



Community • Independence • Empowerment

**PLEASE READ:
IMPORTANT
MESSAGE**

PUBLIC NOTICE OF INTEGRATED Services of Kalamazoo

The ISK Board Meeting will be held on, Monday, January 25, 2021 @ 4:00PM-6:30PM.

Due to the state of emergency by the Michigan Department of Labor and Economic Opportunity/Michigan Occupational Safety and Health Administration and pursuant to provisions of the Michigan Open Meetings Act, Integrated Services of Kalamazoo will remotely conduct its monthly board meeting. We will be utilizing (Microsoft TEAMS) as the carrier to conduct this meeting. This mechanism meets the requirements of the Open Meetings Act.

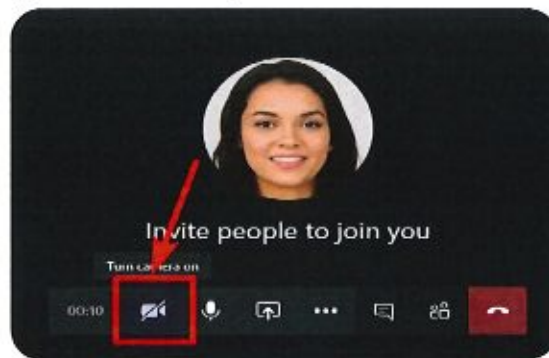
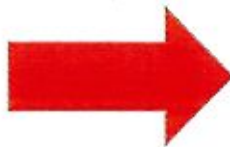
All interested persons may join the remote meeting through the following procedures:

Join Microsoft Teams Meeting

+1 810-893-7607 United States - Conference ID: 677 498 454#

Once you have joined the meeting, please disable your camera.

See example.



ISK welcomes and encourages persons to provide input or ask questions on any board business. To communicate with the ISK Board Members or if you have specific needs to participate in the meetings held by the Board. Please contact Demeta J. Wallace at least three (3) business days prior to the scheduled meeting date at Dwallace@iskzoo.org or 269-364-6901.

The ISK Board packet is posted monthly on our website @ www.iskzoo.org.

Jeffrey W. Patton
Chief Executive Officer

www.iskzoo.org

Administrative Services

2030 Portage Street
Kalamazoo, MI 49001
(269) 553-8000

Access Center

615 East Crosstown Pkwy
Kalamazoo, MI 49001
(269) 373-6000
(888) 373-6200
MI Relay Center: 711

Integrated Health & Psychiatric Services

615 East Crosstown Pkwy
Kalamazoo, MI 49001
Adults: (269) 553-7037
Youth: (269) 553-7078

Office of Recipient Rights

2030 Portage Street
Kalamazoo, MI 49001
(269) 364-6920

Services for Adults with Mental Illness

2030 Portage Street
Kalamazoo, MI 49001
(269) 553-8000
(888) 373-6200

Services for Adults with Intellectual and Developmental Disabilities

418 West Kalamazoo Ave
Kalamazoo, MI 49007
(269) 553-8060
MI Relay Center: 711

Services for Youth and Families

418 West Kalamazoo Ave
Kalamazoo, MI 49007
(269) 553-7120

Substance Use Disorder Services

(800) 781-0353

Training

2030 Portage Street
Kalamazoo, MI 49001
(269) 364-6952



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AGENDA

INTEGRATED Services of Kalamazoo BOARD HAS SCHEDULED ITS MEETING FOR MONDAY, January 25, 2021 BEGINNING @ 4:00PM via *Microsoft TEAMS*.

- I. CALL TO ORDER - CITY & COUNTY DECLARATION
- II. AGENDA
- III. MINUTES
- IV. CITIZEN TIME
- V. RECIPIENT RIGHTS
 - a. Recipient Rights Monthly Report
 - b. Recipient Rights Annual Report
- VI. CONSENT CALENDAR (ROLL CALL VOTE)
Monitoring Reports:
JANUARY:
 - a. MISSION/VISION/VALUE STATEMENT Policy
 - b. Bylaws and Rules of Procedures Policy
 - c. Annual Leave Reserve Policy/Report
 - d. Annual Board Planning Cycle/Schedule (2021) Policy
 - e. Quality Management Improvement Plans Report
 - f. Strategic Plan Report
- VII. PROGRAM SERVICES UPDATES/ VERBAL
 - a. Program Services Report
- VIII. FINANCIAL REPORTS
 - a. Financial Condition Report
 - b. Utilization Report
 - c. Investment Report
 - d. *November & December Disbursements (MOTION)*
- IX. ACTION ITEMS (ROLL CALL VOTE)
 - a. ISK Resolution Declaring Racism a Public Health Crisis
- X. CHIEF EXECUTIVE OFFICER REPORT/VERBAL
 - a. Michigan's PIHPs/Regional Entities Provision of Complex Care Management
- XI. CITIZEN TIME
- XII. BOARD MEMBER TIME
 - a. Special Recognition for Michael A. Seals/Erik Krogh & Jeff Patton
 - b. SWMBH (Southwest Michigan Behavioral Health) Updates/Erik Krogh
- XIII. ADJOURNMENT

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A community recovery initiative in partnership with 

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III.

INTEGRATED Services of Kalamazoo (ISK) November 23, 2020

<u>ISK Board Member</u>	<u>Board Members PRESENT</u>	<u>Declaration of Location City/County</u>	<u>Board Members ABSENT</u>
Erik Krogh, <i>CHAIR</i>	X	Kalamazoo/Kalamazoo	
Sharon Spears, <i>VICE CHAIR</i>	X	Kalamazoo/Kalamazoo	
Nkenge Bergan	X	Kalamazoo/Kalamazoo	
Sarah Carmany			X
Jasmin Chrzan			X
Ituha Cloud			X
Patrick Dolly	X	Kalamazoo/Kalamazoo	
Pat Guenther	X	Kalamazoo/Kalamazoo	
Karen Longanecker	X	Kalamazoo/Kalamazoo	
Michael Raphelson	X	Kalamazoo/Kalamazoo	
Michael Seals, <i>COMMISSIONER</i>	X	Kalamazoo/Kalamazoo	
Jenna Verne	X	Kalamazoo/Kalamazoo	

ISK - KCMHSAS Staff Present:

Jeff Patton, CEO
 Jane Konyndyk
 Pat Davis
 Heather Garcia
 Chantel Graham
 Sheila Hibbs
 Heidi Oberlin
 Alecia Pollard
 Michael Schlack, *CORPORATE COUNSEL*
 Lisa Smith
 Ed Sova
 Demeta Wallace
 Pat Weighman

ISK - KCMHSAS Staff Absent:

Roann Bonney
 Lisa Brannan
 Kathy Lentz
 Beth Ann Meints

Providers:

Travis Swieringa
 Executive Director
 InterAct of Michigan

Fi Spalvieri
 Executive Director
 Community Living Options

Call to Order:

Chair Krogh welcomed all in attendance to the November 23, 2020 INTEGRATED Services of Kalamazoo Board meeting. The Board meeting was called to order at 3:42PM.

CLOSED SESSION to conduct the CEO Annual Evaluation (MOTION):

Vice Chair Spears, "I MOVE THAT THE ISK BOARD GO INTO CLOSED SESSION TO CONDUCT THE CEO EVALUATION PURSUANT TO SECTION 8(a) OF THE MICHIGAN OPEN MEETINGS ACT." Supported by Member Longanecker.

CLOSED SESSION to conduct the CEO Annual Evaluation to END Closed Session (MOTION):

Chair Krogh, "I MOVE THAT THE ISK BOARD COME OUT OF CLOSED SESSION." Supported by Member Longanecker.

NAME	YEAS	NAYS
Erik Krogh, <i>CHAIR</i>	X	
Sharon Spears, <i>VICE CHAIR</i>	X	
Nkenge Bergan	X	
Patrick Dolly	X	
Pat Guenther	X	
Karen Longanecker	X	
Michael Raphelson	X	
Jenna Verne	X	

MOTION PASSED.

Agenda:

Board members reviewed the agenda for changes. Board members are recommending no changes to the agenda.

Minutes:

Member Guenther, "I MOVE TO ACCEPT THE MINUTES FROM October 26, 2020." Supported by Vice Chair Spears.

ROLL CALL:

NAME	YEAS	NAYS
Erik Krogh, <i>CHAIR</i>	X	
Sharon Spears, <i>VICE CHAIR</i>	X	
Nkenge Bergan	X	
Patrick Dolly	X	
Pat Guenther	X	
Karen Longanecker	X	
Michael Raphelson	X	
Jenna Verne	X	

MOTION PASSED.

Citizen Time:

No citizens came forth.

Consent Calendar (ROLL CALL VOTE):

Chair Krogh, "Are there any materials that the ISK Board would like to have removed from the Consent Calendar before we proceed with the ROLL CALL vote?" No materials were requested to be removed.

Recipient Rights Reports (October 2020):

- The ORR Mental Health Board Reports on Complaints/Allegations closed in October 2020.

Monitoring Reports:

NOVEMBER:

- Communication & Counsel to the Board
- Governing Style
- Emergency Executive Succession
- Endowment Fund/Report
- Corporate Compliance and Risk Management

ROLL CALL:

NAME	YEAS	NAYS
Erik Krogh, <i>CHAIR</i>	X	
Sharon Spears, <i>VICE CHAIR</i>	X	
Nkenge Bergan	X	
Patrick Dolly	X	
Pat Guenther	X	
Karen Longanecker	X	
Michael Raphelson	X	
Jenna Verne	X	

MOTION PASSED.

Program Services Updates:

Jane Konyndyk, ISK, Deputy Director, Program Services, presented the November Program Services report. Regarding services and the impact of COVID-19, we reached a decision to meet the demands of the latest COVID-19 Emergency Order from MDHHS, by decreasing face-to-face appointments. There was some dial back for in-person contact appointments already. However, we have increased it even the more. All the ISK Facilities are open, but with less staff onsite. We have asked staff to hold off on all outreach or home visits to help eliminate the spread of the virus. However, if there is an emergency we will respond accordingly. Those with emergencies are being directed to 615 or EMH. We are still able to see individuals in crisis in the emergency rooms for possible admissions.

The MDHHS Emergency Order expires Dec 8, 2020. Prior to this date, we will review ISK Covid-19 preparedness plan and make another decision to continue said practices, or to start bringing staff back into the office. That concludes my report.

Financial Condition Report:

Pat Davis, ISK, Deputy Director, Administrative Services, presented the Financial Condition report for the period ending October 31, 2020.

SWMBII:

Revenues:

Revenues for the one-month (1) period are projected to be \$6,294,893 compared to budgeted revenues of \$6,336,089. Consequently, revenues are in an un-favorable position by approximately \$41,496.

Expenditures:

Expenditures for the one-month (1) period are \$6,294,893 compared to budgeted expenditures of \$6,336,089. Consequently, expenditures are in a favorable position by approximately \$41,196.

ISK:

Revenues:

Revenues for the one-month (1) period are \$1,211,086 compared to budgeted revenues of \$1,289,537. Consequently, revenues are in an un-favorable position by approximately \$78,451.

Expenditures:

Expenditures for the one-month (1) period are \$1,144,059 compared to budgeted expenditures of \$1,287,460. Consequently, expenditures are in a favorable position by approximately \$143,401.

Utilization Reports:

Pat Davis, ISK, Deputy Director, Administrative Services, presented the October 31, 2020 Utilization Report.

- Youth Community Inpatient Services is favorable by \$1,257
- MI Adult Community Inpatient Services is at (60) days and unfavorable at \$57,999
- Community Living Supports, Personal Care, and Crisis Residential is unfavorable at \$191,906

October Disbursements (MOTION):

Member Raphelson, "Based on the Board Finance meeting review, I move that ISK approve the October 2020 vendor disbursements of \$8,921,021.89." Supported by Member Seals.

ROLL CALL

NAME	YEAS	NAYS
Erik Krogh, <i>CHAIR</i>	X	
Sharon Spears, <i>VICE CHAIR</i>	X	
Nkenge Bergan	X	
Patrick Dolly	X	
Pat Guenther	X	
Karen Longanecker	X	
Michael Raphelson	X	
Michael Seals, <i>COMMISSIONER</i>	X	
Jenna Verne	X	

MOTION PASSED.**Chief Executive Officer Report:**

The SWMBH released its Regional Strategic Business Plan for 2020-2023. Within this plan is the proposal for consideration to permit SWMBH to enter out-of-region contracts. To accept this proposal there would have to be major revisions done to the SWMBH Bylaws. There is great concern about this proposal. What direct threats will this have on the CMHSPs? What role will SWMBH and the CMHSPs have within the current mental health system? We will have to thoroughly explore these concerns and many others before any consideration for approval is made.

I am in the process of producing an ISK Black Lives Matter Position Statement that I plan to present to the ISK Board at our first meeting in January 2021. Along with a resolution that affirms our position in collaboration with the Kalamazoo County Government in declaring racism a public health crisis.

Several ISK staff have been alarmed by many of the current racial events that have occurred in our world and locally. Unfortunately, I too found myself in the middle of the Proud Boys rally that took place in Kalamazoo. I am thankful that no harm came to me or my wife.

ISK is committed to doing our part to help end racism, racial disparities, and discrimination in Kalamazoo County's public community mental health system.

That concludes my report.

Citizen Time:

No citizens came forth.

Board Member Time:**Southwest Michigan Behavioral Health Board Updates (Erik Krogh):**

At the last SWMBH Board meeting, I find it interesting that there was no mention of the SWMBH Regional Strategic Business Plan with the proposed recommendation to permit SWMBH to enter out-of-region contracts.

I feel there are some significant questions that should be asked long before reaching a final determination. How would this enrich our county and those persons served? What will be the future role of the CMHSPs? Does this create a conflict between the PIHPs and the CMHSPs? Will this create direct competition for services/dollars between the PIHPs and the CMHSPs? There is indeed a lot to consider. I will keep the ISK Board members informed as new information is shared.

Also, I appreciate Demeta for all her support and efforts to make sure that our meetings are conducted in a timely manner, efficiently and in accordance with parliamentary law. This work is important and amidst the COVID-19 pandemic and its restrictions we continue to produce quality work!

Nkenge Bergan:

Thank you, Jeff, for the statement that you just shared about the need for improved equity. KPS has established an Equity Task Force who will be investigating the equity deficiencies across our county. I remain extremely appreciative for our partnership with ISK and our other community partners. Virtual Learning is happening despite the many challenges. Our students should be learning online during the hours of 9:00am-3:00pm.

Pat Guenther:

I will continue to express my appreciation for Jeff & the ISK Staff. These have been very challenging times, but you all continue to remain consistent in the services & programs provided to care for our persons served. Excellent job!

Karen Longanecker:

Thank you, Jeff, for your A+ performance!

Jenna Verne:

Thank you, Jeff, for your leadership. These past two years have been rough, especially due to the passing of my son by suicide.

Happy Thanksgiving, Merry Christmas & Happy New Year!

Michael Seals:

With the upcoming Thanksgiving holiday, we would all like to celebrate and see our loved ones. However, due to the pandemic, this year we will have to celebrate differently. Follow the guidance of our Public Health Officials. Wear your mask, social distance, stay safe & healthy.

Also, this will be my last ISK Board Meeting. It has been a pleasure to serve on this great board. I have gained friends, mentors & leaders. Thank you, Jeff, for the opportunity to serve,

Michael Raphelson:

Thank you, Jeff, for your amazing leadership. It has been one of my life endeavors to be your Boss and I guess you could say that maybe it has come true 😊 I would like to add to Mr. Seals comments about the pandemic. About COVID-19, it is 96% worse than in the spring. Our healthcare workers are tired, hurting, and frustrated. Follow the prevention instructions and let us get past this pandemic. I appreciate being a part of this team! *Happy Thanksgiving.*

ISK Board Decision for a December ISK Board Meeting:

Vice Chair Spears, "I MOVE THAT THE DECEMBER 28, 2020, ISK BOARD MEETING BE CANCELLED DUE TO THE HOLIDAYS." Supported by Member Guenther.

ROLL CALL

NAME	YEAS	NAYS
Erik Krogh, <i>CHAIR</i>	X	
Sharon Spears, <i>VICE CHAIR</i>	X	
Nkenge Bergan	X	
Patrick Dolly	X	
Pat Guenther	X	
Karen Longanecker	X	
Michael Raphelson	X	
Michael Seals, <i>COMMISSIONER</i>	X	
Jenna Verne	X	

MOTION PASSED.

ADJOURNMENT:

Vice Chair Spears, "I MOVE TO ADJOURN THE ISK BOARD MEETING." Supported by Member Longanecker.

