Lack of Beds and Deficiencies in Care

(While Ann is a fictitious name, this story is true.)

2 am Feb 15, 2024: Police were called by neighbors of Ann because of drunk screaming behavior. She quieted down, but continued drinking. Next morning the behavior escalated. The police were called again. This time they drove her to Munson.

ER- 11 am- Ann was triaged and put in a room. I was told by the nurse that it would be good if I stayed as I had a lot of information that could be helpful. I was escorted to a waiting room in the back.

ER 2pm- A nurse came to the waiting to tell me that Ann had been discharged and had left the building. I was astonished, aghast, incredulous and frantic. I asked to speak to the Dr. He came and told me the same. Does not meet criteria.

Me: "But I am the guardian! And she is under an AOT! You don't have enough information to assess her! She is unstable and dangerous!"

Doctor "She has been discharged."

Me: "I will invite you to her funeral."

Doctor:" I will come"

I am beyond understanding of the total disregard of my essential information in assessing the situation. I have been included in the past if she was in the ER for a broken leg, a bleeding cut, headache, breathing troubles. Ann has hydrocephalus and has had many shunt surgeries. I am always included in assessing when there is a problem with that part of the brain.

Why not this time?

Does our ER not know that they are legally required to include a parent /guardian in the process? Does our ER not know the legal requirements of a court-ordered AOT that our daughter was under? Was the inpatient unit D6 full yet again?

Like many, we were unable to get inpatient mental health care for our very sick daughter. I believe this is due to a combination of not enough beds in Northern MI and poorly trained hospital staff.

Please help.

Julie B

GoFundMe is Only Path to Residential Care Needed

3/18/24

Attached are two messages communicated to the Northern Lakes Community Mental Health Board. The first is an email sent on 3/15/24 to the full Board and the acting CEO and COO. The second is a copy of the public comment we provided on 12/21/23 at the NLCMH Board Meeting (referenced in the 3/15/24 email).

To add additional context, our friend was transferred to Stone Crest from Munson ER in February (of this year) despite having specifically and repeatedly told them she found that facility traumatizing and would feel safer anywhere else. Her support team also requested another facility be pursued and were told that because Stone Crest accepted her first (before other facilities responded) they would not consider other options.

In appreciation,

Courtney Wiggins (they/them)

Allison Zimpfer (she/her)

3/15/24 Email to NLCMH Board

Greetings,

It's been nearly three months since we provided public comment at the NLCMH December Board meeting about our friend's and our own difficulty accessing and navigating services within Northern Lakes CMH. We emailed on Christmas Day, just a few days later, to thank you for your attention and to let you know Courtney took our friend to the ER after several calls to the crisis line and mobile team visits.

She has since been hospitalized on and off, until her most recent discharge from Stone Crest. From there, she stayed at the Crisis Residential facility in Traverse City; she was told on 2/26/24 that she would have to discharge two days later because they were "shutting down." In the intervening almost three months, our support team has spent countless (unpaid hours) in meetings, fundraising, advocating, and supporting. We learned that the Recipient Rights complaint we made in December about the mobile unit not coming to our friend's home was substantiated- one concrete and validated example of the neglect she's experienced in this system.

With the support of an advocate at the state level, our friend is finally receiving case management services, though the stated request for an independent facilitator (made in writing and over the phone several times) has not been honored. Our friend has been told directly, as have we, that Northern Lakes will not help fund a stay at a (medically necessary) facility we identified and they've not pursued different options.

I am writing this now to not only provide these disappointing, saddening, and frustrating updates. I also wanted to share that in the absence of any support from Northern Lakes, our friend has been accepted for admission at Rose Hill Center in Holly, MI. We have had to raise an initial $20,000 from friends, family members, and strangers in order to secure her treatment. We will have to continue crowdfunding to ensure she can participate in treatment as long as clinically needed. Someone has had to sign on as a guarantor, legally and financially agreeing to assume responsibility. This is something that, as a Medicaid recipient and CMH client, Northern Lakes should be doing (and does indeed do in other counties).

