CITY OF LIVONIA
PUBLIC HEARING

Minutes of Meeting Held on Monday, March 4, 2024

A Public Hearing of the Council of the City of Livonia was held at the Livonia City Hall Auditorium on March 4, 2024.

MEMBERS PRESENT: Brandon McCullough, President
Martha Ptashnik, Vice President
Carrie Budzinski
Rob Donovic
Jim Jolly
Scott Morgan
Laura M. Toy

MEMBERS ABSENT: None

OTHERS PRESENT: Leo Neville, Assistant City Attorney
Mark Taormina, Planning and Economic Development Director
Sara Kasprowicz, Recording Secretary

The Public Hearing was called to order at 7:02 p.m. with Council President Brandon McCullough presiding. This item is regarding an appeal of the denial for Petition 2023-12-02-15 submitted by Ark-Tec Architects, L.L.C. on behalf of New Oakland Family Centers requesting special waiver use approval for a Planned Development under Section 5.02 of the City of Livonia Zoning Ordinance, as amended, to convert two (2) former office buildings for use as a domiciliary behavioral health facility with short-term, temporary housing (less than 72 hours per stay), on the property at 29582-29596 Five Mile Road, located on the north side of Five Mile Road between Middlebelt Road and Hidden Lane in the Southeast ¼ of Section 14.

This item will be moved to the Regular Meeting of **March 11, 2024**.

The Public Hearing is now open. There were approximately 9 persons in the audience.

McCullough Welcome to our Public Hearing. On the agenda, we do have two items. I will say that the first item, and I'm not going to read everything about it, but this was the Sheetz petition, it has been tabled. So, if you are here for the Sheetz, it has been tabled at the request of the Petitioner and we do not have a date when this is going to be brought back. So, we're going to jump right into item number two. To kick this off, I'm going to start this with you, Mr. Taormina.

Taormina Thank you, Mr. President. This appeal request seeks to overturn the Planning Commission's denial of a special waiver use for a planned development involving the conversion of two office buildings into temporary living quarters for persons under 18 that are experiencing

behavioral health disorders. The location of the property is on the north side of Five Mile Road, it sits about 600 feet west of Middlebelt Road. The Petitioner is new Oakland Family Centers which operates at facility at 29550 Five Mile, which is immediately adjacent to the property that is under consideration.

New Oakland Family Centers have multiple locations throughout Southeast Michigan they provide mental health services including crisis prevention, counseling and psychiatric evaluations. The overall parcel is described in three parts. Parcel one is about 1.84 acres, and that contains New Oakland's main Livonia office, which is about 20,000 square feet. This property was initially developed in 1969 as a Michigan Bell telephone distribution and training center, and that was later converted to a credit union. The parcel two lies immediately to the north of parcel one, and this is measured about 200 by 200 feet and is currently undeveloped, and it's parcel three, which is the site under consideration. Parcel three was initially developed in the late 1950s as a multi-tenant office complex, which was known as Finkel Plaza. So, just to familiarize yourself with this, playing on the screen, this is the main building where New Oakland Family Center currently operates. That's parcel one. Parcel two is the vacant or undeveloped piece to the north. And then the parcel that we're reviewing this evening is here to the West. This was purchased at a later time. Buying both centers, you can see where the two office buildings are located on the property.

Access to parcel three is available both from Five Mile Road as well as two driveways that have connection to parcel one to the east. Parcel three is zoned C-1 whereas parcels one and two are zoned C-2. The site plan shows the two office buildings can be converted into what New Open has labeled as domiciliary behavioral health facilities. The plan modifications are mainly to the interiors of the two buildings, each building would have a kitchen, bedrooms and with showers and bathrooms a recreational area as well as a common living room. The buildings are positioned on the west side of the property with parking on the east side. The building to the south appears on the plans is building a and that would be used as the boy's dormitory and would have total five bedrooms. And then the building to the north is Building B and it's proposed to be the girl's dormitory with seven bedrooms. Parking is 96 plus 43 parking spaces so parcel one has 96 spaces, that's the main office building another 43 spaces for parcel three. This equates to roughly one space for every 200 square feet for the office. The property, which is consistent with our zoning requirements, and then provides enough spaces on parcel three, at a ratio of two spaces per bed plus 19 spaces for staff. On January 16, the Planning Commission held a public hearing and denied the petition for six reasons, citing the intended purpose of the buildings is for professional office and not residential. There were concerns expressed by the Police Department, as well as potential adverse effects on the neighborhood. And with that, Mr.

President, I'll be happy to answer your questions. I'm going to switch the slide presentation over.

McCullough You have a question, Mr. Donovic?

Donovic Thank you, Mr. President, Mr. Taormina, what is the distance between the western portion of the building you have identified as those two buildings, to the residential homes next door?

Taormina The actual distance, may be about 15 to 20 feet, you can see on this aerial photograph, the relationship between the closest house here to the west of what is building A, I believe. And I think there's only about a five-foot setback between building A and the property line and then you probably have another 10 to 15 feet. So, probably, at most twenty feet.

Donovic You answered a few questions and maybe you explained it better for me than the one question that I had was, how close is it, and it's a five-foot setback from the back of that property line that abuts the residential.

Taormina I believe that this survey shows the actual setback, at least from building A to the property line. And by zooming in, I will be able to show that it's seven feet, seven and three quarters. So, no backyard and it's touching the back areas of the residential homes. Thank you.

McCullough Any other questions or concerns from Council?

