

Community • Independence • Empowerment

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 Stre

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

AGENDA

INTEGRATED Services of Kalamazoo BOARD HAS SCHEDULED ITS MEETING FOR MONDAY, <u>June 28, 2021, BEGINNING</u> @ 4:00PM via Microsoft TEAMS.

Special Presentation:

Alan Bolter

Associate Director

Community Mental Health Association of Michigan

"Summer 2021 Public Policy Update"

I. CALL TO ORDER - CITY & COUNTY DECLARATION

II. AGENDA

III. MINUTES

IV. <u>CITIZEN TIME</u>

V. RECIPIENT RIGHTS

a. Recipient Rights Monthly Report

b. Recipient Rights Advisory Council Appointments (MOTION)

VI. CONSENT CALENDAR (ROLL CALL VOTE)/NONE

VII. PROGRAM SERVICES REPORT/VERBAL/Jane Konyndyk & Dianne Shaffer/Senior

Executive/Policy, Planning and Innovation

a. Program Services Report

VIII. FINANCIAL REPORTS

Financial Condition Report

b. Utilization Report

c. May Disbursements (MOTION)

IX. ACTION ITEMS NEW & REVISITED/NONE

X. CHIEF EXECUTIVE OFFICER REPORT/VERBAL

a. CEO Report

b. Congratulations!

Jane Konyndyk - Retirement - Official Last Day with ISK is July 16, 2021

c. Special Proclamation from Governor Gretchen Whitmer – Behavioral Health Workers May 25-May 31, 2021

d. Kalamazoo County Board of Commissioners RESOLUTION Opposing Gearing Towards Privatizing Michigan Mental Health System

XI. CITIZEN TIME

XII. BOARD MEMBER TIME

a. SWMBH (Southwest Michigan Behavioral Health) Updates/Erik Krogh

b. ISK Board Election Results (MOTION)/Erik Krogh

XIII. ADJOURNMENT







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III.

INTEGRATED Services of Kalamazoo (ISK) May 24, 2021

ISK Board Member	Board Members PRESENT	Declaration of Location City/County	Board Members ABSENT
Erik Krogh, CHAIR	X	Kalamazoo/Kalamazoo	100 Hard 1997
Sharon Spears, VICE CHAIR	X	Kalamazoo/Kalamazoo	
Nkenge Bergan	X	Kalamazoo/Kalamazoo	
Sarah Carmany	X	Kalamazoo/Kalamazoo	
Vacancy			
Ituha Cloud			X
Patrick Dolly			X
Pat Guenther	X	Kalamazoo/Kalamazoo	
Karen Longanecker	X	Kalamazoo/Kalamazoo	
Michael Raphelson	X	Kalamazoo/Kalamazoo	
Jenna Verne	X	Kalamazoo/Kalamazoo	
Veronica McKissack, COMMISSIONER	X	Kalamazoo/Kalamazoo	

ISK - KCMHSAS Staff Present:

Jeff Patton, CEO

Pat Davis

Jane Konyndyk

Roann Bonney

Heather Garcia

Sheila Hibbs

Heidi Oberlin

Alecia Pollard

Michael Schlack, CORPORATE COUNSEL

Demeta Wallace

ISK - KCMHSAS Staff Absent:

Lisa Brannan Kathy Lentz Beth Ann Meints Pat Weighman

Call to Order:

Chair Krogh welcomed all in attendance to the May 24, 2021, INTEGRATED Services of Kalamazoo Board meeting. The Board meeting was called to order at 4:00PM.

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 April 26, 2021, WITH THE PROPOSED RECOMMENDED CHANGE BELOW." Supported by Member Longanecker.

Chief Executive Officer Report:

Pat and Karl Guenther Donation of Property (14 acres and appraised value of \$95,000.00): "The exact appraised value and acres of the property is \$97,000.00 with 13.8 acres."

YEAS	NAYS
X	
X	
X	
X	
X	
X	
X	
X	
	X X X X X X

MOTION PASSED.

Citizen Time: No citizens came forth.

Veronica McKissack, COMMISSIONER

Recipient Rights:

Recipient Rights Monthly Report:

Roann Bonney, ORR Director, ISK, presented the complaints/allegations closed in April 2021.

Abuse Violations:

- There were two substantiated Abuse II violations in April 2021.
 - The remedial actions for these violations were Employment Termination (1), and Written Reprimand (2).

The 2 violations occurred at different agencies.

There were three substantiated Abuse III violations in April 2021.

The remedial actions for these violations were Employment Termination (2), Verbal Counseling (1), and Written Reprimand (1).

The 3 violations occurred at 2 different agencies. The 2 violations occurring at the same agency occurred at different program sites.

Neglect Violations:

- There were two substantiated Neglect II violations in April 2021.
 - The remedial actions for these violations were Employment Termination (1), and Written Reprimand (2). One was a Neglect II, Failure to Report violation.

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

- There were six substantiated Neglect III violations in April 2021. Three were a Neglect III, Failure to Report violation.
 - The remedial actions for these violations were Employment Termination (5), Training (2), and Written Reprimand (6).

Of the 6 violations, 2 agencies were involved. One of the 2 agencies involved there were 2 violations at the same program site. For the other agencies, there were 2 violations at each of the 2 program sites. Three of the 6 violations were a Failure to Report.

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

Consent Calendar:

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.

Monitoring Reports:

MAY:

- Board Member Responsibilities
- Input from Stakeholders
- Accessibility

Member Longanecker, "I MOVE TO APPROVE THE MAY MONITORING REPORTS CONSENT CALENDAR." Supported by: Member Bergan.

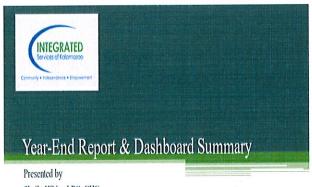
ROLL CALL:

NAME	YEAS	NAYS
Erik Krogh, CHAIR	X	
Sharon Spears, VICE CHAIR	X	
Nkenge Bergan	X	
Sarah Carmany	X	
Pat Guenther	X	
Karen Longanecker	X	
Michael Raphelson	X	
Jenna Verne	X	
Veronica McKissack, COMMISSIONER	X	

MOTION PASSED.