ROLL CALL

NAME	YEAS	NAYS
Erik Krogh, <i>CHAIR</i>	X	
Sharon Spears, <i>VICE CHAIR</i>	X	
Nkenge Bergan	X	
Patrick Dolly	X	
Pat Guenther	X	
Karen Longanecker	X	
Michael Raphelson	X	
Michael Seals, <i>COMMISSIONER</i>	X	
Jenna Verne	X	

MOTION PASSED.

Meeting was adjourned at 5:45PM.

Demeta J. Wallace

Assistant to the Chief Executive Officer (*Jeff Patton*), Board Liaison and Facility Site Specialist (301)
INTEGRATED Services of Kalamazoo

V.a.

Office of Recipient Rights
Report to the Mental Health Board
On Complaints/Allegations
Closed in: November & December 2020

Office of Recipient Rights Report to the Mental Health Board
Complaints/Allegations Closed in November 2019

	November 2020	FY 20-21	November 2019	FY 19-20
Total # of Complaints Closed	26	74	38	93
Total # of Allegations Closed	45	126	57	137
Total # of Allegations Substantiated	7	22	8	36

The data below represents the total number of closed allegations and substantiations for the following categories:
Consumer Safety, Dignity/Respect of Consumer, Treatment Issues, and Abuse/Neglect.

ALLEGATIONS Category	November 2020		November 2019	
	TOTAL	SUBSTANTIATED	TOTAL	SUBSTANTIATED
Consumer Safety	2	0	4	0
Dignity/Respect of Consumer	6	1	10	0
Treatment Issues/Suitable Services (Including Person Centered Planning)	3	0	10	0
Abuse I	0	0	0	0
Abuse II	4	1	2	1
Abuse III	6	1	8	2
Neglect I	0	0	0	0
Neglect II	1	0	0	0
Neglect III	5	4	8	5
	27	7	42	8

APPEALS	November 2020	FY 20-21	November 2019	FY 19-20
Uphold Investigative Findings & Plan of Action	0	0	0	0
Return Investigation to ORR; Reopen or Reinvestigate	0	0	0	0
Uphold Investigative Findings but Recommend Respondent Take Additional or Different Action to Remedy the Violation	0	0	0	0
Request an External Investigation by the State ORR	0	0	0	0

ABUSE AND NEGLECT DEFINITIONS – SUMMARIZED

Abuse Class I means serious injury to the recipient by staff. Also, sexual contact between a staff and a recipient.

Abuse Class II means non-serious injury or exploitation to the recipient by staff and includes using unreasonable force, even if no injury results.

Abuse Class III means communication by staff to a recipient that is threatening or degrading. (such as; putting down, making fun of, insulting)

Neglect Class I means a serious injury occurred because a staff person DID NOT do something he or she should have done (an omission). It also includes failure to report apparent or suspected abuse I or neglect I of a recipient.

Neglect Class II means a non-serious injury occurred to a recipient because a staff person DID NOT do something he or she should have done (an omission). It also includes failure to report apparent or suspected abuse II or neglect II of a recipient

Neglect Class III means a recipient was put at risk of physical harm or sexual abuse because a staff person DID NOT do something he or she should have done per rule or guideline. It also includes failure to report apparent or suspected abuse III or neglect III of a recipient.

ORR ADDENDUM TO MH BOARD REPORT

December 2020

Re: November 2020 Abuse/Neglect Violations

November

Abuse Violations

- There was one substantiated Abuse II violation in November 2020.
 - The remedial actions for this violation were Training (1) and Written Reprimand (2). There was 1 staff involved in this one complaint.
- There was one substantiated Abuse III violation in November 2020.
 - The remedial action for this violation was Employment Termination (1).

Neglect Violations

- There were four substantiated Neglect III violations in November 2020.
 - The remedial actions for these violations were Training (6), and Written Reprimand (6). Two of these were a Neglect III, Failure to Report violation. There were 3 staff involved in one Neglect III, Failure to Report violation.

The 4 violations occurred at 2 different agencies. The 3 violations occurring at the same agency occurred at 2 different program sites. The 2 violations occurring at the same program site included one Neglect, Failure to Report.

Office of Recipient Rights Report to the Mental Health Board
Complaints/Allegations Closed in December 2020

	December 2020	FY 20-21	December 2019	FY 19-20
Total # of Complaints Closed	22	96	48	141
Total # of Allegations Closed	42	168	66	203
Total # of Allegations Substantiated	17	39	9	45

The data below represents the total number of closed allegations and substantiations for the following categories:
Consumer Safety, Dignity/Respect of Consumer, Treatment Issues, and Abuse/Neglect.

ALLEGATIONS Category	December 2020		December 2019	
	TOTAL	SUBSTANTIATED	TOTAL	SUBSTANTIATED
Consumer Safety	0	0	1	0
Dignity/Respect of Consumer	5	0	7	0
Treatment Issues/Suitable Services (Including Person Centered Planning)	5	1	15	0
Abuse I	1	1	1	0
Abuse II	3	0	3	0
Abuse III	5	2	7	0
Neglect I	1	1	0	0
Neglect II	2	2	1	1
Neglect III	5	5	7	5
	42	6	42	6

APPEALS	December 2020	FY 20-21	December 2010	FY 19-20
Uphold Investigative Findings & Plan of Action	0	0	0	0
Return Investigation to ORR; Reopen or Reinvestigate	0	0	0	0
Uphold Investigative Findings but Recommend Respondent Take Additional or Different Action to Remedy the Violation	0	0	0	0
Request an External Investigation by the State ORR	0	0	0	0

ABUSE AND NEGLECT DEFINITIONS – SUMMARIZED

Abuse Class I means serious injury to the recipient by staff. Also, sexual contact between a staff and a recipient.

Abuse Class II means non-serious injury or exploitation to the recipient by staff and includes using unreasonable force, even if no injury results.

Abuse Class III means communication by staff to a recipient that is threatening or degrading. (such as; putting down, making fun of, insulting)

Neglect Class I means a serious injury occurred because a staff person DID NOT do something he or she should have done (an omission). It also includes failure to report apparent or suspected abuse I or neglect I of a recipient.

Neglect Class II means a non-serious injury occurred to a recipient because a staff person DID NOT do something he or she should have done (an omission). It also includes failure to report apparent or suspected abuse II or neglect II of a recipient

Neglect Class III means a recipient was put at risk of physical harm or sexual abuse because a staff person DID NOT do something he or she should have done per rule or guideline. It also includes failure to report apparent or suspected abuse III or neglect III of a recipient.

ORR ADDENDUM TO MH BOARD REPORT

January 2021

Re: December 2020 Abuse/Neglect Violations

December

Abuse Violations

- There was one substantiated Abuse II violation in December 2020.
 - The remedial actions for this violation were Training (1) and Written Reprimand (1).
- There were two substantiated Abuse III violations in December 2020.
 - The remedial actions for these violations were Training (3) and Written Reprimand (3). There were 2 staff involved in one violation.

The 2 violations occurred at the same agency but at 2 different program sites.

Neglect Violations

- There was one substantiated Neglect I violation in December 2020.
 - The remedial actions for these violations were Training (4), and Written Reprimand (4). This was a Neglect I, Failure to Report violation.
- There were two substantiated Neglect II violations in December 2020.
 - The remedial actions for these violations were Training (5), and Written Reprimand (t). One of these was a Neglect II, Failure to Report violation. There were 3 staff involved in the Neglect III, Failure to Report violation.

The 2 violations occurred at the same agency and different program site.

- There were five substantiated Neglect III violations in December 2020.
 - The remedial actions for these violations were Employment Termination (1), Training (4), and Written Reprimand (9). Two of these were Neglect III, Failure to Report violations. There were 5 staff involved in the Neglect III, Failure to Report violations.

The 5 violations occurred at 2 different agencies. The 4 violations occurring at the same agency occurred at 2 different program sites. Within those 2 sites each site had a Neglect and a Neglect, Failure to Report.

V.b.

Office of Recipient Rights
Report to the Mental Health Board
Annual Report
October 1, 2019 – September 30, 2020

Annual Appeals Data for: Integrated Services of Kalamazoo

APPEALS INFORMATION (if agency has local appeals committee)

Number of Appeal Requests Received	3
Number of Appeals Accepted	3
Number Number of Appeals Upheld	3
Number of Appeals Sent Back for Reinvestigation	0
Number of Appeals Requesting External Investigation by DHHS	0
Number of Appeals Sent Back for Further Action	0
Total Number of Appeals Reviewed by the Appeals Committee	3

Complaint Data for:

Integrated Services of Kalamazoo

Rights Office Director: Roann Bonney

Reporting Period: 10/1/2019 to 9/30/2020

CMH 6147 # of Consumers Served (unduplicated count) CMH 6 Rights Office FTEs

LPH Number of Admissions LPH Hours/40

Section 1: Complaint Data Summary

Part A: Agency Totals

Allegations	780
Interventions	228
Investigations	448
Interventions Substantiated	16
Investigations Substantiated	173

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COMPLAINT SOURCE

Recipient	328
Staff	18
ORR	107
Guardian/Family	29
Anonymous	10
Community/General Public	10
Total Complaints Received	502

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TIMEFRAMES OF COMPLETED INVESTIGATIONS

Category	Total	≤30	≤60	≤90	>90
Abuse I, II, III & Neglect I, II, III	239	43	120	76	0
All others	209	34	89	86	0

Part B: Detailed Summary

1. Freedom from Abuse

Code	Category	Received	Investigations	Investigations Substantiated		Recipient Population		
				MI	DD	MI	DD	SED
7221	Abuse class I	0	0	0	0	0	0	0
72221	Abuse class II - nonaccidental act	17	17	5	12	5	12	0
72222	Abuse class II - unreasonable force	27	27	8	22	8	22	0
72223	Abuse class II - emotional harm	1	1	0	0	1	0	0
72224	Abuse class II - treating as incompetent	0	0	0	0	0	0	0
72225	Abuse class II - exploitation	16	16	4	12	4	12	0
7223	Abuse - class III	72	72	15	28	28	42	1
7224	Abuse class I - sexual abuse	3	3	1	2	2	2	0

2. Freedom from Neglect

Code	Category	Received	Investigations	Investigations Substantiated		Recipient Population		
				MI	DD	MI	DD	SED
72251	Neglect class I	1	1	1	0	1	0	0
72252	Neglect class I - failure to report	0	0	0	0	0	0	0
72261	Neglect class II	10	10	3	4	4	6	0
72262	Neglect class II - failure to report	11	11	11	1	1	9	1
72271	Neglect class III	65	65	39	33	33	44	0
72272	Neglect class III - failure to report	16	16	13	4	4	14	0

3. Rights Protection System

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7060	Notice/explanation of rights	0	0	0	0	0	0	0	0
7520	Failure to report	3	0	0	3	3	1	2	0
7545	Retaliation/harassment	5			6	1	3	4	0
7760	Access to rights system	0	0	0	0	0	0	0	0
7780	Complaint investigation process	3	0	0	3	3	2	2	0
7840	Appeal process/mediation	0	0	0	0	0	0	0	0

4. Admission/Discharge/Second Opinion

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
4090	Second opinion - denial of hospitalization	0	0	0	0	0	0	0	0
4190	Termination of voluntary hospitalization (adult)	0	0	0	0	0	0	0	0
4510	admission process	0	0	0	0	0	0	0	0
4630	Independent clinical examination	0	0	0	0	0	0	0	0
4980	Objection to hospitalization (minor)	0	0	0	0	0	0	0	0
7050	Second opinion - denial of services	1	1	0	0	0	1	0	0

5. Civil Rights

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7041	Civil rights: discrimination, accessibility, accommodation, etc	0	0	0	0	0	0	0	0
7044	Religious practice	7	7	0	0	0	6	1	0
7045	Voting	0	0	0	0	0	0	0	0
7047	Presumption of competency	0	0	0	0	0	0	0	0
7284	Search/seizure	0	0	0	0	0	0	0	0

6. Family Rights

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7111	Family dignity & respect	10	3	1	7	2	5	3	2

7112	Receipt of general education information	0	0	0	0	0	0	0	0	0	0	0	0
7113	Opportunity to provide information	0	0	0	0	0	0	0	0	0	0	0	0

7. Communication & Visits

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7261	Visits	1	1	0	0	0	1	0	0
7262	Contact with attorneys or others regarding legal matters	0	0	0	0	0	0	0	0
7263	Access to telephone, mail	7	3	0	4	3	5	3	0
7264	Funds for postage, stationery, telephone usage	0	0	0	0	0	0	0	0
7265	Written and posted limitations, if established	0	0	0	0	0	0	0	0
7266	Uncensored mail	0	0	0	0	0	0	0	0

8. Confidentiality/Privileged Communications/Disclosure

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7481	Disclosure of confidential information	16	5	1	11	7	10	8	0
7485	Withholding of information (includes recipient access to records)	1	1	0	0	0	0	1	0
7486	Correction of record	0	0	0	0	0	0	0	0
7487	Access by p & a to records	0	0	0	0	0	0	0	0
7501	Privileged communication	0	0	0	0	0	0	0	0

9. Treatment Environment

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7081	Safe environment	21	8	0	13	3	9	12	0
7082	Sanitary/humane environment	39	25	1	14	3	22	19	0
7086	Least restrictive setting	2	2	0	0	0	2	0	0

10. Freedom of Movement

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7441	Restrictions/limitations	1	1	0	0	0	1	0	0
7400	Restraint	0	0	0	0	0	0	0	0
7420	Seclusion	5	0	0	5	4	2	4	0

11. Financial Rights

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7301	Safeguarding money	3	0	0	3	2	3	0	0
7302	Facility account	0	0	0	0	0	0	0	0
7303	Easy access to money in account	3	2	0	1	0	3	0	0
7304	Ability to spend or use as desired	2	1	0	1	0	2	0	0
7305	Delivery of money upon release	0	0	0	0	0	0	0	0
7360	Labor & Compensation	1	0	0	1	1	1	0	0

12. Personal Property

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7267	Access to entertainment materials, information, news	0	0	0	0	0	0	0	0
7281	Possession and use	22	13	1	9	3	17	6	0
7282	Storage space	0	0	0	0	0	0	0	0
7283	Inspection at reasonable times	1	0	0	1	0	1	0	0
7285	Exclusions	0	0	0	0	0	0	0	0
7286	Limitations	0	0	0	0	0	0	0	0
7287	Receipts to recipient and to designated individual	0	0	0	0	0	0	0	0
7288	Waiver	0	0	0	0	0	0	0	0
7289	Protection	0	0	0	0	0	0	0	0

13. Suitable Services

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7708	Dignity and Respect	126	79	10	47	18	82	24	2
7003	Informed consent	4	2	0	2	2	2	2	0
7029	Information on family planning	0	0	0	0	0	0	0	0

7049	Treatment by spiritual means	0	0	0	0	0	0	0	0	0	0	0
7080	Mental health services suited to condition	145	73	2	72	14	106	37	3			
7100	Physical and mental exams	0	0	0	0	0	0	0	0	0	0	0
7130	Choice of physician/mental health professional	3	1	0	2	0	1	2	0			
7140	Notice of clinical status/progress	0	0	0	0	0	0	0	0	0	0	0
7150	Services of mental health professional	0	0	0	0	0	0	0	0	0	0	0
7160	Surgery	0	0	0	0	0	0	0	0	0	0	0
7170	Electro convulsive therapy (ECT)	0	0	0	0	0	0	0	0	0	0	0
7180	Psychotropic drugs	0	0	0	0	0	0	0	0	0	0	0
7190	Notice of medication side effects	0	0	0	0	0	0	0	0	0	0	0

14. Treatment Planning

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7121	Person-centered process	3	0	0	3	3	0	3	0
7122	Timely development	0	0	0	0	0	0	0	0
7123	Requests for review	0	0	0	0	0	0	0	0
7124	Participation by individual(s) of choice	0	0	0	0	0	0	0	0
7125	Assessment of needs	1	0	0	1	1	0	1	0

15. Photographs, Fingerprints, Audiotapes, One-way Glass

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population							
							MI	DD	SED					
7241	Prior consent	0	0	0	0	0	0	0	0					
7242	Identification	0	0	0	0	0	0	0	0					
7243	Objection	0	0	0	0	0	0	0	0					
7244	Release to others/return	0	0	0	0	0	0	0	0					
7245	Storage/destruction	0	0	0	0	0	0	0	0					
TOTALS							676	228	16	448	173	387	289	9

17. No. Right Involved

Code	Category	Received
0000	No right involved	52

18. Outside Provider Jurisdiction

Code	Category	Received
0001	Outside provider jurisdiction	52

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Section II: Intervention & investigation substantiation data for: Integrated Services of Kalamazoo