Morgan I just have a question, Mr. Taormina, through the Chair, if that's okay. The existing building, the larger building, if we're looking at this front here on the right, is that already occupied?

Taormina It is.

Morgan And they're just looking to expand over here on the left side with those buildings, they're trying to make a residential instead of commercial, correct? Or it will be commercial owned by them, but they're going to put overnight stays and things like that, is that the plan?

Taormina That's basically what they have requested, that’s correct.

Morgan Okay. Do you have any data as far as how many police runs we’ve had to go out for?

Taormina I do not have that information, but bear in mind that the existing building is used quite differently. Even though there'll be a close relationship between the two properties as far as placement of individuals into the residential portion. It's not used for residential purposes at all. The existing office building is strictly an outpatient care facility.

Morgan Just one quick question regarding the New Oakland Family Center. Did this facility used to be at Merriman and Schoolcraft at one time? I seem to remember that several years ago.

Taormina I believe New Oakland still maintains the facility on Schoolcraft Road.

Morgan Okay, thank you.

McCullough Ms. Toy.

Toy Thank you, if I may, through the Chair, Mr. Taormina. Do they presently own the buildings?

Taormina A holding company that is part of New Oakland owns parcels one, two and three. So yes, it is owned by the by the parent company.

Toy Okay. Thank you.

McCullough I do have just a couple of questions for Mr. Taormina. Have you heard any issues with the neighbors that abut the property. Any concerns?

Taormina I'm not aware. Your packet would contain any written correspondence. The Planning Commission minutes will reflect that there were a few residents who had comments at the Public Hearing of the Planning Commission. Thank you.

McCullough Thank you. Council, do you have anything else for Mr. Taormina? Mr. Donovic.

Donovic Thanks, Mr. President, Mr. Taormina, how would this affect our, I know we have a short-term rental ordinance in our community. How does this mesh up with that?

Taormina I don't think there's any connection in that way. If anything, the connection, well, I shouldn't say connection, the use proposed on these properties is not too dissimilar to use that occur in residential neighborhoods. And those are allowed in residential-to-residential neighborhoods by virtue of state law, which preempts municipalities from treating certain care facilities and differently than a single-family residential home. So, what's unique about this aspect of this use at this location is the fact that it is zoned commercial. A similar use placed on a residential property as long as the number of residents was below six, I believe, would be permitted. And that's something that the city could bring.

Donovic So, the distinction is that, if it was in a residential neighborhood, the state allows the store of behavioral health type of home in a residential neighborhood because the home is already residential. But this is different

because this is an office building, and it was developed and intended for our office purposes. That's why we have to rezone it if we wanted to.

Taormina That's basically correct. And there are exceptions to the state law with respect to the types of individuals that can be cared for in a residential setting, for example, treatment of incarcerated or formerly incarcerated individuals was not allowed under that. under that statute.

Donovic Thank you, sir, thank you, Mr. President.

McCullough Ms. Ptashnik.

Ptashnik Thank you. Through the Chair to Mr. Taormina. I know you just said that it would be okay if there were six in a residential. I can't remember what they were asking for. As far as the number of beds here.

Taormina Seven and five, and I believe that corresponds to the number of individuals. I believe they're all one-bedroom units, but they'll have to clarify.

Ptashnik I'm just trying to make sure. So, if it was residential, or zoned residential, then it would be six. But with this, it's a separate issue because of the C-1 zoning.

Taormina That's correct.

McCullough Anything else from Council? Mr. Taormina, if the petitioners are here, if you guys want to talk and we can ask you guys some questions. And then I'm going to go to the audience.

Sendi Of course. Thank you.

McCullough Council, if you have any questions for the petitioner. Please state your name and address for the record.

K Sendi Kevin Sendi. New Oakland Family Centers, President and CEO, address is 3326 Baron Dr. Bloomfield Hills, MI.

McCullough Mr. Jolly.

Jolly Okay, well, thank you for coming today and thank you for the work that you do. I guess I just had a couple questions. The facility on Schoolcraft, what's the use of that facility? Is that a similar usage for adult patients?

K Sendi No, to give you a little history. That was our original Livonia site, we sort of outgrew that facility. Frankly, we were too cramped there, the space was difficult. So, we relocated to our main facility on Five Mile, 20,000 square foot former Zeal credit union. We repurposed that and we

purchased all three lots at the same time. And in the process, we repurposed our original site for an outpatient, adolescent and adult substance use facility.

Jolly Okay. I'm looking at the information you provided here, and it's put together well. The question I have is, I think it might be a relatively simple answer. So, I'm familiar with a 72-hour hold. And I think some other people up here are familiar with the 72-hour hold, but you're indicating that your patients that potentially will be using this Five Mile site will be voluntarily there. So, is that just a random connection there that the 72 hours is shared? Or is that simply the best practice for triage in that particular kind of mental health? Can you just explain it?

K Sendi Yeah, sure. So, you know, simply put 72-hour hold was a term, a clinical term, in place for usually adults that are in emergency room settings, that you're in petition cert for psychiatric inpatient placement. Our 72 hours is more of a, up-to-three-day overnight, short term residential approach that many insurance companies and the state views as a discharge planning type of transition approach. So, ours is more for clinically driven best practice where a 72-hour hold is more of a petition and certification for inpatient placement mechanism, which is totally different than what we're speaking.

