

SENATE APPROPRIATIONS COMMITTEE

TESTIMONY IN SUPPORT OF SB2012 “Community Mental Health”

Senator Holmberg and Committee Members. I am Jessica Thomasson, CEO at Lutheran Social Services of North Dakota. On behalf of Lutheran Social Services I am testifying today in support of SB2012.

If there is one thing we have seen demonstrated time and again in our work as a Free Through Recovery provider, it is that relationships matter in recovery. Care coordinators and Peer Support Specialists work together to make sure the men and women participating in Free Through Recovery know that the relationships they are building can be counted on both when things are going well, and when things are not going well. This commitment to stick with people as they find their way forward, even when “the way forward” takes a circuitous path, is in my opinion, one of the key factors that will be a prime contributor to the initiative’s ultimate success.

LSS has been an approved Free Through Recovery provider since the program started in February 2018. Over the last year we have served 120 men and women who were exiting the state prison system, on their way back to community. We have had care coordinators working with clients in every region, and as such have had a first hand look at the impact this innovative program is having on people’s lives as they work every day to find their own path to recovery, stability and well being.

Joe’s story is a good illustration of what care coordination work can do for someone who is trying to start anew. Joe is 37 years old and has a long criminal history, dating back more than 20 years, most of which was related to offenses associated with his substance abuse and addiction. After being released on parole, Joe connected with Katie, his Free Through Recovery

care coordinator. They started working together on a plan. Within a few weeks of his release, he had a job and was able to secure an apartment. He got involved in Celebrate Recovery and has been actively working to rebuild his connections to his family, including efforts to re-connect with his daughters. Walking with him every step of the way, Katie was able to help him find donated furniture, apply for Medicaid, figure out a plan for how to get to and from work when he didn't have reliable transportation, pursue and ultimately get a better paying job, and start thinking about his future. He wants to be a Peer Support Specialist or somehow find a way to help people in recovery. He is thinking about furthering his education -- about what he wants to do next. He is thinking about the future. And he's ready to discharge from Free Through Recovery, after only six months.

Not every story is a “success” story like Joe’s but, what we know is that the path to recovery can be long and winding, and that persisting through setbacks is what it takes to do this work. In our experience, having the permission to persist through setbacks with someone who is struggling is, in fact, one of the things that makes this programmatic model so different.

The opportunity presented in this budget, to take the Free Through Recovery model and make it available to people who are not engaged with the criminal justice system but who are struggling with a mental health issue and/or addiction, will have a powerful impact on hundreds of North Dakota families who are struggling to make a better life for themselves.

This model, applied to a broader population, could support the state’s efforts to transform the child welfare system, through the Family First Prevention Services Act. Care Coordinators and Peer Support Specialists could provide home- and community-based behavioral health supports for families who are at risk of having children removed from their home to a foster care placement because of parent(s)’ issues with mental health and/or addiction.

As one of the providers that serves people all over the state, I want to also speak specifically to the scalability and the care coordination model as it is currently designed. We have been able to deploy trained staff in communities large and small across the state because of the program's inherent flexibility. The focus on outcomes, on helping to define quality care practices, and on ensuring that all of the work being done is trauma-informed and client-centered, provides the needed framework for success. The ultimate means and methods of how service is provided is left up to the individual providers, as driven by the needs of the men and women they are serving. It has allowed providers to create place-based solutions that acknowledge the uniqueness of local networks and approaches, while maintaining consistency in the quality of services being provided.

There are a lot of exciting efforts afoot to build on the continuum of behavioral health services available to the people of our state. Many of these community mental health approaches are built on the concepts that are at the heart of care coordination and peer support. Care Coordination, as it is practiced in Free Through Recovery, is not "Case Management" – it is not transactional, but rather it is relational. It is not about approving or authorizing services or determining eligibility or compliance; rather it is about meeting the person where they are, helping them re-build and re-imagine their own networks of support – both formal and informal. The Care Coordinators' and Peer Support Specialists' work helps bind all the varied interventions and interactions together to ensure people who are struggling with behavioral health issues are getting what they need, when they need it. That is the essence of community-based behavioral health.

It is our opinion, as an organization that has served children and families across North Dakota for 100 years, that we will be most successful as a state if we look around and identify

existing system architecture that works and then invest in it more fully, just as the initiatives outlined in SB2012 do. Identify effective practices and delivery systems and find ways to scale them to serve more areas of the state. Build out the system of care by investing in components that are proven to work in our state – with, not against, our unique geographic and demographic challenges. The work that is being done to strengthen, and in many cases create, our community mental health system has the potential to be truly transformational. This is one important piece of the puzzle.

We strongly encourage your support of the behavioral health system changes that are part of SB2012. Thank you for the opportunity to speak to you today. I would be happy to answer any questions you may have.

Jessica Thomasson
CEO, Lutheran Social Services of North Dakota
ND Lobbyist #234
Email: jthomasson@lssnd.org
Phone: 701-271-3272