Please, take a moment and think about that. When the changes you know are necessary seem too daunting or complex or not viable, think about the fact that a handful of people have asked literal strangers to help their friend get the help she needs to stay alive. That our friend is boldly and bravely allowing her story to be shared- with her name and picture. Some CMH employees have told her and us that "needs to try harder." Can you imagine anything harder than this demonstration of vulnerability?

Our friend's name is Breana. Here is the link to her GoFundMe: https://gofund.me/ae0f0a7f.
We are accepting donations.

12/21/23 Public Comment to NLCMH Board

We want to invite you to consider the following numbers: 30, 36, 5, 4, and 2. They are only large, small, remarkable, or unremarkable when you know what they mean.

30 is the number of times our friend has been hospitalized since November of 2020.
36 is the number of months we have attempted to learn, navigate, and access our mental health system.
5 is the number of informal or natural supports who have stepped in to provide basic care, triage, case management, referral, and other services, sometimes in consultation with professionals but more often with one another, in text groups and panicked calls. 5 is also the number of those supports who maintained full time employment (and more) while serving in these capacities.
4 is the number of times we called Adult Protective Services- and felt horribly guilty about it.
2 is the number of team meetings we had with our friend and their providers.

We don't know the number of times we had to call local law enforcement, the number of involuntary petitions we had to initiate, the number of medication changes our friend experienced, the number of jobs our friend has had and lost, or the number of times we were notified of an imminent discharge from a facility with less than 24 hours' notice. Nor can we quantify the strain of managing dual relationships, the crisis and hospital numbers we've memorized, or the persistent feeling of wanting- *needing*- to do more, but not knowing what or how.

We've reminded our friend countless times that they are not a failure or burden; this is an easy thing for them to assume, mental health conditions notwithstanding. They've heard they've

received what is available and signed off on variations of the same safety plan: coping skills, contact supports, reduce risk, know your triggers, wait for your appointments. Repeat. When these measures don't work they are left to feel like they're not trying hard enough. They're left feeling hopeless and burdensome.

What's "not working" is our system, though. Our friend, and countless others, are trapeze artists walking fine lines. The lines between: *You're functioning too well & Your needs exceed our care, Go back to work & Take the time you need, This modality is for people with more stability & This modality is the thing that could really work, Find a counselor you trust & We are not accepting new clients, Self-harm one day & Ready to discharge the next, You can stay here as long as you need to & We need you to transition.*

We've heard different things in the same breath from a provider. We've heard the same things from multiple providers and then been told we either misunderstood or that something changed. We've also heard providers discouraging other opportunities for care or telling our friend something wouldn't be a good fit or they wouldn't qualify, without knowing their full history. Our feeling, by and large, is that we've had to start from scratch every time we reach out to CMH. We've experienced the responses and recommendations to be overwhelmingly and predictably unhelpful at best and harmful at worst. Our friend has waited for the mobile crisis team to respond with no word on more than one occasion.

We don't believe the individual providers are intentionally adding barriers, failing to communicate, or feel the safety plans are adequate. We trust, by and large, these are folks with their own complicated histories and daily struggles, operating within and bumping up against bureaucratic layer after bureaucratic layer. But these folks are employed by organizations and institutions that have more power. They are beholden to a board that perhaps doesn't understand what they are tasked with doing. We understand there are systemic issues that inform and impede what our organizations and institutions see as tenable. *And* we have to do better. We cannot accept that individuals who need support to become and stay safe experience a rotating door of acute hospital stays, medication regimens, and encouraging words. This thorny, heartbreaking, and gigantic challenge requires massive shifts at both the service delivery level and the institutional level.

We support spearheading a robust effort to engage & hear from those with system-involvement and their supports. We also support the efforts of NAMI, BDAI, and aligned groups to ensure more crisis residential and crisis stabilization beds. We also need training and capacity building for those within and outside of law enforcement on how to respond to crises. We need to develop paid navigator positions to assist people in securing benefits, maintaining housing, and safely transitioning home from hospital stays. We need fewer catch 22s and more agility in responding to people's needs. We need funds available so that people do not have to choose between their livelihood and their safety or mental health.

Our friend deserves more. Our community deserves more. And we believe we can do more.