Jolly Okay. So, with that explanation, is there a different level of need where potentially say, you know, you outlined a couple of examples here, a 14-year-old and a 15-year-old, and although their potential issues, theoretical problems that you're discussing here are obviously important and obviously, require attention. Is there a certain line where these type of cases that you outlined would go to the Five Mile facility, but potentially a 15-year-old that is having a demonstrated a higher mental breakdown, they would still go for the 72 hour, like at St. Mary’s, per se, or something like, is there a line somewhere in terms of what we're dealing with, or what potentially will be dealt with here?

K Sendi I think there's definitely a line, I think you have to take each case as it presents, and all of our decisions will be based on medical necessity. So, if someone presents and they need a patient's level of care, the first step is referred to St. Mary's or an emergency room because you have to have medical clearance. And then they'll find bed placement at an inpatient facility Haven Wood Hospital or Harbor Oaks or Kingswood. The 72-hour short term residential is used for less acute issues where there needs to be intensive approach in the community and not in a lockdown facility. So again, this would be a voluntary approach. And this would be parents involved. And it would be really, the hypotheticals that we laid out in our packet will be very similar to what we anticipate being the cases that we've worked with teams on and so much less acute, not needed inpatient. Active inpatient facility, cleared through the emergency room would be actively suicidal, actively homicidal, actively psychotic, with really

delusional thinking, inability to contract for safety, those types of scenarios, which really wouldn't be applicable in the cases we're talking about, not relevant to this proposal, not relevant to our use.

Jolly For those people who don't have the benefit of receiving a packet, you're one of the cases you identify as potential eating disorder, something of that nature. So, my next question is, you own the property, you're potentially looking at using those properties on campus environments. Is there anything that's been thought about in terms of buffering the property in regards to landscaping, or something that would make it more of a campus kind of feel. I mean, like right now, I think, at first glance, I look at what you're trying to do and although the buildings are owned by the same person, they will have the same organization. And they're going to have the same operator from the road, it doesn't appear as such.

K Sendi Not yet. No, no.

Jolly But is there a plan for some sort of buffing landscape or I say this very lightly, but like fencing or something like that, not that it needs to be fenced off, but I need like something that would show the single use of that nature.

K Sendi So, I would just offer this, we're taking this step by step. Obviously, if the city would approve this, we're really going to do whatever the city wants us to do in terms of aesthetics. In terms of painting, in terms of fencing in terms of arborvitaes, or different types of landscaping. Our architect Richard is here, and, you know, we would really defer to the city as to what needs to be done to make it more aesthetically appealing. We did not want to go down that path if we sort of hit a stumbling block here, though.

Jolly Yeah, and I can appreciate that. I just, I think you're really looking at these three separate parcels now being a single campus and I say campus because it really would be a campus usage, right. You're having programming, you're having some degree of housing units for 72 hours. I would presume there's gonna be some sort of foot flow back and forth between the facilities, and all that kind of stuff as well. So just maybe something to talk about later on if you get to that point.

McCullough Ms. Buszinski.

Budzinski So, we're not mental health experts. Could you walk us through like a better understanding? And I know in the Planning Commission, you said you didn't necessarily expect people to be there for 72 hours, what would that process look like for an average patient coming in? Are they being put in a room and left there to kind of decompress or are they dealing with, you know, direct counseling, physical evaluations, are they in group counseling with the other peers that might be pressured? Family counseling? Can you help us understand what does this actually look like? What's gonna be happening inside the building?

K Sendi Absolutely. And for point of reference, we are operating a very similar facility in Pontiac- Waterford campus for our Oakland County community. And we're really trying to replicate that but for purposes of a sample situation, we see, and Greg can point to the slides. We see 1000s of individuals per year, and each individual comes to us in various forms, through a usually a third-party payer, like Blue Cross, which is which has really driven this project. Dr. DeGraaff, from Blue Cross has been really instrumental. And I think he provided us a level of linear support. With these referrals from third party payers like Blue Cross Blue Care Network health lines plan presents for intake, and we do an initial evaluation, that initial evaluation will dictate the level of treatment we think is appropriate for the individual. It might also dictate a psychiatric evaluation. But for the most part, there are various levels of care in mental health that could be an option at that time. Everything from garden variety outpatient, which someone like any of us might need on any given day, including me, and all the way up to inpatient, not as part of this proposal, and we do not provide inpatient care, we would lean on like we said, a St. Mary's or Kingswood, or Harbor Oaks or a third party like that through an emergency room. But in between and from garden variety outpatient to inpatient. There's a whole host of levels of care in mental health. Intensive outpatient or partial hospitalization, which is what we provide at many of our sites, including the Five Mile center. This disposition will be made at any point during their care. If an individual needed something like a partial or intensive outpatient, they might also have challenges with their housing, maybe there's something going on at home that's preventing them from seeking care, maybe it's a volatile situation, maybe they're coming from another part of the state like Kalamazoo, and they need an eating disorder specialty program, we would lean on the residential piece with parents potentially being involved through transport, and in signing off on their admission to be part of our program during the day clinically, but benefit from the residential piece at night. In the residential piece, again, we can get into specifics, six beds, six bedrooms, we will not exceed the six-bedroom limit, six resident limit. There's an opportunity there for clinical services during the day. There's a group room, but we would lean on many of our services at our main site, like you mentioned, Mr. McCullough, in terms of the campus environment, for other services, be it psychiatric or nursing or things like that. So, we will be on the main site for that. But I think I answered your question. There's a screening process in terms of what the final level of care disposition would be for any individual that comes to our site, irrespective of this project.

