

Introduction

POLICY FORUM

Putting People First: Services and Supports for People with Developmental Disabilities

Transitions are an important and necessary component in all of our lives. With each new transition we grow and begin to discover who we truly are as individuals. For children and adolescents, the most significant early transitions are the steps from elementary school to middle school, and then middle school to high school. As children grow up they are faced with the challenge of moving from living with parents to living on their own, and from dependency on others to dependency on themselves. For most of us, transitions can be an exciting and empowering time of our lives. However, for individuals with intellectual or other developmental disabilities (I/DD) transitions in life may be difficult and might require extra support and resources. This issue of the *Journal* focuses on transitions for people with I/DD, North Carolina's system for supporting individuals with I/DD, and the various issues surrounding caring for and providing health care to this group with varying levels of need and personalized care. The topic was one around which a Task Force of the North Carolina Institute of Medicine convened in response to a request from the General Assembly. The Task Force examined transitions for individuals with I/DD and many of the articles that follow are based on work done in the course of developing their report.

Individuals with intellectual or other developmental disabilities are diagnosed with I/DD if they have experienced a disability before age 22, the disability is expected to last indefinitely, and the disability creates limitations to daily living and/or cognitive skills. Additionally, in North Carolina, individuals with traumatic brain injury are also considered to fall within the I/DD category, regardless of the age at which they experienced the injury. Currently in North Carolina, there are more than 100,000 people living with I/DD.

Historically, North Carolina's system for providing care to individuals with I/DD has consisted of institutionalization or other out-of-home placements. Over the past several decades, however, our beliefs and theories about providing care to people with I/DD have changed, and the system has transitioned towards a more community-based, family-centered model. Our goals have also changed; from merely assisting individuals with basic activities of daily living to promoting programs and support systems that enable individuals to live more independently and encourage them to become active citizens in their communities through employment, volunteering, and civic engagement. This emerging view is supported by many, including North Carolina's leaders in state agencies and many of the authors in this issue. However, our state has been slower than other states in its attempt to move people out of institutions and into the community. This is an area in which we can expect some growth in the years to come.

Currently North Carolina's system for people with I/DD is highly complex and consists of a wide array of services and supports that are usually based on an individual's level of need. Local Management Entities (LMEs) are generally the agencies charged with overseeing county or regional delivery system for individuals with I/DD but there are alternatives and options that are described in this issue of the *Journal* as recommendations from the Task Force.

By focusing awareness on creating a system of care that meets the needs of individuals with I/DD, we can help ensure that this population can live their lives to their fullest potential. High school graduation, college, employment, and meaningful relationships are all within reach and should be the norm, not the exception, for persons with intellectual and developmental disabilities. The commentaries contained in this issue of the *Journal* articulate how to make these goals a reality.

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