

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

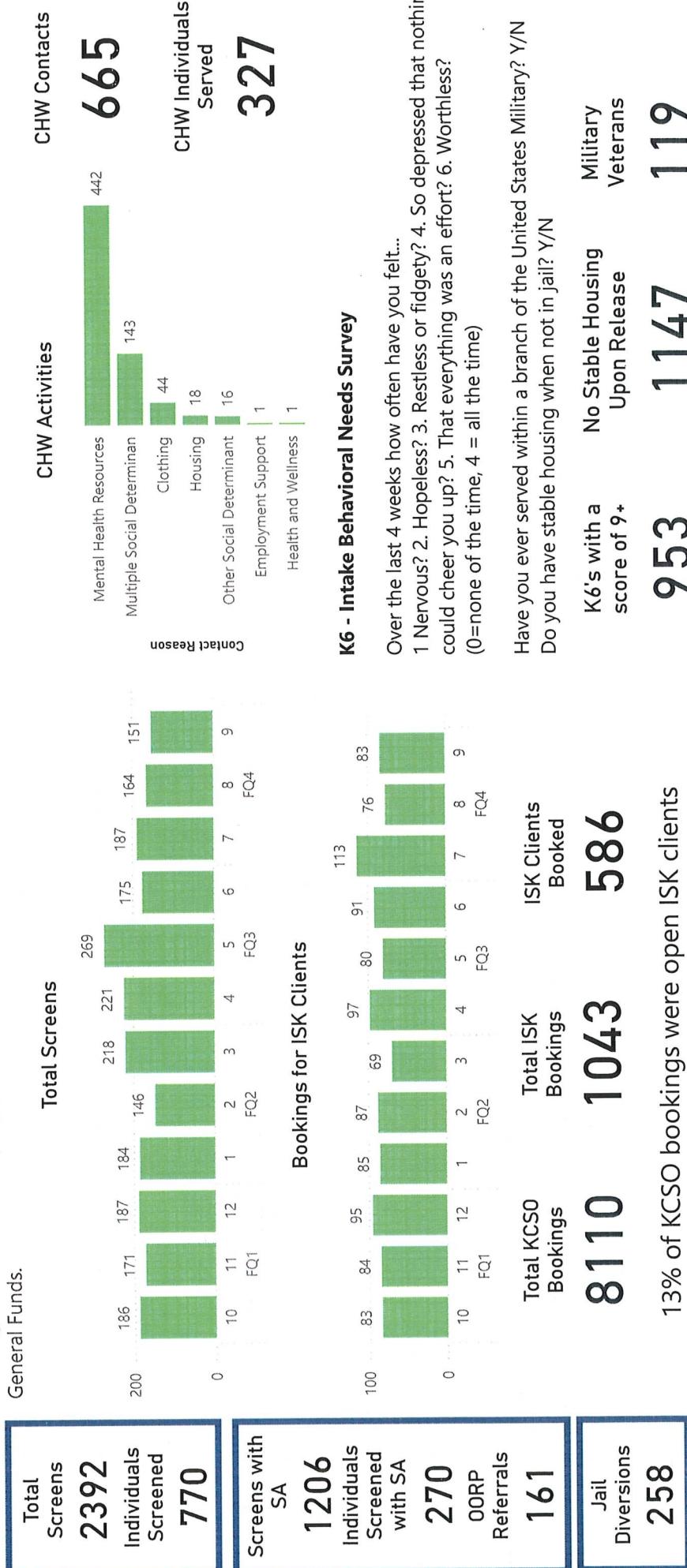
Juvenile Home Services

- 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.



