



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 Street
Kalamazoo, MI 49001
(269) 364-6952

PUBLIC NOTICE for INTEGRATED Services of Kalamazoo

The ISK Board Meeting will be held on, Monday, July 26, 2021 @ 4:00PM-6:30PM

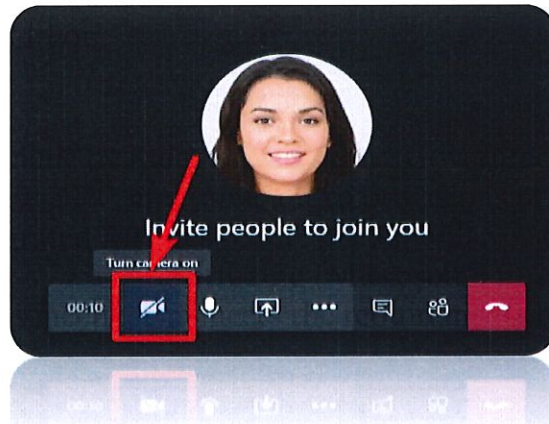
Due to the Emergency Declaration made by Kalamazoo County Government with regards to CoVID-19 on December 15, 2020, and pursuant to provisions of the Michigan Open Meetings Act, Integrated Services of Kalamazoo will remotely conduct its monthly board meeting. We will be utilizing (Microsoft TEAMS) as 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:

Microsoft Teams meeting
+1 616-272-5624 United States/Conference ID: **338 689 03#**

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.



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AGENDA

INTEGRATED Services of Kalamazoo BOARD HAS SCHEDULED ITS
MEETING FOR MONDAY, July 26, 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 SEMI-ANNUAL Report
- VI. CONSENT CALENDAR (ROLL CALL VOTE)/Monitoring Reports/JULY:
 - a. Chief Executive Officer Performance (Policy)
 - b. Monitoring Executive Performance (Policy)
 - c. Chief Executive Officer Role (Policy)
 - d. Delegation to the Chief Executive Officer (Policy)
 - e. Board Finance Committee/INSURANCE (Policy & Report)
- VII. PROGRAM SERVICES REPORT/ VERBAL
 - a. Program Services Report:
 - CCBHC (Certified Community Behavioral Health Clinic) – Beth Ann Meints
 - Criminal Justice Grant – Dianne Shaffer
- VIII. FINANCIAL REPORTS
 - a. Financial Condition Report
 - b. Utilization Report
 - c. Investment Report
 - d. June Disbursements (MOTION)
- IX. ACTION ITEMS NEW & REVISITED
NO ITEMS
- X. CHIEF EXECUTIVE OFFICER REPORT/VERBAL
 - a. CEO Report
- XI. CITIZEN TIME
- XII. BOARD MEMBER TIME
 - a. SWMBH (Southwest Michigan Behavioral Health) Updates/[Erik Krogh](#)
- XIII. ADJOURNMENT



A community recovery initiative in partnership with 

Community • Independence • Empowerment

III.

INTEGRATED Services of Kalamazoo (ISK) June 28, 2021

<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	Kalamazoo/Kalamazoo	
Vacancy			
Ituha Cloud			X
Patrick Dolly	X	Kalamazoo/Kalamazoo	
Pat Guenther	X	Kalamazoo/Kalamazoo	
Karen Longanecker	X	Kalamazoo/Kalamazoo	
Michael Raphelson	X	Kalamazoo/Kalamazoo	
Jenna Verne	X	Kalamazoo/Kalamazoo	
Veronica McKissack, <i>COMMISSIONER</i>	X	Kalamazoo/Kalamazoo	

ISK - KCMHSAS Staff Present:

Jeff Patton, *CEO*
Jane Konyndyk
Roann Bonney
Heather Garcia
Sheila Hibbs
Alecia Pollard
Michael Schlack, *CORPORATE COUNSEL*
Demeta Wallace

Providers:

Fi Spalvieri
Executive Director
Community Living Options

Guests:

Alan Bolter
Associate Director
Community MH Association of Michigan

ISK - KCMHSAS Staff Absent:

Lisa Brannan
Pat Davis
Heidi Oberlin
Kathy Lentz
Pat Weighman

Michael Seals
Emeritus
Kalamazoo County Commissioner

Call to Order:

Chair Krogh welcomed all in attendance to the [June 28, 2021](#), INTEGRATED Services of Kalamazoo Board meeting. The Board meeting was called to order at [4:00PM](#).

Alan Bolter, Associate Director, Community Mental Health Association of Michigan “Summer 2021 Public Policy Update”:

Senator Mike Shirkey is moving forward with “Gearing Towards Integration” proposals. After reviewing his proposals, it is a repeat of the original Section 298 proposal, the subsequent Senate proposals, and those of the Medicaid Health Plans put forth over the past several years. CMHA will not support this proposal. Currently, we are unclear as to what position the Governor will take. Will she veto??? We do not know.

The plan is described as: Person-centered, Consumer choice, High quality & comprehensive, Transparent, Efficient and Good stewards.

The proposal would create new entities, Specialty Integrated Plans (SIP) and there would be a bid process for the SIPs. SIP would have a licensing requirement and would essentially be the definition of a health plan.

To review the full presentation in its entirety please use the link provided: <https://iskzoo.org/wp-content/uploads/2021/07/2021-summer-updates-by-Alan-Bolter-June-28-2021.pdf>

Agenda:

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

Minutes:

Member Raphelson, “I MOVE TO ACCEPT THE MINUTES FROM [May 24, 2021](#).” 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	
Sarah Carmany	X	
Patrick Dolly	X	
Pat Guenther	X	
Karen Longanecker	X	
Michael Raphelson	X	
Jenna Verne	X	
Veronica McKissack, <i>COMMISSIONER</i>	X	

MOTION PASSED.

Citizen Time:

Fi Spalvieri, Community Living Options, Executive Director:

During these unprecedented times, many agencies are experiencing a staffing crisis which has caused a reduction in programs and services for our persons served. We greatly appreciate the support that we

continue to receive from ISK. To end the staffing crisis, we solicit your continued support for the increase in pay to the Direct Care Worker for a \$2.35/hour direct care worker wage increase, that is proposed in the FY22 House and Senate Budgets.

Recipient Rights:

Recipient Rights Monthly Report:

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

Abuse Violations:

There were 5 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 7 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 were 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).

Recipient Rights Advisory Council Appointments (MOTION):

Vice Chair Spears, "I MOVE TO RE-APPOINT THE FOLLOWING INDIVIDUALS TO THE RECIPIENT RIGHTS ADVISORY COMMITTEE (RRAC): **DIANE BORNEMAN, BECKY LOPEZ, KAREN LONGANECKER, & LINDA REESER** FOR A THREE-YEAR TERM (BEGINNING **JUNE 1, 2021-JUNE 1, 2023**)."

"I MOVE TO APPOINT THE FOLLOWING INDIVIDUAL TO THE RECIPIENT RIGHTS ADVISORY COMMITTEE (RRAC): **ELIZABETH SCHLOTT** FOR A THREE-YEAR TERM (BEGINNING **JUNE 1, 2021-JUNE 1, 2023**). 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	
Sarah Carmany	X	
Patrick Dolly	X	
Pat Guenther	X	
Karen Longanecker	X	
Michael Raphelson	X	
Jenna Verne	X	
Veronica McKissack, <i>COMMISSIONER</i>	X	

MOTION PASSED.Consent Calendar:

No materials were scheduled to be reviewed.

Program Services Updates:

Dianne Shaffer, ISK, Senior Executive, Policy, Planning, and Innovation presented the ISK Program Services Report for June 2021.

Integrated Services of Kalamazoo (ISK) is proud of its efforts to improve suicide prevention strategies in Kalamazoo County. ISK has received three grants that target populations at high risk for suicide that includes adults, youth, and LGBTQIA+. SAMHSA National Strategy for Suicide Prevention funds the Kalamazoo Suicide Prevention grant that focuses on clinical training, Community Health worker services, community provider training, community collaboration on care transitions, suicide prevention best practices, harm reduction, and responsive county-wide prevention efforts. The SAMHSA Zero Suicide focuses on clinical coaching and support, integration of suicide care management plans and adopting the principles of the Zero Suicide Model into ISK. Lastly, the Children's Foundation grant supports affirming and supportive practices for ISK to expand the previously mentioned practices and strategies to youth and young adults as well as to better serve the LGBTQIA+ community through training and community collaboration.

To review the entire ISK Program Services Report for June 2021, please e-mail, Dianne Shaffer @ dshaffer@iskzoo.org.

That concludes my report.

Financial Condition Report:

Pat Davis, ISK, Deputy Director, Administrative Services, presented the Financial Condition report for the period ending May 31, 2021.

SWMBH:Revenues:

Revenues for the eight-month (8) period are projected to be \$48,425,040 compared to budgeted revenues of \$50,692,440. Consequently, revenues are in an un-favorable position by approximately \$2,267,400.

