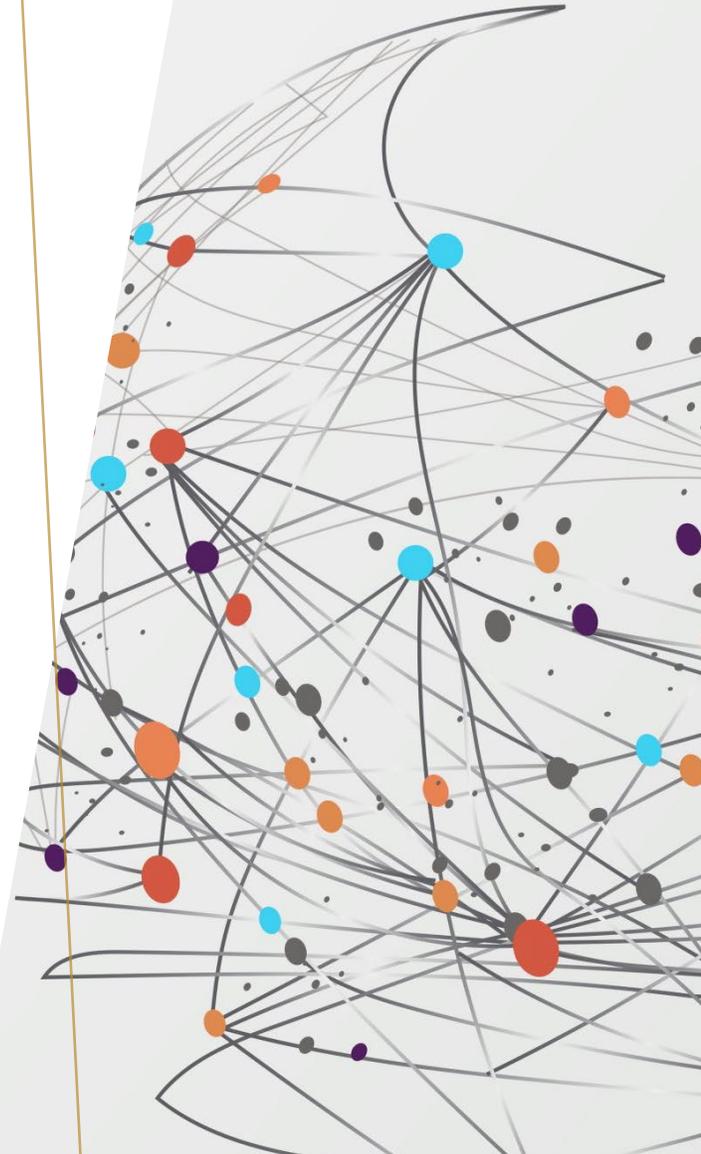




**Centra Wellness**  
NETWORK

*RURAL BEHAVIORAL  
HEALTH  
INTERVENTIONS  
AND SOLUTIONS*



- Setting:

- 1. Rural Counties of Northwest Lower Michigan Benzie and Manistee Counties consisting of 2,141 sq. miles on the Lake Michigan shoreline
- 2. Geography, primarily State and Federal Forest lands in the interior with corn, wheat, and fruit farms on the coast.
- 3. Total Population of 43,584 with 42.7% (18,649) below 200% FPL
- 4. Winters are long and lake effect snow creates an average snowfall of around 110 inches
- 5. Shortage Designations for Primary Care, Dental, Mental Health, Nursing, Social Work, Everything, etc..

*LOCATION OF BENZIE AND  
MANISTEE COUNTIES*



# *THE PROBLEM*

- The primary concern for community mental health, law enforcement, and community leaders is staffing and how best to deploy those staff when citizens are in a state of crisis, staffing concerns such as:
  - Behavioral Health staffing shortages, particularly professional staff able to evaluate and diagnose
  - Sheriff Deputy and First Responder personnel shortages with a heavy emphasis on volunteers.
  - 24/7 road patrol with only one deputy, slowing response times to remote locations, increasing hazardous conditions for behavioral health and first responder personnel.

