

Testimony – Interim Human Services Committee**1-7-2014****Theresa Will, RN, Director****City-County Health District-Valley City and Barnes County**

Good Morning, Chairman Damschen and members of the Human Services Committee. My name is Theresa Will and I am the Director at City-County Health District (CCHD) in Valley City. Our agency provides public health services for the citizens of Barnes County. I think you remember that I was here in October to visit with you about our local mental-health needs.

Subsequently, on November 25, approximately 24 community members, representing most sectors of our community, met to further discuss local mental-health needs and gaps in services, and to develop possible solutions. I was specifically asked, by Senator Robinson, to discuss our local issues with public-health personnel from other areas, to try to determine if there are similar needs around the state.

Even though I haven't yet heard back from all areas, I did receive a wealth of information documenting the need for greatly increasing our citizens' access to mental-health services. This need has been identified as a key problem not only in my own Barnes County region, but also in: the Grand Forks area, Stutsman County, Trail County, Lamoure County, Upper Missouri District Health Unit in Williston, First District Health Unit in Minot and the Southwestern District Health Unit in Dickinson. Also, along with us, Upper Missouri District Health Unit and Walsh County have convened mental-health work groups hoping to address significant concerns regarding access for inpatient mental-health services.

Some of the specifics reported to me paint a pretty compelling picture of why so many public health professionals are calling for a lot more mental-health treatment resources in North Dakota:

- I learned that a full mental-health wing at Mercy Medical Center in Williston has been closed because they are no longer able to staff it. Currently, the closest inpatient facility for these ND citizens is approximately 120 miles away in Minot.
- I learned that people coming into ND communities are unable to maintain their needed mental-health medications because they can't get in to see a local psychiatrist.
- I learned that jails in ND are overflowing because citizens with mental illnesses are being incarcerated

instead of receiving mental-health care.

- I learned of a meth addict who sought treatment after managing to be off the drug for 3 days, but who instead of receiving treatment was placed in detox, which she no longer needed after the 3 days.
- I learned of a child thinking about suicide whose parents couldn't afford to take that child to the ER, so the child remained in school.
- I learned of Masters-level mental-health providers who cannot get reimbursement from insurance because there is not a doctor on-site.
- I learned that in many communities involuntary mental-health commitments often tie up large amounts of time for law-enforcement, emergency services personnel, hospital ER and other medical personnel. In addition, these personnel reported frequently encountering barriers when trying to get someone admitted into the state hospital.

One incident that underscores the critical lack of resources and is particularly alarming happened at First Care Health Center in Park River. (Louse Dryburgh, CEO at First Care, has submitted written testimony that more fully details this story, and I have provided each of you with a printed copy of that.) Louise was called in to the hospital when an angry, out-of-town patient threatened to shoot the physician and other staff after not receiving the medication he/she had requested. The staff called the Sheriff's department, but were told that due to being short-staffed over the holiday, they were not able to assist. After receiving an appropriate medication, the patient became sleepy and fell asleep in their waiting room. Due to obvious safety concerns, all extra staff were kept on duty -- AND they needed to find a way to remove the patient from the hospital setting, because the patient, having been dropped off at the Park River facility, had no ride home. Finally, they were able to hire a taxi driver, who after being paid in cash, was willing to take the patient, who was still drowsy, home.

The healthcare professionals and concerned citizens who compiled and reported these issues are not just sitting back waiting for the Legislature to appropriate more money. They are working hard to beef-up mental-health partnerships with a range of local and regional organizations, seeking private funding where possible. But, as one public health administrator recently stated, all these "steps, though helpful, will not begin to address the growing need for mental health services." The hard fact is that a great deal of additional state funding IS

required to establish the community detoxification units needed across the state; deploy dozens of additional, licensed mental-health and substance-abuse counselors; establish an adequate number of in-patient addiction/mental-health treatment facilities with structured aftercare and make 24-hour psychiatric care available in many more communities.