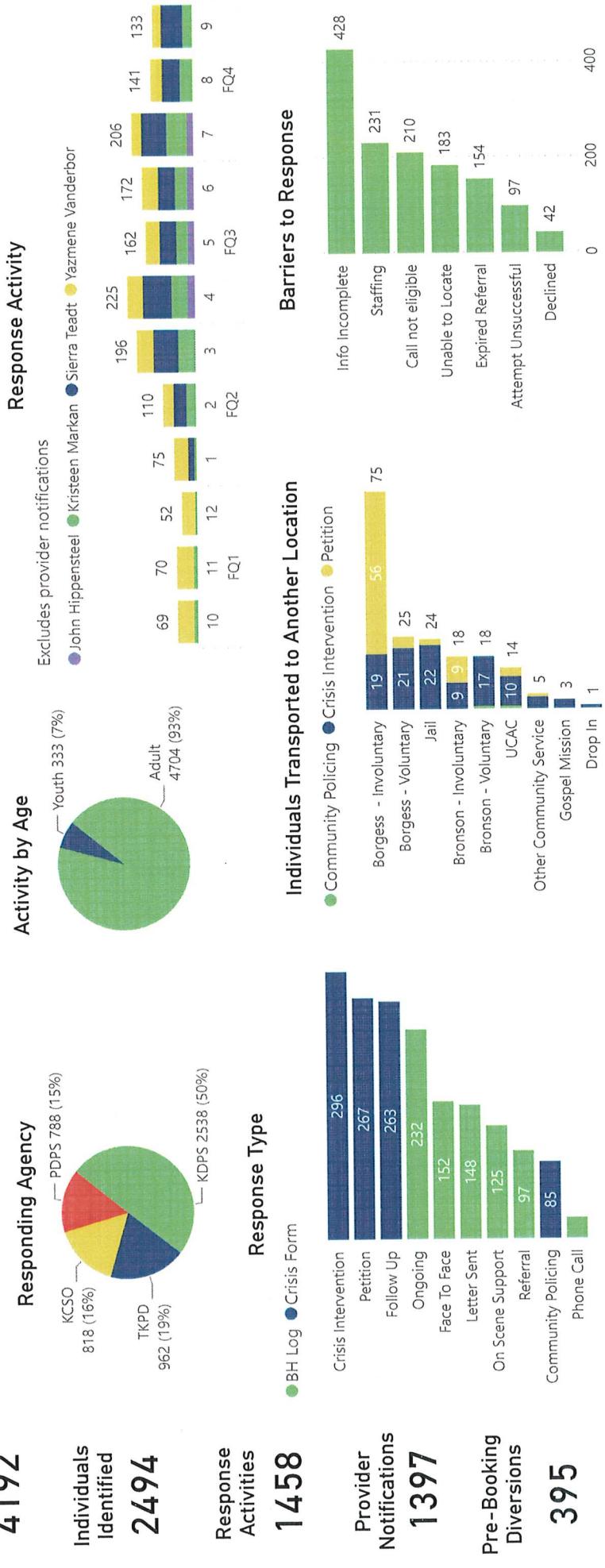
Kalamazoo Protect and Connect

**BH Coded
Calls**

4192
Enhancement Grant.

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.



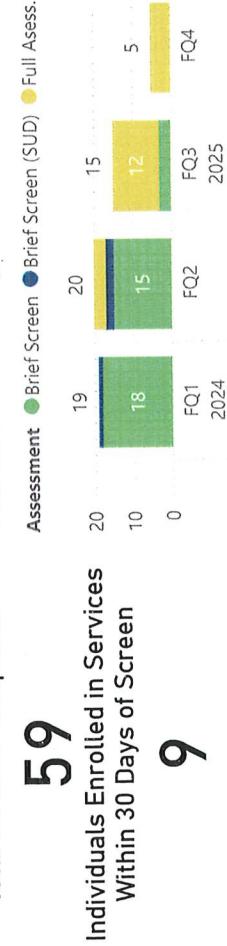
Significant changes to data collection methods were implemented April 1st 2025. We are now collecting 2 sets of data, the calls coded by Law Enforcement as Behavioral Health and the clinician response, plus the additional the response activity of clinicians for calls that did not get coded as BH. The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

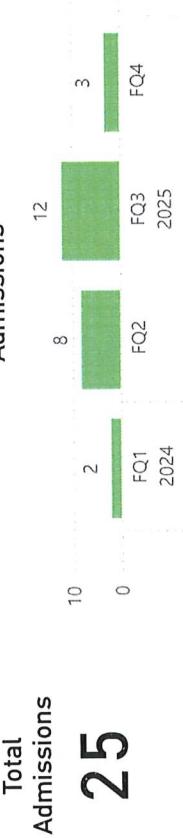
Funding: MDHHS DIBS Grant in place until 2/28/26.

Total Screens Completed



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

Total Admissions



Individuals Served



174

818

61



818

61



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

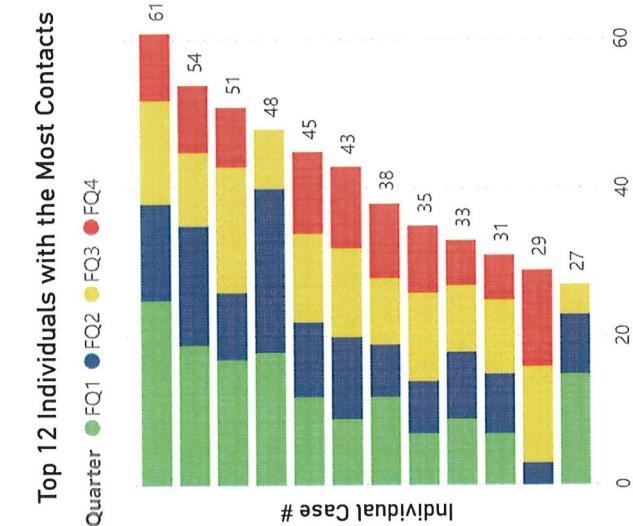
Funding: Substance Abuse and Mental Health Services Administration (SAMSHA)

Individuals Served

863

Homeless Outreach Contacts

Contact Type ● Email ● Face to Face ● Fax ● Mail ● Phone ● Text ● Virtual



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.