We appreciate your time and attention.

Courtney Wiggins (they/them)

Allison Zimpfer (she/her)

Another Young Person Lost for Lack of Adequate Care

Kate and Rick Dahlstrom

Our son Ben was born February 10, 1988 the youngest of our three children.
Ben was a very healthy and physically fit child and teenager. He was very involved in the outdoors, sports and academics all through high school.
The only unusual illness he had was Bell's Palsy for about 2 to 3 weeks as a teenager.
He totaled a car the summer after his senior year of high school in 2006, but walked away and to our knowledge didn't have a concussion. Also, about that time a girlfriend broke up with him whom he apparently felt very close to.
After high school graduation and in college at U of M, Ben started drinking and smoking pot excessively. There was also lots of computer gaming, we found out later. After failing a number of classes at University of Michigan, we had Ben come home and try community college, work part time and spend a few years "growing up", but the same thing happened at the community college. Some classes he did very well in and others he failed because he just didn't bother with them, or in one case, he had a solid A or B going, but didn't make it for the final exam. Ben has been unmotivated and seemingly lazy since then.
Even worse, he seems to have no discernment as to how people are responding to his dogged, oftentimes harassing messages to "fast" and/or only eat plant-based foods. Numerous times, this has caused him to be arrested, and at one time, threatened by a group of young men (who had simply had enough).
He also shoplifts small amounts of food, even though he doesn't need to, because we give him food. He can talk on endlessly, justifying how it is OK for him to "take" food. Naturally, this has also caused him to be arrested.
Ben has been in and out of jail for petty, mental illness related events probably a dozen times.
Throughout the summer of 2020, Ben's neighbors reported problems to me about him on their property, uninvited and not willing to leave. He was walking around their homes and also trying to join their bonfires and preach about eating vegan, etc. He has argued with his neighbor on the north who has threatened to shoot Ben (if he goes into his garage again).

Ben has had one inpatient stay 7/10/20-7/21/20 in which the hospital clinicians wrote Clinical Certificates recommending continued treatment with medication. (Ben will not take medication voluntarily.) The Probate Judge at that time denied petition for recommended treatment "on merits" and on 7/21/20, Ben was released. He will no longer see a therapist. He has anosognosia which means he thinks he is not ill.

On 10/12/20, some residents down the road called police about Ben trespassing. (He was planting apple seeds he told us.)

After finding Ben at his home and with an O/S warrant for no-show at court, police kicked in the door, and then wrestled with Ben over a stick before handcuffing him.
Ben was taken into custody and recommended for a Competency Evaluation so he can face O/S charges in Criminal Court.
He remained in jail for 2 ½ months waiting for the hearing and results, which arrived 12/29/20. He is ruled "competent" with a future trial date of 1/13/21. He is not released from jail. All this time, the Prosecutor has been working with us to get Ben into treatment rather than jail, but until the Probate Judge will order treatment, there doesn't seem to be anything anyone else can do to help.

On 4/17/2021, Ben had been drinking his urine along with other strange things in jail, as documented by the Corrections Department, so he was taken to Munson ED for mental health assessment. He was denied inpatient care; he was not considered SMI (seriously mentally ill) and in need of treatment.
Ben was released from jail appr 5/17/2021 **after 7 months of incarceration**.
There have been numerous calls to 911 and the police by both Ben and his neighbors since then. He is still worried that the one neighbor wants to shoot him and his cat. His window shades are all drawn and he is often reluctant to go outside for fear of being shot. He hasn't worked since approximately 2015.

Ben still thinks that he has every right to walk onto someone's property to plant seeds or join a neighbor's gathering. We have explained many times that someone may shoot him for trespassing someday, but he doesn't understand or agree.
Ben continues to cycle in and out of jail. He has been tazed and handcuffed multiple times. He has been assessed by the Munson psych team at least twice since May, 2021 and still has been denied treatment. At one point, under an AOT order for medication, when Ben would have agreed to an LAI (long acting injectable), the ED staff wouldn't do it. He needed to be inpatient to do the LAI, but there was no bed to admit him inpatient.