About one in four adults experience a mental illness in a given year, and about one in 17 suffers from a serious mental illness like schizophrenia or major depression. According to a recent article in the *Grand Forks Herald*, progress has been made in the effort to improve mental-health access nationwide. About 5 years ago health plans were required to “not be more restrictive in treating mental-health illnesses than for physical ailments” (through co-pays and deductibles). This was just published in the DHHS final rules, giving the law some teeth. However, 60 percent of adults and almost half of people ages 8-15 with a mental illness received no treatment in the previous year (noted by the National Alliance on Mental Illness). We are certainly finding this to be the case in Barnes County as well as elsewhere in North Dakota.

Unfortunately, there are big-picture problems that impede access to mental-health providers in North Dakota, including:

- 1) Long distances to providers. As I explained before, many of the people who need these services do not have the means to travel 30-60 miles, or more, to obtain services.
- 2) Barriers to increasing the number of providers. At the Nov. 25 meeting, we learned that North Dakota’s current internship requirement is greatly slowing progress toward relieving our severe shortage of licensed addiction counselors (LAC’s). To become a licensed addiction counselor, you need to do a 1400 hour internship that is essentially unpaid. This is a requirement regardless of what other education the individual may already have. Many people with the aptitude and desire to become good LAC’s simply cannot afford to donate 1400 work hours. In our area, we have a Master’s-prepared social worker/counselor who has tried to get an LAC credential, but that’s not possible unless she completes the 1400-hour unpaid internship which would prevent her from working in her full-time position for those 1400 hours. She is not financially able to make that sacrifice.
- 3) Lack of health insurance/means to pay mental-health treatment bills. According to the National Alliance

on Mental Illness (NAMI), 11 million people with a mental illness are uninsured. With the North Dakota expansion of Medicaid as a part of the ACA, we hope that more than 20,000 people will have Medicaid coverage. We need to make sure that these people have coverage for mental health services, as well – and that there are enough providers available to serve everyone. Will the addition of the newly-insured population in ND further overwhelm an already taxed mental-health system?

I am pleased to say that South Central Human Service Center received their LAC license back on December 30th and that programming will start up again by the end of this month. However, the shortage of LAC's will continue to worsen, unless we take strong remedial action. Just for starters, the licensure criteria need to be adjusted for those who have been trained in closely-linked areas. If you remember from my last visit with you, about 78% of the current LAC's in ND are over age 50. We need to provide an incentive for younger professionals to become LAC's.

As already noted, numerous inmates in our local jails have mental illnesses and chemical dependencies needing to be treated. Many of these people need ongoing assistance simply to maintain compliance with medication regimens, to assure that they make it to follow-up appointments and sometimes even to help them with basic, day-to-day decision-making.

The 4 “next step” issues for our mental health access work group and my requests for you are:

1. Provide significant additional funding to increase the number of mental-health counselors and licensed addiction counselors in ND; and to establish additional in-patient mental-health, addiction-treatment and detoxification facilities -- and thus increase citizens' access to needed treatment. Every county in ND needs to have services available for their residents.
2. Assure provision of both mental-health and addiction services in communities like Valley City where there is no human service center.
3. Assist in developing a plan to adjust the number of internship hours required for licensure of LAC's, depending upon their background/education/work experience in counseling.
4. Assist in developing a plan to improve the state hospital admission procedure, making it less time-consuming for local hospital staff and law enforcement.

People with mental health problems NEED and DESERVE easy access to a mental health counselor....AND people with addictions NEED and DESERVE easy access to a licensed addiction counselor...JUST AS A person with heart disease needs and deserves to see a cardiologist. On behalf of these North Dakotans, we are asking for your help.

Again, I appreciate your taking the time to consider some of the mental-healthcare access concerns in the Valley City/Barnes County area, as well as elsewhere in the state.

