

NORTH DAKOTA MENTAL HEALTH PLANNING COUNCIL MINUTES

- Comfort Inn - Bismarck, ND -
October 24, 2008
4th Quarter Meeting

Members/Others Present

Randy Solem, Chair	Diane M. Kleven
Teresa Larsen	Sharon McMahan
Sara Highum	Ken Gerhardt
Nancy McKenzie, DHS VR	Susan Wagner, DHS MHSA
Minerva Zimmerman	JoAnne Hoesel, DHS MHSA
Sheri McMahan	Lauren Sauer, DHS MHSA
Drinda Olsen	Michaela Schirado, DHS MHSA
Rick Hoekstra	Vincen Barnes, Psy.D.
Karen Quick	Deb Jendro
Debbie Byer, DHS Medical Services	Lynden Ring, DHS WCHSC
Pam Heidrich, DHS Medical Services	

Call to Order/Welcome/Introductions

Randy Solem, Council Chair, called the meeting to order.

Discussion of Agenda Items/Other Discussion

1. Approval of Minutes

The minutes from the last meeting were approved.

2. Election of Officers

Randy Solem, the current Chair, was nominated and voted in for Chair. The Council thanked him for his past years service.

Becky Severt, who was absent, was voted in as Vice Chair.

3. Additions to the Agenda

Sara Highum – Peer Support Program

Sara reported that Minot is working under the direction of Western Sunrise, Inc. and the program is modeled after a program in NY. The program was started after people were being discharged from the State Hospital. It is now serving about 8 or 9 consumers. There has been one successful graduate from the program. This program helps individuals transition and get involved with groups in the community (getting a driver's license, getting community services, going to the library and going to church, building relationships, to name just a few of the activities). Support groups are in place where they discuss recovery and any problems they may be having so they can get support (help with a landlord situation, as an example). This program does not take the place of a case manager and it was not designed to do so; rather, its purpose is to serve as an extra set of eyes and ears for the case managers. Sara is also on the Curriculum Committee. There is

going to be training on this program as well (2-3 people per region). Sara asked the group to think about people who could be on this group. To be a member of this group, a member needs a GED or diploma and must be in active recovery for a year. This is for consumers (MH/SA) to help other people. They would like to get this implemented across the state. Support groups are open to the public – held in the Harmony Center in Minot (212 W Central Avenue). The current office will have a sign in the window soon so people can identify and easily find its location.

Nancy McKenzie stated she reviewed an email that Sara send Dawn Bonner in which Sara describes how the services are benefiting one person in particular who is opening up new areas in his life (communicating with other people, his desire to live on his own, etc.). Nancy stated this shows the success of this program.

Sherry McMahan – Announcement

Sherry stated she attended a conference on child welfare to prevent families from being split up. This brings to light the importance of keeping the family structure intact. Changes are also being made from a legal standpoint – hopefully, this will also help in this area. A local group is also pushing for changes in the child welfare system.

4. Calendar for upcoming year (always Thursday and Friday). The below dates are for Council meeting in 2009 (these dates can be changed):

- January 22 & 23
- April 30 and May 1 (a vote was taken on these dates)
- July 30 & 31
- October 22 & 23

Diane stated that maybe the Council could stress the importance of everyone attending these meetings on Thursdays as well as on Fridays.

Topics for education:

- January – continuum of care – how to get services in the state – FERPA/HIPPA (Tim Sauer, Lauren, MHSA staff)
- April – report on session and recovery training (Sara)
- July – Block Grant
- October – it was suggested an attorney come in to talk about their ideas in working in the legal field, their perceptions, etc. Rick Hoekstra said he could identify some interested parties. It was suggested that a judge, prosecutor, and defense attorney could all be involved in the presentation. A Council member stated that when someone is released from a correctional institution, there is concern about their transition. Rick stated a program is in place that assists with this, and it has been proven successful.

It was suggested that on January MHSA staff apprise the Council of what is proposed with the budget. Sara asked if MHSA staff could keep the group apprised of the legislative bills that are being worked on. It was suggested there be discussion on transition beds, crisis beds – where mental health services are at. Susan Wagner stated

she is in the process of updating her info on housing, etc. and she will present on this topic. Diane said that family member don't always know how to go about securing services. Some kind of a guide for services would be helpful. Sheri stated it is one thing to get services, but then it is important to keep things going. Vincen Barnes said IHS staff (6 of them) are getting their Masters Degree which will allow for prescription rights. Vince could have someone visit with the Council in regard to medications. Sara stated this would be helpful because we are not always aware of the meds available.