Expenditures:

Expenditures for the eight-month (8) period are \$48,425,040 compared to budgeted expenditures of \$50,692,440. Consequently, expenditures are in a favorable position by approximately \$2,267,400.

ISK: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.

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.

Utilization Reports:

Pat Davis, ISK, Deputy Director, Administrative Services, presented the May 31, 2021, Utilization Report.

- Youth Community Inpatient Services is unfavorable by \$61,333
- MI Adult Community Inpatient Services is at (1,027) days and unfavorable at \$972,222
- Community Living Supports, Personal Care, and Crisis Residential is favorable at \$906,448

May Disbursements (MOTION):

Vice Chair Spears, "BASED ON THE BOARD FINANCE MEETING REVIEW, I MOVE THAT ISK APPROVE THE MAY 2021 VENDOR DISBURSEMENTS OF \$15,354,064.35."

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	
Sarah Carmany	X	
Patrick Dolly	X	
Pat Guenther	X	
Karen Longanecker	X	
Michael Raphelson	X	
Jenna Verne	X	
Veronica McKissack, <i>COMMISSIONER</i>	X	

MOTION PASSED.

ACTION ITEMS (New & Revisited)

No materials were scheduled to be reviewed.

Chief Executive Officer Report:

Congratulations to Jane Konyndyk. She will be officially retiring from ISK on July 16, 2021. Jane has been a tremendous asset to ISK and due to her incredible work, the organization has been successful in securing many grants, including the CCBHC Expansion Grants. She will be missed!



Gretchen Whitmer, governor of Michigan, does hereby proclaim May 25 – May 31, 2021, “**BEHAVIORAL HEALTH WORKERS WEEK.**” This certificate of proclamation is well deserving for these professionals, especially during the height of COVID-19. Many adjustments were made to continue necessary treatment methods and to meet the clinical needs of our person served. Worthy acknowledgement!

I commend the Kalamazoo County Board of Commissioners for adapting a “**RESOLUTION OPPOSING GEARING TOWARDS PRIVATIZING MICHIGANS MENTAL HEALTH SYSTEM.**” Our state legislatures need to hear from our county boards and the communities that they represent about their displeasure in reforming the public mental health system. Excellent Job!

That concludes my report.

Citizen Time:

Michael Seals:

Congratulations to Jane on your retirement. It has been a pleasure working with you and I appreciate all your hard work.

Board Member Time:

SWMBH (Southwest Michigan Behavioral Health) Updates/Erik Krogh:

There are no new SWMBH updates or pending issues to share with the ISK Board. Brad Casemore, CEO, SWMBH, was on vacation. It appears that the Senate is making another attempt to undo the public mental health system. Karen Longanecker, congratulations, on being elected the Vice Chair of the ISK Board. Jane Konyndyk, thank you, for your service to ISK and for enriching our community with the programs and services created by you and your team!

Sarah Carmany:

I will be sending information to the ISK Board members on the "Better Care Better Jobs Act." It was introduced in Congress and this bill proposes a \$400 billion investment in Medicaid home and community-based services (HCBS) to expand access to these vital services and create more and better direct care jobs.

Veronica McKissack:

Congratulations, Nkenge Bergan & Jane Konyndyk! I encourage everyone to read the resolution sponsored and supported by the Kalamazoo County Board of Commissioners opposing the privatization of the public mental health system. Also, there is a vacancy on the Kalamazoo County Board of Commissioners.

Patrick Dolly:

Congratulations, Nkenge Bergan & Jane Konyndyk!

Karen Longanecker:

Jane Konyndyk, enjoy retirement and your travels!

Sharon Spears:

Due to the severe weather Erik, Jeff & Demeta, please make it home safely!

Michael Raphelson:

Congratulations, Nkenge Bergan for being a new grandma & Jane Konyndyk on your retirement. Thank you for your advocacy for our persons served and their families.

Jennifer Verne:

Congratulations, Nkenge Bergan & Jane Konyndyk!

Pat Guenther:

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	
Sarah Carmany	X	
Patrick Dolly	X	
Pat Guenther	X	
Karen Longanecker	X	
Michael Raphelson	X	
Jenna Verne	X	
Veronica McKissack, <i>COMMISSIONER</i>	X	

MOTION PASSED.

Meeting was adjourned at 6:00PM.

Demeta J. Wallace

Board Liaison

INTEGRATED Services of Kalamazoo

V.a.

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

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

	June 2021	FY 20-21	June 2020	FY 19-20
Total # of Complaints Closed	31	291	30	381
Total # of Allegations Closed	53	490	46	590
Total # of Allegations Substantiated	25	153	14	154

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	June 2021		June 2020	
Category	TOTAL	SUBSTANTIATED	TOTAL	SUBSTANTIATED
Consumer Safety	1	0	0	0
Dignity/Respect of Consumer	6	3	7	1
Treatment Issues/Suitable Services (Including Person Centered Planning)	6	3	10	3
Abuse I	0	0	0	0
Abuse II	6	2	8	1
Abuse III	4	2	4	2
Neglect I	0	0	1	1
Neglect II	4	4	2	1
Neglect III	5	4	7	5
	32	18	39	14

APPEALS	June 2021	FY 20-21	June 2020	FY 19-20
Uphold Investigative Findings & Plan of Action	1	7	1	3
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

July 2021

Re: June 2021 Abuse/Neglect Violations

June

Abuse Violations

- There were two substantiated Abuse II violations in June 2021.
 - The remedial actions for these violations were Training (3), and Written Reprimand (3).

The 2 violations occurred at different agencies.

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

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

Neglect Violations

- There were four substantiated Neglect II violations in June 2021.
 - The remedial actions for these violations were Written Reprimand (4), Training (4), Employment Termination (2), and Demotion (1). There were ten staff involved in these seven citations. One was a Failure to Report.

3 of the 4 violations occurred at the same agency. 2 of these 3 violations were at the same program site; one of those violations was Failure to Report. There were 3 Failure to Report violations.

- There were four substantiated Neglect III violations in June 2021.
 - The remedial actions for these violations were Written Reprimand (5), Training (5), Employment Termination (1), and Policy Revision and Development (1). One was a Failure to Report.

2 of the 4 violations occurred at the same agency and different program site. The other 2 of the 4 violations occurred at the same agency and program site; one of those violations was Failure to Report.

V.b.

Office of Recipient Rights
Report to the Mental Health Board
On Semi-Annual Report

Complaint Data for:

Integrated Services of Kalamazoo

Rights Office Director: Roann Bonney

Reporting Period: 10/1/2020 to 3/31/2021

CMH 3106 # of Consumers Served (unduplicated count) CMH 6 Rights Office FTEs

LPH Number of Admissions LPH Hours/40

Section I: Complaint Data Summary

Part A: Agency Totals

Allegations	362
Interventions	122
Investigations	240
Interventions Substantiated	10
Investigations Substantiated	114

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COMPLAINT SOURCE

Recipient	124
Staff	12
ORR	47
Guardian/Family	18
Anonymous	7
Community/General Public	6
Total Complaints Received	214

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TIMEFRAMES OF COMPLETED INVESTIGATIONS

Category	Total	≤30	≤60	≤90	>90
Abuse I, II, III & Neglect I, II, III	125	7	50	68	0
All others	102	7	28	67	0

Part B: Detailed Summary

1. Freedom from Abuse

Code	Category	Received	Investigations	Investigations Substantiated	Recipient Population		
					MI	DD	SED
7221	Abuse class I	0	0	0	0	0	0
7221	Abuse class II - nonaccidental act	10	10	5	2	7	0
7222	Abuse class II - unreasonable force	13	13	3	3	5	2
7223	Abuse class II - emotional harm	0	0	0	0	0	0
7224	Abuse class II - treating as incompetent	0	0	0	0	0	0
7225	Abuse class II - exploitation	8	8	5	6	4	0
7223	Abuse - class III	39	39	15	34	14	0
7224	Abuse class I - sexual abuse	2	2	0	1	1	0

2. Freedom from Neglect

Code	Category	Received	Investigations	Investigations Substantiated	Recipient Population		
					MI	DD	SED
72251	Neglect class I	0	0	0	0	0	0
72252	Neglect class I - failure to report	1	1	1	0	1	0
72261	Neglect class II	8	8	5	13	5	0
72262	Neglect class II - failure to report	9	9	9	4	5	0
72271	Neglect class III	30	30	21	25	24	0
72272	Neglect class III - failure to report	8	8	8	3	4	1

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	2	2	0
7545	Retaliation/harassment	3			3	1	4	0	0
7760	Access to rights system	2	0	0	2	2	2	1	0
7780	Complaint investigation process	1	0	0	1	1	1	0	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	0	0	0	0	0	0	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	2	2	0	0	0	0	2	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	2	1	0	1	0	2	0	0

6. Family Rights

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7111	Family dignity & respect	5	0	0	5	3	5	0	0
7112	Receipt of general education information	0	0	0	0	0	0	0	0

10. Freedom of Movement

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7441	Restrictions/limitations	1	0	0	1	1	0	1	0
7400	Restraint	0	0	0	0	0	0	0	0
7420	Seclusion	4	1	0	3	1	2	2	0