ISK Year-End Quality Management/Verbal Presentation/Sheila Hibbs:

Sheila Hibbs, ISK, Director of Quality Management, presented the Year-End Report & Dashboard Summary to the board.



Sheila Hibbs, LPC, CHC

ISK Director of Quality Management, Contracts, and Corporate Compliance

INTEGRATED SERVICES OF KALAMAZOO

Kalamazoo County Community Mental Health Authority officially changed its doing business as (d/b/a) name from Kalamazoo Community Mental Health and Substance Abuse Services (KCMHSAS) to Integrated Services of Kalamazoo (ISK), effective October 1, 2019. Our new name better reflects our organizations' expanded programming beyond traditional community mental health services to include comprehensive housing assistance and outreach to homeless persons, intensive crisis outpatient services, medication assistance treatment (MAT) for persons addicted to opioids, veteran services, stigma-reduction efforts, community training in Mental Health First Aid, and the many other initiatives to provide high quality services and supports to our community. Without singling out any specific condition, the new name conveys wider access to a range of resources.

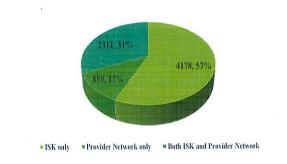
Presentation Outline

- · Section 1: Demographics of who ISK serves
- Section 2: Satisfaction Surveys
- · Section 3: Performance Indicators
- · Section 4: Dashboard Performance and Outcomes

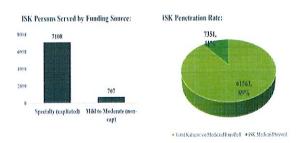
WHO WE SERVE

Fiscal Year 2019-2020 Demographics

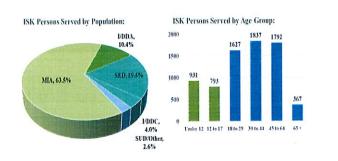
Total Persons Served: 7,351



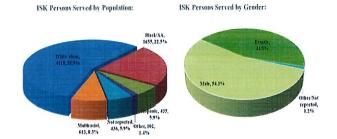
Total Persons Served: 7,351



Total Persons Served: 7,351



Total Persons Served: 7,351



ISK Health Indicators

			Self-reported tobaccouse	N	pop 96 of total
BMI (age 15+)	N	% of total	Adalts with tobacco screen	1755	
DAII (age 151)	.,	Pob	Positive tobacco use indicated	582	56.0%
Underweight (BMI <18.5)	- 44	2.0%			
Normal (18.5-25)	443	20.6%	Youth with tobacco screen	155	
Overweight (25-30)	540	25,1%	Positive tobaccouse indicated	8	5.2%
Obese (30-40)	781	36.5%	Self-reported alcoholuse	N	% of total
Severe obesity (BMI over 40)	339	15.8%	Adults with alcohol screen	2337	
Population with BMI data	2150		Positive alcohol use indicated	725	31.0%
			Youth with alcohol screen	27	
			Positive alcohol use indicated	9	33.3%

To review the Year-End Report & Dashboard Summary a link has been provided to access from your electronic devices or personal computer.

https://iskzoo.org/wp-content/uploads/2021/06/FY20-Year-End-Presentation Final.pdf https://iskzoo.org/wp-content/uploads/2021/06/1920 ISK Dashboards FinalReport Analysis.pdf **Program Services Report:**

Jane Konyndyk, ISK, Deputy Director, Program Services, presented the May Program Services Report.

Regarding the COVID-19 Workplan, Governor Whitmer announced that she is moving away from the percentage of vaccinated Michiganders-based "return to work" plan to a date-based plan. The revised MDHHS and MIOSHA orders will not be available until Monday (5/26). The revised orders will follow CDC guidance. On June 1, all outdoor gathering limits will be lifted. On July 1, all indoor gathering limits will be lifted. It is not clear to me how the new orders will address the timing of the lifting of the "work remotely if feasible" MIOSHA rule. ISK will revise our COVID-19 workplan once we have clarification and publication of the new rules.

We are still wrestling with the impact of this pandemic as indicated below:

A. Staffing shortages: Provider agencies are all struggling to maintain their Direct Support Professional (DSP) workforces. The two primary (and large) local Specialized Residential and Community Living Supports providers report significant staffing vacancies. In the past year and a half, these providers have closed two homes, and another sits empty due to lack of staffing. These same providers have not been able to provide DSP for any new Supported Living arrangements for the past two years, again due to staffing shortages. Neither provider can provide intermittent Community Living Supports to individuals living in their homes and/or participating in their communities. Specialized Residential providers have also not been able to provide additional staffing for persons with complex needs. This has resulted in people waiting for these services and in more people receiving Specialized Residential services outside of Kalamazoo County. The department serving individuals with I/DD is searching for placements for 19 individuals currently, more than triple what is typical.

B. Strategies to address vulnerable populations who are not able to access care:

Substance Use Emergencies: Our OORP (Opiate Overdose Response Program), since its inception, has been responding to the jail and to criminal justice settings. In February of 2021, we partnered with law enforcement agencies to receive direct referrals. Local law enforcement officials are now able to send an email 24/7 requesting that our OORP team respond to a situation involving someone who is identified as having a substance use concern. Staff will follow up within 24 hours. Referrals are accepted 24/7.

In March of 2021, OORP staff began partnering with law enforcement and responding in person with law enforcement several days a week. A typical referral is someone who police were called to see due to overdose or other substance related concern. We have had 68 referrals, via email and/or in person, since this program began. We have had 13 refusals to meet with a coach, the remaining referrals all were accepting of at least one contact from staff.

