



2024

Community Health Needs Assessment



In 2021 ISK celebrated its first Community Health Needs Assessment (CHNA) and presented it to officials and members of the Substance Abuse Mental Health Services Administration (SAMHSA) Community Mental Health Services (CMHS) and its National Advisory Council (NAC). This CHNA was initially designed to supplement, but not take the place of other local community hospital CHNAs which named mental health and substance use disorders and health equity as top areas of concern. Our presentation to SAMHSA led not only to its growing interest in CHNAs, but as a new requirement for all SAMHSA grantees.

Our 2024 CHNA builds upon the health equity concerns and seeks to understand how behavioral health and intellectual/developmental disabilities impacts underserved populations and better identifies communities experiencing disparities. We are particularly proud of becoming a state and federal designated Community Behavioral Health Clinic (CCBHC), which expands services to people with mild or moderate behavioral health conditions. Our increased focus on crisis and emergency services led to the opening of Kalamazoo County's first and only 24 hour 7 days a week Behavioral Health Urgent Care and Access Center.

The purpose of our 2024 CHNA is to determine the behavioral health issues within the county of Kalamazoo and assess how those issues are being addressed. The findings from our CHNA lay the foundation for services that are either directly provided by ISK or provided by the many excellent contract service providers in the greater Kalamazoo area. We will use this information to better understand the prevalence of mental health, substance use disorders, and intellectual or developmental disability issues in our community.

Strategically, we will continually use the CHNA to inform our hiring needs to ensure ISK staff and our contract provider agencies match the demographics of the communities we serve. We will also use the findings of our CHNA to inform the implementation of evidence-based practices that have proven to be effective in the treatment of mental health and substance use disorders prevalent in our communities.

I look forward to continuing the excellent collaboration with community partners across the Greater Kalamazoo area to turn the findings of our 2024 CHNA into positive action and change for our communities.

Jeff Patton
Chief Executive Officer
Integrated Services of Kalamazoo

A LETTER FROM THE CEO

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Overview

INTRODUCTION

Michigan's public mental health system is nationally recognized as one of the most comprehensive, innovative, person-centered, and community-driven systems in the country.¹ Integrated Services of Kalamazoo (ISK) is one of 46 Community Mental Health Service Programs (CMHSPs) in Michigan's Specialty Behavioral Health System. For over 30 years, ISK has been

Mission of ISK

We promote and provide mental health, intellectual/ developmental disability, and substance use disorder resources that empower people to succeed.

ISK's Vision

We provide a welcoming and diverse community partnership which collaborates and shares effective resources that support individuals and families to be successful through all phases of life.

delivering quality services and programs to improve the lives of individuals experiencing a behavioral health crisis, adults with serious mental illness, children with serious emotional disturbance, adults and children with intellectual and developmental disabilities, and individuals experiencing substance use disorders. ISK's journey as a Certified Community Behavioral Health Center (CCBHC) began in fiscal year 2019 with the launch of a CCBHC Expansion Grant project, supported by the Substance Abuse and Mental Health Services Administration (SAMHSA). In October 2021, ISK became one of 13 CCBHC demonstration sites in the state of Michigan. Implementation of the CCBHC model expanded ISK's service population to include individuals with mild or moderate mental health needs. CCBHCs serve all individuals regardless of insurance status, ability to pay, or county of residence. As part of our commitment to the guiding value of **community**, we want to identify the behavioral health needs of our community to address gaps and reduce health disparities.

We respect the diversity of communities and the people we serve. We partner with persons served, providers and other organizations to foster continued growth and success. We will make decisions that consider the strengths, resources, and needs of our community.

The National Council on Wellbeing describes the needs assessment as the foundation of the Certified Behavioral Health Center (CCBHC). The purpose of a needs assessment is to understand the needs of the community and determine how the CCBHC can address those needs. By integrating identified community needs into the CCBHCs strategic planning ISK ensures that programs designed, and services offered are well suited to the populations served. The following Community Needs Assessment is representative of individuals served, community partners, staff, and the public at large. Mental health and substance use conditions, economic factors, social drivers of health, and the culture and languages of those living in Kalamazoo and those served by ISK were considered. The findings of this needs assessment have led to prioritized goals aimed at addressing unmet needs and barriers to care. These findings will be used to plan for staffing and services that are responsive to the community's needs, and to engage in effective partnerships to improve care coordination for individuals.

¹ [CMHA Strengths of MI Infographic v7 \(cmham.org\)](https://www.cmham.org/)

EXECUTIVE SUMMARY

The purpose of the ISK Community Health Needs Assessment (CHNA) is to determine the behavioral health issues within the county of Kalamazoo and assess how those issues are being addressed. The findings from the CHNA lay the foundation for the services provided by ISK. ISK uses the information to better understand the prevalence of mental health and substance use issues of the community. They also seek to understand how behavioral health impacts underserved populations and which communities have disparities. ISK also reviews demographics of those they serve, and the types of services provided. Finally, ISK uses the findings to inform their staffing plans and programming.

To conduct the CHNA, ISK collected and analyzed data from public data sources, aggregated information from their electronic health records, and surveys they conducted. Information was reviewed in regard to demographics, suicides, overdoses, social drivers of health, unmet needs, types and volume of services, and access to services.

To ensure participation in the community surveys, ISK conducted targeted outreach with the populations typically underserved. Staff physically went into the community and engaged with individuals. They assisted individuals that struggled with completing the survey using technology by offering pen and paper surveys. They also offered language assistance for those individuals with limited English proficiency or reading difficulties. ISK had found from previous needs assessments that black males with substance use issues were least engaged in services. The targeted outreach provided opportunity to engage with this population more directly.

There were several findings from the CHNA. ISK found that the array of crisis services, albeit robust, could be improved. The recently opened Urgent Care provides a much-needed service for individuals that need immediate intervention. However, the Urgent care could be enhanced by offering access to a prescriber for medications. ISK also found that social drivers of health such as housing continue to impact the community.

Strategically, ISK will continually use the CHNA to inform their hiring needs to ensure staff match the community. They also will use the findings to inform the implementation of evidence-based practices that have proven to be effective in the treatment of mental health and substance use disorders prevalent in the community.

METHODOLOGY

A. Qualitative Data Collection & Analysis

Integrated Services of Kalamazoo (ISK) conducted two separate surveys to gather community input and perspectives on mental health and substance use needs in the county. The broad community needs survey was available to the general public including persons served, family members or advocates, providers, staff, and other community agencies. Respondents could access the survey via a QR code, which was available at multiple ISK service locations, on the website, and sent out via email. All 352 responses were received electronically.

A targeted community needs survey was also conducted to better understand needs and experiences around mental health and substance use disorder (SUD) treatment. This survey was initiated in response to findings from the previous community needs survey which identified specific barriers to accessing SUD treatment, including stigma, lack of outreach and disparate outcomes for various subpopulations. The target population for this survey was black males with substance use disorders. The Black Talent Network, a group formed to address treatment barriers, was instrumental in prompting and facilitating participation in the survey. While some responses were initially captured on paper by members of the Black Talent Network, all 103 responses were eventually entered electronically.

Survey responses were exported from Survey Monkey into Excel. Responses to most survey questions were open-ended text resulting in a wide variety of answers, both in content, length, and clarity. A private and secure large language model (LLM) AI was used to process and summarize survey text answers before analysis. Themes generated from the LLM were used as the foundation for the information synthesized in the stakeholder input section of this report. Demographics on survey respondents were not summarized using the LLM. Significant data cleaning was required to condense responses into meaningful and representative categories.



B. Quantitative Data Collection & Analysis

Multiple public data sources were utilized in the creation of this report. The Census Bureau was a main source due to its credibility and wide range of accessible data. The Census Bureau's profile for Kalamazoo County pulls data from multiple sources including the Decennial Census, American Community Survey, and Economic Surveys Business Patterns. To acquire desired information not available through the Census Bureau, for example specific data on Kalamazoo County's economy, housing and living, and population health, Data USA was used. Data USA combines multiple public US Government data sets into a single easy-to-use platform.

Prevalence rates for mental health and substance use disorders were sourced from the Substance Abuse Mental Health Services Administration (SAMHSA) and the Michigan Substance Use Disorder Data Repository. America's Health Rankings (AHR) was also used.

Geographical data about Kalamazoo County was sourced from the Kalamazoo County Government website. The Kalamazoo Community Foundation and Shelter Listings websites were referenced for information on homeless shelters and low-cost housing services as well as other human service agencies. The Kalamazoo/Battle Creek International Airport, County Office, and Kalamazoo's metro websites were used to identify available transportation systems within the county.

Data internal to Integrated Services of Kalamazoo (ISK) persons served was also utilized in the creation of this report. Behavioral Health Treatment Episode Data Set (BHTEDS) was used to understand the demographic characteristics of persons served. Specific assessment data was also used to report primary population designations as well as the proportion of new versus existing clients. Social drivers of health (SDoH) needs were summarized from a SDoH screening tool recently implemented at ISK.



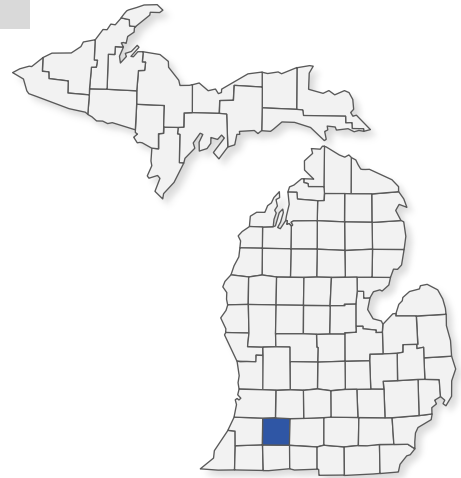


Background

SERVICE AREA DESCRIPTION & SERVICE SITES

A. Geographic Description of Service Area

The city of Kalamazoo, Michigan has a land area of 562 square miles (*United States Census Bureau 2022*) and includes the townships of Alamo, Brady, Charleston, Climax, Comstock, Cooper, Kalamazoo, Oshtemo, Pavilion, Prairie Ronde, Richland, Ross, Schoolcraft, Texas, and Wakeshma (*Kalamazoo County directories 2024*). Kalamazoo is considered a mostly urban county with approximately 465 people per square mile (*Kalamazoo County, Michigan detailed profile 2022*). The City of Kalamazoo holds the county seat.



The county is home to several universities including Western Michigan University, Kalamazoo Valley Community College, Kalamazoo College, Ross Medical Education Center, West Michigan College of Barbering and Beauty, and Western Michigan University Homer Stryker M.D School of Medicine (*Data USA: Kalamazoo County, MI 2021*). Two major hospital systems are present within the county, Borgess and Bronson, with multiple service locations: Borgess Medical Center, Bronson Healthcare Group, Bronson Methodist Hospital, Bronson Vicksburg Outpatient Center (*Hospitals - Kalamazoo County, MI (emergency & medical care) 2024*).

Approximately 25% of the population 16 years and older work in the education services, health care, and social assistance industries (*United States Census Bureau 2022*). Kalamazoo County operates two jails/juvenile justice facilities, the Kalamazoo County Sheriff's Office Jail (*Office of the sheriff 2023*) and Juvenile Home (*9th Judicial Circuit Court 2023*).

The county offers public transportation through the Kalamazoo Metro (*Welcome to Metro! 2024*). The Metro supports twenty-one routes within the county, the majority of which run seven days per week. The Kalamazoo/Battle Creek International Airport is centrally located within the county providing connectivity to hundreds of domestic and international destinations with frequent daily flights to two of the busiest hubs in the US – Chicago's O'Hare International Airport and Detroit Metropolitan Airport (*Kalamazoo/Battle Creek International Airport: Southwest Michigan 2024*).

The population of Kalamazoo County has increased 4.2% from 2010 to 2022. In comparison, the US population grew 7.7% and the Michigan population grew 1.6%. (usafacts.org)

The county is comprised of multiple human service agencies including housing (*Kalamazoo County, MI homeless shelters 2024*) and food resources (*Food Resources 2014*). The Kalamazoo Health and Community Services Department supports a variety of community health initiatives including vaccination Centers, women, and family health programs (*Health and Community Services Department 2023*). The county is comprised of multiple human service agencies including housing and veterans' services (*Health and Community Services Department Veterans Service Office 2023*).

B. Location of ISK Services

ISK has six service locations in the city of Kalamazoo that serve the entire county. Each location offers a variety of behavioral health services to the community.

610 S. Burdick Street

This location serves as the administration building and houses Corporate Compliance, Customer Services, Human Resources, Medical Records, Quality and Contracts, and Recipient Rights. Additionally, this location houses Care Coordination, Case Management, Community Health Workers, Supported Employment, and the Whole Health Initiative

418 W. Kalamazoo Avenue

This location houses ISK's Mental Health Corrections Services, Nutrition, and Training. The Mobile Integrated Behavioral Health Team is located here when not deployed in the community. This location also provides services to Youth and Families and Adults with Intellectual and Developmental Disabilities.

615 E. Crosstown Parkway

This location houses the Assertive Community Treatment team. Psychiatric services are offered at this location and Arcadia Pharmacy is on-site.

1207 Oakland Drive

This location is a recovery center offering housing.

2030 Portage Street

This location is an Outpatient Center offering services for youth and adults with specialization in Dialectical Behavioral Therapy, EMDR, Integrated Dual Disorder Treatment and other evidence-based outpatient treatments.

440 W. Kalamazoo Avenue

This location houses the Behavioral Health Urgent Care and Access Center (BHUCAC) for adults and youth. Anyone can walk in 24 hours per day, 7 days per week, 365 days per year. ISK welcomes anyone struggling with an urgent behavioral health problem. ISK serves people of all ages and incomes, with or without insurance coverage.

ISK contracts with the following Designated Collaborating Organizations (DCOs) to expand their capacity and offer choices to consumers of their CCBHC.

Family and Children Services

1608 Lake Street in Kalamazoo

Milestone Senior Services

918 Jasper Street in Kalamazoo

Recovery Institute of Southwest Michigan

123 S. Westnedge Avenue in Kalamazoo

MRC Inc Bridgeways

Case management services are located at 1606 S. Burdick Street in Kalamazoo

Community Healing Centers

Offers services at two locations in Kalamazoo. The Elizabeth Upjohn Community Healing Center is at 2615 Stadium Drive and the Gilmore Community Healing Center is at 1910 Shaffer Street.

ASK Family Services

445 W. Michigan Avenue, Suite 102 in Kalamazoo

WMU Center for Disability Services

Skill Building is in the Ernest Wilbur Building on WMU's east campus off Oakland Drive. Adult Wellness Programs are located at 100 W. Cork Street in Kalamazoo.