# *COLLABORATION AND TRUST*

- Collaboration via Human Services Collaboratives involving Health Department, Local Department of Health and Human Services, Community Mental Health, Sheriff Department, County Commissioners, local small health services, non-profits, and others, built trust and commitment to each other over time.
- Local responders when coming across disoriented individuals in emergency health situations they sought information and advice from county-based community mental health, which further increase collaboration and started a synergy towards a solution.
- Quarterly Community Crisis response and debriefings involving sheriff, courts, probation and parole, mental health, social services, prosecutor's office, veteran's administration, and jail administration furthered collaboration to finding a crisis response solution.

# *A PROPOSED SOLUTION*

- The collaborators in this solution are the county-based community mental health provider Manistee-Benzie Community Mental Health d/b/a Centra Wellness Network (CWN) and the Benzie County Sheriff's Office.
- Familiarity with each other paved the way for a discussion between myself and the Benzie County Sheriff, Sheriff Kyle Rosa.
- The Proposal: "Since both of us are short-handed, what if CWN financially supported the hiring of a full-time sheriff deputy with lived experience and mental health training, to act upon immediate behavioral health concerns and to increased patrol presence in the community including protections for CMH staff. A Win-Win?"
- Engage Ferris State University's Dr. Carolyn Sutherby to study the results of our efforts for potential replication in other communities, state policy, and/or future payment considerations.

# *CONCERNS AND RESPONSES*

- Health Insurance Portability and Accountability Act (HIPAA) was immediately reviewed and dismissed as this partnership is for crisis response involving all the exemptions contained therein.
- Rural Crisis Intervention Team Programs (CIT) have shown to be difficult to implement.\* The Sheriff's office saw the deputy as a resource he didn't have before and thus it was a "Bonus".
- Culture – the Police v. Social Worker perception. This comes down to leadership, commitment and trust. Sheriff Rosa and the larger Benzie County Community prefers treatment over incarceration. The Sheriff department, deputies, and this officer would use its discretion and CMH training to best help the person. Meet the person where they are at.
- Deputy fatigue – Early on it was recognized that one full-time officer would/could quickly burn out. It is still hoped for two deputies to be trained in B.H. and CWN would only pay for ½ of each. In the meantime, this deputy would be a sounding board and a source of education for others.
- On-going funding – CWN was able to stretch local funds obtained by meeting performance goals and existing county moneys to a minimum of three years by obtaining a grant from the Michigan Health Endowment Fund who primary goal is to fund new initiatives. It is also a priority of CWN for safety reasons to continue to fund and it is hoped the state will pick up on this model to fund in the future 5+ years out.

\*Community Mental Health Journal (2013) Crisis Intervention Team (CIT) Programs in Rural Communities: A Focus Group Study David Skubby, Natalie Bonfine, Megan Novisky, Mark R. Munetz, and Christian Ritter.