11. Financial Rights

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7301	Safeguarding money	2	0	0	2	2	0	3	0
7302	Facility account	0	0	0	0	0	0	0	0
7303	Easy access to money in account	1	1	0	0	0	0	1	0
7304	Ability to spend or use as desired	1	1	0	0	0	1	0	0
7305	Delivery of money upon release	0	0	0	0	0	0	0	0
7360	Labor & Compensation	0	0	0	0	0	0	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	13	3	0	10	1	10	3	0
7282	Storage space	0	0	0	0	0	0	0	0
7283	Inspection at reasonable times	0	0	0	0	0	0	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
1708	Dignity and Respect	54	30	5	24	11	53	18	0
7003	Informed consent	1	0	0	1	1	1	0	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

7080	Mental health services suited to condition	52	23	1	29	13	33	17	4
7100	Physical and mental exams	0	0	0	0	0	0	0	0
7130	Choice of physician/mental health professional	1	1	0	0	0	1	0	0
7140	Notice of clinical status/progress	0	0	0	0	0	0	0	0
7150	Services of mental health professional	0	0	0	0	0	0	0	0
7160	Surgery	0	0	0	0	0	0	0	0
7170	Electro convulsive therapy (ect)	0	0	0	0	0	0	0	0
7180	Psychotropic drugs	0	0	0	0	0	0	0	0
7190	Notice of medication side effects	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	1	1	0	0	0	1	0	0
7122	Timely development	3	3	2	0	0	3	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	0	0	0	0	0	0	0	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		330	93	10	237	118	253	138	9

17. No Right Involved

Code	Category	Received
0000	No right involved	11

18. Outside Provider Jurisdiction

Code	Category	Received
0001	Outside provider jurisdiction	22

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

Category (from Complaint Data)	Specific Provider Type (select from drop-down)	Specific Remedial Action (select from drop-down)	Specific Remedial Action (select from drop-down)	Specific Remedial Action (select from drop-down)	MI	DD	SED	SED- W	DD- CWP	HSW
Abuse class II - exploitation	Residential DD	Employment Termination	Policy Revision/Development	Written Reprimand		1				1
Abuse class II - exploitation	Residential MI & DD	Employment Termination				1				1
Abuse class II - exploitation	Residential MI & DD	Written Reprimand			1					
Abuse class II - exploitation	SIP	Written Reprimand				2				
Abuse class II - exploitation	Residential MI & DD	Training	Written Reprimand		1					
Abuse Class II - nonaccidental act	Residential MI & DD	Contract Action				1				
Abuse Class II - nonaccidental act	Residential MI & DD	Training	Written Reprimand		1					
Abuse Class II - nonaccidental act	Residential MI & DD	Suspension	Training	Written Reprimand		1				
Abuse Class II - nonaccidental act	Residential MI & DD	Employment Termination	Written Reprimand		1					
Abuse Class II - nonaccidental act	Residential DD	Pending				1				
Abuse class II - unreasonable force	Residential MI & DD	Suspension	Training	Written Reprimand		1				
Abuse class II - unreasonable force	Residential MI & DD	Training	Written Reprimand		1					
Abuse class II - unreasonable force	Residential DD	Written Reprimand				1				1
Abuse - Class III	Residential DD	Employment Termination				1				1
Abuse - Class III	Residential MI & DD	Training	Written Reprimand		1					
Abuse - Class III	Case Management	Employment Termination				1				1
Abuse - Class III	Residential MI & DD	Employment Termination				1				1

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

Category (from Complaint Data)	Specific Provider Type (select from drop-down)	Specific Remedial Action (select from drop-down)	Specific Remedial Action (select from drop-down)	Specific Remedial Action (select from drop-down)	MI	DD	SED	SED- W	DD- CWP	HSW
Abuse - Class III	Residential MI & DD	Training	Written Reprimand			1				1
Abuse - Class III	Residential MI & DD	Employment Termination			1					
Abuse - Class III	Residential MI & DD	Written Reprimand			1					
Abuse - Class III	Residential MI & DD	Training	Written Reprimand		1					
Abuse - Class III	Residential MI & DD	Employment Termination			1					
Abuse - Class III	Residential MI & DD	Employment Termination				1				
Abuse - Class III	Residential MI & DD	Training				1				1
Abuse - Class III	Residential MI & DD	Employment Termination	Training		1					
Abuse - Class III	Residential MI & DD	Training	Written Reprimand		2					
Abuse - Class III	Residential MI & DD	Employment Termination			9					
Neglect - Class I - failure to report	Psychosocial Rehabilitation	Verbal Counseling	Written Reprimand		1					
Neglect - Class II	Residential MI & DD	Training	Written Reprimand		1					1
Neglect - Class II	Residential MI	Pending			9					
Neglect - Class II	Residential MI & DD	Training	Written Reprimand		1					1
Neglect - Class II	Residential MI & DD	Training	Written Reprimand		1					
Neglect - Class II	SIP	Training	Written Reprimand		2					
Neglect - Class II	Residential MI	Written Reprimand			9					
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					1
Neglect - Class II - failure to report	Residential MI & DD	Employment Termination	Written Reprimand		1					
Neglect - Class II - failure to report	Residential MI & DD	Employment Termination			1					

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

Category (from Complaint Data)	Specific Provider Type (select from drop-down)	Specific Remedial Action (select from drop-down)	Specific Remedial Action (select from drop-down)	Specific Remedial Action (select from drop-down)	MI	DD	SED	SED- W	DD- CWP	HSW
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 DD	Training	Written Counseling			1				1
Neglect - Class II - failure to report	Residential MI & DD	Demotion	Employment Termination		2					
Neglect - Class II - failure to report	Residential DD	Pending				2				
Neglect - Class III	SIP	Training	Written Reprimand			1				1
Neglect - Class III	SIP	Training	Written Reprimand			1				1
Neglect - Class III	Residential MI & DD	Training	Written Reprimand			1				
Neglect - Class III	Residential MI & DD	Training	Written Reprimand		1					
Neglect - Class III	Residential MI	Employment Termination	Training		1					
Neglect - Class III	Residential MI & DD	Training	Written Reprimand			1				
Neglect - Class III	Residential MI & DD	Training	Written Reprimand			1				
Neglect - Class III	Residential MI & DD	Training	Written Reprimand		1					
Neglect - Class III	Residential MI & DD	Training	Written Reprimand		1					
Neglect - Class III	Residential MI & DD	Training	Written Reprimand		1					
Neglect - Class III	Residential MI & DD	Training	Written Reprimand		1					
Neglect - Class III	Residential MI & DD	Training	Written Reprimand		1					
Neglect - Class III	Residential MI & DD	Employment Termination	Policy Revision/Development		1					
Neglect - Class III	Residential MI & DD	Training	Written Reprimand		1					
Neglect - Class III	Residential MI & DD	Training	Written Reprimand			1				
Neglect - Class III	Residential DD	Training	Written Reprimand			2				
Neglect - Class III	Other	Employment Termination	Policy Revision/Development			2				

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

Category (from Complaint Data)	Specific Provider Type (select from drop-down)	Specific Remedial Action (select from drop-down)	Specific Remedial Action (select from drop-down)	Specific Remedial Action (select from drop-down)	MI	DD	SED	SED- W	DD- CWP	HSW
Neglect - Class III	Residential DD	Employment Termination				1				
Neglect - Class III	Residential DD	Employment Termination	Training			1				
Neglect - Class III	SIP	Training	Written Reprimand		2					
Neglect - Class III	Residential MI & DD	Employment Termination			2	10				
Neglect - Class III	Residential MI	Employment Termination	Training	Written Reprimand	9					
Neglect - Class III - failure to report	SIP	Written Reprimand				1				1
Neglect - Class III - failure to report	Residential DD	Employment Termination				1				
Neglect - Class III - failure to report	Residential MI & DD	Training	Written Reprimand		1					
Neglect - Class III - failure to report	Residential MI & DD	Training	Written Reprimand			1				1
Neglect - Class III - failure to report	Residential MI & DD	Written Reprimand			1					
Neglect - Class III - failure to report	Residential MI & DD	Training	Written Reprimand			1				
Neglect - Class III - failure to report	Residential MI & DD	Written Reprimand			2	1				
Neglect - Class III - failure to report	Residential MI	Written Reprimand			9					
Access to rights system	Residential MI & DD	Training			2					
Access to rights system	Residential MI & DD	Pending			1	1				
Complaint investigation process	Residential MI	Written Reprimand			9					
Dignity and respect	Residential DD	Training	Written Reprimand			1				1
Dignity and respect	Residential MI & DD	Employment Termination				1				1
Dignity and respect	Crisis Center	Written Reprimand			1					
Dignity and respect	Residential MI & DD	Training	Verbal Counseling	Written Reprimand	1					
Dignity and respect	Residential MI & DD	Training	Verbal Counseling		1					

