

V.a.

Justice Services

ISK Board of Directors Annual Program Report

Fiscal Year 2025

October 1st, 2024 – September 30th, 2025

Justice Services

Programs and Staff

Lindsey O'Neil - Clinical Director of Justice Services

- Kalyn Lambka - Data and Reporting Specialist

Jail Diversion Services

- Barry Lewis - Program Supervisor
- Michael Rigling - EMH Jail Clinician
- Katie Jones - EMH Jail Clinician
- Sarah Deanda - Community Health Worker

Kalamazoo Protect and Connect

- Kristeen Markan - Law Enforcement Liaison
- Yazmene Vanderbor - Law Enforcement Liaison
- Sierra Teadt – Co-Responder
- Melanie Herzing – Co-Responder

Boundary Spanner

- Barry Lewis – Program Supervisor
- Yazmene Vanderbor - Clinician
- Sharrell Bowden - Community Health Worker

Mental Health Recovery Court

- Barry Lewis - Program Supervisor
- Canaan McClain - MHRC Coordinator
- Doug Dougherty - Peer / Family Support Partner
- Sharrell Bowden - Community Health Worker

Mobile Integrated Behavioral Health Team (MIBHT)

- Danielle Lewis - Program Supervisor
- Hank Bunting - Outreach Case Manager / Care Coordinator
- Sarah Taylor - Outreach Case Manager
- VACANT - Outreach Case Manager

Multi-systemic Therapy (MST)

- Cheryl May - Program Supervisor
- Christine Nickles - Therapist
- Erwin Willhite - Therapist

Juvenile Home Services

- Jayden Whitford – Therapist

Jail Diversion Services

Jail Diversion Services provides behavioral health and substance use screening, diversion support, and care coordination for individuals entering the Kalamazoo County Jail. The team identifies individuals appropriate for diversion, conducts suicide screening and jail placement support, coordinates psychiatric services and medication management, and facilitates re-entry planning and referrals to community-based services upon release. In FY25, the program completed over 2,300 screenings serving 770 unique individuals, recorded 258 Diversions, and through a Community Health Worker (CHW) provided 327 individuals with housing, benefits, and service linkage to reduce repeated jail involvement. An average of 13% of daily bookings are individuals opened to ISK services.

Funding: Kalamazoo County supports one position; additional clinician, Community Health Worker, and supervisory positions are supported through ISK General Funds.

Total Screens
2392

Individuals Screened
770

Screens with SA

1206

Individuals Screened with SA

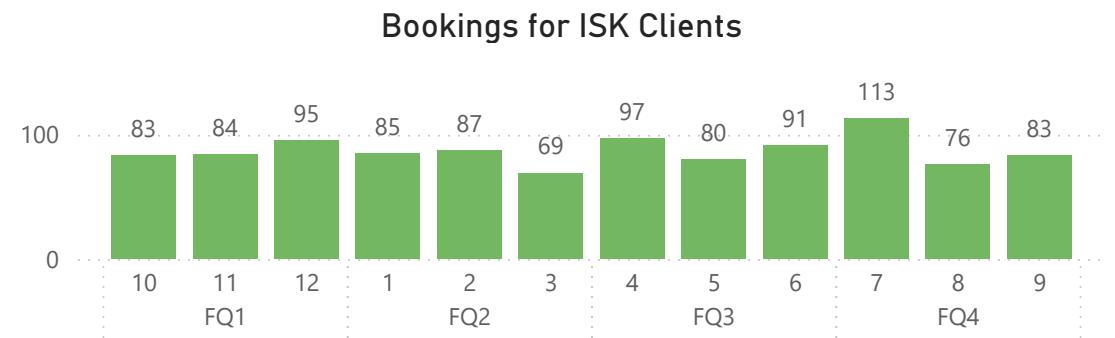
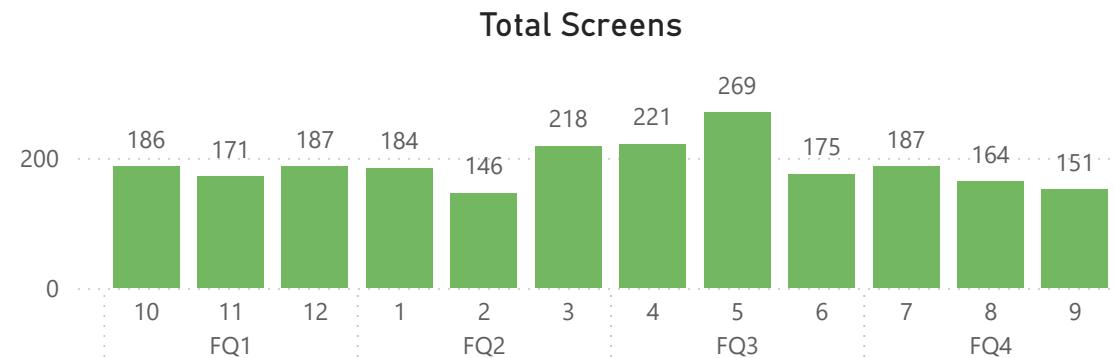
270

