Transformation:

A Commitment to Make a Difference

State Fiscal Year July 1, 2004 through June 30, 2005

Annual Report for the
North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services

North Carolina Mental Health, Developmental Disabilities and Substance Abuse Services Transformation

Mission

North Carolina will provide people with, or at risk of, mental illness, developmental disabilities and substance abuse problems and their families the necessary prevention, intervention, treatment, services and supports they need to live successfully in communities of their choice.

Vision

Public and social policy toward people with disabilities will be respectful, fair and recognize the need to assist all that need help.

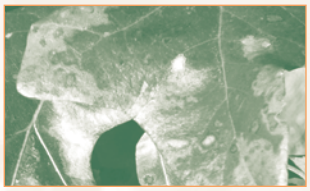
Services for persons with mental illness, developmental disabilities and substance abuse problems will be cost effective, will optimize available resources – including natural and community supports – and will be adequately funded by private and public payers.

System elements will be seamless: consumers, families, policymakers, advocates and qualified providers will unite in a common approach that emphasizes support, education/training, rehabilitation and recovery.

All organizations and individuals that serve people with mental health, developmental disabilities and/or substance abuse problems will work together to enable consumers to live successfully in their communities.

Guiding Principles

- *Participant driven*
- *Community based*
- *Prevention focus*
- *Recovery outcome oriented*
- *Reflect best treatment/support practices*
- *Cost effective*



North Carolina Department of Health and Human Services
2001 Mail Service Center • Raleigh, North Carolina 27699-2001
Tel 919-733-4534 • Fax 919-715-4645
Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Dear People of North Carolina:

When Governor Mike Easley asked me to assume the role of Secretary of the Department of Health and Human Services, it was with the understanding that one of my highest priorities would be the implementation of the state's mental health reform effort. Since that day, together with all our public and private partners, we have worked to transform our mental health system. I am committed to accomplishing what we have begun.

Every North Carolinian has a stake in mental health reform. The transformation we envision is being tackled through the dedicated work of many people from many walks of life – including our own state staff, local management entities staff, local providers, advocates and, most importantly, consumers and their families. North Carolina can and will succeed in this system transformation. Remember, no person will be discharged from a state facility until needed services are available in the community. Progress is not only possible, it is well under way. We have updated the division's mission, guiding principles and vision to better reflect the changing environment to clarify and refine the manner that transformation will play in the lives of the residents of North Carolina.

So, I invite you to read the division's annual report for 2004-2005. Learn about our efforts, our challenges and our successes. We have had challenges and will face more challenges together in the future. I look forward to another rewarding year as we work in unison to improve the lives of the residents of our great state.

Sincerely,

Carmen Hooker Odom

Carmen Hooker Odom

Location: 101 Blair Drive • Adams Building • Dorothea Dix Hospital Campus • Raleigh, N.C. 27603
An Equal Opportunity / Affirmative Action Employer

TO: Citizens of North Carolina

The Commission for Mental Health, Developmental Disabilities and Substance Abuse Services (MH/DD/SAS) is pleased to provide an annual report of its activities from July 1, 2004 to June 30, 2005.

The Commission is given statutory authority to make and amend rules governing the operation of all state-owned or state-funded mental health, developmental disabilities and substance abuse programs and services. The Commission is also given the statutory responsibility of serving in advisory capacity to the Secretary of Health and Human Services. In order to carry out our work, we have two committees, the Rules Committee and the Advisory Committee.

During the last fiscal year, the Commission met four times and each of the committees met four times. Highlights of our work during the year were final enactment of seclusion and restraint rules pursuant to legislation of the General Assembly, publication of a report from our Housing Task Force, a meeting in Asheville where we heard reports and saw demonstrations from area programs in Western North Carolina and a myriad of other activities related to rule making and our advisory responsibilities.

Members of the Commission do this work as a public service to the citizens of our state. Our members are professionals in the various service areas, consumers of services, family members of consumers and advocates for consumers. It is a diverse body which takes its work most seriously and carries out its responsibilities with great diligence.

Sincerely,

Pender R. McElroy

Pender R. McElroy
Chairman, Commision for MH/DD/SAS

Dear Fellow North Carolinians,

The State Consumer and Family Advisory Committee (SCFAC) has completed its first year plus of operations. During this formative year, the significant accomplishments have been organizing the SCFAC including designing the by-laws and meeting formats, establishing work subcommittees, advising the division on changes to State Plan 2005 and providing feedback and recommendations on various division initiatives affecting consumers. These are just a few of our many accomplishments.

Nationally, North Carolina's CFACs are a model for the successful collaboration of consumers with policy makers in the public mental health, developmental disabilities and substance abuse services system. North Carolina has been a trailblazer in ensuring that consumers and their families are at the decision-making table and are visibly and vocally represented in the transformation process. State funding alone is not sufficient to pay for the cost of community based services for consumers. However, if local communities, counties, providers, businesses, foundations and the state work together, we can make transformation a permanent reality. Many families in our state have family members who at some point in their lives benefit from the mental health, developmental disabilities and substance abuse services system.

The SCFAC has had a good year and we expect the next one to be even better. Please see the complete SCFAC annual report at ***www.dhhs.state.nc.us/mhddsas/scfac/scfacannualreport04-05.pdf***.

Sincerely,

Jere W. Annis, III

Jere W. Annis, III
Chair, SCFAC

North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services
3001 Mail Service Center • Raleigh, North Carolina 27699-3001
Tel 919-733-7011 • Fax 919-508-0951

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Michael Moseley, Director

Dear Friends:

I am pleased to present the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (MH/DD/SAS) state fiscal year 2004-2005 annual report.

Throughout the public MH/DD/SAS transformation, we have adhered to our mission of providing people with, or at risk of, mental illness, developmental disabilities and substance abuse problems and their families the necessary prevention, intervention, treatment, services and supports they need to live successfully in communities of their choice. We want consumers to receive the right treatment, at the right level of care and at the right time. Transformation rests on a foundation of five key building blocks:

Collaboration – We will only succeed by working in tandem, in partnership and in trust with our consumers, local programs and communities. The division will continue to build partnerships at all levels of our service delivery system.

Quality Management – Improving quality of care is everyone's responsibility. We are committed to a quality management system that starts with consumers and extends to every person at every level of the system.

Cultural Competence – North Carolina has a diverse population. Effective service delivery must consider race, ethnicity, cultural identity, language proficiency, religion, gender preference and communication/physical limitations. We are committed to a system that addresses and promotes cultural competence as a natural part of our service.

Workforce Development – We are committed to the highest standards of quality care. To that end, we will continue to identify workforce needs and to plan for workforce development to meet both emerging and long-term needs.

Leadership – We depend on leaders who communicate well; build respectful, collaborative partnerships; take effective actions that motivate and empower people; and help prepare future leaders.

We began transforming this system at the roots and we did not start with a blank slate. We have intelligent and committed professionals, quality advocates, invested consumers, innovative programs and a good leadership team to build on the foundation that we have already laid down. Transformation is a commitment to make a difference.

Sincerely yours,

Mike Moseley

Location: 325 N. Salisbury Street Albemarle Building Raleigh, N.C. 27603
An Equal Opportunity / Affirmative Action Employer