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

Category (from Complaint Data)	Specific Provider Type (select from drop-down)	Specific Remedial Action (select from drop-down)	Specific Remedial Action (select from drop-down)	Specific Remedial Action (select from drop-down)	MI	DD	SED	SED- W	DD- CWP	HSW
Dignity and respect	Residential MI & DD	Verbal Counseling				1				
Dignity and respect	Out Patient	Verbal Counseling			1					
Dignity and respect	Out Patient	Verbal Counseling			1					
Dignity and respect	Case Management	Verbal Counseling			1					
Dignity and respect	Out Patient	Verbal Counseling			1					
Dignity and respect	Residential MI & DD	Employment Termination	Training		2					
Dignity and respect	Residential MI & DD	Training	Written Reprimand			2				
Dignity and respect	Residential MI	Employment Termination			9					
Dignity and respect	ACT	Training			1					
Dignity and respect	Residential DD	Pending				2				
Dignity and respect	Psychosocial Rehabilitation	Employment Termination	Training		1					
Disclosure of confidential information	Residential MI & DD	Training	Written Reprimand		1					
Disclosure of confidential information	Residential MI & DD	Training	Written Counseling		1					
Disclosure of confidential information	Residential MI & DD	Training	Verbal Reprimand		1					
Disclosure of confidential information	Day Program DD	Employment Termination	Training			1				
Disclosure of confidential information	Out Patient	Training	Verbal Counseling		1					
Failure to report (other than Abuse/Neglect)	Residential MI & DD	Verbal Counseling				1				1
Failure to report (other than Abuse/Neglect)	Residential MI & DD	Verbal Counseling			1					
Failure to report (other than Abuse/Neglect)	Residential MI & DD	Pending			1	2				
Family dignity & respect	Residential MI	Pending			9					
Family dignity & respect	Out Patient	Verbal Counseling			1					

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

Category (from Complaint Data)	Specific Provider Type (select from drop-down)	Specific Remedial Action (select from drop-down)	Specific Remedial Action (select from drop-down)	Specific Remedial Action (select from drop-down)	MI	DD	SED	SED- W	DD- CWP	HSW
Family dignity & respect	Case Management	Verbal Counseling			1					
Informed consent	ACT	Policy Revision/Development	Training		1					
Mental health services suited to condition	Case Management	Employment Termination	Policy Revision/Development			1				
Mental health services suited to condition	Residential MI & DD	Training	Verbal Counseling		1					
Mental health services suited to condition	Residential MI & DD	Training	Written Reprimand		1					
Mental health services suited to condition	Residential MI & DD	Training	Verbal Counseling		1					
Mental health services suited to condition	Residential MI & DD	Written Reprimand			1					
Mental health services suited to condition	SIP	Verbal Counseling	Written Reprimand			1				1
Mental health services suited to condition	Out Patient	Policy Revision/Development	Training		1					
Mental health services suited to condition	Residential DD	Employment Termination				1				
Mental health services suited to condition	Residential MI & DD	Training	Written Reprimand		2					
Mental health services suited to condition	Residential MI & DD	Pending			1	1				
Mental health services suited to condition	Out Patient	Policy Revision/Development	Training		1					
Mental health services suited to condition	Residential MI	Training			3					
Mental health services suited to condition	Case Management	Employment Termination					3			
Mental health services suited to condition	Residential DD	Verbal Counseling				1				
Property - possession and use	Residential MI & DD	Written Reprimand			1					
Restrictions/limitations	Residential MI & DD	Employment Termination				1				1
Retaliation/harassment	Residential MI & DD	Training	Written Reprimand		1					
Safeguarding money	Residential DD	Policy Revision/Development				1				1
Safeguarding money	SIP	Policy Revision/Development				2				

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

Category (from Complaint Data)	Specific Provider Type (select from drop-down)	Specific Remedial Action (select from drop-down)	Specific Remedial Action (select from drop-down)	Specific Remedial Action (select from drop-down)	MI	DD	SED	SED- W	DD- CWP	HSW
Safe environment	Residential MI & DD	Training	Verbal Counseling	Verbal Counseling	1					
Safe environment	Crisis Center	Policy Revision/Development	Training	Verbal Counseling	1					
Sanitary/humane environment	Residential MI & DD	Verbal Counseling			1					
Seclusion	Residential MI & DD	Employment Termination				1				1
Person-Centered - timely development	Case Management	Training	Verbal Counseling	Verbal Counseling	1					
Person-Centered - timely development	Case Management	Training	Verbal Counseling	Verbal Counseling	1					

REMEDIATION TOTALS

Verbal Counseling	23
Written Counseling	2
Verbal Reprimand	1
Written Reprimand	60
Suspension	2
Demotion	1
Staff Transfer	0
Training	66
Employment Termination	32
Employee left the agency, but substantiated	0
Contract Action	1
Policy Revision/Development	10
Environmental Repair/Enhancement	0
Plan of Service Revision	0
Recipient Transfer to Another Provider/Site	0
Other	0
Pending	8
None	0

REMEDIATION TOTALS

POPULATION TOTALS

MI	148
DD	76
SED	3
SED-W	0
DD-CWP	0
HSW	23

PROVIDER TOTALS

Out Patient	7
Residential MI	9
Residential DD	15
Residential MI & DD	74
Inpatient	0
Day Program MI	0
Day Program DD	1
Workshop (prevocational)	0
Supported Employment	0
ACT	2
Case Management	7
Psychosocial Rehabilitation	2
Partial Hospitalization	0
SIP	8
Crisis Center	2
Children's Foster Care	0
Clubhouse/Drop-in Center	0
Respite Homes	0
Other	1

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY III.03

AREA:	Governance	
SECTION:	Board – Executive Relationship	PAGE: 1 of 1
SUBJECT:	CHIEF EXECUTIVE OFFICER PERFORMANCE	SUPERSEDES: 07/26/2010 REVISED: 07/25/2011

PURPOSE/EXPLANATION

To define the job contribution of the Chief Executive Officer (CEO).

POLICY

As the Board's single official link to the operating organization, the CEO's performance will be considered to be synonymous with organization performance.

Consequently, the CEO's job contributions can be stated as performance in only two ways:

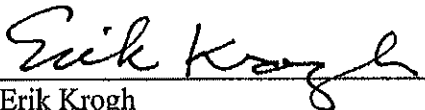
- A. Organizational accomplishment of the provisions of Board policies on Ends.
- B. Organization operation within the boundaries of prudence and ethics established in Board policies on Executive Limitations.

CHIEF EXECUTIVE OFFICER



Jeff Patton
Chief Executive Officer

APPROVED



Erik Krogh
Board Chair

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY III.04

AREA:	Governance	
SECTION:	Board – Executive Relationship	PAGE: 1 of 2
SUBJECT:	MONITORING EXECUTIVE PERFORMANCE	SUPERSEDES: 06/22/2015 REVISED: 06/22/2019

PURPOSE/EXPLANATION

To establish the mechanisms for monitoring the performance of the Chief Executive Officer (CEO).

POLICY

- I. The Board's chief evaluation interest is whether the organization achieves the Board's ends and operates within the Board's executive limitations. The evaluation of the CEO's performance consists of comparing performance data against a reasonable interpretation of the degree to which the Board Ends and Executive Limitation policies are carried out.
 - A. The monitoring of executive performance will take place throughout the year during board meetings through the monitoring reports of the Board Ends and Executive Limitation policies and other mechanism established by the Board. A routine schedule and format will be utilized, requiring a minimum of Board time so that discussion will focus on the future rather than reviewing the past.
 - B. At the discretion of the Board, any ends and limitations policy may also be monitored by any of the following methods at any time:
 1. *Internal Report*
Periodic reports to the Board demonstrating compliance with Board Ends and Executive Limitation policies.
 2. *External Report*
Receipt and review of information having an impact on the Board Ends and Executive Limitation policies from federal, state or local regulatory bodies. Additionally, an external report may be received from an impartial third party selected by the Board to review a particular Board policy or set of circumstances.
 3. *Direct Inspection*
 - a. Monitoring executive performance may also be done through the complaint process (exhibits B & C)
 - b. When other information is brought to the Board's attention causing the Board to question the implementation of a policy, the Board may appoint a member or committee to conduct a policy compliance review. The results shall be reported back to the

Board.

4. *Performance Objectives*

The Board and CEO may establish performance objectives that aim to achieve specific targets for a Board Ends or Executive Limitation policy within a time frame and with available resources.

5. At the discretion of the Board, the results obtained through internal and external reports, direct inspection, or performance objectives may also be included in the CEO's annual evaluation.

- II. The Board Chairperson will appoint a committee to compile the information obtained throughout the year with respect to achievement of ends and limitations policies by the CEO. The Board will conduct a formal review of the CEO in November or as otherwise scheduled (refer to Exhibit A).