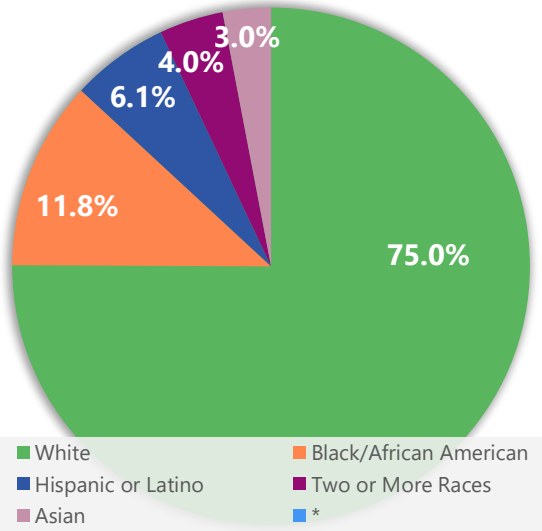
ISK PROVIDER AGENCIES

ISK also contracts with the following agencies to provide services such as Applied Behavior Analysis, Respite Care, Private Duty Nursing, Community Living Supports, Independent Facilitation, Family Support and Training, Peer Services, Care in a Residential Setting, Outpatient Therapy, Targeted Case Management, Home-based Services, Skill Building Assistance, Supports Coordination, Crisis Respite, Nursing Services, Clubhouse, Crisis Residential, Fiscal Intermediary Services, Occupational Therapy, Speech-Language Pathology, Supported Employment, and Music Therapy.

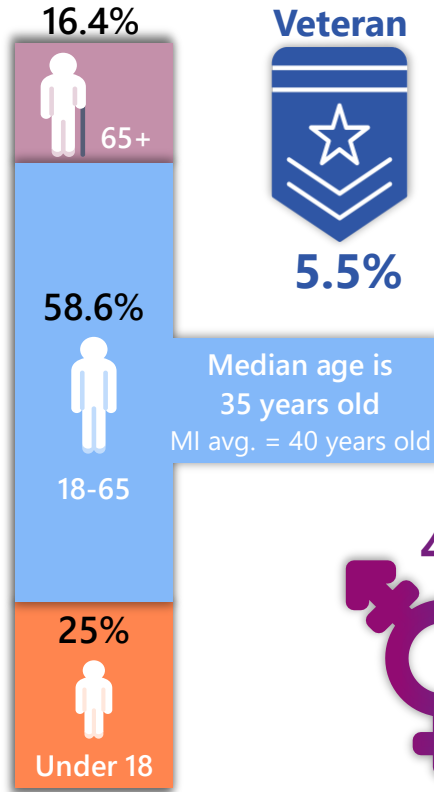
- ABA Pathways
- AbleLight Inc.
- Advantage Private Nursing, Inc.
- Allison Hammond
- ASK Family Services
- Autism Centers of MI
- Autism Spectrum Therapies
- Battle Buddies Home Healthcare LLC
- Beacon Specialized Living Services., Inc.
- Brookside AFC
- Burrell AFC, LLC
- Care from the Heart AFC
- CD Mended Hearts AFC Home
- Center for Growth and Independence
- Centria Healthcare LLC
- Colemaz AFC
- Community Healing Centers
- Community Living Options
- Community Living Support Services
- Cornerstone AFC
- Cornerstone I, Inc.
- Cornerstone II, Inc.
- Crisis Center, Inc d/b/a Listening Ear
- Eden Haven, LLC
- Family and Children Services
- Flatrock Manor
- Good Samaritan Specialized Care, LLC
- Gryphon Place
- Harmony Enterprises
- Hernandez Home, LLC
- Hudson's Country Manor, Inc.
- Interface Consultation Services, PLLC
- Iteration Evaluation, LLC
- Kalamazoo Autism Center
- Lincoln Behavioral Services
- Milestone Senior Services, Inc
- MOKA Corporation
- Moman AFC
- MRC Industries, Inc.
- Pavo Behavioral Health
- Phillips AFC
- Pine Rest Christian Mental Health Services
- Prader-Willi Homes of Oconomowoc, LLC
- Precious Care Assisted Living, LLC
- Progressive Alternatives, Inc
- Recovery Institute of Southwest Michigan, Inc
- Residential Opportunities, Inc
- Sakshaug Group Homes
- Social Care Elite
- South County Home Health Providers
- Starfish Family Services
- Stuart T. Wilson, CPA, PC
- Synthesis ABA, LLC
- The Therapy Place
- Thompson Tutoring
- Turning Leaf Behavioral Health Services
- VAV Operations MI, LLC
- Vicky Arnold
- Warming Hearts AFC
- WMU/Center for Disability Services

DEMOGRAPHICS

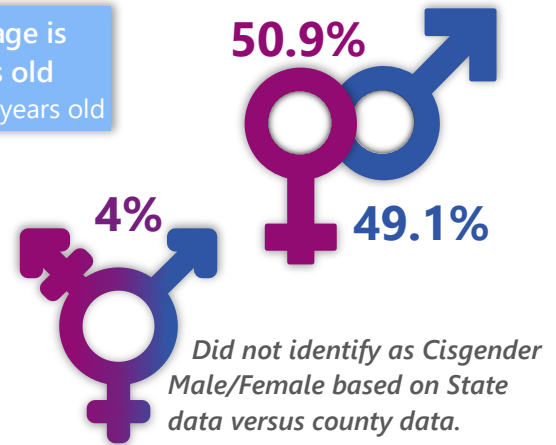
A. Service Area²



*American Indian, Native Hawaiian or other Pacific Islander, and Alaskan Native comprised less than 1% of the population as of July 1, 2023.

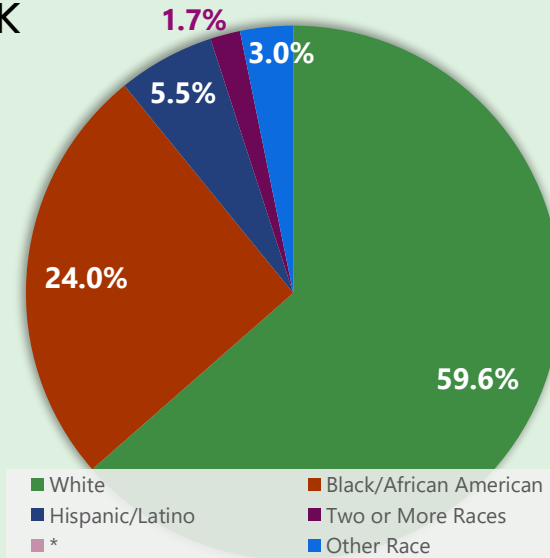
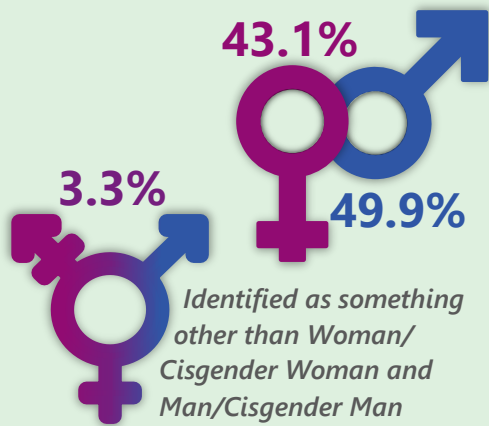


Kalamazoo County has a total population of **262,215**



B. Persons Served by ISK

Demographic information was captured for most individuals served (93.1%)



*Asian, American Indian, Native Hawaiian or other Pacific Islander, and Alaskan Native comprised less than 1% of the population served in fiscal year 2023.

7,873
individuals were served by ISK in 2023

2,071
were new to services

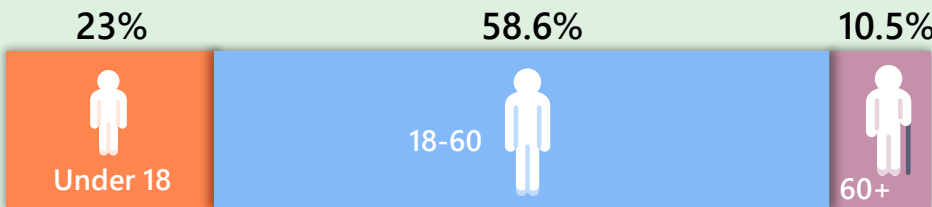


Figure 1. Kalamazoo and ISK Demographics

² U.S. Census Bureau QuickFacts: Kalamazoo County, Michigan

C. Summary of Key Takeaways

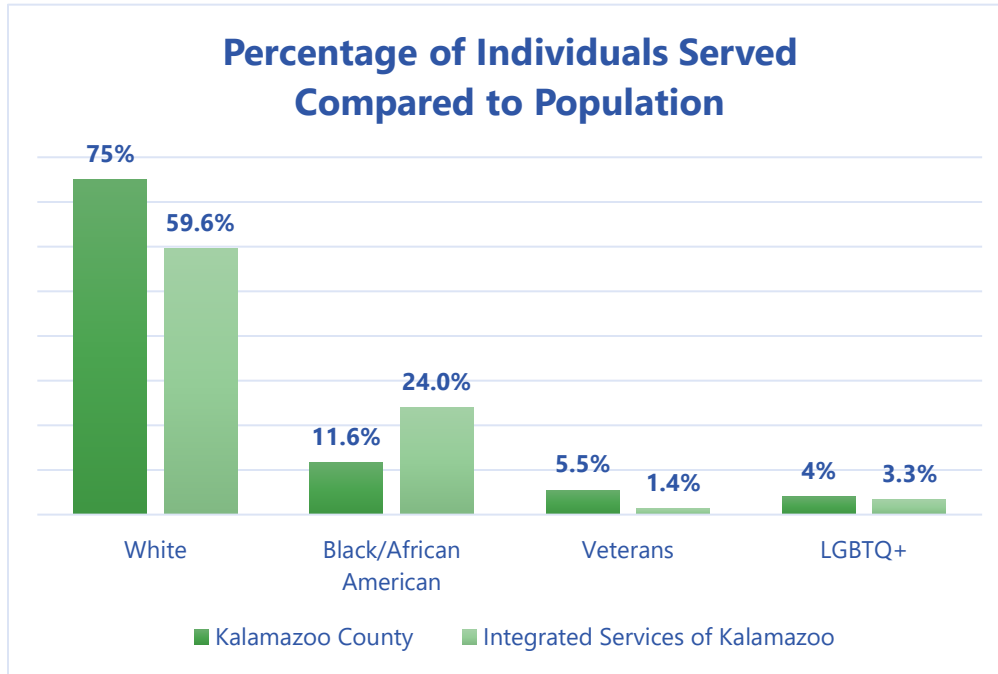


Figure 2

The targeted interventions that ISK has implemented to increase access to the Black/African American Population has demonstrated effectiveness.

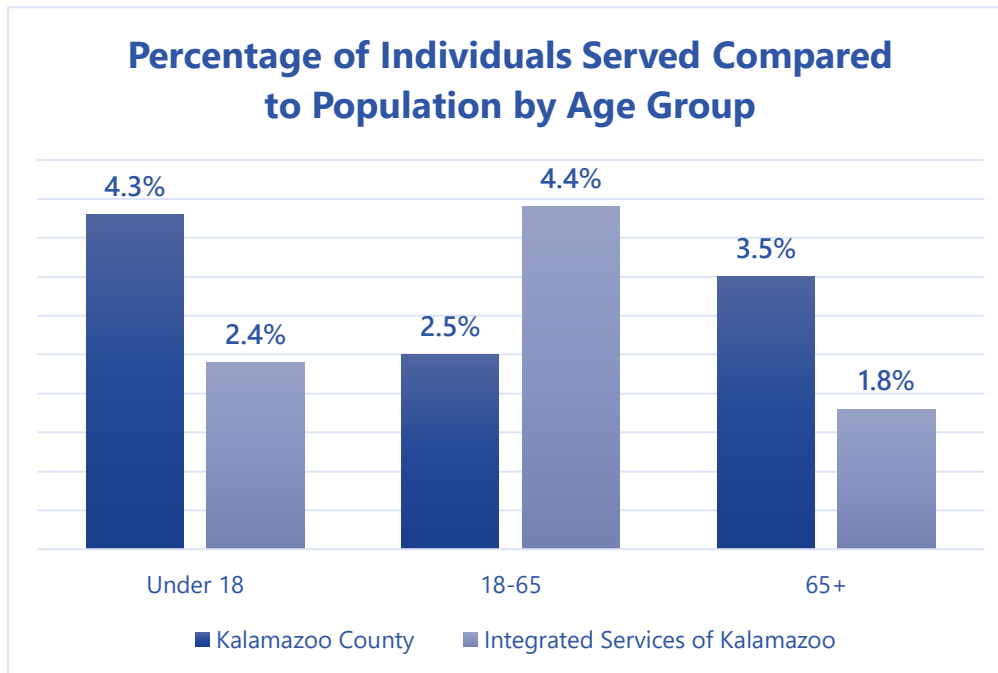


Figure 3

ISK SERVES ABOUT 3% OF THE POPULATION IN KALAMAZOO

ISK serves about 3% of the population of Kalamazoo County. The proportion of ISK persons served that identify as White is lower than the broader county population (59.6% compared to 75%). Approximately 24% of ISK persons served are Black or African American compared to 11.6% of the county population. Rates of person served by age and ethnicity align with county rates. 5.5% of Kalamazoo County residents identify as veterans while only 1.4% of ISK persons served are veterans. Contrasts in these demographic breakdowns may indicate potential differences in need for behavioral health services between subpopulations as well as potential barriers to access.



Needs Assessment Findings

Prevalence of Behavioral Health Issues

A. Prevalence of Mental Health and Substance Use Conditions in Kalamazoo³

In Kalamazoo County, adults reported that their mental health was not good on 5.4 of the previous 30 days compared to the state average of 5.3.