Category (from Complaint Data)	Specific Provider Type	Specific Remedial Action	Specific Remedial Action	Specific Remedial Action	MI	DD	SED	SED-W	DD-CWP	HSW
Abuse Class I - Sexual Abuse	ACT	Employment Termination	Policy Revision/Development		1					
Abuse class II - exploitation	Residential MI & DD	Written Reprimand			1					
Abuse class II - exploitation	Residential DD	Training	Verbal Counseling	Written Reprimand		1				1
Abuse class II - exploitation	Psychosocial Rehabilitation	Training	Verbal Counseling	Written Reprimand	1					
Abuse class II - exploitation	ACT	Employment Termination	Policy Revision/Development		2					
Abuse Class II - nonaccidental act	Residential DD	Employment Termination			1					1
Abuse Class II - nonaccidental act	Residential MI & DD	Employment Termination			1					
Abuse Class II - nonaccidental act	Residential DD	Employment Termination				1				
Abuse Class II - nonaccidental act	Residential MI & DD	Training	Written Reprimand		1					
Abuse Class II - nonaccidental act	Residential MI & DD	Employment Termination	Training		2					
Abuse class II - unreasonable force	Residential MI & DD	Employment Termination	Training		1					
Abuse class II - unreasonable force	Residential DD	Training	Written Reprimand		1					
Abuse class II - unreasonable force	Residential DD	Employment Termination			1					1
Abuse class II - unreasonable force	Residential MI & DD	Employment Termination			1					
Abuse class II - unreasonable force	Residential MI & DD	Suspension	Training		1					1
Abuse class II - unreasonable force	Residential MI & DD	Training	Written Reprimand		1					

REMIEDIATION TOTALS	
Verbal Counseling	35
Written Counseling	13
Verbal Reprimand	0
Written Reprimand	74
Suspension	5
Demotion	3
Staff Transfer	2
Training	100
Employment Termination	45
Employee left the agency, but substantiated	0
Contract Action	11
Policy Revision/Development	15
Environmental Repair/Enhancement	4
Plan of Service Revision	7
Recipient Transfer to Another Provider/Site	0
Other	0

Section II: intervention & investigation substantiation data for: Integrated Services of Kalamazoo

Category (from Complaint Data)	Specific Provider Type	Specific Remedial Action	Specific Remedial Action	Specific Remedial Action	MI	DD	SED	SED-W	DD-CWP	ISW
Abuse class II - unresolvable force	Residential MI & DD	Contact Action			1					0
Abuse class II - unresolvable force	Residential MI & DD	Contact Action			1					0
Abuse - Class II	Residential DD	Employment Termination			1					1
Abuse - Class II	Residential MI & DD	Employment Termination			1					1
Abuse - Class III	Residential MI & DD	Written Reprimand			1					1
Abuse - Class III	Residential DD	Employment Termination			1					1
Abuse - Class III	Residential MI & DD	Employment Termination	Training		1					120
Abuse - Class III	Residential MI & DD	Employment Termination			1					135
Abuse - Class III	Residential MI & DD	Employment Termination			1					7
Abuse - Class III	Residential MI & DD	Employment Termination			1					0
Abuse - Class III	Residential MI & DD	Written Reprimand			1					0
Abuse - Class III	Residential MI & DD	Training	Written Reprimand		1					47
Abuse - Class III	Residential MI & DD	Employment Termination			1					
Abuse - Class II	Psychosocial Rehabilitation	Training	Verbal Counseling	Written Reprimand	2					
Abuse - Class II	Residential MI & DD	Contract Action			4					
Abuse - Class II	Residential MI & DD	Staff Transfer			2					
Abuse - Class II	Residential MI & DD	Employment Termination			2					
Abuse - Class II	Residential MI & DD	Training	Written Reprimand		1					
Neglect - Class I	SIP	Demotion	Training		1					
Neglect - Class II	Residential DD	Suspension	Training	Written Reprimand	1					4
Neglect - Class II	Residential MI & DD	Environmental Reassignment	Training	Written Reprimand	1					0
Neglect - Class II	Residential MI & DD	Employment Termination	Training	Written Reprimand	1					39
Neglect - Class II - failure to report	Residential MI & DD	Training	Training	Written Reprimand	1					109
Neglect - Class II - failure to report	Residential DD	Training	Training	Written Reprimand	1					1
Neglect - Class II - failure to report	Residential MI & DD	Training	Training	Written Reprimand	1					0
Neglect - Class II - failure to report	Residential DD	Training	Training	Written Reprimand	1					1
Neglect - Class II - failure to report	Case Management	Written Reprimand	Written Reprimand		1					4
Neglect - Class II - failure to report	Residential DD	Training	Written Reprimand		1					13
Neglect - Class II - failure to report	Residential MI & DD	Training	Written Reprimand		1					10
Neglect - Class II - failure to report	Residential MI & DD	Training	Written Reprimand		1					0
Neglect - Class II - failure to report	Residential DD	Training	Written Reprimand		1					0
Neglect - Class II - failure to report	Residential MI & DD	Training	Written Reprimand		1					6
Neglect - Class II - failure to report	Residential DD	Training	Written Reprimand		1					0
Neglect - Class II - failure to report	Residential MI & DD	Training	Written Reprimand		1					0

Section II: Intervention & investigation substantiation data for: Integrated Services of Kalamazoo

Category (from Complaint Data)	Specific Provider Type	Specific Remedial Action	Specific Remedial Action	Specific Remedial Action	MI	DD	SED	SED-W	DD-CMP	HSW
Neglect - Class II - failure to report	Other	Written Counseling			1					
Neglect - Class II - failure to report	Residential MI & DD	Training	Written Counseling	Written Reprimand		1				
Neglect - Class II	Residential DD	Training	Written Reprimand	Written Reprimand		1				1
Neglect - Class III	SIP	Training	Verbal Counseling	Written Reprimand		1				1
Neglect - Class III	SIP	Employment Termination	Policy Revisions/Development			1				1
Neglect - Class III	Residential MI & DD	Training	Written Reprimand	Written Reprimand	1					
Neglect - Class III	Residential MI & DD	Training	Written Reprimand	Written Reprimand	1					
Neglect - Class III	Residential MI & DD	Training	Written Reprimand	Written Reprimand	1					
Neglect - Class III	Residential MI & DD	Written Reprimand	Written Reprimand	Written Reprimand	1					1
Neglect - Class III	Residential MI & DD	Written Reprimand	Written Reprimand	Written Reprimand	1					1
Neglect - Class III	Residential MI & DD	Written Reprimand	Written Reprimand	Written Reprimand	1					1
Neglect - Class III	Residential DD	Employment Termination	Employment Termination	Employment Termination	1					1
Neglect - Class III	Residential DD	Verbal Counseling	Verbal Counseling	Written Reprimand	1					1
Neglect - Class III	Residential DD	Employment Termination	Employment Termination	Training	1					1
Neglect - Class III	SIP	Policy Revisions/Development	Policy Revisions/Development	Training	1					
Neglect - Class III	Residential DD	Employment Termination	Employment Termination	Written Reprimand	1					1
Neglect - Class III	SIP	Written Reprimand	Written Reprimand			1				
Neglect - Class III	Residential DD	Training	Verbal Counseling	Written Counseling		1				1
Neglect - Class III	Residential MI & DD	Training	Written Reprimand	Written Reprimand	1					
Neglect - Class III	Day Program DD	Suspension	Suspension	Written Reprimand		1				
Neglect - Class III	Residential MI & DD	Policy Revisions/Development	Policy Revisions/Development	Training	1					
Neglect - Class III	Residential MI & DD	Employment Termination	Employment Termination	Written Reprimand	1					1
Neglect - Class III	Residential DD	Policy Revisions/Development	Policy Revisions/Development	Training	1					
Neglect - Class III	Residential MI & DD	Demotion	Written Reprimand	Written Reprimand	1					
Neglect - Class III	Residential MI & DD	Training	Written Reprimand	Written Reprimand	1					1
Neglect - Class III	Residential MI & DD	Employment Termination	Employment Termination	Suspension	1					
Neglect - Class III	Psychosocial Rehabilitation	Employment Termination	Employment Termination		2					
Neglect - Class III	Residential MI & DD	Employment Termination	Employment Termination		4					
Neglect - Class III	Inpatient	Employment Termination	Employment Termination	Policy Revisions/Development	4					
Neglect - Class III	Residential MI & DD	Written Reprimand	Written Reprimand		1					

REMEDICATION TOTALS	
Children's Foster Care	0
Clubhouse/Drop-In Center	0
Respite Homes	0
Other	2

REMEDICATION TOTALS

Section II: intervention & investigation substantiation data for: Integrated Services of Kalamazoo

Category (from Complaint Data)	Specific Provider Type	Specific Remedial Action	Specific Remedial Action	Specific Remedial Action	MI	DD	SED	SED-W	DD-CWP	HSW
Neglect - Class II	Residential DD	Contract Action				1				
Neglect - Class II	Residential DC	Contract Action	Training			1				
Neglect - Class II	Residential DC	Contract Action				1				
Neglect - Class II	Residential MI & DD	Training	Written Reprimand			3				
Neglect - Class II	Residential DC	Written Reprimand				1				
Neglect - Class II	Residential MI & DD	Employment Termination	Training	Written Reprimand		6				
Neglect - Class II	Residential MI & DD	Employment Termination			3					
Neglect - Class II	Residential DD	Employment Termination				1				
Neglect - Class II	Residential MI & DD	Suspension	Written Reprimand		2	2				
Neglect - Class II	Residential MI & DD	Employment Termination				1				
Neglect - Class II - failure to report	SIP	Employment Termination				1				
Neglect - Class II - failure to report	Residential MI & DD	Training	Written Reprimand			1				1
Neglect - Class II - failure to report	Residential MI & DD	Written Reprimand				1				1
Neglect - Class II - failure to report	Residential DD	Written Counseling				1				1
Neglect - Class II - failure to report	Residential MI & DD	Written Reprimand				1				1
Neglect - Class II - failure to report	Other	Policy Review/Development	Training	Written Reprimand		1				
Neglect - Class II - failure to report	Residential MI & DD	Training	Written Reprimand			1				
Neglect - Class II - failure to report	Residential MI & DD	Policy Review/Development	Written Reprimand			1				1
Neglect - Class II - failure to report	Residential MI & DD	Training	Written Reprimand			1				
Neglect - Class II - failure to report	Residential MI & DD	Training	Written Reprimand			1				
Neglect - Class II - failure to report	Residential MI & DD	Verbal Counseling				4				
Neglect - Class II - failure to report	Residential MI & DD	Written Reprimand				2				
Neglect - Class II - failure to report	Residential MI & DD	Training	Written Reprimand			3				
Neglect - Class II - failure to report	Residential DC	Written Reprimand				2				
Access to telephone, mail	Residential MI & DD	Employment Termination	Training			1				1
Access to telephone, mail	Residential MI & DD	Employment Termination	Training			1				
Access to telephone, mail	Residential MI & DD	Training				3				
Person-Centered - assessment of needs	Residential MI & DD	Plan of Service Revision	Training			1				1
Complaint investigation process	Residential MI & DD	Verbal Counseling				1				
Complaint investigation process	Psychosocial Rehabilitation	Employment Termination				1				
Complaint investigation process	Residential DD					2				
Dignity and respect	Residential MI & DD	Written Reprimand				1				1

REMIEDIATION TOTALS

Section II: intervention & investigation substantiation data for: Integrated Services of Kalamazoo

Category (from Complaint Data)	Specific Provider Type	Specific Remedial Action	Specific Remedial Action	Specific Remedial Action	MI	DD	SED	SED-W	DD-CWP	HSW
Dignity and respect	Residential MI & DD	Written Reprimand				1				1
Dignity and respect	Residential MI & DD	Training			1					
Dignity and respect	Residential MI & DD	Training	Verbal Counseling	Written Counseling	1					
Dignity and respect	Out Patient	Training	Written Counseling		1					
Dignity and respect	Psychosocial Rehabilitation	Verbal Counseling			1					
Dignity and respect	Residential MI & DD	Written Reprimand			1					
Dignity and respect	Residential MI & DD	Training	Written Counseling		1					
Dignity and respect	Residential MI & DD	Training	Written Reprimand		1					
Dignity and respect	Residential MI & DD	Written Reprimand			1					
Dignity and respect	Residential MI & DD	Training	Verbal Counseling		1					
Dignity and respect	Out Patient	Training	Verbal Counseling		1					
Dignity and respect	Residential MI & DD	Training	Written Reprimand		1					
Dignity and respect	Residential MI & DD	Training	Written Reprimand		1					
Dignity and respect	Residential MI & DD	Training	Written Reprimand		1					
Dignity and respect	Residential MI & DD	Training	Written Reprimand		1					
Dignity and respect	Residential MI & DD	Training	Written Reprimand		1					
Dignity and respect	Residential MI & DD	Training	Written Reprimand		1					
Dignity and respect	Residential MI & DD	Employment Termination	Employment Termination		2					
Dignity and respect	Psychosocial Rehabilitation	Training	Verbal Counseling	Written Counseling	2					
Dignity and respect	Residential DD	Training	Verbal Counseling		1					
Dignity and respect	Case Management	Policy Revision/Development	Verbal Counseling		3					
Dignity and respect	Residential MI & DD	Employment Termination	Training		3	1				
Dignity and respect	Residential MI & DD	Written Reprimand			1					
Dignity and respect	Residential MI & DD	Employment Termination			2					
Dignity and respect	Residential MI & DD	Employment Termination			2					
Dignity and respect	Residential MI & DD	Written Reprimand			1					
Dignity and respect	Case Management	Training	Verbal Counseling		1		1			
Dignity and respect	Out Patient	Written Counseling			1					
Dignity and respect	Residential DD	Training	Verbal Counseling		2					
Dignity and respect	Case Management	Environmental Remediation	Training	Written Reprimand	1					
Disclosure of confidential information	Residential DD	Training	Verbal Counseling		1					
Disclosure of confidential information	Case Management	Training	Verbal Counseling		1					
Disclosure of confidential information	Psychosocial Rehabilitation	Training	Verbal Counseling	Written Reprimand	2					
Disclosure of confidential information	Residential MI & DD	Contract Action	Training		4					

REMIEDIATION TOTALS

Section II: intervention & investigation substantiation data for: Integrated Services of Kalamazoo

Category (from Complaint Data)	Specific Provider Type	Specific Remedial Action	Specific Remedial Action	Specific Remedial Action	MI	DD	SED	SEC-W	DD-CWP	NSW
Disclosure of confidential information	Residential MI & DD	Staff Transfer	Training			2				
Disclosure of confidential information	Residential DD	Environmental Remediation/Enhancement			1					
Disclosure of confidential information	Residential MI & DD	Policy Revision/Development			1					
Disclosure of confidential information	Residential MI & DD	Policy Revision/Development			1					
Failure to report (other than Abuse/Neglect)	Residential MI & DD	Policy Revision/Development	Training	Verbal Counseling	1					
Failure to report (other than Abuse/Neglect)	Residential MI & DD	Policy Revision/Development			1					
Failure to report (other than Abuse/Neglect)	Residential MI & DD	Training	Verbal Counseling	Verbal Counseling	1					
Family dignity & respect	ACT	Verbal Counseling			1					
Family dignity & respect	Residential MI & DD	Training	Verbal Counseling	Verbal Counseling	1					
Family dignity & respect	Out Patient	Training	Verbal Counseling	Verbal Counseling	1					
Informed consent	Case Management	Training	Verbal Counseling	Verbal Counseling	1					1
Informed consent	Residential MI & DD				1					1
Labor & compensation	Psychosocial Rehabilitation	Employment Termination			1					
Mental health services suited to condition	Residential MI & DD	Written Reprimand			1					1
Mental health services suited to condition	Residential MI & DD	Training	Verbal Counseling		1					
Mental health services suited to condition	Case Management	Plan of Service Revision	Training	Verbal Counseling	1					
Mental health services suited to condition	Case Management	Training			1					
Mental health services suited to condition	Residential MI & DD	Training	Verbal Counseling		1					
Mental health services suited to condition	Case Management	Verbal Counseling			1					
Mental health services suited to condition	Residential MI & DD	Training			1		1			
Mental health services suited to condition	Case Management	Training	Verbal Counseling		1					
Mental health services suited to condition	Residential MI & DD	Policy Revision/Development	Training		3	1				
Mental health services suited to condition	Residential MI & DD	Training	Verbal Counseling		1					
Mental health services suited to condition	Residential DD	Contract Action			1					
Mental health services suited to condition	Residential DD	Contract Action			1					
Mental health services suited to condition	Residential DD	Employment Termination	Training		1					
Mental health services suited to condition	ACT	Demotion	Policy Revision/Development	Training	1					
Mental health services suited to condition	Residential DD	Plan of Service Revision	Training	Verbal Counseling	2					
Mental health services suited to condition	Residential DD	Training			2					
Person-Centered Process	Case Management	Training	Verbal Counseling		1					1
Person-Centered Process	Case Management	Plan of Service Revision	Training		3					

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Integrated Services of Kalamazoo
 SECTION II: ANNUAL TRAINING ACTIVITY
 Part B: Training Provided by Rights Office

Is Update Training Required? Yes No
 If Yes, how often (Annual, Every 2 Years, etc.):

Topic of Training Provided	How long is the training? (Hours)	# Agency Staff	# Contractual Staff	# of Consumers	# Other Staff	Type of Cover Staff	Method of Training Provided	Description (if needed)
DRR Field Training	3.00	5	500	3	0	0	Computer & Face-to-Face	
DRR Clinical Training	0.00	5	7	3	0	0	Computer & Face-to-Face	
Peer-to-Peer Training	1.00	0	0	12	0	0	Face-to-Face	
Annual CRIS Update Training	1.00	275	1286	3	0	0	Computer	

Type of Training Topics	Agency Staff	Contractual Staff	Consumers	Other Staff
Face-to-Face	1	0	15	0
Video	0	0	0	0
Computer	1	1630	0	0
Paper	0	0	0	0
Slides & Flash-Files	0	0	0	0
Computer & Face-to-Face	2	276	0	0
Paper & Face-to-Face	0	0	0	0
Other (please describe)	0	0	0	0

* See Appendix A for staff list

19 (blank)

Integrated Services of Kalamazoo

SECTION III: DESIRED OUTCOMES FOR THE OFFICE & PROGRESS OF PREVIOUS OUTCOMES

Progress on Outcomes established by the office for FY 19/20. Pick from the drop-down in Outcome and indicate if goal was accomplished, was discontinued, or remains ongoing. Checking ongoing will result in that outcome being self-populated in the FY20/21 goal section below.

