

# The Healing Times

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## *A Few Words From Your New ED*

*By Dr. Richard G. Lee, Ph.D., L.P., Executive Director*

For those of you who have met me, you might be chuckling at the subject line of this email. It seems I am constitutionally unable to keep my words to “a few”.

I am sorry it took me so long to reach out to you for the first time. I have all the usual excuses (they’re good ones, I assure you), but the fact is I had hoped to reach out to everyone much sooner than the end of my third week.

So, a little about me. I grew up in the Twin Cities and graduated from Bloomington Jefferson. After completing my undergraduate degree at UW-River Falls, I went to graduate school at Bowling Green State University in Bowling Green, OH. I was conferred by

BGSU with my Masters (1985) and PhD (1988) in Clinical Psychology. My first job out of internship – which I completed in Albany, NY – was at a private psychiatric hospital in Columbus, OH. I have been a licensed psychologist since 1989.

My wife, Meg, who is also a psychologist, and I decided to relocate to Minnesota and did so in 1994. I started at Woodland Centers in March 1994, and Meg joined the staff there in September the same year after she completed her internship in Detroit (where she is from). After 3 years as a staff psychologist, I became Clinical Director (a role very much like Steven Loos’ here) and remained in that role until Jan 2010 when my friend, mentor



and boss, Dr. Gene Bonyng, died suddenly. I was thrust into the interim CEO role the next day, and became Gene’s permanent successor in April 2010.

It’s ironic to me that I should end up in the ED role at CMMHC. I had an eye on the

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## *Healthcare Integration Collaborative*

*By Beth Rhoads, Project Director and Ashley Conner, Grant Manager*

I try not to make assumptions; however, I am assuming that most of you have been privy to information in regards to changes in healthcare delivery. The information can be overwhelming and fragmented at best. Here’s a secret, most of

us have known that treating the whole person, mind, body and spirit, is the best way to go. Most of us prefer to receive quality treatment that is accessible with as little cost as possible. The population we work with at CMMHC deserves the same opportunities.

In September of 2015, CMMHC was the first agency



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in Minnesota to be awarded the SAMHSA PBHCI (primary and behavioral healthcare integration) four-year grant. As a result, we have opened a primary clinic at our Midtown location in St. Cloud. In partnership with Centra-

**“Many of our clients struggling with mental health symptoms have put health concerns on hold. The hope with this clinic, is that at a minimum, clients can walk in and get their vitals taken.”**

Care we will be providing primary care to adult clients five days a week. The grant supports the endeavor with a required plan of sustainability by year two.

At Midtown we are implementing an integrative service delivery that includes a peer wellness coach, a dual diagnosis counselor and coordination with existing agency services. Our targeted case management team, ARMHS providers and ACT teams will play an integral part in success-

ful implementation and follow through of services. All programming at CMMHC will be touched by this endeavor through coordination of care. The key focus will be on health and wellness including preventative care.

The clinic officially opened on 2/1/16. Our first clients were seen on 2/3/16. When reviewing how the day went with our RN, her response indicated we are on the right track. She expressed concern that the clients seen did not have a record of vaccinations and did not know what if any they had ever received.

Many of our clients struggling with mental health symptoms have put health concerns on hold. The hope with this clinic,

is that at a minimum, clients can walk in and get their vitals taken. Recently, one of our Targeted case managers accompanied a client to a St. Cloud Homeless Connection event for a cell phone. The client had their blood pressure taken at a booth by a volunteer doctor and was alerted to get immediate attention. The client’s blood pressure is now under control.



If we can not only alert people, but also provide treatment and coordinate their care to avoid duplication, then we will be successful. Being trauma informed

is to be aware of the client experience. If we truly are aware then we will treat the whole person, mind, body and spirit, keeping in mind what we ourselves want for our healthcare, quality, accessibility and low cost.

## *Endorsement of Healthcare Integration Collaborative*

*By Zachary Dorholt, M.S., L.P.C.C. CMMHC St. Cloud, MN Adult Day Treatment Program*

I have had the opportunity to be on both the political, and the provider side of healthcare. Having served as a State Representative when Minnesota was ushering in components of the ACA, many of us were plagued with anxiety about the changes it would bring.

The most positive change is one we, CMMHC, have the opportunity to fully initiate before most other places in the country, we get to actually integrate our client’s care all under one roof! I can’t tell

you how many times I wish I could simply call over to my client’s physician to inquire about their ailments, or report on what we have been working on in therapy.

Now, we will have the opportunity to do that in an incredibly seamless manner. We have all experienced so much change over the past few years, and it’s hard to have change without some anxiety.

