



NCCDD
North Carolina Council on
Developmental Disabilities

Five Year State Plan 2017 - 2021

OMB Approval No: 0980-1162
Expiration Date: Pending



Listen. Gather. Act.

Identification

* - Required field

Part A:	State Plan Period:	10-01-16 through 09-30-21
Part B:	Contact Person:	Christopher Egan
	Contact Number:	919-850-2901
	Contact Email:	chris.egan@dhhs.nc.gov
PART C:	Council Establishment	
	Date of Establishment:	07-01-73
	Authorization Method:	State Statute
	Authorization Citation:	NC State Statute 143B, Sections 177 - 179

Council Membership [Section 125(b)(1)-(6)]

* - Required field

Council Membership Rotation Plan *

The North Carolina Council on Developmental Disabilities' non-agency and public at large members are appointed by the Governor for a four (4) year term and may serve up to two (2) consecutive terms. The Senate and House of Representative members serve at the pleasure of the Governor. State entities that administer funds provided under federal law related to individuals with developmental disabilities, non governmental, not for profit, and Department of Corrections and Division of Social Services representatives are typically the division or agency director and serve at the pleasure of the Governor while employed in that position.

Agency/Organization

- Rehab Act : A1
- IDEA : A2
- Older Americans Act : A3
- SSA, Title XIX : A4
- P&A : A5
- University Center(s) : A6
- NGO/Local : A7
- SSA/Title V : A8
- Other : A9
- Individual with DD : B1
- Parent/Guardian of child : B2
- Immediate Relative/Guardian of adult with mental impairment : B3
- Individual now/ever in institution : C1
- Immediate relative/guardian of individual in institution : C2

Gender

- Male : M
- Female : F
- Other : O

Geographicals

- Urban : E1
- Rural : E2

Race/Ethnicity

- White, alone : D1
- Black or African American alone : D2
- Asian alone : D3
- American Indian and Alaska Native alone : D4
- Hispanic/Latino : D5
- Native Hawaiian & Other Pacific Islander alone : D6
- Two or more races : D7
- Race unknown : D8
- Some other race : D9
- Do not wish to answer : D10

Council Members

First Name	Last Name	MI	Gender	Race/Ethnicity	Geographical	Agency/Organization Code/Citizen Member Representative	Agency/Organization Name	Appt Date	Appt Expired Date	Alt/Proxy for State Agency Rep Name
Tommy	Tucker		M	D1	E1	A9	Representative of the NC Senate	10-04-14	06-30-19	
Verla	Insko		F	D1	E1	A9	Representative of the NC House of Representatives	08-14-03	06-30-19	
William	Hussey		M	D1	E1	A2	Dept. Public Instruction	03-16-15	06-30-19	Dreama McCoy
Vacant	VACANT		O	D9	E1	A9	Dept. of Public Safety	06-30-15	06-30-19	Larry Huggins
Dave	Richard		M	D1	E1	A9	Representative of the Designated State Agency	05-12-14	06-30-19	
Mary	Edwards		F	D1	E1	A3	NC DHHS Division of Aging and Adult Services	01-08-15	06-30-19	Joseph Breen
Sandy	Terrell		F	D1	E1	A4	NC DHHS Division of Medical Assistance	03-27-15	06-30-19	Deb Goda
Jim	Swain		M	D1	E1	A1	NC DHHS Division of Vocational Rehabilitation	07-30-14	06-30-19	Vacant
Vogler	Jason		M	D1	E1	A9	NC DHHS Division of MH/DD/SAS	07-27-16	06-30-18	Mya Lewis
Vacant	VACANT		O	D9	E1	A8	NC DHHS Division of Women's and Children's Health	06-30-16	06-30-19	
Wayne	Black		M	D1	E1	A9	NC DHHS Division of Social Services	12-17-13	06-30-19	Jack Rogers
Nessie	Siler		F	D1	E2	B1		01-08-15	06-30-20	
Kelly	Woodall		F	D1	E1	B1		06-30-16	06-30-20	
Bryan	Dooley		M	D1	E2	B1		07-27-16	06-30-20	

Caroline	Ambrose	F	D1	E1	B1		10-07-13	06-30-17	
Desiree	Peterson	F	D7	E1	B1		10-07-13	06-30-17	
Lisa	Byrd	F	D1	E1	B1		10-07-13	06-30-17	
Cheryl	Powell	F	D1	E1	B1		11-09-15	06-30-19	
Adonis	Brown	M	D2	E1	B1		10-07-13	06-30-17	
Anna	Cunningham	F	D1	E1	B2		06-30-16	06-30-20	
Clare	Shocket	F	D1	E1	B2		03-11-15	06-30-18	
I. Azell	Reeves	F	D2	E1	B2		10-07-13	06-30-17	
Amanda	Bergen	F	D1	E1	B2		11-13-13	06-30-17	
Wing	Ng	M	D3	E1	B2		11-12-13	06-30-17	
David	White	M	D1	E1	B2		11-12-13	06-30-17	
Paula	Woodhouse	F	D1	E1	B2		02-09-16	06-30-19	
Kerri	Eaker	F	D1	E2	C2		10-07-13	06-30-17	
Joshua	Gettinger	M	D1	E2	B2		01-08-15	06-30-18	
Ron	Reeve	M	D1	E1	B2		06-25-14	06-30-18	
Kathleen	Holler	F	D1	E2	B2		05-13-14	06-30-18	
Wendy	Boyd	F	D2	E2	B2		03-26-15	06-30-17	
David	Groves	M	D4	E2	B1		03-12-15	06-30-18	
Eric	Chavis	M	D2	E1	B1		12-17-15	06-30-19	

Jason	Faircloth		M	D1	E2	B1		11-09-15	06-30-19	
Joseph	Piven		M	D1	E1	A6	Carolina Institute on Developmental Disabilities-UNC	11-09-15	06-30-18	Deb Zuver
Vicki	Smith		F	D1	E1	A5	Disability Rights NC	10-07-13	06-30-17	
Peggy	Terhune		F	D1	E2	A7	Monarch	10-08-13	06-30-17	
Christina	Carter		F	D1	E2	A9	Smoky Mountain Center-Non-Profit	10-07-13	06-30-17	Andrea Misenheimer
Karen	Armstrong		F	D1	E2	A9	Public at Large	11-06-14	06-30-18	

Council Staff [Section 125(c)(8)(B)]

* - Required field

Disability data of Council staff will be collected. Response is voluntary and information shared will be kept confidential and serve for data purposes only. Self-identification of disability will be captured in the following manner:

Race/Ethnicity

- White, alone : D1
- Black or African American alone : D2
- Asian alone : D3
- American Indian and Alaska Native alone : D4
- Hispanic/Latino : D5
- Native Hawaiian & Other Pacific Islander alone : D6
- Two or more races : D7
- Race unknown : D8
- Some other race : D9
- Do not wish to answer : D10

Disability Options

- Yes : Y
- No : N
- Does not wish to answer :
DWA

Gender

- Male : M
- Female : F
- Other : O

Council Staff

Position or Working Title	FT	PT	Last Name of person in position	First Name of person in position	MI	Gender	Race/Ethnicity	Disability
Systems Change Manager	<input checked="" type="radio"/>	<input type="radio"/>	VACANT	Vacant		O	D8	DWA
Executive Director	<input checked="" type="radio"/>	<input type="radio"/>	Egan	Christopher		M	D1	N
Administrative Assistant	<input checked="" type="radio"/>	<input type="radio"/>	Gibson	Cora		F	D2	N
Systems Change Manager	<input checked="" type="radio"/>	<input type="radio"/>	Strom	Steve		M	D1	N
Systems Change Manager	<input checked="" type="radio"/>	<input type="radio"/>	Woodward	Philip		M	D1	Y
Business Officer	<input checked="" type="radio"/>	<input type="radio"/>	Vasquez	Yadira		F	D5	N
Director of Operations	<input checked="" type="radio"/>	<input type="radio"/>	Toomey	JoAnn		F	D1	N
Business Services Coordinator	<input checked="" type="radio"/>	<input type="radio"/>	Williams	Shar'ron		F	D2	N
Office Assistant	<input checked="" type="radio"/>	<input type="radio"/>	Young	Letha		F	D2	N
Systems Change Manager	<input checked="" type="radio"/>	<input type="radio"/>	Swartz	Melissa		F	D1	N

The Designated State Agency [Section 125(d)]

* - Required field

The DSA is *

Council Itself Other Agency

Agency Name **Office of the Secretary, NC Department of Health and Human Services**

DSA Official's name **Rick Brajer**

Address **Adams Building, 101 Blair Drive, Raleigh, NC 27699**

Phone **919-855-4800**

Fax **919-855-4801**

Email **rick.brajer@dhhs.nc.gov**

Direct Services [Section 125(d)(2)(A)-(B)]

Does it provide or pay for direct services to persons with developmental disabilities?

Yes No

The Office of the Secretary is within the NC Department of Health and Human Services (DHHS). DHHS manages the provision of services for anyone receiving Medicaid for services.

DSA Roles and Responsibilities related to Council [Section 125(d)(3)(A)-(G)]

Describe DSA Roles and Responsibilities related to Council *

The role of the Office of the Secretary is consistent with the description in the DD Act of the responsibilities of the DSA. See also Assurances, attached

Memorandum of Understanding/Agreement [Section 125(d)(3)(G)] *

Does your Council have a Memorandum of Understanding/Agreement with your DSA?

Yes No

Calendar Year DSA was designated [Section 125(d)(2)(B)]* 1973

State Information

* - Required field

Comprehensive Review and Analysis Introduction:

The NC Council on Developmental Disabilities (NCCDD) sought an approach to the 2017-2021 State Plan that engaged the Administration on Intellectual and Developmental Disabilities (AIDD) Network in NC (i.e., NCCDD, Carolina Institute on Developmental Disabilities (CIDD), and Disability Rights NC (DRNC), stakeholders and the public in a collaborative process to produce the Comprehensive Review and Analysis and to direct the development of goals and objectives. The Council members themselves discussed emerging trends and practices throughout a 17-month process, such that members were prepared to formulate meaningful responses to information gathered from stakeholders (e.g., self-advocates; families; policymakers; providers; Local Management Entities/Managed Care Organizations) and from the public-at-large. The CIDD's assistance to the NCCDD in document review offered the Council a breadth of information. That information was complemented by robust survey responses and a public input process that assured the NCCDD that the course it charted was responsive to the constituency it represents. During the period in which the analysis took place, the NCCDD adopted the Collective Impact logic model for assisting in developing, implementing, and evaluating initiatives, such that investments indeed produce the systems change with which Councils are charged under the Developmental Disabilities Bill of Rights and Assistance Act (P.L. 106-402). The Council was well supported during this period by the NC Department of Health and Human Services (DHHS) which is NCCDD's Designated State Agency, NC DHHS Office of the Secretary, and NC DHHS Divisions of Medical Assistance and Mental Health, Developmental Disabilities, and Substance Abuse Services. Technical assistance from the Information and Technical Assistance Center for Councils and guidance from the National Association of Councils on Developmental Disabilities supported the NCCDD in developing responsive priorities for the next five years. In the subsequent sections of this document and in the attachments, the NCCDD discusses and provides documentation of its strategic planning activities to produce the Comprehensive Review and Analysis that underpins the FFY 2017 -2021 State Plan for this Council. The State Plan guides the Council's investments in systems change for this period.

Racial and Ethnic Diversity of the State Population	
Race/Ethnicity	Percentage Of Population
White, alone*	69.7 %
Black or African American alone*	21.4 %
Asian alone*	1.2 %
American Indian and Alaska Native alone*	2.3 %

Hispanic or Latino (of any race)*	8.5 %
Native Hawaiian & Other Pacific Islander alone*	0.1 %
Race unknown*	4.3 %
Two or more races *	2.3 %
Some other race*	3.1 %
Do not wish to answer*	0 %

Poverty Rate* 17.2%

State Disability Characteristics

* - Required field

Prevalence of Developmental Disabilities in the State* 188124

Explanation* Using the NC Office of State Budget and Management preferred formula of 1.89 of the population and the 2014 NC Office of State Budget and Management certified population of 9,953,687 people, provides an estimate of 188,124 persons with developmental disabilities in NC.