G Sendi You know, a shorter way to say that may simply be that, you know, kids who are in the residential program will not just be chilling in the room watching TV in isolation, but engage in all kinds of sort of clinical activity, from psych evaluation to group therapy, to family therapy, to all the all the things that will be needed in order to make a good decision about what the care path look like, after the 72 hours is over.

Budzinski Yeah, so that's really, you know, trying to understand, you know, how are they going to be engaged? You know, I think a concern that we have is, you know, people try and leave and then where are they trying to go. Are they being consistently supervised in a kind of clinical way, I guess, so that, there's an understanding?

K Sendi Our staffing ratios for the residential, at the existing facility that we operate, is exceeds 6-7 to 1. When you bring in all of the multidisciplinary professionals, from psychiatrists to nurse, to nursing, nurse practitioner, to group therapist, activities, facilitator to behavioral health facts, front desk staff, all of these people keep our ratios pretty, pretty impressive. And again, we don't anticipate the census being six at a time 24/7.

G Sendi It will be virtually impossible to just leave without being noticed by a clinical professional and a security person.

Budzinski And where are most of the kids going to be going afterwards? I mean, are they really going to be going then to an intensive long term, are they looking to be returned home after that, are they going to be kids who maybe need to find alternative housing solutions? What would you say the majority of cases would be?

K Sendi Yeah, you know, we didn't get into it. Our dad was a child psychiatrist, and he was a huge proponent of family reunification and keeping family together, if at all possible. So, in many situations, we're hoping that this is a step down, back to the family. I mean, his biggest belief was in order to work with, you know, working with the child is great, you can do everything, you can patch them up, you can give them 100%. But you really have to work with the entire family. So, this is one step of the process of working with the family, and keeping the family together is the most important goal.

My last question is, you know, that safety component for the kids in the community. One, with your high-end Waterford location, how many calls do you get, police runs or emergency, EMS?

K Sendi You know, I honestly, I'd have to pull the data for you. You know, I know we had conversations with Livonia Police Department about this project here. And in just our anecdotal talks it's really just a handful of calls that we get to our Livonia sites as they are per month. A handful calls, maybe, visits, you know, less than one. So, the challenge is the screening. We're hoping to screen this so there will be no calls, because we don't want to please anyone….

G Sendi I'm sorry. Is your question about how often the police visit to deal with some kind of disruptive situation or escape or something like that? Or is your question about how often do the police visit to drop off a child for admission?

Budzinski I mean, I think both are valid. Overall, I think it would be helpful to see both.

G Sendi Unlike Oakland County, because it is run by county community mental health, does have an emergency drop off, where law enforcement will bring the child to us and say this child needs screening and possibly admission. That will not be the case in Livonia. That is not part of the vision for this facility at all. So, we will not be taking what amounts to sort of off the street admissions brought to us by police officers. That's simply off the table. As for, as Kevin said, as for how often police are called to the facility to deal with a disruptive case, I'd have to look at that. It's very rare. And the reason for that is, there is a huge staff presence on trainings and all kinds of interventions to prevent Well, first of all, they can't, they can't just walk out. But secondly, you know, to deal with, you know, potentially aggressive behavior, it just doesn't happen very often at all.

K Sendi And I do want to emphasize the screening process is really crucial to this. The last thing we want to do is recommend a program that we think will not succeed and this has to be appropriate clinically for the individual. Frankly, at anytime we have to involve Livonia police, it's usually at time of admission early, because we're seeing someone that we've never seen before. And they're new to us, and they're not appropriate for a level of care that we can provide.

Budzinski Thank you.

McCullough Ms. Toy.

Toy I first want to say thank you for all the work you do, because this is not an easy kind of venue that you do here. I happened to chair the Human Service Committee when I was in the Michigan Senate, and we gave them a lot of money from the state, and it well-worth it. Because it's a real need. Not so sure this is the proper location for it in our city. ,I unfortunately, that's why I asked if you had already purchased or that was in your scope of owning those buildings. We had an organization called Boysville, which was across from Men’s Club, it was on Farmington Road. I don't know if you were familiar with Boysville, but they did a lot of counseling and different things in terms of care, etcetera. And that got met with a lot of chagrin. The problem is because it backed up to residential, they kind of moved into the night, this was when Bob Bennett was Mayor and it was it was really a difficult situation, maybe Mr. Taormina remembers it. I also think that the lot size where you are at is rather small for the kind of campus we're talking about. Councilmember Jolly identified that quite well. I envision maybe one of our schools, they tend to be selling lately. Some of those properties that maybe aren't within neighborhoods would be a great location for this. But in this area, I have a problem. I'll be quite frank with you. It's not the kind of work you do or don't do. It's just a small area. I think there's potential for different issues. And I'm going to offer both a

denying and approving on this as well. But I do want to thank you for the work you do. And I'm hoping that you'll look for a different location if this does happen to get there. Thank you.

McCullough Ms. Ptashnik.

Ptashnik I actually had a couple of questions. Mr. Jolly brought up a great point about the buffering zone, I actually would like to hear you expand a little bit on safety and security protocols that you would have in place and not that I'm looking to have a walled community there. But you know, teenagers, I'm a high school teacher. So, if there's anything I know about teenagers they are unpredictable. And I know you said you haven't had a problem with runners yet, but that's always that potential. So, would there be any, so if you could just kind of go into your safety and security protocols, that'd be great.

