

Testimony
Human Services Interim Committee
Representative Hogan, Chairman
March 9, 2016

Chairman Hogan, members of the Human Services Interim Committee, I am Carlotta McCleary, Executive Director of the ND Federation of Families for Children's Mental Health (NDFFCMH), which is a state wide parent run organization that focuses on the needs of children and youth with emotional, behavioral, or mental health needs and their families. As the result of an affiliation agreement between NDFFCMH and Mental Health America of North Dakota (MHAND), I am also the Executive Director for MHAND, whose mission is to promote mental health through education, advocacy, understanding, and access to quality care for all individuals.

Recovery Centers

MHAND has a long history of supporting Recovery Centers in North Dakota. In 1984 the first social club was opened it was called Friendship Center and it was located in Bismarck ND. MHAND initially received funding from Vocational Rehabilitation. Early on the focus was cultivating social interaction. Soon they started working on job skills. They even brought in a cash register so that individuals could practice their skills. It wasn't long before you could see their self-confidence build. Their efforts paid off. The members at Friendship Social Club were seeing a reduction in hospitalizations as a result of this community involvement. Soon, the then director, Sam Ismir was partnering with Myrt Armstrong to add more social clubs throughout the state until there was a social club in every region. While it is important to highlight both the creativity and success of those who built the recovery centers, it would be remiss of me to not emphatically point out that the key to their success was the strong legislative support it received. With legislative support, the recovery centers of North Dakota have made an impact on the lives of these individuals.

Today, Social Clubs are now called Recovery Centers. All the Recovery Centers are run by private contracts with 501(c) 3 organizations in seven regions with the Regional Human Service Centers as the oversight organization for the contracts. Recovery Centers address the holistic needs of members by emphasizing SAMHSA's four major dimensions that support a life in

recovery. The four major dimensions are: Health, Home, Purpose, and Community. What this means is that we focus on having them overcome and manage their disease or symptoms, finding a safe and stable place to live, find a job, enroll in school, become a volunteer, being a family caretaker, develop healthy social networks and relationships. In short: everything that we would expect would be needed in order to participate in society with independence.

I have included a list of the Recovery Centers in Attachment A. I have also included the Recovery Centers Quarterly Report for the quarter ending September 2015. This will show you the numbers attending the Recovery Centers, the number attending Recovery Education Classes, the number attending Peer Support Groups, and the number attending Recovery Events.

MHAND operates Mountainbrooke Recovery Center in Grand Forks and Myrt Armstrong Recovery Center in Fargo. Currently, Region I does not have a Recovery Center. MHAND provided Recovery Support Services for Region I. We did not have a drop in center but provided recovery support, recovery education classes, recovery events and a warm line for members. Currently, that program has been cut as a result of the recent budget cuts.

Peer-to Peer Support

Peer-to-Peer support is an evidence based practice that utilizes an individual with lived experience to support another consumer in their recovery journey. According to SAMHSA, Peer-to-peer support refers to a one-on-one relationship in which a peer leader with more recovery experience than the person served encourages, motivates, and supports a peer who is seeking to establish or strengthen his or her recovery. The nature and functions of mentoring or coaching vary. Generally, mentors or coaches assist peers with tasks such as setting recovery goals, developing recovery action plans, and solving problems directly related to recovery, including finding sober housing, making new friends, finding new uses of spare time, and improving one's job skills. They may also provide assistance with issues that arise in connection with collateral problems such as having a criminal justice record or coexisting physical or mental challenges. The relationship of the peer leader to the peer receiving help is highly supportive, rather than directive. The duration of the relationship between the two depends on a number of factors such as how much recovery time the peer has, how much other support the peer is

receiving, or how quickly the peer's most pressing problems can be addressed. Projects distinguish the role of the peer mentor or coach from that of a 12-Step sponsor in several ways. For example, the sponsor works within the 12-Step framework and is expected to help the person in early recovery understand and follow the specific guidance of the 12-Step program. The typical recovery mentor or coach, on the other hand, is often described as helping peers in early recovery make choices about which recovery pathway(s) will work for them, rather than urging them to adopt the mentor's or coach's own program or any specific program of recovery. The mentor or coach is often described as devoting a greater amount of time than the typical 12-Step sponsor to connecting the person in early recovery to community health, employment, housing, educational, and social services and resources and often has more specific knowledge about a larger range of available services and resources.

Currently, we do not have peer-to-peer support. This was previously funded in the state, I believe, through a grant. It has been an OAR in past sessions but did not receive any funding. It was very successful for many individuals and is the top service priority among consumers. Peer to peer support is a priority and recommended by various groups such as the Schulte Report, Behavioral Stakeholders group, ND Olmstead Committee, ND Behavioral Health Planning Council, Consumer and Family Network, and Mental Health Advocacy Network to name a few.

In closing, Recovery Centers and Peer-to-Peer support provide a valuable support for individuals with mental health needs. It reduces the need for hospitalizations; it reduces the isolation that many experience, and improves the recovery process.

Thank you for your time and I would be happy to answer any questions that you may have.