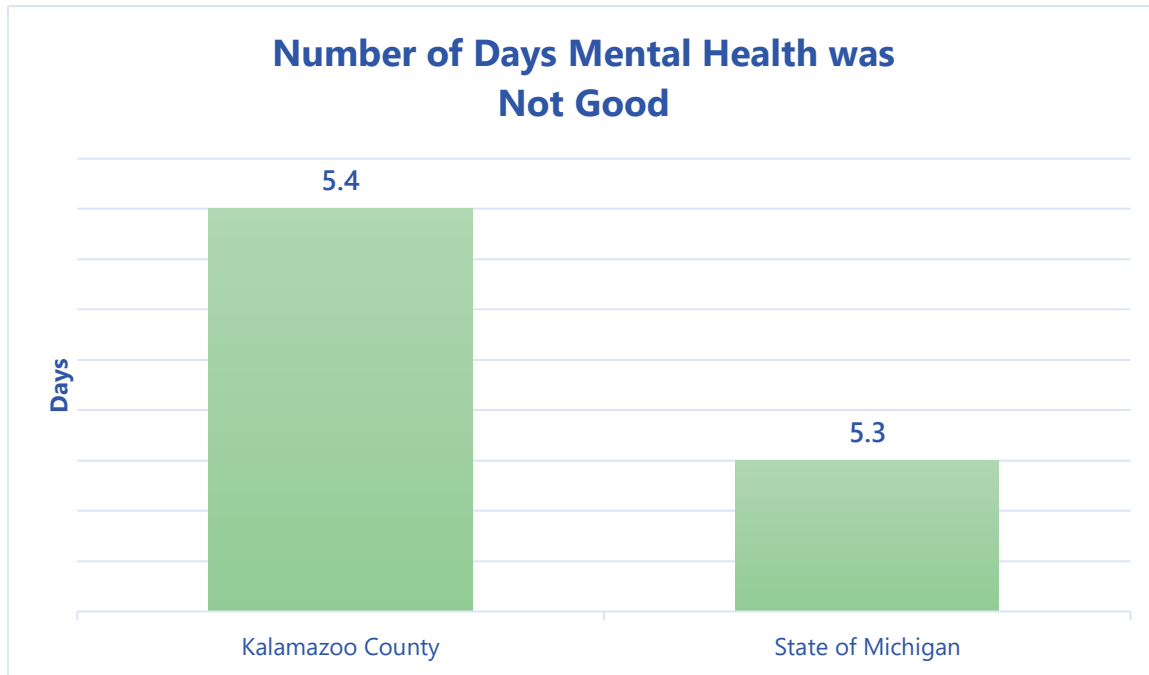


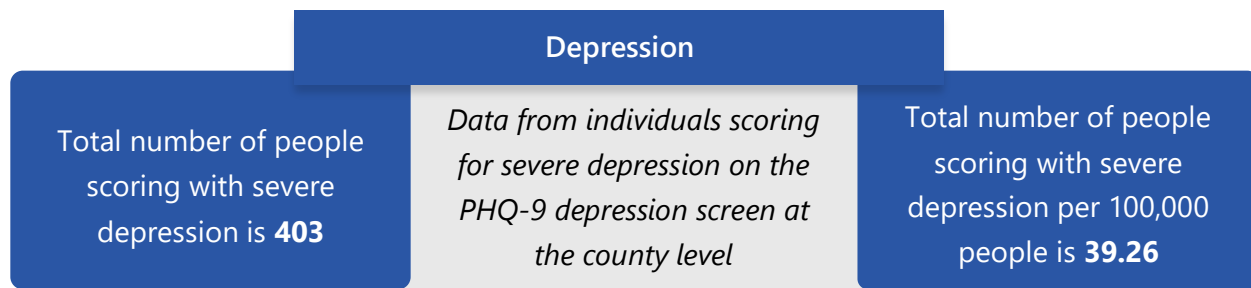
Figure 4

The Michigan Substance Use Vulnerability Index (MI-SUVI) is a tool for program planning and policy decision-making. The MI-SUVI measures vulnerability to individual and community adverse substance use outcomes. It is a standardized, composite score based on eight indicators related to three "components": substance use burden, substance use resources, and social vulnerability. ***As recent as 2022 Kalamazoo County is the 47th most vulnerable county (out of 83) in Michigan regarding substance use, with a MI-SUVI score comparable to the county average.*** ([4651dMichigan-SUVI-Documentation.pdf](#))

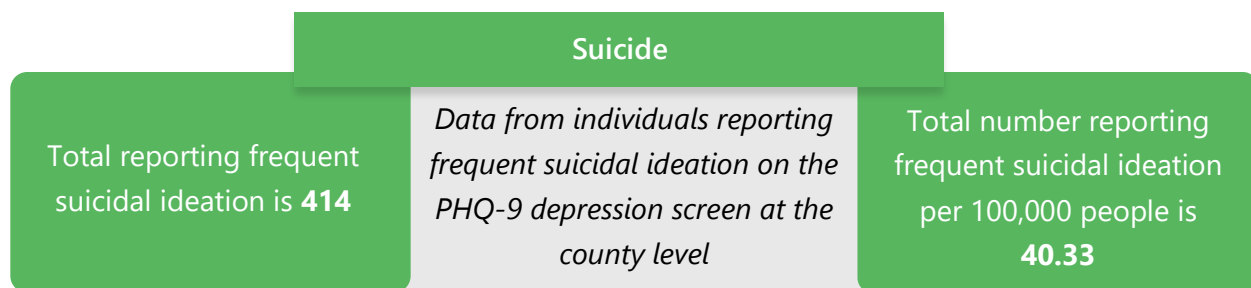


³ [Kalamazoo, Michigan | County Health Rankings & Roadmaps](#)

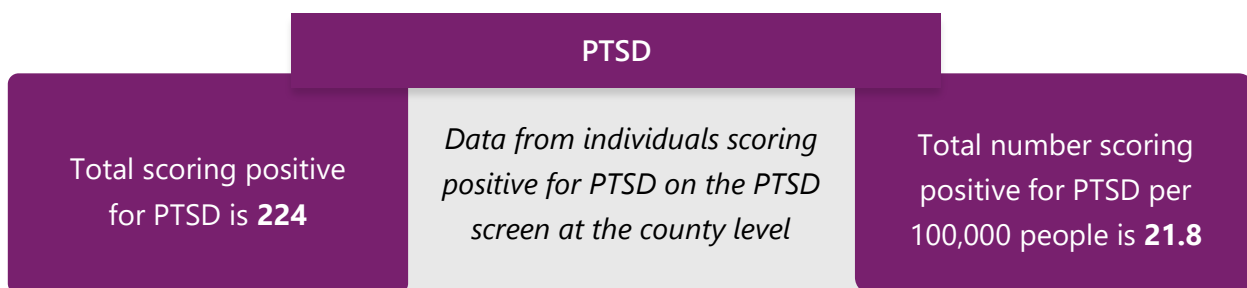
Kalamazoo County mental health information from 2020-2023:⁴



Depression: Data from individuals scoring for severe depression on the PHQ-9 depression screen at the county level. Total number of people scoring severe depression is 403. Total number scoring with severe depression per 100,000 people is 39.26.

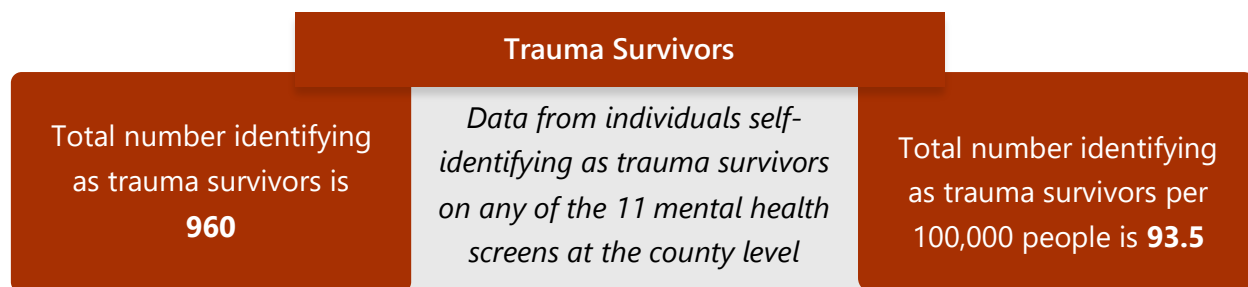


Suicide: Data from individuals reporting frequent suicidal ideation on the PHQ-9 depression screen at the county level. Total reporting frequent suicidal ideation is 414. Total number reporting frequent suicidal ideation per 100,000 is 40.33.

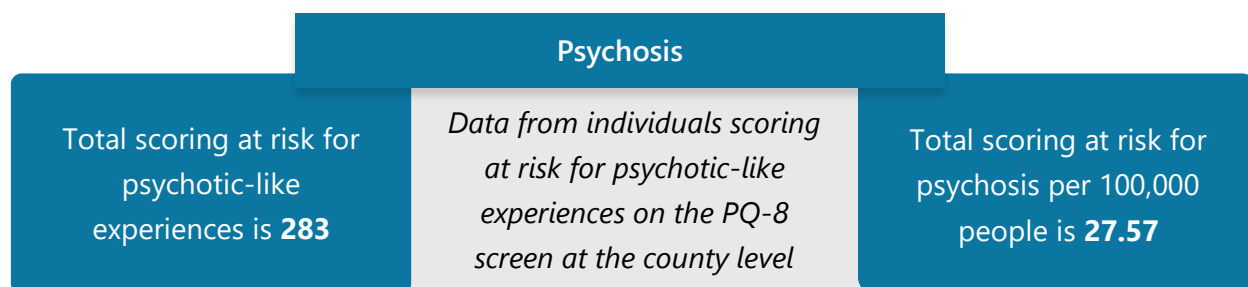


PTSD: Data from individuals scoring positive for PTSD on the PTSD screen at the county level. Total scoring positive for PTSD is 224. Total number scoring positive for PTSD per 100,000 is 21.8.

⁴ [County and State Data Map: Defining Mental Health Across Communities | Mental Health America \(mhanational.org\)](#)



Trauma Survivors: Data from individuals self-identifying as trauma survivors on any of the 11 mental health screens at the county level. Total number identifying as trauma survivors is 960. Total number identifying as trauma survivors per 100,000 is 93.5.



Psychosis: Data from individuals scoring at risk for psychotic-like experiences on the PQ-8 screen at the county level. Total scoring at risk for psychotic-like experiences is 283. Total scoring at risk for psychosis per 100,000 is 27.57.

Michigan has seen the following Substance Use emerging trends⁵:



Para-fluor fentanyl (pFF) between 2018-2022. Para-fluor fentanyl is a Schedule I synthetic opioid analgesic. It is more potent than fentanyl. As of October 2022, Swift Toxicology of Overdose-Related Mortalities (STORM) has detected 284 pFF-positive deaths, 72% of which occurred November 2021 to October 2022.



Xylazine between 2019-2023. Xylazine is a potent veterinary tranquilizer/sedative never approved for human use. As of April 17, 2023, STORM has detected 270 xylazine-positive decedents, of which 100% also tested positive for fentanyl.

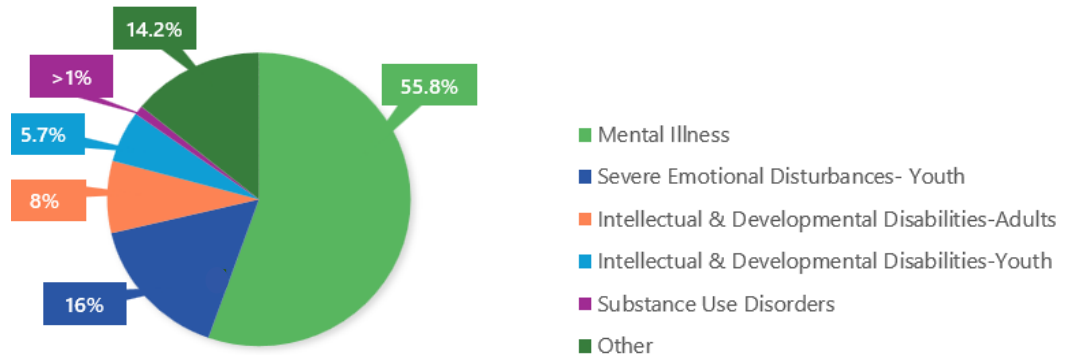


The 2022 rate of EMS responses to probable opioid overdose with cocaine involvement was 45% greater than the 2020 rate.

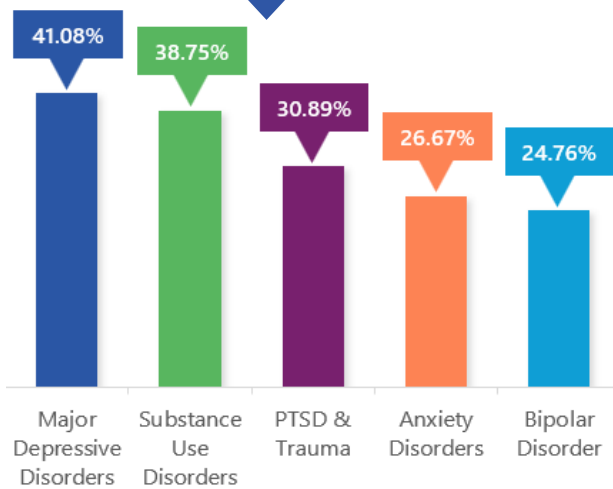
⁵ [Data \(michigan.gov\)](https://www.michigan.gov)

B. Mental Health and Substance Use Conditions Among ISK Persons Served

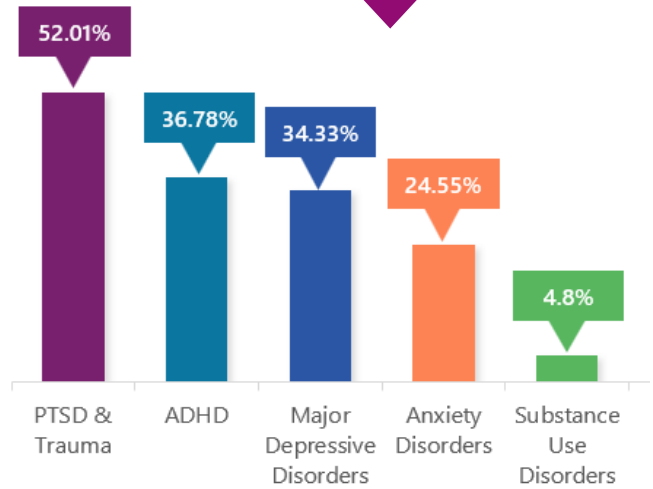
ISK served
7,873
individuals in
fiscal year
2023



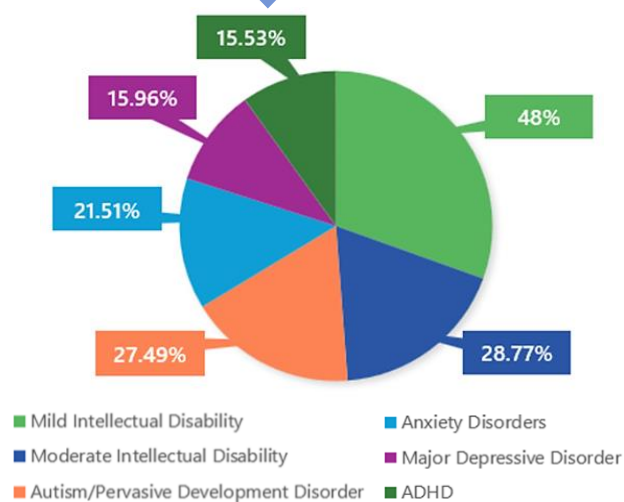
Most common behavioral health issues among adults



Most common behavioral health issues among youth



Adults with I/DD served by ISK



Youth with I/DD served by ISK

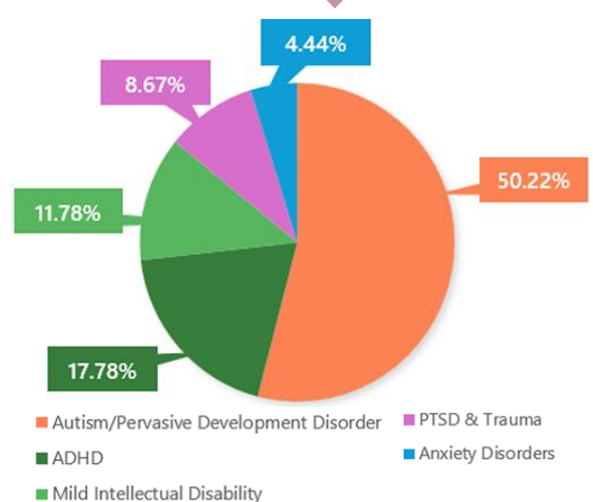


Figure 5. Conditions Among ISK's Population

C. Underserved Population(s)



Homeless Individuals⁶: The combination of mental illness, substance abuse, and poor physical health makes it challenging to maintain stability. Access to mental health services is often limited for homeless individuals. The City of Kalamazoo, Portage, and Kalamazoo County see 567 people unhoused on a given night, according to the National Alliance to End Homelessness.⁷

An estimated 20-25% of the U.S. homeless population suffers from severe mental illness, compared to 6% of the general public.



