

North Carolina Olmstead Plan Implementation

Summary Report: July 1 through September 30, 2024

Rebecca Boss, M.A., and Megan Lee, L.P.C., Human Service Consultants



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Background and Introduction

In the third quarter of the 2024 calendar year (Q3), the North Carolina Department of Health and Human Services (NCDHHS), working with other state agencies and its community partners, continued its transition to implementing new strategies identified in the [2024-2025 Olmstead Plan](#) while building on the progress of the original plan. From July 1 through September 30, 2024, entities responsible for implementation of the North Carolina Olmstead Plan refined action steps and reported on progress with strategies in the Plan's six primary areas, and on related implementation activities. Staff continue to provide quarterly reports to capture progress with strategies and implementation activities. These inputs provide the foundation for measuring overall progress towards Plan implementation. It is important to note that this report accounts for *activity* during the third quarter of 2024; has been the case throughout the series of quarterly updates, *data* reported is typically for the previous quarter.

The Technical Assistance Collaborative (TAC) continues to review each division's submission of progress on action steps and measures, which they report at the conclusion of each quarter. Rebecca Boss and Megan Lee serve as the TAC consultants supporting the state in quarterly monitoring. TAC continues to work with NCDHHS and Mathematica, the lead contractor for identifying baseline data and targeted outcome measures for the Plan.

In an effort to achieve the vision of the Olmstead Plan, the State of North Carolina is working to strengthen its community-based system, affording more individuals the opportunity to live as included members of their communities. We recognize and commend all staff, leadership, and the North Carolina General Assembly for the time, thought, and resources they continue to invest in this process.

Status of Strategies

Table 1. Plan Strategies/Action Steps Summary through September 2024

Total	Complete	In Process	Not Started	Needs Revision/ Clarification	No Longer Under Consideration
45	3	30	2	10*	

Complete: The strategy and all identified action steps were accomplished.

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

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

Needs Revision/Clarification: The strategy *might* move forward with modification. * For this reporting period, this may reflect that strategies might have moved forward, but there is insufficient information to categorize.

No Longer Under Consideration: The strategy is no longer active for Plan implementation.

Over the course of the implementation of the 2024-2025 Plan, it is expected that NCDHHS will continue to refine and modify strategies and action steps; TAC will track and monitor these through a consolidated quarterly progress report. TAC will continue to work with NCDHHS to determine what

alterations or technical assistance may be necessary to advance progress on all strategies in the Calendar Year (CY) 2024 – 2025 Plan.

Highlights of Progress Achieved

The NCDHHS divisions reported progress with strategies during the second quarter of the new plan (Q3 of the CY). Prior examples of progress achieved from the previous plan can be found in the [Quarterly Summary Reports](#) previously released by the Department and posted on the NCDHHS Olmstead Plan site. What follows are highlighted *examples* of progress achieved between July 1 and September 30, 2024.

Examples of Strategies and Action Steps Completed or In Process Between July 1 and September 30, 2024.

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

In order to facilitate effective transitions from its facilities, the Division of State Operated Healthcare Facilities (DSOHF) provides training in this process to all staff members involved in transitions to community, and also provides guidance to support goals for individuals with a Memorandum of Agreement (MOA). To enhance support for existing staff, DSOHF facilitates monthly Olmstead workgroups that focus on troubleshooting challenges, identifying the components of successful transitions, and sharing best practices. All new staff receive onboarding and training specific to supporting individuals in the community. As this process continues to develop and improve through implementation and feedback, DSOHF recognizes the opportunity to update and expand the curriculum to ensure that it reflects the latest best practices and meets the evolving transitions landscape. The Division is also working to create greater consistency in training delivery across facilities to ensure that every staff member, regardless of location, receives the same high-quality preparation and support to engage in community transitions. To address transitional barriers for specific individuals with an MOA, the Division successfully identified the initial group of individuals who had multiple MOA extensions and introduced the "Transition Summary of Essential Support Needs" form. This form is a tool designed to enhance collaboration between DSOHF and managed care organizations (MCOs), facilitating the identification of creative support solutions that can address barriers to community transition.

