

Successful Transitions for People with Intellectual and Other Developmental Disabilities

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Robbie is a 24-year old living in Albemarle, North Carolina at Carolina Farms. He has his own bedroom, a roommate, an active social life, and he helps around the farm by working in a garden and feeding the animals. He has his own computer, DVD player, Wii, and every week he gets to enjoy social outings with other individuals living at Carolina Farms. They go to the movies, roller skate, dance, and out to eat at local restaurants. With the amount of independence and level of flexibility over his schedule, one would never guess that Robbie lives in a community built for individuals with autism.

Carolina Farms is a facility that allows individuals with autism to live and work independently on a beautiful farm. However, Robbie did not always have the opportunity of living at Carolina Farms. This is actually the third residential facility that he's been in over the past six years. During his first stays at residential facilities, he had five and six roommates living under one roof. Unfortunately, having so many roommates aggravated Robbie's aggressive behavior. Living in the group homes, he would have four or five episodes a day, but now at Carolina Farms, he has not experienced an episode in two years.

Transitioning Robbie out of his group home, which was operated by a nonprofit organization providing residential and day care services for individuals with autism, required countless hours and

a number of case managers. Moving Robbie involved the nonprofit residential center communicating with the Murdoch Center (an intermediate care facility that is one of North Carolina's four state-run developmental centers) and the apartment supervised program at Carolina Farms. It took almost a year for the Murdoch Center to work with the Local Management Entity (LME) to get Robbie transferred over to Carolina Farms. Robbie's mother now says, "I'm proud of this transition. It was not easy to do and it took a lot time and cooperation between the LME, the Murdoch Center, the local residential nonprofit, and Carolina Farms—but it has been worth it. I knew he needed to be in a smaller group home at some point; Carolina Farms was a good opportunity. For any parent who has a child with a disability, start planning for their adulthood as early as possible. Things surprise you, and you turn around and your child is 14, then 18. I think it's important for children to grow up and live in a different community than their parents."

Transitions from one stage in life to another can be exciting. Think about when you started your first full-time job or when you purchased your first car or house. Yet, these transition periods can also be filled with stress.

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Transitioning from living with parents or other caretakers to living on one's own or from school to work can be difficult for anyone. These transitions to independence may be equally exciting or equally or more challenging for people with intellectual and other developmental disabilities (I/DD). However, key life transitions—from school to work, from an institutional to community setting, or the loss of a family member or other caregiver—can be particularly difficult for people with more significant intellectual or developmental disabilities.

People are considered to have an I/DD if they have a disability that manifested itself before age 22, is expected to continue indefinitely, and leads to substantial limitations in three or more of the following areas: self-care, receptive and expressive language, learning, mobility, self-direction, or the capacity for independent living or economic self-sufficiency. In North Carolina, people who have experienced a traumatic brain injury (TBI) are also considered to have an I/DD regardless of the age at which it occurred. There are currently more than 100,000 people in North Carolina with an I/DD.¹

North Carolina offers a complex system of services and supports to people with I/DD. The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS) is the lead agency charged with overseeing services provided to people with I/DD. Many people with I/DD receive their services and supports through their Local Management Entities (LMEs), county or regional governmental agencies that are responsible for managing the delivery of mental health, developmental disability, and substance abuse services. The LMEs typically do not provide services directly; rather, they contract for services and supports with private agencies.

While people with I/DD often turn to LMEs to identify appropriate services, many of the services and supports provided to people with I/DD are outside the DMHDDSAS system. For example, the Division of Medical Assistance (DMA) administers the Medicaid program that pays for and oversees some of the services and supports, including targeted case management, provided to people with I/DD. The Division of Health Services Regulation (DHSR) licenses many of the providers who offer residential and/or other habilitation services, including Intermediate Care Facilities for People with Mental Retardation (ICFs-MR) and other developmental disability group homes. The North Carolina Division of Public Health (DPH) provides services to younger children with special health needs (from birth through age two). Local Education Agencies (LEAs) are required, under

the Individuals with Disabilities Education Act (IDEA), to provide services and supports necessary to help children and adolescents (ages 3-21) with disabilities succeed in school. People may also receive employment support or help with assistive technology or independent living through the North Carolina Division of Vocational Rehabilitation (DVR) and may receive cash assistance through the federal government's Social Security Administration.