OORP Referrals

161

Jail Diversions

258



Total KCSO Bookings

8110

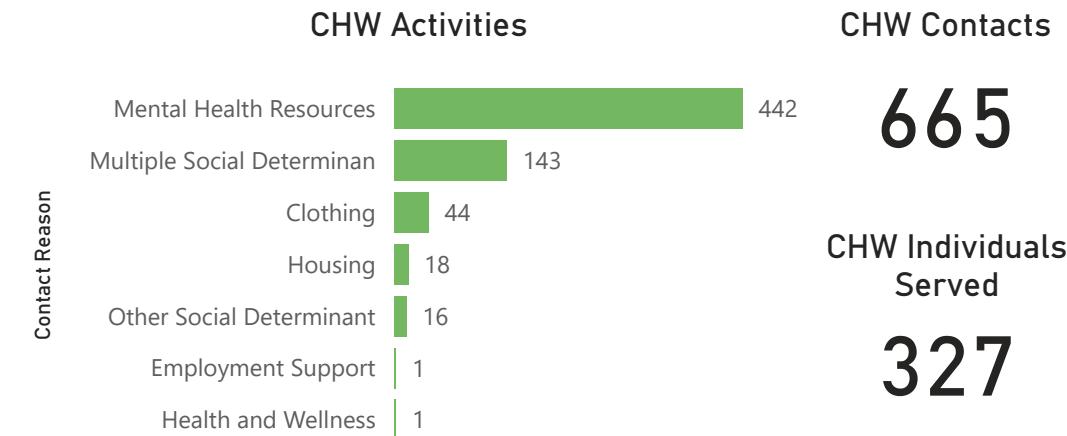
Total ISK Bookings

1043

ISK Clients Booked

586

13% of KCSO bookings were open ISK clients



K6 - Intake Behavioral Needs Survey

Over the last 4 weeks how often have you felt...

1 Nervous? 2. Hopeless? 3. Restless or fidgety? 4. So depressed that nothing could cheer you up? 5. That everything was an effort? 6. Worthless?
(0=none of the time, 4 = all the time)

