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 David Earl Johnson, LICSW,  
 Therapist at Monticello Clinic,  
 Trauma Informed Care Implementation Team Member, Marketing and Branding Subcommittee

*From the Leadership Team*

*By Cathy LaGow, Interim Executive Director*

Following the recent announcement that we have hired a new CEO, I want to share more good news and provide long-awaited information about salaries in 2016.

As I begin to collect my thoughts however, I realize that without context, news may simply be news. Or worse yet, without sharing enough information to create perspective, good news may actually seem bad! The fact that the news I want to share seems “good” to me, is likely the result of a pool of information that many of you may not have. So in hopes that what I share seems good to you also, I need to rewind to the earlier months of 2015. Perspective is everything.

In February, our Director was

replaced by Interim Director, Jim Riebe. This happened following the work of consultant, Brian Myres, who had been hired to assist our board in identifying and addressing mounting problems in key areas. The stress and strain on staff was evident: we were still in the difficult stages of implementation of Credible; we had no active Leadership team; there was excitement and pride surrounding the completion of the St. Cloud campus remodel, but unfinished and long-overdue projects at other sites were on hold. We had unprecedented waiting lists for many client services, (even our own Crisis Team resorted to referring clients to other agencies), and our business office was buried in aging accounts. Sad-

ly, at an agency, staffed by hardworking individuals hoping to help alleviate the pain of others, we faced enormous issues ourselves.

This is where the good news starts (kind of).....In March, Jim Riebe, with continued support from our Board, appointed a Leadership Team entrusted with the responsibility of tackling our problems and moving us on. Efforts were focused on problem-solving, but the deeper we looked the more complex the issues seemed. Easy answers were not available, and not long after our first meetings as Leadership, we were informed that CentraCare and CMMHC

*The Leadership Team*



*At the Showcase gathering, Steven listens to Joyce Gelle, the first employee of the clinic that was to become CMMHC, tells the story about the about those first years .*

*New Organizational Self-Assessment*

*By Steven Loos, PsyD, LP  
 Director of Outpatient Services  
 Trauma Informed Care Implementation Team Lead*

The Leadership Team has developed a strategic plan for the agency and Trauma Informed Care is at the forefront of this vision. CMMHC has invested significantly to bringing TIC to the agency and has received national recognition from the

National Council for Behavioral Health for progress to date. The TIC team wants to celebrate its accomplishments and hold ourselves accountable for all the work that remains to continue to heal the agency.

To support this vision the Trauma Informed Care Implementation Team is excited to launch the next phase of this transformational work. TIC

wants all staff to be both heard and included in this work. Perhaps the simplest way to become engaged in this work is through the Organizational Self-Assessment. This assessment allows the organization to be evaluated across the seven domains that make an agen-

*New Org Assessment  
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## Getting Started Is Often the Hardest Part

By Katie Philipsek, Trauma Informed Care Implementation Team Member,  
TIC Environmental and Client Experience Sub-committee

“Picking up the phone and calling for an appointment can be just as difficult as showing up.”

Picking up the phone and calling for an appointment can be just as difficult as showing up. Checking in for your first appointment can be extremely overwhelming. How you are treated during these processes can largely affect your comfort level.

In my time of crisis, my family physician was concerned it could take months to get into therapy. I contacted the Central MN Mental Health Center and was easily able to make an appointment in a relatively short time and based on my needs. I was very fortunate.

How do you start when you aren't even sure where to begin? You want to feel better but you need some help sorting things out. CMMHC provided me a safe and comforta-

ble place to begin that process. They advocated for me and offered resources and validation. They offered coffee in the lobby and tissues when I needed one (or three). They offered tools and coping skills. They gave me options and that gave me hope at a time when I was feeling hopeless.

About a year into therapy, I was offered a unique opportunity. The Trauma Informed Care (TIC) group wanted to hear from clients about their personal experiences within the organization. I volunteered to be on the board and I felt right from the start that they truly valued my perspective. In the TIC meetings I attended, a large part of the discussion was about making sure the staff was equipped with the necessary language and communica-

tion skills needed to help clients in crisis. This recognition on CMMHC's behalf left a huge impression on me.

Indeed, trauma survivors need support and understanding, but so does the staff who treats them.

Another positive aspect is that CMMHC is very knowledgeable about available community resources. Care givers, community service providers, friends and family are also important in managing a person's care. Partnering these resources during my therapy insured a supportive environment at a time when I felt really alone, and for that I am immensely grateful.