To borrow another political term, this change is “change we can believe in,” because it is

the change many of us have been seeking within the healthcare system for a very long time.

**“The most positive change is one we, CMMHC, have the opportunity to fully initiate before most other places in the country, we get to actually integrate our client’s care all under one roof!”**



## Learn More About this Service: Northway Intensive Residential Treatment Services (IRTS)

Northway is a 30-90 day residential program that runs 24/7. The goal of the program is to help recipients gain skills and resources to allow them to transition to a lower level of care. This is done by the use of psychoeducational groups (Illness Management & Recovery); independent living skill and coping skill building; and assistance with building community supports. We also provide family education, nursing services, Interdisciplinary Dual Diagnosis Treatment (IDDT), discharge/transition planning, and social activities to model healthy living. Northway is a unique type of setting because though it is an intensive residential treatment, recipients still have community access during their free time so they are able to have real life practice with transitioning to a lower level of care.

Northway IRTS is considered a level five medically monitored residential service. Individuals come to us from a wide variety of different settings: independent living, adult foster care, jail/prison, inpatient treatment, hospitals, and so on. We serve

adults who: have a mental illness as defined in comprehensive mental health act Minnesota Statutes 245.462 Subd. 20; have 3 or more functional limitations as measured by the Functional Assessment Scale (excluding dental); are reasonably expected to commence or resume illness management and recovery skills or strategies at this level of service; needs 24-hour supervised, monitored and focused treatment approach to improve functioning and avoid relapse; is not responsive to an adequate trial of treatment at a lesser level of care; is at risk of significant functional deterioration if IRTS are not received; and has one or more of the following: history of two or more inpatient hospitalizations within the past year; significant independent living instability; homelessness; or frequent use of mental health and related services yielding poor outcomes in outpatient/community support treatment.

Northway is the only IRTS in the four county area. Northway strives to prioritize service to

citizens of our four county area but we do also serve individuals outside of this area as well based on need. We have been working hard to build/form stronger connections with other services that CMMHC offers to allow us to



provide the best service to our recipients.

With CMMHC's Trauma Informed Care initiative, Northway's main focal point has been on physical plant and safety concerns. The State of Minnesota recently announced a grant opportunity specifically for IRTS and RCSS health and safety improvements that Northway has applied for in hopes of making these chang-

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

## Rapid Access Psychiatry (RAP)

By Nikki Wieberdink, MS, Four County Crisis Services Director; Fred Main, RN, Psychiatric Services Manager (bottom right); Steven Loos, Psy.D, LP Director of Outpatient Services (top right)

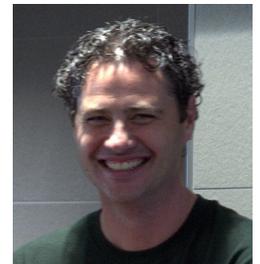
In the fall of 2015 the Crisis Team and OPMH partnered to create Trauma Informed Care (TIC) Scheduling for the clients in our community in desperate need of mental health services. This innovative program has removed barriers for clients to receive rapid access to mental health services. Crisis Team

Members now can respond to calls or make mobile visits with the next available OPMH appointment available through daily communications with OPMH. This initiative has also allowed CMMHC to be more consistent with the mission of a Community Mental Health

Center, providing flexibility to respond to the emerging and changing needs of the community.

Based upon this recent success the Crisis Team approached

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es.

To make a referral, please call Stacey Hartman at 320-252-8648.

If you have any questions about Northway feel free to shoot us an e-mail:

Carly Reyes - Treatment Director: creyes@cmmhc.com



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

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OPMH about another exciting collaborative to enhance the services of CMMHC. This collaboration has resulted in Rapid Access Psychiatry (RAP) being launched in our St. Cloud office March of 2016. OPMH Psychiatry is reserving 52 RAP appointments to be directly accessed through the CMMHC crisis team. Individuals being referred to RAP will have an initial appointment within two weeks of a referral by the crisis team. After consultation with Dr. Handrich, this project was expanded to include a medication check appointment to provide continuity of care. This system will allow our clients to both receive rapid and ongoing care with psychiatry, a critical component to our clients in acute crisis. In the event these RAP appointments will not be utilized Crisis will notify St. Cloud support staff to schedule other clients in these slots. Clients will also be able to receive TIC Scheduling to integrate therapy with RAP psychiatric services. CMMHC is excited to launch another initiative that represents the core values of a Community Mental Health Center, allowing this to be an agency that is truly a Time to Heal, a Place to Start.