1 Promote peer inclusion in the areas of peer to peer training, peer presence in direct care staff training, and peer run supported living visits.

Outcome:

2 Achieve internal timeline goal of investigative reports issued within 60 days.

Outcome:

3 Recruit and retain skilled staff within the ORR in an effort to maintain the quality of work product within the ORR.

Outcome:

4 Promote the ORR as a resource for consultation and technical assistance for direct and provider staff to act preventatively in an effort to decrease rights violations.

Outcome:

6

Outcome:

Outcomes established by the office for FY 20/21:

1 Promote peer inclusion in the areas of peer to peer training, peer presence in direct care staff training, and peer run supported living visits.

2 Achieve internal timeline goal of investigative reports issued within 60 days.

3 Recruit and retain skilled staff within the ORR in an effort to maintain the quality of work product within the ORR.

4 Promote the ORR as a resource for consultation and technical assistance for direct and provider staff to act preventatively in an effort to decrease rights violations.

5

21 (blank)

Integrated Services of Kalamazoo

SECTION IV: RECOMMENDATIONS TO THE GOVERNING BOARD

The ORR & Advisory Committee recommends the following:

1.

2.

3.

4.

5.



Community • Independence • Empowerment

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

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.*

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

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

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.

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

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.

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

- 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

January 23, 2012

Bylaws and Rules of Procedure

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ARTICLE V – BOARD COMPENSATION

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

**INTEGRATED SERVICES OF KALAMAZOO
FAMILY SUPPORT ADVISORY COUNCIL BY-LAWS FOR
YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE**

ARTICLE I

NAME

The name of this body is the Integrated Services of Kalamazoo (ISK) Family Support Advisory Council for Youth with Serious Emotional Disturbance.

ARTICLE II

PURPOSE

The Family Support Advisory Council members will represent the population served in terms of diversity and shall serve/advise the Integrated Services of Kalamazoo Board (hereafter called the Board). Diversity is defined by such factors as geographic area, race, ethnicity, gender identity, disability, age, or sexual orientation. The Council shall serve to advise the Board in areas relating to the planning, delivery and operation of services for families of children with serious emotional disturbance. More specifically, the Council shall:

1. Serve/advise the Board in examining and evaluating the family support needs of the county and the public/non-public services necessary to meet those needs.
2. Serve/advise the Board in reviewing and evaluating the quality, effectiveness and efficiency of services provided through the Department.
3. Serve/advise the Board in developing an annual program plan and budget that reflects the mental health service needs of the County.
4. Make recommendations to the Board on conceptual/procedural issues.
5. Make recommendations to the Board in relation to proposed Federal, State, Departmental rules, laws and policies.
6. Serve as an advocate for persons receiving community mental health services and assist the Board in educating the general community in relation to mental health services.
7. The Council shall perform the above duties and communicate its findings to the Board. The Council shall not act independent of the Board.

**INTEGRATED SERVICES OF KALAMAZOO
FAMILY SUPPORT ADVISORY COUNCIL BY-LAWS FOR
YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE**

ARTICLE III

COUNCIL ORGANIZATION

Section I - COUNCIL MEMBERSHIP

1. FSAC members or potential members are appointed by the Board to serve on the Council.
2. The Family Support Advisory Council shall consist of up to fifteen (15) diverse members that represent the population served.
3. Members must attend at least fifty (50) percent of all meetings held throughout the year.
4. Exceptions will be made for prearranged/excused absences.

Section II - VACANCIES IN OFFICE

There is a formal application process (attachment A). The Council shall interview applicants and make recommendations to the Board.

Section III - THE OFFICERS

Each Council shall elect a Chairperson and Vice-chairperson. The Chairperson shall preside at all meetings of the Council and make periodic reports as required/desired to the Board. The Vice-chairperson shall preside in the absence of the Chairperson.

ARTICLE IV

BOARD/COUNCIL RELATIONSHIPS

The Council will have the opportunity to make a formal report to the Board at least annually.

Section I - COMMUNICATIONS/GENERAL RELATIONSHIPS

The Council shall operate to serve/advise the Board. No Council member may act independent of the Council and the Council shall not act independent of the Board. It is recognized however that Council members may belong to other advocacy or advisory groups that may express views to the Board.

**INTEGRATED SERVICES OF KALAMAZOO
FAMILY SUPPORT ADVISORY COUNCIL BY-LAWS FOR
YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE**

Section II – PERFORMANCE OF DUTIES

The Council shall perform its duties by assisting and advising the Board. The Executive Director shall assign a member of the staff to serve/advise the Council in the performance of its duties. All reports from the Council to the Board shall be processed through the Board Chair or Vice Chair.

Section III – SPECIAL COMMITTEE/TASK FORCE

The Council, through prior approval of the Board, may establish time limited task forces or special committees to serve/advise in the completion of specific assignments.

ARTICLE V

COUNCIL/STAFF RELATIONS

Section I – GENERAL RELATIONSHIPS

The ISK management staff is responsible to the ISK Executive Director.

Section II – RESPONSIBILITIES

The Council is an advisory body charged with assisting and advising the Board in relation to service areas. The Chair of each Family Support Advisory Council shall prepare recommendations for ISK action. In such situations where the recommendations of the Executive Director and the Council differ, both recommendations will be presented.

ARTICLE VI

AMENDMENT OF BY-LAWS

These by-laws are created and placed into effect by the Board and 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 2/3 vote of the entire Board shall be required when a motion to amend, alter, change, add to or repeal these by-laws has not been included in the regular call.

VI.b.

**INTEGRATED SERVICES OF KALAMAZOO
RECIPIENT RIGHTS ADVISORY COMMITTEE
BYLAWS**

ARTICLE I

Name

The name of this body is the INTEGRATED SERVICES OF KALAMAZOO / RECIPIENT RIGHTS ADVISORY COMMITTEE.

ARTICLE II

Purpose

The Recipient Rights Advisory Committee (RRAC) shall be established by the Integrated Services of Kalamazoo (ISK) Board. The RRAC shall serve to advise the ISK Board, ISK Executive Director and the Recipient Rights Director in areas relating to recipient rights. More specifically, the RRAC shall:

1. Protect the Recipient Rights Office from pressures which could interfere with impartial, evenhanded and thorough performance of its duties.
2. Recommend candidates to head the Office of Recipient Rights.
3. Consult with the ISK Executive Director prior to the dismissal of the Director of the Recipient Rights Office. If the Committee is in disagreement concerning the proposed dismissal, the Committee may appeal to the ISK Board.
4. Serve as an advocate for the Recipient Rights system to ensure protection of the rights of all recipients.
5. Ensure that the Recipient Rights Office carries out its duties concerning prevention, education and investigations by reviewing bi-monthly the activities of the Recipient Rights staff.
6. Advise the Board concerning unmet policy needs.

ARTICLE III

Committee Organization

Section I – COMMITTEE MEMBERSHIP

The Committee shall consist of not less than 10 members and up to 22 members.

Candidates shall be reviewed by the RRAC Nomination Subcommittee and be recommended to the ISK Board. The Nomination Subcommittee composition is referenced in Article III section VII.

The membership of the committee shall be broadly based so as to best represent the varied perspectives of the CMH services program's geographic area. At least 1/3 of the membership shall be primary consumers or family members, and of that 1/3, at least 1/2 shall be primary consumers. A current list of Committee members' names, interests they represent, history of their term(s) and attendance history shall be maintained.

VI.b.

**INTEGRATED SERVICES OF KALAMAZOO
RECIPIENT RIGHTS ADVISORY COMMITTEE
BYLAWS**

Section II – TERMS OF MEMBERS

The term of office of a Committee member shall be three (3) years from January of the year of appointment. Upon completion of terms, the ISK Board Nominating Committee referred to in Article III, Section I will recommend to the Board a reappointment or appoint a new member.

Section III – ATTENDANCE OF MEMBERS

Attendance is expected for all meetings. If a member has three (3) unexcused consecutive absences, the member will be contacted to determine if the member wishes to continue on the RRAC. The ISK Executive Director shall be informed by the Chairs of all such absences and of the need for any new appointment.

Section IV – VACANCIES

When a term expires or a vacancy occurs on the RRAC, the ISK Nominating Committee shall be informed and will take the appropriate actions to ensure an appointment is recommended to the ISK Board.

Section V – OFFICERS

The RRAC will elect two (2) co-chairs of equal status for a two (2) year term. One co-Chair will be elected during February of each term, causing staggering terms. Co-chairs will alternate Chair duties each meeting.

Section VI – APPEALS

The Appeals Committee shall review appeals filed by a person who has filed a complaint with the Office of Recipient Rights, or who is the recipient or guardian to the recipient about whom the complaint was filed. The appeals will follow established procedure set fourth in Chapter 7a of the Michigan Mental Health Code.

The RRAC has recommended Appeals Committee membership. The Appeals Committee is a 7-member committee appointed by the ISK Mental Health Board (MHB), the composition of which complies with Michigan Mental Health Code statutory composition requirements for an Appeals Committee.

Three members will be from the RRAC, at least 2 members from the CMHSP board and 2 primary consumers. Members can represent more than one of these categories. None shall be employed by the CMHSP or by MDHHS.

Section VII – SUBCOMMITTEES

Ad hoc committees of the RRAC will be established through the Senior Co-Chair on an as-needed basis. During February of each year, the Senior Co-Chair will appoint members to each sub-committee for a one-year term, except that of the Research Review Subcommittee. The term of office of a Research Review Subcommittee member shall be two (2) years.

VI.b.

**INTEGRATED SERVICES OF KALAMAZOO
RECIPIENT RIGHTS ADVISORY COMMITTEE
BYLAWS**

Standing subcommittees will be:

NOMINATION

The nomination committee shall consist of two (2) ISK MHB members and two (2) RRAC members. As needed, the nomination committee will personally interview applicants for appointment to the RRAC and make recommendations for appointment to the ISK MHB.

RESEARCH REVIEW

The Research Review Subcommittee reviews all proposed research targeted for implementation in the ISK system to determine compliance with Federal and State regulations and to determine whether any identified risk to recipients is present. If risk is determined to be present, the RRAC will decide whether or not the potential benefits outweigh the risks. Recommendation is then made to the ISK Executive Director.

Meetings

Section I – REGULAR MEETINGS

Meetings shall be held bi-monthly (odd numbered months). The RRAC shall conduct a minimum of five (5) regular meetings per year.

Section II – SPECIAL MEETINGS

A special meeting of the RRAC may be called by either of the Co-chairs, the Director of the Office of Recipient Rights, the ISK Executive Director or the ISK Board.

Section III – ORDER OF BUSINESS

Committee meetings shall be conducted by way of an established agenda.

Section IV – QUORUM

One more than one-half of the established minimum number (10) for committee membership.

Section V – VOTING

All questions shall be determined by the vote of the majority of the Committee members present. Only the Committee members appointed to the Committee by the ISK Board shall be voting members.

CONFLICT OF INTEREST

A member who is directly involved with a matter to be voted upon must abstain from voting or may be disqualified from voting by a two-thirds vote of the Committee present.

INTEGRATED SERVICES OF KALAMAZOO
RECIPIENT RIGHTS ADVISORY COMMITTEE
BYLAWS

VI.b.

ARTICLE IV

Board / Committee Relationships

Section I – COMMUNICATIONS

Committee Co-chairs and/or their designee shall serve to represent the Committee when interacting with the Board. No committee member may act independently to represent the Committee.

Section II – PERFORMANCE OF DUTIES

The ISK Executive Director will assign the Director of the Recipient Rights Office to assist the committee in the performance of its duties.

ARTICLE V

Committee / Staff Relationships

Section I – ADMINISTRATION STAFF RELATIONSHIPS

The Director of the Recipients Rights Office is responsible to the ISK Executive Director. As such, task assignments to the Director of the Recipient Rights Office shall be made by the ISK Executive Director. These assignments shall not be in conflict with the basic purpose of the Rights Office.

ARTICLE VI

Admendment of By-Laws

The ISK Board may amend, alter, change, add to or repeal the by-laws by the affirmative vote of a majority of the members of the entire Board at any regular or special meeting, provided the Recipient Rights Advisory Committee has been advised and given an opportunity to comment prior to action taken. The Committee may make recommendations to the ISK Board concerning amendments, alterations, changes, additions to or repeal of by-laws by the affirmative vote of a majority of members of the entire Committee.

The foregoing by-laws were developed and recommended for appointment by the Recipient Rights Advisory Committee to the ISK Board.

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY VI.01

AREA:	Governance		
SECTION:	System Governance	PAGE:	1 of 1
SUBJECT:	ANNUAL LEAVE RESERVE	SUPERSEDES:	01/24/2011
		REVISED:	01/26/2015

PURPOSE/EXPLANATION

To formally document an Annual Leave Reserve policy that will provide a uniform and systematic process of maintaining an annual leave reserve to fund the liability for each staff member's vested annual leave and sick leave cost as determined at the end of each fiscal year.


The establishment of the annual leave reserve fund improves efficiencies and provides method of funding a significant liability in a manner that is not disruptive to the service delivery system and which provides a mechanism for ensuring that funds are available to cover the vested benefits of staff.

The Annual Leave Reserve policy applies to all programs and activities operated under the auspices of the Integrated Services of Kalamazoo (ISK) Board which are eligible for such reimbursement. The Chief Executive Officer (CEO) will annually report to the Board the status of the liability account.

POLICY

It is the policy of the ISK Board to establish and fund a reserve for vested staff members' annual and sick leave in accordance with generally accepted accounting principles and consistent with the appropriate government accounting standards and board.

CHIEF EXECUTIVE OFFICER**APPROVED**



 Jeff Patton
 Chief Executive Officer



 Erik Krogh
 Board Chair

**ISK Board Report
Board Policy VI.01
Annual Leave Reserve Status**

ISK maintains an Annual Leave Reserve as a reserve within the equity section of the balance sheet for employee accrued leave. Annually, the finance staff calculate the amount required to be reserved per board policy. The change is reflected in the current year expenditures. Below is a historical review of the changes to that reserve account balance.