It is heartbreaking to watch a once healthy young man decline into serious mental illness, and be denied inpatient treatment repeatedly because he is either not in a state of active psychosis or there is no bed available.
Our state must do better. Northern MI does not have the number of inpatient and residential treatment beds that it should have. Other states do better. Michigan is one of the worst. (Treatment Advocacy Center)
We need a facility like Rogers Behavioral Health in Wisconsin, Cooper Riis in Asheville, PineRest in GR...to name a few.
The responsibility to do the right thing for Northern Michiganders is on you. Please help.

Rick and Kate Dahlstrom

March 13, 2024

To Michigan Legislative Leadership:

Greetings:
I am relating a personal story gained by volunteering at the Grand Traverse County Jail, where BDAI (Before, During, and After Incarceration) provides Life Skills classes to the inmates.
In the course of providing these classes, we (the volunteer instructors have the privilege of working with the men and women incarcerated in Grand Traverse County. As such, we see the true conditions of being in this facility. On more than one occasion, I have witnessed screaming, spitting, and violent agitation that is exhibited by inmates that are obviously in mental health distress.

One such individual is forced to wear a spit hood for long periods of time, as he will spit and disgorge material upon other inmates and staff. Such individuals are in obvious states of mental deterioration and distress. I believe our Grand Traverse County Jail houses inmates (male and female) of which approximately 40% have diagnosed mental illnesses. Treatment for these inmates is basically non-existent, more of a chewing gum/ band-aid sort of solution providing assistance to the inmates.

There is a much-overworked mental health staff working in the jail, in addition to volunteers. As far as essential, clinical help for those with mental illness, Northern Michigan has woefully inadequate staff and facilities to provide mental health services to our community.

As an organization dedicated to helping people impacted by the justice system, BDAI wishes to put more emphasis on the Before aspect of the justice system.
We truly believe that providing necessary mental health treatment, via adequate and appropriate mental health services (Beds), would greatly enhance the successes of earlier intervention and possibly close the revolving door of mental health crisis/arrest/jail/ re-arrest cycle that too many of our citizens endure.

Please promote, facilitate, and pass the necessary and appropriate legislation to provide the adequate funding of mental health services for northern Michigan. Our criminal justice system would be greatly enhanced and made so much more humane and effective.
Please do not hesitate to call upon BDAI, and any or all of the other concerned and caring individuals engaged in this effort.

Sincerely,

Scott Tompkins

BDAI President
leelanaudigitalmedia@gmail.com
231-883-5770

Humane Treatment Close to Home, Please

Mark Clark

I have an adult son who has been admitted more than 8 times for extended mental health treatment over the past five years both on a voluntary and involuntary basis. On all but one of those occasions Munson Hospital was able to provide a bed for extended treatment. On each occasion where there is no bed, they lock him in a sterile room with only a bed with bright white lights from anywhere from 24 to over 48 hours trying to find him a hospital bed in some other locale. He has been shipped via ambulance to Bay City, Detroit Area and Sault Ste. Marie and often times they will not tell us as parents where they ship him due to HIPPA reasons and we won't know for days where he has been shipped. We have received $3,000 hospital bills for the transportation costs because of no beds in Traverse City.

He now refuses to go to Munson on a voluntary basis even when he needs treatment because he does not want to be shipped all over the state and so he is currently psychotic but refuses voluntary treatment. I have taken him to Munson on an emergency basis for treatment with the promise he does not have to stay if they don't have a bed (the only way I could convince him to go) only to be rejected for no beds. Several days our only option is to obtain a court order for involuntary treatment and of course he is shipped out. We have been rejected for inpatient at Munson because after hours there is only an ER doctor available and no psychiatric physician on call and the ER doctor would not certify him for inpatient much to the horror of the nurses and social workers who were prepping him for admission (he claimed he caused Covid and could end Covid by crucifying himself). A short time later he was dragged to the hospital involuntarily and shipped out. He is terrified to go to our hospital because he knows he will be shipped somewhere unknown. This is all because of the fear of not knowing where he will be treated when he need help. He is a paranoid schizophrenic and so that is a big issue and is extremely traumatic as he believes most days people are trying to kill him. Additionally, shipping him out to another facility results in a complete lack of coordination of care with local treaters resulting in inconsistent treatment plans and harmful medications being administered which sets treatment back even further with doctors who have no familiarity with the patient. Petitioning for involuntary treatment is difficult and the threshold is high and also creates mistrust and chaos between caregiver and patient with each attempt at obtaining a court order for involuntary treatment and on each occasion where the police must come into your home and drag him away to a place unknown.