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role as far back as, oh, about 2008. Gene was a few years older than me, and he wasn't going anywhere. I thought, if I ever wanted to have a go at being the ED of a mental health center, CMMHC would be ideal. Bigger community than Willmar, similar though bigger agency, closer to the Twin Cities, etc. I have known Dr. David Baraga for quite a

few years, and I knew that he was a few years older than Dr. Bonyng, and that he was likely to retire in the near future. Well, when he did (I think in 2011), I had been in the CEO role at Woodland for just over a year and I really didn't think it was fair to Woodland to maybe leave at that time. Even more, our son Joe, an only child, was a sophomore in HS and playing varsity football and hockey. I really didn't want to miss the chance to soak that all up, so I had to take a pass on applying for the position here after David retired. When I became aware last year that the ED position was again open, I kept a close eye on it and applied. And here I am.

Meg and I have put our home outside of Willmar up for sale – officially tomorrow, actually – but I will commute and she will stay at Woodland until the house sells. When it does, she'll start looking for work, and when she lands a job we'll then determine where we'll live. Although Joe is a sophomore in college, he has made it clear that this coming summer is likely his last one he'll spend at home. He's at St. Thomas

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

**Our Trauma Informed Care (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.**

## We Have A Winner!

...and the winner is...

**Emmalynn (Pepper) Clemmensen MS, CRC (left)**

—Day Treatment Therapist/Mental Health Therapist in Buffalo Clinic, for her newsletter naming entry "The Healing Times" chosen by the Trauma Informed Care Implementation Team. Pepper has been working for CMMHC for one year. She is a therapist in Buffalo's Adult Day Treatment program and does outpatient individual therapy as well.

**She wins a \$20 gift certificate to Target!**

**Congratulations!**



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and loves the Twin Cities; he has no interest in being in Willmar. So, we're pretty much empty nesters and ready for our next rodeo.

I'll (finally) end the biographical part by saying if you want to discuss music – especially rock and blues, and especially performed live, though I do have more nuanced musical tastes – hunting, Minnesota pro sports, books, movies, and the like, I'm your guy. I am very interested in politics, and do a lot of reading about contemporary politics, but I rarely discuss it with anybody...so don't ask! :) Also, I am allergic to social media in all forms, but I don't judge those who have no such allergy.

OK, now for us.

I am aware that CMMHC has taken some lumps in the last couple years. I really think my background and experience are an ideal fit, and I believe I have much to bring to the table. I am a community mental health guy; I'm a mental health professional by pedigree; up until the time I left Woodland, I maintained a (very) small caseload and filled in with clinical supervision and services in various programs from time to time. By those comments, I want you to know that I am empathic with our many, many providers who are in the trenches doing the hard work with our customers. I am well aware of how hard the work is. I know that documentation requirements have only become more burdensome over time. I know that none of us are in community mental health for the glamour or the money. We do it because we believe in it. It's the mis-

sion. At the risk of sounding trite, it really is about mission.

The upshot here is that with all of the challenges facing community mental health – and most of you can recite them as well as I can – successfully facing and surmounting them will require us to have operational excellence. If our internal house is not in order, we are not going to be nimble enough to grab the opportunities that are already out there and we are, at the moment, having to pass on. I want CMMHC to be recognized as a statewide leader in community mental health. I assure you, at this juncture we do not have that reputation, and we have enough frayed edges that we are simply not in a position to assertively pursue the opportunities that are laying there and other CMHCs around the state are embracing.

What does all this mean? It means we have to have culture of accountability, and that applies to all of us, not just those who are in revenue generating positions. Each of us has to have to have a clear understanding of what our role is in the machine and how our effectiveness is measured. We need to be very clear about how we do things at CMMHC (not at Elk River, or Buffalo, or Monticello, but at CMMHC), and then do them that way.

We have to have a work environment that encourages hard work, but is also FUN! I don't know about you, but I think fun is good.

We want to have opportunities for everyone for professional development and growth.

I assure you, I could go on, but I won't (for now).

For the time being, I am going to be bouncing between the Midtown location and the main campus (Admin Building). Stop in and say hello.

I am going to try to have a regular presence at our clinics outside of St. Cloud. I was thinking I might spend the better part of the day perhaps once a month at each of them. Heck, I can talk on the phone or be on the computer pretty much anywhere. No need for it to always be in St. Cloud.

I am doing my darndest on names, but please be patient if I am not remembering everyone's names for a while.

OK, that's enough for now. I'll end this by saying I am happy to be here, and I look forward to taking this journey with you all. Rick

PS OK, one more thing: As I have been asked this a lot, here's my answer to everyone: please call me Dr. Lee when clients are around, Rick when they're not. Feel free to call me Dr. Lee in any event if that is most comfortable for you.



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