K Sendi Sure enough, and I will reference our existing policies and procedures and facilities. I think the first, most important part of security is staffing, and staffing has to be top notch, I think that comes from everything from clinical professionals at the highest level, the psychiatric team, through the multidisciplinary professionals, like social workers, psychologists, professional counselors, nurses, all the way through the behavioral effects and then ultimately, a security professional. That's huge. I think along with that comes the facilities and how those are maintained in terms of ingress, egress, and fire safety and making sure everything's up to code accordingly. I think there's mechanisms that should be in place, and we will replicate those like we do with our Pontiac-Waterford site with swipe cards, and fire safety depressing doors, that would sound alarms, mechanisms like that. Those would all be replicated, given our existing model. You know, like I said, in the last few years, this is something we've, we've just done. And it's really been an efficient and really impressive model. I welcome you guys to tour the facility that we would replicate all those in terms of, again, fire safety. Then I think you have the grounds. The grounds are important. And there was discussion about adding height to the wall behind the facility, we'd be open to doing that. I think the aesthetics and arborvitaes and the different things around the building would be important. And, you know, I would respectfully and humbly say that I do think there's enough space there. The acreage is huge. The acreage in the back is huge. And the most important thing to this proposal is that we have the resources right there with a 20,000 square foot facility that could support this, if we were to lean in a different space or put this in a residential facility like Mr. Taormina alluded to, we wouldn't have the resources right next door in the volume that would be helpful. In finding another facility, again, it would be taking distance between us and one of our largest clinical presences in the state of Michigan, which we just feel is a huge advantage to this opportunity. So, we've thought this through and we felt that the clinical benefit was super important to this.

Ptashnik The one thing is to kind of follow up on this, the one thing I didn't hear about was security staff.

K Sendi Sure. Yeah. I mean, we have 24/7 security at our Pontiac-Waterford. It's a security guard and we would look to doing something similar for this as well.

Ptashnik Okay. Follow up question. Are you going to be doing admits 24 hours a day?

K Sendi No, so admissions would be business hours, t's not in our in our business plan, or anything like that.

Ptashnik If there is a crisis at 3am, you don't have to worry about, okay. And then I know you said these were voluntary admits, but these are minors, but they are volunteer by parent. So not necessarily a belligerent teen who doesn't want to be there. Okay. And then the level of care needed, that would be taken care of right admissions, I would imagine?

K Sendi Yes, we would do a screening at the main center, and that would determine whether this would be the appropriate next step. Obviously, there can be multiple types of levels of care. We anticipate a handful a month for this type of level of care.

Ptashnik How often is do patients show up or somebody shows up in there that’s beyond your level of care that you would just automatically ship them to probably St. Mary's or one of the other facilities?

K Sendi Yeah. So, it happens more often than then we would like. Parents and adults, frankly, think that all they need is this psychiatric valor and there's there is a lot more going on, and we have to lean on an emergency room.

Ptashnik Thank you, Mr. Chairman.

McCullough Thank you, Mr. Morgan.

Morgan Yes, sir. First of all, I would like to say that I do commend what you do there. I'm very familiar with that. Forgive me if I have the improper term, but in this facility that you currently have, that’s on Five Mile Road, do you have those decompression rooms or the rooms that are padded, and these children or whoever they are, are they put in these room when necessary?

K Sendi In the mental health service industry, when you're working with kids in intensive outpatient or partial hospital program, you have what's called a cooling off room. Some, you know, kids or kids are escalating, and you need to find a way to deescalate. And so typically, what you would do is

repurpose a room that can't be destroyed. By destroyed I mean put a hole in drywall, things like that. So, to your point, yes, we do have a room that is difficult to disrupt. And it's a pretty large room. So, it's difficult to just, you know, put your hand through drywall or things like that.

Morgan And how many of them do you have?

K Sendi Usually each of our facilities and again, there's at least one maybe two, I'd have to double check to see if there's one or two in Livonia. =

Morgan Okay, this facility?

K Sendi Yeah, it's at least one, maybe two.

Morgan And the one down on Schoolcraft Road?

K Sendi I think when we repurpose that, I think we eliminated the cooling off room because it was it was primarily substance use conversion, but I'd have to check there might be one there as well.

Morgan So, I spent a better part of my life as a Livonia policeman, I'm now retired. I spent a lot of time in the Livonia facility, helping contain these children or whoever was brought in there, whether they were committed, or whether that was a transfer facility. And there usually was never enough help there to be able to restrain a lot of these children. And no sooner we would leave, we would be heading back, and then either they'd have to be transported to the emergency room by ambulance or by police car. I am more interested in how many runs this facility has had for since this is been in place, because I do believe you have only been there a couple of years. Is that correct? Or maybe not even that? I'm not sure.

K Sendi Yeah, we relocated there in the last two to three years, around COVID.

Morgan And, and the way this building is set up over here, for a facility where it is going to be holding people, you're talking about maybe one security guard or two, how can they keep an eye on this facility that is detached from the main facility during the evening hours? Are they locked in there? And if they are locked in there, that seems like it would be a fire hazard issue. Correct? Or would they be free to come and go as they see fit?

K Sendi No, to be clear, this would be a standalone facility with staffing on its own, including security and clinical professionals. Obviously, everyone I'm talking about wouldn't be housed in that facility. But the behavioral health techs, the nurse, the front desk, or the security guard would during the day, they could receive clinical services at the main facility.

Morgan Okay. All right. Thank you.

McCullough Mr. Donovic.