EXHIBITS

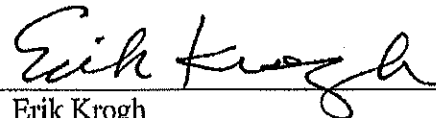
- A. Process for Conducting Executive Evaluation
- B. Handling Complaints About the Chief Executive Officer's Non-Compliance with Board Policy
- C. Chief Executive Officer Board Policy Non-Compliance Complaint Form
- D. CEO Annual Evaluation
- E. CEO Monthly Board Monitoring Activities

CHIEF EXECUTIVE OFFICER



Jeff Patton
Chief Executive Officer

APPROVED



Erik Krogh
Board Chair

EXHIBIT A

Process for Conducting Executive Evaluation

- I. The Board Chairperson will appoint a Chief Executive Officer (CEO) Evaluation Committee with a designated Chairperson for the subcommittee.
- II. As directed by the Board or requested by the CEO, the CEO will submit in writing to the Chairperson of the CEO Evaluation Committee, for approval by the Board, any proposed performance objective(s) for the up-and-coming year with timelines to support the achievement of an ends or limitations policy.
- III. The charge of the CEO Evaluation Committee shall include the following:
 - A. Monitor the ongoing reports to the Board in the area of Board Ends or Executive Limitation policies and for one individual from the CEO Evaluation Committee to record at each Board Meeting the compliance elements on the "Monitoring Executive Performance Worksheet."
 - B. Distribute a copy of the "Monitoring Executive Performance Worksheet" with the completed monthly recordings to each Board member at the September Board meeting. Each Board member will be requested to complete his/her ratings on the worksheet and to return the worksheet to the Chairperson of CEO Evaluation Committee 14 days prior to the October Board meeting.
 - C. Compile and aggregate the information received from each of the Board members on their "Monitoring Executive Performance" forms and transpose the information to complete a draft on the "Chief Executive Officer Evaluation Form".
 - D. Review the proposed objectives for the up-and-coming year if received from the CEO.
- IV. At the October Board meeting the evaluation committee will provide each Board member with their draft of the Chief Executive Officer Evaluation and include their recommendations in regards to the performance objectives if submitted by the CEO.
- V. In November, prior to meeting with the CEO, the Board will finalize and approve the CEO performance evaluation. The results of evaluation will be shared with the CEO in closed session if requested following Board discussion.

Handling Complaints About Chief Executive Officer Non-Compliance with Board Policy

- I. If there is a complaint that the Chief Executive Officer (CEO) is in non-compliance with a Board policy, the complainant must complete a complaint form, which may be obtained from the Integrated Services of Kalamazoo's (ISK) administration office, from the Kalamazoo Public Library main branch (law library) or online from the ISK web site (<https://iskzoo.org/>).
- II. In order to initiate further action, the complainant must complete the form and submit it to the Board chair. A complaint may be submitted by delivering it to any Board member, by mailing it to the Board chair (a stamped, addressed envelop will be provided for that purpose on request) or by submitting it via e-mail to a secure mailbox. If a Board member receives the complaint, he or she must give it to the Chair within one week. The Board Vice-Chair may receive the submission, if the Chair is unavailable.
- III. The Chair will appoint three Board members who are to meet as a committee and investigate the complaint on a confidential basis within two weeks from the date the committee is formed. The three Board members are to be selected on a rotating basis by alphabetical order. If a Board member is unavailable at the time the committee is formed, the next Board member in alphabetical order will be contacted and appointed. The Chair is included in the rotation.
- IV. The committee will strive to complete its investigation within two weeks; however, the committee must notify the complainant if more time is required to complete the investigation and draft a report. The committee may extend the time for investigation and submission of its report for an additional two weeks. If the committee remains unable to complete its duties within that additional time, it must notify the Board and the complainant and the Board will consider the issue at its next regular meeting and determine what further action to respond to the complaint is required.
- V. The committee will first determine whether the complaint states an identifiable violation of a Board policy. If the committee determines that the complaint does not state a violation, the committee will notify the Chair and the complainant of its decision. Otherwise, the committee will begin an investigation, which should include (but is not limited to) a review of relevant documents and interviews with persons having knowledge related to the complaint. Upon completing its investigation, the committee will draft a report and submit it to the Board and the CEO.
- VI. The Board will determine whether the complaint has merit based on the committee's report. If the Board determines that the complaint does have merit, the Board, with input from the CEO, will determine the steps to be taken to correct the situation. The complainant will also be notified of the resolution.
- VII. The board will keep the name of the complainant confidential throughout the complaint process.

EXHIBIT C

Chief Executive Officer Board Policy
Non-Compliance Complaint

Policy affected:

Complaint (specifically how did the Chief Executive Officer not comply with the policy):

Signature

Date

For use to contact you for further clarification and/or to notify you of the resolution:

Printed Name:

Address:

Phone Number:

FOR USE BY ISK BOARD CHAIR:

Date Received: Date Completed:

Board Members Assigned:

EXHIBIT D

Integrated Services of Kalamazoo
CHIEF EXECUTIVE OFFICER ANNUAL EVALUATION

Name: _____ Review Period (Year): _____

Instructions: Please rate the CEO's job performance with regard to the evaluation areas appearing below. Rate your responses of:

- Unsatisfactory (1)
- Satisfactory (2)
- Good (3)
- Excellent (4)

Evaluation Statement	Unsatisfactory (1)	Satisfactory (2)	Good (3)	Excellent (4)
1. Commitment to Mission Effectiveness as a champion promoting ISK Mission, Vision, Values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Leadership Effectiveness of leadership as evidenced at Board meetings and public events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Fiscal Management Effectiveness with regard to budget oversight and fiscal compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Community and Public Relations Effectiveness representing the Agency at local and state level organizations, associations, and events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Planning Effectiveness in developing plans for the growth and/or improvement of Agency Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Accountability Effectiveness with regard to identifying and responding to Board and organizational priorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall Performance Based on all monitoring reports and activities, rate the overall performance of the CEO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How well does the CEO provide adequate, understandable, and sufficient reports to the Board which demonstrates compliance with the Board Executive Limitation policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CEO Performance Objectives (as applicable):

(Comments on CEO Performance Goal and Objective accomplishments, progress, barriers, areas of concern, etc.)

Integrated Services of Kalamazoo
CHIEF EXECUTIVE OFFICER ANNUAL EVALUATION

What do you perceive as the strengths of the CEO?

In what areas do you think the CEO could improve?

Additional Comments (Optional)

**Evaluation
Process**

This is an effective evaluation tool:
If "No" please use back of form to suggest changes

☐

Yes

☐

No

Completed By

Board Member:

Date:

Do you have any suggestions for revisions to a Board Ends or Executive Limitation Policy?

INTEGRATED SERVICES OF KALAMAZOO
CEO EVALUATION ~ MONTHLY BOARD MONITORING ACTIVITIES

Board Member Name: _____

MONTH	MONITORING ACTIVITY	COMPLIANCE (Y or N)	ANY BOARD ACTION TAKEN FOR NON- COMPLIANCE	COMMENTS
October	Mission, Bylaws & Appointments: Board Guidelines for Board Member Appointments (I.03)			
	Board Gov: Board Purpose and Business Description (II.01)			
	Board Gov: Ends Development Process (II.06)			
	Board Gov: Ends for Individuals Served (IV.01)			
	Limits: Treatment of Persons served (V.01) (include Substantiated Complaints)			
	Investment Report			
	Customer Services Report			
November	Family Support Advisory Council (FSAC) Annual Report			
	Customer Advisory Council (CAC) Annual Report			
	Chief Executive Officer Evaluation			
	Board Gov: Governing Style (II.02)			
	Limits: Emergency Executive Succession (V.05)			
	Limits: Communication & Counsel to the Board (V.06)			
	Limits: Corporate Compliance & Risk Management (V.11)			
	System Gov: Endowment Fund (VI.03)			
	Compliance & Risk: FY Annual plan			

INTEGRATED SERVICES OF KALAMAZOO
CEO EVALUATION ~ MONTHLY BOARD MONITORING ACTIVITIES

MONTH	MONITORING ACTIVITY	COMPLIANCE (Y or N)	ANY BOARD ACTION TAKEN FOR NON- COMPLIANCE	COMMENTS
	Compliance & Risk: Status Report			
December	<i>No monitoring Reports or Policy review this month</i>			
January	Mission, Bylaws & Appointments: Mission/Vision/Value Statement (I.01)			
	Mission, Bylaws & Appointments: Bylaws and Rules of Procedure (I.02)			
	Board Gov: Annual Board Planning (II.08)			
	System Gov: Annual Leave Reserve (VI.01)			
	Recipient Rights Annual Report			
	Investment Report			
	Limits: Quality Improvement Plans			
	Strategic Plan			
February	Board Gov: Board Travel (II.14)			
	Limits: Quality Management (V.09)			
	Limits: Collaboration (V.10)			
	System Gov: Investment Policy (VI.02)			
March	Board Gov: Board Compensation (II.07)			
	Board Gov: Board Member's Code of Conduct (II.09)			
	Board Gov: Conflict of Interest (II.11)			
	Board Gov: Depreciation (VI.04)			

