



North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services
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Michael F. Easley, Governor
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Michael Moseley, Director

March 29, 2007

Deby Dihoff
Executive Director
NAMI North Carolina
309 West Millbrook Road, Suite 121
Raleigh, NC 27609

Dear Deby:

I am pleased to respond to your presentation and questions from the Division's Executive Leadership Team meeting on February 6th, and feel that NAMI North Carolina and the Division have excellent opportunities to partner and collaborate to improve services for persons with mental illness around our State. The framework for these opportunities came about as a result of the unprecedented appropriation from the North Carolina General Assembly last year. We are very grateful for their role in funding transformation and new funds will continue to be needed as we move forward in the transforming of our system.

The Division will be working with you and the NAMI leadership to strengthen areas of need as indicated in the last *NAMI's "Grading the States Report."* Future opportunities for NAMI input include providing feedback regarding the ease of navigating and use of our Division website; a volunteer project may involve a facilitated process in which NAMI members navigate our Division website, monitoring such features as ease of use, search/linking capabilities, etc. Our website needs to be "user friendly" as this is one vehicle we utilize for gathering public comment and input from consumers, family members, providers, and other stakeholders, as well as providing education to the public at large.

Development and implementation of a statewide crisis system is another area in which NAMI support and input would be helpful. As of March 22, 2007, each Local Management Entity (LME) has a crisis coordinator; this information, along with daytime and after hours/weekend/holidays phone numbers, is posted on our website. There are also nine Mobile Crisis Teams in operation around the State. Development of this Crisis Portal of Entry has been a priority both at the Division and DHHS levels, with \$7,000,000 appropriated by the legislature for FY 06-07 in recurring state service dollars for the provision of crisis services. The Division is eager to have NAMI support, both at the state and local chapter levels, in these efforts. Effective functioning of crisis services will result in fewer individuals having to be admitted to state psychiatric facilities.



Closely related to crisis services are safety net resources, such as jail diversion programs. With NAMI's strong backing of the Crisis Intervention Team (CIT) model (already being implemented in parts of the State), there is strong impetus to expand these programs. In fact, Wake County alone has more than 125 CIT officers. Jail diversion programs are spreading to rural areas as well. The Division is pleased to learn that NAMI North Carolina is asking local affiliates to encourage those police officers trained in CIT to join the local NAMI chapter.

Both NAMI and the Division recognize the critical need for peer supports/peer specialists. In the last State Plan Amendment submitted to the Centers for Medicare and Medicaid Services, service definitions were approved which included peer specialists as paid staff members. These peer specialists play key roles in helping consumers engage in treatment and services, as well as helping to educate others. Consumer and family involvement in working with and/or training others, through such programs as your Family to Family Program or Young Families Network has proven very successful. The Division is very supportive of these initiatives and is eager to increase opportunities for consumer and family involvement.

The Division is eager to work with NAMI North Carolina in creating opportunities to improve the quality of life for persons with mental illness. Through the strengthening of current efforts or developing new ones that we can jointly support, this partnership will improve services to those in need around our State and reflects the Division's guiding principles of a service delivery system that is participant driven, community based, and prevention/recovery focused.

Sincerely,



Mike Moseley

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