## Responding to Emerging County Needs

Danielle Brant, MSW, LGSW, LADC Director of Chemical Dependency Services  
Licensed Graduate Social Worker Trauma Informed Care Implementation Team Member

Recently the Star Tribune ran an article highlighting the shortage of mental health beds in Minnesota and how that impacts outfits, such as hospitals and jails, that aren't adequately equipped to treat mental health crises. In our own backyard we are experiencing the ripples of these effects. In 2013, Central MN Mental Health Center was asked to embed chemical health services within the Wright County Jail. The program was well received and it offers those who are incarcerated to engage in chemical

health and rehabilitative-focused services while incarcerated. Unfortunately, the shortage of mental health beds has left local community jails to become “holding tanks” for individuals who suffer from mental illness. Tricia Pirsig, LADC, the primary counselor for the CD Jail Program sees this daily. The number of individuals who attend CD programming at the jail and have untreated mental illness is staggering.

Unfortunately, “the system” is a large barrier, as federal and state insurance plans do not

cover mental health services while incarcerated despite the overwhelming need; however, chemical health funding can be offered to qualifying individuals through local county funds, often referred to as “Rule 25”.

Creatively, CMMHC's programs are responding to meet the needs of those we serve. Within the jail, Tricia Pirsig, LADC, is providing chemical health programming inclusive psycho-education regarding mental health and co-occurring disorder treatment. Additionally, she emphasizes a focus on discharge planning, connecting

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**"Trauma Informed Care ... allows us to continue to respond to change and create a plan to improve the lived experience for our staff, clients, and the community, whether it's through advocacy for systemic change for those without a voice, or simply offering encouragement to fellow colleagues on tough days."**

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the individual with needed services upon discharge to ensure that they have resources necessary to address what is often a complex set of mental health and substance related issues that led to incarceration in the first place.

Recently, we were able to work collaboratively with community partners including Jail Administration, Wright County Court Services, and Human Services to streamline a process that allows individuals who wouldn't normally qualify for such

programming due to funding issues, rapid access. Feedback from clients, jail administration, and community stakeholders has been overwhelmingly positive. This rehabilitative approach offers individuals a chance to begin a healing process with the hopes that they can successfully integrate back into the community with the support and resources they need, which consequently, reduces recidivism rates.

As we continue to implement a philosophy of a Trauma Informed Care approach, it's important for all of us to be

aware of these changes, as they have such significant impact on our staff, communities and clients. This knowledge allows us to continue to respond to change and create a plan to improve the lived experience for our staff, clients, and the community, whether it's through advocacy for systemic change for those without a voice, or simply offering encouragement to fellow colleagues on tough days.

For more information on the recent article, please visit: <http://strib.mn/1SAbd6a>

## *Name this Newsletter!*

You can name this newsletter and win a **\$20** gift certificate from Target! Each submission should be via by email or by February 26, 2016 to: **David Earl Johnson, LICSW** [djohnson@cmmhc.com](mailto:djohnson@cmmhc.com).



**Main Campus – St Cloud**  
1321 13th St North  
St Cloud, MN 56303  
Phone: 320.252.5010



**Buffalo Campus**  
308 12th Avenue South  
Buffalo, MN 55313  
Phone: 763.682.4400



**Monticello Campus**  
407 Washington Street  
Monticello, MN 55362  
Phone: 763.295.4001



**Elk River Campus**  
253 8th Street N.W.; Suite A  
Elk River MN, 55330  
Phone: 763.441.3770



**Northway IRTS**  
1509 24th Avenue N  
St. Cloud, MN 56303  
Phone: 320.252.8648

**Midtown Square Complex**  
(Entrance by Old Country Buffet)  
3333 West Division Street  
St. Cloud, MN 56301  
Services Available:  
0 – 5 Integrative Services #209  
Assertive Community Treatment #217  
Adult Rehabilitative Mental Health #209  
Targeted Case Management #218  
See specific programs for contact information

**Focus XII**  
3220 8th Street North  
St. Cloud, MN  
Phone: 320.252.2425

**Four County Crisis Response Team**  
Benton, Sherburne, Stearns, Wright  
800-635-8008

**Detox**  
1321 13th Street North  
Door 2  
St Cloud, MN 56303  
Phone: 320.252.6654

# Trauma Informed Care Scheduling at CMMHC

By Steven Loos, PsyD, LP Director of Outpatient Services  
Trauma Informed Care Implementation Team Lead

Why: Trauma Informed Care is best represented as a Venn diagram of four overlapping circles: Staff, Clients, Community and CMMHC. TIC Scheduling allows us to carry out our mission of providing quality mental health services to clients in our community who are in need.

