

North Carolina Institute of Medicine Task Force on Transitions for People with Intellectual and Other Developmental Disabilities

Presentation to the House Appropriations
Subcommittee on Health and Human Services

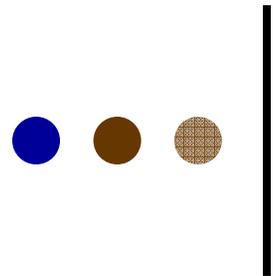
Pam Silberman, JD, DrPH
President & CEO
April 8, 2009





Overview

- **Background on the North Carolina Institute of Medicine**
- **Transitions for People with Developmental Disabilities**

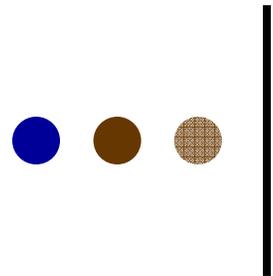


NC Institute of Medicine

- Quasi-state agency chartered in 1983 by the NC General Assembly to:
 - Be concerned with the health of the people of North Carolina
 - Monitor and study health matters
 - Respond authoritatively when found advisable
 - Respond to requests from outside sources for analysis and advice when this will aid in forming a basis for health policy decisions

NCGS §90-470





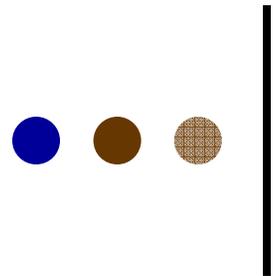
NCIOM Studies

- NCIOM studies issues at the request of:
 - North Carolina General Assembly (NCGA)
 - North Carolina state agencies
 - North Carolina foundations
 - Health professional organizations
 - NCIOM Board
- Often work in collaboration with other organizations to study health issues



● ● ● | **Legislative Charge**

- NCGA asked the NCIOM to convene a task force to study issues related to transitions for people with intellectual and other developmental disabilities (I/DD), including:
 - Transitions for adolescents leaving high school (including adolescents in foster care),
 - Transitions from developmental centers to other settings, and
 - Transitions for persons who live with aging parents or other aging support providers.



NCIOM Task Force

- Task Force co-chaired by:
 - James Bodfish, PhD, Director, Center for Development and Learning, Carolina Institute for Developmental Disabilities, UNC-CH
 - Adonis Brown, Independent Living Consultant and Disability Peer Advocate, EnVisioned Independent Living
 - Leza Wainwright, Director, Division of Mental Health, Developmental Disabilities and Substance Abuse Services
- The Task Force included 39 additional Task Force and Steering Committee members.
- The Task Force met 6 times.





Intellectual and Other Developmental Disabilities

- An intellectual or other developmental disability is:
 - A severe, chronic disability which is attributable to mental or physical impairment which is likely to continue indefinitely,
 - Manifests before age 22, and
 - Leads to substantial functional limitations in at least three of the following: self-care, expressive language, learning, mobility, self-direction, capacity for independent living or economic self-sufficiency.
- In NC, traumatic brain injury is considered an I/DD regardless of the age when it occurs.

● ● ● | People with I/DD in NC

- More than 100,000 people in NC have an I/DD (national estimates place I/DD at 1.5% of the population).
- Because of the functional limitations, people with I/DD may need services and supports throughout their lives.
- The types of services and supports will vary depending on the specific needs and desires of the individual with I/DD.



System is Complex and Fragmented

- Many different agencies are involved in financing, licensing, monitoring, and providing services and supports to people with I/DD.
- No agency is charged with overseeing all of the services provided to people with I/DD or of making sure that limited resources are provided as equitably or cost-effectively as possible.

● ● ● | Organization of the Report

- The Task Force report first highlights transition issues that are unique to specific types of transitions:
 - Transitions from school to post-secondary education, work or community involvement,
 - Transitions for foster children,
 - Transitions from public or private ICFs-MR to community placements, and
 - Transitions when older parents or family members can no longer care for the person with I/DD.
- Most of the transition issues cut across these areas, so are discussed in a cross-cutting chapter.

