

Child & Family Services



of Northwestern Michigan

PROPOSED USE OF ARPA FUNDS
 SUBMITTED TO THE LEELANAU COUNTY
 BOARD OF COMMISSIONERS
 JANUARY 4, 2022

SAFE HAVEN SUPERVISED VISITATION AND EXCHANGE

Description

Child and Family Services' (CFS) Safe Haven program is for families with children and incidences of high conflict or domestic violence and where child exchange or visitation is required by a court. Safe Haven is always supervised, utilizes staggered arrival and departure times, and has separate visit room entrances so that the parents never see one another and conflict, violence, or threat of either is eliminated. Stress levels are reduced, safety and security of all family members enhanced, and children are removed from the center of their parents' challenges. Our Safe Haven program is the only one of its kind in northwestern Michigan.

Since inception, Safe Haven has provided more than 37,000 supervised visits and exchanges, about 15-20% of these for residents of Leelanau County. Local match of 20% is required for our federal contract. The Grand Traverse Band has generously supported Safe Haven, but COVID has impacted gaming revenue and grant funding is never guaranteed. Safe Haven is supported by courts and law enforcement because it dramatically decreases the chances of violence or conflict during parenting exchange time and thus dramatically decreases the likelihood that police/sheriff involvement will be needed or that charges will be levied. These savings to the County, and the fact that the program's viability is impacted by COVID, make Safe Haven an excellent candidate for ARPA funding support.

FY21-22 Program Budget (Estimated)

Project Income		Project Expense	
VOCA Grant	\$250,399.00	Wages, Taxes, Fringe	\$183,569.00
CFS Development (grants, donations, misc. fundraising)	50,501.00	Contractual Services (Legal Services of N MI assistance to DV survivors)	68,113.00
BOC Present Request	5,000.00	Occupancy	3,902.00
		Supplies/Materials/Communications	9,476.00
TOTAL INCOME	\$305,900.00	Utilities	500.00
		Insurance	2,787.00
		Audit	1,201.00
		Cleaning/Maintenance	1,856.00
		Training/Travel	1,500.00
		Kids Club	5,000.00

		Admin	27,996.00
		TOTAL EXPENSE	\$305,900.00

Investment Request

CFS respectfully requests ARPA support for Leelanau County Safe Haven families in the amount of \$15,000 over three years, or \$5,000 each year.

YOUTHWORK

Description

YouthWork is a job/life preparation program for youth and young adults who face unusual challenges, from developmental delays to foster care placement to generational poverty. Youth are recruited through schools and youth programs for their interest in working with small teams led by mentoring adults and can serve with YouthWork for up to four terms. Their time in YouthWork gives participants plenty of opportunity to hone their interpersonal and job skills before they are ready for career and general success in the adult world, in local industries that are short of trained labor. Dozens of Leelanau County youth have participated in YouthWork since the inception of the program in 2018.

YouthWork began as a conservation program, working on projects like removing invasive species, park and natural area clean-ups, building boardwalks, and tree planting. Additional projects are in historic preservation, culinary industry preparation, and the current exploration of a Construction Corps to teach youth carpentry, electrical, and other trades. As an AmeriCorps program, the wages and other costs of fielding YouthWork teams are partially borne by a federal grant and other fundraising and are not fully passed on to local partners. YouthWork provides municipalities and other units of government significant savings with this public/private partnership. A partial list of projects in Leelanau County includes:

- Veronica Valley Park, invasive species removal
- Peterson Park, staircase build
- Boughey Park, pavilion repair/painting
- TART Trail, bench construction/installation and trail maintenance
- Provemont Pond, trail build
- Leo Creek, boardwalk build
- Herman Park, disc golf course build/maintenance
- Palmer Woods, trail maintenance
- Suelzer Park, staircase build
- Lake Leelanau, public dock renovation
- Van’s Beach, fencing installation
- Kehl Lake, boardwalk/observation platform build
- Cedar River, trail build
- Houdek Dunes, invasive species removal
- Leelanau Township Recycling Bins, fencing installation
- Many projects within Sleeping Bears Dunes National Lakeshore