The type of service that a person can receive depends, in part, on their age (school-aged or adult), their level of service needs, the funding agency, and where they live. Further, the availability and quality of services and supports varies across the state. Perhaps not surprisingly, the complexity of the current service and financing system makes it difficult for many people with I/DD and their families to identify and obtain needed services and supports. Services are

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often fragmented across agencies. In addition, payments for services come from different sources, each with their own eligibility rules. In her commentary in this issue of the *Journal*, Karen Stallings discusses the barriers that some people with I/DD and their families face in obtaining needed services and supports.

People with I/DD need coordinated services and supports to help them through life transitions. Relative to others, people with I/DD may have fewer relationships with individuals to turn to for support. Interagency planning and coordination is particularly important during transitions, as is having a well-qualified workforce. Many young people with I/DD who age out of secondary school will need linkages to postsecondary schools, vocational rehabilitation, and their LME, as well as community organizations (e.g., churches, YMCAs) to ensure that they become active participants in their community. Older adults with I/DD may need to be linked to a variety of different services, supports, and housing if their aging caregiver or parent dies or can no longer provide necessary services or supports for them.

People who transition out of state developmental centers or private ICFs-MR will need access to an array of services and supports in the community consistent, in some cases, with a higher level of need. Regardless of the reason for the transition, people with I/DD need access to a comprehensive array of individualized services and supports to enable them to maximize their independence, productivity, inclusion, and self-determination in the community.

In July 2008 the North Carolina General Assembly (NCGA) asked the North Carolina Institute of Medicine (NCIOM) to convene a task force to study transitions for persons with I/DD from one life setting to another.^a Specifically, the NCGA asked the NCIOM to identify barriers and best practices for successful transitions for adolescents leaving high school, including adolescents in foster care and other settings; people who leave a developmental center to live in a community-based setting; and others who live with aging parents or caregivers who can no longer provide services and supports. The Task Force was co-chaired by James Bodfish, PhD, director of the Center for Development and Learning at the Carolina Institute for Developmental Disabilities at the University of North Carolina at Chapel Hill; Adonis T. Brown, an independent living consultant and disability peer-advocate with EnVisioned Independent Living; and Leza Wainwright, the director of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services. The Task Force also included 39 additional Task Force and Steering Committee members. The Task Force met six times between October 2008 and March 2009. The full report detailing the work and recommendations of the Task Force is available online.^b Priority recommendations of the Task Force are presented in bold in this issue brief.

Transitions for Adolescents Leaving High School or the Foster Care System

Schools play an important role in helping all youth acquire the skills and knowledge needed to be successful as adults. This is particularly true for individuals with I/DD,

who often face additional challenges when transitioning from childhood to adulthood. Students who have disabilities receive an Individualized Education Program (IEP) to help provide the necessary supports to assist them in succeeding in school. For example, students may need specialized instruction, assistive technology, or therapy services to help them address barriers to learning.

In today's economy, students must have a high school degree or higher to be competitive for work or eligible for postsecondary education.^c School success is critically important for people with I/DD to gain the skills needed for self-support and to live as independently as possible. While the goal of the North Carolina public school system is to ensure that every student graduates from high school "globally competitive for work and postsecondary education and prepared for life in the 21st century,"² in 2007 only 49.5% of students with disabilities graduated with a high school diploma in four years.^{d,3} This compares to 69.5% of all North Carolina students who complete high school within four years.³ Graduation rates for students with disabilities vary widely by LEA and school. In 19 LEAs, fewer than 45% of high school students with disabilities graduated with a diploma. In contrast, more than 75% of students with disabilities graduated with diplomas in 16 LEAs. North Carolina's target is to have 70% of students who have IEPs graduate with regular diplomas by 2011.^e More work is needed to improve the educational outcome of students with I/DD, including annual assessments, use of assistive technology, or other services to ensure students are maximizing their educational potential.

