



MINUTES
Ad Hoc on Homelessness & Solutions
Tuesday, April 11, 2023 @ 3:30 p.m.
City Council Conference Room, 10th Floor City Hall

CALL TO ORDER

Council Member Brown called the meeting to order at 3:30pm

PRESENT

Council Member Jeffrey Brown, Chair
Council Member Adam Hussain, Vice Chair
Council Member Patricia Spitzley, Member - excused

OTHERS PRESENT

Renee Richmond, Council Staff
Matt Staples, OCA
Hope Lovell, LoveJoy Community Services
Brooke Hall, CMHA-CEI
Sara Lurie, CEO CMHA-CEI
Norma Bauer
Jazmine Anderson
Paul Anderson
Tasha Reeves
Gail Sawyer
Ulices Rosa, 54-A District Court

MINUTES

Councilmember Brown tabled the minutes from March 28, 2023 until the next meeting, April 25, 2023.

PRESENTATIONS

Councilmember Brown explained that the Committee meetings are now streaming on YouTube, when speaking please speak up and come to the table, there will be public comment at the end of the meeting.

CMHA-CEI; Brooke Hall, Housing & Residential

Ms. Lurie indicated she just wanted to listen to what everyone had to say and that Brooke Hall was the presenter today. Also, their agency is heavily 85% funded by Medicaid so their flexibility is limited, she brought a few brochures for the group and office to have.

Ms. Hall indicated mental health services provided are their main focus and build on support, their support team has 3 staff, they have 23 internal programs. They look for the least restrictive option available, group homes are ok but for some lose the independence feeling. Her team walks alongside the case managers to find what the particular individual needs best. They try to assist in avoiding eviction, but some cannot care for themselves, they provide and directly operation three foster care

homes, less than 30 beds in the tri-county area. Councilmember Hussain asked where they are located as she states tri-county are they in Lansing, Ms. Hall confirmed Lansing area. Councilmember Brown asked how many in the city total, Ms. Hall said less than 40 adult foster care homes, some are smaller with about 6 beds, about 130 on mental health side. Councilmember Brown thanked for the explanation, with CMH so multi-dimensional and her describing the restrictions because of Medicaid, what are her thoughts on why mental health isn't getting or receiving services. Ms. Hall thinks CMH does provide the services, there are many factors, they may not need inpatient care, may not be appropriately cared for in a shelter environment which could upset them. They have Bridges Crisis Unit as a hospital diversion to get connected to services and onto next steps and that's 16 bed short-term stay maximum 14 days. Ms. Hall added peer support shelters are huge, her team only has one peer support staff, Ms. Lurie added they have two peer recovery coaches that visit shelters on a regular basis. Councilmember Brown cited he lived in Oklahoma previously and they had training with the community and development, will or can CMH do anything within the City, Ms. Hall recommended MDHHS.

Councilmember Hussain asked as a tri-county entity what can be done better as a city maybe policy/budget, what are other municipalities doing. Ms. Hall said nothing, supportive housing projects are here, symptom of urban area and stricter laws, need an advocate at the state level. She added that in order for CMH to help folks they need to move to the area, in places like Colorado and California they work with state government to provide housing support like they are, also rural transportation is an obstacle to navigate because need more support than city bus.

Councilmember Brown asked is there any type of place for the individuals that have mental health challenges, and what kind of numbers for example if they have 1,000 people what percentage are in group homes. Ms. Hall was unsure of accurate data but they support between 6,000-7,000 and estimate 200 are housing instability which means couch homeless, staying at friends or maybe a group home. Ms. Lurie added they try roommate matching to see if can bring people together to share rent but need landlords on board. Councilmember Brown asked if any agencies like Advent House or Holy Cross participate to get grant funds, Ms. Hall said yes they ask but they take the lead and CMH offer support. Councilmember Brown asked what they would say is the number one challenge and how is addiction included, Ms. Hall said the state hospitals have closed beds so less inpatient care and CMH has to manage and community goes back to housing that doesn't support the level of care needed, the addiction portion complicates treatment, could have underlying condition or just primarily substance use, it's an in/out cycle through the ER. Ms. Lurie informed the committee that they are currently working on a Crisis Stabilization Center (CSC) as a pilot project, currently they can only observe for 23 hours and cannot detain unless they go through a petition, in the CSC they could have a secured 72 hour unit to keep if it's a substance abuse issue and withdrawal while in a secure unit. Councilmember Hussain asked where they are in a timeline for it, Ms. Lurie again said pilot is starting in May and still developing, they cannot finalize until state finalizes the certificate process, very specific things in a secure unit, doors have to open a certain way, room sizes, etc. Councilmember Hussain asked how many beds, Ms. Lurie responded eventually 12 adult and 12 youth.