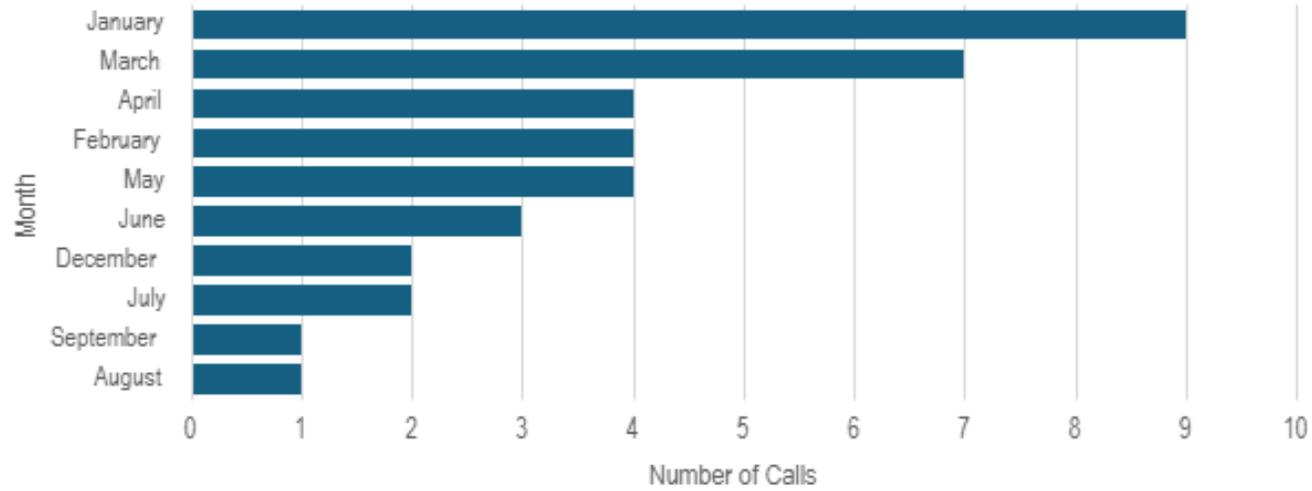
# *DATA COLLECTION*

- **Data collection occurred: 12/1/2023 – 7/1/2025**
  - 911 creates call disposition used to dispatch a CIT or NCIT Deputy
  - No purposeful dispatch between CIT/NCIT based on call disposition
  - The Deputy completes CAD note sent to researcher
  - Data entered based on how the CAD note was completed

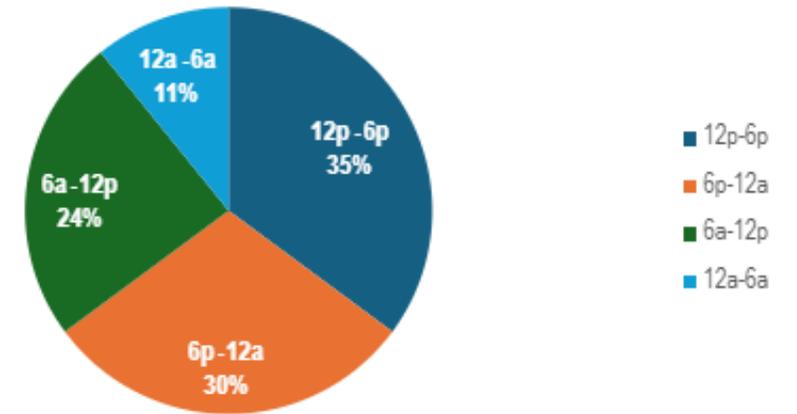
# CURRENT DATA

<b>Demographics</b>	<b>n = 37</b>
Average Age	35.3
Juvenile	6 (16%)
Adult	30(81%)
Unknown	1(3%)
<b>Gender</b>	
Male	20 (54%)
Female	16 (43%)
Other	1 (3%)
<b>Race</b>	
Caucasian	19 (51%)
Native American	2 (5%)
Asian	1(3%)
Unknown	15(41%)