Individuals with I/DD who graduate or age out of secondary school need some mechanism to connect them with postsecondary schools, vocational rehabilitation, and LMEs to obtain postsecondary education, vocational training, workforce assistance, or other services and supports needed to help them become active participants in the community. North Carolina policy requires that the IEP team, including the student and his or her family, begin discussing transitions

a. Section 10.15(s) of Session Law 2008-107.

b. The full report is available on the NCIOM website at http://www.nciom.org/projects/transitions/transitions_report.shtml.

c. At the time of the report, students with disabilities could participate in one of five courses of study: Career Prep, Tech Prep, College/University Prep, the Occupational Courses of Study (OCS), or the Extended Content Standards. Students in the first three courses (Career Prep, College Tech, and College/University Prep) must meet certain course, credit, testing, and performance requirements to graduate with a high school diploma. The OCS includes extensive career preparation classes (such as personal management, self-determination, job performance) along with academic courses. In 2004, 20% of students with disabilities participated in the OCS. Students in the OCS must complete course requirements, pass high school algebra, and have had competitive paid employment in order to graduate with a diploma. Students with more significant cognitive disabilities may enroll in the extended content standards (ECS). Students who demonstrate understanding of ECS course content graduate with a high school certificate. As of the 2009-2010 school year, the Career Prep, Tech Prep, and College/University Prep Courses of Study are not available to incoming 9th graders. These three courses of study have been replaced with the Future Ready Course of Study.

d. Unless otherwise stated, "children with disabilities" refers to all children with disabilities, regardless of the type of disability. The federal government recognizes 13 categories under which a child may qualify for special education including autism, deaf-blindness, developmental delay, emotional disturbance, hearing impairment, mental retardation, multiple disabilities, orthopedic impairment, other health impairment, specific learning disability, speech or language impairment, traumatic brain injury, and visual impairment.

e. A regular diploma certifies that a student has successfully completed all graduation requirements. A graduation certificate is issued when a student has completed their course requirements, but did not meet all graduation requirements (such as testing requirements).

when the child turns 14.^f This is to ensure that all the plans and linkages have been created to ensure a successful transition out of high school. However, available state data suggest that North Carolina is not doing a particularly effective job in helping students link to competitive employment or postsecondary education settings.⁴ A 2007 survey of students with an IEP who left school within the last year showed that only 58% of the students with an intellectual disability had been competitively employed, enrolled in postsecondary school, or both at some point in the past year. Thus, the Task Force recommended additional community-based skills training for students with I/DD, and greater interagency coordination to help them successfully transition out of secondary schools. In this issue of the *Journal*, Berkeley Yorkery and David W. Test offer their suggestions on how secondary education could be improved to better meet the educational and transition support needs for students with I/DD.

North Carolina's community colleges offer a free compensatory education program (CED) as part of the Basic Skills Program. CED is for individuals with intellectual disabilities who are not prepared to take academic or vocational classes. The CED's purpose is to "compensate" adults for the inadequate or lack of education they may have received earlier. In addition to these programs, North Carolina community colleges offer career and technical education courses; however, these courses often require prerequisites that students with I/DD may not be able to meet. **One of the Task Force's priority recommendations was to improve the educational and vocational programs available to people with I/DD in the community college system.** In addition, the Task Force explored what other postsecondary educational opportunities are available to people with I/DD. Aside from the course offerings at the community college system, there are few other postsecondary education options designed specifically for individuals with I/DD. Beyond Academics at the University of North Carolina at Greensboro is one of the more promising options. Joan Johnson and Terri Shelton discuss this program in their commentary. More of these types of postsecondary educational opportunities should be made available to people with I/DD.

In addition to the problems that youth face transitioning out of high school, youth with I/DD in the foster care system often face additional barriers transitioning to independent living. These children often do not have the traditional kinds of support—family, caring adults, mentors—that other youth have to help them through periods of transition. If identified early, children with I/DD in the foster care system can be connected to services and supports that can help them successfully transition from foster care into the community. Therefore, it is important to identify children with I/DD in

the foster care system early so they receive services while in care and appropriate planning to ensure a smooth transition out of foster care.

Transitions for People Living in Large Congregate Living Arrangements to Smaller, More Independent Arrangements in the Community

People with I/DD, families, and advocates generally prefer smaller community settings to larger settings when offered appropriate supports and services.⁵ Research shows that people with I/DD experience better outcomes in adaptive behavior, social participation, decision making, self-determination, and functional behavior when living in the community with appropriate and necessary services.⁵

Approximately 10% of North Carolinians with I/DD live in state developmental centers or private ICFs-MR with more than 16 individuals. People in the state developmental disability (DD) centers are, as a whole, significantly older than those residing in other settings,⁸ and more than half have resided there for more than 30 years.⁶ Most states, including North Carolina, have embraced the concept of providing community-based services and supports for people with I/DD, relying less heavily on state developmental centers or large ICFs-MR. In this issue of the *Journal*, Alexander M. Myers discusses the role that developmental disability centers may play in the future as they transition away from long-term residential care to providing other services and supports to people with I/DD.