FY20-21 Program Budget (Actual)

Program Revenue		Program Expense	
Individual Contributions, Grants/Foundations	\$39,030.13	Project Materials/Supplies (Uniforms, Tool/Trailer Rental, Personal Protective Equipment, Other Gear)	\$25,424.96
Federal Contributions	10,326.83	Wages + Stipends	\$86,959.22
Services Revenue (AmeriCorps, National Park Service, Leelanau Conservancy, Bingham Township)	95,057.05	Taxes + Insurance	7,166.94
		Misc Other (Repairs + Maintenance, Travel, Advertising)	38,290.23
TOTAL REVENUE	\$144,014.01	Admin	3,829.00
		TOTAL EXPENSE	\$161,670.35

Investment Request

CFS respectfully requests that the Board of Commissioners consider supporting the difference between program revenue and expense, as well as the future growth of the YouthWork program to include more Leelanau County youth and projects, in the amount of \$50,000 for each of three years, or a total of \$150,000.

The grand total CFS request for Safe Haven and YouthWork together is \$55,000 for each of three years, or \$165,000.

REGIONAL MENTAL WELLNESS STABILIZATION CENTER

Description

The crisis in mental health access and personnel has been brewing in northwestern Michigan for at least 20 years. COVID has exacerbated this crisis and both government and providers are struggling to catch up. Third Level provided a local/regional crisis hotline for nearly 50 years, the last five as a program of CFS, but CMH funding was eliminated and the work was dispatched to a national provider, losing the local feel and the ability of people in crisis to walk into a safe place or to talk to someone on the phone from within their community.

Now, people who have first-hand experience navigating the challenging system for loved ones with severe mental health needs are driving a new effort to bring a state-of-the-art mental health wellness center to our area. Several members of the Leelanau County community, including the Sheriff’s Office, 13th Circuit Court--Family Division, and myself, are active members of this effort. The center would include assessment and treatment for all ages, in addition to crisis residential beds for children and adults in separate wings. A space at Copper Ridge in Traverse City (near the Munson Hospital Emergency Room where so many mental health crises are currently—and inappropriately—addressed) is under consideration and a purchase agreement may be on its way with private funding.

I respectfully suggest that it would be of positive benefit to the people of Leelanau County to be invested in this effort.

An Abstract and Organization Draft are attached. The contact people for the effort include:

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Respectfully Submitted,

Gina Aranki
Executive Director

-TENTATIVE AND PRELIMINARY-

Abstract - Community Crisis Wellness Center for Children and Adults

Background:

The Problem: children and adults in behavioral health crisis in Northern Michigan are boarding in emergency departments for days and weeks. Our homeless population, a large percentage of whom are in need of mental health care, continues to increase in numbers. Up to 50% or more of our local jail population needs mental health care, not jail. For those adults who do get short term care in Munson’s psych unit, the results are often a revolving door. In a nutshell, the continuum needed for effective long-term mental health care has several huge gaps.

At the front end, there is great need for crisis stabilization with crisis residential beds. (Michigan, as a whole, is significantly deficient in both crisis residential and psychiatric inpatient beds for children and adults.) At the tail end, follow-up care needs to be more thorough, longer lasting and available to more individuals.

Overall, mental health care needs to be on par with medical services. It is not acceptable to spend multi-billions of dollars advancing “medical” treatments while allocating a fraction of this amount to behavioral health care. Policy changes to support true parity, adequate payment for behavioral health services by both Medicaid and private insurance, and less micromanagement of behavioral health care is needed to promote a solid continuum of services and supports.

Our community deserves wellness!

Northern MI Community Health Innovation Region NM-CHIR

On November 4th, NM-CHIR (<https://northernmichiganchir.org/>), held a BH Action Summit with over 150 attendees. 12-13 Action Teams came out of the Summit.

This is our Action Team:

Action Project: *Developing a Community Wellness Center* – Create a community wellness center to provide treatment to people experiencing a behavioral health crisis across the lifespan.