● ● ● | **Transitions from School to Post-Secondary or Community Settings**

- The federal Individuals with Disabilities Education Act (IDEA) mandates that schools develop Individualized Education Programs (IEPs) to meet the special educational needs of students with disabilities.
- Schools are required to begin transition planning when child turns age 14.
 - Transition plans should include measurable post-secondary goals related to training, education, employment and independent living skills.

● ● ● | Transitions from School to Post-Secondary or Community Settings

- Only 49.4% of students with *disabilities* graduated in 4 years from high school in North Carolina (2007).*
 - For schools, disabilities includes students with I/DD but also includes other types of “disabilities”.
 - Graduation rates vary from a low of 45% to a high of 75% in some high schools.
- Only 50% of students with intellectual disabilities were either enrolled in post-secondary school or competitively employed one year after leaving high school.
 - DPI does not currently collect data on what happens to the other 50% who were not working or in post-secondary schools.



Rec. 3.1. Improving Educational Outcomes

- o The State Board of Education (SBE) should examine existing school policies to improve the educational outcomes for children with intellectual and other developmental disabilities (I/DD).**



Rec. 3.2. Measuring Outcomes

- o The Department of Public Instruction (DPI) should add additional questions to the school outcome data collection survey for students with disabilities to assess what students are doing after leaving schools and what skills could help them meaningfully engage in their communities.**

- ● ● | **Transitions from School to Post-Secondary or Community Settings**

- Students who learn functional life skills outside the classroom are more likely to learn how to live independently.
 - Functional life skills include skills such as budgeting, banking, mobility and safety.
- Strong interagency collaboration has also been shown to help students transition from school to post-secondary work and education.

- ● ● | **Rec. 3.3. Increasing Life-Skills Component of IEP Transition Plans**

- **The North Carolina General Assembly should appropriate \$6 million in recurring funds to the Department of Public Instruction to support community-based instruction for students with disabilities to help meet the life skills components of students' IEP transition plans.**

- ● ● | **Rec. 3.4. Improving Interagency Transition Coordination**

- **The North Carolina General Assembly (NCGA) should promote interagency coordination before a child transitions out of secondary schools, and should provide assistance to families and parents in helping them plan for the transition.**

- ● ● | **Transitions from School to Post-Secondary or Community Settings**

- Some students with I/DD need assistive technology (AT) to assist in learning.
 - AT can compensate for communication, mobility or functional barriers that impair the students' educational achievement.
 - There is some evidence to suggest that the AT needs of students are not being met in schools, but further information is needed.



Rec. 3.5. Use of Assistive Technology in Schools

- **The Department of Public Instruction (DPI) should contract with an independent organization that has expertise on assistive technology (AT) to conduct a study to determine whether the AT needs of students are being met. DPI should report its findings and plans no later than October 2010.**
 - **NCGA should appropriate \$60,000 in non-recurring funds to DPI to conduct the study.**

● ● ● | Transitions from School to Post-Secondary or Community Settings

- Community colleges offer compensatory education for students with intellectual disabilities (ID) to help them learn to function as independently as possible.
 - Compensatory education does *not* include vocational or work related skills.
- Students with ID have few other opportunities for post-secondary education in community colleges, colleges or universities.
 - A new program, *Beyond Academics*, is being developed at UNC-G for students with ID.