5. Consumer Satisfaction Survey

Michaela Schirado, Research Analyst, presented an overview of the statewide and regional reports from the survey conducted last October (covering a one-year span). The reports measured satisfaction levels of services provided. A PowerPoint handout was distributed. It is noted that certain questions by the Feds were required to be on the survey. Parent Guardian Survey – first 33 questions are required by feds to be on survey.

The question was posed as to whether youth were given a survey to complete. Michaela stated they cannot give a survey to youth - after 2006 this was discontinued. Instead, the parents get the survey to fill out for the services provided to their child.

The question was posed as to question 13 and the survey results of people involved in their treatment plans (Carlotta). There is further breakout in the Statewide Report as far as regions. Lauren will be speaking on recovery and this may be further addressed. Sara also stated that looking at the cultural breakdown, it would also be interesting to look at this as this may indicate where further training may be beneficial.

In regard to a question on improved functioning for children (Carlotta), Michaela stated this is a new question so there is no previous data in which to compare it.

6. 2-1-1 Susan Helgeland

Susan called during the meeting and informed the group she was not able to attend the Council meeting as she was attending another meeting. The topic will be put on the Council's next agenda.

7. Minot Crisis Intervention Team: Orleen Orem (NCHSC)

Orleen Orem spoke on the training that members of the Minot Crisis Intervention Team have received and introduced two members of the Minot Police Department, Chuck Laboy and Maggie Moss, who later spoke on that training.

The concept of a Crisis Intervention team was initially developed in TN as a result of a police shooting of a mentally ill man. There was an uproar in the community, so this program was developed because it was recognized that there was a need to work differently with those that suffer from a mental illness. This program is spreading throughout the world. They are trying to get this program started in Minot. Six individuals from Minot went to training (intense 40 hours). The biggest obstacle is funding. In Minot, they got a reduced price for the training. Sometime in the spring, they

would like to have a training session; however, they are working on getting grant funding to assist with the cost of the training.

Maggie talked about the training topics. Smaller communities may not have funding to send officers to training. Then, the person go to training is absent from work, so that poses a problem too (as, often times, people have multiple roles). CO has incorporated this training into its academy. For police training, many topics are covered such as procedures and even how to drive a car, but there is not training on talking with people and, more importantly, listening. Crisis happens when officers such as Highway Patrol officers pull over a vehicle for alcohol concerns, domestic issues, mental health, etc.). This crisis training is very valuable because it deals with how to communicate in those situations. It also deals with homeless people, etc. The training provides for many (sometimes intense) role-playing activities and is very hands on and portrays very real-life situations. The trainers and the actors hired for the role-playing are very important in this course. While is it noted that the law enforcement has a certain stigma to it, the trainers need to be folks that have a desire to work with law enforcement, train them, and work with them to make enhancements and changes to those processes already in place.

This is a complicated issue. Law enforcement officials are not clinicians – but yet they encounter issues all the time. Maggie stressed the importance that this training be in place now – as this could help law enforcement officials when they encounter situations.

The question was posed if there are any other police departments in the state looking at this type of training. Maggie stated that Bismarck is and that they would like to send officers to Minot to receive training. Minot folks will be the trainers – so they will become certified and then train others. Some will be coaches who can train others as well.

Maggie shared with the group a very powerful personal story about a situation she encountered while in the course of her job with the Minot Police Department.

Important to remember that in certain situations that police officers encounter, many, many people may be affected who may need services later on. That is why this training is so important.

Chuck Laboy from the Minot Police Department also spoke about the benefits of the training he received. He also shared a very moving personal story about a situation he encountered while in the course of his job.

Minot is sending information out to other police enforcement agencies. They are working with the Law Enforcement Training Academy in Bismarck. As far as getting this training certified, they would need to submit the training, PowerPoint presentations, and other materials for approval.

Funding: They are now writing grants. Ehli Lilly is a big supporter. There also needs to be funding for the actors who go through the training (as well as they are highly trained

to respond appropriately during the training classes), putting books together, the Crisis Intervention Training (CIT) pin, etc. While the pin may seem like a small item, it is important to note that this pin may make a huge difference in a situation because someone may recognize the CIT pin and they may talk to someone who has the specific training.

Diane asked if the Council could get a written detail of the program and a picture of the pin.

JoAnne stated that this training concept was presented to the Alternatives to Incarceration and we will see what develops. Rick stated there was a meeting after that presentation later in the summer and they committee did make some recommendations.