Low-Income⁸: Poverty causes stressors such as insecurity about food, housing, and income, affecting mental health. Families living in poverty face barriers to accessing mental health care due to lack of insurance, limited providers, and stigma. Culturally competent care is essential for addressing mental health disparities in low-income communities. 39,433 Kalamazoo households fall below Asset Limited, Income Constrained, Employed (ALICE) guidelines.

15% of Kalamazoo County households fall within poverty guidelines vs. the state average of 13%.¹



BIPOC (Black, Indigenous, and People of Color)⁹: Discrimination, societal stigma, and denial of civil rights contribute to mental health disparities. BIPOC individuals face higher rates of psychiatric disorders, substance abuse, and suicide. Culturally sensitive care is crucial to address their unique experiences and challenges. Kalamazoo County is comparable to the population of Michigan, which is also 75 percent white and 25 percent people of color.

Among communities of color in Kalamazoo, Black residents represent the largest group (11 percent) followed by Latinx (5 percent).¹



LGBTQ+¹⁰: Being LGBTQ+ is not a mental illness, but many LGBTQ+ people experience mental health struggles. Bisexual and transgender communities have higher rates of mental health concerns. LGBTQ+ individuals face discrimination, fear, and adverse events, but they also exhibit resilience and seek mental health services.¹¹

Approximately 4% of the Michigan population identifies as LGBTQ+.

⁶ [The Complex Link Between Homelessness and Mental Health | Psychology Today](#)

⁷ ['We don't have the resources': A look at the unhoused in Kalamazoo \(wwmt.com\)](#)

⁸ [Low-Income Communities | Anxiety and Depression Association of America, ADAA](#)

⁹ [BIPOC Mental Health | Mental Health America \(mhanational.org\)](#)

¹⁰ [LGBTQ+ Communities and Mental Health | Mental Health America \(mhanational.org\)](#)

¹¹ [Movement Advancement Project | State Profiles \(lgbtmap.org\)](#)



Veterans¹²: Anxiety, depression, suicidality, substance use disorder (SUD), and posttraumatic stress disorder (PTSD) are among some of the mental health conditions veterans experience at a greater rate than the general population. More than half of US veterans seek care outside of the Veterans Health Administration. Physical and mental healthcare needs can be complicated by experiences during military service. Community clinicians can deliver more holistic and comprehensive care to veterans through understanding the unique needs of the veteran population. There are approximately 12,513 Veterans living in Kalamazoo County.¹³

There are approximately 12,513 Veterans living in Kalamazoo County.



Immigrants¹⁴: Immigrants face unique stressors related to migration, cultural adaptation, and language barriers. Acculturation stress, discrimination, and family separation affect mental well-being. Culturally competent mental health services can help address their needs. The majority of the white, Black, and Latinx populations in Kalamazoo were born in the US, while a larger share of the Asian or Pacific Islander population are immigrants.^{15 16}

7.3% of Kalamazoo County households speak a language other than English¹⁶

Mental health significantly impacts underserved populations in various ways:

- 1 **Access to Care:** Many underserved communities face barriers to accessing mental health care, including lack of insurance, high costs, and limited availability of providers. This often results in untreated mental health conditions.¹⁷
- 2 **Stigma and Discrimination:** Stigma around mental health can be more pronounced in marginalized communities, making individuals less likely to seek help. Discrimination and lack of culturally competent care further exacerbate these issues.

¹² Zychowicz, Michael E. DNP, ANP-C, ONP-C, FAAN, FAANP; Jeter, Ertha DNP, ANP-C; Koerper, Emma C. MSN, FNP-C; Naimoli, Vanessa M. MA, MSN, FNP-C; Reynolds, Annie M. DNP, FNP-C. Meeting the complex healthcare needs of veterans. *The Nurse Practitioner* 47(9):p 20-28, September 2022. | DOI: 10.1097/01.NPR.0000855292.67169.4b

¹³ [U.S. Census Bureau QuickFacts: Kalamazoo County, Michigan](#)

¹⁴ [Providing culturally competent mental health care to immigrants and refugees | CAMH](#)

¹⁵ [Kalamazoo Equity Profile \(bayareaequityatlas.org\)](#)

¹⁶ [U.S. Census Bureau QuickFacts: Kalamazoo County, Michigan](#)

¹⁷ [Overlooked and Underserved: Promoting Mental Health Equity in Marginalized Communities | Healthiest Communities Health News | U.S. News \(usnews.com\)](#)

3

Economic and Social Factors: Poverty, unemployment, and unstable housing are more prevalent in underserved populations, contributing to higher stress levels and mental health issues. These factors also make it harder to access and afford care.¹⁸

4

Health Outcomes: Poor mental health can lead to severe consequences, such as increased risk of substance abuse, homelessness, and involvement in criminal activities. It also negatively affects physical health, leading to a cycle of poor overall health.¹⁹

Addressing these challenges requires targeted interventions, including increasing access to affordable care, reducing stigma, and providing culturally competent services.

D. Unmet Needs of Individuals with Mental Health or Substance Use Conditions

Unmet needs in behavioral healthcare refer to situations where individuals do not receive necessary mental health or substance use services or when the care, they receive is insufficient or inadequate. Unmet needs can lead to poorer health outcomes. For individuals with mental health or substance use conditions, unmet needs include:

Access to Services²⁰: Over half (54.7%) of adults with a mental illness receive no treatment. Over 28 million individuals experiencing a mental illness are going untreated. In Michigan, the prevalence of untreated adults with mental illness is 49.40%.

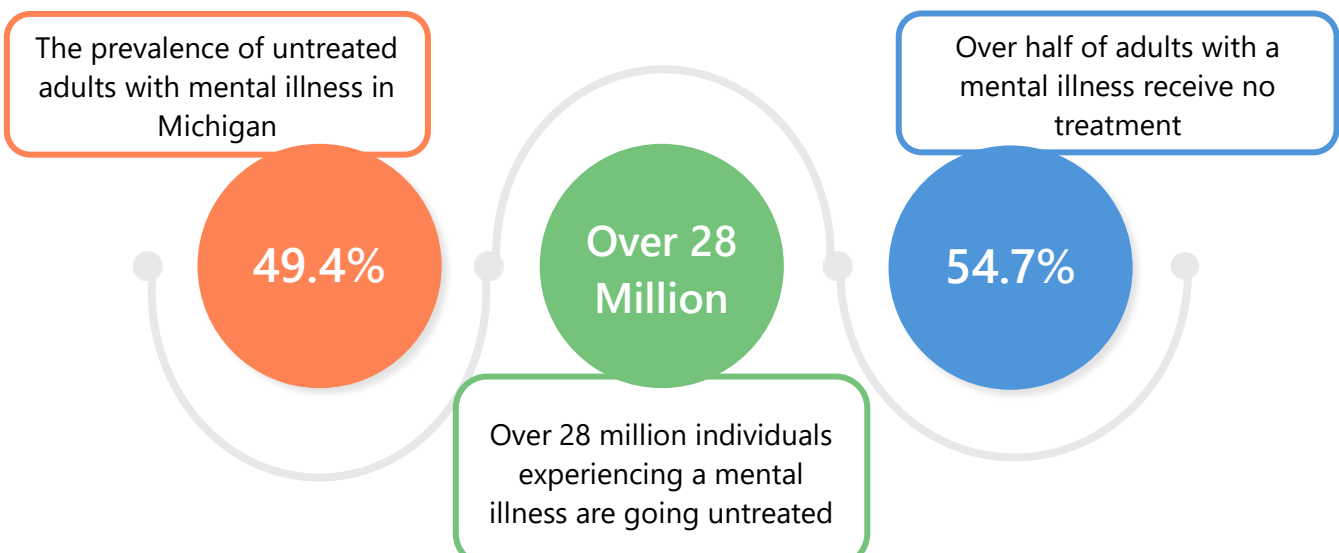


Figure 6

¹⁸ [There's a new push to reach underserved communities \(apa.org\)](#)

¹⁹ [Amplifying the Mental Health Needs of Underserved Youth \(advancetheseed.org\)](#)

²⁰ [Access to Care Data 2023 | Mental Health America \(mhanational.org\)](#)

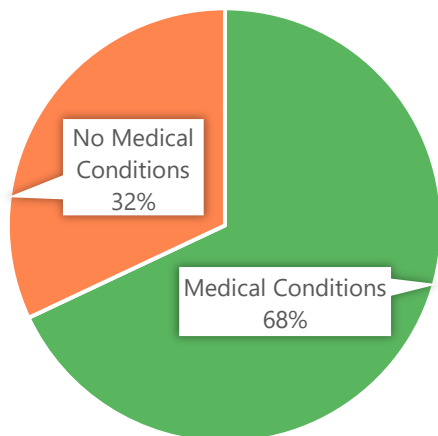
Social Connectedness and Loneliness: According to the CDC, 1 in 3 adults report feeling lonely and 1 in 4 adults report not having social and emotional support. Social isolation and loneliness put a person at risk of developing serious mental and physical health conditions. A significantly higher proportion of people with severe mental illness experience social isolation compared to the general population.²¹



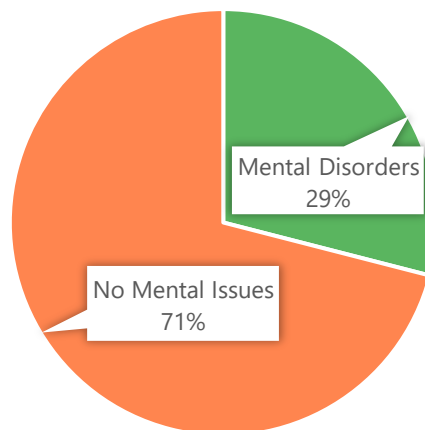
Figure 7

Co-Morbid Health Conditions²²: 68% of individuals with mental disorders also have medical conditions and 29% of those with medical conditions also have mental disorders. Co-morbidities result in substantial disparities in morbidity, mortality, and health care costs.

Individuals with Mental Disorders



Individuals with Medical Conditions



Morbidity



Mortality



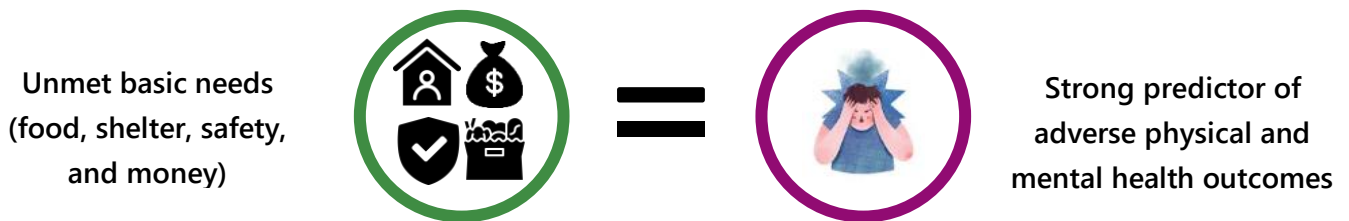
Health Care Costs

Figure 8

²¹ [Unmet Needs of People with Serious Mental Illness: Perspectives from Certified Peer Specialists \(mhanational.org\)](https://www.mhanational.org/unmet-needs-of-people-with-serious-mental-illness-perspectives-from-certified-peer-specialists)

²² Rosenfeld LC, Wang P, Holland J, Ruble M, Parsons T 3rd, Huang H. Care Management of Comorbid Medical and Psychiatric Illness: A Conceptual Framework for Improving Equity of Care. *Popul Health Manag.* 2022 Apr;25(2):148-156. doi: 10.1089/pop.2021.0366. PMID: 35442788; PMCID: PMC9058884.

Basic Needs²³: Basic needs like food, shelter, safety, and money for necessities sometimes go unmet in economically disadvantaged populations. Having unmet basic needs predicts adverse physical and mental health outcomes and mortality and is a strong predictor of psychological stress, which also adversely affects health and is experienced disproportionately by low-income and minority populations. *39.4 percent of Americans struggle to pay for basic necessities like housing and food.*²⁴



Trauma²⁵: Trauma is a response to an intensely stressful event(s) or situation. Traumatic events can happen at any age and have lasting effects on physical and mental well-being. Each person’s experience is unique, but there are common causes, and many people share some symptoms of post-traumatic stress, like anxiety, flashbacks, and sleep disruption. Untreated trauma can worsen over time, leading to chronic mental health issues, physical health problems, and impaired functioning. *90% of adults report exposure to at least one potentially traumatic event (PTE) during their lifetime.*²⁶

90% of adults report exposure to trauma



²³ Cappelletti ER, Kreuter MW, Boyum S, Thompson T. Basic needs, stress and the effects of tailored health communication in vulnerable populations. Health Educ Res. 2015 Aug;30(4):591-8. doi: 10.1093/her/cyv033. PMID: 26187910; PMCID: PMC4592353.