Donovic Thank you Mr. President. I know there's already been two motions offered for the following meeting. But just a couple more follow up. First to the petitioners, I love to see your guys are served by your family and your dad and all that I truly am sympathetic to that he has done a really great cause and helped a lot of families through the state of Michigan so if you do want to say thank you to that. My question would be more toward the architectural and planning side of this Mr. Taormina, or to the architect. What kind of enhancements have to be made to the building since we're going from an office building to now more residential use? Are things like exterior doors going to be put in place now for egress or fire safety, sprinklers, I mean, what renovations have to be put in place for this building now to meet those codes to allow people to sleep overnight in a building?

Taormina I'm going to allow the architect to respond to those questions, I'm certain improvements are going to be needed as far as barrier free enhancements, but I don't believe suppression is required but I'll let them answer that.

Kovanba We're gonna follow all the state and local codes as far as barrier free. It's going to be all new doors and windows, the code is very clear on what we need to do for fire suppression based on size of the building. The doors are going to be set up so that in the event of a fire, obviously we can get the occupants outside safely. So yeah, I guess it's gonna be a major renovation.

Donovic Are these doors, sir, are these exterior facing doors or are these doors all interior like dormitories, individual rooms and then there's a hallway kind of like an apartment building or hotel?

Kovanba Both. There's interior doors that are going to have locking mechanisms.

Donovic Are these locked from the outside to keep the individuals locked inside.

Kovanba Yeah, they are.

K Sendi Yeah, so given the model that we use it's all anti-ligature type furniture indoors so that there can be no risks in inside the facility with kids.

Donovic The patients are locked inside overnight, they can't just unlock themselves and walk down the hallway?

K Sendi The main doors that lead outside would have keycard swipes unless you press the fire escape to leave?

Donovic But then the individual unit doors…

K Sendi Those are the anti-ligature half doors. So, they would be shut for privacy but you can still ultimately see in.

Donovic So, in the event of there was a fire they jump the door, and they can unlock those doors. Okay. And then in terms of the renovations and architect, since we're talking about residential units now, is there, per the code, are you guys planning, is there fire rating walls between each unit now to stop the spread of fire in between the units or how does that work?

Kovanba There is not. With respect to your code, its based on fire containment areas. And both of these units are small enough size that we could, we could do this one fire area.

Donovic Okay. And in the glass, there's not any sort of metal fencing or on the exterior glass on the building, it's just tempered glass or glass on the exterior building for the individual rooms.

K Sendi So ultimately, you know, again, frame of reference to Mark's point earlier, ultimately, if this were a children's therapy group home that were housed in any residential, the fire suppression and ultimately those types of questions would be really just zoned residential. So that is I think the bare minimum threshold, we're open to doing more, but there are certain things that are more important and less important. And modeling and after our Pontiac-Waterford facility, the anti-ligature equipment is super important. Perhaps the glass from a shatterproof standpoint is very important. But to Rich's point, the space is relatively small. So, we don't need to go down the fire retardants.

Donovic I understand that. My point is, this is different than residential communities and commercial building that was intended for business or office general purpose, now repurposing into a residential building where people are living in. I understand some of your points, though. Now, back to my question, though, are there windows in individual units? And if there are windows, are there guards on those windows, is there metal fencing there? I'm just trying to think of these right? I don't understand, or is it just normal, tamperproof glass exterior windows?

Kovanba They are fixed exterior windows, there's no way of opening them or hopping out. Sometimes they will have small vents in them. But for the most part…

Donovic There's not metal bars in the windows.

Kovanba No.

Donovic Thank you, Mr. President.

K Sendi I can't say every room would have a window, I would have to check them.

Jolly Thank you, Mr. President. It's a real benefit to have colleagues up here who ask questions and flush out a fuller understanding. So, I just have follow up questions. So, the two buildings that we're talking about here that are on the west side of your property, that will be the overnight place where these children will lay their heads, correct.

Kovanba Correct.

Jolly And so the majority of services, if I understand you correctly, will not take place in those buildings, but rather will take place either in the main building further to the east there, or they will be transported over to Schoolcraft Road, is that correct? Or somewhere else?

K Sendi Unlikely Schoolcraft, primarily the building next door?

Jolly Okay. So, would there be any treatment group therapy rooms of that sort in the buildings to the west, or, no?

K Sendi Possibly activities after five, perhaps any new group or something, But predominantly, the clinical activities would happen at admission, or throughout the day leaned on the main building.

Jolly Okay. Then the last question here is, so when we're talking about a group session, maybe I'm wrong in thinking as such, but I feel like a group session would kind of, you build up a certain level of comfort with people your share, and you learn from them on this map. The dynamic that you're explaining here is potentially people maybe staying for 24 hours, maybe staying for three days. And relatively small groups where people might be at different points in time on the path of their treatment, I guess. Do you see a lot of group therapy sessions in place? Or is that just a potential? And I'm just trying to understand.

K Sendi Let me try to explain this as best I can. There would be potential group activity, after hours, let's say between 5pm and 8 pm, with the two to five residents, maybe working on an activity, however, predominantly the, just so there's not dead time in the middle of the night so they keep them occupied. But there also could be recreational if you watch TV, things like that. During the day, we participate in group activities with anyone that is participating in clinical services at the main entity. I would like to add that the step down from the 72-hour residential would be to a potential non-residential treatment option with us where they could continue treatment at the main facility or another facility of ours in a group-like setting. So, there could be that that dovetail transition.