### Calls by Month



### Time of Call



Response Type	
CIT	11
Non-CIT	23
Unknown	3
<b>Grand Total</b>	<b>37</b>

Response Type	Average length of outcome (minutes)
CIT	69
Non-CIT	75
Unknown	107

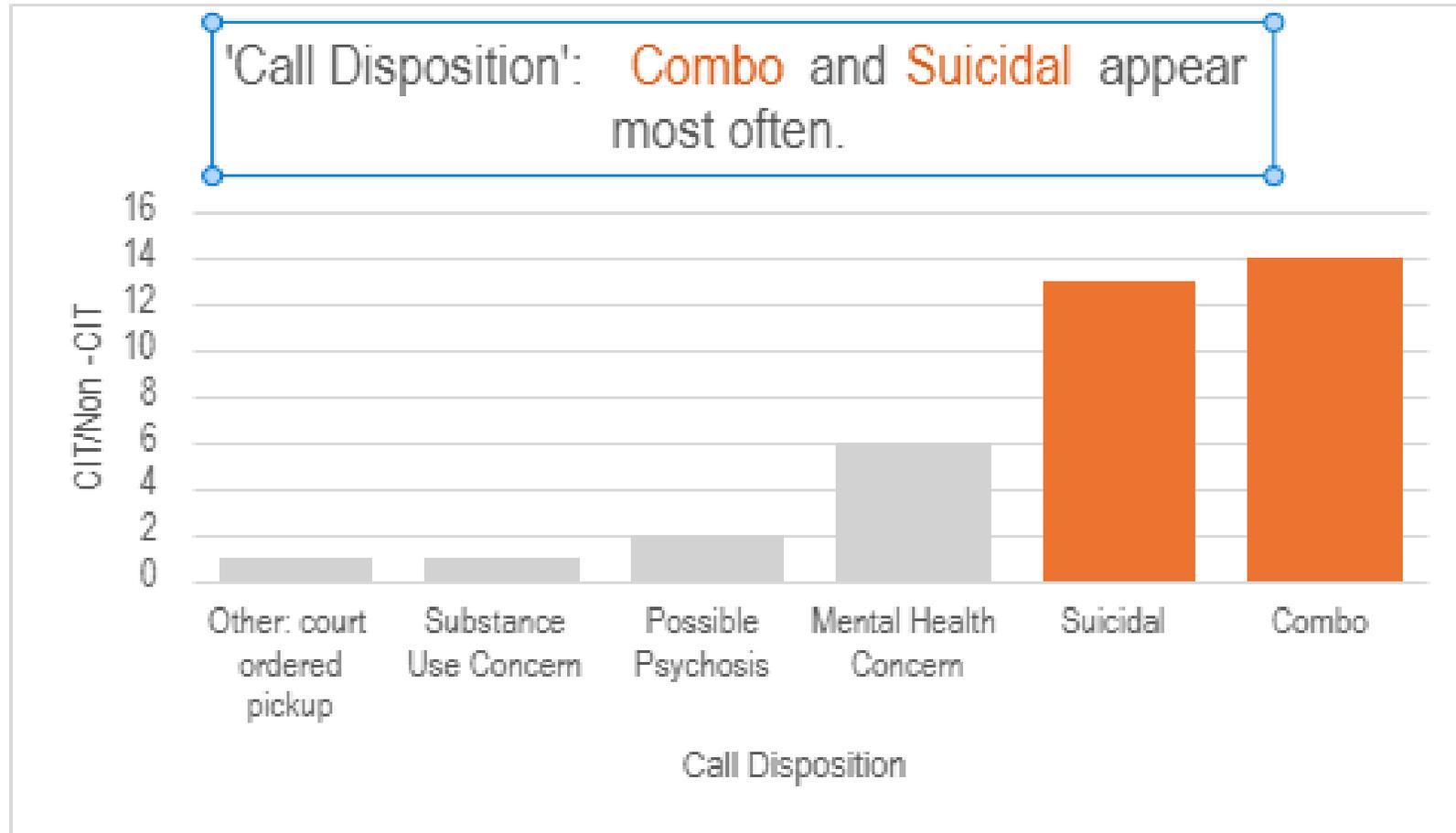
# *CIT RESPONSE*

<b>Call Disposition</b>	<b>Outcome</b>	<b>Count</b>
<b>Mental Health Concern</b>	Munson and Other: Hospitalized	1
	Munson and Centra Wellness	1
	Munson	1
		<b>3</b>
<b>Other: court ordered pickup</b>	Munson	1
		<b>1</b>
<b>Possible Psychosis</b>	Munson and Psychiatric Hospitalization In Lieu of Incarceration	1
		<b>1</b>
<b>Possible Psychosis and Mental Health Concern</b>	Paul Oliver and Psychiatric Hospitalization	1
	Centra Wellness	1
		<b>2</b>
<b>Substance Use Concern</b>	Not on scene	1
		<b>1</b>
<b>Suicidal</b>	Munson	1
		<b>1</b>
<b>Grand Total</b>		<b>9</b>