Mr. Rosa introduced himself from 54A District Court and had an individual that needs assistance and would like to speak to CMH afterward and handed is card out.

Ms. Bauer spoke on mental health hospitals that were closed due to abuse and at the time legislators didn't understand the same people victimized needed the services from CMH and severely undercut funding. She hopes someone is working on getting funds from legislature and just realized there is a Tri-County Regional Planning Commission and nobody from the City attends and thinks they should.

Councilmember Hussain asked what other revenue CMH receives besides the 85% from Medicaid, Ms. Lurie responded they get state fund dollars, mental health block grants from the state, one that funds the veterans navigation team, money from counties, contracts for providers like McLaren where they have a crisis staff member, and provide clinical supervision to behavioral health staff under contract

with Ingham County Health Dept. Councilmember Brown asked if they were receiving anything from the City of Lansing, Ms. Lurie apologize they do get some to support Bridges and fills the gaps for room/board and funding for the recovery center. Ms. Hall added that room/board is \$1,027.50 based on the SSI rate which is \$900 and apply for a bump through DHHS. Councilmember Brown asked where the 1027 is room/board is for. Ms. Hall said adult foster care home, Bridges is licensed. Councilmember Brown said so limited housing but our hotel program is 2000/mo. so a supportive environment is 1027. Ms. Lurie reminded that it is a congregate setting, and Ms. Hall indicated it has 6 beds shared room, Councilmember Brown asked typically how many people per room, Ms. Lurie answered two.

Councilmember Hussain mentioned Ms. Bauer spoke on cuts, historically what is the biggest they've seen for example state general funding. Ms. Lurie said in 2015 there was a monumental cut and everybody thought they'd be covered by Medicaid and that wasn't the case. The State reduced by 60%, which they had to stop providing some services and closed Richard's Place. Both Ms. Lurie and Ms. Hall spoke that if it happened again programs not funded by Medicaid would likely be shutdown and if you don't spend what they have, they have to return it.

Paul Anderson asked how they can reduce administration and regulatory barriers continuing to face as community. Ms. Lurie responded she had the opportunity to testify at the house health policy committee, and the amount of accountability of reporting and rules is hinderance, eliminate duplication and wonders if they review actual things, for them more flexible dollars.

Councilmember Brown asked about their support for veterans. Ms. Hall again stated the Veterans Navigation team, they work alongside the homeless and Holy Cross, no barriers so can work with anyone, they coordinate directly with the VA. Councilmember Brown asked how many on the team and approximately how many do they serve, Ms. Lurie indicated three staff and close to 100 and staff are veterans as well.

Councilmember Brown commended both Ms. Hall and Mr. Rosa on their efforts and thanked CMH.

LoveJoy Community Services; Hope Lovell, Executive Director

Ms. Lovell explained her role and what LoveJoy Community Services does. They are a provider of CMH, been around for about 15 years around when the psychiatric hospital was closing and jumped in to help people, finding away to keep them integrated into the community setting to avoid institutionalization which in their language looks different, 1) hospital, 2) jail, and 3) nursing home. She started working with various CMHs and hospitals to provide care for those who are at risk for institutionalization. This includes those mentally ill (MI), intellectually/developmentally mentally disable, chronically ill and traumatic brain injury, their goal and guide is to provide support to stay in the community whether it is room/board, group home, or home care which we call community living supports (CLS). CLS is a catch net service for example those that are MI whose level of care say they don't need group home and are 24/7 assistance. We assess to see if they need that support of 1 or 2 staff or do room/board setting and give community living support.