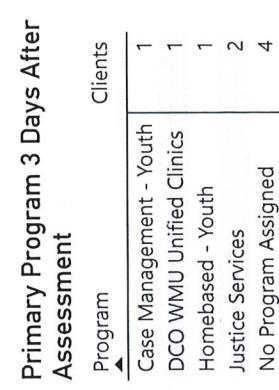
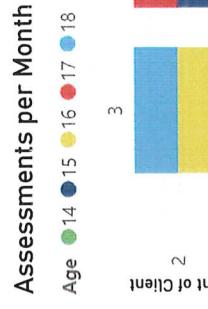
Funding: Medicaid Billing, Kalamazoo County supported training funds

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 With 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	369.75	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	0.74*
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 therapist (Target: 3 to 4)	1.00	2.03	4.00
Average number of open cases per therapist (Target: 4 to 6)	1.98	2.43	2.48

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



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

September 2025 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.	The class was interesting and we were able to apply things we learned in scenarios which helps me personally with learning.
Any constructive comments?	▲ Excellent training!
I liked how scenarios had police and isk workers role playing. It was accurate to real life scenarios	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!	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.	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.

MCR is Amazing!

From: Teresa Moser <TMoser@iskzoo.org>
Sent: Friday, December 19, 2025 4:12 PM
To: ISK MCR Staff <ISKMCRStaff@iskzoo.org>
Cc: Beth Ann Meints <bmeints@iskzoo.org>
Subject: MCR is Amazing!

Hi everyone,

Alicia and I just met with a team of people from the Harvard Kennedy School Government Performance Lab who is working with MDHHS regarding crisis services for youth. They specifically reached out to us because their data indicated that the MCR program at ISK is providing more crisis contacts than any other region in Michigan, that in the last fiscal year, youth emergency room visits have decreased and mobile crisis services were utilized more in our region than emergency rooms were, which is unique to us compared to the data they found in Michigan as a whole. They wanted to meet with us to hear about our program and find out why we're so awesome. 😊

I had asked that they share their data with us, so that we can share it with you all, but wanted to spread the good word on what *WE* already knew, which was that our team is AMAZING!

Thank you all for all your hard work you do every day 😊

Teresa Moser LMSW, CAADC
Clinical Director of Emergency Services and Access
Integrated Services of Kalamazoo
269-553-7083

V.b.



Community • Independence • Empowerment

INTEGRATED Services of Kalamazoo
(ISK) Board of Director's Meeting
INTEGRATED Services of Kalamazoo
610 South Burdick Street
Kalamazoo MI 49007

November 24, 2025

VI.a.

<u>ISK Board Member</u>	<u>Board Members PRESENT</u>	<u>Declaration of Location City/County</u>	<u>Board Members ABSENT</u>
Karen Longanecker, <i>CHAIR</i>	X	Kalamazoo/Kalamazoo	
Michael Seals, <i>VICE CHAIR</i>	X	Kalamazoo/Kalamazoo	
Nkenge Bergan	X	Kalamazoo/Kalamazoo	
Catherine Huynh	X	Kalamazoo/Kalamazoo	
Patrick Dolly	X	Kalamazoo/Kalamazoo	
Pat Guenther	X	Kalamazoo/Kalamazoo	
Ramona Lumpkin	X	Kalamazoo/Kalamazoo	
Michael Raphelson	X	Kalamazoo/Kalamazoo	
Sharon Spears			X
Melissa Woosley	X	Kalamazoo/Kalamazoo	
Abigail Wheeler, <i>COMMISSIONER</i>			X

ISK - Staff Present:

Jeff Patton, CHIEF EXECUTIVE OFFICER
Alecia Pollard
Willa Burns
Beth Ann Meints
Sheila Hibbs
Ashley Esterline
Amy Rottman
Charlotte Bowser
Michael Schlack, CORPORATE COUNSEL
Lisa Smith
Ed Sova
Chantel Graham
Cheryl Nebedum
Dusty Jepkema
Demeta Wallace, BOARD LIAISON

Providers & Guests:

Dianne Marquess
Chief Executive Officer
Family & Children Services

ISK - Staff Absent:

Wanda Brown
Dianne Shaffer
Kathy Lentz

CLOSED SESSION/MOTION/ROLL CALL

Vice Chair Seals, "I MOVE THAT THE ISK BOARD OF DIRECTORS GO INTO CLOSED SESSION @ 4:26PM, PURSUANT TO Section 8(1)(a) OF THE OPEN MEETINGS ACT TO CONDUCT THE CHIEF EXECUTIVE OFFICER'S EVALUATION." Supported by Member Bergan.