²⁴ [material hardship among nonelderly adults and their families in 2017.pdf \(urban.org\)](#)

²⁵ [What Is Trauma? Effects, Causes, Types, and How to Heal \(psychcentral.com\)](#)

²⁶ Feriante J, Sharma NP. Acute and Chronic Mental Health Trauma. [Updated 2023 Aug 2]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK594231/>

Professional/Workforce Shortages²⁷: According to the Substance Abuse and Mental Health Services Administration (SAMHSA), 58 million adults experienced a mental health condition in 2021. However, due to an undersized mental health workforce and limited available treatment options in workforce shortage areas, only 28% of mental health needs were met nationwide. In the specific case of Kalamazoo County, the mental health provider-to-patient ratio is 210:1.

*In 2021, only **28%** of mental health needs were met nationwide*

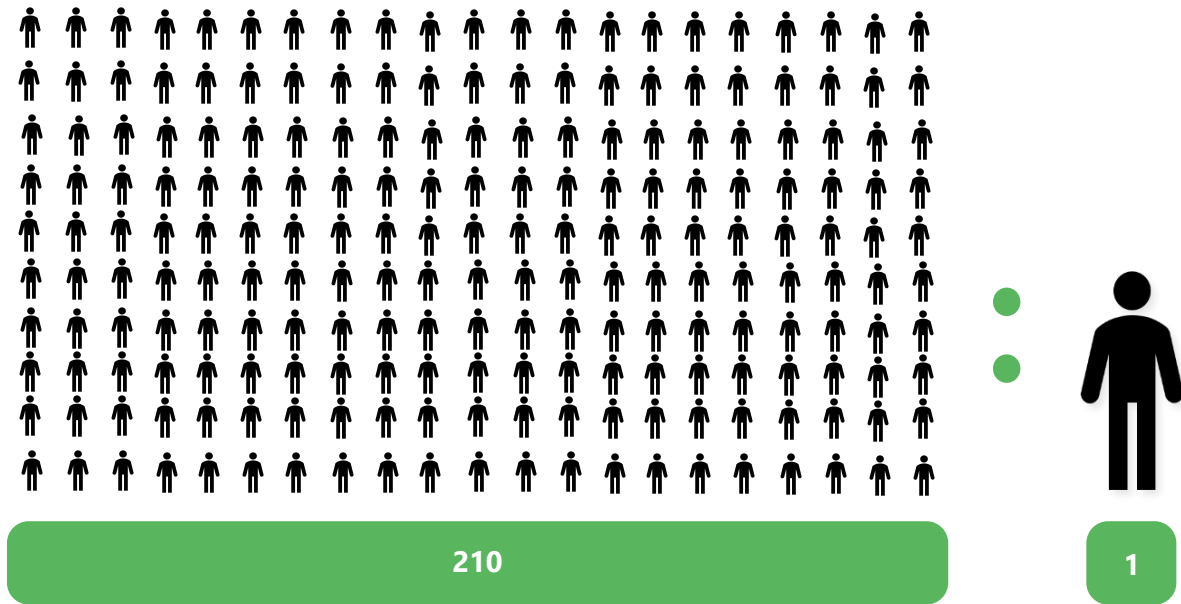


Figure 9

E. Unmet Needs of Individuals with Intellectual and Developmental Disorders²⁸

Timely Services^{29,30} When individuals with developmental disorders do not receive timely services, it can lead to several significant challenges. Delayed diagnoses and lengthy waiting lists can result in undetected and untreated health issues, exacerbating existing conditions. This lack of timely intervention can hinder developmental progress, making it harder for individuals to reach important milestones. Additionally, without prompt access to necessary services, individuals may face increased dependence on caregivers and reduced opportunities for education and employment. The overall quality of life can be severely impacted, leading to poorer health outcomes, and increased social isolation. Addressing these delays by improving access to timely and appropriate services is crucial for supporting the well-being and development of individuals with developmental disorders.

²⁷ [Map of Health Professional Shortage Areas: Mental Health, by County, April 2024 - Rural Health Information Hub](#)

²⁸ <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/reportsproposals/michigans-mission-based-performance-indicator-system>

²⁹ <https://www.who.int/news/item/15-09-2023-new-reports-highlights-neglected-health-needs-of-children-with-developmental-disabilities>

³⁰ <https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-024-03265-7>

The chart below represents the percentage of individuals served by ISK that started ongoing services within 14 days of a biopsychosocial assessment.

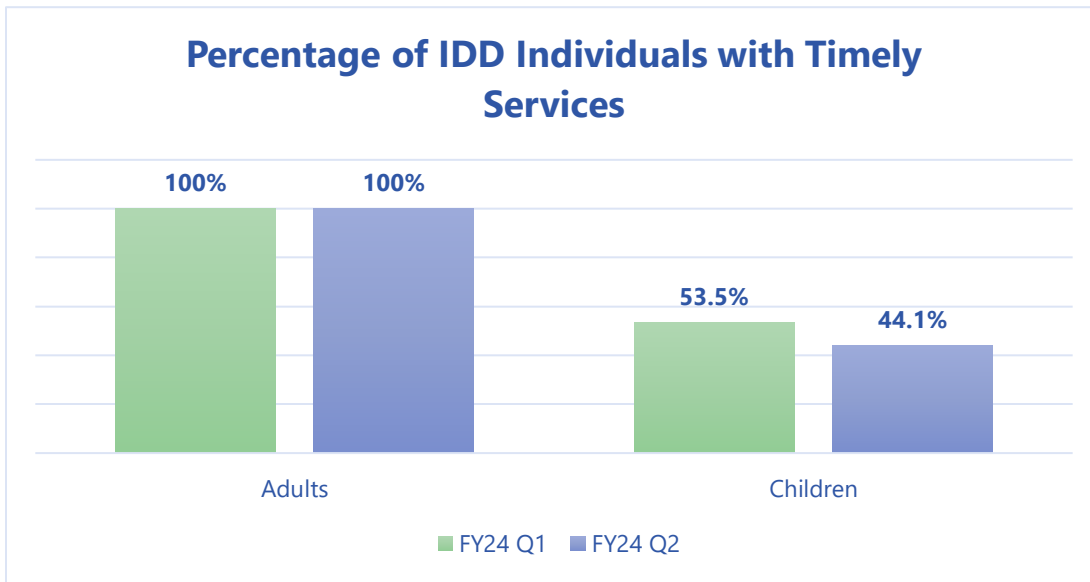


Figure 10

Employment: When individuals with developmental disorders are not employed, they often face financial instability, increased social isolation, and mental health challenges such as depression and anxiety. The lack of employment opportunities can lead to skill deterioration, reducing their chances of future employment and contributing to a diminished quality of life. Additionally, their potential economic contributions are lost, impacting both their personal growth and the broader community. Creating inclusive employment opportunities and providing necessary support can help mitigate these negative effects, fostering a more inclusive and supportive society.

The chart below represents the percentage of adults with Intellectual Developmental Disorders (IDD) and those dually diagnosed with IDD and mental illness (IDD+MI) served by ISK that are employed.

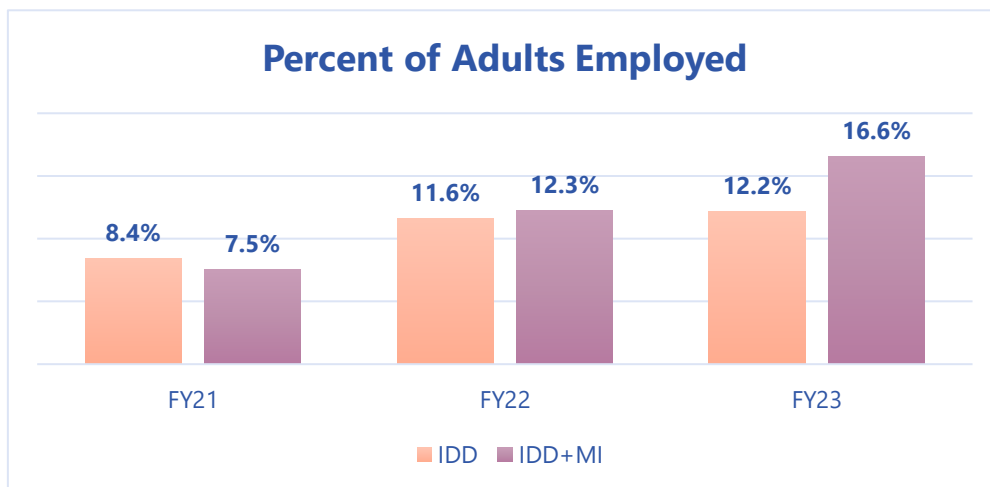


Figure 11

Living in a Private Residence: When individuals with developmental disorders do not live in a private residence, they often experience reduced independence and fewer opportunities to make personal choices. This can lead to social isolation, as their interactions may be limited to those within the care environment, hindering broader community engagement. The quality of care can vary, impacting their overall well-being and development. Additionally, the lack of a private space can contribute to stress and anxiety, affecting mental health. Opportunities for developing essential life skills may also be limited, further reducing their ability to integrate fully into the community. Creating supportive living environments that promote independence and community involvement is crucial for enhancing their quality of life.

The chart indicates the percentage of adults with IDD or IDD+MI served by ISK who live in a private residence alone, with spouse, or non-relatives.

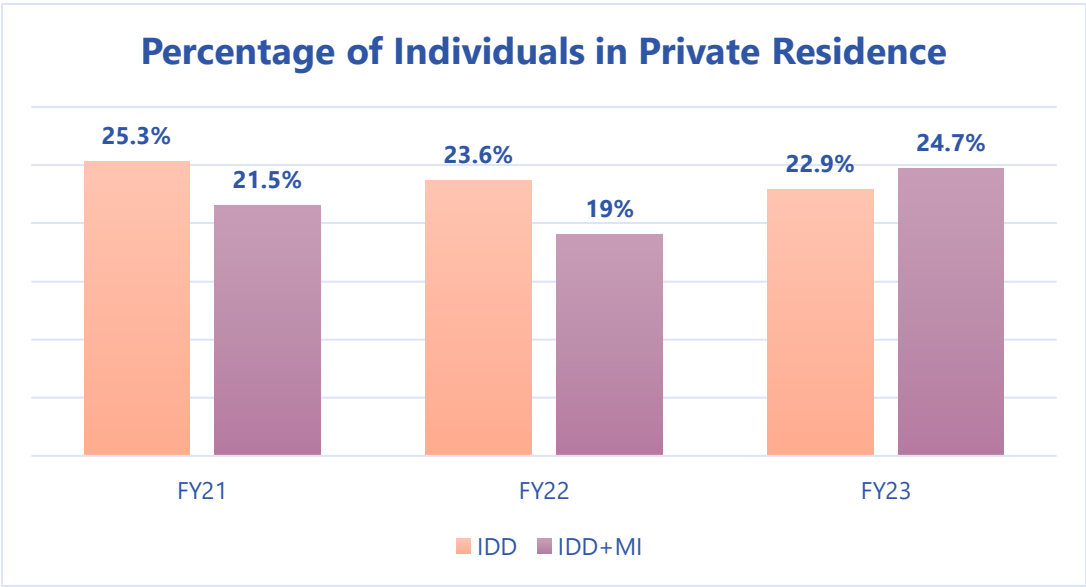


Figure 12

Addressing the Service Population



Adults with Mental Illness: ISK offers individual and group outpatient therapy, targeted case management, and psychiatric services. Evidence-based programming includes Assertive Community Treatment (ACT), Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Motivational Interviewing, Recovery After an Initial Schizophrenia Episode (RAISE), and Thinking For A Change.



Adults with SUD/Co-Occurring Mental Illness: ISK offers several evidence-based programs that are tailored to meet the needs of individuals impacted by the use of substances. Services include Dimensions Smoking Cessation, Integrated Dual Disorder Treatment (IDDT), Living In Balance, Medication Assisted Treatment for alcohol and opioid use, Naloxone opiate reversal, Screening, Brief Intervention, Referral to Treatment (SBIRT), Twelve-Step facilitation, Matrix Intensive Outpatient Treatment, and Motivational Groups for Substance Abuse.



Child/Youth with Mental Illness: In addition to adult services, ISK offers individual and group outpatient therapy, targeted case management, and psychiatric services for children and youth. Specialty children's services include Dialectical Behavioral Therapy-Adolescents, Multi-Systemic Therapy, Healthy Transition Program, Home-based services, respite care, school-based services, and Wraparound. Family services include Parent-Management Training-Oregon, Parenting with Love and Limits, Parenting through Change, and Parenting through Change-Reunification.



Child/Youth with SUD/Co-Occurring Mental Illness: In addition to outpatient therapy, ISK offers Integrated Co-occurring Treatment (ICT) is an evidence-based approach embedded in an intensive home-based method of service delivery. It provides a core set of services to youth with co-occurring disorders of substance use and serious emotional disability.



Persons with Developmental or Cognitive Disabilities: ISK offers supported employment, community living support, individualized assessment and treatment planning, family education and support, respite care, skill building, and case management. ISK also offers Specialized Residential Treatment and Autism services.



Individuals with Primary SUD: ISK sees a small number of individuals with a primary or non-co-occurring diagnosis of substance use disorder. ISK is part of the Southwest Michigan Behavioral Health (SWMBH) region and SWMBH is responsible for coordinating, authorizing, and approving substance abuse services through its provider network.

Addressing the Underserved Populations

Homeless Individuals: The HRC provides a broad array of housing-related services focused on individuals with mental health and/or substance use issues. Services include outreach to individuals living in emergency shelters or places not meant for human habitation, peer support, short-term shelter, referrals and linkage to services and needs, direct assistance with setting housing goals and accessing resources, rental assistance payments, and post-housing support. ISK also has a Mobile Intensive Behavioral Health Team (MIBHT) that works with individuals without housing that are currently in day shelters. Staff assist individuals with obtaining their birth certificates for Michigan identification cards and engaging in services and supports.



The ISK Housing Recovery Center (HRC) functions to assist individuals with finding and maintaining safe, accessible, and affordable housing.

ISK provides care regardless of ability to pay.

pay, caring for those who are underserved, have low incomes, are insured, uninsured, or on Medicaid, and those who are active-duty military or veterans.

Black, Indigenous, and People of Color (BIPOC): ISK provides culturally competent behavioral health services. This means understanding and respecting the diverse backgrounds, beliefs, and experiences of BIPOC individuals. ISK has several affinity groups whose purpose is to allow employees to participate and engage in an identity group with those who share similar interests and goals.

