important to people with disabilities. There are also local CFACs.

## Brain Injury Advisory Council

The Brain Injury Advisory Council (BIAC) looks at the causes and effects of brain injuries and gives advice to the divisions, the General Assembly, and the Governor on how to plan, fund, and provide services to people with brain injuries. The BIAC meets every other month.

## Other Councils and Committees Relevant to Services for People with Disabilities

DMH/DD/SUS hosts the CFAC and BIAC, as well as many other groups and committees. These groups help shape services for people with disabilities, and some of them focus on specific disabilities. Information about each group is available on the [DMH/DD/SUS website](#).

The Division of Child and Family Well-Being brought together a [Transformation Team](#) made up of many different groups, including people with lived experience, to advise on the action plan.

The [State Rehabilitation Council](#) works with the Division of Employment and Independence for People with Disabilities to give all North Carolinians a way to have input on the direction of vocational rehabilitation. The full council has public meetings every three months, and different committees meet monthly.

The Division of Aging (DA) has many community advisory councils and committees that hear from the community about what's important to older adults. Many of the topics discussed are connected to Olmstead. Information about each council or committee can be found on the [DA website](#).

The Division of Health Benefits (DHB), or NC Medicaid, also hosts several councils, committees, and workgroups. Several of these groups are relevant for people with disabilities, including Money Follows the Person and the Personal Care Services Committee. More information about these opportunities is on the [DHB Committees and Workgroups webpage](#).

# Next Steps in Olmstead Plan Implementation

Quarterly reports will continue documenting progress on the six priority areas of the 2024–2025 Plan. TAC, NCDHHS, and Mathematica will make sure all action steps and measures are useful, and will update them when needed. Keeping these goals and steps aligned 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 Division of Health Benefits (DHB) continued to watch how the 1915(i) services are being used. The division did this by looking at “encounter data,” which means records of the services people actually received, and by holding monthly meetings with Tailored Plans to review how the services are working.

DHB is also working on updates to the Tailored Plan contracts to make services easier to get and more consistent across the state. DHB is working to fill the last 15% of the 350 waiver spots it gave to the Tailored Plans. Efforts continue to determine whether they qualify for the services/meet the rules to receive the help.

Earlier this year, DHB increased access to home and community-based services (HCBS) for children by adding 500 new spots to the CAP/C waiver. DHB also finished setting up a monitoring process to make sure children can use these spots. DHB continues to review all CAP/C referrals that involve behavioral health or cognitive challenges. Decisions about whether children can enroll are based on clinical information and what staff learn during in-person assessments.

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

In Q3, DHB's Money Follows the Person (MFP) program taught 381 staff members in nursing homes about the program through its Community Inclusion Consultants. MFP and the Long-Term Services and Supports (LTSS) program also met every week with the North Carolina Linking Individuals and Families to Long-term Services and Supports (NCLIFTSS)

vendor to help increase referrals. The program recently celebrated Vaya's successful completion of its first year helping older adults and people with physical disabilities move back into the community. Work is still getting started with the [Long-Term Care Ombudsmen](#), a group of state officials who help residents in long-term care facilities understand their rights. The MFP Project Director began a pilot program to help fix problems that make it hard for people who are Medicaid eligible because they are in an institution to transition out of long-term care facilities.

The Division of Child and Family Well-Being (DCFW) continued using the Child Behavioral Health Dashboard in Q3, a tool that shows how often children and youth enter psychiatric residential treatment facilities (PRTFs). This information helps the state decide when and where extra support is needed to reduce unnecessary placements.

DCFW is also working on expanding High Fidelity Wraparound (HFW), an intensive, team-based service that helps children with serious emotional or behavioral needs and their families. HFW brings together the child, family, school, and service providers to make one clear plan that supports the child at home, in school, and in the community.

This quarter, 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 a new Clinical Policy, expected in 2026, which will help make the program sustainable in all 100 counties.

In Quarter 3, the Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS) continued its work to help youth stay in their communities and avoid unnecessary time in psychiatric facilities. DMH/DD/SUS is studying how residential treatment works across the state so they can find out what makes it hard for youth to get support before and after treatment. This division is also working on new types of specialty residential programs for youth with complex needs, such as aggressive behaviors, sexual behavior concerns, or co-occurring conditions (like behavioral health needs plus substance use, developmental disabilities, or justice involvement). DMH/DD/SUS is also planning a quality assurance system to make sure all PRTFs provide safe and effective care.

In Q3, DMH/DD/SUS reported that 70% of the money meant to improve facilities has already been used. The division also launched "Ukeru," a program that helps treatment facilities reduce the use of physical restraints and other restrictive interventions.

DMH/DD/SUS made progress on expanding peer-operated respite services. Peer-operated respite is a voluntary, short-term place where people experiencing a mental health crisis can get support from trained peers — people with lived experience — rather than going to the hospital. The Division is using the Mental Health Block Grant (MHBG) to fund more programs where peers help people with recovery, housing, and employment. It is also

developing new Requests for Proposals (RFPs) so that every region in the state will have at least one peer-run respite by 2027. The Peer Support Line is expanding to include chat and text options.