ROLL CALL VOTE:

ISK Board Member	Yes	No
Chair Karen Longanecker	X	
Vice Chair Michael Seals	X	
Member Nkenge Bergan	X	
Member Catherine Huynh		
Member Patrick Dolly	X	
Member Pat Guenther	X	
Member Ramona Lumpkin	X	
Member Michael Raphelson	X	
Member Sharon Spears		
Member Abigail Wheeler		
Member Melissa Woosley	X	
MOTION PASSED	X	
Need 8 yes votes (2/3 of currently appointed board) no matter how many members are in attendance.		

END CLOSED SESSION/ MOTION

Vice Chair Seals, "At 4:33pm, the Board voted to come out of closed session and reconvene in the open session. Supported by Member Bergan.

MOTION PASSED.Call to Order

The Board of Directors (Integrated Services of Kalamazoo) held their meeting on Monday, November 24, 2025. It began @ 4:35PM and was presided over by Chair, Karen Longanecker.

AgendaMOTION

Member Guenther,

"I move to approve the agenda as presented." Supported by Member Raphelson and carried without dissent.

Citizen Time No citizens came forth.

Recipient Rights

Lisa Smith, ISK, Director of ORR, presented the complaints/allegations closed in October 2025.

October

Abuse Violations

- There were two substantiated Abuse II violations in October 2025.
- The remedial actions for these violations were Employment Termination (2), and Training (2).

Neglect Violations

- There were seven substantiated Neglect III violations in October 2025. One of the seven was Neglect III, Failure to Report.
- The remedial actions for these violations were Written Counseling (2), Written Reprimand (3), Policy Revision/Development (1), Training (2), and Pending (2).

The 7 violations occurred at 4 different agencies. All 7 violations occurred at different program sites.

All of the ORR case information is sent to the ISK Population Directors on a monthly basis for any tracking/trending of the RR information in their areas of authority. *(Agencies can include ISK).

Program Services Report

Cheryl Nebendum, ISK, Community Engagement and Provider Network Manager, and Dusty Jepkema, ISK, Program Supervisor - CHW/CC, presented the Program Services report for October on ISK JETT (Justice, Equity, Trauma, Team) Program.

The purpose of JETT is to embed understanding of trauma, resilience and equity into ISK services, policies and practices while increasing awareness of intergenerational trauma and the impact of systemic racism, other inequities and trauma-informed, resilience-oriented care.

We aim to align the agency policies and practices with the ISK resolution declaring racism is a public health crisis. We promote trauma informed, resilience-oriented, culturally competent and fair practices within the mission, vision and values of the agency.

To review the JETT report, please use the following link: <https://iskzoo.org/about-us/board/>.

Beth Ann Meints, ISK, Administrator of Clinical Services, presented the CCBHC Board Update.

On October 1, 2025, the Michigan Department of Health and Human Services (MDHHS) transitioned Certified Community Behavioral Health Clinics (CCBHCs) to a direct payment model for the PPS rate. During October, ISK successfully submitted claims through Michigan's Community Health Automated Medicaid Processing System (CHAMPS) and received payment. Beginning in November, ISK will experience more regular payments, dispersed twice per month.

This transition also shifted CCBHC reporting away from reliance on the PIHPs. However, due to system complexities and the time required for implementation, CCBHCs will continue to utilize

PIHPs for certain reporting functions. An MOU will be established to ensure that data shared through PIHPs is limited to State reporting requirements. Throughout FY26, CCBHCs and the State will work collaboratively to further separate reporting elements, ultimately eliminating the PIHP pass-through process.

Additionally, the State has started discussions with CCBHC sites regarding transitioning the CCBHC Demonstration to a State Plan methodology. This change is intended to support the long-term sustainability of CCBHCs within Michigan.

That concludes my report.

Consent Calendar

MOTION

Chair Longanecker, “Is there anything that is on the Consent Calendar that anyone wants pulled out?” No materials were requested to be removed.

