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It is disappointing that the eleven priorities do not directly note the importance of access to and continuity of healthcare. Healthcare services play a critical role in enabling an individual to live successfully in the community of their choice, be employed, and assume a meaningful role in community life. Although health services are referenced throughout the Plan, many individuals would benefit from the availability of home health services beyond the immediate transition from institutional care (page 16). Health must also encompass oral health and access to dental services.

Direct support professionals need on-going education on health across the life span and health advocacy skills (page 20). Project ECHO model is an evidence-based model for workforce development that is currently being implemented in North Carolina that can meet the educational needs of direct support professionals across the state.

Supporting families with children with medical complexity is a growing area of concern and will require an intentional approach to multidisciplinary education and service coordination (page 20). Project ECHO model is an evidence-based model for multidisciplinary education that has demonstrated the ability to promote collaboration across diverse professions that have responsibility to care for individuals with medical complexities.

The mobile crisis service teams should be trained to provide services to children with I/DD and ASD (page 23). The teams should track and report data on the number and needs of children with I/DD and ASD.

The new strategic plan for the State Developmental Centers is an opportunity to engage with diverse stakeholders, including community healthcare providers (page 24).

The DD Centers have incredible expertise that can help providers, families, and communities support individuals with complex needs. The development of Centers of Excellence to test service models and approaches to support individuals in the community must be applicable to community realities and include extensive engagement with diverse community partners (page 24).

Data collection, analysis, and reporting must be inclusive of people with I/DD and ASD (page 25).

There is a critical need for family navigators and peer mentors to be part of comprehensive system reform. This integrated care approach should be inclusive of person with I/DD and ASD and their families (page 36).

The crisis service system struggles to provide proactive and reactive care for children and adults with I/DD and ASD. The SAMHSA grant to support crisis system redesign must address this population and the on-going crisis within Emergency Departments (page 37).

The North Carolina Psychiatry Access Line (NC PAL) telephone consultation service that connects pediatricians and primary care physicians with child psychiatrists to improve diagnoses and to reduce polypharmacy for children is an opportunity to meet the needs of children with I/DD and behavioral health needs (page 37).

Primary care and behavioral health providers need education, supervision and on-going consultation on the diagnosis, treatment, and medication management of children and adults with I/DD and ASD (page 38). There are existing Project ECHO programs addressing this need that can be expanded.

Individuals with I/DD must be acknowledged as a population of concern when addressing health disparities (page 43). Project ECHO model is a globally recognized model for reducing health disparities in underserved populations and can contribute to workforce development across the state.

Community health workers should be trained to provide outreach, education, and services to individuals with I/DD and their families (page 44). Family navigators and peer mentors should be part of the community health workforce model and be members of care management teams.

First-hand experience will improve the development, design, delivery, and evaluation of our service systems (page 45 and 46). A quality system should honor these principles:

- A flexible definition of family
- Adequate reimbursement rates for family navigation and peer mentor services
- Valuing the lived experience of family members and peer mentors in job descriptions, hiring eligibility, and pay
- Access to family navigation and peer support services should be easy, flexible, and available in multiple places, such as medical practices, schools, and communities of faith,

Project ECHO model is an evidence-based model that emphasizes “all teach, all learn” by establishing virtual learning communities. Funding Project ECHO programs is one approach that can give voice to and empower advocacy efforts of individuals and family members with lived experience (page 46) and build upon North Carolina assets.

The development of patient-reported outcomes measures for Standard and Tailored Plans, intended to cover health-related quality of life, symptoms, consumer experiences, and health behaviors, must include input from individuals, family members and community members (page 47).

Respectfully submitted

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MEDICAL HEALTH HOMES

*Promoting Integrated, Person-Centered Care for
People with Intellectual & Developmental Disabilities*