Talking about the homeless, they work with hospitals, VA, CMHs many clients some who may be not guilty by reason of insanity, those are highest risk of homelessness coming out of jail. Work with program called NHFT (Nursing Home Facility Transition), let's say you get someone chronically ill go to the hospital and have stoke or something and all of a sudden they look up and can no longer live alone, hospital moves them to a nursing home and the nursing home says no longer can stay, so they reach out to the community to find housing, maybe Burkhardt, hotel program if no funds, maybe if they have a social security number be part of a senior apt if social security or living with a friend or family. When put into apt with no access to care and then 30 days back in hospital, it's a cycle. Ask ourselves how do homeless get home care, worked with VA and Disability Network, hotel programs, see individuals most at risk not just homeless but that have a form of pre-existing condition (maybe a stroke, speech

problems) if they had a home, they could get a script for an agency to go in, to provide service but with no address they are released.

In About 2015 pushed providers to reimage setting and push for choice (roommate/staff, no rules) unless it is articulated in what we call residential providers upland of care. Many providers found couldn't keep people safe with this new policy push and unfortunately ask about numbers and what happened, the level of care got dropped and rates got dropped and they got discharged. If there was availability for staff, they would get some form of CLS and get room/board but didn't happen for everyone. At that time looked at more supportive services module.

In her, personal experience she has traveled the country looking at various housing programs and adult based, goal is to keep people in the community and housed but give support, whether food stamps, guardianship, coordination of bills, care, assistance with doctor appts, being their voice and advocating for them, or if high needs (traumatic brain injury) found that is supportive housing module. This looks different all over, most unique in Detroit area, in the old yellow pages building (old fox building) had approximately 125 units and made all permanent Supportive Housing and on the main level included PACE (Program with All-inclusive Care for Elderly), it's an all-day adult program. In a shelter in the morning you have to get out so in the adult day program was the safety net program to get them access to doctors, physicals, social workers, activities to help get positive socialization and training, very practical skill building,

Detroit looks different than other environments not a lot of places you're going to go to with that high of a concentration of chronic homeless, at risk of homeless, but it works for them. Also seen like Lansing scattered site type of module where providers don't control or own real estate and but contract with landlords and send case managers. It's great it gives choice, however flip side it's difficult to get that intense support for the individual and keep them in housing. Before you know it they are again living in setting as unsafe or maybe uninhabitable, or just not optimal for their safety or remaining housed.

Councilmember Brown asked about Peckham and if they are helping, Ms. Lurie believes Peckham draws from a number of different populations but not viewed the same way, they are more of an employer with skills training. Councilmember Brown then asked if PACE is a government agency, Ms. Lurie responded own entity for the elderly. Ms. Lovell responded they are like an adult day care on steroids, a senior community services like the VOA and do serve the homeless. Adding as an adult foster care provider they pay her, Councilmember Brown asked if they have to be disabled, Ms. Lovell acknowledged yes and over 55.

Councilmember Brown asked Ms. Lovell what she believes for this committee is the gap that needs to be addressed. Ms. Lovell stated the support for individuals with chronic health conditions/needs, because people don't want to come in, the body breaks down and the risk of high cost of care are the frequent fliers and revolving doors through the system.

Councilmember Hussain asked about the housing piece, Ms. Lovell stated with MSHDA requires of developers in the application is amenities, you get points for, urban area, if you are competitive, one mile away from grocery store, or school/bus stop. So when that developer is looking for a space/site this is taken into consideration.

Councilmember Brown asked Mr. Rosa working with CMH and Hope what is the percentage trying to avert eviction. Mr. Rosa stated the data just started to be collected in March and the biggest number he's seen is a little over 100 surveys with 80% women and 60% claiming disability.

DISCUSSION/ACTION

DISCUSSION – Committee Intention

No discussion.

PUBLIC COMMENT

Jazmine Anderson spoke about working at DLI and just wanted to learn more, be supportive and an advocate. Councilmember Brown asked what she is seeing from working downtown, she replied that the homelessness population is definitely going up and the winter was hard. Ms. Anderson continued that she spoke to an individual recently and is curious if they know what's available or uninterested in what is sometimes. Ms. Hall spoke on the CMH-DEI "Mental Health First Aid" training available that offers a 7-hour training for professionals, community members, caregivers and families to learn the skills needed to reach out and provide initial support to someone who may be developing a mental health, substance use disorder or experiencing a crisis, the number is (517) 346-5232 or prevention@ceicmh.org.

Tesha Reeves spoke on also working downtown at Lake Trust and glad that she came to the meeting it was very informative.

OTHER

ADJOURN

Adjourned at 4:51pm

Submitted by

Renee Richmond, Recording Secretary

Lansing City Council

Approved by the Committee on April 25, 2023