**Historical Sick and Annual Reserve Changes
615 Liability Account**

Fiscal Year	Beginning Balance	Additions/ (Usage)	Ending Balance
	623,828		
99/00		(68,849)	554,979
00/01	554,979	(34,270)	520,709
01/02 *	520,709	102,222	622,931
02/03 *	622,931	20,766	643,697
03/04 **	643,697	(191,044)	452,653
04/05	452,653	78,677	531,330
05/06	531,330	31,186	562,516
06/07	562,516	25,592	588,108
07/08	588,108	67,725	655,833
08/09	655,833	32,903	688,736
09/10	688,736	25,606	714,342
10/11	714,342	83,062	797,404
11/12	797,404	76,871	874,275
12/13	874,275	106,564	980,839
13/14	980,839	(128,714)	852,125
14/15	852,125	87,345	939,470
15/16	939,470	74,445	1,013,915
16/17	1,013,915	55,020	1,068,935
17/18	1,068,935	4,910	1,073,845
18/19	1,073,845	89,901	1,163,746
19/20	1,163,746	213,620	1,377,366

* Note: Change in policy regarding use of reserve, allowed bonus payout of accrued leave on anniversary date. Also payouts for employees terminated @ 9/30/03

** Note: Adjusted for reversing JE to 615, error in posting.

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY II.08

AREA:	Governance		
SECTION:	Board Governance Process	PAGE:	1 of 2
SUBJECT:	ANNUAL BOARD PLANNING CYCLE	SUPERSEDES:	01/25/2005
		REVISED:	01/25/2010

PURPOSE/EXPLANATION

To define the annual board planning cycle.

POLICY

I. ANNUAL PLANNING CYCLE COMPONENTS

To accomplish its business outcomes with a governance style consistent with Integrated Services of Kalamazoo (ISK) Board policies. The ISK Board will follow an annual agenda that provides scheduled opportunities to:

- A. Review overall planning documents such as mission, vision, values, and goals.
- B. Complete a review of all governance policies at least annually.
- C. Monitor all "Ends" and "Executive Limitations" policies.
- D. Review and approve an overall budget and attending documents with funding sources as needed.

II. ANNUAL BOARD PLANNING SCHEDULE

- A. The schedule will represent each calendar year's planned events.
- B. The current year's schedule will be reviewed at the ISK Board meeting in January to determine the need for modifications in the schedule.
- C. The schedule will include established ISK Board policy monitoring, and monitoring reports in the areas of "Ends" and "Executive Limitations".
- D. To the extent feasible, the ISK Board will identify those areas of education and input needed to increase the level of wisdom and forethought it can give to subsequent choices.

- E. Other items will be added to the schedule as needed by a majority vote of the ISK Board.

EXHIBITS

- A. Annual Board Planning Schedule
- B. Annual Board Monitoring Activities

CHIEF EXECUTIVE OFFICER



Jeff Patton
Chief Executive Officer

APPROVED



Erik Krogh
Board Chair

INTEGRATED SERVICES OF KALAMAZOO
2021 ANNUAL BOARD PLANNING SCHEDULE

	JANUARY		FEBRUARY		MARCH		Monitoring Report	Policy Review	
	Monitoring Report	Policy Review	Monitoring Report	Policy Review	Monitoring Report	Policy Review			
MISSION, BYLAWS & APPOINTMENTS: MISSION/VISION/VALUE STATEMENT (I.01)		X	LIMITS: QUALITY MANAGEMENT (V.09)			BOARD GOV: BOARD COMPENSATION (II.07)		X	
MISSION, BYLAWS & APPOINTMENTS: BYLAWS AND RULES OF PROCEDURE (I.02)		X	SYSTEM GOV: INVESTMENT POLICY (V.102)			BOARD GOV: BOARD MEMBERS' CODE OF CONDUCT (II.09)		X	
SYSTEM GOV: ANNUAL LEAVE RESERVE (V.I.01)	X		BOARD GOV: BOARD TRAVEL (II.14)			BOARD GOV: DEPRECIATION (V.I.04)		X	
BOARD GOV: ANNUAL BOARD PLANNING CYCLE (II.08)		X	LIMITS: COLLABORATION (V.10)		X	BOARD GOV: CONFLICT OF INTEREST (II.11)		X	
RECIPIENT RIGHTS ANNUAL REPORT						Utilization Management (UM) Plan	X		
INVESTMENT REPORT	X								
LIMITS: QUALITY IMPROVEMENT PLANS (Discussion on Board Retreat)									
Strategic Plan	X								
APRIL									
MAY									
JUNE									
BOARD GOV: BOARD COMMITTEE PRINCIPLES (II.05)		X	BOARD ELECTIONS			Public Hearing			
BOARD GOV: CHAIRPERSON'S ROLE (II.04)		X	BOARD GOV: BOARD MEMBER RESPONSIBILITIES (II.12)						
TREATMENT OF PERSONS SERVED SUBSTANTIATED COMPLAINTS REPORT		X	BOARD GOV: INPUT FROM STAKEHOLDERS (II.13)		X				
BOARD GOV: RESERVES MANAGEMENT (V.I.05)	X		BOARD GOV: ACCESSIBILITY (II.15)		X				
INVESTMENT REPORT	X								
NOMINATING COMMITTEE FOR BOARD OFFICERS									
YEAR-END REPORT & ENDS (ALL POPULATIONS)	X								
COMPLIANCE & RISKS: BOARD TRAINING	X								
COMPLIANCE & RISKS: STATUS REPORT	X								
CUSTOMER SERVICES REPORT	X								
JULY									
AUGUST									
SEPTEMBER									
BOARD EXEC: CHIEF EXECUTIVE OFFICER PERFORMANCE (II.I.03)		X	LIMITS: BUDGETING (V.03)			LIMITS: STAFF TREATMENT (V.02)		X	
BOARD EXEC: MONITORING EXECUTIVE PERFORMANCE (II.I.04)		X	LIMITS: FINANCE (V.04)			LIMITS: COMPENSATION & BENEFITS (V.08)		X	
BOARD EXEC: CHIEF EXECUTIVE OFFICER ROLE (II.I.01)		X	LIMITS: ASSET PROTECTION (V.07)		X	APPROVE BUDGET			
BOARD EXEC: DELEGATION TO THE CHIEF EXECUTIVE OFFICER (II.I.02)		X							
BOARD GOV: BOARD FINANCE COMMITTEE (II.10) (Insurance)	X								
INVESTMENT REPORT	X								
ENDS: ALL POPULATIONS	X								
RECIPIENT RIGHTS SEMI-ANNUAL Strategic Plan	X								
OCTOBER									
NOVEMBER									
DECEMBER									
BOARD GOV: BOARD PURPOSE AND BUSINESS DESCRIPTION (II.01)		X	CHIEF EXECUTIVE OFFICER EVALUATION						
LIMITS: TREATMENT OF PERSONS SERVED (V.01) (Include Substantiated Complaints)		X	LIMITS: COMMUNICATION & COUNSEL TO THE BOARD (V.06)		X				
BOARD GOV: ENDS DEVELOPMENT PROCESS (II.06)		X	BOARD GOV: GOVERNING STYLE (II.02)		X				
BOARD GOV: ENDS FOR INDIVIDUALS SERVED (IV.01)		X	LIMITS: EMERGENCY EXECUTIVE SUCCESSION (V.05)		X				
MISSION, BYLAWS & APPOINTMENTS: GUIDELINES FOR BOARD MEMBER APPOINTMENTS (I.03)		X	SYSTEM GOV: ENDOWMENT FUND (V.I.03)		X				
INVESTMENT REPORT	X		LIMITS: CORPORATE COMPLIANCE AND RISK MANAGEMENT (V.11)		X				
CUSTOMER SERVICES REPORT	X		COMPLIANCE & RISK: FY ANNUAL PLAN		X				
Family Support Advisory Council (FSAC) Annual Report	X		COMPLIANCE & RISK: STATUS REPORT		X				
Customer Advisory Council (CAC) Annual Report	X								

NOTE: Bylaws and Rules of Procedure do not necessarily need to be reviewed on an annual basis, but should be revised as needed.
LIMITS: Financial Condition - presented monthly
Program Services report monthly



Community • Independence • Empowerment

QUALITY IMPROVEMENT PROGRAM & PLAN

Fiscal Year 2020\21

INTRODUCTION

The Michigan Department of Health and Human Services (MDHHS) requires that each specialty Prepaid Inpatient Health Plan (PIHP) have a quality assessment and performance improvement program (QAPIP) which meets the specified standards in the contract with MDHHS. In addition to the QAPIP, MDHHS requires each Community Mental Health Services Program (CMHSP) to have a Quality Improvement Program (QIP). The description that follows provides the QIP for the Integrated Services of Kalamazoo (ISK) for fiscal year 2020/21. Aside from this QIP, ISK participates in and contributes to the QAPIP of our PIHP – Southwest Michigan Behavioral Health.

PURPOSE

The purpose and assurances of the QIP for ISK is as follows:

1. Continually evaluate and enhance organizational processes that most influence organizational effectiveness and efficiency. Each Continuous Quality Improvement (CQI) project implemented will include documentation of the reason for the project and measurable progress achieved. All improvement activities will be evaluated for effectiveness.
2. Monitor and evaluate the systems and processes related to the quality of clinical care and non-clinical services that can be expected to affect the health status, quality of life and satisfaction of persons served by each affiliate member. All improvement activities will be evaluated for effectiveness.
3. Focuses on indicators related to improved behavioral and physical health outcomes and takes action to demonstrate improved performance.
4. Identify and assign priority to identified opportunities for performance improvement. Addresses priorities for improved quality of care and individuals served safety.
5. Create a culture that has a focus on the individuals we serve and includes their input and participation in problem solving.

MISSION, VISION, VALUES

This Quality Improvement Program and Plan is tailored to help achieve the agency mission and vision. Our activities will be guided by those organizational values we believe to be critical to our success.

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

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***

Values

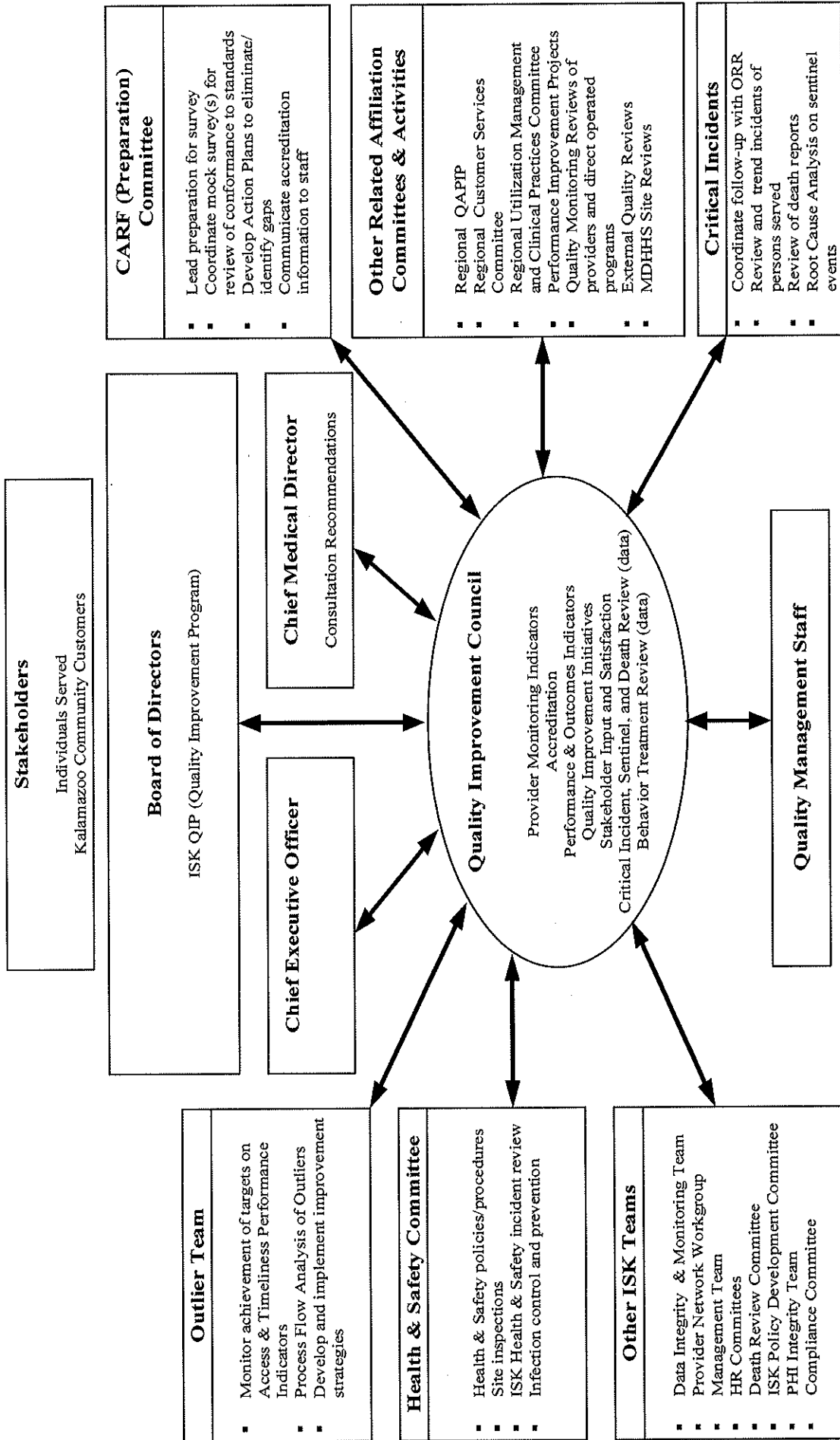
- ***Community***
- ***Competence***
- ***Diversity***
- ***Effectiveness***

- *Integrity*
- *Leadership*
- *Recovery and Self-Determination*
- *Respect*
- *Responsibility*
- *Teamwork*
- *Trust*

QUALITY IMPROVEMENT STRUCTURE

The Quality Improvement Structure for Integrated Services of Kalamazoo is outlined through a graphic presentation on the next page followed by a narrative description of key elements of the structure.

ISK QUALITY MANAGEMENT STRUCTURE



CARF (Preparation) Committee

- Lead preparation for survey
- Coordinate mock survey(s) for review of conformance to standards
- Develop Action Plans to eliminate/identify gaps
- Communicate accreditation information to staff

Other Related Affiliation Committees & Activities

- Regional QAPJP
- Regional Customer Services Committee
- Regional Utilization Management and Clinical Practices Committee
- Performance Improvement Projects
- Quality Monitoring Reviews of providers and direct operated programs
- External Quality Reviews
- MDHHS Site Reviews

Critical Incidents

- Coordinate follow-up with ORR
- Review and trend incidents of persons served
- Review of death reports
- Root Cause Analysis on sentinel events

Board of Directors
ISK QIP (Quality Improvement Program)

Chief Medical Director
Consultation Recommendations

Chief Executive Officer

Quality Improvement Council

- Provider Monitoring Indicators
- Accreditation
- Performance & Outcomes Indicators
- Quality Improvement Initiatives
- Stakeholder Input and Satisfaction
- Stakeholder Incident, Sentinel, and Death Review (data)
- Behavior Treatment Review (data)

Quality Management Staff

Outlier Team

- Monitor achievement of targets on Access & Timeliness Performance Indicators
- Process Flow Analysis of Outliers
- Develop and implement improvement strategies

Health & Safety Committee

- Health & Safety policies/procedures
- Site inspections
- ISK Health & Safety incident review
- Infection control and prevention

Other ISK Teams

- Data Integrity & Monitoring Team
- Provider Network Workgroup Management Team
- HR Committees
- Death Review Committee
- ISK Policy Development Committee
- PHI Integrity Team
- Compliance Committee

ACCOUNTABILITY TO GOVERNANCE

The ultimate responsibility for the quality of organizational services is retained by the Governing Board. The role of the Board is to support and promote ongoing improvement in organizational processes and outcomes. The Board responsibilities for the QIP include:

- Oversight of the QIP, including documentation that the Board has approved the overall QIP and annual QI plan.
- Review of QIP reports, including actions taken, progress in meeting Quality Improvement objectives and improvements made.
- Assures that action has been taken where indicated and directs the operational QIP be modified to accommodate review findings and issues of concern within ISK.

KEY CONTRIBUTORS IN QUALITY ACTIVITIES

THE QUALITY IMPROVEMENT COUNCIL

The role of the Integrated Services of Kalamazoo Quality Improvement Council (IQIC) includes the function of the organization's Quality Improvement Plan as established by the Board, including setting priorities for improvement efforts throughout the agency. The Quality Improvement Council (IQIC) is responsible to monitor and report progress toward established goals to the Senior Executive team. Additional IQIC activities are outlined above in the Quality Management Structure diagram.