- a. Minutes *October 27, 2025*
- b. Communication and Counsel to The Board (V.06) (Policy)
- c. Governing Style(II.02) (Policy)
- d. Emergency Executive Succession(V.05)(Policy)
- e. Corporate Compliance and Risk Management(V.11) (Policy)

Member Raphelson, “I MOVE TO ACCEPT THE CONSENT AGENDA [CALENDAR] AS PRESENTED.” Supported by Vice Chair Seals. **MOTION PASSED.**

Monitoring Reports

Ashley Esterline, ISK, Director of Network Compliance/Corporate Compliance Officer, presented the FY26 Corporate Compliance Program Report.

EXECUTIVE SUMMARY

The Annual Corporate Compliance Plan provides the Board of Directors, Network Providers and other stakeholders with a comprehensive overview of the effectiveness of the ISK Compliance Program. This report highlights FY25 program performance, outlines key areas of compliance risks, and identifies strategic priorities for FY26. The Compliance Program supports organizational integrity by ensuring adherence to federal and state regulations, mitigating compliance risks, and promoting ethical and accountable practices across the Provider Network.

PROGRAM PURPOSE

The ISK Compliance Program is designed to establish and maintain safeguards that ensure ISK and its Provider Network operate in full compliance with regulatory requirements, including those related to fraud, waste, and abuse. The program advances a culture of compliance and upholds the standards necessary for responsible stewardship of public healthcare dollars.

The primary purposes of the Corporate Compliance Program are to:

- Prevent noncompliance with applicable laws, regulations, and organizational policies, whether accidental or intentional;
- Detect instances of noncompliance through monitoring, auditing, reporting mechanisms, and proactive oversight;
- Enforce appropriate disciplinary actions for individuals or entities involved in noncompliance, including sanctions or disbarment when warranted; and
- Prevent recurrence of noncompliance through corrective action plans, education, training, and continuous quality improvement.

The scope of the Compliance Program extends to all activities supported by federal healthcare funding. All Board Members, Officers, employees, Providers, contractors, subcontractors and/or agents operating within the Provider Network are required – as part of their employment or contractual relationship – to adhere to ISK compliance standards and participate in compliance activities.

PROGRAM DESIGN

The ISK Compliance Program is structured in alignment with technical guidance from the Michigan Department of Health and Human Services (MDHHS), the Office of Inspector General (OIG), and the Department of Justice (DOJ). Core program oversight and strategic direction are centralized within the ISK Compliance Committee.

To review the corporate compliance program report, please use the following link:

<https://iskzoo.org/about-us/board/>

ACTION ITEMS ~ NEW or REVISITED/MOTION

Endowment Fund (VI.03) (Policy & Report)

Vice Chair Seals, “I MOVE TO ACCEPT THE PROPOSED CHANGES TO THE ENDOWMENT FUND VI.03, HIGHLIGHTING THE SIGNIFICANT CHANGE OF REDUCTION TO THE MAXIMUM AMOUNT OF AN AWARD FROM \$8,000 TO \$5,000 IN AN EFFORT TO EXTEND THE LENGTH OF AVAILABLE FUNDS.” Supported by Member Bergan.

MOTION PASSED.

Financial Reports/Financial Condition Reports

Amy Rottman, ISK, Chief Financial Officer, presented the Financial Condition Reports for October 31, 2025.

To review the financial reports, please use the following link: <https://iskzoo.org/about-us/board/>

Utilization Reports

Charlotte Bowser, ISK, Director of Finance, presented the Utilization Report for the period ending October 31, 2025.

- Autism Services is at (187) clients and is favorable at \$52,382.
- Youth Community Inpatient Services is at (15) days and is unfavorable at \$16,197.

- MI Adult Community Inpatient Services is at (53) days and is favorable at \$68,499.
- Community Living Supports, Personal Care, and Crisis Residential is unfavorable at \$92,186.

March Disbursements

MOTION

Member Guenther, "BASED ON THE BOARD FINANCE MEETING REVIEW, I move that ISK approve the October 2025 vendor disbursements of \$13,595,112.63." Supported by Member Raphelson.

MOTION PASSED.

Chief Executive Officer Report

The case (Lawsuit MDHHS Procurement Process) is currently under the jurisdiction of Judge Christopher Yates in the SOM Court of Claims and a hearing is scheduled in Lansing for December 8th & 9th the attorney will be arguing that the Court should grant a declaratory judgment against MDHHS and reinforce that the procurement violates the Michigan Mental Health Code.

ISK, Corporate Counsel, Michael D. Schlack, will also give an update on the lawsuit.

Legal update

Litigation against MDHHS is ongoing and both sides are conducting discovery to identify facts and information for use at trial. The court has scheduled a two-day hearing on December 8 and 9 for further consideration of the issues.

Great NEWS!

There is great news to share! Westnedge Meijer, store #22, chose ISK to give a \$10,000 donation to from their Meijer Team Gives committee which empowers their team members to work together to identify, research, and vote for worthy organizations in the community.