Extending its efforts to address transition across all populations, DSOHF continues to actively engage with the University of North Carolina's (UNC) Carolina Institute for Developmental Disabilities, which is contracted to gather information and assess level of interest in transitions for individuals without an MOA. In partnership with Money Follows the Person (MFP), the Division provides an in-depth series on Guardianship and Supported Decision Making for legally responsible individuals and staff, to promote increased choice for individuals living in State Developmental Centers. These training sessions are provided quarterly and are complemented by office hours for more individualized support and engagement. DSOHF continues to strategize on ways to create greater participation by guardians and encourage more interactive formats. DSOHF also collaborated with MFP to expand a clinical training series addressing critical topics in crisis prevention and intervention. Participants included private providers, community agency staff, and internal team members. Feedback from the training series was

overwhelmingly positive. As this training series has concluded, DSOHF is determining the most valuable focus for future initiatives.

This reporting period marks the completion of the DSOHF strategy requiring continuation of pre-admission counseling to help legally responsible persons make an informed decision prior to admission to a State Developmental Center. This process has become standardized within both culture and workflow, and occurs for all individuals prior to admission.

The Division of Child and Family Wellbeing (DCFW) continued its development of the Child Behavioral Health Dashboard to identify the need for targeted interventions that could reduce admissions to psychiatric residential treatment facilities (PRTFs). The Division participated in monthly meetings with the NC DHHS data team to prepare for the launch of new measures and update existing measures. In this quarter, DCFW identified ten new measures which will be finalized by 11/30/24. DCFW is working with UNC at Chapel Hill to prepare for implementation of these measures and determine the process for reviewing data to inform action.

The Division of Health Benefits (DHB) reported that they have set aside the following reserve capacity slots for MFP:

- Innovations waiver: 76
- Traumatic Brain Injury waiver (TBI): 5
- Community Alternatives Program for Disabled Adults (CAP/DA): 100

MFP supports the transitions of individuals from nursing facilities, hospitals, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs), and PRTFs. MFP will work with the Tailored Plans and the DHB to utilize all available slots.

On June 20, 2024, North Carolina's MFP demonstration project awarded a contract to Vaya Health for transition coordination services and outreach and education activities, supporting the aging and physical disability populations served by the program. This contract will align the services for these populations under a single statewide vendor to provide a comprehensive array of services including transition coordination, securing housing assistance, accessing transition and supplemental service funding, identifying and securing a full range of services and supports needed for living in the community, and follow-along supports for 365 days. Transition coordination services and outreach and education activities officially launched in September. Vaya Health currently provides transition coordination services and outreach and education activities for the intellectual/developmental disability (I/DD) populations for MFP participants under a separate agreement.

The Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMHDDSUS) continues to make progress toward 1) completing a landscape analysis of residential care to identify existing barriers to serving youth in the community prior to and following residential treatment, and 2) identifying innovative strategies to improve service delivery and outcomes for residential treatment settings. During Q3, the Division held cross-divisional and cross-departmental workshops to prioritize strategies and develop a shared vision. The Division is reviewing and grading proposals received in response to a Request for Applications (RFA) to expand peer-run respite programs to counties that do not currently have that service. Continuing its investment in engaging peers to support community transitions, DMHDDSUS provided training to increase knowledge of community-based services and

supports, including supportive housing to ensure individuals are fully informed of choice in housing, work, and recreation.

The North Carolina Department of Social Services (DSS) set a five-year goal in July of 2023 to have more foster children placed with kin. County DSS agencies were able to begin implementing the legislative changes to the Unlicensed Kinship Care program on 8/15/24, retroactive to 7/8/24. This change allows more individuals to be eligible for receiving payments, specifically individuals who are providing full-time foster care to a child in DSS custody to whom they are related, and "if applicable, any half-siblings, regardless of their (the half-siblings') relationship to the kinship caregiver." DSS is working to gather data in the upcoming months to determine the impacts of this updated eligibility criteria. In August 2024, there were 1,671 children who were in homes receiving Unlicensed Kinship payments. In addition, there are 348 children in unlicensed non-relative kin homes. DSS is working with the National Center for Diligent Recruitment to outline and implement recruitment and retention strategies specific to kinship families that will support North Carolina's 5-year kinship care goals.

Priority Area #3: Address Gaps in Community-Based Services

The North Carolina Department of Adult Services (DAS) is making numerous efforts to combat isolation in the elderly population and promote connection to community-based resources. In Q3, DAS developed and published resources on virtual scams and fraud on the Social Bridging NC website. In addition, DAS executed a Notice of Grant Awards with eight Area Agencies on Aging (AAAs) for hiring digital navigators; as of 9/30/24, four navigators have been onboarded. A digital navigator training was held in late September for Cohort 1. DAS has developed a contract with the Center for Digital Equity for an additional three navigators.

