



Community • Independence • Empowerment

INTEGRATED SERVICES OF KALAMAZOO FISCAL YEAR 2022 BUDGET

**Integrated Services of Kalamazoo
Fiscal Year 2022 Budget
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Integrated Services of Kalamazoo Fiscal Year 2022 Budget

Executive Summary

Planning the budget for FY 2022 has been exceedingly challenging. Typically, we use current year trends as the basis for the budget and then make strategic operational changes from there. We are still in the midst of the COVID-19 pandemic. While some services have mostly rebounded, some are nowhere near their pre-covid levels. We are lapsing significant dollars back to the PIHP in the current year and Medicaid enrollments and revenues are running higher due to pandemic measures that have been put in place to provide security. We have been anticipating that the State would lift the moratorium on Medicaid enrollees losing coverage and when that happens, there will be an extremely quick and deep reduction to the number of Medicaid enrollees and our revenue. So, while it would appear that we have excess Medicaid funds, we are not able to commit to funding long term strategies that would benefit the Community. Currently we are still able to provide a robust array of services via telehealth, through both video or audio. After the pandemic, we believe we will be able to provide a much more limited array of services via telehealth and only provided through video platforms. We are not able to predict how quickly the individuals we service will adapt to only in person or video options as much of our services are still via audio only. Now with the Delta variant, it seems we will be remaining longer in the COVID limbo, waiting until the pandemic is over to get a good handle on Medicaid revenues that we can count on, and waiting to determine which services will re-bound and which will need to be completely re-configured. In the meantime, our system is crying out for solutions to the crisis of an inability to attract, hire, and retain qualified individuals to provide critical and necessary services, especially with Direct Care Workers and Masters level Social Workers. At issue, is the work challenges of supporting physically and emotionally challenged individuals, the less than living wages that the system is able to afford for DCW's, the safety concern over exposure to COVID for both staff, staff families and individuals and their families, as well as safety concerns about using public transportation to get individual to supportive services.

At the same time as Covid challenges, the State is culminating a 24month process of moving the Community Mental Health system toward more uniformity and accountability with financial and cost reporting. Two particular initiatives are driving significant changes to future financial reporting and contracting that have an implementation start date of October 1, 2021. The first initiative, Independent Rate Development, began with the codes used to report 90% of the service codes and created Rate Models, and accompanying individual rates are not being mandated for usage, they were presented to the legislature. As a part of the discussion on rate models, coding changes were identified and a subsequent spin off workgroup began working on a significant change in the code chart (the codes used to report the various services provided) Some of the major changes included the addition of education level modifiers to 99% of the codes and additional code/modifier combinations for group size, and Evidence Based Practices. This result of this workgroup more than quadrupled the number of codes/modifier combination in the MDHHS Code Chart, which requires changes to internal process, Provider contracts, and rate structures for those code. The State also engaged a workgroup to establish a Standard Cost Allocation (SCA) process across all CMH/PIHP's. The result of this workgroup required significant changes to how CMH's not only report costs to the State but how CMH's need to keep track of and record expenses at the CMH General Ledger Detail level. This process will lead us to designing and reporting financial information differently to the Board, however, information is coming out too slowly to be fully incorporated into this initial budget.

Lastly, the State has been diligently working with CMH's on the implementation of Certified Community Behavioral Health Clinics (CCBHC). In 2016, MDHHS applied to the Centers for Medicare & Medicaid Services (CMS) to become a CCBHC Demonstration state under Section 223 of the federal Protecting Access to Medicare Act of 2014 (PAMA). That request was approved on August 5, 2020, when the federal CARES Act of 2020 authorized two additional states—Michigan and Kentucky—to join the demonstration. As a result, MDHHS was approved for a two-year demonstration with an anticipated implementation start date of October 1, 2021. The CMS CCBHC Demonstration requires states and their certified sites to provide a robust set of coordinated, integrated, and comprehensive services to all persons with any mental illness or substance use disorder diagnosis. Moreover, the demonstration requires and emphasizes 24/7/365 crisis response services (e.g., mobile crisis services). Other critical elements include but are not limited to strong accountability in terms of financial and quality metric reporting; formal coordination with primary and other care settings to provide intensive care management and transitions; linkage to social services, criminal justice/law enforcement, and educational systems; and an emphasis on providing services to veterans and active-duty service members. To account for these requirements, the state must create a PPS reimbursement structure that finances CCBHC services at an enhanced payment rate to properly cover costs and offer greater financial predictability and viability. The PPS is integral to sustaining expanded services, investments in the technological and social determinants of care, and serving all eligible Michiganders regardless of insurance or ability to pay. CCBHC implementation requires extensive re-engineering of our system and conceptual changes in the role of Providers (called Designated Collaborating Organizations under CCBHC rules). We have been working through those implementation requirements and the PPS rate throughout the summer. The financial pieces have not been fully resolved yet so the impact of CCBHC is also not included in this initial budget but will be brought forward later in the year.