INTEGRATED SERVICES OF KALAMAZOO
CEO EVALUATION ~ MONTHLY BOARD MONITORING ACTIVITIES

MONTH	MONITORING ACTIVITY	COMPLIANCE (Y or N)	ANY BOARD ACTION TAKEN FOR NON- COMPLIANCE	COMMENTS
April	Board Gov: Chairpersons Role (II.04)			
	Board Gov: Board Committee Principles (II.05)			
	Board Gov: Reserves Management (VI.05)			
	Treatment of Persons Served Substantiated Complaints Report			
	Investment Report			
	Nominating Committee for Board Officers			
	Year-End Report (all populations)			
May	Compliance & Risk: Board Training			
	Compliance & Risk: Status Report			
	Customer Services Report			
	Board Elections			
	Board Gov: Board Member Responsibilities (II.12)			
	Board Gov: Input from Stakeholders (II.13)			
	Board Gov: Accessibility (II.15)			
June	No monitoring Reports or Policy review this month			
	Public Hearing			
July	Board Gov: Board Finance Committee (II.10) (insurance)			
	Board Exec: Chief Executive Officer Role (II.01)			

INTEGRATED SERVICES OF KALAMAZOO
CEO EVALUATION ~ MONTHLY BOARD MONITORING ACTIVITIES

MONTH	MONITORING ACTIVITY	COMPLIANCE (Y or N)		ANY BOARD ACTION TAKEN FOR NON- COMPLIANCE		COMMENTS
	Board Exec: Delegation to the Chief Executive Officer (III.02)					
	Board Exec: Chief Executive Officer Performance (III.03)					
	Board Exec: Monitoring Executive Performance (III.04)					
	Investment Report					
	Ends: All populations					
	Recipient Rights Semi-Annual Report					
	Strategic Plan					
August	Limits: Budgeting (V.03)					
	Limits: Finance (V.04)					
	Limits: Asset Protection (V.07)					
	Limits: Staff Treatment (V.02)					
	Limits: Compensation & Benefits (V.08)					
September	Approve Budget					

INTEGRATED SERVICES OF KALAMAZOO
CEO EVALUATION ~ MONTHLY BOARD MONITORING ACTIVITIES

Additional Comments:

Board Member Signature: _____ Date: _____

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY III.01

AREA:	Governance	
SECTION:	Board-Executive Relationship	PAGE: 1 of 1
SUBJECT:	CHIEF EXECUTIVE OFFICER ROLE	SUPERSEDES: 07/26/2010 EFFECTIVE: 07/25/2011

PURPOSE/EXPLANATION

To define the role of the Chief Executive Officer (CEO) and the relationship of the position to the Board.

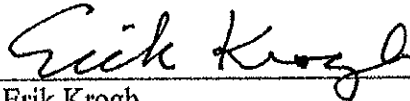
POLICY

The CEO is accountable to the Board. The Board will instruct the CEO through Board policies and the CEO's contract, delegating to him/her interpretation and implementation of those policies.

The CEO will provide an orientation of new Board members that addresses the mission, philosophy, scope and service array; legal framework, history and future trends; service development, monitoring and management; and financial management. This will be coordinated when there is new Board membership.

CHIEF EXECUTIVE OFFICER

Jeff Patton
Chief Executive Officer

APPROVED

Erik Krogh
Board Chair

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY III.02

AREA:	Governance	
SECTION:	Board – Executive Relationship	PAGE: 1 of 2
SUBJECT:	DELEGATION TO THE CHIEF EXECUTIVE OFFICER	SUPERSEDS: 07/25/2011 REVISED: 09/26/2016

PURPOSE/EXPLANATION

To define the authority of the Chief Executive Officer (CEO) and methodology for the modification of that authority.

POLICY

All Board Authority related to staff is delegated through the CEO.

- A. The Board will direct the CEO to achieve specified results, for specified persons served, at a specified cost through the establishment of *Ends* policies. The Board will limit the latitude the CEO may exercise in practices, methods, conduct and other “means” to the ends through establishment of *Executive Limitations* policies.
- B. As long as the CEO uses any reasonable interpretation of the Board’s *Ends* and *Executive Limitations* policies, he/she is authorized to establish all further policies, make all decisions, take all actions, establish all practices and develop all activities.
- C. This authorization shall include entering into contracts with funders, service providers, professional services and administrative services such as maintenance contracts and printing contracts that are consistent with organizational goals and within the approved budget. For contracts that were not included in the approved budget, the CEO will notify the Board of all contracts that are less than \$300,000 and bring to the Board for their approval all contracts of \$300,000 or more. In order to provide for efficient and timely payment of the Authority’s obligations, the Board delegates to the CEO the authority to approve and pay budgeted purchases up to \$300,000 without further advance approval by the Board. The Board retains authority to approve unbudgeted purchases or purchases in excess of \$300,000 in advance of issuance. The CEO will, however, provide the Board (through its Finance Committee) with a detailed listing of all disbursement approved by the CEO in accordance with this policy each month.

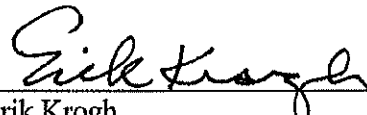
- D. Purchase or sale of all real estate must be approved by the Board.
- E. The Board may change its *Ends* and *Executive Limitations* policies, thereby shifting the boundary between Board and CEO domains. By so doing, the Board changes the latitude of choice given to the CEO. But so long as any particular delegation is in place, the Board and its members will respect and support the CEO's choices. This does not prevent the Board from obtaining information in the delegated areas except requesting identifiable information on persons served.
- F. Only decisions of the Board are binding upon the CEO
 - 1. Decisions or instructions of individual Board members, officers or committees are not binding on the CEO except in rare instances when the Board has specifically authorized such exercise of authority.
 - 2. In the case of individual Board member(s) requesting information or assistance without Board authorization, the CEO can refuse such requests that require, in the CEO's judgment, a material amount of staff time or funds, or is disruptive.

CHIEF EXECUTIVE OFFICER



Jeff Patton
Chief Executive Officer

APPROVED



Erik Krogh
Board Chair

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY II.10

AREA: Governance	
SECTION: Board Governance Process	PAGE: 1 of 2
SUBJECT: BOARD FINANCE AND COMPLIANCE COMMITTEE	SUPERSEDES: 03/27/2017 REVISED: 07/23/2018

PURPOSE/EXPLANATION

To define the role of the Board Finance and Compliance Committee.

POLICY

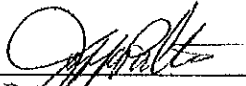
The Finance and Compliance Committee is a standing committee of the ISK Board and consists of up to four (4) Board members and the chairperson of the Board. The ISK Board appoints the members to the Finance and Compliance Committee. The Finance Committee chair is selected by the Finance and Compliance Committee members. The chairperson of the Board shall not also be designated as the Finance and Compliance Committee chair.

- A. The Finance and Compliance Committee exists to support the work of the Board in protecting and managing the financial assets and risks of ISK. The committee will at least annually:
 - 1. Review and recommend financial and compliance policies to the Board
 - 2. Review and recommend the budget to the Board
 - 3. Review the Financial Audit
 - 4. Review insurance coverage
 - 5. Review risk
- B. The Committee will:
 - 1. Review monthly financial reports from the Chief Executive Officer (CEO)
 - 2. Review the previous month's vendor disbursements and make a recommendation to the ISK Board for approval
 - 3. Make recommendation on such other issues as delegated to/by the Board
 - 4. Review compliance activities (including goals, objectives, Risk Assessment) to develop the annual Compliance Plan.
- C. The Finance and Compliance Committee is authorized to create subcommittees and engage in activities that contribute to the fulfillment of its purpose.
- D. The Finance and Compliance Committee is accountable to the full ISK Board.

REFERENCES

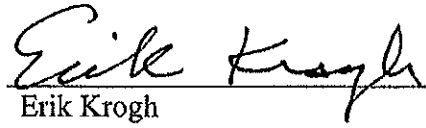
- ISK Board Policy II.5 Board Committee Principles
- 42 CFR 438.608 (Program Integrity Requirements under the contract)

CHIEF EXECUTIVE OFFICER



Jeff Patton
Chief Executive Officer

BOARD CHAIR



Erik Krogh
Board Chair

INSURANCE OVERVIEW FOR ASSET PROTECTION REPORT

July 26, 2021

- Our liability/property insurance is through the Michigan Municipal Risk Management Authority (“MMRMA”). MMRMA was created under the authority of the Michigan statutes to provide risk management and risk financing services to local governmental entities such as ISK.
- Liability coverage through MMRMA totals \$15,000,000 per occurrence.
- ISK board members are covered by MMRMA for their official duties performed on behalf of ISK.
- MMRMA pays for the costs of defending certain claims against ISK as well as any damages assessed.
- Workers compensation insurance is purchased through Accident Fund Co of America. We have limits of \$500,000 per accident and \$500,000 per disease claim.
- Our long term and short-term disability coverage is purchased through The Hartford Group. For long term coverage (LTD), employees will receive 60% of their income up to \$130,000 after a 180-day waiting period (maximum benefit of \$6500 per month). For short-term disability (STD), employees will receive 60% of their covered salary up to \$130,000 beginning on the 22nd day after the accident or 22nd day after an illness that causes them to be off work (maximum benefit of \$1500 per week). Maximum duration for STD is 23 weeks or the beginning of LTD benefits, whichever is earlier.
- Group life insurance is through The Hartford Group. Employees receive 0.5 times their salary rounded to the next higher \$1,000 subject to a minimum of \$10,000 and a maximum \$100,000.
- Group accidental death and dismemberment insurance is through The Hartford Group.
- Health care professional liability insurance is through ProNational Insurance Company. Limits are \$1,000,000 per claim and \$3,000,000 aggregate. Our medical doctors and paramedical employees are covered.
- Medical insurance/prescriptions/dependant coverage is purchased through Blue Cross Blue Shield of Michigan for employees working at least 30 hours per week.
- Dental insurance is purchased through ADN for employees working at least 30 hours per week.
- Vision insurance is purchased through NVA for employees working at least 30 hours per week.
- Employees working at least 20 and up to 29 hours per week may purchase ISK’s medical insurance/prescriptions/dependent coverage, dental insurance, or vision insurance at the full premium cost.