Challenges: There are not enough crisis services, beds and other treatment options in the region to treat those in behavioral health crises. Those that do exist are geographically isolated, downstate or out-of-state, leaving large portions of the region without easy or prompt access to care in case of a crisis.

Project Leaders:

- Nancy Stevenson
- Sarah Hubbell
- Kate Dahlstrom

Group Members:

- Judy Barrett
- Joanie Blamer
- Brendan Franklin
- Chris Hindbaugh
- Terry Lacroix-Kelty
- Erica Phillips

Our team envisions a behavioral health crisis response that is well-known in the community and easily accessible. The purpose is to meet people in crisis to ensure proper intervention, assessment, and connection to the right resources. The goal is to alleviate behavioral health crises in the most appropriate and least restrictive setting and to avoid unnecessary visits to the emergency department, inpatient psychiatric unit or jail.

Our Action Team is proposing prioritizing the following elements for community crisis response in our region. These elements were identified in the tbdSolutions *Northern MI Crisis System Assessment* dated June, 2021 and are designed in accordance with the MDHHS *Crisis Stabilization Units in Michigan* Concept Paper dated November 3, 2021. The following resources are recommended based on best practice guidelines:

Crisis Wellness Center– located in Traverse City as a regional hub. The Wellness Center will be available 24/7/365 to all ages and all people. Insurance status will not matter; walk-ins will not require prior clearance. Care and support will be available to all persons with the focus on de-escalating the crisis and helping the person initiate or resume a path to well-being via the most clinically appropriate level of care including, as appropriate, referral to crisis residential beds, psychiatric inpatient, partial hospitalization and outpatient aftercare. The environment will be safe, welcoming, comfortable and trauma informed. There will be two independent components to The Wellness Center: a Crisis Stabilization Unit (CSU) and a Crisis Residential Unit (CRU).

Locating near the Traverse City Munson Campus will provide easy access to additional hospital services if needed. The Center will be at an accessible site for transportation and parking. A location near the Munson Campus will also provide easy access for clinicians from Munson BH, CMH and PineRest.

Leadership: A behavioral health organization or Center Director will be chosen to lead this initiative with expected coordination and collaboration from multiple other community behavioral health organizations. Since we envision a combination of private-fundraising, ARPA funds and State General funds, we need one or more high-profile and trusted organizations to commit to this project and establish a fiduciary account where funds can be deposited. Since the implementation of CSUs and CRUs in our state is relatively new, we acknowledge that there is much to be learned. A number of us have already been in conversations with downstate providers who have the experience: Common Ground in Oakland County, PineRest and Hope Network in Grand Rapids. They have all been very willing to guide us in this endeavor.

Staffing: The Wellness Center will include Psychiatrists, BH Therapists, Peer Supports and Nurses, along with other medical professional staff. Use of flex and shared staffing and telehealth will be important to ensure proper staffing. Shared staffing between organizations is desirable and being considered, especially with the current clinician shortage. With a goal of engaging and guiding natural supports (families/friends) as much as possible, volunteer organizations like NAMI and BDAI will have a presence.

Training: All staff will be trained in standard crisis response with curriculum such as Crisis Prevention and Intervention (CPI), Mental Health First Aid and/or Behavioral Health Emergency Partnership (BHEP).

Care: All people receive an assessment and treatment intervention upon arrival to the CSU. Psychosocial and psychiatric evaluations within 24 hours of arrival; access to appropriate medical services and medications at ambulatory levels and coordination for emergency medical care; coordination for higher levels of behavioral healthcare if needed. Care will be based on operational standards that include accepting all people in crisis, providing medical triage and care for minor medical issues, pharmacy and medication administration protocols, protocols for transfers/modes of transportation, and use of voluntary and involuntary psychiatric hospitalization processes.

Coordination of Care: A user’s current behavioral health provider, if they have one, will be contacted within 24 hours, unless user prefers otherwise. All people who visit the Wellness Center will work on an individualized **Community Safety Plan**. Users and their natural supports will be connected to community organizations based on their needs. Coordination of behavioral health, physical health, and community resources will be a focus.