Have you ever served within a branch of the United States Military? Y/N

Do you have stable housing when not in jail? Y/N

K6's with a score of 9+

953

No Stable Housing Upon Release

1147

Military Veterans

119

Kalamazoo Protect and Connect

BH Coded
Calls
4192

Individuals
Identified
2494

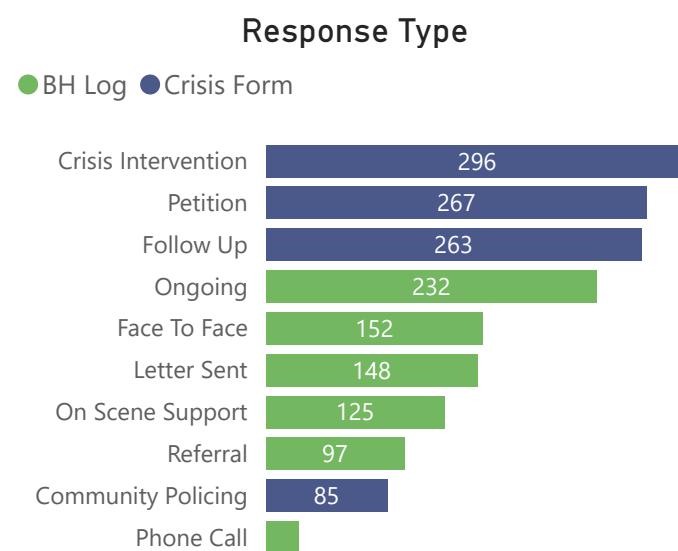
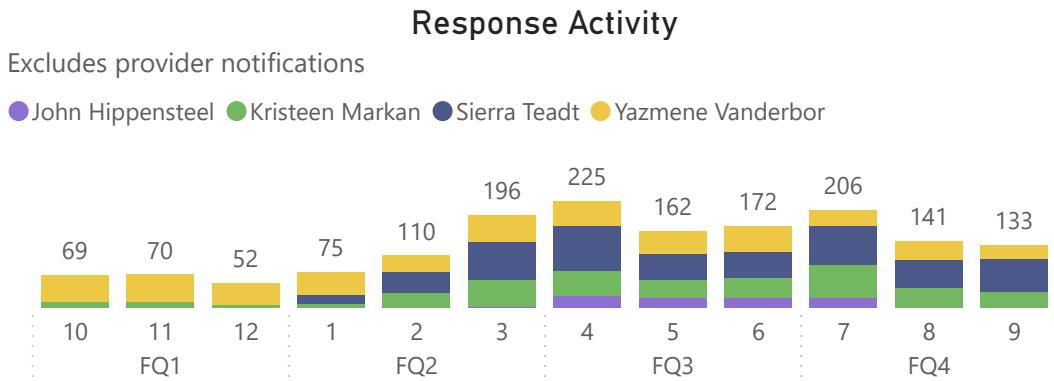
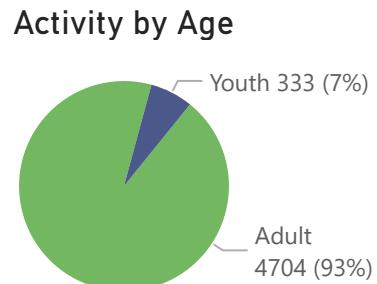
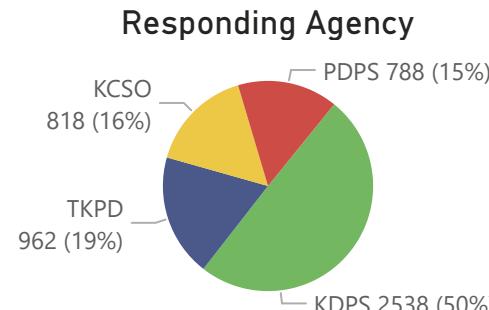
Response
Activities
1458

Provider
Notifications
1397

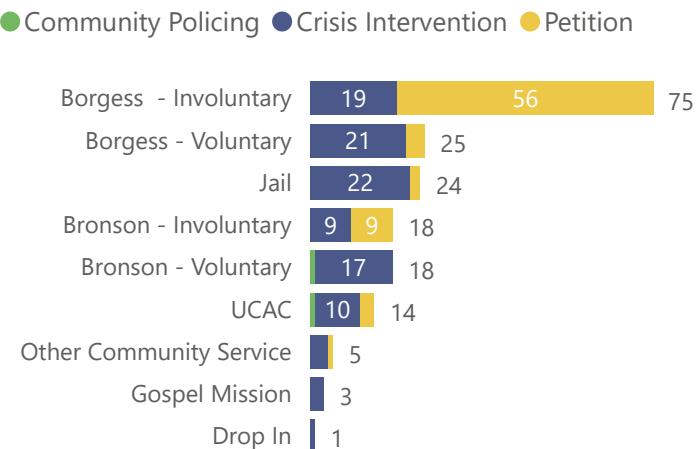
Pre-Booking
Diversions
395

Kalamazoo Protect and Connect (KPAC) is a countywide behavioral health-first responder collaboration designed to improve responses to behavioral health-related calls for service. Through KPAC, the Law Enforcement Co-Response program embeds behavioral health clinicians within four law enforcement agencies across Kalamazoo County to provide crisis intervention, de-escalation, follow-up, and pre-booking diversion. There are two law enforcement liaisons who split their time between Kalamazoo Department of Public Safety, Township of Kalamazoo Police Department, Portage Department of Public Safety and the Kalamazoo County Sheriff's Office. In FY25, clinicians supported more than 4,100 behavioral health-coded calls and recorded 395 pre-booking diversions.