Orleen stated that during the training there was an exercise where some of the trained officers went to a drop-in center to visit with consumers. This proved to be very important and a valuable exercise because the law enforcement individuals got to visit with folks in the center and, in turn, the consumers got to visit with law enforcement people (it builds a relationship). The police officers had first-hand experience with the pin recognition from someone at the Drop-In center saying that they will ask for an officer (if they find themselves in a situation) who has had that type of training.

Orleen has also experienced a situation where this training came in very handy. She also stated that a police officer was in a situation where communication with the individual played a key role in the situations outcome turning out well. Later on, the police officer saw the individual in the community, and that person thanked the police officer for his help and said one of the main things the person appreciated (from the police officer) in the encounter they had was that the officer treated him with dignity.

Another person in the meeting said this is really a community program. They have meetings where people from 20 different community businesses participate in the meetings (fire sheriff, disabilities group, consumers, mental health, clinicians, etc.) The group got the buy-in to continue on with CIT. Minot has 40 in training; ideally it is 26 and no more than 30.

8. Psychosocial Rehabilitation Center Effectiveness: Council Members

Discussion included the name of the centers (Psychosocial Rehabilitation Center) and the negative stigma attached to the name because of the word “psychosocial.”) Some centers may go by their own name, some may go by “drop-in center”, but some do have the “psychosocial” word attached to it. JoAnne stated that past discussion talked about changing the name to include “recovery center.” This would help consumers because it is more positive – and when talking with legislators, it is more of a positive entrance into the topic.

It was also discussed about changing the age from 18 to 16 so people in transition can go to the meetings earlier. Teresa also stated that there is the thought that people who go to a drop-in center be seen first at a human service center. MHSA said there are some huge

differences across the state. JoAnne asked Nancy if the Council could make a recommendation about the name, they then could contact the Centers. The motion was made to change the name from Psychosocial Rehabilitation Center to Recovery Center. The name used with it will be kept intact – it will be listed before the words “Recovery Center.” The motion was passed.

A motion was made to survey the Centers to determine what their rules are for attendance. Lauren said he would volunteer to survey them and provide a report. When the report is generated, Lauren will also provide the address, contact info, etc. It was suggested that in the future, the Center directors be invited to the meetings to provide info on the services provided at each Center.

Randy said that at the Prairie Rose Center, people get a meal for \$.50. Sara noted that the Centers are designed to get people out in the community. Sheri spoke about youth and seeing the Center being there to help people feel less isolated.

9. Budget Discussion

The budget has not yet been submitted to OMB - October 31, 2008, is now the date when things will be submitted. The Government required the agencies to present a hold/even budget. Once we submit the budget to the Governor, he then presents his budget to the Legislative Planning Committee. This is what they start with in the planning process. The biggest part of the budget is Medicaid. JoAnne noted that when there is a hold/even budget, this would not even allow us to continue with what we are doing. Once we submit a budget, the Governor’s Office and OMB work on things. The budget is \$1.7 billion with \$1.1 billion being for Medicaid alone.

The Medicaid regulations are slated to go into effect 4/1/09. The regulation was introduced in December, then put on hold, then clarification occurred in June, and now we are slated to have them to back in effect in April 2009.

Nancy said everyone should remember that things that were put in the budget and brought before the Governor are those things that came from groups, many other interested parties, committees, and stakeholders meetings. We just want to continue on with our services.

JoAnne stated the referendums in the elections have a bearing on how the budget will play out, too. So, the Governor really has different budgets that he needs to have in place in preparation to how things turn out.

Vincen stated that Medicaid being part of the budget process makes the DHS budget very complex. JoAnne stated there are a number of ways the budget get looked at.

10. Mental Health Block Grant Peer Review Results: Lauren Sauer

On Wednesday afternoon of this week, a conference call was made with the Peer Review group in Phoenix. We got their comments. This is, by far, the best review we have had of

the Block Grant. They “approved without modifications.” This is the first time they have approved enthusiastically. Lauren thanked everyone for their details and work on this project. Lauren said the group is to be commended. He reported that ND is one of the top states. \$750,000 is the amount that is tied to the grant.

11. Draft Applications for Council Vacancies: Lauren Sauer

Lauren handed out a draft application. We are waiting for two youth. This does not replace the form from the Governor’s office. The Council would give this application to interested parties and from this application then determine if we give the name to the Governor’s Office. Sara inquired as to what it would take to get a member of CFN on the Council. Lauren said the Council would need to send a letter.