# *NON-CIT RESPONSE*

Call Disposition	Outcome	Count
Mental Health Concern	Munson and Other: Hospitalized	1
	Munson and Centra Wellness	1
	Munson	1
		3
Other: court ordered pickup	Munson	1
		1
Possible Psychosis	Munson and Psychiatric Hospitalization In Lieu of Incarceration	1
		1
Possible Psychosis and Mental Health Concern	Paul Oliver and Psychiatric Hospitalization	1
	Centra Wellness	1
		2
Substance Use Concern	Not on scene	1
		1
Suicidal	Munson	1
		1
<b>Grand Total</b>		<b>9</b>

# CALL DISPOSITION



# *DATA POINTS*

- **Challenges:**

- Limited contact with deputies completing CAD sheets to ensure consistency of completion
- Data is based on how CAD sheets are completed without context
- Disconnect between 911 dispatchers “initial call disposition” and “call outcome”
- No follow up regarding client outcomes
- Lack of qualitative interviews with deputies, 911 dispatchers, clients served, Centra Wellness staff
- Small sample size
- No data analysis for causality

- **Next Steps:**

- Descriptive data analysis for “in lieu of incarceration”
- Compare 911 dispatch “call disposition” with CAD Sheet “call outcome”
- Focus groups, interviews
- Partnership with 911 to determine process of accurate data collection from dispatch to outcome

# *IN CONCLUSION*

- Although this service is essentially 8 months into the execution phase it has had significant impact in the following ways:
  1. Immediate client access to services.
  2. Increased community good will and support for CWN
  3. Bridging of cultures and increased trust between mental health, law enforcement and first responders. A true feeling of team.
  4. CWN partners await a final report in from Ferris State University as to the effectiveness of our approach to Mobile Crisis response and immediate intervention in a rural community.

# *RURAL MICHIGAN RECRUITMENT AND RETENTION EFFORTS*

Additional Behavioral Health/Sheriff Collaborative other efforts at outreach and staff retention or “Burn out prevention”, consists of the following projects:

- Tablets in patrol cars

- Telepsychiatry/Telehealth

- Psych. Resident Prg. with MSU Rural Psychiatry and Corewell Health Beaumont Psychiatry Residency

- Phone Apps for record documentation (connectivity issues)

- Contracting for after-hours ES support. More desirable job for daytime staff.

- Increase use and reliance on Peers

- Use of staff flex time/hours

# *ORGANIZATION EFFORTS AT STAFF RETENTION/RECRUITMENT*

- Referral Bonus (when you refer someone to join our team)
  - *\$2,000 for Masters Level positions,*
  - *\$1,000 for Bachelors Level positions,*
  - *\$500 for Associates or High School or GED positions*
- Ongoing training and education
- Paid Internships and stipend grant programs with local schools of social work
- Tuition reimbursement to *\$5,250 per year*
- Colleges and staff to earn college credits as an independent study in their social work, sociology and psychology, simply by working in the field.
- Collaboratives with Schools of Social Work for field placements and placement supervision.
- Extensive use of National Health Service Corp loan repayments for underserved communities.

# *RETENTION AND RECRUITMENT CONTINUED*

- Premium healthcare insurance including prescription, medical, dental, and vision for individuals, and families
- Health Savings Account with annual employer contribution
- Flex Spending Account
- Social Security Alternative
- Retirement Plan with employer matching
- 160 hours of paid time off (prorated your first year)
- Twelve (12) paid holidays
- Employee Assistance Program
- Short Term Disability
- Long Term Disability
- Life Insurance
- Professional liability coverage

# *RETENTION AND RECRUITMENT CONTINUED*

- Advertised on social employment platforms
- Billboards
- Radio spots
- Employee recognition for milestone years
- Employee of the Month nominated and selected by staff



**Centra Wellness**  
N E T W O R K

## *QUESTIONS?*

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