- Individuals in contact with law enforcement: To further expand our involvement with the community and local law enforcement, we are implementing a small coresponding program with Kalamazoo Department of Public Safety. A target start date of 6/1/21 has been put in place. Local law enforcement will have access to a master's level clinician who will be on call and will respond to them 24/7 via a dedicated phone line. This clinician will have the ability to respond via video chat with community members as needed.
- Child Welfare cases: The Youth and Families Department is collaboratively working on a SAMHSA System of Care Grant with Kalamazoo DHHS Child Welfare. The funding is used to develop the infrastructure for community-based services for youth in foster care, residential, or who have an open Protective Services case. An ISK Intake worker is invited to every Child Welfare Family Team Meeting that involves a change in placement, a step down from residential, or a planned removal. An intake is offered, and F&CS Crisis services/planning is established as part of a joint trauma informed response. Through this program, youth have increased access to mental health services to help the youth/family through the trauma of a change of placement. A second benefit is to help prevent movement between foster homes where a youth is moved due to emotional, behavioral, or substance use issues. A third benefit is over the past year, 33 youth were able to move from DHHS Child Welfare residential placement into community-based services. A fourth and important benefit is to reunify families. Multiple placements are associated with disrupted development of the brain's prefrontal cortex and risk for post-traumatic stress disorder, disruptive behaviors, drug and alcohol abuse, and psychiatric disorders including depression. Youth who have disrupted placement are much less likely to graduate from high school, more likely to end up in prison or homeless, and more likely to have lifelong mental health issues.

We continue to work with MDHHS to prepare for the State Demonstration Phase of CCBHC Implementation. This work has been primarily around costing information for CCBHC reimbursement. The State continues to project a summer certification timeline of October 1, 2021, as the start up for the formal demonstration project.

Financial Reports:

Pat Davis, ISK, Deputy Director, Administrative Services, presented the Financial Condition report for the period ending April 30, 2021.

SWMBH:

Revenues:

Revenues for the seven-month (7) period are projected to be \$42,210,863 compared to budgeted revenues of \$44,355,883. Consequently, revenues are in an un-favorable position by approximately \$2,145,020.

Expenditures:

Expenditures for the seven-month (7) period are \$42,210,863 compared to budgeted expenditures of \$44,355,883. Consequently, expenditures are in a favorable position by approximately \$2,145,020.

ISK:

Revenues:

Revenues for the seven-month (7) period are \$9,464,926 compared to budgeted revenues of \$10,780,663. Consequently, revenues are in an un-favorable position by approximately \$1,315,737.

Expenditures:

Expenditures for the seven-month (7) period are \$8,976,972 compared to budgeted expenditures of \$10,458,135. Consequently, expenditures are in a favorable position by approximately \$1,481,163.

Utilization Reports:

Pat Davis, ISK, Deputy Director, Administrative Services, presented the April 30, 2021, Utilization Report.

- Youth Community Inpatient Services is unfavorable by \$77,089
- MI Adult Community Inpatient Services is at (900) days and unfavorable at \$853,139
- Community Living Supports, Personal Care, and Crisis Residential is favorable at \$811,270

April Disbursements (MOTION):

Vice Chair Spears, "BASED ON THE BOARD FINANCE MEETING REVIEW, I MOVE THAT ISK APPROVE THE APRIL 2021 VENDOR DISBURSEMENTS OF \$9,952,891.52."

Supported by Member Raphelson.

DOLL	CALL
ROLL	CALL

NAME	YEAS	NAYS
Erik Krogh, CHAIR	X	
Sharon Spears, VICE CHAIR	X	
Nkenge Bergan	X	
Sarah Carmany	X	
Pat Guenther	X	
Karen Longanecker	X	
Michael Raphelson	X	
Jenna Verne	X	
Veronica McKissack, COMMISSIONER	X	

MOTION PASSED.

ACTION ITEMS (New & Revisited)/NONE

Chief Executive Officer Report:

Rep. Mary Whiteford and Senator Mike Shirkey are moving forward with their House Bills. House Bill 4925 would amend the Mental Health Code to create the BH Oversight Council within the Michigan Department of Health and Human Services (MDHHS) to advise MDHHS in developing and executing public behavioral health policies, programs, and services. It would also authorize MDHHS to contract with an administrative services organization (ASO), which would assume certain responsibilities from MDHHS and MDHHS-designated community mental health (CMH) entities. The other four bills are complementary and amend other acts to account for the changes in HB 4925.

I am engaged in discussion with MDHHS regarding my opposition to alter the Michigan public mental health system and place the ownership with the Medicaid health plans. I will keep the board informed on the outcomes from these discussions.

That concludes my report.

Citizen Time: No citizens came forth.

Board Member Time:

SWMBH (Southwest Michigan Behavioral Health) Updates/Pat Guenther:

Besides the SWMBH general board, SWMBH also has several workgroups and subcommittees who are assigned to specific responsibilities or tasks that cascade down from the general board. After reviewing many of these group's documentations or minutes it was not clear as to what action or activities have been done by these groups. At the last meeting, I asked what these groups were working on and why it was not clearly explained in their meeting documentations. It was then brought to my attention that such information was not necessary to share with the SWMBH general board.

As difficult and offensive as that response was to receive, I did receive it, but I did not accept it. Therefore, I would like to consider recommending that the SWMBH workgroups and subcommittees be required to give routine reports to the SWMBH general board on their work and outcomes.

Jeff commented to Pat that as a SWMBH Board Member you have the right to make that request at the next board meeting.

Veronica McKissack:

Community input regarding budget priorities is important to the Kalamazoo County Board of Commissioners. We have attached a budget survey to the Kalamazoo County website for the community to complete and submit their concerns. We will be breaking ground on the new justice complex on Wednesday, May 26th @ 11AM on W. Kalamazoo Avenue.

I have worked on a resolution opposing the gearing towards the privatizing of Michigan's Public Mental Health System and will be seeking approval of this resolution from the Kalamazoo County Board of Commissioners. I encourage every ISK Board member to please take a moment to read the resolution at your convenience. If you have suggestions, please email me your proposed recommendations.

Sarah Carmany:

The Disability Caucus organizational meeting will be held on Tuesday, May 25th @ 9:00AM. If you would like to participate with me, please use the following link to connect to the meeting: Join the Zoom meeting by clicking this link:

https://us02web.zoom.us/j/89774340728?pwd=a3R2djhzWDJuNzZCR3ZSVGNQbUR4Zz09

Karen Longanecker:

The nominating committee of the board met and is recommending that Erik Krogh continue as chair until the end of 2021. The committee also recommends that the board vote to appoint Karen Longanecker as vice-chair. At the June meeting, the board will accept and vote on motions to appoint officers for the coming year.

Michael Raphelson: Everyone, have a great evening!

Nkenge Bergan:

The FY20/21 school year is swiftly coming to an end. We will be returning in the fall with actual people in the buildings. Have a great evening.

Sharon Spears: I am happy to not being wearing a mask!