Testimony to the North Dakota Interim Human Services Committee

January 7, 2014

**From: Louise Dryburgh, Chief Executive Officer
First Care Health Center, Park River, ND**

I am Louise Dryburgh, CEO of First Care Health Center in Park River, ND. In addition to being the Administrator of our critical access hospital and rural health clinic, I also have additional duties including social service designee and pastoral care coordinator which were some of my original duties when I was first hired nearly 25 years ago. I have been called in to help out during accidents and in the past couple of years, I get called to help out during mental illness crises events. One of the most concerning events happened just before a holiday about a year ago. I received a call at home on Sunday evening. We had a patient in the ER that had threatened to shoot the physician and was also threatening to shoot the staff because the patient was not given a particular medication from our ER provider. Having been treated appropriately but prior to the medication having any effect, the patient was threatening people. The provider told our nurse in the ER to call "social services" – in other words to call me, as I was the designee at the time. I asked if the sheriff's department had been called and they had been but had no help to offer. I arrived and called the sheriff's department once again and asked the deputy to come to the hospital. I also called the director of nurses and asked her to meet me at the hospital. She came in and I talked with the deputy who told me that they didn't have staff to help get the patient transported because "it's a holiday and we are short staffed." The patient lived in a larger neighboring city and had a friend drive them to the ER in Park River because the patient had originally been from this area. The friend left the patient in our ER and now the patient had no way to get back to the larger community where the patient had an apartment. At this point, the medication the patient was given was having an effect making the patient sleepy. So now the patient was sleeping in our waiting room. What happens when the patient awakens? Does s/he remember that s/he was going to shoot staff here? How does First Care keep other patients and staff safe? Now we have the administrator (social service designee) working as well as the Director of Nurses plus the other staff that are normally in the facility. It is now about 9:30 at night. What are the options? We called a taxi from Grand Forks to drive to Park River to pick up the patient and transport the patient to the patient's apartment. The taxi said they could do this but that we would need "cash" to pay them. Fortunately, one of the staff had "cash" because after all, it was nearly Christmas and sometimes people give cash as gifts. I also contacted the local Ministerial Association to see if they would cover the cost of getting the patient back to the patient's home and they said they would. The taxi got to Park River about midnight. No staff left because we didn't know when the patient might wake up. The patient woke up about the time the taxi arrived and was told that there was a ride back to the patient's apartment. The patient was still drowsy enough to

be OK with going home. Was this a safety issue for the taxi driver? Was it a risk for the facility? Was it a risk for the patient? These are all issues that a person struggles with after a patient like that is seen and/or sent home again. I see a need for more law enforcement; for more holding areas for patients with mental health issues; for more training for law enforcement as well as medical providers. Small facilities such as our facility have limited resources too including staff and financial resources.

We have been proactive in our facility. We have a connection with e-emergency through Avera in Sioux Falls, SD. They have mental health resource professionals available with the e-emergency connection. Our nursing staff and other support staff have received training in CPI (Crises Prevention Intervention). We have emergency buttons to summon law enforcement in critical areas of our facility. We have an agreement with the University of North Dakota and have three counseling psychology students in our facility each week. Their schedules are full. We have been a partner with a grant that Altru Health System received from Medica. Altru facilitated a meeting in October 2013 with the medical facilities in Walsh County as well as many organizations in Walsh County that deal with people with mental illness including public health, law enforcement, social service agencies, and the state's attorney's office. Nearly 30 people attended the first meeting and the group made the decision to continue meeting. The next meeting is scheduled for January 30. We are trying to solve the problem by working together. We need to know that the next level of resources will be available and that we won't hear that there is no place for the person to go or that there is no one to transport the person. We are a critical access hospital and this is one example of many; we have neither the staff or the training or the capability to become a mental health institution whenever someone with mental health issues presents to our Emergency Room whether it is before a holiday or mid-week. Our story probably represents similar stories from every other critical access hospital in our state. Thank you for listening. We look forward to working with you.