- ● ● | **Rec. 3.6. Expanding
Community College Options
(PRIORITY)**

- **The North Carolina Community College System (NCCCS) should contract for an independent evaluation of educational and vocational programs available to people with I/DD.**
 - **The study should identify best practices of providing meaningful post-secondary educational opportunities to people with I/DD in an integrated community setting.**
 - **NCCCS should use the information from this study to develop a plan to provide more meaningful educational and vocational opportunities to people with I/DD.**



Rec. 3.7. Expanding Post-Secondary College Options

- **The University of North Carolina System should expand inclusive post-secondary education programs for people with intellectual and other developmental disabilities.**
- **NCGS should appropriate \$460,000 each year of the biennium to support the continued development and evaluation of *Beyond Academics*, and should direct DMHDDSAS and DMA to set aside 8 CAP-MR/DD slots to support post-secondary education for students with ID at UNC-Greensboro.**



Rec. 3.8. Collaboration with NCCCS and UNC System

- **The University of North Carolina System and North Carolina Community College System should work together to expand the availability of post-secondary educational opportunities for students with I/DD, and should work with DMHDDSAS and DMA to explore funding opportunities to support students with I/DD in post-secondary education.**



Foster Care

- National studies suggest that 20-60% of youth in foster care have I/DD.
 - In NC, DSS only estimated that 11% of foster children have I/DD. The Task Force believed this was an underestimate.
 - Foster children have fewer family members to assist them when they leave the foster care system.
 - If foster children with I/DD are not properly identified, they won't be linked to the LME system that could help them transition when they age out of foster care.

● ● ● | **Rec. 3.9: Foster Care**

- **DSS should work with the DMHDDSAS to identify an assessment process to ensure children in foster care receive an appropriate assessment to determine if they have any intellectual and other developmental disabilities or mental health problems.**
- **Children who have been determined to have mental health problems or I/DD should be linked into the Local Management Entity system.**

● ● ● | **Transition from ICFs-MR to Integrated Community Settings**

- When offered appropriate supports and services, people with I/DD and their families prefer smaller community settings to larger settings.
- People with I/DD experience better outcomes when living in the community.
- Approximately 10% of North Carolinians with I/DD live in state developmental centers or large private ICFs-MR (with 16 or more beds).



Transition from ICFs-MR to Integrated Community Settings

- Costs of services and supports are highest in state developmental centers, then private ICFs-MR. Costs are lower in CAP-MR/DD.
 - State DD centers
 - Average cost = \$156,000/person (all inclusive cost). 1,600 people served (2008). Average age is 51.
 - Private ICFs-MR
 - Average cost = \$94,000 (includes residential, DD services, and other Medicaid costs). 2,600 people living in private ICFs-MR (2008). Average age is 38.
 - CAP-MR/DD
 - Average cost = \$60,000 (includes DD services, other Medicaid costs, and any state-only funds). 10,000 people served (2008). Average age is 38.
 - *Note: To qualify for any of these services, the person's condition needs to meet ICF-MR level of care.*

● ● ● | Transition from ICFs-MR to Integrated Community Settings

- Nationally, there has been a large decline in the percentage of people living in large residential settings.
 - The decline is due to personal preferences for community living, expansion of Medicaid home and community based services, US Supreme Court decision in *Olmstead vs. L.C.*, and higher costs states pay to support people in large public and private ICFs-MR.
- North Carolina has not been as successful as many other states in transitioning people from large residential settings into integrated community settings.

● ● ● | **Transition from ICFs-MR to Integrated Community Settings**

- States that have been successful in moving people from state developmental centers or private ICFs-MR to community settings:
 - Have strong knowledgeable leadership,
 - Focus first on building community capacity rather than closing facilities,
 - Develop systems of open communication with staff and families, and
 - Ensure transition planning is person-centered.



Rec 4.1: Review of Placements in Public and Private ICFs-MR

- Each developmental center and private ICF-MR should have an admissions review committee to review any general admission placement before entry into the state developmental center or private ICF-MR.
- The North Carolina General Assembly should provide DMHDDSAS with the authority to use existing state funds in a more flexible fashion to support transitions or to avoid placements in state developmental centers or private ICFs-MR.



Transitions for People Living with Aging Family Members

- Nationally, estimates show that almost 480,000 adults with I/DD live with parents, age 60 or older, as their primary support provider.
 - In the past, people with I/DD had significantly lower life expectancies. Now, many adults with I/DD can expect to live as long as the general population.
 - Parents of adults with I/DD have concerns about what will happen to their children when they are gone. Despite this concern, many parents do not make plans for the future care of their adult child.