While the state has articulated a policy preference to support individuals in smaller community settings, there has been less downsizing of large institutional settings in North Carolina than in many other states.⁷ Past efforts to move individuals with I/DD from large DD centers or private ICFs-MR to smaller community settings have not been as successful in North Carolina as in many other states. Some of the barriers include lack of community capacity, communication difficulties between state developmental centers and LMEs, insufficient planning time with local case managers to arrange for appropriate community services and supports, and payment systems that discourage community providers from accepting people who have more intensive needs.⁸ For example, North Carolina only pays for up to 60 days of targeted case management services for people leaving state developmental centers as opposed to the 180 days allowed by federal law. The Task Force recommended that the Division of Medical Assistance pay for up to 180 days of case management transition services for people transitioning out of state developmental centers and large ICFs-MR.

f. IDEA requires that transition services be a part of the IEP beginning with the IEP in effect when the child turns 16.

g. Almost 70% of the people residing in North Carolina's developmental centers are older than age 45, in part because the state stopped admitting children into these large congregate settings in 1995.

Other states have been able to address these types of problems and, as a result, have been more successful in transitioning people out of developmental centers and ICFs-MR and into community settings.⁹ In her commentary, Nancy Thaler describes how other states have helped improve the systems of services and supports for people with disabilities and successfully transition them from large institutional settings to smaller community environments. Her commentary, as well as her presentation to the Task Force, describe how the most successful states have had strong leaders who helped develop a comprehensive transition plan focusing on building community capacity rather than immediately closing facilities. **Thus, one of the Task Force's priority recommendations was to hire transition specialists with development disability expertise, at the state and LME levels, who have responsibility for developing systems to help people with I/DD as they are experiencing transitions. Additionally, the Task Force recommended that DMHDDSAS work with other appropriate agencies to develop a statewide transition plan that includes an analysis of the community services, supports, and funding needed to support successful transitions.** In her commentary, Patricia B. Porter describes the changes that would be necessary at the state and local levels to improve the system of supports and services to meet the needs of people with I/DD during transitions. In addition, Cindy Ehlers discusses the challenges that LMEs face in meeting the support needs of people with I/DD, as well as ways in which LMEs could do a better job working with other organizations in the community to develop a system of services and supports.

Transitions for Older Adults with I/DD and People with I/DD Living With Aging Parents

A large number of individuals with I/DD now live with their parents, siblings, or other adults. However, the ability of these individuals to provide the services and support needed by family members with I/DD decreases as the caregivers grow older.^{10,11} Many people with I/DD living with older family members may need to change their living arrangements due to the death or diminishing capacity of their caregivers. 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 in reaching out to families of individuals with I/DD in order to provide them with information about available services and supports. In addition, parents or guardians of adults with I/DD are likely to need professional help to plan for their adult children's future. Advance planning is needed to ensure that the family knows how the financial, residential, security, medical, supports, legal, and social needs of the individual with I/DD will be met as the parent or caregiver ages or is no

longer able to provide support. Susan Hartley describes the need for advance planning in her sidebar.

Cross-Cutting Issues

While there are unique challenges that people with I/DD face in specific transitions, there are some that are the same regardless of the cause of the underlying transition. People with I/DD need access to a comprehensive array of services and supports to help them during transitions. Leadership at the state and local level needs to be coupled with appropriate and flexible financing, case management services, and community capacity (e.g., housing, assistive technology, and supported employment) to ensure that there are sufficient services and supports to address the needs of these individuals. Additionally, North Carolina must ensure an adequate supply of well-qualified direct support workers and other professionals who demonstrate the competencies and person-centered values necessary to support people with I/DD in securing the quality of life that communities afford other people.