INDIVIDUALS SERVED

The satisfaction of persons receiving services with our agency will be greatly enhanced when we involve those individuals in the identification and prioritization of improvement opportunities. Likewise, we must continually measure trends in satisfaction levels of individuals served. In addition to input received from individuals served, many standing committees throughout the organization include the voice of individuals served through Peer Support Specialist representation. Peer Support Specialists play a key role on the relevant committees related to review of performance information and status, policy/procedure development, and strategic planning for the organization.

COMMUNITY STAKEHOLDERS

In addition to Individuals served, stakeholders are those individuals or organizations that have a valid interest in the agency's processes and outcomes. Some of our most important stakeholders are staff members, funding sources, regulatory bodies and fellow human service agencies in our community. Funding sources usually outline performance standards in written documents such as contracts and standards manuals. Input from staff and fellow human service agencies will be collected via surveys, suggestion boxes, etc. Staff and stakeholders' input and satisfaction must be monitored on an ongoing basis.

ISK STAFF

Within the structure of this QIP, staff will be key participants through participation in committees, providing feedback when presented with information, identifying process improvement opportunities and submitting ideas to the IQIC, and continuing to provide medically necessary services to our customers in a manner that promotes dignity and respect. Staff will promote Recovery concepts to and with individuals they support.

COMMUNICATION

This QIP will ensure that all groups described above receive information about prioritized agency needs, improvement projects and changes in performance. This type of feedback reinforces perceptions of the value of quality improvement. This type of feedback also promotes consideration of additional opportunities for meaningful improvement. Feedback will be provided by means of Board reports, results of regulatory audits, interoffice communications, etc.

UTILIZATION MANAGEMENT

ISK's Utilization Management plan is a standalone document that is reviewed and updated as needed on an annual basis. ISK policies and procedures also outline utilization management activities and expectations for the organization and its provider network. This includes the evaluation of medical necessity, eligibility criteria used, information sources, and the process used to approve the provision of medically necessary services and supports. The Utilization Management Plan addresses components related to practices of retrospective and concurrent review of clinical and financial resource utilization, clinical and programmatic outcomes, other aspects of utilization management deemed appropriate by administration. The ISK Utilization Management Plan is also aligned with the PIHP Utilization Management Plan as reviewed and adopted by the region. In accordance with this plan, data is used to identify and address underutilization and overutilization throughout the network. Policy, procedure, and practices are in place to ensure that 1) review decisions are supervised by qualified medical professionals; 2) efforts are made to obtain all necessary information, including pertinent clinical information, and consult with the treating physician as appropriate; 3) reasons for decisions are clearly documented and available to consumers; 4) there are well-publicized and readily available appeal mechanisms for both providers and individuals served; notification of a denial includes a description of how to file an appeal; denials are made by appropriately qualified staff; decisions and appeals are made in a timely manner as required; and there are mechanisms to evaluate the effects of the program using data on customer satisfaction, provider satisfaction, or other appropriate measures.

PERFORMANCE IMPROVEMENT

Quality improvement activities are person served-focused, and to improve the quality of clinical care and the outcomes of individuals served. Ongoing input must be collected from both individuals receiving services as well as other stakeholders using a variety of methods. Methods to collect input include surveys, monitoring of progress individuals served, tracking of rights violations and incident reports, community forums, and performance reports generated by stakeholders such as the MDHHS.

Data is used to determine performance levels and must be accurate, valid and reliable to produce meaningful performance information. Without good data, we cannot be assured that our conclusions are accurate, or can we be assured that we are directing precious resources toward improvement opportunities that are most important to the individuals we serve and other stakeholders. We must take steps necessary to ensure that data is complete, accurate, valid and reliable.

Quality indicators are those measures that reflect performance in areas that are most important to individuals we serve and other ISK stakeholders. Quality indicators include the areas of effectiveness of care, efficiency of operations, accessibility to services and satisfaction among individuals served and other stakeholders. These indicators are more meaningful when compared to established standards, trends over time and/or comparison with performance of similar organizations.

Quality and performance indicators and reports are used to determine significant trends and to plan, design, measure, assess and improve services, processes and systems. Quality improvement activities

monitor the quality of care against established standards and guidelines. Improvement strategies are used to eliminate undesired outliers, ensure the proper use of practice guidelines, and optimize the desired outcomes of individuals served. Remedial action is taken whenever inappropriate or substandard services are furnished as determined by substantiated recipient rights complaints, clinical indicators, or other quality indicators.

Sources of quality and performance indicators include:

- MDHHS Performance Indicator System Reports (also referenced as the Michigan Mission-Based Performance Indicator System [MMBPIS])
- MDHHS Boilerplate Reports
- Behavioral Health Treatment Data and Reports
- Health & Safety Reports
- Utilization Management Reports, including under-utilization and overutilization based on medical necessity and other established criteria and the mechanisms to correct under-utilization and overutilization
- Accreditation Survey Report
- Quality Improvement Reports
- Incident and Event Reports
- Performance Indicator and Outcomes Reports, such as CAFAS (Child and Adolescent Functional Assessment Scale) and other implemented functional assessment tools
- MDHHS Contract Compliance Reports (e.g., MDHHS Site Review, Rights System Assessment, Compliance Examination)
- Stakeholder Survey Reports, such as, Consumer Survey, Employee Survey, and Community Needs Assessment Survey
- Quality Monitoring Reviews (including clinical records review, claims verification, and the verification of provider and individual qualifications and credentials)
- Compliance and Risk Management activities
- Demographic, Encounter, and Claims Reports on Persons Served (SWMBH Tableau, Care Connect 360, Behavioral Health [BH] TEDS, ISK SmartCare reports, etc.)
- Reports focusing on Enrollee (Customer) Rights and Protections. Such data may be provided by the Office of Recipient Rights or the Customer Services Office and be related to the number and type of complaints/grievances/appeals and investigations completed along with summary of the outcomes of complaint activities.

RIGHTS AND RESPONSIBILITIES

The following are assessment activities conducted by or in conjunction with the Office of Recipient Rights:

- Monitor and assure that individuals served have all the rights established in Federal and State law.
- Investigate and follow-up on rights complaints;
- Review incident, accidents and sentinel events and investigate as needed;
- Look for trends and making suggestions to prevent reoccurrence;
- Review death reports of persons served and investigating any unexpected death to identify potential system improvements; and
- Share trends and process improvements made with stakeholders.

The Quality Improvement Council will determine any quality and performance indicators in addition to those established by the PIHP that will be monitored. The performance indicators may depend on each department's specific consumer group, service delivery activities, and requirements of the State Department of Health and Human Services and CARF standards.

ANNUAL REVIEW OF PLAN

The Kalamazoo Quality Improvement Plan will be evaluated and revised on an annual basis and reviewed and approved by the ISK Board. At least annually, the status of goals and objectives will be evaluated and goals for the next fiscal year will be created based on status of previous goals and current agency priorities.

QUALITY IMPROVEMENT GOALS FOR FY 2020/21

The QIP is completed within the frame-work of the current overall ISK Strategic Plan. Goals within the QIP will help support the direction and priorities of the agency. The broad quality improvement goals include:

1. Everyone shares responsibility for the continuous quality improvement of processes to be more efficient and/or effective.
2. We prioritize the processes that have the most impact on outcomes persons served desire.
3. We work together as a team.
4. We aspire to meet or exceed all performance standards established by funding sources, particularly MDHHS.
5. We maintain feedback loops so internal staff are aware of improvements in performance and outcomes.

6. We share performance and outcome information with our individuals served and other stakeholders on an ongoing basis. Examples of methods include annual reports, press releases, presentations to focus groups, etc.
7. We actively engage in PIHP standing committees and ad hoc workgroups.

The following pages outline the specific quality improvement goals/objectives for 2020/21:

ISK Quality Improvement Plan
FY 2020/21 GOALS & OBJECTIVES

#	GOALS	OBJECTIVES / ACTION STEPS	MEASURES	OUTCOMES
1.	Learn from reported incident/event data and improve the quality of the organization and services provided	<ol style="list-style-type: none"> Implement consistent processes to review and trend incident and event data, through submitted ISK Incident and Accident reports, with reporting to the IQIC at a 6-month frequency. 	<ol style="list-style-type: none"> Number of reports reviewed in IQIC. Number of quality improvement efforts identified as a result of reviewing incident and event reporting data. 	
2.	Remain informed and compliant with all performance indicators expected and maintain compliance with Accreditation and regulatory standards	<ol style="list-style-type: none"> Review at least one performance report per IQIC meeting, including but not limited to: <ol style="list-style-type: none"> MMBPIS Encounters status BH TEDS SWMBH Board Metrics Ensure knowledge of current accreditation standards and changes within the CARF manual. 	<ol style="list-style-type: none"> Number of performance reports reviewed through the committee. Number of improvement efforts and/or projects related to performance measure data review. Number of improvement efforts resulting from audit results and outcomes. 	
3.	Meet quality indicators per Certified Community Behavioral Health Clinic (CCBHC)	<ol style="list-style-type: none"> Monitor and support the implementation of interventions and processes to address consumer suicide incidents. Review incident and event data to trend events related to suicide completion and attempts. Monitor and support other CCBHC quality measures as data is available. 	<ol style="list-style-type: none"> Completed analysis and trending of available data related to completed suicides to assess impact of ISK efforts in suicide prevention. Report and review available CCBHC data in IQIC meetings. 	
4.	Further promote cultural competency and appropriately respond to the needs of persons served and the community	<ol style="list-style-type: none"> Support the Trauma-Informed Recovery-Oriented Care (TIROC) committee in utilizing data for evaluation and movement of the organization along the path of cultural competence. 	<ol style="list-style-type: none"> Quality Management staff will provide the TIROC committee with available data and support the committee in analyzing and identifying areas for improvement for the organization. 	V.l.e.

ISK Quality Improvement Plan
FY 2020/21 GOALS & OBJECTIVES

#	GOALS	OBJECTIVES / ACTION STEPS	MEASURES	OUTCOMES
5.	Maintain and improve collaboration, transparency, and satisfaction with Individuals served, Providers, and other stakeholders	<ol style="list-style-type: none"> Demonstrate timely response to identified concerns and areas for improvement. 	<ol style="list-style-type: none"> TIROC committee will provide IQIC with data reports and areas for improvement identified through collaborative learning and practice work as available. 	
6.	Improve access to care and increase ISK staff billable time for future financial sustainability	<ol style="list-style-type: none"> Support Quality Improvement efforts and initiatives within ISK: <ol style="list-style-type: none"> Same Day Access Monitor staff billable time 	<ol style="list-style-type: none"> ISK staff and committees will provide response to feedback received within 30 days of receipt. Verbal and/or written status reports of QI initiatives to be presented to IQIC quarterly. IQIC to review measured outcomes of initiatives to assess effects on service delivery and financial impact at a 6-month frequency. 	
7.	Evaluate and understand the community's needs following a data guided discussion	<ol style="list-style-type: none"> Identify and address community needs through the completion of community needs assessment by March 1, 2021. Implement strategies and QI initiatives to address unmet needs such as poor outcomes, health disparities, etc by September 30, 2021. 	<ol style="list-style-type: none"> Report community based needs assessment data or other relevant data available to IQIC Determine quality improvement efforts based on the report 	

VI.e.



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Integrated Services of Kalamazoo
Prepared Motions

Subject:	ISK Quality Improvement Program Plan	
Meeting Date:	January 25, 2021	<u>Approval Date:</u>
Prepared by:	Sheila Hibbs	January 25, 2021

Recommended Motion:

“I MOVE APPROVAL OF THE KCMHSAS QUALITY IMPROVEMENT PROGRAM PLAN FOR FISCAL YEAR 2020/2021.”

Summary of Request:

The Michigan Department of Health and Human Services (MDHHS) requires that each CMHSP is to have an annual Quality Improvement Program (QIP). The attached Quality Improvement Program and Plan meets the requirements for Integrated Services of Kalamazoo.

Budget: _____
Staff: _____

Date of Board
Consideration: January 25, 2021

ISK Strategic Priorities and Goals

FY 2018-2020—final update
Fiscal Year 2020

Domain	Strategic Priority	Strategic Goal Updates
Customer Services/ Individuals Served	<p>I. Be a premier service organization with a network of direct and contract services that are based on organizational mission and values.</p>	<p>A. Be a valued partner in the community</p> <ul style="list-style-type: none"> ▪ 50% of objectives (1 of 2) completed ▪ 50% of objectives (1 of 2) showed expected progress <p>B. Implement practices/structures to meet new/emerging program models/standards</p> <ul style="list-style-type: none"> ▪ 75% of objectives completed ▪ 25% of objectives (1 of 4) showed expected progress <p>C. Person Centered planning is individual driven and supports philosophy and best practices of Person-Centered Planning</p> <ul style="list-style-type: none"> ▪ 100% of objectives (2 of 2) showed expected progress <p>D. Maintain a balance of direct and contract services to ensure consumer choice, consumer access and system capacity, emergency response</p> <ul style="list-style-type: none"> ▪ 100% of objectives (2 of 2) completed <p>E. Develop an integrated Outpatient Treatment service delivery system</p> <ul style="list-style-type: none"> ▪ 67% of objectives (2 of 3) completed ▪ 33% of objectives (1 of 3) showed expected progress
	<p>II. Develop and implement system and service integration projects that meet needs of broader community and is integrated with physical health care.</p>	<p>A. Implement projects across the service delivery system in support of primary care integration</p> <ul style="list-style-type: none"> ▪ 33% of objectives (2 of 3) completed ▪ 67% of objectives (1 of 3) showed expected progress
	<p>III. Be a trauma informed organization, as reflected in training, policies and adoption of trauma specific services.</p>	<p>A. Trauma Planning Group guides trauma informed culture through changes in training, policies and adoption of trauma specific services</p> <ul style="list-style-type: none"> ▪ 100% of objectives (1 of 1) showed expected progress

Domain	Strategic Priority	Strategic Goal Update
Financial	<p>IV. Be the best value service network for stakeholders, including payers and customers.</p>	<p>A. Research and prepare for future payment models</p> <ul style="list-style-type: none"> ▪ 50% of objectives (1 of 2) completed ▪ 50% of objectives (1 of 2) showed expected progress <p>B. Develop and implement business practices to support state, federal and other organizational initiatives</p> <ul style="list-style-type: none"> ▪ 25% of objectives (1 of 4) completed ▪ 75% of objectives (3 of 4) showed expected progress
Systems and Process Improvement	<p>V. Demonstrate operational excellence, increasing efficiency and reducing redundancy.</p>	<p>A. Each departmental unit will increase efficiency by identifying and re-designing at least one business process</p> <ul style="list-style-type: none"> ▪ 70% of objectives (7 of 10) completed ▪ 30% of objectives (3 of 10) show expected progress <p>B. Maximize use and effectiveness of technology in support of organizational goals</p> <ul style="list-style-type: none"> ▪ 33% of objective (1 of 3) completed ▪ 67% of objectives (2 of 3) showed expected progress
	<p>VI. Have a data-guided culture that supports planning and service development.</p>	<p>A. Develop and implement an information and technology services plan that meets the needs of the entire organization, including EDI</p> <ul style="list-style-type: none"> ▪ 100% of objectives (2 of 2) completed <p>B. Ensure IT systems can meet requirements of Primary Care integration, Care Coordination and other organizational initiatives</p> <ul style="list-style-type: none"> ▪ 33% of objectives (1 of 3) completed ▪ 67% of objectives (2 of 3) showed expected progress
Learning and Staff Development	<p>VII. Be a healthy, educating organization.</p>	<p>A. Develop plan for workforce development that enhances skills in priority areas including training, supervision, coaching and mentoring components</p> <ul style="list-style-type: none"> ▪ 20% of objectives (1 of 5) completed ▪ 80% of objectives (4 of 5) showed expected progress <p>B. Develop and implement strategy to recruit and retain excellent staff to meet needs of changing organizational model</p> <ul style="list-style-type: none"> ▪ 100% of objectives (3 of 3) showed expected progress. <p>C. Revitalize diversity initiative to assure staff are culturally competent and services are delivered in a culturally competent manner</p> <ul style="list-style-type: none"> ▪ 20% of objectives (1 of 5) completed ▪ 80% of objectives (4 of 5) show expected progress.

VIIIa. Financial Condition Report

FOREWORD

This report represents the three (3) month of operations for the period of October 1st through December 31st, 2020. Each program's projected annual budget is reviewed as to anticipated revenues and expenditures. This monthly report provides the Board with indications of revenue and expenditure trends by program. However, unknown and unexpected adjustments can occur at a later date which could materially affect the revenue and expenditures reflected in this report. When that occurs, the Board will be notified immediately via subsequent monthly financial reports.