Budget Overview

The fiscal year budget that runs from October 1, 2021 through September 30, 2022 (FY '22 Budget) uses pre-COVID-19 trends in services and costs adjusted for increases and decreases to services that have increased and/or not rebounded from COVID 19 reductions. The recommended budget for FY '22 uses the same format (PIHP and ISK Risk) as FY '21 to reflect our current operational and financial dynamics. During FY21, we are still challenged to manage in the COVID-19 pandemic and to make adjustments in service delivery and safety for Consumers and Staff and we anticipate these same challenges for FY22. COVID 19 strategies, particularly the reliance on telehealth services, have been incorporated into this budget to the extent possible. In a few service areas that are still significantly impacted, we are no longer able to carry the overhead cost of the services at the pre-COVID level costs with the significantly reduced units. In those cases, we will be working with those providers to reach agreement on a strategy going forward.

The most significant changes can be summarized as follows:

- This is an annual budget, with estimated revenues numbers. SWMBH has provided the estimated revenues for Medicaid, Healthy Michigan, and Autism. MDHHS still has a moratorium which mandates that Medicaid enrollees cannot lose their Medicaid benefits during the pandemic. We believe MDHHS/SWMBH used the higher Medicaid enrollee number for the estimation of revenues. Additionally,

MDHHS/SWMBH revenue projections include a \$2.00/hour direct care wage increase that has NOT been approved by the Legislature yet. If the Legislature does not include that in the final budget, there will be a reduction to revenues.

- Included in the budget is a 3% increase for ISK staff
- 99% of the Provider rates were re-calculated based on the Independent Rate Models created by MDHHS. Under this model, ISK will pay varying rates for the same procedure code based on Education level of the person providing the service. This did result in a mixed bag of increases for Providers who use those codes.
- ABA services rates are still being legislated by the State and no increase was provided as ISK is paying at the legislated rates.
- As an attempt to address the Direct Care Worker Crisis that Providers are experiencing, ISK provided Local Providers of CLS and Specialized Residential services the opportunity increase DCW wages to a minimum base level of \$15.00/hour and increased rates accordingly for those that took advantage of that opportunity.
- Services, beginning with COVID-19 in March 2020, have been reduced and many are still not back to pre-COVID levels. Previously ISK has tried to maintain previous levels of network capacity through having select services on Net Cost Contracts where ISK paid for all the expenses of the program regardless of the number of units provided. We have not continued that practice into FY 21/22.
- It's imperative that our financial management process (adoption, reporting, monitoring, amendment) continue to reflect the new financial dynamics. This means attention to ensuring right sized benefits for Consumers and close attention to data reporting and monitoring.

For our reporting purposes, we continue to separate our financial reporting to segregate Medicaid and Unrestricted Fund Balance. Segregating the Medicaid funded services accurately reflects that Southwest Michigan Behavioral Health (SWMBH) bears this financial risk for this area of our budget. The Unrestricted Fund Balance segregation more accurately reflects that the State General Fund and all other funding sources are our financial risk that ultimately impacts our unrestricted fund balance.