Residential Settings* ⓘ					
Year*	Total Served*	A. Number Served in Setting of 6 or less (per 100,000)*	B. Number Served in Setting of 7 or more (per 100,000)*	C. Number Served in Family Setting (per 100,000)*	D. Number Served in Home of Their Own (per 100,000)*
2013	19657	0.163	0.033	0.1	0.136

Demographic Information about People with Disabilities

* - Required field

People in the State with a disability	Percentage
Population 5 to 17 years	6.3%
Population 18 – 64 years	11.6%
Population 65 years and over	37.9%

Race and Ethnicity	Percentage
White alone	13%
Black or African American alone	14.8%
American Indian and Alaska Native alone	19.8%
Asian alone	4.6%
Some other race alone	4.3%
Hispanic or Latino (of any race)	5.4%
Two or more races	10.8%

Do not wish to answer	0%
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Educational Attainment Population Age 25 and Over	Percentage with a disability	Percentage without a disability
Less than high school graduate	31.8%	12%
High school graduate, GED, or alternative	31.8%	24.7%
Some college or associate's degree	34.6%	34.6%
Bachelor's degree or higher	11%	30%

Employment Status Population Age 16 and Over	Percentage with a disability	Percentage without a disability
Employed	20.4%	69.2%
Not in labor force	11.1%	4.9%

Earnings in Past 12 months Population Age 16 and Over with Earnings	Percentage with a disability	Percentage without a disability
Earning \$1 to \$4,999 or less	34.5%	21.4%
Earning \$5,000 to \$14,999	11.9%	8.9%

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Earning \$15,000 to \$24,999	18.2%	17%
Earning \$25,000 to \$34,999	12.6%	15.4%

Poverty Status Population Age 16 and Over	Percentage with a disability	Percentage without a disability
Below 100 percent of the poverty level	23.1%	17%
100 to 149 percent of the poverty level	16.1%	19%
At or above 150 percent of the poverty level	60.8%	29%

Portrait of the State Services [Section 124(c)(3)(A)(B)]

* - Required field

Health/Healthcare *

Information from the UNC School of Social Work indicates that despite having better potential access to health care, children with disabilities had to delay necessary medical and dental care more often. Families of children with disabilities who earned up to three times above the Federal Poverty Level still experienced similar levels of medical hardships as did poor families raising children with disabilities.

NC Office on Disability and Health and Children & Youth Branch of NC Division of Public Health (DPH) addresses access to care for individuals. Their findings indicate people with disabilities are more likely to postpone needed care, have trouble seeing specialists, and less likely to receive coordinated care than children without special health care needs. NC Health Choice is insurance available to children in low-income families. A special needs plan includes benefits for children with special health care needs. Some services covered by NC Health Choice may be provided in settings outside a provider's office such as home and school therapies, caregiver education, case management and other I/DD services.

Services for children with special health care needs. Regarding dental Services, NC has one of the lowest dentists-to-population ratios in the country, and this problem is more pronounced in rural areas, where there are fewer dental providers. Patients with "special needs" are noted on the clinic description of patients served. According to data collected from interviews in the Medical and Health Homes initiative from children and adults with I/DD across NC, access to dental care is identified by families as one of the most challenging health issues. Families face substantial difficulty finding dentists who are competent and comfortable providing care to children and adults with I/DD with significant needs that may include communication, sensory sensitivity, and anxiety; as well as finding dentists that accept Medicaid. Traveling great distances to access dental care for a child or family member with I/DD is often another challenge.

Covered dental services include:

- Preventive
Services: Cleanings, Fluoride treatments, Sealants
- Diagnostic
Services: Dental examinations by dentists; X-Rays; and NC does not reimburse hygienists independently, but reimburses dentists for services of hygienists.
- Treatment
Services: Fillings, Crowns/Tooth Caps, Root Canals, Oral Surgery

Not covered dental services include:

- Orthodontia, Emergency Room Services, and In-patient Hospital Services.

On a broader health scale, NC Department of Health and Human Services (DHHS) provides financial support through its divisions and Managed Care Organizations for the following services:

- Specialty clinics at Eastern Carolina University and University of NC School of Dentistry for children with growth of head and facial bones anomalies. Clinics provides diagnostic, surgical, dental, orthodontic, and therapy services.

Private medical and dental practices donate services for NC citizens meeting their criteria. Examples include:

- 361 NC dentists and 140 laboratories volunteer for Donated Dental Services (DDS) and provided nearly \$666,000 in dental care to 160 people with disabilities or who are elderly or medically fragile in FY 2011-12;
- Since 2009, DDS has provided almost \$2 million in donated dental therapies to nearly 559 NC residents.

National Core Indicator data (2013-2014) for NC reflects that individuals with I/DD living in the community or at home have less attention to health care than those in institutions:

- Complete physical exam in past year: 98% (institution), 93% (independent home), 85% (parent's home);
- Women 18 and over who had Pap test in past 3 years: 72% (institution), 64% (group home), 32% (parent's home);
- Had routine dental exam in past year: 97% (institution), 91% (group home), 78% (independent home), 76% (parent's home);
- Have poor health: 5% (institution), 7% (group home), 9% (independent home), 6%(parent's home);
- Have primary care doctor: 99% (institution), 98% (group home), 100% (independent home), 99% (parent's home);
- Had vision screening in past year: 65% (institution), 46% (group home), 46% (independent home), 33% (parent's home);
- Had hearing test in past 5 years: 84% (institution), 49% (group home), 33% (independent home), 29% (parent's home);
- Had flu vaccination in past year: 94% (institution), 75% (group home), 68% (independent home), 59% (parent's home);
- Ever had vaccination for pneumonia: 69% (institution), 28% (group home), 17% (independent home), 23% (parent's home).

Employment *

State and federal policy review reported that individuals with disabilities have the highest (80%) rate of unemployment and are an untapped source of qualified candidates. People with disabilities contribute to a diverse innovative workforce, have equal to or higher performance rates, and are less likely to resign than people without disabilities. Employment contributes to the state economy and can reduce individual poverty and dependency on systems. However, services have shifted away from employment and job supports to non-work services that do not assist participants in accessing a productive career path and meaningful work in the community. Only 26 states have legislation, a formal policy directive, or other official state mandate addressing employment as a priority outcome.

According to State of the States in I/DD data (AIDD, 2014) more than 30% of North Carolinians with disabilities were employed, but the employment gap between adults with disabilities and adults without disabilities was 43%.

According to the Cornell University Yang Tan Institute and using the U.S. Census Bureau's 2014 American Community Survey data, the employment

rate for people with disabilities (broadly defined) ages 16 and up was 30.8% and the employment rate of non-institutionalized North Carolinians ages 21 - 64 with a cognitive disability was 22%. That same data indicated that the employment rate of non-institutionalized North Carolinians ages 21-64 with a self-care disability was only 14.8%.

The 2013-2014 National Core Indicators (NCI) reports that in North Carolina:

- 13% of respondents from NC and 16% across NCI states were reported to have a paid job in the community.
- Respondents with a paid job in the community work in the following position types—in NC and across NCI states, respectively:
 - 55% and 33% in individually-supported positions,
 - 32% and 34% in competitive positions, and
 - 14% and 34% in group-supported positions.
- The average number of hours that respondents with a paid job in the community worked in a typical two-week period in NC compared to all NCI states:
 - 19.7 and 24.2 in individually-supported employment,
 - NA and 28.5 in competitive positions, and
 - NA and 31.9 in group-supported employment.
- The average gross wages earned in a typical two-week period among respondents with a paid job in the community—in NC and across NCI states, respectively:
 - \$125.98 and \$197.89 individually-supported,
 - NA and \$227.44 competitive, and
 - NA and \$170.73 group-supported.
- The average hourly wage among respondents with a paid job in the community, in NC and across NCI states, respectively:
 - \$8.21 and \$8.33 in individually-supported jobs,
 - NA and \$8.20 in competitive jobs, and
 - NA and \$5.69 in group-supported jobs.

Additional data from the 2013–2014 National Core Indicators project included:

- Among respondents with a paid job in the community, 79% from NC and 84% across NCI states were reported to have worked 10 of the last 12 months in their position. Respondents with a paid community job had been at their job an average of 52.7 months in NC and an average of 69.4 months across NCI states. Among respondents with a paid community job, 15% from NC and 25% across NCI states were reported to receive paid vacation or sick time.
- In NC and across NCI states, types of employment included, respectively: 29% and 18% in food preparation and service; 25% and 33% in building and grounds cleaning or maintenance; 11% and 15% in retail; and 5% and 9% in assembly, manufacturing, or packaging.
- Among respondents without a paid job in the community, 56% from NC and 49% across NCI states reported they'd like a paid job in the community. 18% of respondents from NC and 25% across NCI states were reported to have integrated employment as a goal in their service plan. 73% of respondents from NC and 71% across NCI states reported that they attend a day program or regular activity. 36% of respondents from NC and 32% across NCI states reported that they do volunteer work.

The 2013-2014 Year in Review report by the NC Division of Vocational Rehabilitation Services (DVRS or VR) indicated that:

- VR assisted 6,310 North Carolinians in achieving successful employment outcomes. VR assisted individuals' weekly earnings before receiving services averaged \$41. After employment, the average increased to \$278.
- Disability Determination closed 201,388 cases involving Social Security Disability, Supplemental Security Income and Medical Disability benefits.

Vocational services through NC DVRS was made available to NC employers at no cost as incentive to hire and retain employees with I/DD and included screening, job-matching, and training that can reduce employer's recruitment time and costs. Employers can benefit from on-site consultations by professionals such as rehabilitation engineers who help ensure that the physical workplace is a good fit for the new employee, and employers may also enjoy tax incentives for hiring a VR referral.

As part of the NC DVRS program, the North Carolina Assistive Technology Program (NCATP) provides assistive technology solutions to North Carolinians of all ages and abilities and works with local Community Rehabilitation Programs (CRPs) to address the assistive technology needs of people with disabilities in employment settings. For example, LCI Inc., an ADVP, in Sanford, NC, houses NCATP's Sanford Assistive Technology Center, where an AT consultant works with individuals entering the work adjustment program and identifies AT items needed on the work floor/job?. In Morganton, NC, the Assistive Technology Center is housed at DVRS's WorkSource West facility, where the Assistive Technology Consultant works with the instructors on adapting various job duties for people with disabilities. However, many of North Carolina's CRPs do not access assistive technology during the training period, and individuals with I/DD access assistive technology less often than any other population.

Disability Compendium and Other Statistics. New data from the Disability Compendium shows that in states where leaders, employers, and people with disabilities do the right things, people with disabilities are two times as likely to have jobs as states that don't do the right things. President of RespectAbilityUSA.org, Jennifer Laszlo Mizrahi, indicates that each year 300,000 young people with disabilities age into *what should be* the workforce.

Apprenticeships for People with I/DD. Another emerging trend in increasing employment opportunities for people with I/DD is paid apprenticeships which typically result in hiring after the apprenticeship ends. For example, the North Carolina Business Apprenticeship Career Training (Business ACTS) is a certificate program which established four apprenticeships at Sharon Towers, a retirement community in Charlotte, NC. The year-long apprenticeships started December 2015 and continue through November 2016. Each apprentice begins at an entry-level health care position and upon completion receives two certifications: 1) a professional certificate from a NC community college; and 2) a certificate from a registered pre-apprenticeship program.

The NCCDD has a long history of providing support to advance employment and career opportunities for NC Citizens with I/DD. Multiple initiatives in the past five years alone intended to advance state employment legislation, mechanisms for financial education and planning development, and internships for individuals with I/DD with the potential to evolve into employment and careers. Council funded initiatives, including Upward to Financial Stability, the State Employment Leadership Network, and Project SEARCH sought to advance career and financial health planning, employment, and formal legislation to advance income earning opportunities for NC citizens with I/DD.

Informal and formal services and supports *

The Annual Statistical Report for NC Developmental Centers indicates:

Despite a continuing downward trend in census, 139 admissions to NC developmental centers were recorded during state fiscal year (SFY) 2013, an increase of 16 from the previous year. The largest group of referrals was made by private licensed community residential settings which represented 76.3%. Regular admissions accounted for over 81% of total admissions in SFY2013. Of the total admissions, 37% were non-white with males constituting 74% of those admissions, and the majority were receiving special education. The largest single age group was 14 years old and younger.

One developmental center, Murdoch Center has a specialty unit that includes 1) Specialized Treatment for Adolescents in a Residential Setting serving ages 13 through 17 who have a dual diagnosis of I/DD and mental illness; 2) Partners in Autism Treatment and Habilitation for children ages 6 to 16 with ASD and serious behavioral challenges, and 3) Therapeutic Respite Addressing Crisis for Kids for children ages 5 through 17 with moderate to profound I/DD and/or ASD and in an emergency crisis situation.

The 2013-2014 National Core Indicators report on service coordination, planning, and case management, reflects that 92% of North Carolinian respondents met their case manager/service coordinator; 86% reported that their case manager/service coordinator asks them what they want; 89% reported that they helped make their service plan; 79% reported that if they leave a message, their case manager/service coordinator calls them back right away; 87% reported that their case manager/service coordinator helps them get what they need; and 88% reported that they get the help they need to work out problems with their staff.

The June 2011 Arc of the United States FINDS Report: A Report on Family and Individual Needs for Disability Supports key findings included that the majority of families report that they provide personal care including bathing and feeding (61%); administer medications (69%); provide direct financial support (72%); maintain the home (74%); manage financial affairs (78%); arrange and monitor outside services (76%); make social arrangements (76%); cook, clean and do laundry (80%); and provide transportation (84%). The FINDS report also indicated that 58% of parents/caregivers report spending more than 40 hours per week providing support for their loved one with I/DD; the vast majority of caregivers report that they are suffering from physical fatigue (88%), emotional stress (81%) and emotional upset or guilt (81%) some or most of the time; 1 out of 5 families (20%) reports that someone in the family had to quit their job to stay home and support the needs of their family member. According to the FINDS report, more than 75% of families indicate that they can't find after school care, non-institutional community services, trained reliable home care providers, summer care, residential, respite and other services; 62% of families report that services are being cut in the community, limiting or eliminating access to community life and opportunities for their family member with I/DD; one-third (32%) of parents/caregivers report that they are on waiting lists for government funded services including personal assistance, respite, housing, therapy, employment supports, and transportation, with an average wait of five years.