July 1, 2024 marked the launch of Tailored Plans, Medicaid Managed Care plans who provide tailored services to meet the needs of individuals with complex care needs including individuals with serious mental illness (SMI), I/DD, traumatic brain injury (TBI), and severe substance use disorders (SUDs). Available services include:

- Physical Health Care
- Pharmacy
- Long-term rehabilitation and treatment services, including in-home services
- Non-emergency medical transportation
- Behavioral Health Services

*Tailored Plans are the only Medicaid health plan to offer services through the NC Innovations and TBI waivers.

To ensure that community-based services are available to meet needs, DHB monitors the Network Adequacy standards compliance of the LME/MCOs. These standards are inclusive of community-based services as outlined in the Tailored Plans and Medicaid Direct contracts. The annual certifications for Network Adequacy were submitted on 7/31/24 and are under review by the Network Adequacy/Provider Contracting Business unit of DHB.

The NC Division of Social Services (DSS) has made progress in implementation of the Sobriety Treatment and Recovery Teams (START) program. When implemented with fidelity, this specialized child welfare service delivery model has been shown to improve outcomes for children and families affected by parental substance use and child maltreatment. In Q3, four counties successfully contracted with DSS to implement the program; completed trainings; and hired staff.

DCFW has been working to enhance the array of quality community-based services for children and youth across the state, reducing the need for PRTF admissions. In July, NCDHHS announced an \$11 million investment in treatment services designed to keep children who have complex behavioral health needs in homes and communities, and out of inappropriate boarding. The department is partnering with Rapid Resources for Families to expand access to family-based therapeutic programs, enabling children to receive trauma-informed treatment in a home-based setting. DCFW established a contract, effective 11/2/24, with Rapid Resources for expansion of Intensive Alternative Family Treatment® (IAFT), and to recruit and train therapeutic foster care (TFC) providers. The partnership will support:

- Recruitment for additional community-based providers, significantly expanding North Carolina's capacity for both IAFT® and TFC
- Increased training and resources for licensed foster parents who provide therapeutic treatment to improve capacity to care for children with more complex needs
- Expanded access and availability for short-term IAFT® and TFC temporary crisis placements for children at immediate risk of inappropriate boarding
- Increased access to wraparound services in the form of paid natural/professional support to aid youth stabilization and treatment parent retention

In addition, DCFW increased the number of counties participating in the North Carolina Psychiatry Access Line (NC-PAL), which is a consultation line for pediatricians and primary care physicians to consult with psychiatrists to improve diagnoses and reduce polypharmacy for children, allowing children to benefit from robust psychiatric expertise outside of an institutional setting. Implementation in these new counties is scheduled to begin in November, and DCFW is on track with further outreach events.

In July, NCDHHS announced it had been awarded a \$2.5 million grant from the Centers for Medicare & Medicaid Services (CMS) to expand school-based health care. The grant will support NCDHHS' ongoing work to ensure school-aged children and their families have equitable access to health care and behavioral health services readily available in the same places where they learn and grow. NCDHHS will use the funds to support schools over the next three years in operationalizing new policies from CMS that expand eligibility for school-based services to all students enrolled in Medicaid or the Children's Health Insurance Program (CHIP). The goal of this effort is to improve schools' capacity to provide critical health and behavioral health services by maximizing Medicaid reimbursement potential, while also reducing the administrative burden on school personnel. This initiative is a collaboration between DCFW, NC Medicaid, and DPI. The department will continue to work closely with Local Education Agencies, schools, school-based providers, and integrated care organizations to expand access to school-based services.

In August, NCDHHS announced three grant opportunities totaling \$4.5 million to support local partners in developing community-based initiatives to improve equitable access to mental health services, expand peer support services, and strengthen family and caregiver support services. Specifically, the grants will be used to implement:

- **Community-Based Mental Health Initiatives:** Projects that expand access to mental health supports for the lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, and other sexual/gender identities (LGBTQIA+) community, faith-based communities, people over the age of 65, and non-native English speakers, who often encounter unique challenges to finding and accessing culturally competent care.
- **Peer Services:** Peer respite and peer living room models that serve as community-based alternatives to emergency departments or hospitals for crisis and recovery services. These programs provide peer-supported crisis response and mental health and substance use recovery services. Programs will be administered by certified peer support specialists, who provide trauma-informed services supported by their lived experiences navigating the mental health system.
- **Family and Caregiver Support Services:** Programs that offer support for family members who are caregivers and siblings of individuals requiring intensive care for behavioral health, substance use, I/DD, TBI, or co-occurring conditions. Services provide an essential support and advocacy for family caregivers while ensuring continuity of care for their loved one.