The SWMBH Risk page reports on revenues from various Medicaid sources for which SWMBH is at risk. Meaning that SWMBH will cover all costs associated with those services. For this Medicaid portion of the budget, it is worth noting that Medicaid revenues attributed to ISK (based on State rates and Medicaid eligibles) do not cover the total cost of needed services and that additional settlement dollars will be required to provide the medically necessary and required services to the individuals. In the Healthy Michigan portion however, we are projecting surplus dollars. We are able to net these funding sources to get to a budget that, in total, does not require excess funds from SWMBH. Throughout this year, staff will be reviewing expenditures and adopting new business practices to ensure the provision of medically necessary, yet least restrictive, services to bring total service costs more in line with expected revenues.

This ISK Risk portion of the budget reflects revenues and expenses for which ISK is at risk, this amount represents 18% of the FY '22 budget. Just under 22% of the ISK financial risk revenue comes from State General Fund to support individuals who do not qualify for the Medicaid specialty services or who are under-insured. . A small percentage of State General Fund dollars can be carried forward into the next fiscal year if they are unspent in the current fiscal year. We have budgeted up to the maximum amount of General Fund dollars as carry forward into the FY22 year as we are not projecting that we will spend those dollars in FY21. The portion of ISK Financial Risk comes from a variety of sources, including State and Federal Grants and County Allocation which provides some Federal matching dollars. We are projecting a small deficit (\$61,958) in Other Funding

sources in the budget but are working toward plans to erase that budget through some operations changes. If, however, we are unable to eliminate that deficit amount it would have a negative impact on our Unrestricted Fund Balance.

Finally, it's important to note that this recommendation for budget adoption is only the start of an on-going financial process that will extend throughout the fiscal year. In fact, we are already aware of two significant changes that will require revisions to this budget. The first is the implementation of CCBHC services and the second is ISK's addition of services from a Provider who is going out of business.

Integrated Services of Kalamazoo

Fiscal Year 2022 Budget Overview

As Presented for Public Hearing and Board Adoption on September 27, 2021

| | <i>Financial Risk Management: SWMBH</i> | | | | <i>Financial Risk Management: ISK</i> | | | |
|--------------------------------------|---|--------------|--------------|-----------|---------------------------------------|---------------|---------------------|----------------------|
| | Specialty | Healthy | Autism | SUD Block | State | Other Funding | <i>FY 22</i> | <i>FY 21</i> |
| | Services | Michigan | Spectrum | Grant | General Fund | Sources * | <i>Grand</i> | <i>Grand</i> |
| | | | | | | | <i>Totals</i> | <i>Totals</i> |
| Revenues Projected/Settlement | \$ 68,391,352 | \$ 6,040,164 | \$ 5,744,741 | \$ 3,529 | \$ 4,121,483 | \$ 13,675,227 | \$97,976,496 | \$ 91,507,496 |
| Expenditures Projected | 68,391,352 | 6,040,164 | 5,744,741 | 3,529 | 3,959,650 | 13,737,185 | 97,876,621 | 91,482,570 |
| Income (Deficit) Projected | - | - | - | - | 161,833 | (61,958) | 99,875 | 24,926 |
| Unrestricted Fund Balance | - | - | - | - | (161,833) | 61,958 | (99,875) | (24,926) |
| Balanced Budget | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |

*Other Funding Sources: Grants, County allocation, etc

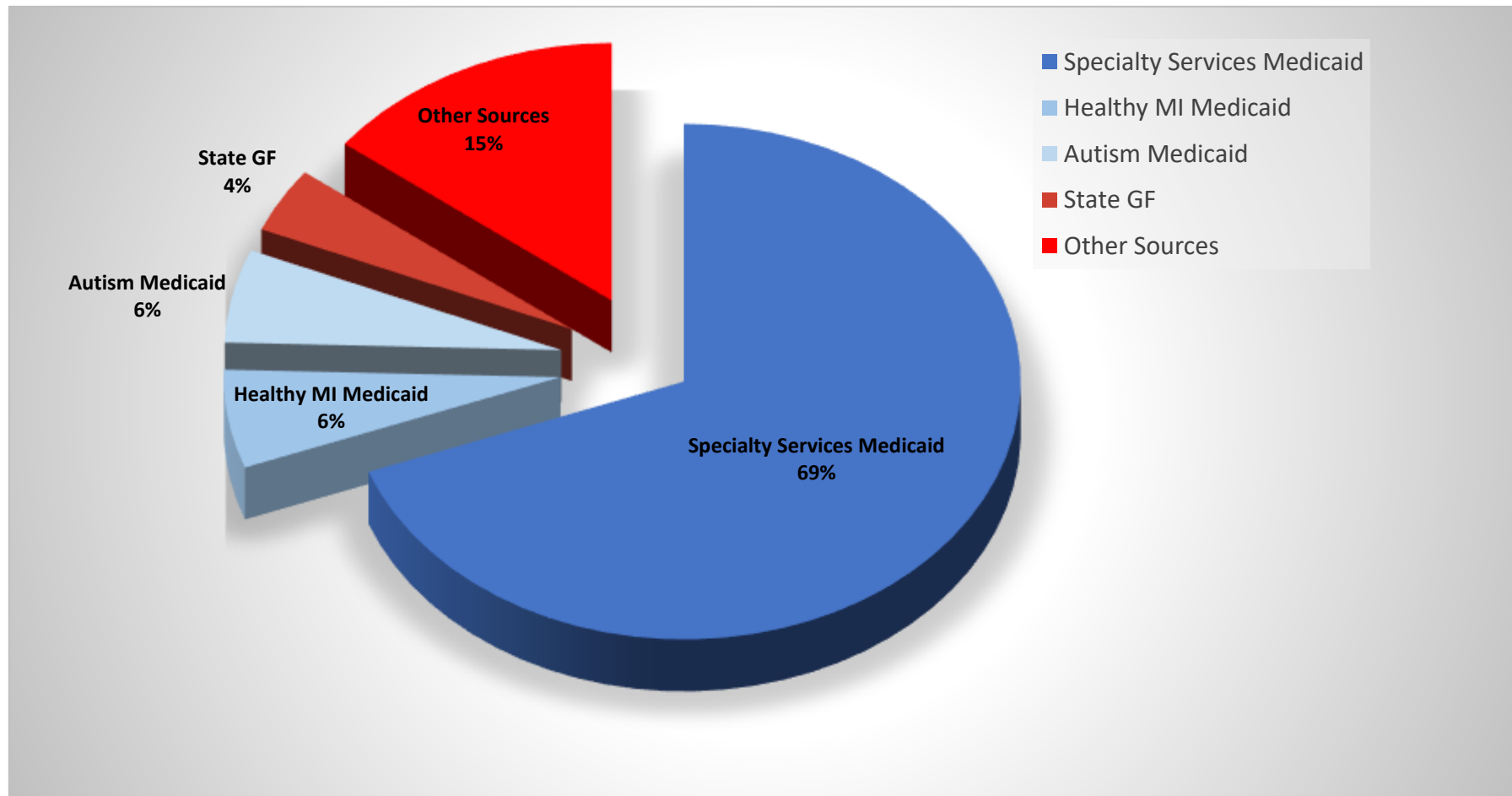
Integrated Services of Kalamazoo

Fiscal Year 2022 Budget Revenues

As Presented for Public Hearing and Board Adoption on September 27, 2021

| REVENUES | <i>Medicaid</i> | | | | <i>Unrestricted Fund Balance</i> | | <i>FY 22</i> | <i>FY 21</i> |
|--------------------------------------|---------------------|--------------------|--------------------|----------------|----------------------------------|---------------------|---------------------|---------------------|
| | Specialty | Healthy | Autism | SUD Block | State | Other Funding | <i>Grand</i> | <i>Grand</i> |
| | Services | Michigan | Spectrum | Grant | General Fund | Sources | <i>Totals</i> | <i>Totals</i> |
| ISK Operational Revenues: | | | | | | | | |
| Medicaid Revenue | 63,130,736 | | | | | | \$ 63,130,736 | \$ 60,344,318 |
| Medicaid Settlement Income (Payment) | 4,767,616 | (4,000,602) | (729,638) | (108,428) | | | (71,052) | 2,169,700 |
| DHS Fostercare Incentive Payments | 175,000 | | | | | | 175,000 | 115,000 |
| Fees | 318,000 | | | | 121,000 | | 439,000 | 488,980 |
| Healthy Michigan Revenue | | 10,040,766 | | | | | 10,040,766 | 7,860,320 |
| Autism Medicaid | | | 6,474,379 | | | | 6,474,379 | 4,964,575 |
| SUD Block Grant | | | | 111,957 | | | 111,957 | 271,161 |
| Other Federal and State Grants | | | | | | 10,190,290 | 10,190,290 | 8,248,084 |
| Earned Revenue | | | | | | 1,512,968 | 1,512,968 | 1,355,891 |
| OBRA Programs | | | | | | 342,319 | 342,319 | 273,830 |
| General Fund | | | | | 3,826,552 | | 3,826,552 | 3,752,587 |
| Interest Earnings | | | | | | 69,250 | 69,250 | 102,650 |
| County Allocation (Local Match) | | | | | | 1,550,400 | 1,550,400 | 1,550,400 |
| Donations | | | | | | 10,000 | 10,000 | 10,000 |
| Projected GF Carryforward FY '21 | | | | | 173,931 | | 173,931 | 0 |
| Total: | \$68,391,352 | \$6,040,164 | \$5,744,741 | \$3,529 | \$4,121,483 | \$13,675,227 | \$97,976,496 | \$91,507,496 |