ADJOURNMENT:

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

ROLL CALL

NAME	YEAS	NAYS
Erik Krogh, CHAIR	X	
Sharon Spears, VICE CHAIR	X	
Nkenge Bergan	X	
Sarah Carmany	X	
Pat Guenther	X	
Karen Longanecker	X	
Michael Raphelson	X	
Jenna Verne	X	
Veronica McKissack, COMMISSIONER	X	

MOTION PASSED.

Meeting was adjourned at 5:39PM.

Demeta J. Wallace Board Liaison **INTEGRATED** Services of Kalamazoo Office of Recipient Rights
Report to the Mental Health Board
On Complaints/Allegations
Closed in: May 2021

Office of Recipient Rights Report to the Mental Health Board Complaints/Allegations Closed in May 2021

	May 2021	FY 20-21	May 2020	FY 19-20
Total # of Complaints Closed	33	260	36	351
Total # of Allegations Closed	52	437	75	544
Total # of Allegations Substantiated	18	128	22	140

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	May 2021	14.	May 2020	
Category	TOTAL	SUBSTANTIATED	TOTAL	SUBSTANTIATED
Consumer Safety	0	0	1	1
Dignity/Respect of Consumer	4	1	15	1
Treatment Issues/Suitable Services (Including Person Centered Planning)	11	2	7	1
			Y The state of the	
Abuse I	0	0	0	0
Abuse II	7	5	11	3
Abuse III	6	1	9	1
Neglect I	0	0	0	0
Neglect II	0	0	2	2
Neglect III	9	7	9	6
	37	16	54	15

APPEALS	May 2021	FY 20-21	May 2020	FY 19-20
Uphold Investigative Findings & Plan of Action	0	6	0	2
Return Investigation to ORR;	0	0	0	0
Reopen or Reinvestigate				
Uphold Investigative Findings but Recommend	0	0	0	0
Respondent Take Additional or Different Action				
to Remedy the Violation				
Request an External Investigation	0	0	0	0
by the State ORR		7. 25. 26. 26.		

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.

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

<u>Neglect Class I</u> means a <u>serious injury</u> 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.

<u>Neglect Class II</u> means a <u>non-serious injury occurred</u> 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

<u>Neglect Class III</u> means a recipient was put at <u>risk of physical harm or sexual abuse</u> 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 June 2021

Re: May 2021 Abuse/Neglect Violations

May

Abuse Violations

- There were five substantiated Abuse II violations in May 2021.
 - The remedial actions for these violations were Training (3), Written Reprimand (4), Suspension (2) and Contract Action (1).
 - 4 of the 6 violations occurred at the same agency with 2 occurring at the same program site.
- There was one substantiated Abuse III violation in May 2021.
 - The remedial action for this violation was Employment Termination (1).

Neglect Violations

- There were seven substantiated Neglect III violations in May 2021.
 - The remedial actions for these violations were Written Reprimand (4), Training (5), Employment Termination (3), and Policy Revision and Development (1). There were ten staff involved in these seven citations. One was a Failure to Report.
 - 2 of the 7 violations occurred at the same agency and program site; one of those violations was Failure to Report.

Kalamazoo Community Mental Health and Substance Abuse Services Prepared Motions

Subject:	Recipient Rights Advisory Committee	
Meeting Date:	<u>June 28, 2021</u> Approval Date: <u>June 28, 2021</u>	
Prepared by:	Roann Bonney	
Recommended Mo	otion:	
Re-Appointment:		
"I MOVE TO RE-A	APPOINT THE FOLLOWING INDIVIDUALS TO THE	
RECIPIENT RIGH	ITS ADVISORY COMMITTEE (RRAC): DIANE BORNEMAN,	,
	AREN LONGANECKER, & LINDA REESER FOR A	
	RM (BEGINNING <u>JUNE 1, 2021-JUNE 1, 2023</u>)."	
Appointment:		
	OINT THE FOLLOWING INDIVIDUAL TO THE RECIPIENT	
RIGHTS ADVISO	RY COMMITTEE (RRAC): ELIZABETH SCHLOTT FOR A	
THREE-YEAR TE	RM (BEGINNING JUNE 1, 2021-JUNE 1, 2023)."	
Strategy-and Annual Control of the C		
Summary of Reque	est	

Budget:_____Staff:____RB

Date of Board

Consideration: June 28, 2021

VIIIa.

Financial Condition Report

Integrated Services of Kalamazoo BOARD FINANCIAL CONDITION REPORT For the Eight (8) Months Ended May 31, 2021

FOREWORD

This report represents the eight (8) month of operations for the period of October 1st through May 31st, 2021.

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

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 - ISK 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.

		Bal	ance Sheet for period e	Balance Sheet for period ending May 31, 2020 and May 31, 2021.			
		FY 20/21	FY 19/20		•	FY 20/21	FY 19/20
Current Assets:	Cash and Investments Accrued Revenue/Receivables Due From State	28,802,019 4,338,632 1,526	17,564,999 3,228,201 35	Liabilities: Accrued Payables Due to State Due to Providers	40	6,465,281 1,284,281 332,841	5,036,751 73,835 442,632
Noncurrent Assets:	Advances and Prepaids Fixed Assets	827,255	1,446,961 9,299,384	Accrued Leave Due to Other Deferred Revenue	0	1,377,366 9,074,974 4,322,863	1,163,747 4,683,121 203,430
	(net of depreciation) Net Pension Asset	4,937,092	6,531,305	Long Term Debt (Long Term Debt (Bonds/Mortgage)	4,416,039	4,724,150
	(net of deferred outflows)			Total Liabilities:		27,273,644	16,327,667
				Fund Balance: Designated Undesignated Investment in fixed assets Net gain(loss) for Period	rd assets Period	10,010,484 5,323,673 4,841,804 594,395	11,604,698 4,815,055 4,735,203 588,261
Total Assets:		48,044,001	38,070,885	Total Liabilities and Fund Balance:	nce:	48,044,001	38,070,885

1. BALANCE SHEET (WORKING CAPITAL COMPUTATION). The attached Balance Sheet reflects the overall financial condition of the organization as of May 31, 2021. As per Board policy, there is a significant value of current assets over current liabilities. Current assets total \$33,969,431 and current liabilities total \$22,857,606 for a positive working capital totaling \$11,111,825 compared to \$10,636,679 as of May 31, 2020.