A. GENERAL OBSERVATIONS - KCMHSAS FINANCIAL STATEMENTS

The following summary of financial issues is presented to provide ongoing pertinent budgetary information critical to evaluating the current overall financial condition of the organization and the financial activities by funding source.

	Balance Sheet for period ending December 31, 2019 and December 31, 2020.	
	FY 20/21	FY 19/20
Current Assets:		
Cash and Investments	29,488,783	15,771,841
Accrued Revenue/Receivables	2,044,223	6,248,013
Due From State	3,414	43,217
Advances and Prepaids	548,783	577,705
Fixed Assets (net of depreciation)	9,248,229	9,444,827
Net Pension Asset (net of deferred outflows)	6,531,305	6,531,305
Noncurrent Assets:		
Accrued Payables	6,800,478	7,024,004
Due to State	141,456	161,859
Due to Providers	525,702	689,912
Accrued Leave	1,377,366	1,163,747
Due to Other	3,865,846	3,729,102
Deferred Revenue	371,434	51,350
Long Term Debt (Bonds/Mortgage)	4,617,335	4,900,446
Total Liabilities:	17,695,597	17,690,220
Fund Balance:		
Designated	11,604,701	11,604,698
Undesignated	4,815,055	4,815,055
Investment in fixed assets	4,735,203	4,735,203
FY 20 Fund Balance to Close	8,814,916	0
Net gain/(loss) for Period	196,265	(228,269)
Total Assets:	47,865,736	38,616,907
Total Liabilities and Fund Balance:	47,865,736	38,616,907

- BALANCE SHEET (WORKING CAPITAL COMPUTATION).** The attached Balance Sheet reflects the overall financial condition of the organization as of December 31, 2020. As per Board policy, there is a significant value of current assets over current liabilities. Current assets total \$32,086,203 and current liabilities total \$13,082,262 for a positive working capital totaling \$19,003,941 compared to \$9,851,002 as of December 31, 2019.
- BALANCE SHEET (NET ASSETS COMPUTATION).** The attached Balance Sheet reflects positive net assets. Total assets are \$47,865,736 and total liabilities are \$17,699,597 for a positive net worth of \$30,166,140 compared to \$20,926,687 in December 31, 2019.
- BOARD RELATED EXPENDITURES.** The following represents the year to date for December budgeted and actual expenditures related to Board activities (Target 100%).

	Budget	Actual	Variance	%
Board Per Diem	\$750	\$150	\$600	20.00%
Board Training	\$2,750	\$0	\$2,750	0.00%
Totals	\$3,500	\$150	\$3,350	4.29%

The next Finance Committee meeting is scheduled for February 19, 2021 (10:30 A.M.-12:00 noon) at Alcott, Conference Room 139. Please feel free to contact Jeff Patton at 364-6900 or Pat Davis at 553-8017 should you have any questions regarding this report. Thank you.

B. SWMBH FINANCIAL RISK MANAGEMENT : MEDICAID REVENUES AND EXPENDITURES

REVENUES:	Fiscal Year 2021 Year To Date												Notes
	Specialty Services		Healthy Michigan		Autism		SUD Block Grant		Totals		Budget	FY 2021 Budget	
	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual			Variance
Specialty Services Medicaid Revenue	15,086,080	17,070,785	-	-	-	-	-	-	15,086,080	17,070,785	1,984,705	1A	
MDHHS Fostercare Incentive Fees	28,750	-	-	-	-	-	-	-	28,750	-	(28,750)		
Healthy Michigan Revenue	76,995	71,175	-	-	-	-	-	-	76,995	71,175	(5,820)	1B	
Autism Revenue	-	-	1,965,080	2,468,019	-	-	-	-	1,965,080	2,468,019	502,939	1C	
SUD Block Grant	-	-	-	-	1,241,144	1,650,509	-	-	1,241,144	1,650,509	409,365		
Settlement Revenue (Expense)	875,528	(2,188,597)	(458,908)	(1,192,281)	67,790	27,988	(84,447)	(27,487)	542,425	(3,851,942)	(4,394,367)	1D	
Total Revenues:	16,067,353	14,953,353	1,506,172	1,275,738	1,431,396	1,206,913	3,343	522	19,008,264	17,436,536	(1,571,728)		
EXPENDITURES:													
Youth Programs	1,780,288	1,512,211	-	-	1,325,748	1,114,505	-	-	3,106,036	2,626,716	479,320	2A	
MIA Programs	4,824,917	4,519,169	1,191,335	1,127,792	-	-	3,343	522	6,019,595	5,647,483	372,112	2B	
IDDA Programs	7,720,620	7,309,150	56,215	56,725	-	-	-	-	7,776,835	7,345,875	430,960	2C	
Integrated Health Clinic	543,035	487,124	94,837	-	-	-	-	-	637,892	487,124	170,768		
Managed Care Administration, Access Center	1,180,206	1,139,459	111,166	105,455	105,948	92,408	-	-	1,397,322	1,337,322	59,997		
Homeless Shelter	18,289	6,250	52,599	57,666	-	-	-	-	70,888	12,016	58,872		
Total Expenses:	16,067,353	14,953,353	1,506,172	1,275,738	1,431,396	1,206,913	3,343	522	19,008,264	17,436,536	1,571,728		
NET INCOME (DEFICIT)	0	0	0	0	0	0	0	0	0	0	0	(0)	

Note on Variance Column: Positive Numbers = FAVORABLE; Negative Numbers = UNFAVORABLE

REVENUES: Revenues for the three month (3) period are projected to be \$17,436,536 compared to budgeted revenues of \$19,008,264. Consequently, revenues are in a un-favorable position by approximately \$1,571,728. The following represents favorable and un-favorable variances by revenue type. Variances exceeding 5% AND \$100,000 from budgeted figures are explained below.

- 1A Medicaid revenue is in an un-favorable position due to actual amounts received.
- 1B Healthy Michigan revenue is in an favorable position due to actual amounts received.
- 1C Autism revenue is in a favorable position due to actual amounts received.
- 1D Since SWMBH Risk expenses are favorable by \$1,470,150 and SWMBH Risk revenues came in under budget by \$2,280,214 this months SWMBH settlement would be increased by \$3,750,364.

EXPENDITURES: Expenditures for the three month (3) period are \$17,436,536 compared to budgeted expenditures of \$19,008,264. Consequently, expenditures are in an favorable position by approximately \$1,571,728. The following represents favorable and favorable variances by expenditure type. Variances exceeding 5% AND \$100,000 from budgeted figures are explained below:

- 2A This variance is due to decreased spending in Homebased, Supports and Service coordination and Autism services.
- 2B MIA programs is in a favorable position due to decreased use of Personal Care and Community Living Supports services.
- 2C IDDA programs is in a favorable position due to decreased use of Skill Building and Supported Independent Program services.

EXPENDITURES Expenditures for the three month (3) period are \$3,426,647 compared to budgeted expenditures of \$3,862,379. Consequently, expenditures are in a favorable position by approximately \$435,732. The following represents favorable and favorable variances by expenditure type. Variances exceeding 5% AND \$20,000 from budgeted figures are explained below.

- 4A This variance is due to a lower utilization of Personal Care and Community Living services and Assetive Community Treatment.
- 4B This variance is due to the lower utilization of non-capitated outpatient services.
- 4C This variance is due to a difference in budgeting for funding sources methodology.
- 4D This variance is primarily due to underspending for the SAMHSA Supported Employment Grant, SAMHSA Suicide Prevention Grant, and SAMHSA System of Care Grant.
- 4E This variance is due to the Local Match requirement is greater than our budgeted amount.

VIIIb. Utilization Report

YOUTH COMMUNITY INPATIENT SERVICES
Report Period: October 1st, 2020 through December 31st, 2020

UTILIZATION COMPARISONS FY 20/21											
MONTH	FY 19/20 Actual		FY 20/21 Budget		FY 20/21 Actual		Days Difference Favorable (Unfavorable)	Cost Difference Favorable (Unfavorable)	Cost YTD Favorable (Unfavorable)		
	Days	Dollars	Days	Dollars	Days	Dollars					
OCTOBER	51	\$41,091	23	\$20,172	27	\$26,141	(4)	(\$5,970)	(\$5,970)		
NOVEMBER	0	\$0	23	\$20,172	55	\$53,639	(32)	(\$33,467)	(\$33,467)		
DECEMBER	21	\$20,413	23	\$20,172	38	\$33,958	(15)	(\$13,787)	(\$13,787)		
JANUARY	31	\$28,707	23	\$20,172							
FEBRUARY	4	\$3,892	23	\$20,172							
MARCH	8	\$7,115	23	\$20,172							
APRIL	8	\$8,273	23	\$20,172							
MAY	22	\$20,782	23	\$20,172							
JUNE	11	\$7,864	23	\$20,172							
JULY	73	\$58,875	23	\$20,172							
AUGUST	48	\$40,586	23	\$20,172							
SEPTEMBER	42	\$40,145	23	\$20,172							
TOTALS	319	\$277,743	276	\$242,058	120	\$113,738	(51)	(\$53,224)			
MONTHLY AVERAGES	27		23		40						
GROSS ANNUAL COST		\$277,743		\$242,058		\$113,738		(\$53,224)			

Favorable/(Unfavorable) by Funding Source:

Medicaid	(56,363)
General Fund	3,139
Total	(53,224)

MI ADULT COMMUNITY INPATIENT SERVICES
Report Period: October 1st, 2020 through December 31st, 2020

UTILIZATION COMPARISONS FY 20/21										
MONTH	FY 19/20 Actual		FY 20/21 Budget		FY 20/21 Actual		Days Difference Favorable (Unfavorable)	Cost Difference Favorable (Unfavorable)	Cost YTD Favorable (Unfavorable)	
	Days	Dollars	Days	Dollars	Days	Dollars				
OCTOBER	303	\$295,888	335	\$322,175	395	\$380,174	(60)	(\$57,999)	(\$57,999)	
NOVEMBER	302	\$285,629	335	\$322,175	463	\$443,157	(128)	(\$120,982)	(\$120,982)	
DECEMBER	402	\$381,479	335	\$322,175	485	\$463,495	(150)	(\$141,320)	(\$141,320)	
JANUARY	395	\$375,167	335	\$322,175						
FEBRUARY	330	\$314,114	335	\$322,175						
MARCH	283	\$267,812	335	\$322,175						
APRIL	264	\$251,282	335	\$322,175						
MAY	298	\$281,045	335	\$322,175						
JUNE	370	\$350,759	335	\$322,175						
JULY	441	\$415,893	335	\$322,175						
AUGUST	480	\$452,989	335	\$322,175						
SEPTEMBER	474	\$447,683	335	\$322,175						
TOTALS	4,342	\$4,119,740	4,015	\$3,866,100	1,343	\$1,286,826	(338)	(\$320,301)		
MONTHLY AVERAGES	362		335		448					
GROSS ANNUAL COST		\$4,119,740		3,866,100		\$1,286,826		(\$320,301)		

Favorable/(Unfavorable) by Funding Source:

Medicaid	(39,450)
General Fund	(199,615)
Healthy MI	(81,236)
Total	(320,301)

Integrated Services of Kalamazoo
COMMUNITY LIVING SUPPORTS (S.R. & SIP), PERSONAL CARE & CRISIS RESIDENTIAL
 ALL POPULATIONS

Report Period: October 1st, 2020 through December 31st, 2020

YOUTH POPULATION (SED/IDD)

Month	ACTUAL YEAR TO DATE			Favorable (Unfavorable) Budget
	Avg. Daily Rate	No. of Service	ISK Cost	
PC/CLS(S.R.)	NA	0	\$0	\$0
CRISIS RES. CLS(SIP)	\$110	29	\$3,188	\$20,241
TOTAL	NA	0	3,188	\$20,241

Personal Care (P.C.)-hands on of daily personal activities such as laundry, feeding, bathing, etc.

Community Living Supports (CLS)-services to increase or maintain personal self-sufficiency with a goal of community inclusion, independence and productivity.

Specialized Residential (S.R.)-Licensed setting where Personal Care and Community Living Supports occur.

Supported Independent Program (SIP)-more independent setting where Personal Care and Community Living Supports occur.

MI ADULT POPULATION

Month	ACTUAL YEAR TO DATE			Favorable (Unfavorable) Budget
	Avg. Daily Rate	No. of Service	ISK Cost	
PC/CLS(S.R.)	\$189	158	\$2,450,277	\$237,035
CRISIS RES. CLS(SIP)	\$524	20	\$143,968	\$10,929
TOTAL	NA	62	\$64,813	\$94,359
TOTAL		240	\$2,659,058	\$342,323

IDD ADULT POPULATION

Month	ACTUAL YEAR TO DATE			Favorable (Unfavorable) Budget
	Avg. Daily Rate	No. of Service	ISK Cost	
PC/CLS(S.R.)	\$654	204	\$4,115,118	(\$63,545)
CRISIS RES. CLS(SIP)	\$524	1	\$3,141	(\$386)
TOTAL	NA	145	\$1,758,020	\$224,921
TOTAL		350	\$5,876,279	\$160,991

TOTAL ALL POPULATIONS

Month	ACTUAL YEAR TO DATE			Favorable (Unfavorable) Budget
	Avg. Daily Rate	No. of Service	ISK Cost	
PC/CLS(S.R.)	\$422	362	\$6,565,395	\$173,490
CRISIS RES. CLS(SIP)	\$485	21	\$150,297	\$30,784
TOTAL	NA	207	\$1,822,833	\$319,280
TOTAL		590	\$8,538,525	\$523,554

Medicaid	Variance By Funding Source			Total
	HMI	GF	Other	
\$ 24,469	\$ 4,348	\$ 144,673	\$ -	\$ 173,490
\$ (7,359)	\$ 33,220	\$ 4,923	\$ -	\$ 30,784
\$ 316,201	\$ (5,554)	\$ 1,415	\$ 7,217	\$ 319,280
\$ 333,311	\$ 32,014	\$ 151,012	\$ 7,217	\$ 523,554

VIIIc. Investment Report

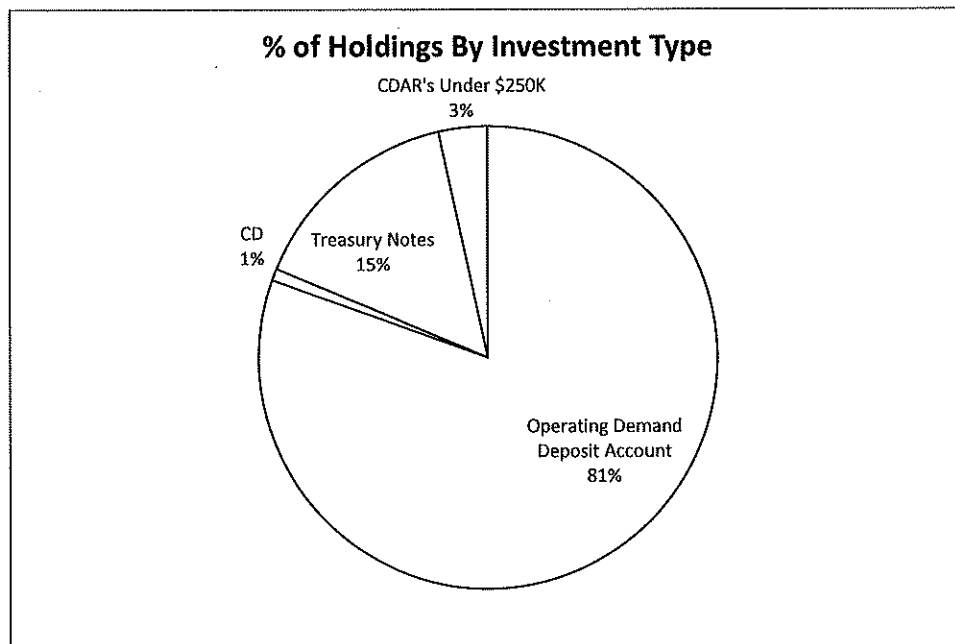
**Quarterly Cash & Investments Report
Quarter Ending December 31, 2020**

VIII.c.

Financial Institution	Type of Investment	Cost Basis	Maturity Date	% Yield
CASH				
PNC	Operating Demand Deposit Account	\$23,728,389	NA	0.03%
INVESTMENTS				
CDAR's (via Independent Bank)	CD's Issued Under FDIC Limit of \$250,000	\$524,042	7/15/2021	0.10%
CDAR's (via Independent Bank)	CD's Issued Under FDIC Limit of \$250,000	\$488,970	7/15/2021	0.10%
Total CDAR's		\$1,013,013		
CD (via Independent Bank)	CD	\$250,000	7/15/2021	0.20%
U.S. Federal Government (via PNC)	Treasury Notes (for bond repayment)	\$4,497,382	3/31/2022	2.42%
Total Investments		\$5,760,394		
TOTAL CASH AND INVESTMENTS		\$29,488,783		

% of Holdings By Institution	
PNC - Cash	80.47%
U.S. Federal Government (via PNC)	15.25%
CDAR's & CD(via Independent Bank)	4.28%
	<u>100.00%</u>

% of Holdings By Investment Type	
Cash	80.47%
CD	0.85%
Treasury Notes	15.25%
CDAR's	3.44%
	<u>100.00%</u>



VIII d.