Leadership and Data: As noted earlier, North Carolina needs strong leadership at the state and local level with professional expertise in developmental disabilities. State leaders need to bring together people with I/DD, families, service providers, and other stakeholders to develop a statewide transition plan that includes policies and practices to facilitate transitions. Leaders at the local level need to establish linkages with appropriate agencies and service providers to facilitate successful transitions, identify gaps in services and supports, and build community capacity. Aside from state and local developmental disability leadership, successful transitions are contingent on having community capacity to address the needs of people with I/DD. However, it is difficult for North Carolina to develop a plan to expand community capacity or to know what services and supports are most needed without adequate data. **Thus, the Task Force recommended that North Carolina institute a waiting list system to capture information about the unduplicated number of adults and children waiting for services and the types of services needed.**

Financing: In 2006, North Carolina spent over \$1.2 billion on services for people with I/DD, with 53% (\$643.2 million) of the funding coming from the federal government, 41% (\$493.7 million) from the state,^h and 6% (\$67.4 million) from local sources.¹² Medicaid is the largest source of funding for the I/DD service system in North Carolina, supplying 77% of total funding in 2006. (This includes both federal and state Medicaid funding.¹²) Medicaid helps pay for targeted case management, state developmental centers, ICFs-MR, and the Community Alternatives Program for Persons with Mental Retardation/Developmental Disabilities (CAP-MR/DD)

h. State funding includes state Medicaid matching funds, state augmentation of federal Supplemental Security Income (SSI) payments, and other state funds.

Waiver. The CAP-MR/DD waiver is a home- and community-based Medicaid waiver program serving individuals with I/DD who have a disability that would otherwise make them eligible to receive care in an ICF-MR facility. Medicaid also helps pay for other health-related costs for individuals who otherwise meet the eligibility requirements for the Medicaid program as well as nursing home costs for some frail adults with I/DD who need a nursing level of care. Non-Medicaid state funds are used to provide services and supports to people with I/DD who do not qualify for Medicaid. State funds can be used to pay for respite services, personal care, supported employment, long-term support, residential services, developmental therapy, and vocational programs.¹³

One of the biggest challenges the state faces is how to use its limited resources in the most equitable way possible in order to provide services and supports to people with I/DD. This is always an important consideration, but particularly so during tight fiscal years. This year, for example, the General Assembly reduced funding to the LMEs by 10% for each of the next two fiscal years.ⁱ This will mean that targeting existing resources to those most in need is imperative. Some states have begun to use assessment instruments to determine the relative intensity of support needs.¹⁴⁻¹⁶ Data from these assessments can be used to set individual budget caps for waiver services, or to establish tiered funding levels to match the amount of resources an individual receives to their level of support needs. Data from these assessments can also be used to more appropriately pay providers, based on the case-mix of the individuals they serve. North Carolina has already begun to test the use of the Supports Intensity Scale (SIS) to assess the support needs of people with I/DD. More work is needed to use data from assessment instruments to make more rational resource allocations. **Therefore, the Task Force recommended that DMHDDSAS adopt a validated assessment instrument to determine the intensity of support needs, and use this information, along with other relevant information, to allocate resources.** In line with this recommendation, the North Carolina General Assembly directed the Division to continue implementation of the SIS assessment tool if the pilot project determines that the tool is effective in identifying intensity of service needs and types of services needed.^j Rose Burnette, Christina Carter, and Leza Wainwright discuss the new assessment instrument being tested in different LMEs, as well as the Division's plan to develop new tiers of CAP-MR/DD waivers to more accurately reflect differing levels of support needs among people with I/DD.

Once the state develops a system that supports individual resource allocations, it can more easily move

to consumer-directed budgeting. North Carolinians with I/DD are less likely to be involved in decision making about their lives than are people with I/DD in many other states. Consumer-directed budgeting helps support individual self-determination by giving consumers a certain budget and letting them decide what services and supports they want to purchase within this budget. North Carolina is beginning to test this model by offering the option to individuals who are part of the North Carolina Supports Waiver (a Medicaid home and community-based waiver program for individuals who are eligible for ICF-MR level of care, but who only need a limited amount of services). Other individuals with I/DD with more significant needs should also be given the opportunity for self-directed budgets. The state also needs to provide some flexible funding to assist people during their transitions. This can be used to pay for one-time expenses that are not normally covered through existing funding streams, such as security deposits, moving expenses, or household furnishings.