The Kalamazoo Foundation also awarded ISK another grant for \$20,000 for the impact that ISK has had on the community and our dedication for this valuable work.

Lastly, I will see you on Wednesday, December 5th @ 5:00PM for the Annual Christmas Dinner at the Park Club, 219 West South Street, Kalamazoo, MI.

That concludes my report.

Citizen Time

No citizens came forth.

SWMBH (Southwest Michigan Behavioral Health) Updates/Michael Seals

- a. There was an increase in revenue of 10.6% but still a projected deficit of \$12 million.
- b. Amended payment resulted in a \$1.5 million shortfall which should be paid over the next month, or so.
- c. SWMBH does not have the funds to cost settle with the CMHs.

- d. CMHs can carry SWMBH receivable in 2026 for various lengths of time except for Woodlands which would need a cost settlement in March of 2026.

That concludes my report.

Decision to hold or cancel the December 2025 Board Meeting

MOTION

Member Raphelson, "I move to cancel the December 22, 2025, ISK Board of Directors meeting." Supported by Member Guenther.

MOTION PASSED.

Meeting adjourned by voice vote @ 5:22PM.

Demeta J. Wallace
Administrative Coordinator & Board Liaison
Office of the CEO
Integrated Services of Kalamazoo Board of Directors





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.

MISSION

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

GUIDING VALUES

Community

Competence

Diversity

Effectiveness

Integrity

Leadership

Recovery and Self-Determination

Respect

Responsibility

Teamwork

Trust

Community • Independence • Empowerment

10/30/17;07/27/2015; 01/26/2015; 01/28/2013; 01/12/2010; 10/21/2009; 09/30/2009; I.01 Mission_Vision_Value Statement

GUIDING VALUE STATEMENTS

Community

- 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.

Competence

- We constantly evaluate our own performance and look for opportunities to improve more effectively.
- We are committed to ensuring that the ISK workforce is diverse, qualified, continuously trained, multi-skilled, culturally competent, adaptable and empowered.

Diversity

- We will maintain an inclusive work environment that actively attracts, develops and retains a diverse and talented workforce.
- We are committed to valuing similarities while respecting and incorporating thoughts, experiences and cultural differences of our employees and the people we serve.
- We recognize that successful outcomes depend upon services that are adapted to the diverse needs and cultural experiences of the individuals we serve.

Effectiveness

- We will ensure that ISK's supports and services are person centered and produce the desired results on a consistent basis.
- We will use our time wisely to help all persons served meet their goals.

Integrity

- We will be truthful and fair to each other and all persons served.
- We will keep the best interest of all persons served foremost in everything we do.

Leadership

- We paint an inspiring vision that motivates others.
- We will lead by setting an example. A good leader gives and shows everyone possibilities.
- We communicate goals and objectives clearly.
- We invite creative approaches that are driven by the needs and desires of all persons served and are person/family-centered and strength based.

Recovery and Self-Determination

- We believe in the full potential of all persons to live lives of recovery and self-determination, regardless of their life circumstances and challenges. Individuals seeking services have strengths and abilities, and will be treated with dignity, respect and an expectation of hope.
- We will always use a person centered planning approach in partnership with each person served.
- We will ensure that ISK demonstrates an ongoing commitment to promote and implement trauma-informed care.

Respect

- We practice fairness, consideration and understanding with each other, recognizing that everyone has intrinsic worth and equal value.
- We have high regard for the diversity and uniqueness of those served and those serving.

Responsibility

- We will make informed decisions and if we make mistakes, we will correct them and learn from them.
- We are accountable and individually responsible to all persons served by ISK, co-workers and our community.

Teamwork

- We will build and nurture community partnerships and networks to achieve creative, efficient and flexible outcomes for all persons served and their families.
- We rely on everyone's strengths to get the job done and meet goals.
- We will foster productive relationships among staff members, units, departments and functions to achieve creative, efficient and flexible outcomes.

Trust

- We respect and maintain confidentiality at all times.
- We earn the respect and confidence of co-workers and persons served through consistent honesty.
- We follow-through with appropriate actions.

Community • Independence • Empowerment

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY I.02

AREA:	Governance		
SECTION:	Mission/Vision/Values and Bylaws	PAGE:	1 of 1
SUBJECT:	BYLAWS AND RULES OF PROCEDURE	SUPERSEDES:	02/24/2014
		REVISED:	01/22/2018

PURPOSE/EXPLANATION

To establish and maintain Bylaws for the Board and advisory groups to the Board.