At the same time, DMH/DD/SUS noted that funding for peer-run living rooms and recovery centers is still at risk, and the division may need additional support to continue these programs.

In Quarter 3, the Division of State Operated Healthcare Facilities (DSOHF) made good progress helping people with disabilities learn more about community living options and supporting smoother transitions out of State Developmental Centers (SDCs).

First, DSOHF partnered with the University of North Carolina at Chapel Hill's Carolina Institute for Developmental Disabilities (CIDD) to build new, accessible surveys. These surveys will help people with disabilities — and those legally responsible for them — share how interested they are in community-based services instead of staying in institutions. CIDD also began recruiting interviewers, and SDCs started identifying people who can act as "proxies" to help residents share their choices if needed.

DSOHF also worked with MFP and University of North Carolina Centers for Aging Research and Educational Services (UNC CARES) to provide staff trainings on guardianship and supported decision-making. Supported decision-making is a way for people with disabilities to make their own choices with help from trusted supporters instead of having someone else make decisions for them. This quarter, staff attended two trainings focused on understanding community resources that can help people transition out of SDCs.

DSOHF also made progress on its "escalation process" for people facing major barriers to transitioning to the community. They worked more closely with the PRTFs to understand their discharge systems, and they continued meeting with Local Management Entity/Managed Care Organizations (LME/MCOs) — the groups that manage mental health and intellectual/developmental disability (I/DD) care — to plan next steps for people who have been in an SDC for nine months or longer.

Finally, DSOHF helped launch new opportunities for community providers. The division started an Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) provider collaborative, which brought together about 15 providers to work on improving services. DSOHF also invited community members to join the upcoming I/DD Clinical Collaborative, which will begin in November.

In Quarter 3, the Division of Social Services (DSS) made progress in helping more children stay with family instead of going into group homes or institutions. DSS continued its Unlicensed Kinship Care program, which started in 2023. Kinship care means children in foster care live with relatives or close family friends they already know. This helps children

stay connected to their families and communities. As of August 2025, **1,907** children were living with kinship caregivers who received financial support through this program.

DSS is also working on new kinship licensing standards, which will make it easier for relatives to become licensed foster parents. Licensed kinship parents receive more support and training. DSS continues its work on the state laws, rules, and policies needed to fully support these new kinship licensing standards.

Since January 2025, counties have been able to use a training program called the National Training and Development Curriculum (NTDC). Foster parents usually need 30 hours of training, but kinship families who are related to the child only need 15 hours, which makes the process faster and easier. As of 7/7/25, more than 156 staff across the state have completed NTDC “train-the-trainer” courses, so they can now teach kinship families.

DSS also continues tracking progress toward its long-term goals for kinship care. Recent data collected shows:

- **31.26%** of children in foster care are placed with kin
- **37.83%** of children are first placed with kin when they enter foster care
- **2.76%** of children are placed with *licensed* kin
- **5.59%** of children are living in group homes that are not treatment-focused

One earlier goal — tracking the percentage of kinship placements that are licensed — was removed because the current data system cannot track it accurately.

### **Priority Area 3:** Address gaps in community-based services

This Priority Area is featured under “[Status of Strategies](#)” in the main body of this report.

**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 (DA) continues work towards its goal to increase the number of people in the Senior Community Service Employment Program, including people with disabilities and those without disabilities. As of Quarter 3, there were **12** participants with disabilities and **215** total participants in the program. This is a small drop from last quarter.

DA did not identify any clear reasons for the decrease. One possible issue is that some people may not have shared that they had a disability when they first signed up.

The Division of Employment and Independence (EIPD) continued making progress on its goals in Priority Area 4 this quarter. One of EIPD's goals is to build a strong and stable workforce through simpler hiring processes. To help with this goal, the division hired and trained a new assistant director. This person regularly meets with the Human Resources (HR) team to keep track of hiring and onboarding (the process of helping new staff learn about their jobs and workplaces). The assistant director and the HR team also look for ways to accelerate hiring, so that open jobs can be filled faster.

Additionally, EIPD made progress on its goal of increasing pre-employment transition services (pre-ETS), which help students with disabilities learn job skills before they leave school. To grow this program, EIPD has created a clear, consistent process for new providers who want to apply to offer these services. EIPD is especially working on contracting with new providers from communities that have not had enough pre-ETS in the past.

EIPD continued working with Work Together NC and the Post-Secondary Education Alliance this quarter. The Intellectual/Developmental Disabilities (I/DD) Program Specialist joined monthly meetings to get feedback about services and to learn about new resources, including college programs for people with I/DD.