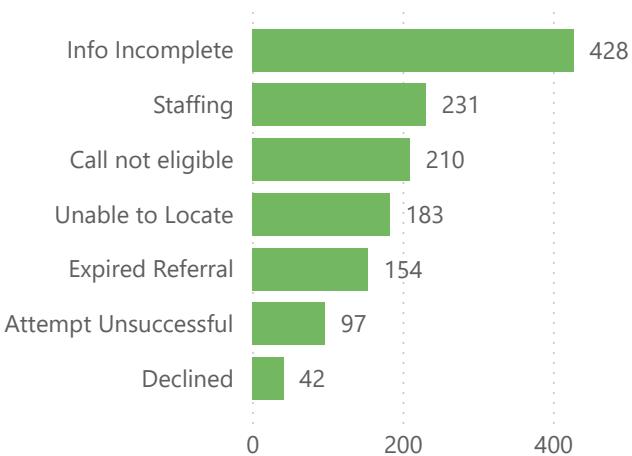
Funding: Two Law Enforcement funded through CCBHC; Kalamazoo Department of Public Safety Co-Responders are supported by the State of Michigan Crisis Enhancement Grant.



Individuals Transported to Another Location



Barriers to Response



Significant changes to data collection methods were implemented April 1st 2025. We are now collecting 2 sets of data, the calls coded by Law Enforcement as Behavioral Health and the clinician response, plus the additional the response activity of clinicians for calls that did not get coded as BH. The "BH Log" refers to the calls identified by law enforcement, "Crisis Form" refers to the clinicians response activity.

Boundary Spanner

The Boundary Spanner program is an MDHHS funded pilot that connects individuals involved in or at risk of justice involvement to behavioral health services by bridging gaps between courts, jail, and community-based systems. In FY25, staff completed courthouse screenings and provided targeted outreach and care coordination, with a focus on housing, employment, and other social determinants of health. The program emphasizes early engagement to prevent deeper system involvement.

Funding: MDHHS DIBS Grant in place until 2/28/26.

Total Screens Completed

59

Individuals Enrolled in Services Within 30 Days of Screen

9

Individuals Served

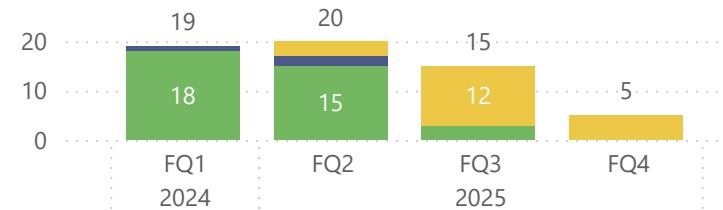
174

CHW Activities

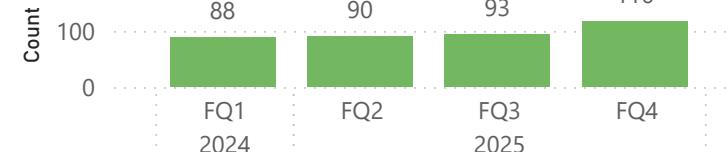
Contact Reason	Contacts
Housing	125
1st Engagement Letter	97
Other Social Determinant	61
Employment Support	35
Multiple Social Determinant	34
Food Assistance	14
Clothing	10
Health Insurance	10
Mental Health Resources	1
Total	387

Courthouse Screenings

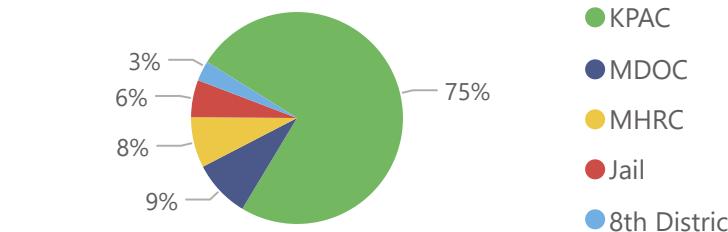
Assessment ● Brief Screen ● Brief Screen (SUD) ● Full Assess.