We have clients in our community that are in desperate need of mental health services and we have incredibly talented providers with immediate openings. Motivational Interviewing suggests that an individual's readiness for change can fluctuate rapidly and it is critical to provide help when the client is ready.

TIC Scheduling allows us to remove obstacles allowing clients to be seen more rapidly, while being mindful of the impact on the staff of CMMHC.

How: TIC Scheduling will not be successful if all clients are immediately scheduled with the first available provider.

This system would overburden the providers and prevent the clinics flexibility in seeing crisis clients. TIC Scheduling will rely on a three level Triage System.

Level 1: Clients at level one are referred directly from the CMMHC crisis team and will be scheduled with the next available appointment. These clients are experiencing acute

distress and could be experiencing suicidal ideation, homicidal ideation, psychosis or are severely impaired by their symptoms. A level one determination can also be made by a Clinic Manager or a provider in the respective office for a client that has called into the clinic directly. Providers have the option of completing a psychotherapy session with a diagnosis or a Diagnostic Assessment.

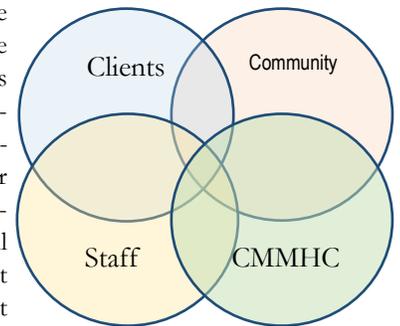
Level 2: Clients at level two are experiencing serious mental health symptoms and there are complicating factors. Support staff may have offered a traditional intake slot and the client provides additional information that warrants further consideration. The support staff will engage the Clinic Manager or a designated provider to contact the client. Support is provided and the client is scheduled for an appointment in one to two weeks. An example of Level 2 would be a teen who is expressing severe symptoms of depression, has been unable to attend school and has been isolating in their room.

Level 3: Clients at Level 3 are still in need of mental health services, but will be given our traditional intake slots. An example of Level 3 would be clients who are experiencing relationship difficulties or other conditions associated with an adjustment disorder. These

clients do not have co-existing contextual factors that require a more rapid triage.

Supporting CMMHC Staff: The Clinic Managers are aware that these changes can increase stress on the provider. It is important that you communicate any concerns about additional clients directly with your Clinic Managers, not with support staff. Clinic Managers will be able to assess your current case load and determine what steps may be taken to support you with additional clients. They may determine a number of things collaboratively with you such as: there may be sufficient time to take on the triaged client without further accommodations, they may determine to provide an additional hold hour, to convert a cancelled appointment to a hold or to give you permission to be behind in this particular documentation.

Innovation: The Clinic Managers recommended testing a new system to further decrease the work load on providers. The Leadership Team approved of the Clinic Managers plan to pilot an Intake Clinician in the Monticello office. This individual's main job responsibility will be to complete DAs and transfer to staff in the Monticello office. If this pilot is successful the CM team plan to request this be integrated into the other three OPMH offices.



**"We have clients in our community that are in desperate need of mental health services ...."**



Central MN Mental Health Center  
A time to heal, a place to start.

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*From the Leadership Team*

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Board had explorative conversation about a possible merger. Our Team was adamant that everyone be included in that information, and although it created a wide range of reactions from staff, we wanted to be transparent. Looking back the effects of this were positive. CMMHC –and by that I mean all of us–rallied. It became evident that, in spite of our difficulties, we work here because we are a community mental health center. Consensus suggested we want to remain so! Looking back, I see the Centacare “news” as critical to renewed commitment and increased investment in our mission. Nothing more.

In August, Jim Riebe, announced he planned to retire Sept. 1, 2015, which was an extension from an earlier plan. I agreed to take his position, and did so in good faith that we would find a permanent replacement. My first official Board meeting on August, 31, 2015 was an awakening. Our financials were daunting: our accounts receivable and aging accounts were at an all-time high. Our cash reserve and productivity were at an all-time low. We had over 7,000 unapproved services sitting in Credible, with client referrals down, possibly in response to our long waiting lists. It seemed all bad news was compounding as we began 2016 budget discussions. Needless to say, things were grim.