The FINDS report findings include that 47% of families report that they are paying more for care out of pocket; 80% of families report that they don't have enough money to pay for support or care of their loved one; 82% report problems balancing other family responsibilities (e.g., marriage, other children, housework). Income for people with I/DD remains low, with 33% reporting that they live in poverty with Supplemental Security Income or Social Security (21%) as their only source of income; 25% have no income; 60% rely on Medicaid for their health insurance; 50% indicate that they benefit from Medicaid funded home and community-based services; 82% of families report that their overall economic security is challenged; 73% report that they don't have adequate savings for retirement.

The FINDS Survey results show a correlation between the importance of education and obtaining a job. The data shows that for students with disabilities who stopped going to school, 52% of families reported that their family member with I/DD left school without a high school diploma, and only 8% report any college-level experience. However, 84% of family members believe it is important for their family member with I/DD to continue

education beyond high school, 73% believe it is important to return to school to learn a job-related skill and to learn about things they are interested in, and 66% believe it is important for their family member with I/DD to have experiences that will lead to obtaining a job.

Relative to living arrangements/situations, the FINDS data reflects 61% of parents/caregivers worry that the person they support might have to go live somewhere they don't want to; 62% of parents/caregivers say they don't have a plan for where the person they support will live when the parent/caregiver gets older; 59% report they don't have enough information about housing options; and 65% report that they don't have enough help in planning for the future.

The Cornell University Yang Tan Institute, using the U.S. Census Bureau's 2014 American Community Survey, reported that approximately 36% of non-institutionalized North Carolinians ages 21-64 with a cognitive disability lived below the poverty line in 2014 and approximately 34% of non-institutionalized North Carolinians ages 21-64 with a self-care disability lived below the poverty line in 2014. This data is indicative that individuals with I/DD would benefit from engaging financial planning activities as early as middle school.

In 2014, NCCDD began funding the National Disability Institute, Inc. (NDI) for the Upward to Financial Stability initiative that aims to encourage and support the partnership of the public and private sectors in spreading financial awareness to people with I/DD and their families. By March 2016, the initiative reached over 2,000 NC citizens through webinars focused on financial asset development topics, presentations at the 2015 Asset Summit, and four Train-the-Trainer sessions. NDI developed an Upward to Financial Stability curriculum that covers topics such as money management, financial capability, credit, housing, Social Security work incentives, and employment with public benefit work supports. A group of Master Trainers will receive training during the summer of 2016 to sustain the Train-the-Trainer model beyond the third year of this initiative and cater the training toward the needs of individuals in their communities in continuing to spread financial awareness and helping individuals with I/DD and their families in developing financial plans.

NDI and The IDA and Asset Building Collaborative (a.k.a., The Collaborative) have developed and distributed a North Carolina Asset-Building Resource Guide to assist individuals, family members, government, and communities in locating services available in each of the state's 100 counties. 5000 copies have been printed, and the guide is available on NCCDD's website.

The ABLE Act will positively impact the financial health of qualifying individuals with I/DD. North Carolina's governor signed the ABLE Act in 2015 with formal implementation slated for late 2016. The ABLE Act allows individuals who acquire a disability prior to age 26 to save money for healthcare, education, housing, transportation, assistive technology, and other types of expenses not covered by Medicaid, without jeopardizing their public benefits.

Interagency Initiatives *

A number of state collaborative efforts address interagency needs around issues that affect individuals with intellectual and other developmental disabilities (I/DD) and their families. Many of these collaborations are implemented and monitored by state government entities. The State-Level Transition Team facilitated by the NC Department of Public Instruction supports successful transition from high school to the community for students with an Individualized Education Program (IEP). The NC Practice Improvement Collaborative (NC PIC) seeks to promote evidence-based services for those receiving care through the Division of Mental Health, Developmental Disabilities, Substance Abuse Services (MH/DD/SAS). The NC PIC is comprised of representatives from all three division sections who meet quarterly and offer an annual public forum. Other state-initiated councils and committees concerned with people with I/DD and

their families include the Commission for MH/DD/SAS and the State Consumer and Family Advisory Committee. The Commission for MH/DD/SAS adopts rules regarding licensing, care and treatment of consumers of services, professional requirements hearings and appeals, and review of state plans. The Commission for MH/DD/SAS also advises the Secretary of the Department of Health and Human Services (DHHS). The State Consumer and Family Advisory Committee is composed exclusively of adult consumers and family members of MH/DD/SA services who advise the NC DHHS and the General Assembly on the planning and management of the State's public MH/DD/SAS system.

NC Statewide Independent Living Council (NC SILC) is the governing council for the Centers for Independent Living which provides statewide independent living services. A majority of NC SILC members must be people with a disability; other members represent a range of agencies concerned with disabilities, including the NCCDD. The NC State Rehabilitation Council works in partnership with the NC DHHS Division of Vocational Rehabilitation Services by providing guidance in developing and expanding vocational rehabilitation services to maximize employability and independence of individuals with disabilities.

Statewide early intervention planning and service delivery for infants, toddlers and preschoolers has been based on a formal interagency agreement since 1989. The agreement was developed by the thirteen state agencies involved in providing or paying for services to young children and their families. **Community Resource Connections for Aging and Disabilities (CRC)** is North Carolina's implementation of the federal Aging and Disability Resource Center initiative. NC's brand, community collaboration, is also one of the main goals of this initiative. Through this collaboration, agencies and organizations within the community work together to provide information about, assistance with, and access to services for individuals who are aging, have a disability, or both.

The North Carolina Early Intervention Branch (NCEI) within the NC Division of Public Health functions as the lead agency for the NC Infant-Toddler Program (ITP). The ITP provides supports and services for families and their children from birth to age three who have developmental disabilities, developmental delays, and other disabilities. Sixteen Children's Developmental Services Agencies (CDSAs) across North Carolina work with local service providers to support families in advancing their child's success. In 1992, North Carolina was awarded a Head Start-State Collaboration (NC HSSCO) grant from the U.S. Administration for Children and Families. The NC HSSCO is implemented and monitored by the Office of Early Learning along with other state and federally funded Pre-K programs including Title I, Even Start Family Literacy, and Preschool Exceptional Children. The Office of Early Learning partners with the Frank Porter Graham Child Development Institute's FirstSchool initiative at the University of North Carolina at Chapel Hill. The FirstSchool initiative is a Pre-K through grade 3 initiative promoting public school efforts to be more responsive to the needs of an increasingly younger and more diverse population.

The NC Assistive Technology Program (NCATP) provides assistive technology services to individuals, families, and agencies with assistive technology needs. In collaboration with the NC Rehabilitation Association, the NCATP hosts an annual conference that includes an exhibit hall of assistive technology vendors. The NC Assistive Technology Program receives grant funding under Public Law 108-364 through the Rehabilitation Services Administration, U.S. Department of Education, and is administered by the NC DHHS, Division of Vocational Rehabilitation Services.

A number of interagency collaborations in North Carolina include state government representation but were created to address specific needs and issues that affect individuals with I/DD and their families. The following collaboratives and consortia are implemented by the creating entities. The NC Developmental Disabilities Consortium (DD Consortium) includes individuals with I/DD, family members, and I/DD service agencies and advocacy organizations. Members come together to advocate for the needs of persons with I/DD. In 2015, DD Consortium members developed a statement to share concerns about a proposed managed care waiver and House Bill. The Interagency Coordinating Council (ICC) brings policy makers, service

providers, and parents together to serve families of and young children with disabilities and developmental delays. ICC members work to ensure that the supports and services offered to families are aligned with their needs.

Quality Assurance

In 2014, the NCCDD Advocacy Ambassador initiative evaluated self-advocate organizing and activism in North Carolina. The findings suggest the significantly low number of self-advocate groups and low engagement of self-advocates in NC is associated with the disbanding of the Association of Self-Advocates of North Carolina (ASANC) in 2011. The Advocacy Ambassador report indicated that existing groups want, but lack resources and leadership, to continue a person-first focus, grow membership, and remain viable. Recommendations from the evaluation to build a functional self-advocacy movement include development and implementation of a 'business' model to provide education and training; technical assistance for existing and emerging groups; identification of self-advocates with leadership potential; and support to agencies to ensure access to accessible processes.

Currently the closest to an organized, statewide self-advocacy group is the NC Stakeholder Engagement Group (SEG). In response to the consolidation of NC LME/MCOs, medical care, and how NC citizens get services, the NCCDD funded the National Association of State Directors of Developmental Disabilities Services to convene and facilitate a diverse group of stakeholders to develop recommendations to be considered by NC legislators for the NC Medicaid Reform and Long-Term Managed Care plan. The SEG is a cross-disability advocacy initiative made up of individuals receiving services and their family members. The SEG originated to focus on shaping the long-term support and service systems through meaningful engagement and dialogue with policymakers. Upon completion of its originating goal, the SEG remains a collective with a new goal to expand its membership and agenda to ensure that NC continues to have an organized and viable cross-disability advocacy initiative that includes self-advocate leaders.

As the state's Protection and Advocacy agency, Disability Rights North Carolina (DRNC) monitors where people with disabilities receive services for health and safety issues, to ensure residents and staff are aware of the rights of the clients in the facility, and for quality of life issues. In 2014, DRNC began monitoring settings that serve individuals with I/DD to ensure that employees/trainees in these facilities are providing the most appropriate, most progressively integrated services in a safe and healthy environment. During the fiscal year that ended Sept. 30, 2015, DRNC staff monitored 29 facilities where people with I/DD live. Those facilities included 3 state-operated facilities, one prison for I/DD offenders, and 25 privately-operated ICF-IDDs or group homes. DRNC monitored other facilities that are not licensed for people with I/DD, such as neuromedical centers [is this still applicable], state-operated and community psychiatric hospitals, nursing homes and adult care homes, and have provided advocacy on behalf of individuals with I/DD in those placements. DRNC's 2016 priorities include attention to self-advocacy, self-determination, and ADA concerns in various settings. For example, keeping students with disabilities in school who are suspended or excluded because of their disability, providing advocacy or legal representation where inadequate transition services for successful post-secondary experiences occur, and improving the NC guardianship system.

The National Core Indicators (NCI) report for 2014-2015 summarizes responses from individuals and families related to self-determination and self-advocacy around personal choice. Responses from individuals living in NC include: 62% went out to religious or spiritual service in past month; 80% can see friends when they want to; 90% case manager "asks me what I want."; 90% staff "treat me with respect."; 90% have enough privacy at home; and 77% of individuals said always or usually able to choose provider agencies. NC respondents from the 2011 Arc of

the US FINDS (Family and Individual Needs for Disability Supports) survey related to self-determination and self-advocacy around personal choice vary somewhat from the NCI report: 95% said they received information about rights, compared with 93% nationally; 72% always experience services delivered respectful of family's culture; 24% usually experience services delivered respectful of family's culture; 89% said always or usually able to choose provider agencies; 38% said family member with I/DD never chooses provider; 77% said family always or usually able to choose individual support workers; and 52% said individual always or usually able to choose individual support workers, but 34% said individual could never choose.

Education/Early Intervention

Most people with intellectual and other developmental disabilities (I/DD) attend public schools, but many are served in segregated classrooms or schools, and too few students are completing high school with a diploma, an important prerequisite for further education or employment. Despite interest in continuing their education, very few students with I/DD move on to post-secondary education. The Robert Wood Johnson Foundation's NC county health rankings for working-age people with disabilities 2015 report indicates that 32% had only a high school diploma, 31% had completed some college or associate's degree, and 11% had a bachelor's degree or more. This data reflects a generalized perspective of low expectations for students with I/DD and other disabilities.

In 2013, NCCDD advanced the Learning and Earning after High School and the Reaching the Summit of Success initiatives designed to raise the educational expectations of families, educators, and employers for NC students with I/DD and to support transition planning from school to future success earlier in their lifetimes. Western Carolina University developed a Roads to Learning and Earning web-based resource matrix for students, teachers, and families that provides strategies and guidance to students to prepare for and create opportunities for positive post-school outcomes. The initiative also facilitated stronger relationships between the NC Department of Public Instruction (DPI) and Local Education Agencies (LEAs).

Meanwhile, Reaching the Summit of Success developed specific recommendations to improve transition outcomes for students with I/DD in the school system. Implementation of the Learning and Earning after High School and Reaching the Summit of Success initiatives revealed amendable barriers to competitive and integrated employment outcomes for youth with I/DD transitioning from school to adulthood. Specifically, the absence of a dedicated transition coordinator in each NC school and the lack of Employment First legislation, policy, or executive proclamation in the state.