POLICY

The Bylaws will provide the rules and basic framework necessary to each group's operation and management. The Bylaws may include the specification of member qualifications, rights and liabilities of membership, and the powers, duties and grounds for dissolution of a group.

The Board will annually review the Bylaws of the Board and its advisory groups. All changes in Bylaws must be approved by the Board.

The recognized advisory groups to the ISK Board and/or Chief Executive Officer include:

1. The Family Support Advisory Council for Children with Serious Emotional Disturbances
2. Customer Advisory Council
3. Recipient Rights Advisory Committee

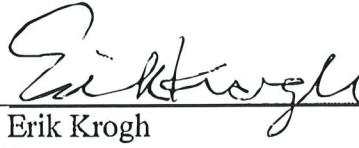
EXHIBITS

- A. ISK Board Bylaws and Rules of Procedure
- B. Family Support Advisory Council (FSAC) Bylaws
- C. Office of Recipient Rights (ORR) Bylaws

CHIEF EXECUTIVE OFFICER


Jeff Patton
Chief Executive Officer

APPROVED


Erik Krogh
Board Chair

Kalamazoo Community Mental Health and Substance Abuse Services Authority Board
January 23, 2012
Bylaws and Rules of Procedure

ARTICLE I – NAME

The name of this body is the Kalamazoo Community Mental Health and Substance Abuse Services Board (hereinafter called the “Board”).

ARTICLE II – PURPOSE

The Board, created by Kalamazoo County pursuant to Public Act 258 of 1974 as amended, has the full governance responsibility and authority to operate the Kalamazoo Community Mental Health and Substance Abuse Services Authority, doing business as Kalamazoo Community Mental Health and Substance Abuse Services. The standards and rules as authorized by Public Act 272 of 1974 as revised guide all services and programs.

The mandates on the Michigan Mental Health Code prescribe the governance authority and mental health services purposes. Those mandates are adopted into these Bylaws. In addition the DCH required annual plan and budget establish the essential scope of service plans governed by the Board.

The Board has identified its mission, vision, values and annual goals. These policy documents provide specific structure to the purposes for which the Board operates.

ARTICLE III – BOARD ORGANIZATION

Section 1: Board Membership

The Board shall consist of twelve (12) members who are appointed or removed by the Kalamazoo County Board of Commissioners. Board members shall have their primary place of residence in Kalamazoo County. “The composition of the Board shall be representative of providers of mental health services, recipients or primary consumers of mental health services, agencies and occupations having a working involvement with mental health services, and the general public. At least one-third (1/3) of the membership shall be primary consumers or family members, and of that one-third (1/3) at least two members shall be primary consumers. Not more than four (4) members of the Board may be County Commissioners and not more than one-half (1/2) maybe public officials, as defined by the Michigan Mental Health Code. All board members shall be 18 years of age or older.”

Reference: MCLA 330.1222

Section 2: Terms of Membership

The term of office of a Board member shall be three years from April 1 of the year of appointment.

Reference: MCLA 330.1224

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Section 3: Vacancies in Office

When a vacancy occurs on the Board, either by resignation, completion of term, removal, or death, the vacancy shall be filled by the County Commission for the unexpired term, or new term in the same manner as original appointment.

Section 4: Neglect of Duties

If any board member has missed 50% of the regularly scheduled Board meetings or committee of the whole in any continuous twelve (12) month period without providing information to the Board chairperson regarding the reasons for those absences, that board member shall be presumed to have neglected his/her duties and the Board chairperson (or vice-chairperson, if chairperson has neglected his/her duties) shall investigate the reasons for such absences. If the Board chairperson determines that the reasons for such absences are not sufficient to rebut the presumption of neglect of duties, upon concurrence of a majority of the KCMHSAS Board, the Board chairperson shall notify the chairperson of the County Board of Commissioners in writing of the Board's determination and request that the County Board of Commissioners institute removal procedures pursuant to the Michigan Mental Health Code.

Reference: MCLA 330.1224

Section 5: Officers

During the month of May, the Board shall elect a chairperson and vice chairperson. The chairperson, with Board concurrence, will appoint a nominating committee in the month of April, which shall nominate at least one (1) candidate for each office. At the May meeting the nominating committee shall report a recommended slate of officers. Nominations may be made from the membership of the Board at this meeting. Upon election, the chairperson and vice-chairperson will assume leadership responsibilities beginning in the month of June.

Section 6: Duties of Officers

Governance policies: The Board shall develop or establish expectations for Board member activities, Board Code of Conduct and other similar areas as determined by the Board.

Section 7: Committees

The Board, pursuant to its policies, may establish committees to accomplish its purposes and tasks.

Section 8: Powers and duties

The Board shall have such powers and duties that shall from time to time be provided by law.