As a parent and caregiver, I personally think it is inhumane not to be able to provide local and familiar treatment for these people. It makes our lives so much more difficult than it already is and has resulted in our case in an inability to obtain treatment. There is a private facility in Holly Michigan called Rose Hill that costs $30,000 a month and they generally keep patients for one year or so. We were going to spend our life savings for that treatment and after obtaining physician referrals for treatment Rose Hill rejected him because as a voluntary facility they determined he would likely refuse treatment. He spends his days in our basement talking to people who don't exist, hiding from the people who are trying to kill him, and reading psychiatry books looking for answers. He is 29 years old, is beyond brilliant and dropped out of university after one year where he was studying physics and when he was first becoming schizophrenic (we knew he was troubled but refused counseling at that time. He aced all of the advanced placement math and physics exams exiting high school and had such potential.

Ironically, I am writing from my office in the former State Mental Hospital which was one of the largest in the Midwest and shut down in the 1980's due to lack of funding after the pharmaceutical companies convinced the state legislature their drugs obviated the need for large and expensive mental hospitals and the patients were let out on the streets sowing the seeds for the large homeless and prison populations since that time. The other irony is that Michigan's largest homeless encampment is also located on the campus of the former state mental hospital just outside my window. I watch them engage in schizophrenic delusional behaviors while they scrounge for food and warmth.

My son cannot take the myriad of anti-psychotic medications he had tried due to adverse reactions and voluntarily takes a less effective substitute with only marginal relief which does
not last more than a few months between psychotic episodes. Please help. It's absolutely inhumane that my son and others cannot receive treatment because there are no local beds and I can visually see Munson hospital from our home only blocks away. We feel hopeless and defeated.

Mark Clark

Need to divert the mentally ill from jail

As a Catholic Deacon who has counseled individuals at the Grand Traverse County Jail for the past thirty-eight years, I have observed over and over the glaring need for an adequate number of psychiatric beds in the northern part of the mitt of Michigan.

In a recent study of our 168 bed facility in 2021 by Wayne State University's Stepping up program who administered the D-6 survey to everyone currently incarcerated, the stunning (but not surprising) results were that 38% of inmates were severely mentally ill with another 20% suffering emotional disturbance. Nearly all these as well as others were masking their pain with illegal substances much in need of treatment for addiction.

Many of these individuals would not have to be "ground up" in the criminal justice system if they had been diverted in the first place to a treatment center. Most often it is one of their symptomatic behaviors that crosses over the line of law and order and lands them in jail. Oddly, most of our city police and sheriff department law enforcement officers have been trained in crisis intervention and mental health first aid. One has to ask why, then, are so many ending up in jail. The short answer is that our emergency rooms' revolving door and the month(s) long waiting list for a psychiatric bed leave no other alternative than jail in an overcrowded facility.

On an anecdotal level, I have witnessed an endless number of mentally ill people suffer. One individual had to be tied to a chair wearing a spit hood and screaming his heads off 24/7 until he was hoarse over a period of several months. Others are observed talking to themselves and pacing in solitary confinement for too many days at a time (defined as torture by many international organizations). And it seems to me that at least a third of the people who request one-on-ones with me are struggling with untreated mental illness, everything from bipolarism to schizophrenia and deserve proper, long term care…which is no where to be found in our region.

Not only does my heart go out to these individuals, but I have observed how corrections officers are demoralized by having to observe these individuals on a day in and day out basis without the wherewithal to assist or even alleviate the suffering, one of the reasons for high turnover of jail staffs.

Simply statement: we could reduce mass incarceration and eliminate the suffering of mentally ill people with an adequate number of psych beds for northern Michigan.

Sincerely,

Deacon Tom Bousamra

231/590-6279