According to the NC DPI, the Positive Behavior Intervention & Support (PBIS) initiative, an effective and proactive process for improving social competence and academic achievement for all students, continues to grow. During the 2011-12 school year, 46% (1154 of 2512) of NC schools were trained to implement or were implementing PBIS. While the state graduation rates for all students and students with I/DD increased from 2010/2011 to 2011/2012, graduation rates for both groups at high schools participating in PBIS continued to exceed state rates. DPI's 2012/2013 annual post-secondary goals performance report data indicate that 64% of youth ages 16 and older with an Individualized Education Program (IEP) had measurable post-secondary goals that were updated annually and based upon an age-appropriate transition assessment and transition supports needs. Charter schools had a lower percentage based on the sample used. However, these numbers improved to closer to 90% of youth by the 2013-14 school year. In terms of effective transition outcomes based on post-school activities, approximately 40% were enrolled in higher education, 63% were enrolled in higher education or competitively employed, and 37% were not engaged in post-secondary activities. Students who exited with

a high school diploma were almost twice as likely to be employed or in post-secondary education than those with a certificate of completion or modified diploma, students with I/DD who aged out of school, and those who dropped out. Only 5% of LEAs had a rate of expulsion/suspension less than 10 days -- twice the state average for students without disabilities.

In 2013, the NC General Assembly implemented legislation to fund parental school choice for a home-based or non-public school education for children with disabilities. The Children with Disabilities Scholarship Grant replaced the Tax Credits for Children with Disabilities by allowing families to be reimbursed for approved educational expenses for their child with disabilities starting in the spring of 2014. The scholarship grants reimburse tuition and special education-related services for each child educated in a home or non-public school to not exceed \$3,000 per semester (or \$6,000 per year). Eligibility is now determined by a family's expenses, not their tax liability, allowing more families to apply.

Housing

The new HCBS rules for Medicaid direct housing options that are integrated into the community and promote maximum independence. Developing such options on the scale needed will take considerable time and investment by all in the delivery of services. The 2015 State of the States in Intellectual and Developmental Disabilities reports that in NC, persons with I/DD living in nursing facilities decreased from 995 in 2008 to 959 in 2013. Individuals with I/DD living in ICFs-IID (intermediate care facilities for individuals with intellectual disabilities) decreased from 2,612 in 2008 to 2,485 in 2013. Those living in state institutions totaled 1,300 in 2013, down from 1,653 in 2008. The total number of individuals with I/DD identified by home size totaled 16,621 in 2008 and increased to 19,657 by 2013. Major change was noted for individuals residing in homes with 1-6 persons: 12,161 in 2008, increasing to 16,633 in 2013. Those residing in homes with 7-15 persons dropped from 1,107 in 2008 to 392 in 2013.

The NC Division of MH/DD/SAS reports progress for 2015. Funding sources include: Community Development Block Grant, low income housing tax credits, Section 8, Medicaid Rehabilitative Services Option; low income tax credits fund the largest source of affordable rental housing: 10% units to persons with disabilities. The Targeting Program, a partnership with NC Housing Finance Agency (NCHFA), NC DHHS, and local communities, requires that 10% of the units be set aside for persons with disabilities; Housing 400 Initiative is an expansion of the partnership with an initial \$10.9 million in nonrecurring funds was provided by NCGA in 2006 and 2007. These nonrecurring funds provided 430 independent and supported apartments in 33 counties. The demand for additional units exceeds new units brought online with this program; new definition in the Innovations waiver make it possible to pay for housing supports.

NCI 2014-2015 data for the US and NC: Individuals in NC report that 7% live in an independent home/apartment or share with a roommate as compared with 17% nationally. At least 49% live in a relative's home compared with 34% nationally. At 9% living in foster care, this is slightly higher than US average of 8%. Those living in institutions/group homes account for 33% compared to 39% nationally. Those living in small group homes of 1-3 residents or agency-operated apartments (6%) compare with 12% nationally. Yet, 12% live in group homes with 4-6 people, lower than the US average of 16%. Forty-three percent said they chose or had input into where they live compared to the US average of 55%. When asked about choosing roommates or living alone, 28% of NC respondents reported that they chose or had some input in choosing their roommates, or that they chose to live alone compared to 46% nationally. Approximately 83% said they never or rarely feel afraid or scared in their home which mirrors the average reported.

Data from the National Low Income Housing Coalition released in 2014 indicates that The Key Program partnership between NC DHHS and NCHFA served 929 households in 2011. According to the NC Housing Coalition, housing costs and related data are reported as: \$1,216: Median monthly home-ownership cost (2009 dollars); \$764: Fair Market Rent for two-bedroom unit; \$14.68: Hourly wage needed to afford a two-bedroom apartment at Fair Market Rent; \$7.25: Minimum wage in 2015; \$3.88: SSI income as an hourly wage in 2012 (assuming 40 hours per week); 42.9%: Percent of renters that don't earn enough to afford a two-bedroom apartment at Fair Market Rent. According to the National Residential Services Project (RISP), NC is one of eight states that served between 1,000 and 1,999 people with I/DD in settings of 16 or more people in 2011. Data for NC is not found for homes owned or leased by persons with I/DD and the number of people living in them.

Transportation

A lack of affordable and reliable transportation is a major consideration for individuals with I/DD to fully participate in civic engagement activities, recreational and fitness opportunities, volunteer opportunities, and limits the choices where a person can live. Community transportation efforts formerly centered on assisting clients of human service agencies. Although the NCDOT reports that there are 99 public transportation systems across NC with the Small Urban and Rural Transit Center reporting 83% of the vehicles used in the rural transportation center as ADA accessible, the systems operate on fixed schedules, have limited geographic coverage, and do not meet the needs of riders for night/weekend shifts. Regional community transportation systems are composed of two or more contiguous counties providing coordinated/consolidated service. More than one-fourth of North Carolina's 100 counties have rural transportation provided by a regional system. The NCDOT Board of Transportation is encouraging single county systems to consider mergers to form other regional systems as demand for transit trips for medical, employment, and other non-medical trips become more regional as population increases.

While public transportation works for some, para-transit systems better fit the needs of many with I/DD. *Para-transit Watch* lists six para-transit providers in North Carolina, three of which are located in the Triangle; others include Winston-Salem and Charlotte. The Disability.gov site lists transportation information by state as well as research and statistics, but no statistics on use of paratransit is available by state, nor does other aggregated data

sources for transportation provide such data. Even local transportation data is lacking; the NC Wake County Transit Plan created in September 2012 includes no paratransit in this detailed plan looking toward 2040. Population growth is documented, but accessibility needs are not included.

In the 2015 NC Division of Vocational Rehabilitation Services (DVRS) State Plan, the category of Transportation Services was the most frequently mentioned, with 56% VR staff members indicating this need. Of the responses identifying this need, 45.6% identified it as the most critical need; 32.5% identified it as the second most critical, 21.9% as the third most critical VR-related need. Responses address the need for transportation, especially around accessibility and lack of public transportation availability in rural areas. This is an issue as work shifts may not coincide with the hours of operation of the public transportation system.

Information from the upcoming NCDVRS five-year plan identify the following transportation barriers:

1. There is a lack of private providers willing to provide transportation at a reasonable rate, and consumers do not have the money to pay someone to drive them to and from work.

2. Many individuals with disabilities don't have a license and/or vehicle, and have no family member or friend to provide transportation. Additionally, there are those who are able to drive yet cannot afford the cost of owning and maintaining a vehicle.
3. The current policy regarding agency contribution toward the cost of vehicles for modification purposes is the major barrier to someone who needs to purchase a modified vehicle.
4. VR policy isn't adjusted for geographical differences.
5. VR sponsorship of transportation is a short-term solution and is a time-consuming process, and is sometimes an unreliable source of transportation for the individual accessing the service.

Child Care

Recreation

Recreational, leisure, and social activities are important to people with intellectual and other developmental disabilities (I/DD) because they offer important physical and psychological health benefits and opportunities to build social capital. According to the Centers for Disease Control's (CDC) Disability and Health Data System for 2014, 39.7% of North Carolinians with a disability were obese and 42.7% of North Carolinians with a disability had experienced depression at some point in their life. Meanwhile, only 41.7% got sufficient aerobic physical activity in 2013. Thus, accessible recreation and leisure opportunities at places such as state parks and local playgrounds as well as cultural arenas such as art museums and state historic sites provide opportunities for North Carolinians with I/DD to get more physical exercise and to participate in their community's cultural activities, contributing to better overall physical and psychological health.

A variety of recreational, leisure, and social activities are available across North Carolina to individuals with I/DD, and a number of resources exist to assist individuals and their families in finding these opportunities. Since approximately 1986, North Carolina has offered ACCESS North Carolina as a comprehensive travel guide listing detailed accessibility information about tourist attractions for people with disabilities, their families and their travel companions. ACCESS North Carolina is offered in English and Spanish in print and on-line. The funds supporting the program came from the Special Registration Plate Account at the Division of Motor Vehicles (DMV) within the NC Department of Transportation (DOT) and then went to the NC Department of Health and Human Services (DHHS), Division of Vocational Rehabilitation Services (DVRS). Unused funds at the end of each fiscal year transferred to the NC Department of Administration (DOA) for the State Construction Office to perform accessibility improvement projects at state-owned tourist attractions, including state parks, state historic sites and educational state forests. During the summer of 2015, the NC General Assembly eliminated funding for the ACCESS North Carolina program by moving the funds to the Roadside Vegetation Management Program.

Specific examples of tourist attractions that makes themselves accessible to people with I/DD include the Cradle of Forestry's Forest Discovery Center in Pisgah National Forest, which developed an adventure zone trail in consultation with the Autism Society of North Carolina and Marbles Kids Museum, which offers a family fun night in a quieter, less crowded environment than the museum typically experiences.

Other NC organizations that provide accessible recreation opportunities to people with I/DD across the state include Bridge II Sports, the University of North Carolina at Wilmington's Coastal Carolina Partnership for Accessible Recreation (CCPAR), Beech Mountain's Disabled Sports USA, Special Olympics North Carolina, and NC Miracle Leagues in Cary, Raleigh, Charlotte, High Point, and Wilmington.

Lastly, a number of municipalities across NC have been working to build accessible playgrounds to provide opportunities for children with I/DD and their parents and peers to play together. In 2016, Trillium Health Resources, the Wilmington based LME/MCO released Play Together Accessible Playground grants to build 30 accessible playgrounds in its service area covering 22 counties in eastern North Carolina.

Criteria for eligibility for services *

Health. In NC, all newborns are eligible for newborn home visit services and early hearing screening. Kindergarten health assessment occurs within 12 months of entering school, with payment determined by income and insurance type. The WIC program is for children up to age 5, with eligibility based on income. The NC Infant-Toddler Program provides services for children up to age 3 with a certain level of developmental delay or an established condition. According to data collected from interviews in the NCCDD Medical and Health Home initiative from children and adults with I/DD across NC, families identified access to dental care as one of the most challenging health issues. Families face substantial difficulty finding competent dentists who are comfortable providing care to children and adults with I/DD with significant needs that may include communication, sensory sensitivity, and anxiety; as well as finding dentists who accept Medicaid. Information from the UNC School of Social Work indicates that, despite having better potential access to health care, children with disabilities had to delay necessary medical and dental care more often. Families of children with disabilities who earned up to three times above the Federal Poverty Level still experienced similar levels of medical hardships as poor families raising children with disabilities.

Employment. NC Division of Vocational Rehabilitation Services (DVRS) serves individuals with I/DD. Services are also provided to students eligible for an Individualized Education Plan (IEP). With the changes to the Workforce Innovation and Opportunity Act (WIOA), there is a commitment to workforce development with an emphasis on innovation and beginning earlier in high school. WIOA implementation begins in 2017.

Informal and Formal Services and Supports. Eligibility for Medicaid is based on a family's monthly income and other resources. Home and Community Medicaid Waiver ("waiver") participation depends on funding availability. The individual must meet requirements for ICF-ID level of care as assessed and documented by a physician or clinical psychologist. The individual must require active treatment necessitating the ICF-ID level of care. Active treatment is aggressive, consistent implementation of a program of specialized and generic training, treatment, and health services. The individual must have a diagnosis of I/DD.

Housing. NC Institute of Medicine reports a difference in program rules for those in Adult Care Homes (ACH) and those who choose to remain at home or in their communities. That difference creates an "institutional bias" — providing greater financial coverage and health benefits for those who move into an ACH. Section 8 Housing eligibility is generally 50% of Area Median Income (AMI), but can be up to 80% in some cases; 75% of new vouchers must go to families with incomes below 30% AMI. Waiting lists are long. For example, in Raleigh the wait is estimated at 4-6 years.

Transportation. Para-transit riders must meet eligibility requirements and complete an application for certification every two years. Costs have increased, and more of the trip must be covered by the rider.

Education/Early Intervention. With the 2004 revision of the Individuals with Disabilities Education Improvement Act and the 2007 approval of the NC Department of Public Instruction's Policies Governing Services for Children with Disabilities, research-based interventions are now required prior to determining eligibility for special education and related services in some areas of disability. In addition, a child must not be determined to be a child with a disability if the determination is based on a lack of

appropriate instruction in reading, including the essential components of reading instructions. Child care. Eligibility for a child care subsidy is based on income. It is possible that more children with special needs received this benefit because there is no requirement that the family provide information regarding a diagnosed developmental disability.