Integrated Services Fiscal Year '22 Budget Major Funding Sources As % of Budget



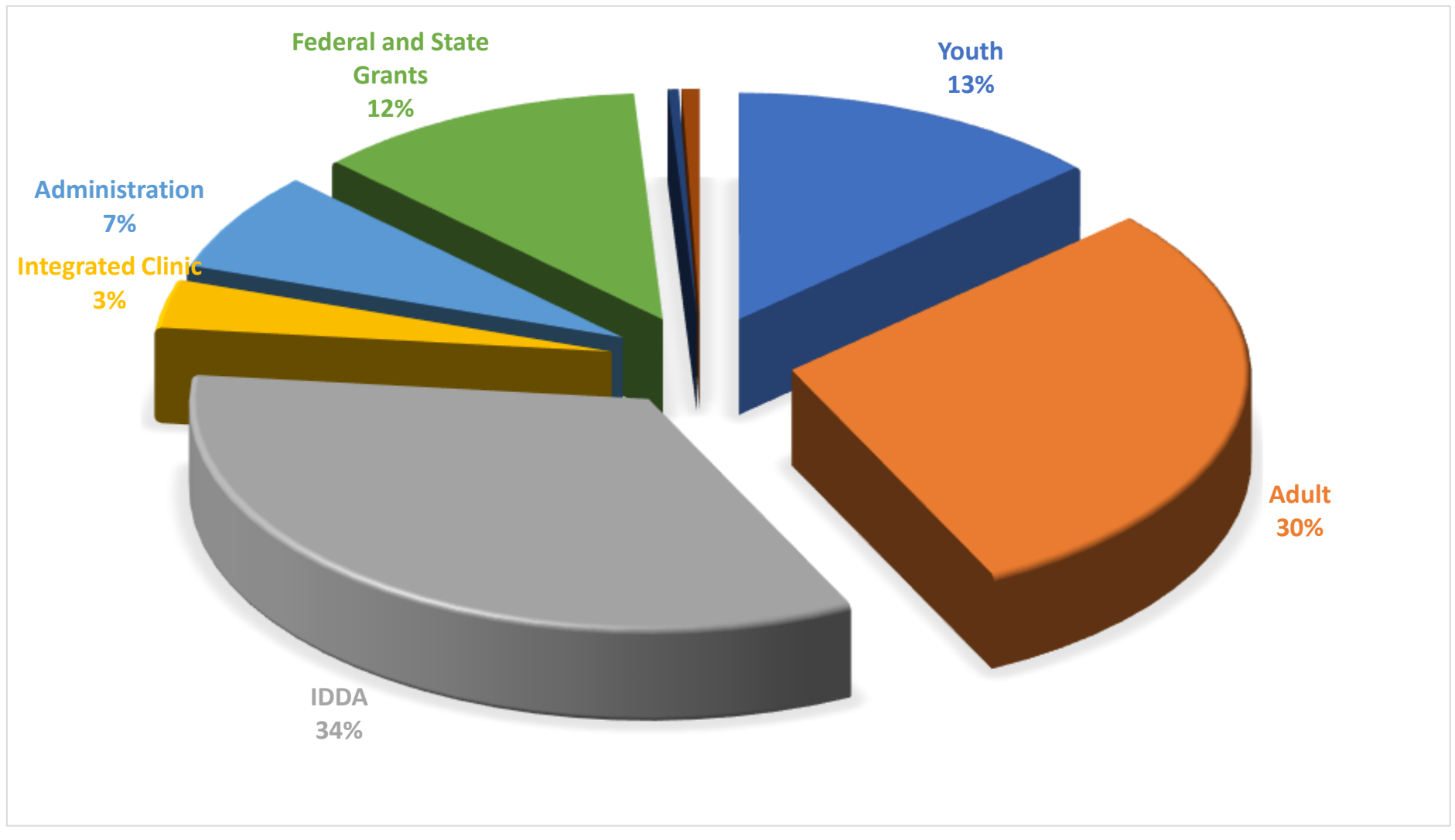
Integrated Services of Kalamazoo