Transitions for People Living with Aging Family Members

- Some families have never been connected to the developmental disability system and may not know where to seek help.
- The state needs to do a better job of outreach to families of individuals with I/DD to provide them with information about available services and supports, and also help link older adults with I/DD into the aging network.

● ● ● | **Rec. 5.1. Future Planning**

- **Local Management Entities (LMEs) and DMHDDSAS should help families plan for the future so that the family and individual with I/DD's wishes are understood before a crisis occurs.**
- **DMHDDSAS and LMEs should develop longer-term emergency housing and support options for people with I/DD who need emergency services because of the death or precipitous illness of a caregiver.**



Rec. 5.2. Outreach to Older Adults with I/DD

- o Local Management Entities (LMEs) should work with appropriate community organizations to conduct outreach to identify families of individuals with intellectual and other developmental disabilities (I/DD) who are not currently connected to the I/DD system and ensure that older adults with I/DD have appropriate access to the range of services and supports offered by those organizations.**



Cross Cutting Issues and Recommendations

- Cross cutting recommendations are organized into 5 broad areas:
 - Leadership
 - Financing
 - Case Management
 - Community Capacity
 - Direct Support Workers

● ● ● | **Cross Cutting: Leadership**

- Professional leadership, with expertise specific to I/DD, is needed at both the state and local levels.
 - Leadership at the state level needed to develop policies and practices to support transitions.
 - Leadership at the local level needed to identify gaps in services and supports and build community capacity.
- State needs adequate data to identify service gaps, examine quality of services, and monitor progress in achieving goals.

Rec. 6.1. Statewide Transitions Plan

- **DMHDDSAS should work with LMEs, DMA, other appropriate agencies, people with I/DD and their families, other providers, advocates and others to develop a statewide transition plan.**
 - **The plan should identify the community services, supports, and funding needed to support successful transitions.**
 - **DMHDDSAS should report on progress to the Legislative Oversight Commission on Mental Health, Developmental Disabilities and Substance Abuse Services no later than October 2010.**

Rec. 6.2. Transition

Expertise at State and Local Levels (PRIORITY)

- **The North Carolina General Assembly should appropriate:**
 - **\$222,000 in recurring funds to DMHDDSAS to hire three developmental disability transition specialists, and**
 - **\$2,660,000 in recurring funds to distribute to local management entities (LMEs) on a per capita basis to support developmental disability transition expertise at the local LMEs.**
 - **Transition staff will have the responsibility to develop systems change at the state and local levels to support successful transitions for people with I/DD.**

Rec. 6.3. Enhanced Data Collection (PRIORITY)

- **DMHDDSAS should work with the Governor's office to ensure that the needs of people with MHDDSAS are included as the state moves to develop electronic health records.**
- **DMHDDSAS should create a computerized waiting list system to capture information on the numbers of adults and children who are waiting for services, and the types of services needed. DMHDDSAS should also collect other information for quality improvement purposes.**
- **The North Carolina General Assembly should appropriate \$72,765 in recurring funds to DMHDDSAS to support one new position to manage and analyze data, and assist with wait list coordination and management.**

● ● ● | Cross Cutting: Financing

- One of the biggest challenges the state faces is how to use its limited resources in the most equitable way possible.
 - People with I/DD with similar functional abilities and concomitant needs for support often receive different levels of funding.
- Some states have begun to use assessment instruments to determine the relative intensity of support needs.
 - Data from these assessments can be used to set budget caps or tiered funding, establishing appropriate provider payments, and identifying overall system needs.

● ● ● | Cross Cutting: Financing

- North Carolina is testing the Supports Intensity Scale (SIS™) as the standardized supports assessment instrument.
- North Carolina can use this assessment information, along with other professional assessments and information from the Person Centered Plan to establish an individual resource allocation.
 - Can be used to support consumer directed budgets
- LMEs also need access to flexible funds to support transitions.