VIIIa.

Financial Condition Report

FOREWORD

This report represents the nine (9) month of operations for the period of October 1st through June 30th, 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 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 – 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.

Balance Sheet for period ending June 30, 2020 and June 30, 2021.				
	FY 20/21	FY 19/20		
Current Assets:			Liabilities:	
Cash and Investments	30,573,463	16,134,232	Accrued Payables	6,887,917
Accrued Revenue/Receivables	4,334,898	7,794,263	Due to State	1,414,129
Due From State	10,470	35	Due to Providers	298,013
Advances and Prepaids	796,199	1,588,468	Accrued Leave	1,377,366
Noncurrent Assets:			Due to Other	10,290,402
Fixed Assets (net of depreciation)	9,108,267	9,268,019	Deferred Revenue	4,274,765
Net Pension Asset (net of deferred outflows)	4,937,092	6,531,305	Long Term Debt (Bonds/Mortgage)	4,415,779
				4,723,890
			Total Liabilities:	28,958,372
			Fund Balance:	19,483,625
			Designated	10,010,485
			Undesignated	5,323,673
			Investment in fixed assets	4,841,804
			Net gain/(loss) for Period	626,054
				647,741
Total Assets:	49,760,389	41,286,322	Total Liabilities and Fund Balance:	49,760,389
				41,286,322

- BALANCE SHEET (WORKING CAPITAL COMPUTATION).** The attached Balance Sheet reflects the overall financial condition of the organization as of June 30, 2021. As per Board policy, there is a significant value of current assets over current liabilities. Current assets total \$35,715,029 and current liabilities total \$24,542,593 for a positive working capital totaling \$11,172,437 compared to \$10,727,264 as of June 30, 2020.
- BALANCE SHEET (NET ASSETS COMPUTATION).** The attached Balance Sheet reflects positive net assets. Total assets are \$49,760,389 and total liabilities are \$28,958,372 for a positive net worth of \$20,802,017 compared to \$21,802,697 in June 30, 2020.
- 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	\$2,250	\$1,174	\$1,076	52.20%
Board Training	\$8,250	\$0	\$8,250	0.00%
Totals	\$10,500	\$1,174	\$9,326	11.18%

The next Finance Committee meeting is scheduled for August 20, 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.

C. ISK

	Fiscal Year 20/21 Year to Date					
	State General Fund		Other Funding Sources		Totals	
	Budget	Actual	Budget	Actual	Budget	Variance
REVENUES:						
General Fund	2,814,440	2,814,439	-	-	2,814,440	(1)
Fees	135,750	115,526	-	-	135,750	(20,224) 3A
Projected GF Carryforward '20	130,448	130,448	-	-	130,448	-
Other Federal and State Grants	-	-	7,030,970	7,180,176	7,030,970	149,207 3B
HUD Revenue	-	-	737,061	738,868	737,061	1,807
Earned Revenue	-	-	1,157,522	1,199,355	1,157,522	41,833
COFR Revenue	-	-	32,250	18,415	32,250	(13,835)
PASSAR/OBRA Programs	-	-	205,373	220,592	205,373	15,320
Interest	-	-	12,000	3,201	12,000	(8,799)
County Allocation	-	-	1,162,800	1,162,800	1,162,800	-
Local Revenue	-	-	369,751	369,751	369,751	0
Donations	-	-	7,500	2,339	7,500	(5,161)
Restricted Interest	-	-	64,988	64,613	64,988	(375)
Settlement Revenue (Expense)	-	(1,060,402)	-	-	-	(1,060,402) 3C
Total Revenues:	3,080,639	2,000,011	10,780,214	10,960,210	13,860,852	(900,631)
EXPENDITURES:						
Youth Programs	125,865	76,428	108,014	50,229	233,879	99,666 4A
MIA Programs	1,488,979	725,608	1,019,325	903,979	2,508,304	878,717 4B
IDDA Programs	130,919	41,369	161,242	165,965	292,161	84,827 4C
Integrated Health Clinic	542,239	322,365	105,635	102,416	647,873	223,092 4D
Managed Care Administration, Access Center	205,044	127,358	569,624	596,190	774,568	51,120 4E
Other Federal and State Grants	466,709	466,522	7,049,720	7,199,342	7,516,428	(149,436) 4F
HUD Grants	49,488	94,643	737,061	738,868	786,549	833,511 4G
Homeless Shelter	-	4,996	222,971	246,992	222,971	(29,018) 4H
Local Match Drawdown	-	-	463,341	463,341	463,341	-
Total Expenses:	3,009,242	1,859,289	10,436,931	10,474,878	13,446,173	1,112,006
NET INCOME / (DEFICIT)	71,396	140,722	343,283	485,332	414,679	211,376
FY 20/21 Budget:						
General Fund	3,752,587				2,814,439	
Fees	181,000				135,750	
Projected GF Carryforward '20	173,931				130,448	
Other Federal and State Grants	9,374,626				7,030,970	
HUD Revenue	982,748				737,061	
Earned Revenue	1,543,363				1,157,522	
COFR Revenue	43,000				32,250	
PASSAR/OBRA Programs	273,830				205,373	
Interest	16,000				12,000	
County Allocation	1,550,400				1,162,800	
Local Revenue	493,001				369,751	
Donations	10,000				7,500	
Restricted Interest	86,650				64,988	
Settlement Revenue (Expense)	-				-	
Total Revenues:	18,481,136				13,860,852	
EXPENDITURES:						
Youth Programs	311,839				233,879	
MIA Programs	3,344,405				2,508,304	
IDDA Programs	389,548				292,161	
Integrated Health Clinic	863,631				647,873	
Managed Care Administration, Access Center	1,032,890				774,568	
Other Federal and State Grants	10,021,904				7,516,428	
HUD Grants	1,048,732				786,549	
Homeless Shelter	297,294				222,971	
Local Match Drawdown	617,788				463,341	
Total Expenses:	17,928,231				13,446,173	
NET INCOME / (DEFICIT)	552,905				414,679	

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

REVENUES. Revenues for the nine month (9) period are \$12,960,221 compared to budgeted revenues of \$13,860,852. Consequently, revenues are in an un-favorable position by approximately \$900,631. The following represents favorable and un-favorable variances by revenue type. Variances exceeding 5% AND \$20,000 from budgeted figures are addressed below.

3A	This variance is due to actual amounts received.
3B	This variance is primarily due to underspending for the SAMHSA Supported Employment Grant.
3C	This variance is due to a possible return to MDHHS.

EXPENDITURES Expenditures for the nine month (9) period are \$12,334,167 compared to budgeted expenditures of \$13,446,173. Consequently, expenditures are in a favorable position by approximately \$1,112,006. The following represents favorable and un-favorable variances by expenditure type. Variances exceeding 5% AND \$20,000 from budgeted figures are explained below:

- 4A This variance is due to decreased utilization for State Inpatient, Supports and Coordination and inpatient hospitals.
- 4B This variance is due to a lower utilization of Personal Care and Community Living services, Assertive Community Treatment, Supports and Service coordination, Peer Services and State Inpatient.
- 4C This variance is due to a decreased use of General Fund for Personal Care and Community Supports.
- 4D This variance is due to the lower utilization of non-capitalized outpatient services.
- 4E This variance is due to expenses for COVID-19.
- 4F This variance is primarily due to underspending for the SAMHSA Supported Employment Grant.
- 4G This variance is due to the timing difference for the HUD grants and their grant year, versus fiscal year.
- 4H This variance is due to increased utilization of Family Shelter.