Analysis of the barriers to full participation of unserved and underserved groups of individuals with developmental disabilities and their families *

NCCDD activities, state plan development survey results, and key state documents identified issues involving unserved and underserved groups in NC, who include 1) individuals affected by I/DD with limited English, particularly Latino people who comprised 9.1% of NC's population in 2015; 2) individuals living in developmental centers for which NC is 10th highest user of ICF/IDD in the nation; 3) people with I/DD living in ACHs; and 4) aging adults with I/DD living at home with aging parents. Issues in education/early intervention, housing, transportation, transition, employment, and health result in barriers and unmet needs.

Education/Early Intervention. Resources are needed to facilitate inclusion in schools and transition to post-school outcomes; survey responses indicate instances where "school attitude" does not welcome inclusion. NC Department of Public Instruction survey responses and key documents acknowledged the need for stronger collaborative efforts to implement more effective inclusion and transition practices for all ages across the state. Recent state budget changes negatively impacted the More at Four service for at-risk young children has been revised, made tuition-based for 80% of families, and moved to NC Department of Health and Human Services. Such changes will result in barriers to service for many families.

Housing. Most individuals with I/DD cannot afford independent housing without a housing subsidy, as most live on Supplemental Security Income (SSI). In 2016, SSI benefits were \$733 per month or \$8796 per year, not enough monthly income for individuals in most communities to purchase nonsubsidized housing or support services. Latino people, particularly those who are undocumented immigrants without a Social Security number, have difficulty qualifying for SSI.

Health. Obesity rates for people with I/DD are high. According to NC Division of Public Health (DPH), some steps have been taken, but some services were also cut. The NC Office on Disability and Health and Children and Youth Branch of NC DPH found that nearly 28% of adults with a disability report that they could not see a doctor within the past 12 months because of cost, compared to 13.4% of adults without a disability. Only 53% of people with I/DD had a routine dental exam in the past six months (NC Core Indicators Project, 2007-2008).

Employment. Vocational Rehabilitation staff survey results identify several barriers to serving individuals with disabilities: (1) Lack of employer education about people with disabilities results in unwillingness to hire or make workplace accommodations; (2) training opportunities for individuals to learn skills through on-the-job training; (3) challenges to the system as a whole serving people with disabilities include lack of jobs due to the current state of the economy. Responses about major barriers indicate that the NC DMH/DD/SAS faces staff turnover, lack of skill for current staff, and lack of funding to fill vacancies. In early 2016, DMH/DD/SAS filled its Employment Specialist position. A large workload was linked to negative effect on the quality of services, ineffective communication with consumers/providers, and lack of timely services provision. To more effectively provide services, agencies such as the NC DVRS have a Latino Outreach Specialist, and the Autism Society of North Carolina has a Hispanic Affairs Liaison. Policies, regulations, and eligibility criteria, are seen as service limits. DVRS's Latino Outreach Specialist attends many collaborative meetings and Hispanic festivals to share information about DVRS and the services available. However, he has reported meeting with undocumented people who will not qualify for formal services and must look for other assistance such as from their church.

Transition. The North Carolina Medical Journal (2009; Volume 70, Number 6) found that the availability and quality of transition services and supports vary across the state. People with I/DD need coordinated services/supports, but those services are often fragmented across state agencies, and the complexity of the current system makes it difficult for many people with I/DD and their families to identify and obtain needed services and supports. Interagency planning and coordination is particularly important during transitions.

Targeted Disparity. In collaboration with individuals with intellectual and other developmental disabilities (I/DD), their families and other stakeholders, the NCCDD will increase engagement and involvement of Hispanic/Latino individuals and families. The

NCCDD will (minimally) focus on initiatives involving demographic areas in the state where larger numbers of individuals of Hispanic/Latino ethnicity live, including Mecklenburg, Wake, and Forsyth Counties. NCCDD initiatives in these areas will be expected to focus on accessibility of information and will recruit and include Hispanic/Latino collaborators and others concerned with inclusion and sustained participation of NC Hispanic/Latino (Spanish speaking) citizens with I/DD.

The availability of assistive technology *

The North Carolina Assistive Technology Program (NCATP) serves people of all ages and abilities. Twelve centers across the state serve children, adults, and older adults with disabilities and their families. Free services include device demonstration, device loan, device reutilization, training/technical assistance and public awareness. Fee-based services are provided to agencies and schools and other organizations that include assistive technology assessment, community-based assessment, feature matching and device trial, and training on specific devices/software consultation, workshops and training. NCATP, along with the North Carolina Rehabilitation Association, co-hosts an annual G.R.E.A.T. Conference and offers an exhibit hall of assistive technology that is free and open to the public. NCATP partners with other agencies such as the NC Division of Services for the Deaf and the Hard of Hearing, which administers an Equipment Distribution Program that distributes technology and equipment that allows Deaf and Hard of Hearing people and people with speech disabilities to communicate over the telephone. NCATP also has a Grant Advisory Council with a member who represents the Hispanic/Latino population and a member who represents NCCDD tasked with advising NCATP on how to spend the federal funds they receive.

The NCATP website offers information and resources, including funding information. Easter Seals UCP for example, provides funding if no other resources are available, to individuals who live in the community, including those with long-term disabilities, intellectual and other developmental disabilities (I/DD), and to all ages. NCATP also offers a blog called the AT Daily available at <http://attraining.org/atdaily/> (<http://attraining.org/atdaily/>), and NCATP filmed a short documentary video in 2014 called "An Accessible Life" available at www.ncatp.org (<http://www.ncatp.org>). The film tells the story of numerous individuals with disabilities, including at least five people living with I/DD, and how assistive technology enhances their lives.

In federal fiscal year 2015, NCATP provided 1,613 device demos to 3,221 individuals, ranking 7th in the country. Meanwhile, NCATP provided 3,899 device loans, ranking second in the country, behind only New York. NCATP also ranks 8th in the nation for savings due to re-utilization. NCATP is also making industry-to-provider connections (e.g., Smart Homes, Inc.) and has a highly regarded blog on Assistive Technology. NCATP is funded by the Administration for Community Living (ACL) in the U.S. Department of Health and Human Services and is administered by the NC Department of Health and Human Services' Division of Vocational Rehabilitation Services. Information is available at the NCATP State Plan for 2014 and the NCATP Annual Report 2011-12.

NCATP is working with the Office of Disability Employment Policy (ODEP) to assess using iPad technology at CONE HEALTH Alamance Regional Medical Center – Burlington’s Project SEARCH host site – beginning in the fall of 2016 to assist interns with understanding and correctly performing certain job tasks.

Access to assistive technology will continue to be an area important to underserved populations of people with I/DD. According to 2014 Behavioral Risk Factor Surveillance System (BRFSS) data from the NC Division of Public Health, 6.2% of Latino adult respondents reported having a disability, but only 1.4% of Latino adult respondents reported using special equipment related to a health problem. Meanwhile, nationally, the 2010 Census estimates that 17.8% of the U.S. Latino population has a disability.

Waiting Lists *

Numbers on Waiting Lists in the State						
Year	State Pop (100,000)	Total Served	Number Served per 100,000 state pop	National Average served per 100,000	Total persons waiting for residential services needed in the next year as reported by the State, per 100,000	Total persons waiting for other services as reported by the State, per 100,000
2014	188124	35884	0.189	202	0.0517	0.0517

a. Entity who maintains wait-list data in the state for the chart above

Case Management authorities Providers Countries State Agencies Other

NC maintains a Registry of Unmet needs. Not a Waitlist. NC's Registry of Unmet Needs is maintained both by State Agencies and LME/MCOs.

b. There is a statewide standardized data collection system in place for the chart above

Yes No

c. Individuals on the wait-list are receiving (select all that apply) for the chart above

- No Services
- Only case management services
- Inadequate services

d. To the extent possible, provide information about how the state places or prioritizes individuals to be on the wait-list

- Comprehensive services but are waiting for preferred options
- Other

Use space below to provide any information or data available related to the response above

Individuals seeking services will do so through their assigned LME/MCO, of which there are currently eight, serving specific NC catchment areas. The state has revised its service regions and is moving toward consolidation of LME/MCOs to eventually recognize four LME/MCOs across four regions of the state including the north central, south central, eastern, and western regions. Individuals seeking services are initially assessed through a local department of social services or their LME/MCO. Severe risk is considered for those seeking services through the Innovations Waiver and a small number of slots in reserve for individuals considered to be in severe risk; however, waiver slots are assigned on a first-come, first-serve basis. Those waiting for services will be added to the Registry of Unmet Needs list. CAP-C (described earlier) will assess level of severity. NC’s managed care program has established a capitated funding process by which LME/MCOs receive a per-member, per-month total. LME/MCOs must serve all individuals within the capitated amount and assume the associated responsibility and risk. If the MCO achieves Medicaid savings (these savings are then identified as (b)(3) services), the savings can be invested in serving others on the registry of unmet needs through (b)(3) services.

e. Description of the state's wait-list definition, including the definitions for other wait lists

Home and Community Based Services (HCBS), called Innovations Waiver, is an optional Medicaid service in NC. Waiver services are slot driven with the total number of slots established by the NC General Assembly and divided among the state’s Local Management Entities/Managed Care Organizations (LME/MCO). A list of those requesting and qualifying for a waiver slot are added to a list called the “Registry of Unmet Needs” with each LME/MCO maintaining this list for the assigned catchment area. Securing a waiver slot can take many years for some individuals. In order to receive an Innovations Waiver slot, an individual must meet the NC requirements for an intermediate care facility level of care for people with I/DD. In addition to the Innovations Waiver, other Medicaid services include the Community Alternatives Program (CAP) for Children (CAP-C) and for Disabled Adults (CAP-DA).

f. Individuals on the wait-list have gone through an eligibility and needs assessment

Yes No

Use space below to provide any information or data available related to the response above

All are assessed for LOC and all will eventually get NC LME/MCOs administer a level of care assessment considering risk and needs for those requesting services. For those receiving HCBS Waiver services, the state historically employed the use of NC Support Needs Assessment Profile (NC SNAP) to assess risk and need, however NC has transitioned to the use of the Supports Intensity Scale (SIS) assessment for all individuals receiving Innovations Waiver services. NC chose to implement the SIS due to the comprehensive nature of the assessment and the “strengths based” assumption of the assessment in considering the supports needed for success in community. In addition, NC will base the

use of a resource allocation method pursuant to the scores received through the SIS. In addition, administration of the SIS requires demonstrated and ongoing inter-rater reliability of assessors as compared to a “master” assessor. NC is currently expanding use of the SIS to children. Additionally, the SIS will eventually be used for all waiting to receive service and all residing in ICF/IID settings. a SIS.

g. There are structured activities for individuals or families waiting for services to help them understand their options or assistance in planning their use of supports when they become available (e.g., person-centered planning services)

Yes No

h. Specify any other data or information related to wait-lists

All NC LME/MCO's assess their waiting lists to determine eligibility for services, level of care needs, and assess for other possible areas of support, including Medicaid or other insurance options. In addition, LME/MCOs will assess for the possible use of (b)(3) services. The NC General Assembly has directed the Joint Legislative Oversight Committee on Medicaid and NC Health Choice to study policy issues pertaining to the delivery of services for people with I/DD to include, at a minimum, the following: (1) Assess the causes and potential solutions for the growing wait-list for NC Innovations Waiver slots. Potential solutions to be studied include the following: a. Increasing the funding for the 1915(c) Innovations Waiver to result in more individuals served. b. Creating new support waiver slots as recommended in the March 2015 "Study Additional 1915(c) Waiver" report from the Department of Health and Human Services, Division of Medical Assistance, to the Joint Legislative Oversight Committee for Health and Human Services. c. Utilizing a 1915(i) waiver option and exploring how the 1115 waiver required for Medicaid transformation may assist in addressing current wait-list for services. (2) Assess alternate support sources within the formal service system or outside the system. (3) Multiple federal mandates that will directly impact current services and supports for people with intellectual and other developmental disabilities, including Home and Community-Based Services changes, the Work Force Innovation and Opportunity Act, and changes under section 14(c) of the federal Fair Labor Standards Act. (4) The coverage of services for the treatment of autism, including any State Plan amendment needed to address guidance issued by the Centers for Medicare and Medicaid Services. Reserved capacity for emergency needs: Individuals who present with emergency needs are offered entrance to the waiver ahead of other individuals to the extent that reserved capacity is available. A clinical team, inclusive of at least one of the following: medical director (psychiatrist) or the I/DD clinical director and a minimum of one developmental disability specialist, assesses the emergency situation. A person is considered to have emergency needs when the individual meets the following eligibility criteria and no other service systems can meet the identified need: 1. The primary caregiver(s)/support system is/are not able to provide the level of support necessary to meet the person's exceptional behavioral and exceptional medical needs and documented risk issues. 2. The issue(s) related to the child's disability has/have been determined by the County Department of Social Services to result in imminent risk of coming into custody of the agency. 3. The individual requires protection from confirmed abuse, neglect, or exploitation as documented by the Department of Social Services. Reserved capacity for military transfers: Capacity is reserved for individuals who were on a comparable 1915(c) waiver in another state whose family was transferred to North Carolina for military service or were receiving Innovations Waiver services prior to the family transferring to another state and have now returned to North Carolina. Treatment for Autism Spectrum Disorder (ASD): While treatment for ASD is currently covered under Early Periodic Screening, Diagnosis and Treatment (EPSDT), the NC Division of Medical Assistance (DMA) is in the process of setting up a stakeholder group to develop a State Plan Amendment for Research Based Interventions for Autism Spectrum Disorder (RBI-ASD). The policy would cover a variety of research and evidence-based interventions including Applied Behavioral Analysis (ABA). DMA will begin convening stakeholder groups at the end of July 2016.

i. Summary of Waiting List Issues and Challenges

There are currently 11,581 individuals on the waiting list for Innovations Waiver services, and 3,208 of those individuals were not on Medicaid as of June, 2016. Waiting lists are growing each year. The state also continues to rely on larger, more congregate service settings, in the form of state developmental centers and community ICF/IID. One outcome of the legislative session was the addition of 250 Innovations Waiver slots. NC DHHS is engaging in regular monthly collection of data from LME/MCOs to better identify the spectrum of service needs and services being provided. The goal for the state is to more accurately assess needs and target services toward achievement of outcomes while creating more efficiencies in the use of resources to address unmet needs. The waiting list challenges are known to the NC DHHS, representatives of LME/MCOs, and the NC General Assembly. The NC General Assembly in 2015 directed the NC DHHS to submit to the Federal Centers for Medicare and Medicaid Services a Medicaid Reform Plan (1115 Waiver) to more comprehensively manage long-term services and supports along with all Medicaid services; this plan was submitted in June, 2016. NC is also working to establish a “No Wrong Door” infrastructure to promote information for individuals seeking services to more easily access information and referral sources across NC.