- ● ● | **Rec. 6.4. Standardized Assessment Instrument (PRIORITY)**

- **DMHDDSAS should adopt a validated and reliable assessment instrument to determine relative intensity of needs for individuals with I/DD.**
 - **Should be administered by independent assessors**
- **The assessment should be used to assist in the development of the person centered plan, for statewide and local planning purposes, and in determining an individual resource allocation.**
- **NCGA should appropriate \$463,924 in nonrecurring funds to DMHDDSAS to continue to test the Supports Intensity Scale™ (SIS).**



Rec. 6.5. Consumer Directed Budgets

- The Task Force supports the implementation of a consumer-directed budgeting option through the approved NC Supports Waiver beginning in November 2009.**
- The Division of Mental Health, Developmental Disabilities and Substance Abuse Services should systematically move to expand consumer-directed budgeting to other people with I/DD who have more significant needs.**

● ● ● | **Rec. 6.6. Flexible Funding**

- **DMHDDSAS should work with LMEs to examine the need for flexible funding to support transitions.**
- **NCGA should give DMHDDSAS the authority to review and approve use of LME funds above 5% if being used to support specific transition plans.**



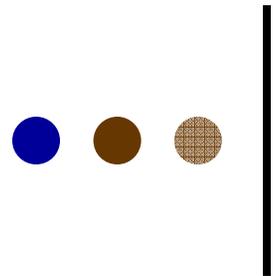
Cross Cutting: Case Management

- Case managers help people with I/DD identify appropriate medical, social, educational, vocational and other services; and monitor the services to ensure they meet the person's goals.
 - Good case management is particularly important during transitions.
 - North Carolina only pays for 60 days for case management services prior to leaving a state developmental center or private ICF-MR, CMS allows 180 days of case management services to develop transition plan.
 - North Carolina does not require that case managers complete specific training or demonstrate certain competencies.



Rec. 6.7. Improve Case Management (PRIORITY)

- **DMHDDSAS, in collaboration with DMA and other stakeholders, should establish clear accountability standards for case managers.**
 - **The standards should be designed to improve outcomes for people with I/DD who are served and should help to improve retention of qualified case management staff.**
 - **DMA should pay for up to 180 days of case management services for individuals leaving DD centers and private ICFs-MR.**
 - **DMHDDSAS should report its findings and recommendations to the Legislative Oversight Commission on MHDDSAS no later than October 2010.**



Community Capacity

- Individuals with I/DD need access to appropriate services and supports to help them live as independently as possible in the community.
 - The range of necessary services and supports will vary, depending on the strengths and outstanding needs and preferences of each individual and any available natural supports.
 - A person's need for services and supports may change or intensify during transition periods.



Community Capacity: Crisis Services

- Transition periods can be stressful to anyone. This may be more difficult for people with I/DD who may not fully understand the changes in their life.
 - Crisis services can be particularly important during transitions.
 - The North Carolina General Assembly created the Systemic, Therapeutic Assessment, Respite and Treatment (START) program (2008).
 - START provides community-based crisis prevention and intervention services to *adults* with I/DD and co-occurring mental illness and/or behavioral health needs.
 - Further expansion of these services for adults and creation of similar crisis services for children is needed.



Rec. 6.8. Expansion of Crisis Services

- **The NCGA should appropriate \$9.4 million in recurring funds to DMHDDSAS to fully fund existing and double the availability of regional START program teams and crisis beds for adults with I/DD.**
- **DMHDDSAS should do a gap analysis to determine the need for crisis services for children.**
 - **DMHDDSAS should present the findings, recommendations and any costs to the Legislative Oversight Commission on MHDDSAS no later than April 1, 2010.**



Community Capacity: Housing

- People with I/DD need access to affordable and accessible housing, integrated into the community, which promotes their maximum independence.
 - Two-thirds of North Carolinians with I/DD reported that they had no choice in where or with whom they lived.
 - One of the barriers that prevents people from leaving state DD centers or private ICFs-MR is the lack of appropriate housing in the community.
 - Task Force members believed that some people with I/DD are being inappropriately housed in Assisted Living/Adult Care Homes because of lack of other housing options in the community
 - People with I/DD may also need help subsidizing the cost of housing.
 - Medicaid pays for housing as part of ICF-MR payment, but not for community housing.