November and December Disbursements **(MOTION)**

VIII.d.

Integrated Services of Kalamazoo
Prepared Motions

Subject:	<u>November and December 2020 Disbursements</u>	
Meeting Date:	January 25, 2021	Approval Date:
Prepared by:	Heather Garcia	January 25, 2021

Recommended Motion:

“Based on the Board Finance meeting review, I move that ISK approve the November, 2020 and December, 2020 vendor disbursements of \$5,030,289.52 and \$4,871,642.36.

Summary of Request:

As per the November 2020 Vendor Check Register Report dated 12/9/2020 that includes checks issued from 11/1 – 11/30/2020 and the December 2020 Vendor Check Register Report dated 1/12/2021 that includes checks issued from 12/1 – 12/31/2020.

Vendor Disbursements listings for Board Member review located at:
<https://portal.kcmhsas.net/Board>

I affirm that all payments identified in the monthly summary above are for previously appropriated amounts.

Staff: **H. Garcia, Finance Director**

Date of Board
Consideration: **January 25, 2021**

KALAMAZOO COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
INTEGRATED SERVICES OF KALAMAZOO
Integrated Services of Kalamazoo Board
RESOLUTION
January 25, 2021

“ISK Resolution Declaring Racism A Public Health Crisis”

WHEREAS Integrated Services of Kalamazoo’s Mission, Vision and Values statements reflect our belief that every person served by our organization is an individual and has value, and that every human being has value; and

WHEREAS Integrated Services of Kalamazoo recognizes that as an organization it has not fully lived up to the aspirations of its Mission, Vision and Values statements, and that racism, racial disparities and discrimination are still present within our organization; and

WHEREAS Integrated Services of Kalamazoo is also aware that throughout our Nation’s history there has been conflict and controversy regarding the treatment and inherent value of certain individuals and that conflict and controversy continues today; and

WHEREAS Integrated Services of Kalamazoo is committed to ending racism, racial disparities, and discrimination in Kalamazoo County’s public community mental health system and throughout our society; and

WHEREAS Integrated Services of Kalamazoo recognizes that there are many individuals and organizations who have similar goals of promoting the equal treatment of every person.

Now Therefore Be It Resolved as Follows:

Integrated Services of Kalamazoo will continue to strive to identify and address inequalities within our programs, system of care and procedures and will tirelessly work to end racism, racial disparities, and discrimination within our agency; and

Integrated Services of Kalamazoo joins the Kalamazoo County Board of Commissioners in declaring racism a public health crisis; and

Integrated Services of Kalamazoo joins the American Public Health Association, the American Medical association, the American Academy of Pediatrics, and American College of Emergency Physicians, who have declared institutional racism an urgent public health issue that must be eradicated; and

Integrated Services of Kalamazoo recognizes and supports the declarations in the State of Michigan Executive Directive No. 2020-09, released by Governor Gretchen Whitmer on August 5, 2020 and which identifies racism as a public health crisis. That Directive states in part:

- “Racism is a social system with multiple dimensions, including individual racism and systemic racism. Both institutional and systemic racism harm individuals and communities and deplete the strength of a whole society through the waste of human resources.”
- “Racism has existed in America for over 400 years. Even today, through inequitable outcomes in the criminal justice system, achievement gaps in education, disproportionate results in health and infant mortality, and job and housing discrimination, racism remains a presence in American society while subjecting Black, Indigenous, and other people of color to hardships and disadvantages in every aspect of life.”
- “People of color in Michigan are more likely to live in neighborhoods with restricted access to healthy food choices and essential resources, excessive high-priced gas stations and liquor stores and older housing stock leading to a variety of other health issues, including reduced life expectancy, higher rates of infant and maternal mortality, high rates of asthma, higher rates of lead poisoning, and higher vulnerabilities to public pandemics, including COVID-19.”
- “The eradication of racism and discrimination requires proactive efforts to achieve racial justice: the creation and proactive reinforcement of policies, practices, attitudes, and actions that produce equitable power, access, opportunity, treatment, and outcomes for all people regardless of race.”

; and

Integrated Services of Kalamazoo recognizes and explicitly states the Black lives matter, as an acknowledgement that all lives in America do not matter unless we address the unequal treatment and unequal opportunities faced by Black Americans and other Americans of color

; and

Integrated Services of Kalamazoo believes it is an important goal to end racism in the United States and supports the efforts of individuals and organizations who are willing to speak out for the goal of equal treatment for all.

Resolved by board motion on the 25th day of January 2021.

Xx: _____, Jeffrey W. Patton/ISK Chief Executive Officer

Xx: _____, Erik Krogh/ISK Board Chair

Community Mental Health Association of Michigan

Analysis of proposal by Michigan's Prepaid Inpatient Health Plans/Regional Entities related to the provision of complex care management

January 2021

Background

During its November 2020 meeting, the CMHA Board of Directors received, for review, the proposal, **"Regional Entity – PIHP Complex Care Coordination Pilot for Medicaid Unenrolled with SMI and Comorbid Physical Health Conditions"**, issued on October 8, 2020, by the ten Michigan Prepaid Inpatient Health Plans (PIHPs)/ Regional Entities (REs).

After receiving this proposal, the CMHA Board instructed CMHA staff to call together the CMHA Ad Hoc System Design Advisory Group to review this proposal and provide the CMHA Board with guidance as to the position that CMHA should take relative to this proposal.

Below is the analysis of and recommendations related to that proposal by the CMHA Ad Hoc System Design Advisory Group. Note that the CMHA analysis is centered around a set of questions.

Analysis and recommendations

A. Does the need for this proposal exist?

Analysis and discussion:

1. The proposal describes the development of a complex care management program for persons with serious mental illness and chronic healthcare needs many of whom are dually-eligible for Medicaid and Medicare.

The proposal accurately describes the care management gap that exists for persons dually enrolled in Medicaid and Medicare – in that the Medicare benefit is not managed by any health plan - and the value in designing a complex care management system, for this population around the constructs of currently in-place efforts.

2. While the complex care management approach is sound, this proposal outlines an approach that is duplicative of and competitive with a number of initiatives currently in place, and expanding, in communities across the state. Complex care management is a key component of:

- o the Certified Community Behavioral Health Centers (CCBHC) initiative - with eighteen current CCBHC grantees and Michigan's recognition, by SAMHSA, as one of the nation's CCBHC demonstration states
- o the state's Behavioral Health Homes (BHH) and Opioid Health Homes (OHH) – both with proven track records, at the initial set of sites, and rate of growth over the past several years and planned for the current fiscal year,, with the expansion in the number of BHH and OHH slated for the current fiscal year. ⁱ

3. Additionally, this duplication would serve to cause confusion regarding and erode the unique role, of the core of the public system, the state's CMH system, as a system designed to meet the needs of Michiganders with complex mental health and co-occurring conditions. The CCBHC, BHH, and OHH initiatives build on that unique role, providing funding to bolster that role, of the CMHSPs and their provider network.

4. The proposal's duplication and lack of collaboration with the existing proven complex care management initiatives taking place across Michigan, outlined above further fragments the system – by region and by initiative - adding redundant and differing approaches to care management while compounding the administrative burden and cost to the system.

Recommendations:

1. Given the longstanding view of CMHA, its members, and its stakeholders that true healthcare integration and coordination take place at the service level, (where the client/patient is served) it is key that the complex care management functions be retained at the service level, by the state's CMHSPs and their provider network, and not be assumed by the state's Regional Entities/PIHPs.

Based on this viewpoint and the analysis outlined above, MDHHS should work to strengthen the state's CCBHC, BHH, and OHH initiatives rather than pursue the complex care management approach outlined in the PIHP/RE proposal. This strengthening by MDHHS would support roles for CMHSPs and their Regional Entities – roles that would be complementary rather than duplicative – roles outlined, in summary fashion, later in this analysis.

B. What are the roles of the CMHSPs, within regional REs/PIHPs, in this initiative? How is the work required in carrying out these roles financed? How will the administrative burden of this system/approach be mitigated?

Analysis and discussion:

1. The proposal does not identify a role for CMHSPs, which are part of a Regional Entity/PIHP regions, in this effort. Without describing roles for CMHSPs, the proposal implies that the REs/PIHPs will hire staff to carry out the complex care management work. ⁱⁱ

The lack of a role for the state's CMHSPs represents a fundamental flaw in the proposal's design, as noted above, given:

- o the large number of service-level complex care management currently designed and operated by the state's CMHSPs and their provider networks.
- o the fact that the state's Regional Entities/PIHPs are derivatives of, formed by, and governed by the county-based CMHSPs in their regions.

Recommendations:

1. This proposal, if it moves forward, must clearly outline the roles of the state's CMHSPs, in carrying out the core complex care management functions - those closest to the client and other providers in the community. Such delineation is key given the complex care management work already being carried out by CMHSPs and their provider network, and with increased intensity in the existing and growing number of CCBHC, BHH, and OHH communities. Those roles would be

those already carried out by the CMHSPs in CCBHC, BHH, and OHH communities as well as those emerging as these efforts mature.

2. The roles of the Regional Entities/PIHPs, relative to a complex care management system, should be defined jointly by the CMHSPs and the REs/PIHPs in each region, with that role reflected in this proposal, if and when revised.

The roles of the REs/PIHPs, as complementary to those of the CMHSPs, may include the following functions:

- Data analytics in partnership with the data analytics being done by the CMHSPs carrying out complex care management.
- Data analytics and information sharing related to the substance use disorder services funded through the REs/PIHPs.
- Development, jointly with the Medicaid Health Plans and other health systems, of a uniform approach to identifying persons in need of complex care management and the provision of this identifying information to the CMHSPs and primary care providers.

3. The financing to the CMHSPs and PIHPs, to carry out these roles must be clearly articulated with clarity as to how these added complex care management revenues are allocated between the CMHSPs and their Regional Entities/PIHPs.

4. The state's CMHSPs have worked to minimize the administrative burdens and costs of their complex care management initiatives. These efforts to minimize administrative burdens and costs have been made possible and need to be maintained by bolstering and linking with existing complex care management efforts rather than developing other complex care management initiatives.

C. What are the financial risks, if any, that this initiative could create for the Regional Entities/PIHPs and CMHSPs involved in this initiative? Who bears those risks?

Analysis and discussion:

1. The financing model described in this proposal appears to call for complex care management case rates to be paid to the PIHPs. While these case rates, limited to the costs of the complex care management functions, bring a low level of financial risk, this effort brings with it a number of other risks:

- penetration risk (the result of casefinding)
- demand volume risk, (increased volume of services for which demand has been generated as a result of this initiative)
- service intensity and complexity risk (demand and cost profile for existing and new clients increased due to this initiative)

The increased Medicaid costs related to these risks are not currently reflected in the Medicaid capitation payments made to the PIHPs and their CMHSPs, bringing considerable financial risk to the PIHP/CMHSPs base Medicaid capitation budget.

2. Effective complex care management approaches require investments in technology to modify and link electronic health records. These modifications and links are key to coordinating

behavioral health, intellectual/developmental disabilities services, and physical health care as well as persons at varying levels of recovery.

Recommendations:

1. The complex care management case rate must reflect the projected costs (determined, via the analysis of similar programs across the country) of the clinical, services, and supports work; the necessary data analytics; and the technology investments necessary for effective complex care management.
2. The base capitation provided to participating PIHPs and CMHSPs must be increased to reflect the projected costs (determined, via the analysis of similar programs across the country), related to the increased penetration risk, demand risk, and service intensity/complexity risk that accompanies effective complex care management initiatives.
3. The parties that would bear the upside and downside financial risk of this initiative must be clearly identified, with that identification agreed upon by all of the parties to this effort: MDHHS, PIHPs/REs, CMHSPs, counties – prior to the initiation of these efforts.

D. What are the design and development roles of the CMHSPs, within regional PIHPs, related to this initiative and the proposal to MDHHS?

Analysis and discussion:

1. In some regions the proposal was submitted to the leadership of BHDDA and MSA without sufficient discussion with the CMHSPs within the regions served by the regional entities.

Recommendations:

1. The CMHSPs that formed and govern their respective Regional Entities/PIHPs must be actively involved, as partners, in the development of this proposal, including revisions to the proposal that may come from this analysis or other sources, and the development and design of the initiative as the proposal progresses to a fully operating initiative.
2. The CMHSPs operating Behavioral Health Homes, Opioid Health Homes, and/or CCBHCs; those involved in SMI or other SAMHSA- or MDHHS-funded integrated care efforts; and those working in MI Health Link regions must be deeply involved, at the state level and locally, in the design and development of this complex care management initiative.

E. How will the savings (physical and behavioral; Medicaid and Medicare), generated by this initiative, be captured by the PIHP/CMH system? Will that saving capture/sharing model differ for Medicaid and Medicare costs saved?

Analysis and discussion:

1. It is not clear, based on similar efforts with the target population (dually enrolled (Medicaid-Medicare) persons with serious mental illness and comorbid chronic health needs) will experience

reduced costs in their healthcare expenditures. If savings were to be generated through this initiative, the mechanics by which any share of the Medicaid and Medicare savings (physical and behavioral health) generated by this initiative will be captured by the PIHPs and, within REs, their CMHs, is unclear.

Recommendations:

1. The mechanics for a fair and appropriate sharing of savings, in the behavioral health, physical health, and long-term care components of both Medicaid and Medicare must be developed, in detail, in advance of the start of this initiative. The CMHSPs and Regional Entities/PIHPs participating this effort must share in these savings at a level commensurate with the role that they play in this effort and, where appropriate, commensurate with the role that they played in generating the savings.

The BHH savings patterns (as provided in the Milliman reports for MDHHS for Fiscal Years 2016 and 2018) and those found in the MI Health Link demonstration effort could serve as the model for estimating savings.

F. How will BHDDA/MDHHS support this initiative and coordinate it with other similar efforts? Is there sufficient staffing capacity, at BHDDA/MDHHS, to carry out this support and coordination?

Analysis and discussion:

1. The large number of complex care management and healthcare integration initiatives operating in communities across Michigan bode well for the adoption and advancement of these approaches. These efforts include: CCBHC, BHH, OHH, SIM, MI Health Link, PBHCI, and PIPBHC. While the momentum created by these initiatives is encouraging, the large number of these efforts, their differing goals, measurement and reporting systems, financing approaches, and life cycles (some have time-limited pilot/demonstration project structures; others do not) fragment these efforts, blunt the full range of positive outcomes that the persons served could receive, add confusion to the local collaboration efforts required for these efforts to be successful, and add unnecessary administrative burdens and costs to these efforts. Such coordination, synthesis, and support must come from BHDDA.

2. As a result of years of funding reductions to BHDDA, the staff within BHDDA needed to support these efforts are over-stretched, at best, and do not exist, at worst.

Recommendations

1. BHDDA staffing levels, assigned to support and coordinate these healthcare advancement initiatives (complex care management, healthcare integration, and related efforts) must be increased. The funds used to support these efforts, at the local level, must be paired with dollars to add staffing capacity, within BHDDA, to support and coordinate these effort.

ⁱ The design of the Behavioral Health Homes and Opioid Health Homes is in contrast to that of MI Health Link. In the former, the complex care coordination is carried out at the service (CMH/provider-client/patient) level, by the CMHs and their provider networks has proven successful relative to improved care and reduced costs. In the latter, the complex care management is carried out far from the provider-client level and, as a result, has had limited impact on the coordination of care for persons with complex needs.

ⁱⁱ An excerpt from the proposal that indicates the role of PIHPs: “Eligible persons will be contacted by the PIHP via phone and in-person (when possible) to enroll from an array of professionals and para-professionals including, but not limited to a Community Health Worker, Care Coordinator, and a team of allied health specialists. The allied health specialists may include but are not limited to nurses, pharmacists, occupational therapists, physical therapists, and medical specialists. Staff and consultants may be shared between PIHPs upon agreement between those PIHPs depending on full-time equivalent (FTE) needs. Innovative and supportive consumer assistive technology and applications will be encouraged when appropriate. Referrals may also be made by community and partner providers, hospital systems, emergency departments, etc.”