Analysis of the adequacy of current resources and projected availability of future resources to fund services *

The North Carolina General Assembly has assigned a committee of legislators to oversee Medicaid Reform. These state representatives and senators are called the Joint Legislative Oversight Committee (LOC) on Medicaid and NC Health Choice. Before the full General Assembly convened April 25, the Department made a monthly presentation to the committee to share progress on the Medicaid Reform plan. On March 1, the Department submitted a final report on Medicaid reform to the LOC (NCDHHS, n.d.), and the final plan for an 1115 (b) Medicaid Waiver was submitted to CMS on June 1. While the plan is to change the current Medicaid physical healthcare fee-for-service system to a managed care program, the current Medicaid 1915 (b) (c) waiver will continue to run concurrently with the 1115 (b) waiver for at least four years after implementation according to legislation.

The State finished the 2016 fiscal year with a \$425 million dollar surplus. The NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) was directed by legislation to reduce its allocation for single stream funding by one hundred ten million, eight hundred eight thousand, seven hundred fifty-two dollars (\$110,808,752) in non-recurring funds for the 2015-2016 fiscal year and by one hundred fifty-two million, eight hundred fifty thousand, one hundred thirty-three dollars (\$152,850,133) in non-recurring funds for the 2016-2017 fiscal year. The DMH/DD/SAS was directed to allocate this reduction among the LME/MCOs based on the individual LME/MCO's percentage of the total cash on hand of all of the LME/MCOs in the state. During each year of the 2015-2017 fiscal biennium, each LME/MCO shall provide at least the same level of services paid for by single stream funding during the 2014-2015 fiscal year.

The North Carolina Division of Medical Assistance was awarded its Money Follows the Person (MFP) grant from the Centers for Medicare and Medicaid Services in May 2007 and began supporting individuals to transition in 2009. Under the Affordable Care Act, MFP was extended through 2020. To date, nearly 700 individuals have been supported in transitioning to the community from an institution. Individuals, however, continue to reside in institutional settings. Three developmental centers are part of the NC long-term care services and support settings and a neuro-developmental setting.

The North Carolina General Assembly appropriated \$1,000,000 for fiscal year 2015-2016 and \$2,000,000 for fiscal year 2016-2017 to fund a TBI Medicaid Waiver. The waiver will be piloted in the Alliance MCO region. This waiver is currently under review by CMS.

Analysis of the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities who are in facilities receive *

NC Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID) rules requires active treatment for all needs. All ICF/IID facilities must be re-certified on an annual basis with the NC Division of Health Services Regulation (DHSR) having a window of 15 months and must conduct surveys within an average of 12.9 months. For individuals residing in state-operated developmental centers, medical supports are closely monitored with routine medical care occurring through the institutional setting or secured through a local or specialized provider. While community ICF also requires active treatment, it becomes the responsibility of the provider operating the ICF to assess and support the provision of routine and specialized medical care services. While these settings are licensed and monitored by DHSR, requirements do not exist for annual checkups, medical or dental review. However, a provider may receive a violation in the event of a complaint or medical issue that is not addressed for an individual being served. Regarding ICF/IID capacity, beds generally remain full:

334 Private ICF/IID programs (some ICF programs have more than one licensed facility): 2,786 beds

3 Developmental Centers (Murdoch, J. Iverson Riddle, Caswell) and 1 Neuro (O-Berry): 1,362 beds.

To the extent that information is available, the adequacy of home and community-based waivers services (authorized under section 1915(c) of the Social Security Act(42 U.S.C. 1396n(c))) *

NC Continues to support ICF/IID residential treatment supports and the optional Innovations Waiver. NC public I/DD spending 2013 reports indicate 40% of expenditures supporting ICF/IID and 45% directed toward HCBS Waiver services. The remaining 11% were directed toward Supplemental Security Income/Aid to Dependent Children (SSI/ADC) and 3% to other related Medicaid supports (David Braddock, 2015).

During 2015, NC engaged in a series of public listening sessions to gather input from stakeholders regarding the impact of the Innovations Waiver and to seek recommendations for enhancements to the Waiver. The NC DHHS gathered and posted comments and engaged stakeholders to modify service definitions and submit a State Plan Amendment to CMS. This effort also included discussions about ongoing transition and impact of the use of the SIS as the primary assessment tool to inform the Individual Support Plan and transition to funding bands associated with SIS scores and a resource allocation methodology. New service definitions and transition to use of a resource allocation model is scheduled for November 2016. Additional information about the NC Innovations Waiver, including NC transition plan regarding new HCBS home and community elements, include:

Innovations Waiver – Self-Direction:

There are two models of Self-Direction in the Innovations Waiver: Agency with Choice (AWC) and Employer of Record (EOR). AWC is facilitated by a provider agency that allows the individual/guardian to be as involved in directing their services as they want to be, though the hiring and firing of staff is the agency's responsibility. EOR requires the individual/guardian to be the managing employer. The managing employer is responsible for hiring, firing, and supervising staff. With EOR, there is a Fiscal Management Service (FMS) which processes payroll and deductions for workers compensation and taxes. All Pre-Paid Inpatient Health Plans (PIHPs) were

required to have their EOR program established two years after the implementation of the waiver in their catchment area. Currently, all PIHPs have EOR programs. There are over 100 individuals who are self-directing their services, statewide, in one of these models. Under the previous waiver, CAP MR/DD, there were only 6 individuals who were self-directing their services.

It also applies to Supported Employment offered under the 1915(b)(3) benefit of the (b) waiver.

DHHS has worked with advocates and stakeholders, including provider organizations, PIHPs, and Local Lead Agencies to develop a plan, assessments, and monitoring procedures to ensure that the HCBS Rule is met. Additional information on the HCBS Rule can be found at <http://www.ncdhhs.gov/hcbs/index.html> (<http://www.ncdhhs.gov/hcbs/index.html>).

Treatment for Autism Spectrum Disorder (ASD):

While treatment for ASD is currently covered under Early Periodic Screening, Diagnosis and Treatment (EPSDT), DMA is in the process of setting up a stakeholder group to develop a State Plan Amendment for Research Based Interventions for Autism Spectrum Disorder (RBI-ASD). The policy would cover a variety of research and evidence-based interventions including Applied Behavioral Analysis (ABA). DMA will begin convening stakeholder groups at the end of July 2016.

Innovations Waiver Technical Amendment:

A technical amendment to the Innovations Waiver to implement resource allocation and add flexibility to service definitions was approved by CMS and will be effective 11/1/16. This amendment implements individual budgeting to the remainder of the state (previously only in the original five counties of Cardinal Innovations).

The amendment added new service definitions:

- **Community Supports and Living** -combined supervision, support, and training into one service;
- **Supported Living** -provides up to 24 hours per day of service to individuals who live in their own homes;
- **Community Navigator** -helps people to become part of their communities and to navigate non-Medicaid resources.

The amendment updated other service definitions such as:

- **Home Modifications** -expanded to focus on individualized needs;
- **Assistive Technology** -broadened to allow for new and innovative technology;
- **Community Networking** -fund memberships to enable individuals to access integrated classes;
- **Crisis Services** -includes consultation to help prevent crises.

Home and Community Based Services Rule:

DHHS has been working with CMS to develop the final version of the HCBS transition which will be posted for public comment. The HCBS Final Rule applies to the three 1915(c) waivers which are operated by DMA:

- The Community Alternatives Program for Children (CAP-C)
- The Community Alternatives Program for Disabled Adults (CAP-DA)
- North Carolina Innovations

Rationale for Goal Selection [Section 124(c)(3)(E)]

* - Required field

Rationale for Goal Selection *

Based on an analysis of the FFY 2011 – 2016 state plan and mandates of the DD Act, a NCCDD Five Year State Plan Development Ad Hoc Committee (est. 3/2015) advanced the NCCDD framework to initiate the process of state plan development. The NCCDD framework highlighted active priorities of the 2011-2016 plan and potential priorities driven by areas of emphasis in the DD Act. These priorities were used to design and advance the marketing effort and materials used in soliciting public input for the development of the FFY 2017 – 2021 state plan.

More than 1000 results and comments from three stakeholder surveys and 14 statewide listening sessions were evaluated in alignment with the environmental scan initiated by the NC Carolina Institute on Developmental Disabilities (CIDD) to guide development of the draft goals and objectives. Facilitated by technical assistance from ACL/AIDD/ITACC, the NCCDD created draft goals and objectives addressing financial asset development, community living and advocacy development. The 45-day public review period resulted in favorable feedback of the draft goals and objectives.

Based upon results of input, the NCCDD established three primary goals. The first Goal addresses strengthening financial security through financial asset development. This goal and its objectives aim to increase financial security through asset development for individuals with I/DD. Increasing financial asset development for individuals with I/DD will allow individuals with I/DD and their families to have greater opportunities for choice, self-determination, independence, productivity and community living. According to 2013-2014 National Core Indicators data, North Carolina ranks below the national average for individuals with I/DD with paid jobs in the community, including competitive and group-supported positions. A higher number of North Carolinians than the national average reported that they want a paid job in the community. According to 2011 Family and Individual Needs for Disability Supports data, people with I/DD and their families indicated that they live in poverty with a low income/no income, that their overall economic security is challenged, and that they do not have adequate savings for retirement. Survey and listening session responses from NCCDD planning activities align with this data. Focusing on developing a financial plan, on employment, and on raising educational expectations for people with I/DD at younger ages will allow them to build financial assets and, thus, greater financial security for a better future.

The next goal of community living focuses on housing and transportation, healthy relationships and responsive medical supports. The aim of these objectives is to increase community living for individuals with I/DD so that throughout their lifespan, more individuals with I/DD will be fully included, respected, valued and supported in their communities. NC citizens indicated that they cannot access services because of funding cuts in both the community and school, including individuals on the Registry of Unmet Needs for state funded services (i.e., waiting lists) for whom the average wait time is 5 years. HCBS rules for Medicaid continue to direct housing options for which, on the scale needed to meet the need, will take considerable time and sustained investment by community-based service providers, housing developers, policy makers and DHHS in order to fulfill the intent of the HCBS rules. NC remains in the top 10 states that serve between 1,000 and 1,999 people with I/DD in settings of 16 or more people. Relative to transportation, a national survey reports that the most common among unmet needs included assistance with leaving the house to do errands, shop and visit a doctor, while the NC DVR reports that transportation is the biggest barrier to employment for people with I/DD.

The third major goal targets advocacy development with objectives that address the DD Act mandate to increase support to a statewide self-advocacy organization via coalition building and leadership development. Data about self-advocate leadership and development included the need to provide technical assistance to existing self-advocate groups; improved access to and use of communication and technology; increased opportunities for

leadership development/education; and development and implementation of a sustainable model to provide such services/supports to self-advocates and existing self-advocacy groups. Data from the NC P & A indicates needs to train teachers to teach self-advocacy; for consistent policy making to ensure rights of self-advocates and family members of individuals with intellectual and other developmental disabilities (I/DD); and to create inclusive education at the preschool level.

In collaboration with individuals with intellectual and other developmental disabilities (I/DD), their families and other stakeholders, the NCCDD will increase engagement and involvement of Hispanic/Latino individuals and families. The NCCDD will (minimally) focus on initiatives involving demographic areas in the state where larger numbers of individuals of Hispanic/Latino ethnicity live, including Mecklenburg, Wake, and Forsyth Counties. NCCDD initiatives in these areas will be expected to focus on accessibility of information and will recruit and include Hispanic/Latino collaborators and others concerned with inclusion and sustained participation of NC Hispanic/Latino (Spanish speaking) citizens with I/DD.