Jolly Okay, I think that's helpful to understand that they might be interacting with people who are not impacted. Last question, in terms of this dead time, potentially, do you foresee like, will it be a rec room with a foosball table and stuff to occupy them as well? Or? And I think it's important for us to understand just like the parameters of what will be going on, if that's your sense, not because we don't trust you, but we all need to know.

K Sendi Listen, that's exactly what we're here to do is talk about this and at our existing Pontiac-Waterford, I think there's an X-Box, I think there's a foosball or maybe even a ping pong table. And there's activities that they do they do arts and crafts, things after group. So, there's an activities coordinator that will do something during that period of time after business hours.

Jolly Okay, so I think it's good for us to understand that these aren't kids who are gonna be on lockdown, because they're a threat for themselves and others across the board. I mean, they're meeting instances, right. Okay, those would be prime cases for us to find an alternative treatment for a child. Thank you for all your answers.

McCullough All right, so I just have my notes, and I'll share them before we go to the audience. The issue that I have, so you know, whenever we do this, our zoning is always providing harmony to the surrounding areas. It could be one, it could be 93,000 people, I'm specifically looking at that house for the west. And when I do a Google search, or you know, even looking at the map, I'm showing 15 feet from wall to wall. And listen, I mean, right now, it's zoned for an office, which obviously is not going to be a 24-hour center. I like everything you guys do. I think you guys are great for the community. I love everything about this. However, I look at that, and I go, would I want to live there. And it's not because of who could be in these places. It's a 24-hour setting. You've got fire alarms, those decibels are going to be loud. I'm sure it could, you know, unless you're going to open cell foam every wall in there, and you could show me that you got triple pane windows and your decibel limits are there. I'm putting the house up for sale and I'm upset and I'll be completely honest, it's that close. We had an instance one time where they were able to talk about them, just like 30 feet away from someone's window. It just didn't make sense. I love the plan. I love your guys' service. I'd love you and the community. But I got to put myself in that house and say, hey, what if I was living here as a resident. That's our job. It's just so close. I mean, we're talking 15 feet. And that's, I mean, honestly, if these two structures were on the opposite side, were kind of you know, in conjunction to the property to the east, I don't think I'd have a problem. And then when you guys list off McDonald's, I mean, if someone came in here today, we're gonna put a drive through McDonald's right there. I think everybody would probably say this is not going to pass. That is my only concern. And that's my hesitation. Everything you guys do is great. It's just that proximity. And you know that you're gonna get police calls, nothing crazy. But it's just 15 feet

and that's three sidewalk blocks. I mean, that's three sidewalk flags. That's for me to carry around. Maybe it's my perception is a little off. That's close, guys. So those are my thoughts on it. I know we do have you know, there's been dialogue, I do want to go to the audience.

K Sendi I would like to respectfully respond. My only response, and I get it, my only response would be that and I say this, respectfully and as humbly as I can. We don't want to go down this path. But we're taking this approach to be as careful and cautious and respectful to the community as we can in coming to you for your approval. We could technically acquire a house in a residence and do a very similar type of project. Even the house you're speaking of could be the house we acquire. We really don't want to do that because we feel this is much more respectful to the community. Because there is a wall, we are sort of sequestered off, we are going to make it a campus like setting. And we are going to lean on the resource adjacent to us to minimize any disruption. But I get it. I understand what you're saying. But we're trying not to do the children's therapeutic group home approach in a community or neighborhood. So, I just did want to say that. I really appreciate that. Thank you.

Ptashnik Just a follow up. on Mr. McCullough's questions. Your Pontiac-Waterford location, what's the proximity to residential there?

K Sendi I don't know, it is on county land so it's not close to residential.

Ptashnik Okay. So, I googled and it looked like it was not.

K Sendi It is not, but again, to the point I just made into this question, the children's therapeutic group home approach, which any adult foster care approach, I'm sure you have homes in the community with this issue. So, I know it's not Livonia, it's all neighborhoods.

Ptashnik This is kind of why I asked the 24/7 question earlier, if there would be a 24/7 circus going on. But yeah.

Donovic Mr. President just real quick, reminding the residents, I will just note, to the first point. I definitely understand what you're saying. But the difference is, we have the authority to grant a rezoning for commercial and residential home for the neighbors that three or four people that are here, we don't have any jurisdiction over this. That's a state issue, the City Council can deny or approve if somebody wants a group woman or as a neighborhood, we can decide if an office building can be repurposed for residential. Just want to make that clear for the residents. But yeah, thank you guys, I appreciate it.

McCullough I'd like to go to the audience. But I do want to thank you for answering all these questions. Normally a public hearing is more for the residents and we would be having discussion. So, I appreciate you answering and taking

the time to do so thank you appreciate. I'm gonna go to the audience. If anybody would like to speak on this favor, come up to the podium. You can either come up with either you guys got two minutes. And we'll start with you. If you could put your name and address on the record.