The attached Balance Sheet reflects positive net assets. Total assets are \$48,044,001 and total liabilities are \$27,273,544 for a positive net worth of \$20,779,357 compared to \$21,743,218 in May 31, 2020. 2. BALANCE SHEET (NET ASSETS COMPUTATION).

3. BOARD RELATED EXPENDITURES. The following represents the year to date for December budgeted and actual expenditures related to Board activities (Target 100%).

%	52.50%	11.25%
Variance	\$950	\$8,283
Actual	\$1,050	\$1,050
Budget	\$2,000	\$9,333
	Board Per Diem	Board Training Totals

The next Finance Committee meeting is scheduled for July 23, 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

					No.	Circle Noor 2003 Voor To Date	040						
					TISCAL LEG	ו בטובו ובשו וי	Dale						
	Specialty Services	services	Healthy Michigan	lichigan	Autism	Sm	SUD Block Grant	Grant		Totals			FY 20/21
*0								-					•
REVENUES:	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Variance	Notes	Budget
algorith Control Modical Disciplination	41 625 357	45 564 861	r	•	•	•	•	•	41,625,357	45,564,861	3,939,504	14	62,438,036
טומבים אוכפי אוביים ביים ביים ביים ביים ביים ביים ביים	78887	132 373	,	•	•	•		•	76,667	132,373	55,706		115,000
MICHHO Fostercare incentive	100,00	240 781	,	•	1	1	•	•	205.320	219,781	14,461		307,980
Fees	026,502	101,512	C 021 012	5 027 377			•	•	6.834.813	6.927,377	92,565		10,252,219
Healthy Michigan Revenue	1 5		210,500,0	10,130,0	4 787 341	4 378 742	•	,	4.287.341	4,378,742	91,401		6,431,011
Autism Revenue	•	•					77 638	74 638	74 638	74 638	0		111.957
SUD Block Grant	•	•	•				000.4	000'+	000'1	(00L 0L0 0)	200 100 00		(3 C47 E4E)
Cottlement Revenue (Expense)	1,151,638	(5.081,205)	(3,024,284)	(2,956,650)	(473,493)	(761,196)	(65,557)	(73,681)	(2,411,696)	(8.8/2,(33)	(5,451,037)	2	(3,017,343)
Total Revenues:	43,058,982	40,835,810	3,810,529	3,970,727	3,813,848	3,617,546	9,081	256	50,692,440	48,425,040	(2,267,400)		76,038,558
													•
EXPENDITURES:													
	A 715 A15	4 202 837	,	,	3,535,327	3.343.704	,	,	8,250,742	7,546,541	704,201	ZA ZA	12,376,113
Youth Programs	12,400	13 237 208	2 987 011	3 377 24F			8.573	357	16,129,218	16,565,406	(436,188)	28	24,193,834
MIA Programs	10,130,000	507, 162,61	2,201,000	750 03				,	20 727.465	19,088,000	1,639,465	χ	31,091,192
IDDA Programs	20,556,456	19,010,100	144 000	070'00'	I a		808	,	1 691 336	1.478.787	212.549	8	2,536,997
Integrated Health Clinic	_	1,236,141	506,116	00000	2000	070 070			3 686 347	3 648 982	37 360		5 529 512
Managed Care Administration, Access Center	3,129,544	3,074,563	278,277	3/0000	176'9/7	740'017	•		200000	100,000	770	Ļ	0 20
Homeless Shelter	135,011	64,903	72,327	32,421	ı		•	,	207,338	97,324	410,011	4	010,110
Non-DCH Activity Expenditures	•	•	•	•	,					,			
Total Expenses:	43,058,982	40,835,810	3,810,529	3,970,727	3,813,848	3,617,546	9,081	957	50,692,440	48,425,040	2,267,400		76,038,658
MET INCOME COEFICITY	C	0	C	1	0	•	0	•	0	ı	0		r

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

REVENUES: Revenues for the eight month (8) period are projected to be \$48,425,940 compared to budgeted revenues of \$50,592,440. Consequently, revenues are in a un-favorable position by approximately \$2,267,400. The following represents favorable and un-favorable variances by revenue type. Variances exceeding 5% AND \$100,000 from budgeted figures are explained below:

4 ₽

Medicaid revenue is in a favorable position due to actual amounts received. Since SWMBH Risk expenses are favorable by \$2,267,400 and SWMBH Risk revenues came in under budget by \$6,605,333 this months SWMBH settlement would be increased by 8,872,733.

EXPENDITURES: Expenditures for the eight month (8) period are \$48,425,040 compared to budgeted expenditures of \$50,692,440. Consequently, expenditures are in an favorable position by approximately \$2,267,400. The following represents favorable and favorable variances by expenditure type. Variances exceeding 5% AND \$100,000 from budgeted figures are explained below.

This variance is due to decreased spending in Homebased, Supports and Service coordination and Autism services.

MA programs is in a unfavorable position due to increased use of inpatient hospitals.

IDDA programs is in a favorable position due to decreased use of Skill Building, Supported Independent Program services and Supported Employment

This variance is favorable due to a vacant position.

This variance is favorable due to a vacant position. ***

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Other Federal and State Grants Settlement Revenue (Expense) Projected GF Carryforward '20 PASSAR/OBRA Programs Restricted Interest County Allocation Earned Revenue COFR Revenue Total Revenues: Local Revenue HUD Revenue General Fund Donations Interest Fees

EXPENDITURES:

Managed Care Administration, Access Center Other Federal and State Grants Integrated Health Clinic Local Match Drawdown Homeless Shelter Youth Programs IDDA Programs Total Expenses: **MIA Programs HUD Grants**

NET INCOME (DEFICIT)