Collaboration [Section 124(c)(3)(D)] *

The Administration on Intellectual and Developmental Disabilities (AIDD) NC Network, in addition to the NC Council on Developmental Disabilities (NCCDD), includes: NC's University Center for Excellence on Developmental Disabilities (UCEDD); the Carolina Institute for Developmental Disabilities (CIDD); NC's Protection and Advocacy organization: Disability Rights North Carolina (DRNC); DD network partners maintain awareness of Projects of National Significance (PNS) with other collaborators including the NC Department of Health and Human Services (DHHS). The NCCDD is actively engaged with the NC DD network partners to support, establish and promote common priorities for *systems change*. Having shared priorities leads to supporting promising and evidenced-based practices with an expected outcome of changes in policy. Collaboration efforts range from serving in leadership positions on network partner governing boards – DRNC and CIDD are voting members of the NCCDD and the NCCDD is represented as a non-voting ex officio member of the DRNC Board of Directors and the Advisory Council for CIDD. This level of engagement leads to active common knowledge and support of the goals and/or targets of each partner, including a significant role in support of the goals and objectives of the NCCDD Five Year Plan.

The three primary goals of the NCCDD Five Year Plan and associated objectives were established through active input of Council members along with data gathered and analyzed from state-wide surveys and state-wide listening sessions. CIDD created the stakeholder survey, gathered and summarized the data and developed the comprehensive review and analysis in support of the 2017 Five Year Plan. In support of collaboration and of their strategic planning efforts, NCCDD members and staff attended and participated in community listening sessions held by DRNC. Information gathered during the DRNC listening sessions also influenced the NCCDD priorities. Collaboration is a strong commitment of the NCCDD. The NCCDD engages with network partners DRNC and CIDD and also serves on the Statewide Independent Living Council (SILC). In considering specific examples of collaboration, NCCDD contracted with CIDD to develop survey tools and to conduct the Comprehensive Review and Analysis for the Five Year Plan. In addition, NCCDD and CIDD focus on efforts pertaining to self-advocate leadership (Goal 3.1), education and transition (Goals 1.2, 1.3 and Goal 2.3 and Goal 3.1), and strengthening rights for individuals with intellectual and other developmental disabilities (I/DD).

CIDD convenes the NC Post-Secondary Education Alliance (along with other stakeholders) to continue to encourage expectations for ongoing education after high school with career readiness emphasis, with active NCCDD participation. DRNC is currently the recipient of a NCCDD initiative to foster successful transitions from adult care home living situations for people with I/DD to typical community living options (Goal 2.1, 2.2 and 2.3) and

will provide a final report and blueprint for use by the NCCDD and network stakeholders for use to shape future policy and actions that promote community integration and inclusive opportunities. DRNC and CIDD are active stakeholders of the NCCDD-funded Guardianship Initiative to strengthen supported decision making and other alternatives and protections for rights of individuals with I/DD in NC (Goal 3).

Network collaboration is currently underway with a specific focus on the self-advocacy network in NC with the aim of helping to strengthen this network in accordance with DD Act mandates (Goal 3.1, 3.2 and 3.3). The NCCDD in 2014 commissioned a study of the status of organized self-advocacy in NC by forming an Advocacy Ambassador initiative. Pursuant to the assessment of the history and current status of self-advocacy in NC, the NC DD network determined that concerted and collaborative efforts will occur, initially engaging members of our respective boards to establish a vision for the future of self-advocacy in NC. The NCCDD has funded two leadership efforts, Partners in Policymaking and Advancing Strong Leaders in Developmental Disabilities (ASLiDD) and is planning collaborative efforts with network partners for future leadership development efforts focusing on individuals with I/DD, family members and professionals (Goal 3.1, 3.2, and 3.3).

The NCCDD and network partners are engaged with a variety of traditional and non-traditional stakeholders in NC. The NCCDD promotes the learning of others through a development fund available to support education of the public regarding priorities of the DD Act and the NCCDD. In addition, the NCCDD is actively engaged in a number of policy-level governance groups with examples including:

Financial Asset Development

- The NCCDD promotes high expectations for individuals starting at birth through adulthood with a focus on strong transitions and meaningful choices so that individuals with I/DD and their families will be more informed and will have a path from school to post-secondary education and/or employment, and development of assets.
The NCCDD engages in leadership within various policy-level task force workgroups including the governance efforts of the NC federally funded Office of Disability Employment Policy (ODEP) grant and statewide employment first leadership workgroup supporting Employment First in NC, the direction of Workforce Innovation and Opportunity Act (WIOA), and involvement with the NC Business Leadership Network (NCBLN).

Community Living

- The NCCDD is emphasizing more choice and opportunity for integrated and inclusive community living, responsive health care, and healthy relationships. The NCCDD is actively involved with the NC Practice Improvement Collaborative, most recently focused on expanding awareness of the importance of integrated and coordinated management of healthcare for individuals with I/DD. The NCCDD also participated with the NC Institute of Medicine to focus on aging and disability. The NCCDD is represented on the Raleigh Mayors Committee for Persons with Disabilities, supports the NC Youth Leadership Forum, and is also represented on the recently established NC General Assembly's Advisory Committee for Education and Employment Opportunities for Students with Disabilities. The NCCDD, with staff and members, engages with the Home and Community Based Services Waiver Committee and Transition Planning (new community elements) Committee, NC Respite Coalition, NC Money Follows the Person Rebalancing Fund Committee, and NC Victims Task Force and the No Wrong Door Governance Team. NC Money Follows the Person and the NCCDD will issue a joint Request for Applications, supporting Community Living. In addition, the NCCDD serves as a governor appointed as a member of the Board of Directors for the NC Brain Injury Advisory Council (BIAC) which also serves as a network collaboration as DRNC serves with this Board providing opportunity to help shape direction of future outcomes related to TBI supports in NC.

Leadership Development

- The NCCDD is focused on increased understanding, systems change and leadership. As such, the NCCDD serves on the NC SILC Board of Directors (ex officio, non-voting), NC DD Consortium, Guardianship Stakeholders Group (as part of a NCCDD funded initiative), CIDD Advisory Board, DRNC Board of Directors (ex officio, non-voting), and Olmstead Governance Team.

Two members of the NC General Assembly (NCGA) actively serve with the NCCDD, and during this legislative session the NCGA established a bi-partisan DD Caucus, to which the Council was invited to serve as an ongoing resource. The NCCDD also meets regularly with NC DHHS leadership.

5 Year Goals

Goal #1: Financial Asset Development

Descripton *

By 2021, increase financial security through asset development for individuals with intellectual and other developmental disabilities (I/DD).

Expected Goal Outcome *

Increase financial asset development for individuals with I/DD so that they and their families have greater opportunities for choice, self-determination, independence and productivity.

Objectives

Objective 1. Increase financial asset development and security for individuals with I/DD by increasing knowledge, developing financial plans, and implementing the plan's goals so that more individuals with I/DD will have a financial plan, leading to greater security.

Objective 2. Increase integrated competitive employment and careers, so that more individuals with I/DD will have integrated, competitive employment and careers through collaboration which will include education, workforce development, employment supports, employer engagement and barrier reduction.

Objective 3. Increase educational expectations for employment and careers, so that more individuals with I/DD will have educational expectations and education regarding employment and career goals, as will their families, and other stakeholders through increased knowledge and meaningful collaborations.

Goal #2: Community Living

Descripton *

By 2021, increase community living for individuals with intellectual and other developmental disabilities (I/DD).

Expected Goal Outcome *

Throughout their lifespan, more individuals with I/DD will be fully included, respected, valued and supported in their communities.

Objectives

Objective 1. Increase community housing and transportation so that more individuals with I/DD will choose where and with whom to live in their community and will have transportation options to support community living and employment.

Objective 2. Increase health access and wellness opportunities, so that more individuals with I/DD will have access to, and continuity of healthcare and wellness opportunities through individual and family education and provider capacity building.

Objective 3. Increase healthy community relationships, so that more individuals with I/DD will have healthy relationships and positive community connections that will support personal choice and decision making.

Goal #3: Advocacy Development

Descripton *

By 2021, increase advocacy for individuals with intellectual and other developmental disabilities (I/DD).

Expected Goal Outcome *

More individuals with I/DD will lead and sustain self-directed lives through self-advocacy, family advocacy and stakeholder leadership.

Objectives

Objective 1. As mandated by the DD Act, increase support to a statewide self-advocacy organization(s) through leadership development and coalition participation by: (I) establishing or strengthening a program for the direct funding of a state self-advocacy organization(s) led by individuals with I/DD, (II) supporting opportunities for individuals with I/DD who are considered leaders to provide leadership training to individuals with I/DD who may become leaders and, (III) participation in cross-disability and culturally diverse leadership coalitions. As a result of these efforts, more individuals with I/DD will knowledgeably advocate and take part in decisions that affect their lives, the lives of others and/or systems.

Objective 2. Increase individual, family, public and system knowledge and engagement to provide system advocacy for the financial security and community living opportunities of individuals with I/DD; with additional specific emphasis to increase the knowledge and engagement of members of the NC Hispanic/Latino community. As a result of these efforts, more individuals with I/DD and their families will knowledgeably advocate and take part in decisions that affect their lives, the lives of others and/or systems; with additional specific emphasis to produce accessible communication so more Hispanic/Latino individuals with I/DD will lead and sustain self-directed lives through self-advocacy, family advocacy and stakeholder leadership.

Objective 3. Increase professional development to improve expectations and supports for individuals with I/DD so that more I/DD professionals, other professionals and community leaders will receive leadership development to support collective impact to advance the financial security and community living opportunities of individuals with I/DD.

Evaluation Plan [Section 125(c)(3) and (7)]

* - Required field

Evaluation Plan *

Outline:

During the previous Five Year Plan, the North Carolina Council on Developmental Disabilities (NCCDD) adopted the "Route to Success," model developed by the Pennsylvania Developmental Disabilities Council and The Human Services Research Institute. In 2013 the NCCDD moved away from the use of this model and utilized the SMART goals as a way for contractors to report on their progress. In the current Five Year Plan, the NCCDD reviewed several evaluation programs and chose the Collective Impact model because it closely aligns with the mission - to ensure that people with intellectual and developmental disabilities (I/DD) and their families participate in the design of and have access to culturally competent services and supports, as well as other assistance and opportunities, which promote inclusive communities - as supported by the DD Act, continues to guide the Council's efforts. These efforts move the state toward building supports, policies and practices that engage people with I/DD and their families in the planning and living of their own lives.

To effectively measure systems change is difficult. By employing a measurement tool, the Council is able to measure its decisions against a reliable systems change strategy and realize a greater force for positive change within the State. The Council is uniquely positioned in State government to work in collaboration to effect change. To be successful, the Council must work together with many organizations in government, nonprofit, faith communities, and the business sectors to address change. And the Council must use a proven tool that can help members develop standard performance requirement and standards and evaluate the effectiveness of their investments in each initiative. The Council has identified Collective Impact as the model to develop, implement, and evaluate initiatives to produce systems change.

There are five essential elements to a Collective Impact Project, which include:

1. Common Agenda: All participants share a vision for change that includes a common understanding of the problem and a joint approach to solving the problem through agreed-upon actions.
2. Shared Measurement: All participating organizations agree on the ways success will be measured and reported, with a short list of common indicators identified and used for learning and improvement.
3. Mutually Reinforcing Activities: A diverse set of stakeholders, typically across sectors, coordinate a set of differentiated activities through a mutually reinforcing plan of action.
4. Continuous Communication: All players engage in frequent and structured open communication to build trust, assure mutual objectives, and create common motivation.
5. Backbone Support: An independent, funded staff dedicated to the initiative provides ongoing support by guiding the initiative's vision and strategy, supporting aligned activities, establishing shared measurement practices, building public will, advancing policy, and mobilizing resources.

Communities Are Ready or Near-Ready for Collective Impact When:

1. There is a “champion” for this cause who has the ability to engage and encourage multiple sectors in the community and is willing to use that ability to help the community solve this problem;
2. There is some local funding available to begin this effort or in-kind resources (protected time for selected staff members) to begin working to obtain funding;
3. There is a history of other kinds of successful collaboration in the community among at least some of the relevant stakeholders;
4. The general public is aware of this problem and cares about it, or can be readily made aware and will care if they are aware.

Methodology to determine needs being met and Council results being achieved:

Formative strategies are used throughout the Council's work. These are complemented by rigorous data gathering, as well as independent evaluation of funded initiatives. Principal among these is the regular meeting between contractors and Council staff, for review of activity plans, successes and barriers, and adjustments that might be required for the project to move forward as planned.

The NCCDD inputs are the resources used to support achieving goals; these resources are countable. They may be Council resources (funding, staff or NCCDD member time, technical assistance); or activities conducted outside NCCDD that are consistent with Council goals and objectives, but which the NCCDD does not sponsor. For example, if the NCCDD were conducting a needs assessment it would count as an input the funding staff time needed, and the number of survey responses. If at the same time, a professional association in the state decided to develop an online survey in the topical area for the needs assessment, the Council could count that effort as an input toward its goal. Outputs are also counted. Some outputs will be immediate. Others will be longer term and reflect the complex process of achieving Council goals.