Access to services requires awareness of available resources. Knowledge of resources needs to be more widespread within communities beyond individuals, providers, and families to include natural allies and other sources of support. To that end, DMHDDSUS has launched several accessible communications products including information on Targeted Case Management, 1915(i), and other services. On July 8, DMHDDSUS Director Kelly Crosbie hosted an 1915(i) educational webinar with nearly 900 people in attendance. Panelists included I/DD, TBI, and Olmstead Director Ginger Yarbrough and representatives of NC Medicaid. The session provided information about 1915(i) community-based services and how to access them.

During Q3, the Division conducted three provider trainings on person-centered planning to promote choice and engagement; in addition, three Community Inclusion sites are now being funded. DMHDDSUS has also been increasing oversight of service engagement among Transitions to Community Living (TCL) populations and received the first Capacity Report, which tracks connections to community mental health center (CMHC) services.

In September, DMHDDSUS released the [DMHDDSUS 2024-2029 Strategic Plan](#), which describes its mission to build systems, services, and supports that improve the well-being of all North Carolinians affected by mental health and substance use challenges, I/DD, or TBI. This document reflects a vision for communities without stigma where all are supported to live healthier and happier lives. It details steps to make this vision a reality for all North Carolinians. The Division released a draft of this plan in June for community feedback and received over 130 comments, which were used to refine and inform the final plan.

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 Employment and Independence for People with Disabilities (EIPD) has initiatives in several areas to promote pre-employment transition services for youth. In Q3, EIPD established nine new agreements (for a total of ninety-two) with public schools to offer vocational rehabilitation services for students with disabilities. EIPD partners with the North Carolina Department of Public Instruction

(DPI) and local school leadership on promoting best practices to include employment and transition services for students with disabilities as reflected on their individualized education plan (IEP). This quarter, the Division and NCDPI jointly hosted two regional meetings with the NC Collaborative's Transition Aged Youth and Young Adult Committee, with 3-member transition teams to discuss strategies for coordinating resources to promote transition services leading to competitive integrated employment (CIE).

EIPD released a request for proposals in May for new Pre-Employment Transition Services (pre-ETS) vendors, and in Q3 has reviewed applications for the new standardized Pre-ETS milestone program to increase employment opportunities for youth with disabilities. During the application period, EIPD leadership met with providers to address concerns about transitioning to the new contracts. EIPD made a presentation at the NC Association for Rehabilitation Facilities (NCARF) conference on new standardized Pre-ETS contracts, which offered the opportunity for provider input on perceived barriers.

Through a partnership with the NC Community Colleges System, EIPD received state general funds last legislative session to place case managers in six community colleges to provide rehabilitation services for students with I/DD. Under Bridge to Success, these case managers will provide and coordinate vocational rehabilitation services to students with I/DD. The three colleges that have a Bridge to Success case manager in place are Alamance Community College, College of the Albemarle, and Brunswick Community College. EIPD is still in the hiring process for the three remaining community colleges under the Bridge to Success program: South Piedmont Community College, Asheville-Buncombe Technical Community College, and Wilkes Community College.

EIPD engages in robust partnership with Work Together NC to provide other transition services for youth and young adults with I/DD. The EIPD Program Specialist for I/DD participates in quarterly advisory meetings with Work Together NC and the NC Post-Secondary Alliance (NC PSEA).

Access to employment services is dependent on an adequately trained and resourced EIPD. In an effort to attract and maintain vocational rehabilitation counselors, EIPD has been working closely with Human Resources (HR). In March, HR presented to the State Rehabilitation Council about its strategies to address this critical need as well as the need for other essential personnel. Hiring blitzes and job fairs were held which resulted in 22 new counselors hired in just one month; as a result, the hiring blitz will be repeated in 2025. In addition, the rehabilitation counselor base salary was increased by \$6,300/year, and sign-on bonuses are now offered. Furthermore, HR is producing monthly reports on hiring and retention.