The Black Talent Network is a voluntary employee group focused on creating a supportive environment to build community, engagement, and accomplish established goals working within ISK's mission, vision, and values.

Low Income: ISK's CCBHC services are available to any individual in need of care who has a mental health and/or substance use disorder. The ISK CCBHC will provide care regardless of ability to

The Black Talent Network has done targeted outreach in the BIPOC community to understand their behavioral health needs, experiences, and barriers to mental health and substance use services at Integrated Services of Kalamazoo.



LGBTQ+: In 2024, ISK received a \$75,000 suicide prevention grant to better support the LGBTQ+ population as well as youth and young adults at risk of suicide in Kalamazoo County. The funding comes from a collaborative initiative to provide suicide prevention support for Michigan organizations working with health-disparate populations.

Veterans: ISK employs a Veteran Navigator to assist service members, veterans, and their families with housing, health, employment, education, mental health, jail diversion and other areas of need. The key responsibility of the Veteran Navigator is to assist veterans to navigate services, link veterans to resources, provide emotional support, education and outreach and reduce any barriers to care.

Service Members, Veterans, and their Families (SMVF) in Kalamazoo County can access Veteran Navigator services to get expert knowledge about organizations and services available to them.

Immigrants: ISK prohibits discrimination based on race, color, national origin, or immigration status. ISK provides language assistance services to individuals with Limited English Proficiency (LEP) by employing competent bilingual staff who can communicate effectively. They also have contracts with organizations for interpretation services and translated written materials and can employ telephonic or technology-based interpretation services when needed.

ISK employs staff that speak the following languages: Panjabi, Hindi, Spanish, Latvian, Filipino (Tagalog), Korean, French, Portuguese, and Ukrainian

Addressing Unmet Needs

Access to Care: Contacting ISK's Access Center is the first step for seeking any ISK service. The Access Center Line is available 24 hours per day, 7 days per week. Individuals who are deaf or hard of hearing should call the Michigan Relay Center (MRC) at 7-1-1 for assistance in reaching the Access Line. Same-day access assessments are available for adults, youth, and families. Non-urgent walk-in services are available for Adults Monday through Friday from 8 am to 8 pm and for Youth Monday through Friday 8 am to 5 pm. Services are available on Saturdays for adults and youth from 9 am to 2 pm. Emergency mental health and crisis services are available at the Urgent Care Center 24/7.



Trauma: ISK has specialty-trained therapists that provide evidence-based services to individuals who have been impacted by trauma. Services include Eye Movement and Desensitization Reprocessing (EMDR), Seeking Safety, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Trauma Recovery and Empowerment Model (TREM), Trauma Based Caregiver Group, Helping Women Recover, Helping Men Recover, and Trauma Screening. Additionally, all staff are trained on the impact of trauma, recognizing the signs of trauma, and preventing re-trauma.



Social Connectedness and Loneliness: ISK employs Certified Peer Specialists (CPS) who are individuals who are trained and certified to provide ongoing support to individuals and their families receiving mental health and/or substance use recovery supports and services. These specialists work from the perspective of their lived experience to help build environments conducive to recovery. Their role involves offering empathy, understanding, and practical guidance to others who are navigating similar challenges. CPS contribute to fostering meaningful relationships and reducing isolation. CPS share their experiences, provide practical advice, and offer emotional support. ISK offers several peer services such as Wellness Recovery Action Plan (WRAP), Whole Health Action Management (WHAM), and Illness Management and Recovery. Peers are also embedded in ISK's mobile crisis teams and Assertive Community Treatment (ACT) teams.



Co-Morbid Health Conditions: ISK has several nurse care coordinators that monitor for complications of psychiatric medications, such as metabolic syndrome, which results in morbidity, mortality, and high-cost care. Care coordinators monitor medication adherence and drug-to-drug interactions that lead to medication toxicity, delirium, falls, urinary incontinence, and avoidable admissions. Care coordinators also communicate with primary care providers to ensure providers are working collaboratively. As part of ISK's Whole Health Initiative, they employ a primary behavioral health integration team that works within the local FQHC and in collaboration with the primary care doctors. Additionally, ISK offers the InShape (Self Health Action Plan for Empowerment) wellness program.

Evidence-based practices (EBPs)

are approaches and interventions that are grounded in scientific research and have been proven effective through rigorous evaluation.

EVIDENCE-BASED

ISK recognizes the importances of evidence-based practices and offers 37 different EBPs to address the needs of the community.

37

Implementing EBPs in behavioral health care settings involves training clinicians, using standardized protocols, and continuously evaluating the effectiveness of Interventions.

Basic Needs: ISK offers a Nutrition Care Coordination service that connects individuals with access to food and nutrition resources within the community. ISK also offers Supported Employment and Housing Services to individuals.

Professional/Workforce Shortage: According to the county health rankings, Kalamazoo County has a ratio of 210 mental health providers to every patient (210:1). This ratio is much better than the state of Michigan (320:1) or the national status of 340:1.³¹ ISK employs 452 administrative, para-professional, professional, and provider staff. ISK is an advocate and promoter of the MI Loan repayment program to encourage staffing and retention. Recruitment and the development of a paid internship program has been developed to encourage interns for entry into the field. ISK is also collaborating with Kalamazoo Valley Community College for development of curriculum focused on training and opportunities to obtain an Associate's degree to provide services such as CLS and other direct care.

ISK offers a paid internship and has collaborated with KVCC on training future direct care staff

F. Summary of Findings

To effectively address the behavioral health issues within the community, ISK must expand its reach to a larger portion of the population, ensuring that services are representative of the community at large and inclusive of sub-populations identified for targeted outreach. Developing a model for predicting future service demands and needs will help address underserved populations by allowing ISK to proactively identify gaps in service and adjust resources before those gaps widen. The predictive model will ensure that ISK is not just reacting to immediate needs but is strategically planning to meet future demands, improving access to care for underserved populations and reducing disparities in behavioral health services. Additionally, staffing must be equipped to address the specific, unmet needs of individuals to ensure comprehensive treatment of their clinical concerns.

³¹ [Kalamazoo, Michigan | County Health Rankings & Roadmaps](#)

BEHAVIORAL HEALTH CRISIS

The number of suicides in Kalamazoo County has risen from 40 in 2013 to 55 in 2022. 46 were male and 9 were female. 21 individuals that died by suicide were between the ages of 45-64, with the second largest group (17 individuals) between the ages of 26-44. There were 73 drug-related deaths in 2022, 62 were accidental, 8 were suicide, and 3 were indeterminate. 43 involved the use of opioids.

55 suicides in 2022

73 drug-related deaths in 2022

A. Behavioral Health Crisis Services in Kalamazoo

In Kalamazoo County, Gryphon Place offers crisis intervention and resource assistance services via their call line. The YMCA Kalamazoo provides support for domestic violence and sexual assault, and Great Lakes Psychiatry Group offers psychiatric services daily from 8am to 9pm. Ascension Borgess Hospital and Bronson Methodist Hospital both offer emergency department services 24/7.

B. ISK Crisis Services

ISK provides crisis services to anyone in need. Crisis is defined by the person or family in need. Below is the current array of crisis services provided by ISK. This crisis continuum aligns with the Michigan Crisis System Model that is currently under development.



Someone To Call: ISK has a 24/7 crisis line available 7 days/week. The crisis line handles all calls that come in directly or are transferred from 988. ISK is currently working to build out an Air Traffic Control model that includes dispatching the mobile crisis teams directly.



Someone to Respond: ISK has two mobile crisis teams that serve both adults and children. Per the Michigan Medicaid requirements, these teams are staffed by a master-level clinician and a paraprofessional such as a Peer Support Specialist. ISK also partners with local law enforcement to have a master-level clinician ride along with officers on behavioral health-related calls.



Somewhere to Go: ISK has multiple access points for individuals requiring crisis services, including:

Urgent Care/Walk-In Services: On Monday, July 10, 2023, Integrated Services of Kalamazoo opened the doors to its new Behavioral Health Urgent Care & Access Center at 440 W. Kalamazoo Ave., Kalamazoo, Mich., 49007. Offering same-day access and urgent care treatment for mental health and substance use disorders, the center will be open weekdays from 8 a.m. to 8 p.m. through Friday, July 21, increasing to 24 hours a day, seven days a week



Non-urgent walk-in services

Adults Monday-Friday 8am to 8pm

Youth Monday-Friday 8am to 5pm

on Monday July 24. The site will be Kalamazoo County's first behavioral health urgent care and access center, and one of very few across the state of Michigan. The Urgent Care & Access Center has staff available 24 hours per day. Using data from access services (intake evaluations), and crisis and pre-screenings for psychiatric inpatient, ISK has developed a 24-hour staffing schedule. The multi-disciplinary team includes masters-level clinicians, community health workers, client access specialists, and masters-level supervisors. In the current state, ISK does not have prescribers 24/7.



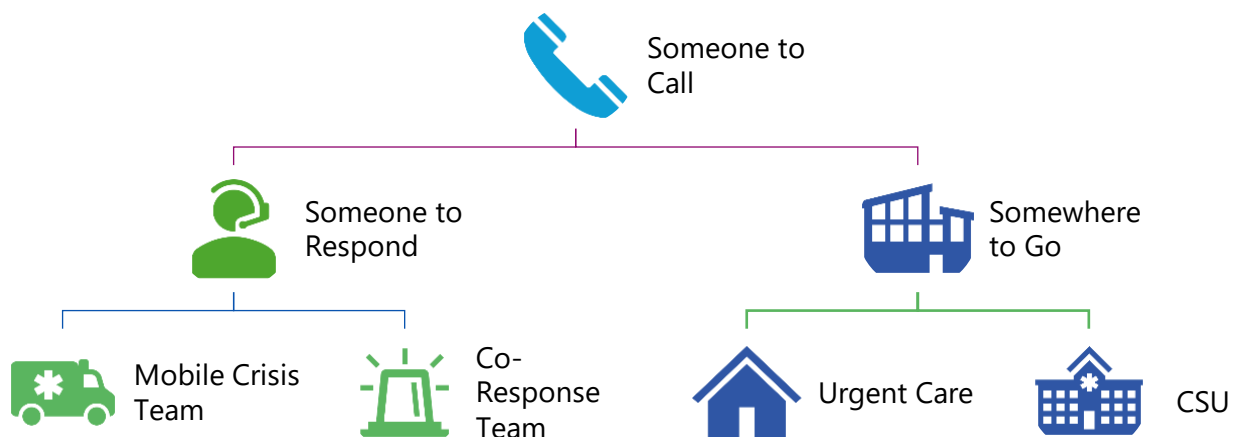
Crisis Stabilization Unit: ISK is currently developing its Crisis Stabilization Unit (CSU) and participating in the Michigan Department of Health and Human Services CSU Cohort. ISK has been participating in workgroups and providing feedback on the CSU certification requirements.



Post Crisis Services: Following a crisis intervention, ISK will work with individuals to arrange services such as peer support, therapy, case management, and psychiatric evaluation. If needed, ISK will also arrange for psychiatric inpatient, crisis residential, crisis respite, or partial hospitalization. The process varies based on payer type.

C. Summary of Findings

ISK provides a comprehensive continuum of crisis services. By integrating the Air Traffic Control model into its hotline services, ISK would be able to directly dispatch mobile teams, improving both access to care and the timeliness of responses. Expanding collaboration with law enforcement, community partners, and dispatch services would further enhance and streamline its mobile crisis response. While the Urgent Care Center plays a critical role in the system, it is not a traditional medical facility. To effectively address mental health crises, it is essential that the Urgent Care Center have prescribers available virtually 24/7 to provide psychopharmacology services.



SOCIAL DRIVERS OF HEALTH³²

Social drivers of behavioral health refer to the conditions and factors that significantly influence an individual's mental and emotional well-being.

A. Social Drivers of Health in Kalamazoo County^{33,34}

Social drivers of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age. Social drivers of health (SDOH) have a major impact on people's health, well-being, and quality of life³⁵. They also contribute to health disparities. Simply promoting a healthy lifestyle will not remove these disparities which is why it is important for providers to understand and improve these conditions within their community.

Economic Stability: People living in poverty face greater exposure to unhealthy environments and are at a higher risk for mental health conditions. The median household income in Kalamazoo County is \$69,584, more than the Michigan median household income of \$66,986. Approximately 11.8% of the county population is living in poverty, compared to the state's poverty rate of 13.4%. Poverty rates are consistent across age groups with 11% of county residents under 18 years of age living in poverty, 12.7% of residents 18-64 years, and 9.1% of those 65 years and older. The employment rate in Kalamazoo County is 64.1%, higher than the overall rate for Michigan of 58.7%. Educational services, health care, and social assistance industries (25.6%) and manufacturing (17.2%) comprise the largest industries for the civilian employed population 16 years and older. Almost 95% of workers drive alone, carpool or work from home. Less than 1% rely on public transportation to get to work. The average commute time to work is 20.9 minutes. 1.24% of the workforce has a commute greater than 90 minutes.

11.8% OF THE KALAMAZOO COUNTY POPULATION IS LIVING IN POVERTY

Neighborhood and Built Environment: Living conditions, access to green space, unsafe neighborhoods, and poor housing quality all have an impact on mental well-being. **12.3% of the county population lacks adequate access to food.** Roughly 8% are low-income and do not live close to a grocery store. 63.6% of Kalamazoo County residents are homeowners, less than the state rate of 73.2%. Approximately 6% of all housing units in the county are vacant. In 2022, 13.4% of the population was living with severe housing problems. This is a decrease of 2.94% from rates reported in 2014 (16.34%). The rate of violent crimes reported has increased from 430 per 100,000 in 2014 to 534 per 100,000 in 2022. Homicides and firearm fatalities also saw increases during this timeframe.



³² [Social Determinants of Health | Mental Health America \(mhanational.org\)](#)

³³ [Kalamazoo County, Michigan - Census Bureau Profile](#)

³⁴ [Kalamazoo County, MI | Data USA](#)

³⁵ [Social Determinants of Health - Healthy People 2030 | health.gov](#)

Health Care Access and Quality:

Lack of insurance or financial barriers can prevent individuals from seeking timely care. 4.5% of the Kalamazoo population is without healthcare coverage, consistent with state estimates. Age groups 18-34 years and 35-64 years comprise the largest portion of those that are uninsured. Roughly 10% of county residents have a disability, lower than the statewide rate of 14.3%. The patient to primary care physician ratio is 1,000 to 1, a slight decrease (2.63%) from the previous year.