State General Fund Budget Actual 2,501,725 2,501,723	-	Cibou Eurodia						10000
Aci 25 2,5		Cale mining come	g sources		lotais			FY 20/21
2,5		Budget	Actual	Budget	Actual	Variance	Notes	Budget
2,5								
	,723	•	,	2,501,725	2,501,723	(2)		3,752,587
	92,476	•		120,667	92,476	(28,190)	3A	181,000
•	954	•	1	115,954	115,954			173,931
		6.249.751	5,908,778	6,249,751	5,908,778	(340,973)	38	9,374,626
,	,	655,165	658,847	655,165	658,847	3,682		982,748
1	_	1.028,909	1,089,084	1,028,909	1,089,084	60,176	ဗ္က	1,543,363
	,	28,667	16,722	28,667	16,722	(11,945)		43,000
,	,	182,553	193,787	182,553	193,787	11,233		273,830
	,	10,667	3,158	10,667	3,158	(7,509)		16,000
1	,	1 033,600	1,033,600	1,033,600	1,033,600	,	24	1,550,400
	,	328,667	328,668	328,667	328,668	0		493,001
1	,	6 667	2.163	6.667	2,163	(4,504)		10,000
1	,	27 767	57,436	57.767	57,436	(331)		86,650
(920 554)	554)	•	•	•	(920,554)	(920,554)	30	•
1	100	C + 1 CO 2 C	0 200 0 40	12 220 757	11 081 841	(1 238 916)		18 481 136
2,738,345 1,789,599	 686,	9,582,412	9,232,242	12,320,131	1,001,04	(018,007,1)		25,125
								100000000000000000000000000000000000000
111.880 74,	74,044	96,013	43,455	207,893	117,499	90,394	4 4	311,839
	882	906,067	759,816	2,229,603	1,444,698	784,905	4B	3,344,405
	43,956	143.326	149,662	259,699	193,618	66,081	4	389,548
	295,596	93,897	92,153	575,887	387,749	188,138	4	863,831
	119.227	506,332	547,408	688,593	666,635	21,958	4E	1,032,890
	358.074	6,266,417	5,927,945	6,681,269	6,286,019	395,250	45	10,021,904
	85.127	655,165	658,847	699,155	743,974	(44,819)	4 _G	1,048,732
	3,607	198,196	231,789	198,196	235,396	(37,200)	#H	297,294
•		411,859	411,858	411,859	411,858	1		617,788
2.674.882 1,664,513	.513	9,277,272	8,822,933	11,952,154	10,487,446	1,464,708		17,928,231
	125.086	305,140	469,309	209'898	594,395	225,792		552,905

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

REVENUES. Revenues for the eight month (8) period are \$11,081,841 compared to budgeted revenues of \$12,320,757. Consequently, revenues are in an un-favorable position by approximately \$1,238,916. The following represents favorable and un-favorable variances by revenue type. Variances exceeding 5% AND \$20,000 from budgeted figures are addressed below.

This variance is due to actual amounts received.

This variance is primarily due to underspending for the SAMHSA Supported Employment Grant, SAMHSA Sytem of Care Grant, SAMHSA Healthy Transistions Grant. 88 88 88 88 88

This variance is due to increase use of Cares COVID funding.

This variance is due to a possible return to MDHHS.

EXPENDITURES Expenditures for the eight month (8) period are \$10,487,446 compared to budgeted expenditures of \$11,952,154. Consequently, expenditures are in a favorable position by approximately \$1,464,708. The following represents favorable and un-favorable variances by expenditure type. Variances exceeding 5% AND \$20,000 from budgeted figures are explained below:

- This variance is due to decreased utilization for State Inpatient, Supports and Coordination and inpatient hospitals.

 This variance is due to a lower utilization of Personal Care and Community Living services, Assertive Community Treatment, Supports and Service **\$ 8**
 - This variance is due to a decreased use of General Fund for Personal Care and Community Supports. coordination, Peer Services and State Inpatient.
- 5 4 4 4 4
- This variance is due to the lower utilization of non-capitated outpatient services.

 This variance is due to expenses for COVID-19.

 This variance is primarily due to underspending for the SAMHSA Supported Employment Grant, SAMHSA Sytem of Care Grant, SAMHSA Healthy Transistions Grant.
- This variance is due to the timing difference for the HUD grants and their grant year, versus fiscal year.
- This variance is due to increased utilization of Family Shelter. \$ 1

VIIIb.

Utilization Report

YOUTH COMMUNITY INPATIENT SERVICES Report Period: October 1st, 2020 through May 31st, 2021

				UTILIZ	ATION C	UTILIZATION COMPARISONS FY 20/21	Y 20/21		
	FY 19	FY 19/20 Actual	FY 20	FY 20/21 Budget	FY.	FY 20/21 Actual	Days Difference	Cost Difference	Cost YTD
			1.				Favorable	Favorable	Favorable
MONTH	Days	Dollars	Days	Dollars	Days	Dollars	(Unfavorable)	(Unfavorable)	(Unfavorable)
OCTOBER	51	\$41,091	23	\$20,172	49	\$51,109	(26)	(\$30,938)	(\$30,938)
NOVEMBER	0	\$0	23	\$20,172	29	\$64,640	(44)	(\$44,469)	(\$75,407
DECEMBER	21	\$20,413	23	\$20,172	28	\$24,571	(5)	(\$4,400)	708,67\$)
JANUARY	31	\$28,707	23	\$20,172	21	\$5,073	2	\$15,099	(\$64,708
FEBRUARY	4	\$3,892	23	\$20,172	17	\$10,771	9	\$9,401	(\$55,307
MARCH	8	\$7,115	23	\$20,172	58	\$42,617	(35)	(\$22,446)	(\$77,753
APRIL	8	\$8,273	23	\$20,172	6	\$13,308	14	\$6,864	(\$70,889
MAY	22	\$20,782	23	\$20,172	10	\$10,616	13	99,556	(\$61,333
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	259	\$222,705	(75)	(\$61,333)	
MONTHLY AVERAGES	27		23		32				
				0.00		10000		VOCA LAND	
GROSS ANNUAL COST		\$277,743		\$242,058		\$222,705		(\$61,333)	
83									

Favorable/(Unfavorable) by Funding Source:

(69,706)	8,373	VCCC F31
Medicaid	General Fund	Total

MI ADULT COMMUNITY INPATIENT SERVICES Report Period: October 1st, 2020 through May 31st, 2021