The NC Division of Aging (DA) continues to recruit individuals who identify as having a disability to participate in the Senior Community Service Employment program. DA reports that over 8% of its 251 participants are individuals living with disabilities. In Q3, DA reported eight exits to unsubsidized employment, with a median starting wage of \$14.00 per hour.

EIPD's local office in Raleigh was active in Q3 in implementing Olmstead activities, and provided two smart home demonstrations to individuals with I/DD and their parents/caregivers. In addition, the Raleigh staff presented at the 2024 Youth Lead conference in July, attended by over 50 individuals with an I/DD diagnosis. The Speech and Language Pathology program in Raleigh has provided six

Augmentative and Alternative Communication assessments with individuals with a diagnosis of I/DD, allowing opportunities to explore communication options.

The Director of EIPD's NC Assistive Technology Program (NCATP) attended the MFP summer institute with over 50 care managers and transition specialists from across North Carolina. This institute provided an opportunity for the program to increase awareness among individuals with disabilities. Information on NCATP services and types of assistive technology for independent living was discussed with several individuals with limited information/knowledge of assistive technology services and devices.

In September, NCDHHS announced that Inclusion Works, along with partners, Work Together NC and UNC's Treatment and Education of Autistic and Related Communication Handicapped Children (TEACCH) program, would begin visiting providers across North Carolina to provide new employment assessments and career development plans for individuals with I/DD currently working in non-CIE settings if they choose to participate. These tools will help individuals with I/DD share skills and interests and develop a personalized plan to reach their career goals. In this quarter, Inclusion Works also launched a free guide, "Exploring Paths to CIE" to help care managers, providers, and families support individuals with I/DD to sustain and achieve CIE. Also in September, NCDHHS presented an overview of the Inclusion Works initiative and its strategic priorities at the NCARF fall conference.

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

DMHDDSUS has awarded a two-year contract to the Alliance of Disability Advocates (ADANC) to continue successfully transitioning individuals with I/DD from incarceration while also expanding the initiative to include people with TBI. Since execution of the contract, ADANC has met regularly with the UNC Technical Assistance Center, and has hired a process and data analyst who is developing a Reentry Implementation Guide as well as standardizing program forms and processes. In the reporting period, 33 individuals with I/DD released from prison were referred for support, 11 of whom had completed an individual reentry plan.

DMHDDSUS is in the process of developing a contract to provide transition supports for individuals in the reentry program. In addition, the Division continues to collaborate with community partners who provide access to medication for opioid use disorder in the state's jails and prisons.

EIPD continues its work in outreach and engagement with youth detention centers to offer Pre-ETS to adjudicated youth to support successful reentry to community through connection to employment and training opportunities. A Coordination of State Collaboration meeting will place in November 2024 as part of the CAPE Youth Collaboration Study (Cornell), with a juvenile justice representative invited to participate.

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

DMHDDSUS has made progress in the partnership with the Direct Support Professional (DSP) Workgroup and other agencies to adopt definitions of "direct care workforce" and "direct support professional." In Q3, the Division notes that this strategy is now complete as the definition has been established in rule. DMHDDSUS, in partnership with the NC Community Colleges System, is preparing for a fall 2024 launch of competency-based curricula for direct support professionals, resulting in a certificate, which will be maintained in a Direct Support Professional Directory. DMHDDSUS is also working on a Career Resource

Platform for peers to create clear pathways for peer credentialing and easily accessible training and educational resources.

In June, DHHS released a multi-year Direct Support Professional Workforce Plan which aims to address the critical shortage of DSPs. The comprehensive plan is part of the Inclusion Connects initiative, which is dedicated to connecting people with I/DD to more choices and more access to services and supports. The initiative includes developing a robust, high-quality DSP workforce through improved recruitment, retention, and training strategies. The workforce plan also addresses directives from the recent Consent Order stemming from the *Samantha R.* case. The DSP workforce plan focuses on several key initiatives during the first year of implementation:

- Awareness and Recruitment Campaign: Targeting high school and community college students as well as people who are unemployed or underemployed to educate and motivate them about careers in human services.
- Community College Pilot Program: A partnership with selected community colleges to develop and implement a DSP-specific curriculum and certificate program, including a scholarship component covering tuition and fees for participants.
- Provider Recruitment and Retention Grants: These grants will support provider agencies in enhancing their support structures to attract and retain DSPs.

In September, NCDHHS announced a new funding opportunity to strengthen the DSP workforce. This initiative is designed to provide financial support for DSPs to receive continuing education, training, and professional development to further enhance their ability to provide exceptional care.

