

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

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."

Sections/Programs: Four sections (Adult Mental Health, Child and Family Services, Developmental Disability, and Substance Abuse Services) from the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) responded to the survey.

Service Delivery Challenges: Access and coordination of services, shortage of mental health workers and the need for housing for clients with mental health and substance abuse needs were cited as the top service delivery challenges. The sections also identified transportation, geographical variations in services, lack of insurance coverage, and the need for community outreach and support as additional service delivery challenges in the delivery of mental health and substance abuse services in the state.

Socio-Cultural Challenges: The most frequently cited socio-cultural challenges by the Division of Mental Health, Developmental Disabilities, and Substance Abuse include: issues related to client and provider attitudes; trust and stigma; cultural differences and lack of diversity in the workforce; language and communication problems; limited education, knowledge or awareness of mental health issues and discrimination of people with mental health conditions.

DIVISION OF MENTAL HEALTH – HEALTH DISPARITIES IMPLEMENTATION PLAN					
KEY RECOMMENDATIONS	ACTION STEPS	TIME FRAME	EVALUATION	AVAILABLE RESOURCES	
1. Increase awareness of health and service disparities, especially race/ethnicity, disability, and socioeconomic status	Develop consensus on key indicators for measuring MH/DD/SA health status	June 2003	Reports of State Plan Implementation Committees.	N/A	
	Measure, analyze and document inequities in access to MH/DD/SA treatment to identify priority areas for MH/DD/SA	Ongoing	Annual report card and other statistical reports.	CDW, Client Outcomes, IPRS. Data, waiting list data, NCSNAP, core indicators, CMHS funded projects	
	Engage and use different mediums of communication (print, radio, TV, etc) to promote increased awareness among policy makers, service providers and the public.	Ongoing	Evidence of media campaign efforts and reports form LME's Local Business Plans for general awareness and specific to underserved communities.	Web sites, local media products, local business plans.	
2. Communicate, document, and champion best practices in eliminating health disparities.	Identify characteristics and trends relative to the local population and train staff in relevant cultural competencies.	Ongoing	Core competencies, evidence of training.	Documentation of core competencies and training.	
	Identify and address the determinants of disparities MH/DD/SA health that impact individuals in the MH/DD/SA	Ongoing	Decrease in barriers to services	Waiting lists, training, outcome reports, client satisfaction data.	
	Adopt, adapt, highlight, and promote best practice strategies and interventions to address disparities. Promote evidence based programs and interventions to address health disparities through funding incentives.	Ongoing	Evidence of a CQI effort targeting the elimination of health disparities. Progress on implementation of a UR/UM system.	Local Business Plan and periodic progress reports.	Staff to maintain waiting lists, client outcome, and satisfaction reports. CDW, IPRS, and special projects. Division and LME staff.
					Staff development and existing supervisory staff representatives from minority groups, OMHHD and Program Evaluation staff.

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3. Promote, develop, and enhance community's capacity to engage in healthy living and elimination of disparities in health status.	Collaborate and promote community partnership across agencies, sectors, and levels.	Ongoing	By progress in implementing the community collaborative.	Community Collaborative surveys.	Current Division and LME staff.
	Develop coordinated strategies, multifaceted programs, and intervention approaches to address health disparities.	Ongoing	Success of the State Plan implementation and the Division reorganization.	Reports on the progress of the State Plan implementation and the Division reorganization.	Division and LME staff.
	Enhance health education to increase knowledge skills, and attitudes among providers and clients on MH/DD/SA issues.	Ongoing	Evidence of training.	Training evaluation, numbers of trainings, and records of attendance.	Training contractors, AHEC, Division staff, LME, Training and communication staff.
	Engage different communities (i.e. faith, tribes, people with disabilities) early in research, programmatic and intervention effort and promote and advocate for self-determination, consumer input respect and recognition of diversity.	Consistent with timeline for implementation of the State Plan.	State Plan implementation reports.	Reports on the progress of the State Plan implementation and the Division reorganization.	Community Collaborative, Interagency Councils, Division, and LME staff. Minority groups, advocacy, faith-based, and other community groups.
	Identify tools, policies, and approaches that more effectively engage community members and community groups in MH/DD/SA improvement; identify and act on obstacles to broad implementation of these tools, policies, and approaches.	Ongoing	State Implementation reports.	Director's Advisory Committee report on input from stakeholders.	Division staff, LME staff, State Plan local advisory groups.
	Invest in community capacity building and accountability.	Ongoing	State Plan Implementation and Olmstead reports.	Reports on Olmstead and State Plan	Division and LME staff.