VIIIb. Utilization Report

YOUTH COMMUNITY INPATIENT SERVICES
Report Period: October 1st, 2020 through June 30th, 2021

UTILIZATION COMPARISONS FY 20/21										
MONTH	FY 19/20 Actual		FY 20/21 Budget		FY 20/21 Actual		Days Difference (Unfavorable)	Cost Difference (Unfavorable)	Cost YTD (Unfavorable)	
	Days	Dollars	Days	Dollars	Days	Dollars				
OCTOBER	51	\$41,091	23	\$20,172	49	\$51,109	(26)	(\$30,938)	(\$30,938)	
NOVEMBER	0	\$0	23	\$20,172	67	\$64,640	(44)	(\$44,469)	(\$75,407)	
DECEMBER	21	\$20,413	23	\$20,172	28	\$24,571	(5)	(\$4,400)	(\$79,807)	
JANUARY	31	\$28,707	23	\$20,172	29	\$7,131	(6)	\$13,041	(\$66,766)	
FEBRUARY	4	\$3,892	23	\$20,172	9	\$8,714	14	\$11,458	(\$55,308)	
MARCH	8	\$7,115	23	\$20,172	41	\$42,617	(18)	(\$22,446)	(\$77,754)	
APRIL	8	\$8,273	23	\$20,172	22	\$21,147	1	(\$976)	(\$78,730)	
MAY	22	\$20,782	23	\$20,172	7	\$6,777	16	\$13,395	(\$65,335)	
JUNE	11	\$7,864	23	\$20,172	22	\$24,908	1	(\$4,737)	(\$70,072)	
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	274	\$251,614	(67)	(\$70,072)		
MONTHLY AVERAGES	27		23		30					
GROSS ANNUAL COST		\$277,743		\$242,058		\$251,614		(\$70,072)		

Favorable/(Unfavorable) by Funding Source:

Medicaid	(79,489)
General Fund	9,417
Total	(70,072)

MI ADULT COMMUNITY INPATIENT SERVICES
Report Period: October 1st, 2020 through June 30th, 2021

UTILIZATION COMPARISONS FY 20/21										
MONTH	FY 19/20 Actual		FY 20/21 Budget		FY 20/21 Actual		Days Difference (Unfavorable)	Cost Difference (Unfavorable)	Cost YTD (Unfavorable)	
	Days	Dollars	Days	Dollars	Days	Dollars				
OCTOBER	303	\$295,888	335	\$322,175	419	\$404,862	(84)	(\$82,687)	(\$82,687)	
NOVEMBER	302	\$285,629	335	\$322,175	433	\$414,657	(98)	(\$92,482)	(\$175,169)	
DECEMBER	402	\$381,479	335	\$322,175	473	\$451,786	(138)	(\$129,611)	(\$304,780)	
JANUARY	395	\$375,167	335	\$322,175	536	\$512,585	(201)	(\$190,410)	(\$495,190)	
FEBRUARY	330	\$314,114	335	\$322,175	478	\$456,379	(143)	(\$134,204)	(\$629,394)	
MARCH	283	\$267,812	335	\$322,175	430	\$411,873	(95)	(\$89,698)	(\$719,092)	
APRIL	264	\$251,282	335	\$322,175	444	\$424,367	(109)	(\$102,192)	(\$821,284)	
MAY	298	\$281,045	335	\$322,175	487	\$465,835	(152)	(\$143,660)	(\$964,944)	
JUNE	370	\$350,759	335	\$322,175	487	\$467,958	(152)	(\$145,783)	(\$1,110,727)	
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	4,187	\$4,010,302	(1,172)	(\$1,110,727)		
MONTHLY AVERAGES	362		335		465					
GROSS ANNUAL COST		\$4,119,740		3,866,100		\$4,010,302		(\$1,110,727)		

Favorable/(Unfavorable) by Funding Source:

Medicaid	(494,316)
General Fund	(60,589)
Healthy MI	(555,822)
Total	(1,110,727)

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

Report Period: October 1st, 2020 through June 30th, 2021

YOUTH POPULATION (SED/DD)

ACTUAL YEAR TO DATE					Favorable (Unfavorable) Budget
Month	Avg. Daily Rate	No. Served	Days of Service	ISK Cost	
June	\$1,456	1	178	\$259,193	(\$259,193)
June	\$629	6	14	\$8,813	\$61,472
June	NA			\$0	
TOTAL		7	192	268,006	(\$197,721)

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

ACTUAL YEAR TO DATE					Favorable (Unfavorable) Budget
Month	Avg. Daily Rate	No. Served	Days of Service	ISK Cost	
June	\$202	160	37,900	\$7,670,293	\$391,644
June	\$524	59	1,193	\$624,559	(\$159,868)
June	NA	65		\$253,483	\$224,034
TOTAL		284	39,093	\$8,548,335	\$455,810

IDD ADULT POPULATION

ACTUAL YEAR TO DATE					Favorable (Unfavorable) Budget
Month	Avg. Daily Rate	No. Served	Days of Service	ISK Cost	
June	\$209	212	55,783	\$11,641,814	\$512,904
June	\$524	1	6	\$3,141	\$5,126
June	NA	178		\$5,531,994	\$416,830
TOTAL		391	55,789	\$17,176,949	\$934,860

TOTAL ALL POPULATIONS

ACTUAL YEAR TO DATE					Favorable (Unfavorable) Budget
Month	Avg. Daily Rate	No. Served	Days of Service	ISK Cost	
June	\$206	373	93,861	\$19,571,300	\$645,355
June	\$525	66	1,213	\$636,513	(\$93,270)
June	NA	243		\$5,785,477	\$640,864
TOTAL		682	95,074	\$25,993,290	\$1,192,949

Variance By Funding Source

	Medicaid	HMI	GF	Other	Total
	\$ 178,292	\$ 25,804	\$ 441,260	\$ -	\$ 645,355
	\$ (169,022)	\$ 56,212	\$ 19,540	\$ -	\$ (93,270)
	\$ 586,460	\$ 42,484	\$ 26,871	\$ (14,951)	\$ 640,864
	\$ 595,730	\$ 124,500	\$ 487,671	\$ (14,951)	\$ 1,192,949

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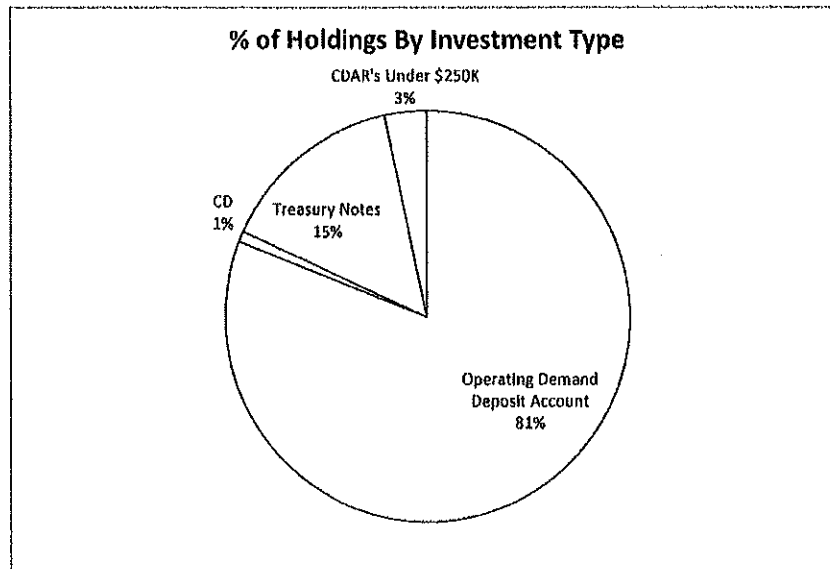
VIIIc. Investment Report

Quarterly Cash & Investments Report
Quarter Ending June 30, 2021

Financial Institution	Type of Investment	Cost Basis	Maturity Date	% Yield
CASH				
PNC	Operating Demand Deposit Account	\$24,820,307	NA	0.03%
	Payroll Account	\$5,000		
	Accrued Leave Reserve	\$116,987		
	Pretax Reimbursement Account	\$48,310		
	Various Petty Cash Funds	\$630		
	Total Cash Accounts	\$24,791,221		
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		<u>\$1,013,013</u>		
CD (via Independent Bank)	CD	\$250,000	7/15/2021	0.20%
U.S. Federal Government (via PNC)	Treasury Notes (for bond repayment)	\$4,519,229	3/31/2022	2.42%
Total Investments		<u>\$5,782,242</u>		
TOTAL CASH AND INVESTMENTS		<u>\$30,573,463</u>		

% of Holdings By Institution	
PNC - Cash	80.53%
U.S. Federal Government (via PNC)	14.78%
CDAR's & CD(via Independent Bank)	4.13%
	<u>99.00%</u>

% of Holdings By Investment Type	
Cash	80.53%
CD	0.82%
Treasury Notes	14.78%
CDAR's	3.31%
	<u>99.44%</u>





Community • Independence • Empowerment

Integrated Services of Kalamazoo Motion

Subject:	<u>June 2021</u> Disbursements	
Meeting Date:	<u>June 26, 2021</u>	Approval Date:
Prepared by:	Heather Garcia	<u>June 26, 2021</u>

Recommended Motion:

“Based on the Board Finance meeting review, I move that ISK approve the June 2021 vendor disbursements of \$7,560,805.44.”

Summary of Request:

As per the June 2021 Vendor Check Register Report dated 07/12/2021 that includes checks issued from 06/01/2021 to 06/30/2021.

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 26, 2021