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Section 9: Indemnification

Kalamazoo Community Mental Health and Substance Abuse Services shall indemnify and hold harmless all Board members against expenses actually and necessarily incurred by them in connection with the defense of any action, lawsuit, or proceeding in which they are made parties by reason of being or having been a Board member, except in relation to matters as to which any such member shall be adjudged in such action, lawsuit or proceeding to be liable for negligence or misconduct in the performance of duty and to such matters as shall be settled by agreement predicated on the existence of such liability. The foregoing right to indemnification shall not be exclusive of other rights to which a member may be entitled.

ARTICLE IV -- MEETINGS

Section 1: Regular meetings

The Board shall conduct a minimum of twelve (12) regular meetings per year. Unique circumstances may require additional or fewer Board meetings.

Section 2: Public meetings

Every meeting of the Board shall be open to the public and shall be held in a place available to the general public. A meeting shall mean a convening of a quorum of the Board for the purpose of deliberating to render a decision on a public policy. Every meeting of the Board's standing committees, advisory councils, and temporary deliberative bodies constituted by the Board (e.g. task forces) shall also be open to the public and shall be held in a place available to the general public.

Section 3: Special board meetings

A special meeting may be called by the Chairperson of the Board or any two members thereof by written notice served on each member or left at his/her designated mailing address at least 18 hours prior to such meeting. Members may waive notice of any special meeting either before or after the holding thereof, said waiver to be in writing and filed as a permanent part of the record. A public notice stating the date, time, and place of a special meeting shall be posted in the Community Mental Health Office and the Kalamazoo County Board of Commissioners' Office in the County Administration Building at least 18 hours before the meeting.

Section 4: Order of Business for regular meetings

Board meetings shall be conducted by way of an established agenda. The agenda shall identify time for citizen input.

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Section 5: **Roberts Rule of Order:**
Meetings shall be conducted within the protocol of Roberts Rule of Order unless modified by these Bylaws or rules or any specific governance policies adopted by the board.

Section 6: **Quorum**
A simple majority of the members of the Board shall constitute a quorum for the transaction of ordinary business of the Board. A committee of the Board may transact business if at least one-half (1/2) of the members duly appointed and serving are present. However, without a quorum, no formal motion or action can be authorized until such motions or actions are later approved by the quorum of the Board.

Section 7: **Voting**
Except as otherwise provided by statute, all questions shall be determined by the vote of the majority of the members present. Only twelve (12) members appointed to the Board by the County Commission shall be voting members.

Section 8: **Citizen Participation**
Any citizen may comment on agenda items prior to taking a vote thereon. Citizens, after being recognized, shall identify themselves by name and address, and shall ordinarily limit their comments to four (4) minutes, unless the time is otherwise extended by the chairperson or by a vote of the Board.

Section 9: **Distribution of Minutes**
Proposed minutes shall be available for public inspection not more than eight (8) business days after each meeting of Board. Approved minutes shall be available for public inspection not later than five (5) business days after the meeting in which the minutes are approved. Corrections in the minutes shall be made no later than the next meeting after the meeting to which the minutes refer. Corrected minutes shall be available no later than the next subsequent meeting after correction. The corrected minutes shall show both the original entry and the correction. Copies of the minutes shall be mailed to individuals upon request without charge.
Reference: MCLA 15.269

Section 10: **Board Order, Records**
Every order, resolution, motion and determination of the Board shall be recorded in the approved Board minutes and/or record of the Board. The record of the Board activities shall be maintained under file at the central administrative office of the mental health services program.

Kalamazoo Community Mental Health and Substance Abuse Services Authority Board

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ARTICLE V – BOARD COMPENSATION

KCMHSAS

Section 1: Compensation

Board members may adopt a Board Policy regarding their compensation which conforms to the resolution of the Kalamazoo County Board. Board members may also receive the per mile mileage reimbursement set for State officers as determined by the State Officers Compensation Commission.

ARTICLE VI – AMENDMENT OF BYLAWS

These Bylaws and rules may be amended, altered, changed, added to, or repealed by the affirmative vote of a majority of the members of the entire Board at any regular or special meeting, provided notice of the intention to amend has been included in the call. A two-thirds' vote of the entire Board shall be required when a motion to amend, alter, change, add to, or repeal these Bylaws is not included in the regular call.

The forgoing Bylaws and rules of procedure were adopted by the Kalamazoo Community Mental Health and Substance Abuse Services Board at its regularly scheduled meeting March 27, 2006.



Moses L. Walker, Board Chair

Kalamazoo Community Mental Health and
Substance Abuse Services Board



Jeff Patton, Chief Executive Officer
Kalamazoo Community Mental Health and
Substance Abuse Services