4.5% OF THE POPULATION IS UNINSURED

Education Access and Quality: Higher education levels correlate with better health behaviors and improved mental health. 40.6% of the county population has a bachelor's degree or higher compared to the statewide rate of 32.1%. 94.6% of those 25 years and older have a high school or equivalent degree or higher. 16.5% have a graduate or professional degree. Roughly half (53.6%) of the school enrolled population in the county is enrolled in kindergarten to 12th grade.



Culture and Language: Cultural beliefs and norms influence health behaviors and attitudes toward seeking help. **German, English, and Irish comprise the largest ethnic groups (20.3%, 12.1%, and 10.8% respectively).** The remaining ethnicities account for less than four percent of the total population. Approximately 5.5% of the county population is foreign-born. Roughly 92% of the county population speaks only English. Other languages spoken include Spanish (2.9%) Other Indo-European languages (2.3%) and Asian and Pacific Islander languages (1.4%) (United States Census Bureau 2022).

B. Social Drivers of Health Among ISK Persons Served

Screening for Social Drivers of Health (SDoH) is conducted by ISK's Community Health Workers (CHWs) on a routine basis. Needs related to housing, legal issues, interpersonal violence/abuse, loneliness/community isolation, employment, transportation, utilities, childcare, and food are assessed and reviewed at least quarterly. In fiscal year 2023 ISK screened 2,784 unique individuals for SDoH. Needs related to housing were the most frequently reported (39.8%). Non-permanent housing (e.g., hotel/motel, shelter, or unhoused), shared housing (doubled-up/staying with others) and eviction risk were among the most frequently reported housing needs. Individuals being behind on rent or living in a self- or agency-paid hotel/motel were also identified for a portion of the individuals screened. Other housing needs, falling outside those listed above, were also commonly reported.

Loneliness/social isolation, transportation, legal and employment needs were also frequently reported (21.4%, 19.7%, 18.2%, and 17.4% respectively). Needs falling outside of these categories (i.e., other needs) were also frequently identified (19.9%).

Needs related to housing were the most frequently reported at

39.8%

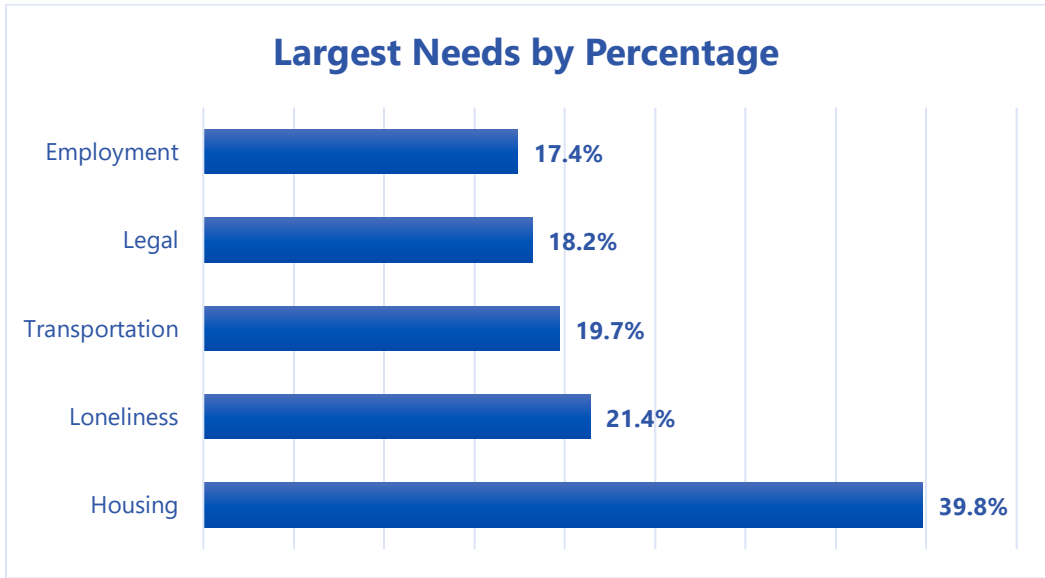


Figure 13

Approximately 94.2% of individuals served by ISK speak English as their primary language. Spanish or Castilian speakers make up roughly 0.5%.

C. Summary of Findings

While the number of individuals living with severe housing problems has been steadily decreasing, housing needs continue to be a primary concern for those served. ISK is aware that those they serve struggle with transportation, obtaining and maintaining employment, and have a variety of legal concerns or needs. Although Kalamazoo has public transportation, very few use this resource. Unemployment may be better in Kalamazoo than in other areas of the state but appears to be a larger concern for the ISK-served population

than the general population. Violent crime rates in the county have risen and may be contributing to the legal concerns or needs of the ISK-served population. ISK should continue to expand working relationships within the community and develop innovative partnerships to address homelessness, transportation, and other SDoH that are impacting mental wellness and recovery.



STAKEHOLDER INPUT

ISK conducted two surveys to gather feedback from stakeholders.

Broad Community Needs Survey: ISK received 352 responses to the broad community needs survey. Approximately 100 respondents chose not to complete the demographic section of the survey. The summary below only includes respondents who completed the demographic questions (~75% of respondents).

- Age:** Approximately 40% were over 50 years of age. 30–39-year-olds and 40-49-years-olds both comprised about 25% of responses and 18-29 years olds made up the remaining 10%. There were no respondents under the age of 18.
- Race and Ethnicity:** The overwhelming majority (76%) of respondents were White. 12.65% were Black or African American and 4.3% identified as Two or more races. 3.95% identified as Hispanic. All other ethnicities reported each made up less than 1% of all responses.
- Gender Identity:** 80% of respondents identified as female and 15% male. 3.15% identified as non-binary.
- Sexual Orientation:** 66% of respondents identified as heterosexual and just under 10% as bisexual. Gay, lesbian, pansexual and queer each made up between 2.5-3% of all respondents. All other gender identity categories reported made up less than 1% of all responses.
- Other:** 21% of respondents reported having a disability and almost 33% were individuals who had received mental health services or were a family member or advocate. 17% of participants were ISK staff 12% were from a private mental health provider organization and another 12% identified as other human services professional³⁶. 50% of respondents noted that they live in Kalamazoo County. 50% also stated that they work in Kalamazoo County³⁷.

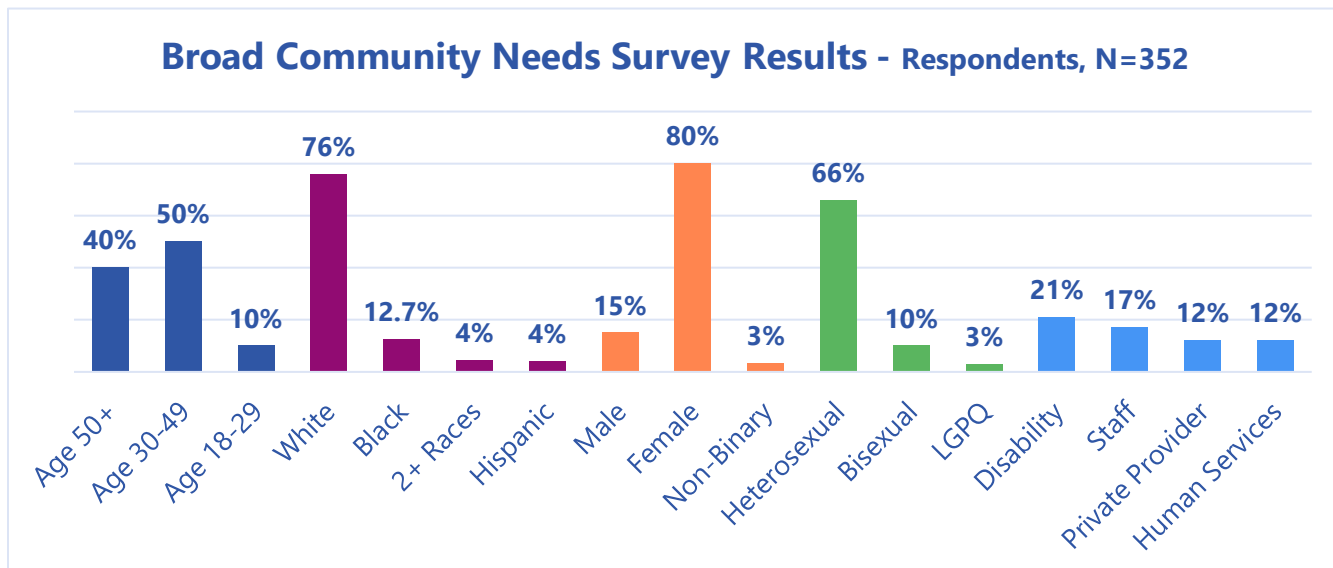


Figure 14

³⁶ Respondents could select more than one category for which they represent. The total responses across all categories may be larger than the total number of individuals who participated in the survey.

³⁷ Respondents could select more than one category for which they represent. The total responses across all categories may be larger than the total number of individuals who participated in the survey.

Targeted Community Needs Survey: ISK received 103 responses to the targeted community needs survey. Approximately 40 respondents chose not to complete the demographic section of the survey. The summary below only includes respondents who completed the demographic questions (~60% of respondents).

- Age:** Approximately 30% of respondents were over 50 years of age. 18-29, 30-39 and 40-49-year-olds were evenly represented at 22%, 25% and 23% respectively. There were no respondents under the age of 18.
- Race and Ethnicity:** The overwhelming majority (89%) of respondents identified as Black/African American. Few respondents (n=4) identified as White, and one respondent identified as Two or more races. One respondent identified as Hispanic.
- Gender Identity:** 87% of respondents identified as male and 11% female. One respondent identified as non-binary.
- Sexual Orientation:** 87% of respondents identified as heterosexual and 8% as homosexual. All other responses comprised two or fewer participants.
- Other:** 10% of respondents reported having a disability. 32% of participants identified Kalamazoo as their neighborhood of residence, 19.5% responded Northside and 12.2% Westside. All other responses regarding location were comprised of 3 or fewer participants. 36 respondents were persons served or family members/advocates. 35 participants identified as representing the general public. A handful of respondents identified as representing the education system while all other responses were comprised of two or fewer participants (Private mental health/SUD provider organization, ISK staff, Primary health care, public health agency, Michigan DHHS, Justice System, Housing services system, Adult foster care system, Other).

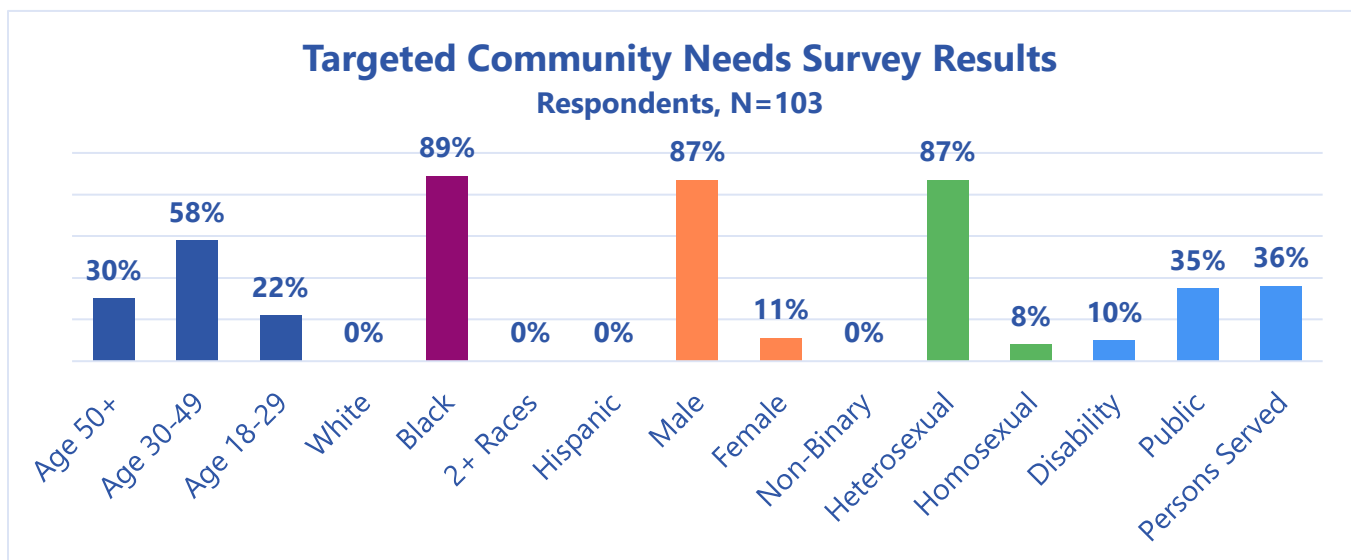


Figure 15

By understanding what stakeholders care about, ISK can foster stronger, more engaged relationships. ISK can ensure that voices of all community members are heard and represented in planning. The insights gathered from these surveys guide planning and decision-making processes to ensure they align with stakeholder interests. The Broad survey was open to the community inviting anyone and everyone to respond. The targeted survey was a specific outreach to known underserved communities, specifically black males.

A. Input from Stakeholders on Community Needs

Both surveys aimed to gather input from stakeholders on community needs. These survey questions centered around identifying the most significant mental health or behavioral health needs that need to be addressed in the community, as well as trends or recent changes identified. **Themes** around community needs included:

Accessibility and Availability of Mental Health Services:

The survey highlighted the need for improved accessibility and availability of mental health services. Respondents pointed out several barriers:

- **Systematic barriers** and challenges in **navigating and coordinating care**.
- **Time-consuming processes** and extensive **paperwork** delaying service access.
- **Cost of services** and **transportation issues** affecting service availability.

Additionally, respondents suggested that **increasing mental health literacy** could help in:

- **Educating the community** about available services.
- **Raising awareness** and **reducing stigma** associated with mental health.
- **Creating a supportive environment** where mental health and substance use disorders are openly discussed and treated.

Prevalence of Mental Health and Substance Use Issues:

Many respondents expressed concerns about increasing mental health and substance use needs within the community such as:

- A variety of issues such as **depression, anxiety,** and **substance-related** conditions.
- Issues impacting **children and youth** ranging from bullying to suicide
- Growing behavioral health needs of the **elderly**
- Lingering **impacts from COVID-19**
- The **impact of technology and social media** on mental health

Awareness and Support for Specific Subpopulations:

Many survey respondents noted concerns for specific populations with the community including:

- **Youth, the homeless, veterans, and racial or ethnic minorities.**
- The importance of providing **services tailored to these specific populations** as well as
- Having staff that **reflect the community**
- **Homelessness and housing needs** were noted most frequently in both surveys.
- The provision of housing and associated **support services** alongside the management of mental health

"More people that look like me when I need help."