Schommer My name is Deb Schommer. I live at 29537 Greenland Street Livonia 48154. I wrote something up because I'm not a really good public speaker, per se. So if you don't mind if I read. Good evening, I come to you with hopes that you will reconsider your decision to reject new Oakland Family Centers request for rezoning to allow for construction and operation of a short term residential behavioral health facility for children to be located at the address that you listed before on Five Mile Road. As a longtime Livonia resident, I always had great respect. I have heard wonderful things about this city. This city has been touted as a family friendly, safe community for all who live in visit. I'm a parent of children who grew up in this city. They grew up in our schools. I'm an employee of the school district. I have a grandson who works in the school district, in the school system. And that works, he attends the schools. He enjoys every bit of this city. We're proud, we're thankful to be here. We're thankful for all the services that you provide to us. Recently, a news article on Facebook brought to my attention, the rejection of New Oakland's plan. I wasn't even aware of the plan until I saw the rejection. I was shocked and saddened to hear that anyone would consider this program as unsafe because I view it as an attempt to keep children safe. This is a family friendly city. We need to watch for our children. I struggled to understand that something that is so much needed. There's nothing like that around here. There's nothing like what these people are proposing to do. That I know of in the nervous thing. I often get the alerts on my phone, there was a missing child, there was a runaway child. With this type of this facility, be of some help to these people so that instead of these children wanting to know where they can go to this place because they would already possibly have a connection with a therapist there. It's my understanding that the facility would not house have children who with diagnoses that indicate a tendency toward aggression or violence. It's also my understanding that most of the youth will be admitted to the facility are already correct patients of the New Oakland Center. They receive outpatient care, so they would already be somewhat known they wouldn't be strangers coming here just for a place to stay. I find it difficult to understand that the community would be worried about a program that would keep the kids safe and worried that their children would be harmed by someone looking at them. Research has shown that children in the mental health facilities are no more dangerous or safe than children in McDonald's as we have heard referenced in a school in a church, walking down the street. These children will be supervised, they will have constant human contact with someone. This is my understanding. Okay, I'm almost done. I know from my job in the school district, that there are students that are very much in need of mental services, and they get them. But I also know that in the school setting, they are welcomed, the students are encouraged to treat

them, include them as part of where they are. It's my hope that after a closer look, you will consider your decision and allow the New Oakland Center to proceed with their plan to construct a small, small behavioral health treatment facility for us to receive short term residential care. And I want to ask you, if not in our backyard, where? Then where?

McCullough Thank you so much for coming and sharing your thoughts. Any other audience communication? Name and address for the record.

Engel My name is Cassandra Engel, and I'm at 15400 Hidden Lane in Livonia. My home backs up immediately to the property. So, my main concern is just the proximity to my property line. It feels like maybe a walk from me to her that the back door to the property is, and I really do appreciate the work that it will be doing in behavioral health, bringing that care to children, I have two small children of my own. I would like for them to be able to have services if they needed it, but I don't want it in my backyard. And there was reference to a wall. There is a wall behind one of the smaller buildings but the other building does not have a wall or anything up here. It's just open it directly there. So, thank you. Thank you for coming.

H Anderson My name is Hunter Anderson and 15470 Hidden Lane. So, I spoke up here for the last hearing of this issue. And I do sincerely appreciate all the work that the family centers has done for the community. And I still will help work with youth commission in order to work for a solution for a lot of problems that teens in Livonia face. However, putting a temporary stay environment so close to residential property where children and several animals walk about, creates a lot of confusion for residents in the area, creates a lot of worry, a lot of unknowns that we feel have not been properly addressed. And this is also an addition to the Livonia Police Department issuing a letter at the last hearing in which they also had many concerns about the projects that I'm not sure have been properly addressed during today's hearing. So, while we do sincerely respect the prospect of an environment like this being brought up I don't think that this is at all the appropriate place to construct a place like this. And we would like to see something like this in the future but not at this address. Thank you.

Johnson Vickie Johnson, 32209 Jamison Court. I hope this doesn't open up the chance for these 24-hour rentals around that area. So, my concern is mental illness can't be cured in three days. And if a child is in that facility coming from, say, a mental hospital. It's just like a stepping stone? Where they gonna go to if they have parents, they have one parent and other parents someplace else who knows. You know, we're not talking a lot about whole families. And anyway, my concern is mental illness isn't going to be fixed overnight. What are they going to do? Are these people going to be coming back every other week? You know? I don't know. Well, thank you. Sounds too optimistic to me. Thank you.

Anderson Heather Anderson, 15470 Hidden Lane, that was my son who actually came up and spoke. I am the direct next door neighbor of the person who is directly affecting but its kitty corner to, again, as she stated, they really overstated how much room is there, there's no wall. You're talking about arborvitaes. There's no room for anything there. I mean, there'll be a wall. I might have heard them, there's no wall, but you'd have to put a wall up by her house, by my house. That building looks directly into our yards. And I have a small child too. You know, they play in the yard together. It's just scary thinking of these people. I mean, I'm sure the windows right now are higher. I'm sure they're going to be putting in nicer windows but thinking of people looking into our yards from that close. She's next door to me, she's not that close. It's very, very close. I stated at the last meeting that sensed that the mental health facility may not just move in. We used to cut through the parking lot to go to McDonald's. We won't walk through there anymore. It smells like marijuana, we get mini bottles, like liquor bottles thrown in our backyard. I don't take my kid over there. I mean, it's already. We don't want that right? We go towards the elementary school now. You know, I agree with everybody that in a different place would probably be more beneficial.

McCullough Thank you for coming out. Anything else from the audience? Seeing none, we're going to close audience communication Council, I'm gonna go back to Council. So, this item was set up for the Regular Meeting of March 11. And that will be a voting meeting, so this is what is going to be on the agenda. I appreciate everybody that came out and voice their concerns opinions. I did want to just say on the record that we do have all members of council present. So, other than that, I'm going to close the meeting at 7:07pm.

As there were no further questions or comments, the Public Hearing was declared closed at 8:07 p.m.