Carlotta McCleary, Executive Director

Mental Health America of ND

523 North 4th Street

Bismarck, ND 58501

Phone: (701) 255-3692

Email: cmccleary@mhand.org

Attachment A
Recovery Centers

Region II- Minot

Harmony Center
212 East Central Avenue
Minot, ND 58701
Phone: (701) 825-3263

Region III- Devils Lake

Freedom Center
1124 2nd Street NE Suite 100
Devils Lake, ND 58301
Phone: (701) 662

Region IV- Grand Forks

Mountainbrooke Recovery Center
112 North 3rd Street
Grand Forks, ND 58201
Phone: (701) 746-4530

Region VI- Jamestown

Progress Community Center
428 2nd St SW
Jamestown, ND 58402
Phone: (701) 251-2964

Region V- Fargo

Myrt Armstrong Recovery Center (MARC)
1419 1st Ave S
Fargo, ND 58103
Phone: (701) 478-5211

Region VII-Bismarck

Dakota Learning Center (DLC)
522 West Arbor
Bismarck, ND 58504
Phone: (701) 255-6402

Region VIII- Dickinson

Prairie Rose Center
202 East Villard
Dickinson, ND 58601
Phone: (701) 227-0135

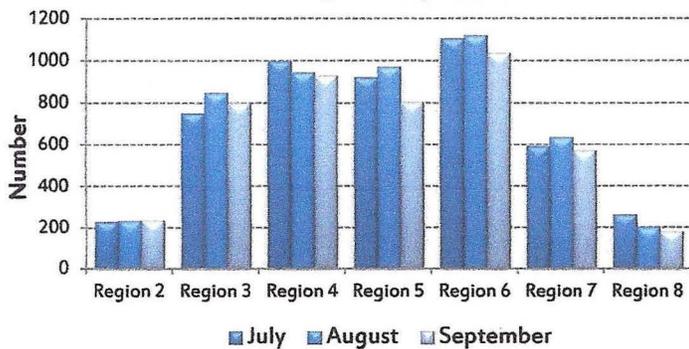
RECOVERY CENTERS – QUARTERLY REPORT

SFY 2015, QUARTER 1 – JULY - SEPTEMBER

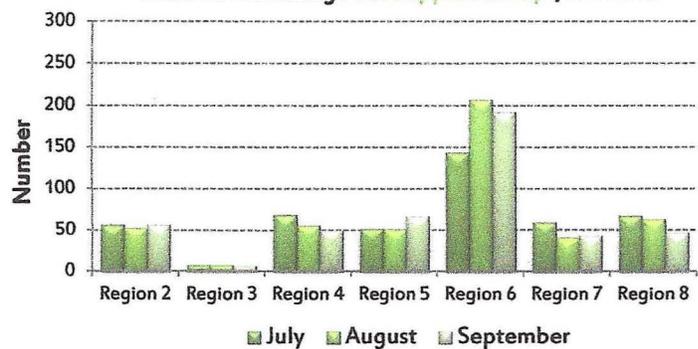
	Region & Name of Recovery Center	RECOVERY CENTER Attendance	PEER SUPPORT GROUPS	RECOVERY EDUCATION CLASSES	RECOVERY EVENTS
July	Region 2 - Harmony Recovery Center	230	57	51	44
	Region 3 - Freedom Recovery Center	753	8	6	70
	Region 4 - Mountainbrooke Recovery Center	1000	69	70	0
	Region 5 - Myrt Armstrong Recovery Center	923	52	49	104
	Region 6 - Progress Community Recovery Center	1108	144	48	0
	Region 7 - Dakota Recovery Center	594	60	96	0
	Region 8 - Prairie Rose Recovery Center	264	68	32	0
	Monthly TOTAL	4872	458	352	218
August	Region 2 - Harmony Recovery Center	235	53	58	0
	Region 3 - Freedom Recovery Center	849	8	3	76
	Region 4 - Mountainbrooke Recovery Center	946	56	54	0
	Region 5 - Myrt Armstrong Recovery Center	972	51	71	0
	Region 6 - Progress Community Recovery Center	1121	207	45	0
	Region 7 - Dakota Recovery Center	636	41	103	0
	Region 8 - Prairie Rose Recovery Center	202	64	35	0
	Monthly TOTAL	4961	480	369	76
September	Region 2 - Harmony Recovery Center	238	57	77	0
	Region 3 - Freedom Recovery Center	802	7	5	0
	Region 4 - Mountainbrooke Recovery Center	932	50	70	234
	Region 5 - Myrt Armstrong Recovery Center	805	67	78	0
	Region 6 - Progress Community Recovery Center	1039	193	42	0
	Region 7 - Dakota Recovery Center	573	43	74	0
	Region 8 - Prairie Rose Recovery Center	182	47	26	0
	Monthly TOTAL	4571	464	372	234

*Cumulative number of individuals with a mental illness attending the RECOVERY CENTER in the reporting month.
 Cumulative number of individuals with a mental illness attending PEER SUPPORT GROUPS in the reporting month.
 Cumulative number of individuals with a mental illness attending RECOVERY EDUCATION CLASSES in the reporting month.
 Cumulative number of individuals, with or without a mental illness, attending RECOVERY EVENTS sponsored by the Recovery Centers.

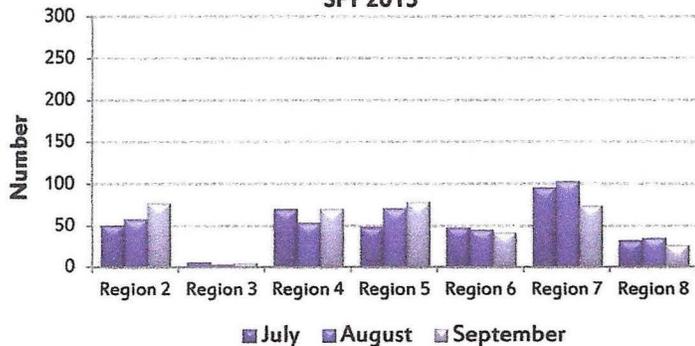
Number Attending Recovery Center, SFY 2015



Number Attending Peer Support Groups, SFY 2015



Number Attending Recovery Education Classes, SFY 2015



Number Attending Recovery Events, SFY 2015