B. Input from Stakeholders on CCBHC Services

Both surveys elicited valuable feedback from stakeholders on services provided by Integrated Services of Kalamazoo. Specific to its CCBHC service offerings, respondents noted that ISK services are:

Comprehensive and Community-Oriented:

Many respondents noted:

- The diverse **array of services** provided by ISK including mental health, substance use **and other supports** such as housing.
- ISK provides services to individuals **across the lifespan**
- Services are offered in **a variety of settings** making them more accessible.
- ISK's **integration within the community** including the role the organization plays in supporting underserved populations such as the homeless and those involved in the legal system.
- A **comprehensive approach** is necessary for treatment to be effective.

Responsive to Crisis:

24/7 access to crisis management services is a key component of CCBHC, and the availability and accessibility of crisis services was noted as a critical aspect of ISK's service offerings. Respondents frequently highlighted:

- The broad **continuum of services** offered and ISK's ability to address routine, urgent and emergent levels of need.
- The opening of the **Behavioral Health Urgent Care (BHUC)** was identified as a key component of increasing capacity to address mental health crises.

Innovative and Flexible:

Survey respondents articulated:

- The value of ISK's willingness to **adopt innovative practices**
- The organization's ability to **adapt to changing community needs**.
- The importance of ongoing **training**
- **Diverse, understanding, and professional** staff.
- The dedication and professionalism of ISK staff is a significant contributor to clients' having **positive experiences**.

"The Behavioral Health Urgent Care Facility has provided a much-needed resource for crisis intervention."

C. Input from Stakeholders on Access to Care

Stakeholder input highlighted the importance of access to mental health and substance use services, noting specific themes that promote access to care including the provision of the following:

Safe and Supportive Environment:

Many respondents noted that:

- A **safe, welcoming, and supportive environment** is crucial when accessing services.
- **Seeking help can be very difficult** and noted feelings of embarrassment and worthlessness about needing to seek help.
- Being responded to in a way that is **non-judgmental and respectful** creates a sense of safety and support within the treatment environment.
- The necessity of **emotional support** from friends, family and peers was also frequently noted.
- Having a strong support system was a **key driver** in initially seeking help.

Holistic Approach:

In addition to ISK, the number of available providers or resources in the community was noted within various survey questions (hospitals, churches, support groups etc.). Respondents expressed the importance of:

- Having access to a **network of resources** within their community
- Resources to effectively **coordinate** an individual's care
- A strong connection between community providers was necessary to ensure **access to care**.
- Treatment approaches to **consider all aspects of an individual** (physical, behavioral, spiritual etc.) to be successful

Co-located Services and Multiple Access Points:

Several respondents noted:

- ISK's offering of multiple services at the **same location** was noted as a clear contributor to increasing access to care.
- The convenience of being able to receive a **comprehensive set of services at one location** was praised by many respondents and noted as having a positive impact on access.
- With transportation identified as a significant barrier, **limiting the need to travel** to multiple appointments at varying locations are a great benefit
- ISK's ability to offer **multiple points of access**, making it easier for individuals to find their way into the system.
- Allowing multiple points of entry **promotes timely access** and increases initiation and **engagement in services**.

"Easy access to mental health services, multiple locations."

D. Input from Stakeholders on Barriers to Care

Insurance and Finances:

Many respondents identified:

- **cost** as a significant barrier to treatment
- Issues understanding and **navigating insurance** coverage
- general **affordability** of services as a barrier to care

Timeliness:

Respondents noted:

- **Long wait times** to receive services were noted and resulted in concerns about the impact of timely support.
- The process for seeking services is lengthy and involves significant **paperwork** which can be extremely discouraging

Transportation:

Both surveys indicated:

- **Geographic proximity** to services and transportation as significant barriers to receiving care
- The locations of ISK services may be challenging for individuals in parts of the county to access
- Availability and consistency of **transportation was lacking**
- Transportation options were not always clear causing **confusion** about how or where to access transportation services

“Insurance requirements and stipulations always make accessing care or accessing the right kind of care challenging.”



CURRENT STRENGTHS AND CHALLENGES AT ISK

A. ISK Strengths

Community Needs and Barriers to Care

- Expanded service hours
- Targeted outreach to underserved populations
- Serves individuals regardless of residency
- Has a culturally diverse workforce

Community Responsive Staffing

- 37 Evidence-Based Practices
- Full spectrum of behavioral health services
- Services address both adult and child mental health issues
- Services are available for individuals with intellectual and developmental disorders
- A full continuum of crisis services: Someone to Call, Someone to Respond, Somewhere to Go

Effective Partnerships and Care Coordination

- Strong relationships with law enforcement
- Over ten years of providing Crisis Intervention Team (CIT) trainings
- Crisis co-response with Portage Police Department
- Clinicians embedded at the county jail
- Clinicians located at probation and parole offices
- Partnerships with mental health and drug courts

B. ISK Challenges and Gaps

Community Needs and Barriers to Care

- Distance and transportation issues
- Stigma and perceptions about mental health and substance use issues
- Extensive paperwork requirements
- Reaching marginalized communities

Community Responsive Staffing

- Shortage of prescribers
- Technology to dispatch services efficiently
- Shortage of available clinicians, case managers, and direct care workers
- Competitive work environments

Effective Partnerships and Care Coordination

- Siloed care systems
- Lack of community partner agencies to address housing, transportation, etc.
- Geographic barriers
- Incomplete electronic health records
- Varied reimbursement models

C. Summary of Findings

To effectively address the behavioral health challenges within the community, ISK must expand its reach to a larger portion of the population, ensuring that services are representative of the community at large and inclusive of sub-populations identified for targeted outreach. Developing a predictive model for future service demands and needs will help ISK proactively identify gaps in service and adjust resources before those gaps widen. This model will allow ISK to strategically plan for future demands, improving access to care for underserved populations and reducing disparities in behavioral health services. Additionally, staffing must be equipped to address the specific, unmet needs of individuals, ensuring comprehensive treatment of their clinical concerns.

ISK's strengths position it well to meet these challenges. The organization already offers services outside of traditional business hours and has developed outreach programs to engage underserved populations. By embracing the CCBHC model, ISK has eliminated residency restrictions and, through its sliding fee scale or free services, ensures that financial barriers do not prevent individuals from seeking help. The diversity of ISK's workforce further enhances its ability to provide culturally competent care. The implementation of evidence-based practices ensures that interventions are both effective and scientifically supported, while the range of services from prevention to recovery support allows individuals to receive care tailored to their needs at any stage of their behavioral health journey. Additionally, addressing mental health across all age groups supports continuity of care, early intervention, and family-wide support throughout the lifespan. Specialized services for the I/DD population fill a critical gap in community services, and robust crisis response systems ensure that individuals in crisis can access immediate help, preventing emergencies from escalating.

ISK's commitment to improving crisis response is evident in its current operations, including a strong collaboration with law enforcement, community partners, and dispatch services. The integration of the Air Traffic Control model into hotline services would further enhance ISK's ability to directly dispatch mobile crisis teams, improving both access to care and response times. For the Urgent Care Center, availability of prescribers 24/7 virtually and providing psychopharmacology services is critical to effectively address mental health crises. ISK plans to continue its partnerships with law enforcement and the justice system, offering CIT training and providing clinicians in county jails, probation, parole, and courts to improve outcomes for justice-involved individuals and reduce recidivism. Expanding mobile crisis response in partnership with law enforcement, community partners, and dispatch will further meet the needs of the community.

Despite these strengths, ISK faces several challenges, including gaps in transportation access, infrastructure, and resources that can result in missed or delayed appointments and poorer health outcomes. Stigma, burdensome documentation requirements, and health disparities among marginalized populations also persist as barriers to care. Workforce shortages and inadequate technology further contribute to delays, increased pressure on existing staff, and less effective service delivery. Competing with organizations that offer higher pay, better benefits, and more flexibility requires innovative recruitment and retention strategies. Additionally, siloed care systems lead to fragmented communication between providers, duplicated services, and potential medical errors. The lack of effective services

addressing social determinants of health creates additional barriers to care, and non-interoperable EHR systems hinder the efficient exchange of patient information, leading to delays and increased risks.

ISK recognizes these challenges and is committed to addressing them as part of its ongoing efforts to meet the needs of the community. The organization will prioritize strategies to address these gaps, ensure the workforce is prepared to meet evolving demands, and enhance service delivery through improved technology, partnerships, and systems integration. Through these efforts, ISK aims to reduce disparities in care and continue providing high-quality, accessible behavioral health services to the community.



Action Plan

PRIORITIES

To determine priorities, ISK worked with TBD Solutions to conduct strategic planning, which included the development of goals and objectives, that align with ISK's mission, vision, and values. Various members of ISK workgroups were pulled together to participate in the development of strategic priorities. Committees like the Justice Equity Team also participated to ensure their work plan aligned with strategic direction. The Consumer Advisory Council and the Family Support Advisory Council also helped to identify gaps and provide input. ISK also considered priorities from the various works groups within the Southwest Michigan Behavioral Health (SWMBH) region whose work impacts the development of such things as care pathways and evidence-based practices.

A. Community Needs and Barriers to Care

- 1) Reach a larger percentage of the population annually.
- 2) Increase outreach to underserved communities to reduce stigma and address barriers to care.

B. Community-Responsive Staffing and Services

- 1) Establish new and innovative approaches to service delivery with commitment to effective and efficient access to crisis services and follow up care.
- 2) Expand urgent care services to include psychopharmacology availability.

C. Effective Partnerships and Care Coordination

- 1) Continue to expand working relationships within the community and develop innovative partnerships to address homelessness, transportation, and other social drivers that are impacting mental wellness and recovery.



STAFFING AND IMPLEMENTATION PLAN

A. Staffing Plan

ISK will use the findings of this needs assessment to ensure adequate staff are available to serve the population with the necessary credentials and skills to address their clinical needs. ISK will continually evaluate the existing staffing pool and consider the skills and competencies available to meet the goals of their CCBHC.

Based on the assessment findings, ISK will prioritize training needs. Training plans will focus on critical skill gaps and areas where training will have the greatest impact. ISK will create a training plan that addresses specific skills and knowledge gaps and will tailor the content to meet the needs of different roles and teams within ISK.



B. Implementation Plan³⁸

<h3 style="text-align: center;">ISK Community Health Needs Assessment Priorities Implementation Plan</h3>	
Priority Area 1	Reach a larger percentage of the population annually.
Objective 1. a	a. Increase the penetration of populations served, representative of the community at large and inclusive of sub-populations identified for targeted outreach.
Objective 1. b	b. Develop model for predicting future service demands and needs. The model for predicting future service needs and demand (cost) is developed, tested and implemented. (Strategic Plan)
Objective 1.c	c. Establish staffing based on clinical needs and service expectations in association with ISK Strategic Plan. (Strategic Plan)
Priority Area 2	Establish new and innovative approaches to service delivery with commitment to effective and efficient access to crisis services and follow-up care. (Strategic Plan)
Objective 2. a	a. Build out a dispatch system for Mobile Crisis teams.
Objective 2. b	b. Expand and grow Mobile Crisis Response (MCR) in partnership with law enforcement, community partners and dispatch. (Strategic Plan)
Priority Area 3	Expand urgent care services to include psychopharmacology.
Objective 3. a	a. Assure 24/7 care is available through the ISK Behavioral Health Urgent Care and Access Center (UCAC)
Priority Area 4	Continue to expand working relationships within the community and develop innovative partnerships to address homelessness, transportation, and other social drivers that are impacting mental wellness and recovery.
Objective 4. a	a. Through SDoH focused CCBHC staffing expansion, increase continuity of care evidenced by reducing the SDoH need by connecting to resources.
Priority Area 5	Increase outreach to underserved communities to reduce stigma and address barriers to care.
Objective 5. a	a. Support and maintain 100% consumer advisory structure that assures meaningful involvement in pertinent CCBHC decision making.
Objective 5. b	b. An Outreach and Engagement workplan will be developed. (Strategic Plan)
Objective 5.c	c. Actively collaborate with targeted community/neighborhood associations (Strategic Plan)

³⁸ Timelines for the implementation plan are being developed to align with our strategic plan goals.

Objective 5. d	d. Create and participate within targeted focus group (community forums), public listening sessions. Co-sponsoring and/or participating in a minimum of 2 events per year. (Strategic Plan)
Objective 5. e	e. Explore potential to develop an engagement team that will include individuals with lived experiences. (Strategic Plan)
Objective 5. f	f. Provide training for supervisors in trauma-informed, culturally inclusive supervision. Ensure staff behavior supports an inclusive, equitable, supportive, and trauma-informed workplace. (Strategic Plan)
Objective 5. g	g. Increase number of persons by ISK Community Health Workers by 250 new persons served.



Needs Assessment Cycle and Updates

PLANNING

A. Update Plan

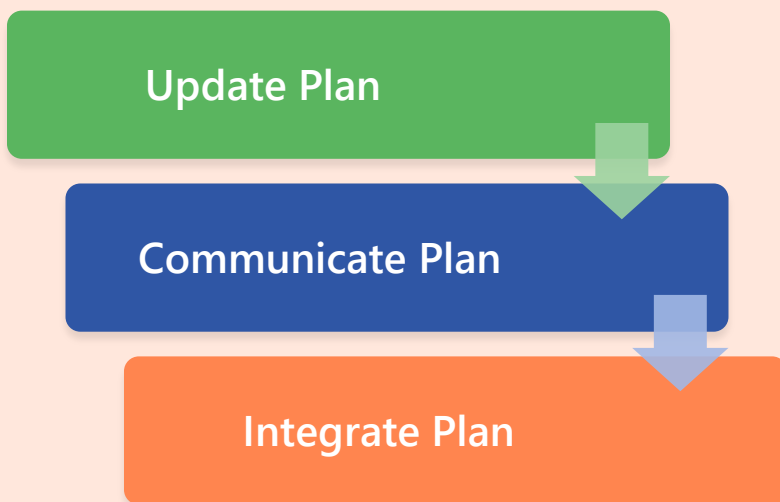
The ISK Community Needs Assessment will be completed every three years. ISK will review and update/amend the needs assessment annually to ensure service delivery has addressed identified gaps and underserved individuals in their community.

B. Communication Plan

Results of the Community Needs Assessment will be shared with the ISK staff at organizational meetings. Leadership will present the Community Needs Assessment to the Board of Directors. The Community Needs Assessment will also be shared publicly via website, social media, press releases, and presentations with stakeholders. An infographic will be displayed in consumer waiting areas and on the website.

C. Integration with Quality Improvement Plan

As part of ISK's annual quality improvement plan, the needs assessment priorities will be developed into goals with outcome measures to monitor progress. Data driven reports will be reviewed to inform any changes needed to meet targets.





Appendix

APPENDIX

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