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KEY RECOMMENDATIONS	ACTION STEPS	TIME FRAME	EVALUATION	DATA NEEDS	AVAILABLE RESOURCES
4. Monitor progress towards the elimination of health disparities.	Strengthen state's capacity to collect reliable data on minority ethnic minorities and persons living with disabilities) and conduct surveillance in gaps in health status.	Ongoing	Implementation of the State Plan	CDW data, other databases, and reports on State Plan implementation.	Division and LME staff.
	Implementation and enforce state and local policies requiring the collection and reporting of complete and consistent data by race, ethnicity, and socioeconomic status.	Ongoing	Through data gathered by the Division's Data Operations Branch.	Performance agreement report.	LME staff and Data Operations Branch staff.
5. Promote customer friendly services that meet the needs of underserved populations (i.e. low-income and minority groups).	Support non-traditional hours of service.	Ongoing	Reports of LMEs	Clinic operating hours.	Division and LME staff.
	Increase, strengthen, and support bilingual services where needed through the hiring and training of interpreters and bilingual staff.	Ongoing	By evaluations of local business plans.	Local business plans.	Division and LME staff.
	Develop clear policies and strategies for serving Limited English proficiency (LEP) clients and providing interpreter services.	Ongoing	By evaluations of local business plans.	Local business plans.	Division and LME staff.

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	ACTION STEPS	EVALUATION	DATA NEEDS	RESOURCES
6. Increase resources/investments to eliminate health status gaps.	Base funding and programmatic decisions on needs and evidence.	Ongoing, with shift to serving target populations	Implementation of the State Plan.	UM/UR data, State Plan implementation progress reports..
	Include health disparity objectives in programmatic and contractual scopes of work and Memorandums of Understanding (MOUs).	Ongoing with implementation of the State Plan.	Through assessment of the State Plan implementation.	Local business plans and LME contact reports.
7. Build, support, and fully utilize a diverse workforce capable of working in cross-cultural settings.	Ensure that the provider network	Ongoing	Through evaluations of local business plans.	Local business plans, HR data at the area programs.
	Integrate cross-cultural education and disability awareness training of all present and future (medical schools, public health, graduate, residency) health professionals.	Ongoing	Through evaluations of trainings.	Training evaluations.
	Require employees to increase their ability to work with people from diverse cultural backgrounds and with mobility, sensory, cognitive, and psychiatric disabilities.	Ongoing	Through results of training on cultural competencies.	Records of staff competencies.
	Increase proportion of underrepresented racial and ethnic minorities and persons with disabilities on all major advisory boards.	Ongoing	Through State Plan implementation.	Database of consumers/family on advisory groups.
	Build eliminating disparities into state and local policies, procedures, and practices.	Ongoing with implementation of the State Plan.	Through submission of Local Business Plans and development of a quality mgt. Structure.	Reviews of State Plan implementation reports and Local business plans.

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8. Identify and advocate for public policies that aid in closing the health status gap.	Support policies that provide incentives to providers serving or working in minority and underserved communities.	Ongoing	Through State Implementation Plan.	State Plan reports.	Division staff
	Ensure state and local compliance with the Americans with Disabilities Act.	Ongoing	Compliance monitoring	Consumer compliant data.	
	Incorporate eliminating health disparities into work plans of employees in the Advocacy and Customer Service Sections and the Community Policy Implementation and Management Section	January 1, 2003	Examination of employee work plans	Employee work plans.	
9. Demonstrate accountability and ownership for health outcomes.	Set measurable targets for MH/DD/SA improvement.	June, 2003	System report card, and consumer outcome reports.	Consumer outcome data.	Division staff
	Develop and mandate effective evaluation systems and best practices in service delivery.	July, 2003	Evaluations of Local Business Plans. Progress on State Plan Implementation.	Local Business Plans.	Division and LME staff.
	Publicly report results on progress towards the elimination of health status disparities.	Annually	Client Statistical Reports.	Client Data Warehouse and outcome data.	Division and LME staff.