To get from there to a 2016 budget that included salary increases, program growth, and improved morale seemed un-

likely. This is where the good news really begins to surface and can be credited to real agency teamwork! Leadership completed a comprehensive SWOT (strengths, weaknesses, opportunities, threats) analysis of every program and every department. We used this to launch comprehensive discussion/planning which has resulted in an official Strategic Plan. As this was taking place (Sept. to current) changes were implemented in critical areas throughout the agency. Out-patient clinics managers, under the direction of Steven Loos, Clinical Director, moved forward with TIC scheduling, clarified expectations for completion of documentation, and moved through ICD-10 conversion without a glitch! Our business office was restructured, issues with Credible were clarified, and our falling revenue trend reversed. Program directors and managers were given the opportunity to review their current budget and were included in budget projections for 2016–a first here at CMMHC! By October, productivity was up, cash reserves improved, and aging accounts declined. Simply stated, a longstanding negative trend reversed. The solutions were not terribly complicated, but they did involve honest effort, a willingness to examine our processes and our attitudes, and the necessity to create change. Going forward will depend on this as well.

So, here we are Mid-December. Our Board has approved a 2% budget increase for salaries, because they are trusting the improvement as well. Our Leadership Team sees this as an opportunity to clarify values and continue our

momentum. We believe the success of our Center depends on the hard work of every staff. We are a team, and everyone is critical to our success; everyone is equally important. With this in mind, we have made a decision to divide the 2% salary adjustment equally amongst all eligible staff. This amounts to a 43 cents per hour increase for hourly staff, and \$894.40 yearly for full-time salaried staff (this total will be prorated for less than full-time salaried staff).

Good news? All things considered, I hope so. Great news, probably not. The great news is we have 2016 ahead for renewal and hope, and we have the success of 2015 as a solid beginning.

On behalf of the entire Leader-

*New Org Assessment  
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cy Trauma Informed. This same OSA was given to staff 18 months ago and formed the foundation of our first Action Plan for TIC at CMMHC. The TIC Team will be providing a brief update to all staff on recent TIC initiatives in January and February. During this trainings all staff will be encouraged to complete this assessment. The information from this OSA will be incredibly valuable for the organization as it provides staff with an opportunity to share both how we have improved and to directly influence the next phase of TIC initiatives. The TIC team will use this data to form the next customized action plan for bringing TIC to CMMHC. This is your opportunity to be heard as to what is working and what needs more healing!

**“Simply stated, a longstanding negative trend reversed. The solutions were not terribly complicated, but they did involve honest effort, a willingness to examine our processes and our attitudes, and the necessity to create change.”**

# Adult Day Treatment at CMMHC

By Theresa A. Solarz, MS, LP Day Treatment Program and Clinical Supervisor, St. Cloud Trauma Informed Care Implementation Team Member

**Adult Day Treatment** is an intensive psychotherapeutic outpatient group treatment program offered at our St. Cloud and Buffalo sites. The goal of Day Treatment is to reduce or relieve the effects of mental illness and provide training to enable recipients to live in the community with improved functioning at work, school, and/or social relationships. Further, the mission of Day Treatment, through a Trauma Informed Care group treatment environment, is to consistently immerse recipients in opportunities to rewire their neurobiology and repair their relationship with themselves and others. Day Treatment runs Monday through Friday from 9:00 a.m. until noon in St. Cloud and Monday through Thursday 9:00 a.m. to noon in Buffalo. Participants are expected to attend a minimum of 2 days and up to 5

days per week dependent on client needs and space available in the program. Treatment is provided by a multidisciplinary team of mental health professionals and practitioners under the supervision of a Qualified Clinical Supervisor. Day Treatment has traditionally been a setting which includes Bachelor and Master level interns working toward a career in the mental health field. Day Treatment therapeutic interventions include a variety of teaching and practicing Coping skills, Mindfulness skills including gentle movements of tai chi and qigong, Social skills, Assertiveness skills, Motivational Interviewing techniques, Illness Management and Recovery education, Integrated Dual Diagnosis Strategies, and Group Psychotherapy. Appointments for intake are typically within 1-3 weeks of referral

dependent on current available Diagnostic Assessment. To make an internal referral please use the Credible Referral Form. For external referrals to St. Cloud DT please call Tammy at 320.202.2056 and for Buffalo please call Becky at 763.682.7228. It is extremely helpful if the referral includes a current DA or a known source who would have a current DA.

### Admission Criteria per DHS:

- Have a primary diagnosis of mental illness as determined by a Diagnostic Assessment, excluding dementia and other organic conditions. DA must have been completed within the previous year prior to starting Day Treatment.

- Have three or more areas of significant impairment in functioning as determined by a Functional Assessment. We do an FA at the intake appointment unless there is one available that's current within 30 days.