EIPD also continued partnering with Work Together NC on a project to make it easier for people with I/DD to get competitive, integrated employment (CIE). **Competitive, integrated employment** means people with disabilities work in regular jobs in the community and earn the same pay as others doing similar work. As part of this project, people receive job assessments and supports. If someone says they are interested in working, they are connected with a CIE Liaison from EIPD or their Tailored Plan. A CIE Liaison helps answer questions, solve challenges, and make sure the person is smoothly connected ("warm handoff") to the local EIPD office when they are ready to start services.

EIPD strengthened its partnership with the NC Community College System. They are working together to place case managers in six community colleges. These case managers help students with I/DD get vocational rehabilitation (VR) services, which support them in preparing for and keeping a job. Three colleges already have a Bridge to Success case manager: Alamance Community College, College of the Albemarle, and Wilkes Community College. Enrollment in the program has grown from **57** students last quarter to **80** students in Q3.

Lastly, EIPD made progress on the SWTCIE/SPARK grant, which gives wraparound supports — like coaching, job help, and problem-solving — to help people get and keep competitive jobs. Project SPARK increased enrollment at its pilot sites (Chatham Trades, Tri County Industries, and Wake Enterprises) from **85** people in Quarter 2 to **113** people in Quarter 3. At the time of this report, 18 SPARK participants now have competitive jobs, which is a **28%** increase from last quarter. Success stories continue to be shared on Project SPARK's [Facebook](#) and [LinkedIn](#) pages, social media, in newsletters, and during 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

The Division of Employment and Independence (EIPD) provides pre-employment transition services (pre-ETS) to youth in Youth Detention Centers. In Quarter 3, EIPD continued working to build stronger connections with juvenile justice programs so they can offer these services in more locations.

In Q3, EIPD held two additional professional development sessions — one in Greensboro and one in Greenville — building on a session held in Morganton the previous quarter. Twenty-six staff members attended the Greensboro training, and 19 attended the Greenville session.

EIPD noted two main challenges this quarter:

- Ongoing staff turnover among the EIPD team members who deliver the pre-ETS curriculum.
- Difficulty connecting with enough juvenile justice facilities that have the staffing and supervision needed to host these services.

In Quarter 3, DMH/DD/SUS also worked on plans to better support youth and adults involved in the criminal justice system, but progress varied across different strategies. For Strategy 5-2, the state is working on ways to bring proven mental health and substance use services into Youth Detention Centers. This includes plans to place community-rooted leaders — people who have real-life experience with the justice system — inside youth facilities to support young people. DMH/DD/SUS also plans to pilot a new adolescent substance use treatment program offering therapy in the community, inside detention centers, and after a youth is released. While no progress was made this quarter, the plans remain in place.

DMH/DD/SUS also provided an update on a program it had previously funded through the Alliance of Disability Advocates North Carolina (ADANC) to help people with intellectual and developmental disabilities (I/DD) and traumatic brain injury (TBI) safely return to the community after incarceration. This program helped people find housing, support, and necessary items when leaving prison or jail. However, the program was discontinued in Q3 due to the loss of Governor's Task Force (GTF) funding.

Lastly, the state is working on a plan to expand access to medication for opioid use disorder (MOUD) in jails and prisons. MOUD includes medications like buprenorphine or methadone, which help people manage opioid dependence safely. The goal is to ensure people can continue their medication while incarcerated or start treatment (induction) if needed. The Division of Mental Health, Developmental Disabilities, and Substance Use Services is collaborating with the Department of Adult Corrections and county sheriffs, while specific action steps are being developed.

**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 support for direct service professionals (DSPs) and certified peer support specialists. In North Carolina, DSPs help people with disabilities or behavioral health needs to live safely in their homes and communities. For example, a DSP might help someone learn daily living skills, like cooking or getting ready for the day, or taking someone into the community to go to work or appointments. Certified peer support specialists are people who use their own experience of mental illness or substance use disorder recovery to help others. In Quarter 3, DMH/DD/SUS launched a new advanced DSP training program with community colleges. This program will be available in the fall of 2025. All locations already have waitlists, even though the financial rewards for joining the program have not started yet. The money for these rewards has been approved, which is a good sign.

Additionally, two new peer courses are now available: Foundations of Peer Support Part I and Part II. This goal is now fully completed. DMH/DD/SUS wants to keep these trainings low-cost or free so more people can participate. The division also launched the Peer Workforce Center, which helps peers with making a résumé, finding jobs, and getting training that fits the needs of specific groups they may work with. One challenge in Q3 is that DMH/DD/SUS had to put its plan for a directory of all DSPs on hold because there was not enough funding.

The Division of Health Benefits continued working on improving pay and support for the community-based direct care workforce and family caregivers, but they did not report any progress in Q3.

## Appendix B: Glossary of Key Terms

**1915(i) State Plan Option** – Allows the state to provide certain HCBS services 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, or intellectual/developmental disabilities.

**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** – 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 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. This initiative is no longer funded.

**High Fidelity Wraparound** – Care coordination for children and 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 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.

**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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