Fiscal Year 2022 Budget Expenditures

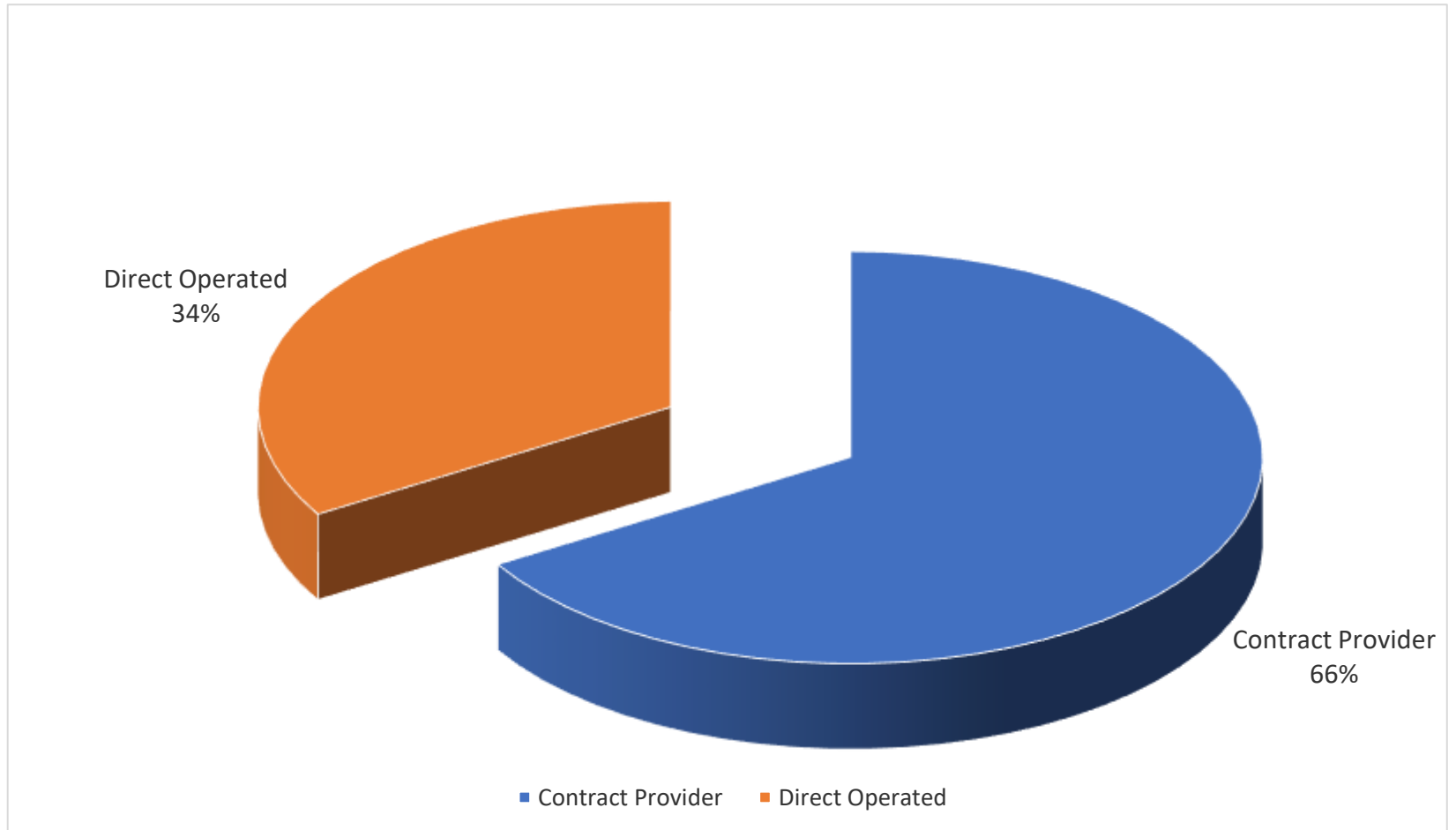
As Presented for Public Hearing and Board Adoption on September 27, 2021