In its efforts to build out the peer support workforce, DMHDDSUS has been working with the UNC-Chapel Hill Behavioral Health Springboard (UNC-BHS) to develop one standardized curriculum for all peer support services certification. The online portion of this curriculum is in development, and four chapters have been submitted for first round edits. The next four chapters are due for first round edits on October 22. The development of a Peer Workforce Center — which will offer job supports, specific job designation trainings, and peer-to-peer mentoring — is still underway, with the scope of work in development with UNC-BHS.

In August, DMHDDSUS announced the successful launch of the Peer to Peer Connect update to the Connections app. This app had already been a vital resource for many North Carolinians, offering round-the-clock access to peer support and a suite of recovery tools. Now, with the addition of the Peer to Peer Connect feature, the Division is extending this support specifically to the certified peer support specialist (CPSS) workforce. The new service allows CPSSs from across the state to connect directly with one another, offering peer support that is vital in preventing burnout. By enabling these professionals to mentor and support each other, North Carolina is fostering a stronger, more connected peer community. Since its launch, there have been over 240 enrollments, with 130 CPSSs fully onboarded and sharing their experiences and encouragement with one another. Participant feedback has been overwhelmingly positive, with many expressing newfound hope through this resource.

Challenges for Plan Implementation

Hurricane Helene

As the deadliest storm in state history, Hurricane Helene brought damage and devastation to North Carolina on an unprecedented scale. On September 27, 2024, the hurricane reached North Carolina and left significant, long-term impacts on the western region of the state where over 40% of the state's Medicaid population resides. In addition to the devastating loss of life, the storm destroyed thousands of homes, damaged tens of thousands more, disrupted critical services, and damaged thousands of miles of roads and bridges. History informs us that individuals with disabilities are disproportionately harmed by natural disasters. There are more than 4,000 children in the custody of DSS and their resource parents in the affected counties. With over 100 group homes for individuals with I/DD affected, some residents needed to be transitioned to new homes while others required counseling and therapeutic services. Occurring toward the end of the reporting quarter, this disaster did not deter progress on Olmstead implementation activities; it did, however, delay progress reporting as officials appropriately prioritized response activities.

Addressing the Ongoing Workforce Crisis

The workforce crisis continues to be a challenge, affecting all areas of the Olmstead Plan. This problem was a common issue reported in stakeholder feedback on the draft 2024-2025 Plan. NCDHHS has taken steps to address this issue, and has reprioritized it, adding it back into the revised plan. Much of this work is reflected in Priority Area #6 above. NCDHHS has advanced several efforts to address the frontline workforce crisis. The NC Council on Developmental Disabilities is leading significant work to address worker compensation. Additionally, through an NCDHHS grant to North Carolina Area Health Education Centers (AHEC), AHEC developed recommendations related to DSP credentialing and certification.¹ Additionally, the Coalition on Aging has funded Public Health Institute (PHI) to assist in developing competencies in which the frontline workforce should be trained. The Direct Support Professional Workgroup has advocated for pay increases in the NC General Assembly; this effort is expected to meet with success. These efforts are critical, as providers continue to struggle to hire and maintain sufficient staff to meet the needs of service recipients with disabilities, particularly in the community.

Shift to Updated Plan Strategies

The transition to strategies identified in the updated plan required the development of specific, incremental action steps across involved state agencies. Upon approval and publication of the updated plan, members of the internal Olmstead Plan Stakeholder Advisory (OPSA) identified ongoing work that supports the strategies, along with new planned new activity. Q3 continued to reflect adjustment to the new Plan and reporting processes; these changes could give the appearance of progress being

¹ See also <https://medicaid.ncdhhs.gov/DCW-Initiative>.

hampered, but should by no means be seen as a reflection of delay in state-level efforts to implement the North Carolina Olmstead Plan.

Next Steps in Olmstead Plan Implementation

Quarterly reports will continue to reflect progress on strategies derived from the six priority areas in the 2024-2025 Plan. The Technical Assistance Collaborative, NCDHHS, and Mathematica will work to ensure that all measures and action steps continue to be relevant for reporting and adjust as needed. The alignment of priorities, action steps, and measures will support North Carolina in assessing its continued progress towards creating inclusive communities.

The next Status Report of activity from the reporting entities will be in January 2025. The Technical Assistance Collaborative will prepare the next Summary Report to be released in February 2024.