Residential Settings for People Receiving Residential Supports

Most People with I/DD Who Are Receiving Residential Supports Are Living in Smaller Group Settings with 6 or Fewer Individuals (NC, US, 2004)

| | All residents All settings All sizes | All residents, all settings, 1-6 res. | All settings of 1-6 as percent of all residents | Percent living with host family | Percent living in own home | Percent living in agency home (includes small ICFs-MR) |
|----|--------------------------------------------|---------------------------------------------|----------------------------------------------------------|------------------------------------|-------------------------------|-----------------------------------------------------------------|
| NC | 11,861 | 8,459 | 71.3% | (10.9%) | (26.3%) | (62.9%) |
| US | 419,965 | 294,559 | 70.1% | (13.5%) | (36.4%) | (50.1%) |

Source: Kathryn Coucouvanis, Robert Prouty, K. Charlie Lakin. Own Home and Host Family Options Growing Rapidly as More than 70% of Residential Service Recipients with ID/DD in 2004 Live in Settings of 6 or Fewer. *Mental Retardation*. August 2005;43(4):307-309.





Rec. 6.9. Expand Housing Options

- **DMHDDSAS should work with the NC Housing Finance Agency and other appropriate groups to examine the availability and adequacy of permanent supportive housing, housing subsidies, and support services, and barriers which prevent the development of additional housing options.**
- **The NCGA should appropriate \$73,765 in recurring funds in SFY 2010 and SFY 2011 to the DMHDDSAS to support one position dedicated to housing.**
 - **DMHDDSAS will report its findings and any recommendations to the Legislative Oversight Commission on Mental Health, Developmental Disabilities and Substance Abuse Services no later than January 2010.**

- ● ● | **Rec. 6.10. Expand Availability of Shared Living Arrangements**

- **DMHDDSAS should work with LMEs and other groups to develop a plan to promote shared living arrangements that promote greater self-direction and more inclusive housing.**



Rec. 6.11. Assisted Living Screening

- The Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS), working with other agencies and providers, should identify or develop an assessment process for use in assistive living. The assessment should be conducted by independent assessors to identify people with I/DD, and to determine whether placement in an assistive living facility is the best option to meet the unique needs of the individual and not based solely on the person's developmental disability.**



Rec. 6.12. State County Special Assistance

- **The NCGS should amend NCGS §108A-47 to allow State/County Special Assistance (SA) In-Home funds to be used to pay the same maximum payment rates as would be provided in licensed facilities to support otherwise eligible individuals in their own homes, alternative family living or host families.**



Community Capacity: Employment Services

- North Carolina has adopted an “employment first” philosophy based on the premise that adults with I/DD want the opportunity to choose their jobs based on their interests and talents.
- The Division of Vocational Rehabilitation (DVR) provides “Supportive Employment” to help people with more significant disabilities find and maintain a job.
 - Supportive employment provides more intensive job skill training, social skills training, and regular follow-up with employers, the family, the person with I/DD, or others to stabilize the job placement.
 - Adults with I/DD may need longer-term employment supports to help them maintain their job.



Rec. 6.13. Employment First (PRIORITY)

- **DMHDDSAS, LMEs and DVR should work together to expand employment opportunities to more people with intellectual and other developmental disabilities (I/DD).**
- **DMHDDSAS and LMEs should ensure that the funding available to support long term vocational supports is available and used on a consistent basis throughout the state.**



Community Capacity: Health Care

- Many people with I/DD experience barriers that prevent them from accessing needed health services.
 - People with I/DD, their families, and advocates report shortages of health care professionals who are willing to treat patients with I/DD.
 - Few health care professionals receive the training that prepares them to address some of the special needs of people with developmental disabilities, particularly those with significant intellectual disabilities.
 - Task Force believed that CCNC may be an appropriate way to increase the quality of health care services provided to people with I/DD.