Community-Based Services and Supports: People with I/DD need access to a wide array of services and supports to help maximize independent living in the community. Their need for services and supports may change or intensify during transition periods. Individuals with I/DD may need access to crisis services, appropriate and affordable housing, assistive technology, trained health care professionals that are knowledgeable and willing to treat people with I/DD, educational and employment supports, accessible transportation, personal assistance in activities of daily living, and/or assistance in developing friendships and relationships. However, many communities lack important services needed to facilitate successful transitions. The Task Force recognized and supported the need to strengthen all types of community-based services. **Therefore, the Task Force recommended using existing funding to strengthen long-term vocational supports to help individuals with I/DD obtain meaningful employment.** The Division of Vocational Rehabilitation (DVR) within the North Carolina Department of Health and Human Services can assist people with I/DD who need more intensive support services to help them transition into competitive employment.^k However, DVR's involvement ends once the individual, his or her employer, and the counselor and/or job coach agree that the person is performing his or her job successfully. Some individuals with I/DD need longer-term employment supports to help them maintain their employment. Funding is available to help pay for longer-term support services, but LMEs do not always help individuals with I/DD access these services. In this issue of the *Journal*, Michael Maybee and Jim H. Swain discuss

i. Section 10.19A(a) of Session Law 2009-451.

j. Section 10.12(f) of Session Law 2009-451.

k. Competitive employment is full-time or part-time work in an integrated setting (that employs people with and without disabilities), and which pays at or above the minimum wage, but not less than the wages paid to people without disabilities who perform the same or similar work. (34 CFR §363.6(c)(2)(i).)

the importance of long-term employment supports to help individuals with I/DD maintain competitive employment.

Individuals with I/DD may also have difficulty obtaining health care services commensurate with their needs. Just as it is for the general population, cardiovascular diseases and cancer are among the most common causes of death for people with I/DD.¹⁷⁻¹⁹ However, national studies suggest that people with I/DD are more likely to have certain chronic illnesses, as well as secondary conditions that arise out of their disability, including epilepsy,²⁰ hypothyroidism,²¹ gastroesophageal reflux disease, osteoporosis,^{22,23} respiratory infections, dental disease, mental illness, or other behavioral health problems.²⁴ Although some studies suggest that many people with I/DD can access needed health services,²⁵ other studies—including a report by the US Surgeon General—identify shortages of health care professionals who are willing to treat patients with I/DD.²⁶ The reasons for this are many and varied, ranging from communication difficulties to lack of training and experience, poor patient compliance with treatment plans, and unwillingness of some providers to accept Medicaid.^{27,28} Children have a particularly difficult time transitioning from pediatric care to adult services.^{24,29} To address these problems, the Task Force recommended that health care professionals receive better training to address the health care needs of people with I/DD and that Community Care of North Carolina develop a pilot program to provide care and disease management to this population. In this issue of the *Journal*, Irene Jurczyk and R. Bruce Kelly describe the Mountain Area Health Education Center (MAHEC) Mini-Fellowship in Adult Developmental Medicine. In this program, MAHEC works with the Office on Disability and Health to develop medical curricula to facilitate the transition of care of youth with special needs from a pediatric to adult health care providers.

Skilled Staff: Case managers play a central role in working with people with I/DD and their families to ensure that the needs of the individual are being met. They must be properly trained and qualified to ensure that they are knowledgeable about developmental disabilities, the services and supports available in the community, available state and federal funding, and the legal rights of people with I/DD. While DMHDDSAS has identified certain case management competencies, it has not instituted a minimum training requirement (in terms of hours or standardized curricula), nor has it instituted a statewide competency-based exam.

Successful transitions are often dependent on having a well-qualified workforce that can provide the supports and services needed to help the person with I/DD live, learn, work, play, socialize, and retire in the community. Aside from an individual's family, direct support workers (DSWs) provide most of the day-to-day support for people with I/DD. In addition to providing direct services and supports,

DSWs often facilitate connections to the community. DSWs are extremely important to the developmental disability system, yet there is no state-approved training curriculum or certification. Unlike certified nurse aides, who provide services to frail adults, DSWs are not required to complete a state-established curriculum or pass an approved competency exam. The Task Force determined that the skills and retention rates of DSWs should be improved. **Therefore, the Task Force recommended that the state develop and implement a plan to improve the competencies, skills, and retention of direct support workers and case managers.** In her commentary, Holly Riddle describes the role that DSWs play in meeting the support needs of people with I/DD and different options to increase the competencies, skills, and longevity of DSWs.

People with I/DD need a comprehensive, coordinated, and accessible system of supports and services to support them during life transitions. North Carolina can develop a more responsive, coordinated system of services and supports by increasing state and local developmental disability expertise and leadership, strengthening community capacity, and ensuring that case managers and direct support workers have the appropriate competencies to oversee or provide services and supports. By implementing many of the Task Force's recommendations, the state can help people with I/DD successfully transition from one life setting to another and live as independently as possible in the community. **NCMJ**

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