CHW Activities



CHW Referral Sources



Mental Health Recovery Court

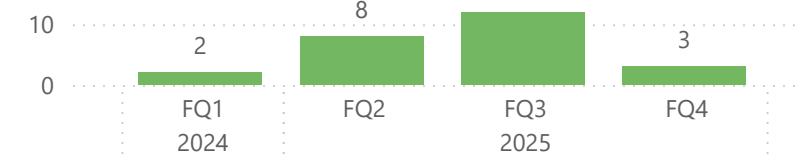
Mental Health Recovery Court provides an alternative to traditional case processing for individuals with serious mental illness by combining judicial oversight with treatment and case management. In FY25, the program supported 25 admissions, with participants receiving structured supervision, treatment coordination, and frequent staff contact. The court promotes recovery, accountability, and reduced recidivism. ISK staff include a clinical coordinator, peer recovery coach, community health worker and program supervisor.

Funding: State Court Administrative Office, PA2, ISK General Funds

Total Admissions

25

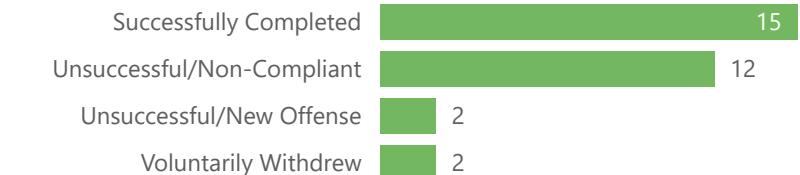
Admissions



Total Discharged

31

Discharges



Total Contacts

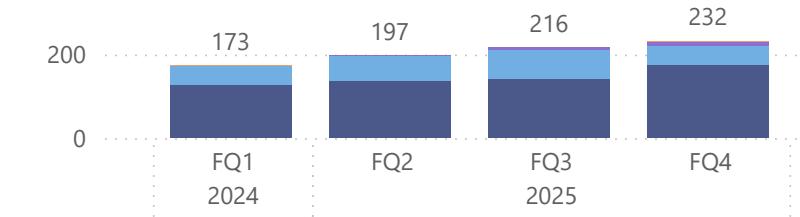
818

Individuals Served

61

CHW Activities

Contact Type ● Face to Face ● Phone ● Text ● Virtual



Mobile Integrated Behavioral Health Team (MIBHT)

The Mobile Integrated Behavioral Health Team delivers intensive, community-based outreach and behavioral health services to individuals experiencing homelessness and high behavioral health needs. In FY25, the team served more than **860 individuals** and completed over **2,300 outreach contacts**, primarily through face-to-face engagement. Services focus on stabilization, housing navigation, and linkage to ongoing care. The program is funded through **state behavioral health funding, federal grants, and local partnerships**.

Total Homeless Outreach Contacts

2328

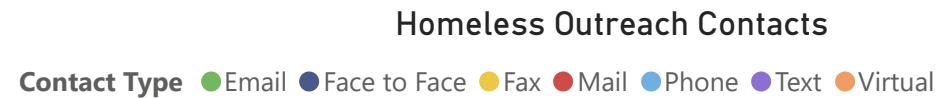
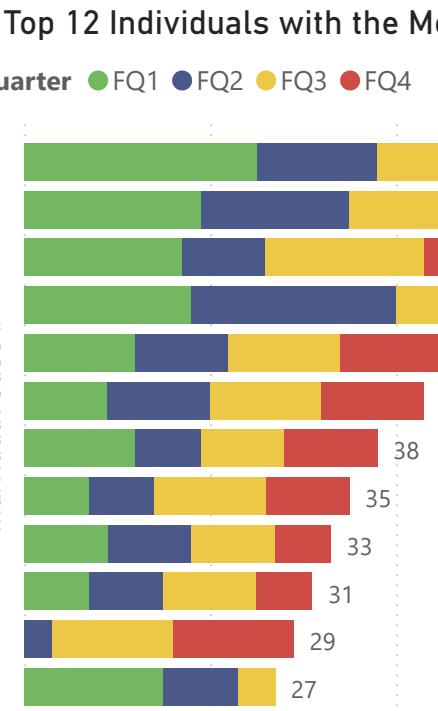
Individuals Served