| EXPENDITURES | <i>Medicaid</i> | | | | <i>Unrestricted Fund Balance</i> | | <i>FY 22</i> | <i>FY 21</i> |
|----------------------------------|----------------------|---------------------|---------------------|-----------------|----------------------------------|----------------------|----------------------|----------------------|
| | Specialty | Healthy | Autism | SUD Block | State | Other Funding | <i>Grand</i> | <i>Grand</i> |
| | Services | Michigan | Spectrum | Grant | General Fund | Sources | <i>Totals</i> | <i>Totals</i> |
| Youth Programs | 7,448,370 | | 5,314,734 | | 158,067 | 116,382 | \$ 13,037,553 | \$ 12,725,426 |
| MIA Programs | 20,948,180 | 4,879,954 | | 3,529 | 1,585,935 | 1,389,469 | 28,807,067 | 27,496,924 |
| IDDA Programs | 32,634,281 | 230,550 | | | 163,201 | 187,018 | 33,215,050 | 31,505,091 |
| Integrated Health Clinic | 2,142,853 | 416,487 | | | 652,005 | 145,390 | 3,356,735 | 3,435,656 |
| Administration, Access, Training | 5,095,446 | 452,120 | 430,007 | | 192,350 | 768,275 | 6,938,198 | 6,463,395 |
| Federal and State Grants | | | | | 1,200,847 | 10,328,168 | 11,529,015 | 8,777,758 |
| Homeless Shelter | 122,222 | 61,053 | | | 7,245 | 184,695 | 375,215 | 614,532 |
| Local Match Drawdown | | | | | | 617,788 | 617,788 | 463,788 |
| Total: | \$ 68,391,352 | \$ 6,040,164 | \$ 5,744,741 | \$ 3,529 | \$ 3,959,650 | \$ 13,737,185 | \$ 97,876,621 | \$ 91,482,570 |

Integrated Services Fiscal Year '22 Budget Various Expenditures As % of Budget



Integrated Services Fiscal Year '22 Budget Provider & Direct Operated As % of Budget



Budget Notes from Senior Executives

Services for Youth and Family

STAKEHOLDER INPUT

The mission of Integrated Services of Kalamazoo (ISK) is to provide services that empower people to succeed. Positive outcomes valued by stakeholders include the areas of community inclusion, transition, home and school functioning, behavior towards others, moods/emotion, thinking, substance use, behavior in the community, health/wellness and family support. Community feedback also included the importance of services such as Community Living Supports and Respite. These outcome areas are reviewed at regular meetings with stakeholders including advocacy groups such as ASK Family Services, the Family Support Advisory Council (FSAC), self-advocates and provider partners.

BUDGET PLAN FY 21/22

The overall budget strategy is to support the local systems of care for youth and to assure that services for those most in need are available. The budget addresses the service needs for youth with Serious Emotional Disturbance, Intellectual and Developmental Disabilities, and young adults transitioning from youth services to adult services. A population of focus will include youth in foster care or involved in ongoing Protective Services and is supported through a SAMHSA grant. COVID-19 presented many challenges in delivering services and in the creation of a workforce shortage. Families, youth, and staff needed services provided in a safe manner and workforce shortages were prevalent. These impacts may continue into FY 21/22. Youth presented with severe needs and needed intensive services such as Wraparound and Home Based and that trend is expected to continue. Data from the state demonstrated that Kalamazoo served youth with more severe conditions than any other county.