Rec. 6.14. Training for Health Professionals

- **The Area Health Education Centers (AHEC) program, health professional schools, and DMHDDSAS should work collaboratively with other groups and people with I/DD to enhance the training of health professionals in providing health care services for people with I/DD.**
 - **AHEC should expand clinical and residency rotations and should help support a mini-fellowship in developmental medicine (MAHEC).**
 - **NCGA should appropriate \$150,000 annually to AHEC to support these training opportunities.**

Rec. 6.15. CCNC Pilot for People with I/DD

- **DMA should examine existing utilization data to determine whether Medicaid recipients with I/DD can access medical, dental, therapy, psychological or other behavioral services.**
 - **If DMA determines that Medicaid recipients with I/DD, have barriers accessing medical, dental, therapy, psychological or other behavioral services, then DMA should work with DMHDDSAS and other provider groups to identify the barriers and options to improve access to care.**
- **North Carolina Community Care Inc. should work with DMA and DMHDDSAS to explore the possibility of creating a care management model designed to meet the special needs of people with I/DD.**

● ● ● | **Direct Support Workers**

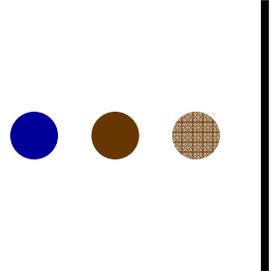
- Aside from the person's family, direct support workers (DSW) are the people who provide most of the day-to-day support for people with significant I/DD.
 - DSW have a broad range of responsibilities, and are employed in multiple settings.
 - Unlike certified nurse aides in the aging system, DSWs are not required to demonstrate any competencies before working with people with I/DD.

- ● ● | **Rec. 6.16. Improving Skills and Competencies of DSWs (PRIORITY)**

- **DMHDDSAS should work with LMEs and other appropriate organizations to develop and implement a plan to improve the competencies and skills of the direct support workers (DSW).**
 - **The plan should also include strategies to improve retention of DSWs.**
 - **DMHDDSAS should report its findings and recommendations, including associated costs to implement the recommendations, to the Legislative Oversight Commission on MHDDSAS no later than October 2010.**

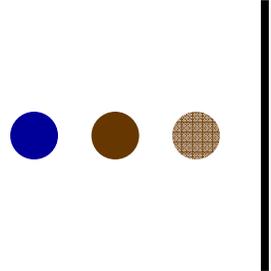
● ● ● | Conclusion

- The state needs leadership at the state and LME level with expertise in I/DD to facilitate transitions.
- The educational system (elementary, middle, secondary and post-secondary education) should be improved to better prepare students with I/DD for independent living and employment opportunities.
- North Carolina can learn from other states about how to successfully transition people from large public or private ICFs-MR.
 - To be successful, the state needs to develop community capacity.



Conclusion

- The state should do more to identify people with I/DD in the foster care system, or living at home with aging family members to ensure that they get linked into the DMHDDSAS system.
- The state should implement a standardized assessment instrument to determine level of supports needs.
 - Can be used to develop individual resource allocations, more accurate payments to providers, and in planning.
 - Will ensure that limited state funds are used equitably and cost-effectively.



Conclusion

- People with I/DD will need access to a range of appropriate services and supports to help them live independently in the community.
 - Critical services include, but are not limited to: case management, crisis services, housing, vocational, assistive technology, and health care (including medical, dental, behavioral).
- People with I/DD need a skilled workforce, including case managers, direct support workers, and health care professionals who have specific expertise working with people with I/DD.

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For More Information

- Websites: www.nciom.org
www.ncmedicaljournal.com

- Key contact:

- Pam Silberman, JD, DrPH
President & CEO
919-401-6599 ext. 23 or
pam_silberman@nciom.org