863

Top 12 Individuals with the Most Contacts

Quarter ● FQ1 ● FQ2 ● FQ3 ● FQ4

Individual Case #



Top 20 Programs Enrolled by Individuals working with MIBHT

Primary Provider	FY2025
None	226
Outpatient Services - MH	142
Psychiatric Services - MH	96
SAMM - OPT	69
CTT	67
DCO MRC Industries	59
Whole Health Initiative	51
MIBHT	49
Opioid Recovery	37
DCO Milestone Senior Services	25
Navigate	13
ACT 3	12
Intensive Crisis Stabilization	12
DBT	11
ACT 5	9
Community Health Worker	9
Outpatient Services - SUD	7
Outpatient Services - Youth	7
Case Management - DDA	3
SAMM	3
Healthy Transitions	2
Total	858

Multisystemic Therapy (MST)

Multisystemic Therapy (MST) is an intensive, evidence-based, in-home treatment model serving youth with serious behavioral challenges who are involved with, or at risk of involvement with, the juvenile justice system. MST works with youth and their families to address drivers of behavior across home, school, and community settings through frequent family-centered interventions and 24/7 crisis support. Services are time-limited and highly structured, with a strong focus on improving family functioning, reducing out-of-home placement, and decreasing justice system involvement.

Funding: Medicaid Billing, Kalamazoo County supported training funds

Team Performance Over Time	6/28/24 – 12/28/24	12/29/24 – 6/30/25	7/1/25 – 12/31/25
	Score	Score	Score
Total cases discharged	10	4	10
Total cases with opportunity for full course treatment	10	4	10
Ultimate Outcomes Review			
Percent of Youth Living at Home (Target: 90%)	70.00%	100.00%	90.00%
Percent of Youth in School/Working (Target: 90%)	90.00%	100.00%	80.00%
Percent of Youth <u>With</u> No New Arrests (Target: 90%)	60.00%	25.00%	80.00%
Case Closure Data			
Average length of stay in days for youth receiving MST (Target: 120)	143.10	309.75	137.70
Percent of youth completing treatment (Target: 85%)	90.00%	100.00%	90.00%
Percent of youth discharged due to lack of engagement (Target: <5%)	10.00%	0.00%	0.00%
Percent of youth placed (Target: <10%)	0.00%	0.00%	10.00%
Adherence Data			
Overall Average Adherence Score (Target: .61)	0.758	0.526	0.741
Percent of youth with average adherence above threshold (Target: 80%)	61.54%	50.00%	76.47%
Percent of youth with at least one TAM-R interview (Target: 100%)	100.00%	100.00%	90.00%
Percent TAM-R due that are completed (Target: 70%)	70.21%	75.86%	77.97%
Total cases with a valid TAM-R	13	8	17
Operations Data			
Average FTE for active therapists (Target: 3 to 4)	1.00	2.00	4.00
Average number of open cases per therapist (Target: 4 to 6)	7.38	2.48	2.49

Juvenile Home Services

Juvenile Home Services provides behavioral health treatment through a therapist embedded within the Kalamazoo County Juvenile Home, serving youth enrolled in the On Track program. The therapist delivers individual therapy and group interventions, coordinates care for you receiving ISK services, and collaborates closely with juvenile home staff as well as the 9th Circuit Court Probation Department. The role also supports intake, discharge planning, and referrals to community-based services to ensure continuity of care upon release.