Sheri stated that the form could be placed on the web site and that the web site text needs to be updated as well.

There were a few corrections to the form. The form was approved by the council.

12 .Division Reports

Susan Wagner

- IDDT in Fargo: 39 consumers involved in Quadrant 4 – diagnosed with serious mental health and chronic substance abuse. 35 in Quadrant 3.
- TBI Grant: summit on 10/13/2008 – 55 people attended. We are close to having a resource packet available to those who sustained a TBI or family members. We struggle with finding folks to connect with in the reservation communities.
- Suicide prevention: 3 Out of the Darkness walks – Williston 160 participants - over \$10,000; Fargo - over \$18,000; Bismarck over 200 walkers - over \$10,000. For Bismarck and Williston, this was the first walk. On 11/22 a national event day – a Broadcast about suicide prevention will be hosted at the casino as well. Sara stated she would like to do something in Minot. Susan will give Sara the contact name.
- RULE CPC – helps those who have victimized others. The stated there are 60 offenders at any given time receiving services.
- Youth Advisory Council: 20 youth we maintain contact with. At the second meeting, we narrowed two issues we want to concentrate on: suicide prevention and underage drinking. The Council will further work with the group to see what they want to do. A company is coming to help them put together an event, which is a play.
- Transition Flex Fund: Over \$12,000 to spend before next September. This is for helping young people establish themselves. Initially there was a \$100 limit, but due to the lack of applicants, we can spend more.
- Voluntary treatment program: can have placements yet – can still accept applications.

Lauren Sauer

- Supported employment: looking at implementing that. An RFP has been drafted - hoping to have that issued in the next week or so.

- Aging/Mental Health – project has concluded. This was Phase 3. A web-based curriculum was developed. There are 6 different modules. Next phase is to continue implementation of training as well as Phase 1 (natural care recovery).
- Mental health recovery: looking to add to this (two volunteers are added: Teresa Larson and Sara Highum.)
- Person-Centered Treatment Planning: Move more toward person-centered care and improve documentation. We received technical assistance and have held training 59 –to human service centers and phase 2 – 24 trained to be trainers of the model. Just starting to look at phase 3; there will be conference calls, the development of a curriculum (PowerPoint), and teams will receive individualized technical assistance and leadership team will help with transformation plan, barriers, and a plan for implementation.
- Mental Health Technician Certification: Training was provided, getting in more applications. DVD was sent to providers so they can train in house and submit applications.
- Conference: Using the PART review the PATH was the highest scored program in SAMHSA. We hope we will get more funding. ND has been a minimum allotment state. That pays for part of the salary for each PATH person in each HSC. That would mean \$600,000 for ND – we will wait to see how this develops.
- Clinical Forum on Mental Health will be May 12-14, 2009 at the Seven Seas. Last year 296 people attended.
- Mental Health First Aide: This is an award-winning program out of Australia. Provides mental health first aide just like physical first aid. Nov 10-14 in Boulder CO. UND Center for Rural Health is developing a grant - part of that will be this program. Someone from UND is being sent to this training. She will come back and train at least one time per year for at least the next two years – she will be training first responders in ND on this. Jackie is on a first-name basis with these folks in Australia. This program helps us satisfy a requirement of the Block Grant.
- As far as the UND web site modules, Lauren will get the web address out to everyone

JoAnne Hoesel

- There will be some legislation at the session that will ask the dept of enhancing the transitional efforts of children in the juvenile justice system and mental health system. There may be funds for this pilot project utilizing the Wraparound process. This is legislation we will be tracking
- Peer Support – JoAnne thanked everyone for their work as the planning is now done. This is designed to be a formalized service in the Medicaid plan. We will watch to see if we get funding, the application is in to CMS- if these two things come together, then we will proceed.
- Telephone Recovery Support: target towards those in recovery or those who have dual diagnoses. This brings the treatment and community together better. We patterned this after CT. Rehab Inc in Minot received the contract. They have 15 volunteers and are making calls. A story was shared by a person administering the program whereby if he had received phone calls, he might not have lost his farm. Sara suggested that maybe this be done for mental health as well. JoAnne stated

this has been discussed. Sheri stated she feels this program would be very successful and helpful to people.

13. Practicality of Microsoft Virtual Office for Council Members: Council Members

More information is needed on the concept of the Virtual Office, how it works, and how it could benefit the Council. This will be added to the next meeting's agenda. Other options: having Polycom meetings (people go to the human service centers for Polycom meeting participation or an IVN telephone call).

Meeting was adjourned.