

The Mental Health Advocacy Network (MHAN)

A coalition for North Dakota

Mission: MHAN advocates for a consumer/family driven mental health system of care that provides an array of service choices that are timely, responsive and effective.

Members of MHAN have long recognized the lack of mental health care and treatment in the state. With the release of the Schulte Report* in the summer of 2014, policymakers, including the North Dakota legislature, also became keenly aware of the crisis in mental health – and the associated risks of maintaining the status quo. MHAN was formed to assure that consumer and family voices are included in recommendations for improvements and in decision-making.

Values: MHAN values the work done by many in this arena including the ND Department of Human Services and County Social Service agencies, legislators, public and private sector providers and the Behavioral Health Stakeholder group. However, these efforts do not go far enough – or respond quickly enough – to solve the critical nature of the gaps in service, the lack of access and, ultimately, to the prevention of loss of life. Additionally, there has not been an intentional effort to engage consumer and family input for these deliberations. For those reasons, MHAN shares the following values, upon which we build a case for leadership and action for policymakers and the public to consider.

1. **Peer-to-Peer and Family-to-Family Support:** MHAN believes that these services should be included and adequately funded (not volunteer, but with fair wages and benefits) in every region of the state through Regional Recovery Centers, family and consumer run non-profits, or other appropriate outlets. Schulte agrees: *“The use of peers, family support peers, recovery coaches, and other persons with lived experience, is an evidence-based practice and a growing national trend with good treatment outcomes. In rural areas with behavioral health professional shortages, like North Dakota, using peers and other interested persons like teachers, law enforcement personnel, emergency workers, etc., are instrumental to expanding the workforce. In addition, increasing the number of out-stationed workers in the community is key to improving access to critical services.”*

2. **Consumer Choice:** When someone with a mental health disorder is poor, or uninsured in North Dakota, one is captive to the services made available through the Regional Human Service Center. While these services are no doubt effective, they are not available equitably in all regions, nor are they adequate to meet the need. MHAN believes that the state should redirect funding, through a voucher system or like model, to allow consumers access to services in the private sector. Schulte agrees: *“Although some may think that this DHS directed system is more functional and streamlined, in actuality it has created less competition and thereby a lower standard of care. The HSCs are the sole provider of many services not giving consumers any options. In a state where all available providers are needed in order to get the work accomplished, the dominance of the HSC system of care is counter-productive. The issue of lack of care coordination or case management was the second most common concern noted throughout the state. Challenges include not being able to access case management, with the lack of choice due to having only one provider of services (DHS), a culture of dependence upon the government system, and a lack of uniform eligibility criteria for program participation was noted”*
3. **Diversion from Corrections Systems:** Too many North Dakotans are ending up in youth or adult corrections systems due to lack of mental health care, both inpatient and outpatient. MHAN believes that diversion needs to be a top priority in systemic planning efforts through prevention, early intervention and treatment. A recent report from the ND Department of Corrections and Rehabilitation supports this premise: *In ND 63% of youth in juvenile corrections have mental health concerns that require a medication that must be managed by psychiatry. In Adult corrections 28% of male inmates have mental health concerns that are being treated by DOCR psychiatry staff. 41% of female inmates have mental health concerns that are being treated by DOCR psychiatry staff.*
4. **Core Services, Zero Reject Model and Adequate Funding for Public and Private Services:** MHAN believes that consumers and families are key to defining the core services they need to maintain good mental health and productivity. MHAN believes that a state system of care requires a zero-reject model rather than turning people away because of waiting lists, wait times, non-cooperation or being too sick or not sick enough. Adequate funding for mental health services is a federal requirement that is not being met by the State of North Dakota, thus exposing the state to

legal action. Schulte agrees: The Schulte Report said another goal is to *“Increase funding options for services for youth and adults”* as *“There is a large gap in funding options for services in North Dakota.”* The study judged that, *“the current system encourages failure at various treatment levels before authorizing treatment. This is not recovery-focused treatment. Parity for mental health services is not currently happening within the state as mandated by federal law.”*

5. **Independent Grievance and Appeals Processes:** When consumers and families are faced with a concern about DHS services, they have nowhere, other than the DHS, to turn. Schulte states it best and MHAN agrees: *“When looking at the system in North Dakota, one thing that sets it apart from many other systems is the almost total reliance on DHS as provider of services. In this role, there is no independent appeal mechanism for families or consumers. DHS is the provider, regulator and oversight to itself. The lack of checks and balances makes a very poor business model in any field.”*

The Mental Health Advocacy Network stands in support of the efforts of people and organizations that work to improve services for those who live with mental illnesses. However, MHAN insists on the direct involvement of consumers and families, including those from tribal and rural areas, as well as Veterans, in prevention, education, service planning and delivery – nothing about us without us.

The Mental Health Advocacy Network supports a responsive and immediate solution to the existing gaps in mental health services in North Dakota and rejects the notion of a phased-in, years-long approach to service development. For many North Dakotans, this is a matter of life and death. To quote Schulte again, the *“...system is in crisis.”*