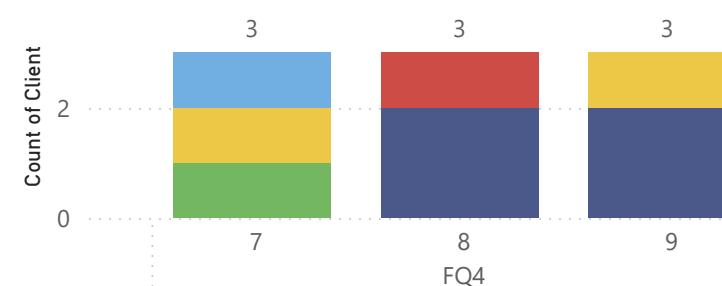
Funding: Supported through Child Care Funds dispersed by Kalamazoo County 9th Circuit Court

Assessments Completed

9

Assessments per Month

Age ● 14 ● 15 ● 16 ● 17 ● 18



Referrals

Refer To

Clients

Contracted DCO provider for primary services	2
External Mental Health Provider	1
ISK for primary services	6

Primary Program 3 Days After Assessment

Program

Clients

Case Management - Youth	1
DCO WMU Unified Clinics	1
Homebased - Youth	1
Justice Services	2
No Program Assigned	4

Crisis Intervention Team (CIT)

The Crisis Intervention Team (CIT) program in Kalamazoo County is a collaborative training and systems-coordination initiative that equips law enforcement, dispatchers, and community partners with skills to safely and effectively respond to individuals experiencing behavioral health crises. The program delivers the 40-hour CIT training, scenario-based skill development, and ongoing cross-system collaboration to strengthen diversion and crisis response practices countywide. CIT supports earlier identification of behavioral health needs, improved de-escalation, and stronger connections to community-based services.

Funding: None currently

November 2024		September 2025	
34 attendees		21 attendees	
Title	Nov-2024	Title	Sep-2025
Youth and Mental Health Issues	7.88	Please rate the multi-station scenarios	10.00
Veteran's Issues and PTSD	8.11	Family Perspectives	9.85
The Art of De-Escalation: Strategies	8.82	How would you rate the CIT training overall?	9.78
The Art of De-Escalation: Communication Skills (pt 2)	8.56	Officer Wellness	9.74
The Art of De-Escalation: Communicaiton Skills (pt 1)	8.59	Individuals with Lived Experience Panel	9.71
Suicide by Cop	9.22	The Art of De-Escalation: Communication Skills	9.67
Suicide	8.44	Autism Spectrum	9.65
Substance Use Disorders	8.00	The Art of De-Escalation: Strategies	9.65
Serious Mental Illness	8.11	Veteran's Issues and PTSD	9.65
Protective Custody and Petitions	8.12	Serious Mental Illness	9.62
Person with Lived Experience Panel	9.00	Community Resources	9.60
Officer Wellness	9.17	Excited Delirium	9.60
Introduction to Mental Health	8.44	Suicide by Cop	9.53
Family Perspectives	8.50	Crisis Services at ISK	9.50
Excited Delirium	8.72	Site Visits	9.50
Conclusion, Overall Opinion	8.50	Substance Use Disorders	9.45
Community Resources	8.33	Youth Mental Health Crisis Response	9.20
Autism Spectrum	9.11	Legal Updates	9.16
		De-Escalation Practice	9.11
		Intro to CIT	9.09

Please explain your rating of the multi-station scenarios

By far the most eye opening and meaningful training I've attended.

Helpful information. Scenario work was great. Did not find people sharing their life stories as beneficial. Class was longer than I think it needed to be

I really enjoy this class and the networking. The traveling to different venues was beneficial and learning about all the resources available was informative.

I took a lot out of the training, and very glad that I had the opportunity to attend.

I would gladly take CIT training again if asked to, and would absolutely volunteer my time in the future to assist with the training in any way needed. It's great seeing how passionate each instructor and presenter is in regards to the topic and the over encompassing training. Most certainly the best training I have attended.

Lots of good information explained throughout the 40 hours and it was broken up nicely with classroom material, guest speakers, videos, and site visits.

The class was interesting and we were able to apply things we learned in scenarios which helps me personally with learning.

The repetition of the depth and breadth of available mental health services and how those services applied to different settings was very helpful. It was good to have examples every day in the many different settings since navigating services can be confusing.

Any constructive comments?

Excellent training!

I liked how scenarios had police and isk workers role playing. It was accurate to real life scenarios

Thank you all very much, see ya out there!

Very impactful training. Maybe a session on the negative impact of stereotyped words/language (such as racist slurs or stereotyped mental health terms) and why they shouldn't be used.