- Have a completed LOCUS assessment with a Level 3 indication. This is also done at the intake appointment unless one is available and current within 30 days.

- Be experiencing symptoms impairing thought, mood, behavior or perception that interfere with the ability to function with a lesser level of service.

- Have the cognitive capacity to engage in and benefit from this level of treatment.

- Reasonably be expected to benefit in improved functioning at work, school, or social relationships.

- Need a highly structured, focused treatment approach to accomplish improvement and to avoid relapse requiring higher level of treatment.

**\*\*\*** Recipient may have a co-occurring diagnoses of traumatic brain injury or chemical dependency, however TBI and CD **cannot** be the primary diagnoses. **\*\*\***

**Continuing Stay:** Recipients may stay in Day Treatment as long as they continue to meet admission criteria and documented measurable progress toward treatment goals is being made.

*Day Treatment Program continued on next page.*



St. Cloud Day Treatment staff who hosted the DT Friends and Family Reunion 2015 in June.

Right to left: Amelia (intern), Brittney (intern), Zach Dorholt, Lt Gov Tina Smith, Theresa Solarz, Ashley Christen, Kristy Gohman, Tammy Wedde.



Central MN Mental Health Center  
A time to heal, a place to start.

## TIC Scheduling for Crisis Team

By Nikki Wieberdink, MHP, MS Four County Crisis Services Director

The Crisis Response Team (CRT) began utilizing TIC appointments several months ago and it has greatly improved access to therapy appointments for our clients. CRT has found it difficult in the past to link our clients with therapy in a timely fashion. Many times we were referring out to different agencies because our wait times were very long.

**Our core value at CMMHC is: “A Time to heal, a place to start.”**

**Our TIC Mission at CMMHC is: “Mindfully fostering a space for healing, safety, and sensitivity for the individuals and families we serve, our colleagues, and our community.”**

**CMMHC believes you will feel the difference being treated at a TIC agency and hopes to prove that to you when you begin your services with us.**

When CRT was making referrals to our agency the client no show rate was extremely high. We believe TIC appointments have increased the rate of clients showing up for appointments. What we tend to see is that clients are willing to seek

*Day Treatment Program  
continued from previous page.*

**St Cloud Day Treatment Social Recreation Program:** The St Cloud DT site also provides Weekend Wind Up, a social recreational program primarily on Fridays from noon to 3:00 pm which focuses on providing participants from various CMMHC programs fun and informal opportunities to practice social skills and build meaningful social relationships. Activities are primarily on site with the addition of community field trips once a month. We generally start out with a light potluck lunch followed by popular and common family style board and card games, arts and crafts, pool, darts, and Wii. During the summer we add the popular outdoor

help while in a crisis situation but when we are not able to follow it up quickly with follow up services the desire to participate in ongoing services is less likely which in turn, increases the likelihood of another crisis occurring that they cannot manage.

We use TIC appointments at all 4 locations with great success. A staff tells a story about a mother who was very concerned for her adult son who was living in a residence without running water or heat. He didn't have insurance and he was struggling with the death of a both his father and brother and he was drinking more than usual. The crisis team was

able to meet with him and then set up a therapy appointment for the next day which he attended followed by a MNSure meeting where he obtained insurance. He has attended all therapy appointments, obtained TCM services as well as recently started Day Treatment. If it had not been for Tic appointments, we do not believe he would have received and followed through with these services. They have been a great addition to our crisis services.

It is a great feeling to be able to have the appointment to offer. Sometimes clients just need to know help is coming soon to get them through the toughest times.

games of bean bag toss and bocce ball. Several social events during the year include Friends and Family as well. Any person who has ever been in DT is welcome to attend. Other referrals of adults receiving services at CMMHC are welcome. Referrals must include complete diagnoses and brief summary of participant's informal social goals for participating. Participants are welcomed to utilize DT social recreation lifelong once they begin. Most activities are currently free of charge, however periodically there is a minimal fee. Participants are asked to bring a low cost potluck item 1-2 times monthly. Calendars are available for pick up, email, fax, or snail mail.

**Buffalo Day Treatment** recipients and alum are able to join **Buffalo CSP activities** for a weekly peer support

group along with different social activities throughout the week. These activities range from art studio, game nights, bingo, pot lucks, movies, and many other things that are offered on site. We also offer other activities such as bowling, movies, fishing, concerts and many others that are off site. Some of the activities are free and some cost a small amount. These activities are for anyone in the community who has a serious mental illness along with anyone that is receiving services at CMMHC. Participants are required to fill out a brief informational form and a release of information to their providers. Calendars are available for pick up, email,