An outcome or systems change is hard to measure. In fact, it may be necessary to look at many outputs over several years to see if attitude change, knowledge level, research results, the work of diverse stakeholders and champions, and the many unforeseen happenings along the way have actually achieved Council goals. Has the work of the Council

Contractors report activities throughout the contract cycle, and the staff reports contractor efforts, consistent with the Five-Year Plan.

The DD Suite tool enables the Council to track efforts to assure alignment with this plan. In addition to formal reporting to AIDD, contractors update Council members at quarterly meetings in addition to the written reports which are reviewed regularly by the Council committees and associated staff, so that members are fully informed about the activities, outputs, and outcomes of the initiative. The contractors serve as content experts and resources and provide their knowledge outside the initiative in other systems change efforts. The NCCDD meets quarterly along with its committees; its executive committee meets on a monthly basis, and the ad-hoc committees meet regularly outside the Council meetings. Of particular importance are those areas where implementation may be going less well. For initiatives that find barriers to implementation and for other efforts that experience less success than expected, reports made to the Council engage the expertise of both its members and staff in collaboration with Contractors to identify solutions. When substantive changes are required, these are reported in the annual update and amendment to the Plan.

In this area, program staff familiar with the Collective Impact model provide technical assistance to the contractors and assist members in understanding that barriers are inevitable but not “deal breakers”. Contractors are encouraged to focus their efforts on targeted system change activities. There is clarity from the beginning of an initiative about the nature of its work, its intended inputs, outputs, outcomes, and a clear sense of

how the initiative contributes the Council's State Plan resulting in system change. Committee and Council members know what to expect from each initiative and are prepared for the potential obstacles that may arise.

This breadth of activity serves the NCCDD in another way. Because of the broad scope and background of Council members, each is able to make linkages between NCCDD's work and work outside Council resources. A Council member that, e.g., sits on an advisory board for a state organization can facilitate connections between the Council initiative and the relevant organization's efforts, fostering collaboration and maximizing Council resources. Some systems are complex; it may be beyond the power of the Council alone to bring about needed system change. By ensuring that all NCCDD members and staff have good knowledge about the broad array of the Council's work, the NCCDD can connect members to serve as resources to initiatives, as well as encourage work on activities outside the NCCDD related to its goals and objectives.

How the annual review identifies trends and needs and for updating the Comprehensive Review and Analysis section:

Council members are ideally positioned to develop perspectives that range from the very broad, national level to the very detailed - what is happening in one of the North Carolina counties or local communities. The NCCDD staff regularly informs Council members about national initiatives, national issues, and provides information about any state policy and practice. There are regular Member Forums at each Council meeting where new information is shared; additionally, interested Council members are encouraged to participate in national and state venues and bring their perspective back to the Council.

The North Carolina Council, with support from the NCCDD's Council Development Fund, the Information and Technical Assistance Center for Councils (ITACC), and AIDD itself, periodically hosts and attends national meetings, as well as meetings of neighbor Councils, to discuss issues at the regional and national level.

Members and staff take what they learn back to their committees and the Council as a whole as well as their local communities. Connections are made at these conferences and events so that an informal network develops and is able to share information.

Participation on the Council of state and regional agency representatives, along with legislators, further enables NCCDD to access policy and practice decisions that are being made at the agency level. Dialogue with agency staff broadens the forum for discussion. This broader perspective contributes to realizing the Council's mission - to enable inclusive communities, not just for people with I/DD but for all people in North Carolina. By reflecting the issues that face people with I/DD, in the context of their communities, the Council is able to influence the viewpoint of the agencies responsible for the delivery of services and supports.

Added to these broad points of view is the data that emerges from Council initiatives and the personal experiences of Council members. This combination of quantitative and qualitative material provides a powerful and comprehensive "state of the state" in North Carolina and a backdrop against which to review new findings from Council initiatives. The opportunity to compare and contrast the "big picture" with personal experience, or what's happening in two different parts of the state, or what an initiative planned and what the initiative is finding during implementation, enables NCCDD to explore the reasons for differences, the power of the data, and to share what it learns with policy makers. With the constants of the DD Act and the Council mission, members and staff identify what works, what should work, and what does not work in North Carolina, and discuss these issues with the national experience as the point of reference.

Logic Model

* - Required field

Logic Model *

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Inputs/Resources	Activities	Outputs	Short-term outcomes	Long-term outcomes
	FINANCIAL ASSET DEVELOPMENT – IMPACT: Ultimate goal/outcome By 2021, increase financial security through asset development for individuals with intellectual and other developmental disabilities.			
	Activities	Outputs	Short term OUTCOMES	Long-term OUTCOMES
ADD allotment DD Act; Program guidance and instructions Grant program – money Grant program – initiative staff and people Grant program – people who use the initiative Grant program – contractor leveraged resources, time, and innovations In-house projects (Communications, program management/QM, Partners in Policymaking,	Employment 1. Replicate Project SEARCH	Number of replication projects	Intermediaries will be in place to assist people with developmental disabilities with employment	<ul style="list-style-type: none"> • Increase skills acquisition • Offer new models that can change the business culture to include workers with disabilities. • Create opportunities for service systems such as education, vocational rehabilitation, community supported employment agencies, and families to work together
	2. Improve collaboration between the disability and financial stability communities to improve the financial health of NC residents with I/DD	Design a menu of activities to integrate financial stability efforts into existing disability services	Leverage best practices, develop comprehensive plan, and launch an integrated communications initiative to connect individuals and families with financial resources	Create a leading statewide resource for individuals with I/DD, families, service providers and key stakeholders in both the disability and financial stability communities in NC

Inputs/Resources	Activities	Outputs	Short-term outcomes	Long-term outcomes
Jean Wolff Rossi Fund, public policy, Council developmental fund, conference funding – leveraged resources, staff, time, and innovations	3. Partner with NC Department of Public Instruction (DPI) and Local Education Agencies (LEA) identify specific policy barriers to address in transition procedures	Develop online resource to be used by DPI and school systems state wide on transition planning	Raise expectations for students with I/DD by integrating targeted transition planning into standard educational programming	Increase in the number of people with developmental disabilities employed in businesses and post-secondary education programs
COMMUNITY LIVING: IMPACT - Ultimate goal/outcome				
Collaborative partnerships	By 2021, increase community living for individuals with intellectual and other developmental disabilities.			
Council staff Council members State Policy makers DHHS staff	1. Conduct needs assessment to determine opportunities, barriers, and educational needs around domestic and sexual violence programs for people with I/DD	Develop training specific to the needs of individuals with I/DD who have experienced domestic and sexual violence	Develop partnerships and strengthen collaboration with state agencies and statewide groups	Strengthen collaboration, communication and build a sustainable provider network that can support people with I/DD who have experienced sexual or domestic violence
AIDD Network Partners Council website Use of technology DD Suite – data management system	2. Identify and assess barriers to community living for individuals with I/DD	Create a blueprint for state leaders to use in successfully transitioning people with I/DD out of adult care homes that outline recommendations for removing existing barriers with 6 individuals	Move more individuals with I/DD out of institutions and into the community	Leaders will have a clear understanding of the systemic causes of institutionalization and advocacy work needed in all systems before and during the transition to facilitate successful community inclusion

Inputs/Resources	Activities	Outputs	Short-term outcomes	Long-term outcomes
	3. Convene task force gather relevant guardianship data and review other model states	Study states that have successfully implemented less restrictive models of guardianship, self-determination and supported decision-making	Implement WINGS - Working Interdisciplinary Networks of Guardianship Stakeholders model in North Carolina	Revise guardianship statutes to promote less restrictive guardianship alternatives as appropriate
	4. Develop recommendations for better coordination and collaboration in the management and delivery of primary healthcare services and long-term services and supports	Develop practice opportunities for care managers regarding health education, patient engagement and communication with adults with I/DD	Build a system that cares for the whole person and coordinates care across sectors, addressing long-term service and support needs	People with I/DD have same access to health and wellness services and resources as other community members and are supported to achieve and sustain good health
	5. Facilitate collaboration between County Emergency Management offices and local grassroots organizations to encourage joint emergency preparedness planning	Distribute resources to educate, train and empower individuals with I/DD and their community, (includes self-advocates, family members, caregivers and first responders	Link with agencies that support individuals with disabilities and the "Ready NC" website to distribute I/DD specific disaster planning resources and policies statewide	Build capacity for disaster preparation, emergency response and related procedures and systems inclusive of persons with I/DD

Inputs/Resources	Activities	Outputs	Short-term outcomes	Long-term outcomes
	ADVOCACY DEVELOPMENT: IMPACT - Ultimate goal/outcome By 2021, increase advocacy for individuals with intellectual and other developmental disabilities.			
	1. Provide the Leadership programs to train self-advocates and family members	Training sessions that are for self-advocates, family members, and professionals	Graduates from the leadership program are active in advocacy and promoting the goals of the Council.	Individuals with developmental disabilities, their families and professionals help improve policies and support systems that affect them
	2. Establish a North Carolina chapter of the National Alliance for Direct Support Professionals (NCADSP)	Partner with the National Alliance for Direct Support Professionals (NADSP) to establish an operational structure for the NCADSP including advisory boards, website, professional gatherings, conferences, communication materials, and member recruitment	Increase access to training, continuing, and higher education for the direct support workforce	Enhance the quality of and elevate the status of the direct support workforce
	3. Establish a North Carolina Chapter of the National Siblings Leadership Network	Partner with National Sibling Support organization and local siblings to build networking opportunities	Siblings are active in communication and advocacy efforts throughout North Carolina	Siblings are empowered to make systematic change and to be strong advocates for their families

Inputs/Resources	Activities	Outputs	Short-term outcomes	Long-term outcomes
	4. Support grassroots groups to conduct projects that promote voluntary compliance with the Americans with Disabilities Act (ADA) in their local communities	Provide technical assistance and training to grassroots groups to carry out their plans	Build local compliance with the accessibility policies outlined in the Americans with Disabilities Act	Self-advocates are trained in leadership and advocacy efforts to change their community through hands-on collaborative efforts
	5. Convene stakeholder group of self-advocates and family members to inform policy makers on Medicaid reform	Develop “NC Outcomes and Expectations for Managed Long Term Services and Supports” Report	Group members have been invited to participate in several statewide advisory groups	Establish a sustainable cross-disability consumer and family group that can serve as a resource to state policy leaders
	6. Provide opportunities for individuals with developmental disabilities and their families to develop their knowledge and leadership skills	Number of people using the Jean Wolff Rossi Fund	People who used the education fund applied the information gained	Individuals with developmental disabilities and their families increased their knowledge and leadership skills
	7. Strengthen self-advocacy organization led by individuals with developmental disabilities	Number of self-advocacy organizations supported with conferences	Conference support provides strengthens leadership roles for self-advocates	Increased numbers of self-advocate leaders assume leadership roles in their communities

Projected Council Budget [Section 124(c)(5) (B) and 125(c)(8)]

* - Required field

Goal	Subtitle B \$	Other(s) \$	Total
Financial Asset Development	\$429,564.00	\$78,348.00	\$507,912.00
Community Living	\$567,972.00	\$130,000.00	\$697,972.00
Advocacy Development	\$400,880.00	\$32,737.00	\$433,617.00
General management (Personnel, Budget, Finance, Reporting)	\$546,652.00	\$45,198.00	\$591,850.00
Functions of the DSA	\$31,088.00	\$31,088.00	\$62,176.00
Total	\$1,976,156.00	\$317,371.00	\$2,293,527.00

Assurances [Section [124(c)(5)(A)-(N)]

* - Required field

Written and signed assurances have been submitted to the Administration on Intellectual and Developmental Disabilities, Administration for Community Living , United States Department of Health and Human Services, regarding compliance with all requirements specified in Section 124 (C)(5)(A) -- (N) in the Developmental Disabilities Assurance and Bill of Rights Act.

Approving Officials for Assurances

For the Council (Chairperson)

Designated State Agency

A copy of the State Plan has been provided to the DSA

Public Input And Review [Section 124(d)(1)]

* - Required field

Describe how the Council made the plan available for public review and comment. Include how the Council provided appropriate and sufficient notice in accessible formats of the opportunity for review and comment *

Using its Communications Initiative, the NCCDD engaged in a 16-month “LISTEN. GATHER. ACT.” marketing effort to gather public input for the development of the Five-Year State Plan. To inform the goals and objectives, the effort included fourteen listening sessions held statewide, and electronic and hard copy distribution of three stakeholder-specific surveys that targeted people with intellectual and other developmental disabilities (I/DD), families, and service and community stakeholders. A 45-day, public release of the draft goals and objectives resulted in favorable feedback. Both the input and comment activities included contact with diverse stakeholders in a variety of venues with regard to both the surveys and the draft goals and objectives. The effort was inclusive of the diverse populations and geography of North Carolina. All materials generated were offered and available in multiple accessible formats including Braille and large print. In addition, surveys and most announcements soliciting public input and comment were provided in Spanish.

Describe the revisions made to the Plan to take into account and respond to significant comments *

Public comment on the NCCDD draft goals and objectives were favorable and did not require revisions.