Follow-Up Post Discharge: As one of the most essential ingredients to successful Continuum of Care, there will be a designated process and timeframes to check-in with users and natural supports post discharge to the community.

Safety/Security: The Environment of Care, care practices and staff will ensure physical and emotional safety for the people-served and the staff that is serving.

Quality Evaluation and Improvement: Services will be evaluated and improved based on data and feedback from persons and natural supports served, as well as Law Enforcement and ED engagements. Quality measures will be established and publicly reported.

Funding and Sustainability: A plan will be created which includes billing, grants, fundraising, use of ARPA funds for Capital Costs, financial support from community organizations, multi-county cost sharing, a 6-county Behavioral Health millage and more.

Capital Costs -Copper Ridge building:

Building Purchase	\$2,250,000
Renovations, Eqt, Furniture	<u>2,000,000 (estimate)</u>
	\$4,250,000

Capacity of the two independent components of the Wellness Center: Crisis Stabilization Unit (CSU) and Crisis Residential Unit (CRU):

Crisis “Chairs” for CSU and Crisis Residential Beds for CRU - Children and Adults:

Crisis “chair” is the name given to the furniture/accommodation used for short-term, up to 3-day crisis care in a CSU. Crisis residential beds are used for longer term care, up to 14 days, used in a CRU. Crisis Residential Units are licensed as foster care with specialized treatment. Both types of care require that adults be separate from children, but may be under the same roof.

The tbdSolutions Report, pages 15 and 19, referenced earlier, recommends 6 CSU crisis chairs that are co-located with at least 6 adult CRU residential beds. There is also a need of approximately 5 youth CRU beds. There is no mention of youth chairs, but we are following up on this. (These numbers assume that North Country CMH will add similar features to their region and that only *our* 6 county CMH service area will use our Wellness Center, which will most likely *not* be the case.) These numbers are based on MDHHS network adequacy standards, which states that every population of 500,000 or more **must** have 16 adult CRU beds and 8-12 youth CRU beds. Current census population of all 21 counties in Northern MI is 513,115; current population of our 6-county CMH service area is 204,000 and growing. At this time, only sparse numbers, if any, of crisis chairs or beds are planned elsewhere in Northern MI that will be available to all users, young and old, with or w/o insurance. That needs to change. **We are legally and morally bound to meet this need.**

Our plan, as mentioned earlier, is to work with established organizations, who have expertise in creating and sustaining both 72 hour and residential crisis services.

Use of Crisis Call-Lines and Mobile Crisis Response – Our community crisis continuum will promote enhanced use of crisis and warm call lines and mobile crisis teams so that we go to the person in crisis, or the person easily comes to us. We envision these services being facilitated and based at The Wellness Center.

Stakeholders in the Crisis Continuum

People experiencing behavioral health crisis and their natural supports, including residents and visitors.
Hospitals and other Behavioral Health Providers, EMS
Community service organizations, Community advocacy organizations
Law enforcement, Corrections, the Justice System
Schools and employers
Our community and public safety

-Tentative and Preliminary-

Traverse Area Crisis Wellness Center

A true community organization serving diverse mental health needs

Board of Directors (All optional)

Munson

NAMI

CMH

Child and Family Services

PineRest

Harm Reduction

Law Enforcement

Women's Resource Center

ATS

Donors/Counties \$1,000,000+

Goodwill Inn

Traverse Health Clinic?

BDAI

TBCAC ?

Why a community run organization?

-Optimize oversight and accountability.

-Maximize the strengths of the various providers.

-Eliminate risk of putting "all eggs in one basket" (eg if state legislature modifies structure and/or funding of CMHs as they are proposing to do, the Center will be minimally impacted.)

-All organizations will be personally invested and motivated to work together for the good of our community. Center Director should excel in management and people skills and be competent in finance and have knowledge of behavioral health service continuum.

-Excess operating costs will be funded by a **multi-county voter millage** from year 4 on.

-Tentative and Preliminary-

CRISIS WELLNESS CENTER ORGANIZATIONAL CHART