				IITO	IZATION	UTILIZATION COMPARISONS FY 20/21	NS FY 20/21		
	FY 18	FY 19/20 Actual	FY 20/	FY 20/21 Budget	FY 20,	FY 20/21 Actual	Days Difference	Cost Difference	Cost YTD
							Favorable	Favorable	Favorable
MONTH	Days	Dollars	Days	Dollars	Days	Dollars	(Unfavorable)	(Unfavorable)	(Unfavorable)
OCTOBER	303	\$295,888	335	\$322,175	420	\$404,862	(82)	(\$82,687)	(\$82,687
NOVEMBER	302	\$285,629	335	\$322,175	433	\$414,657	(86)	(\$92,482)	(\$175,169
DECEMBER	402	\$381,479		\$322,175	489	\$466,511	(154)	(\$144,336)	(\$319,505)
JANUARY	395	\$375,167		\$322,175	536	\$512,435	(201)	(\$190,260)	(\$509,765
FEBRUARY	330	\$314,114		\$322,175	47.7	\$456,379	(142)	(\$134,204)	(\$643,969
MARCH	283	\$267,812		\$322,175	430	\$411,873	(36)	(\$89,68\$)	(\$733,667
APRIL	264	\$251,282		\$322,175	435	\$417,070	(100)	(\$94,895)	(\$828,562)
MAY	298	\$281,045		\$322,175	487	\$465,835	(152)	(\$143,660)	(\$972,222)
JUNE	370	\$350,759		\$322,175					
JULY .	441	\$415,893	335	\$322,175					
AUGUST	480	\$452,989		\$322,175					
SEPTEMBER	474	\$447,683	335	\$322,175					
TOTALS	4,342	\$4,119,740	4,015	\$3,866,100	3,707	\$3,549,621	(1,027)	(\$972,222)	
MONTHI Y AVERAGES	362		335		463				
GROSS ANNUAL COST		\$4,119,740		3,866,100		\$3,549,621		(\$972,222)	
							_		

Favorable/(Unfavorable) by Funding Source:

(318,437)	(84,765)	(569,020)	(972,222)
Medicaid	General Fund	Healthy MI	Total

Integrated Services of Kalamazoo COMMUNITY LIVING SUPPORTS (S.R. & SIP), PERSONAL CARE & CRISIS RESIDENTIAL ALL POPULATIONS Report Period: October 1st, 2020 through May 31st, 2021

YOUTH POPULATION (SED/DD)

	Favorable	Unfavorable)	Budget	(\$201,703)	\$45,375		(\$156,328)
R TO DATE) NSI	Cost	\$201,703	\$17,101	\$0	218,803
ACTUAL YEAR TO DATE	Days	oę	Service	144	27		171
Ą		No.	Served	1	9		7
	Avg.	Daily	Rate	\$1,401	\$633	NA	
	_		Month	May	May	May	
				PC/CLS(S.R.)	CRISIS RES.	CLS (SIP)	TOTAL

MI ADULT POPULATION

			,	ACTUAL YEAR TO DATE	R TO DATE	
		Avg.		Days		Favorable
		Daily	No.	of	ISK	(Unfavorable)
	Month	Rate	Served	Service	Cost	Budget
PC/CLS(S.R.)	May	\$203	160	33,568	\$6,815,328	\$350,838
CRISIS RES.	May	\$524	55	1,080	\$565,402	(\$152,343)
CLS (SIP)	May	AN	65		\$253,468	\$170,991
TOTAL			280	34,648	\$7,634,198	\$369,486

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

Specialized Residential (S.R.)-Licensed setting where Personal Care

and Community Living Supports occur.

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

independence and productivity.

Personal Care (P.C.)-hands on of daily personal activities such

as laundry, feeding, bathing, etc.

IDD ADULT POPULATION

			ACTUAL YE	ACTUAL YEAR TO DATE	
	Avg.		Days		Favorable
	Daily	No.	of	ISK	(Unfavorable)
Month	Rate	Served	Service	Cost	Budget
/lay	\$212	212	49,693	\$10,546,488	\$257,706
May	\$524	1	9	\$3,141	\$4,207
May	NA	177		\$4,856,466	\$431,377
		390	49,699	\$15,406,095	\$693,290

TOTAL ALL POPULATIONS

26 08	\$ \$ X	No. of ISK (U. Served Service Cost	Days
	\$526 NA		

Medicaid		Varia	<u> </u>	Variance By Funding Source	gu_	Source		Total
3,609	4	12,857	44	390,376	S		4	406,841
(150,706)	S	34,271	W	13,672	63		S	(102,762)
567,742	w	33,982	43	16,556	47	(15,911)	4	602,369
420,645	S	81,110	W	420,604	49	(15,911)	53	906,448

6/21/2021 9:12 AM

Integrated Services of Kalamazoo Prepared Motions

Subject:	May
N/I - 1 - 1 - 1 - 1 - 1	T

May 2021 Disbursements

Meeting Date: Prepared by: June 28, 2021 Heather Garcia Approval Date: June 28, 2021

Recommended Motion:

"Based on the Board Finance meeting review, I move that ISK approve the May, 2021 vendor disbursements of \$15,354,064.35."

Summary of Request:

As per the May 2021 Vendor Check Register Report dated 06/04/2021 that includes checks issued from 05/01/2021 to 05/31/2021.

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: June 28, 2021

In Honor of Your Service

Jane Konyndyk

Retired with distinction from

Integrated Services of Kalamazoo

after 8 years of excellence.

For your many years of service and dedication. May your retirement be enjoyable. You will be missed!



Jeff Patton Jeff Patton Chief Executive Officer Integrated Services of Kalamazoo Effective July 16, 2021

Community • Independence • Empowerment



ON BEHALF OF THE PEOPLE OF MICHIGAN, I, Gretchen Whitmer, governor of Michigan, do hereby proclaim

May 25 – May 31, 2021

BEHAVIORAL HEALTH WORKERS WEEK

WHEREAS, Michigan's behavioral health workforce consists of thousands of therapists, treatment providers, supervisors, peer supports, paraprofessionals, counselors, case managers, social workers, nurses, administrative support staff, psychiatrists, psychologists, and other clinicians; and,

WHEREAS, these highly-trained and dedicated professionals are the backbone of treatment delivery, spending their careers supporting children, adolescents, adults, and older adults living with emotional disorders, developmental disabilities, mental illnesses, and substance use disorders; and.

WHEREAS, behavioral health workers have adjusted treatment methods during the COVID-19 pandemic to meet clinical needs while courageously facing coronavirus risks at great personal peril; and.

WHEREAS, according to the Centers for Disease Control and Prevention, more than 50% of Americans will be diagnosed with a mental illness or disorder at some point in their lifetime, with one in five Americans experiencing a mental illness in a given year; and,

WHEREAS, in Michigan, nearly 4.5% of adults live with serious mental health conditions such as schizophrenia, bipolar disorder, and major depression; and,

WHEREAS, data from the Michigan Opioids Task Force Annual Report shows the opioid epidemic continues to require front-and-center attention from a well-versed behavioral health workforce; and,

WHEREAS, according to a recent report by the Michigan Suicide Prevention Commission, suicide is the tenth leading cause of death in Michigan; and,

WHEREAS, Michigan's behavioral health workers conduct their duties upholding ethical and professional standards, driven by a mission to include everyone; and,

WHEREAS, these workers assess the needs and connect individuals to countless other services and supports, including medicine, food assistance, housing, and other community resources; and,

WHEREAS, these workers strive every day to promote recovery, raise mental health awareness, and combat stigma associated with disabilities, mental health conditions, and substance use issues;

NOW, THEREFORE, I, Gretchen Whitmer, governor of Michigan, do hereby proclaim May 25-31, 2021 as Behavioral Health Workers Week in Michigan.

retchen

Gretchen Whitmer Governor







KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance...

Kalamazoo County Board of Commissioners RESOLUTION

RESOLUTION OPPOSING GEARING TOWARDS PRIVATIZING MICHIGANS MENTAL HEALTH SYSTEM

WHEREAS, The Kalamazoo County Board of Commissioners has entered into an enabling resolution to create Kalamazoo County Community Mental Health and Substance Abuse Services, dba Integrated Services of Kalamazoo, pursuant the Mental Health Code, 1974 PA 258, as amended (the Code), (MCL 330.1100 et seq.; MCL 330.12052); and

WHEREAS, Kalamazoo Community Mental Health and Substance Abuse Services, dba Integrated Services of Kalamazoo is a community mental health authority of the county of Kalamazoo, organized under terms of Section 204(a) of the Code, (MCL 300.1204(a)); and

WHEREAS, Section 116(b) of the Code (MCL330.1116(b)) requires the Department of Community Health shift primary responsibility for the direct delivery of public mental health services from the state to a community mental health services program (CMHSP) whenever the CMHSP has demonstrated a willingness and capacity to provide an adequate and appropriate system of mental health services for the residents of the service area; and

WHEREAS, Integrated Services of Kalamazoo as demonstrated such a willingness and capacity to provide a broad array of innovative, cutting edge, and community based mental health services for the over 30 years and is properly certified as a CMHSP under terms of Section 232(a) of the Code (MCL 300.1232(a)); and

WHEREAS, proposed state legislation known as 'gearing toward integration' would change the very nature of CMHSPs and make them simply another provider of a private managed care entity, which is a dramatic shift from what they do today; and

WHEREAS, the proposed changes do not create a public-private joint venture, but a wholly private managed care organization, leaving no role for the public management/oversight, which is currently provided by our public Prepaid Inpatient Health Plan (PIHP) system, by eliminating the public PIHP system and dramatically reducing the role of the public CMHSP system; and

WHEREAS, proposed changes are silent to all the roles and responsibilities of the current PIHP system (recipient rights, housing and employment supports, community collaboration, etc.) that are core to health equity, the social determinants of health, community collaborative work, and the safety net role of the public system; and

WHEREAS, this proposal does not decrease complexity or improve efficiency in the mental health system as MHPs will pick up the managed care functions from PIHPs but at a much higher cost (MHPs have 15% administrative costs today vs 6% in PIHPs) these resources will be diverted from providing services to our people in need; and



KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance...

WHEREAS, integration of physical and behavioral health care must begin and remain focused at the patient level rather than on financial integration, which will divert time, resources, and attention from current gaps in services and stabilizing the mental health workforce;

NOW THERFORE BE IT RESOLVED that the Kalamazoo County Board of Commissioners strongly urges its State Senator and House Representatives to oppose Senator Shirkey's Gearing Toward Integration Proposal and subsequent changes proposed to the Michigan Social Welfare Act which would privatize the public mental health system and essentially eliminate the public safety net; and

BE IT FURTHER RESOLVED that the Kalamazoo County Board of Commissioners supports Integrated Services of Kalamazoo as a CMHP that provides the necessary community safety net, services and supports for youth, families, and adults with mental illnesses, intellectual and developmental disabilities, and substance use disorders; and

BE IT FURTHER RESOLVED that the Kalamazoo County Board of Commissioners, State of Michigan, opposes moving our Community Mental Health System from publicly run to privately run; and

BE IT FURTHER RESOLVED that copies of the resolution be provided to Governor Gretchen Whitmer, Senator Sean McCann (20th District), Representative Julie Rogers (60th District), Representative Christine Morse (61st District), Representative Matt Hall (63rd District), Representative Beth Griffin (66th District), Michigan Department of Health and Human Services Director Elizabeth Hertel, Behavioral Health and Developmental Disabilities Administration Deputy Director Dr. George Mellos, the Michigan Association of Counties, and all Michigan Counties.

Adopted: June 15, 2021



Community • Independence • Empowerment

Integrated Services of Kalamazoo Prepared Motions

Subject:

Election of Board Officers

Meeting Date: Prepared by: June 28, 2021

Jeff Patton

Approval Date: June 28, 2021

Recommended Motion:

"I move to elect Erik Krogh as chair of the ISK Board and to elect Karen Longanecker as vice-chair of the ISK Board for terms beginning June 2021 and ending May 2022."

Summary of Request

The ISK Board's nominating committee has met and is recommending election of officers as stated in the motion. Both Erik and Karen have stated they are willing to accept those positions.

Erik has expressed a desire to serve as chair only through the end of 2021. To preserve Board flexibility if Erik and the Board determine that he should remain chair for a longer period due to unforeseen circumstances, the Motion does not specify an end date shorter than the usual term for Board officers. However, Erik will be able to notify the Board at any time that he will resign as chair and the Board can move at that time to elect a new chair.

Budget: FY20/21 Staff: J. Patton

Date of Board Consideration: June 28, 2021