Incentive funding has been received to further support services for youth involved with MDDHS-foster care. SED-W Waiver funding opportunities have remained stable for youth involved with MDDHS. The SAMHSA System of Care Grant also supports funding for at risk populations of youth on the school to prison pipeline and Youth placed in DHHS foster care. The number of youth eligible to receive the Autism services benefit continue to have a slow, steady rise. Youth receiving that benefit are also eligible for Supports Coordination and other specialty mental health service which is reflected in the Budget Plan. The budget fully funds these service trends. Adjustments were made in the budget for to better match services to utilization, match funding to collaborative projects, and to better run the provider network.

SERVED-SED

| | | | | |
|---------|--------|-------|--------|---------------------|
| FY17/18 | Budget | 1,500 | Actual | 1,366 |
| FY18/19 | Budget | 1,500 | Actual | 1,285 |
| FY19/20 | Budget | 1,500 | Actual | 1,029 |
| FY20/21 | Budget | 1,500 | Actual | 797 through 5/31/21 |
| FY21/22 | Budget | 1,500 | | |

SERVED-DDC

| | | | | |
|---------|--------|-----|--------|---------------------|
| FY17/18 | Budget | 160 | Actual | 224 |
| FY18/19 | Budget | 160 | Actual | 257 |
| FY19/20 | Budget | 200 | Actual | 261 |
| FY20/21 | Budget | 200 | Actual | 279 through 5/31/21 |
| FY21/22 | Budget | 280 | | |

Services for Adults with Intellectual/Developmental Disabilities**STAKEHOLDER INPUT**

The mission of Integrated Services of Kalamazoo (ISK) is to provide services and supports that empower people to succeed, promoting community, independence and empowerment. Positive outcomes for individuals in the areas of relationships (friends and family), living arrangements, community inclusion, employment, health/wellness and improvement in functioning ability are goals of the services we provide. These outcome areas are reviewed at regular meetings with stakeholders including advocacy groups, self-advocates and provider partners. ISK staff solicit input from these stakeholders on how to improve outcomes. ISK also seeks to transform our community through the active engagement of individuals with Intellectual/Developmental Disabilities in all areas of community life, creating a more inclusive and a more understanding community for all residents.

ISK staff meet regularly with a variety of stakeholder groups. These different stakeholder groups are solicited for continuing input and feedback. These include The Arc Community Advocates, I/DD Directors, Kalamazoo Regional Educational Services Agency, Michigan Rehabilitation Services, Disability Network and more. ISK I/DD department directly employs a Certified Peer Mentor who provides valuable feedback regarding services and priorities. Further regular input comes from the Inclusion Advisory Council, whose members are adults with Intellectual/Developmental Disabilities who also receive services from ISK.

BUDGET PLANNING for FY22

Financial Statements for the Services for Adults with Intellectual/Developmental Disabilities Division are reviewed with the I/DD Directors group each month. Provider partners provide feedback on budget priorities and needs. Budget information is also shared with Community Advocates, Kalamazoo Regional Educational Services Association and Michigan Rehabilitation Services when part of collaborative initiatives. Trends are reviewed, and when possible, incorporated into planning.

Due to COVID-19, we are not able to make future budget projections based on current year expenditures. COVID-19 safety measures made some services unavailable or of limited availability for periods of time. Individuals, including their families, decided to not engage in services in order to limit unnecessary coronavirus exposure. Many of the budget assumptions include lower utilization related to the pandemic and also due to the Direct Support Professional (DSP) staffing crisis.

Prior to the COVID-19 pandemic, provider agencies were struggling with staff vacancies. Following the pandemic, the staff vacancies have even higher. Provider agencies continue to close admissions to some services and stop providing some services altogether. This has resulted in ISK not being able to provide all necessary services to individuals. This budget attempts to address the direct care wage/staffing crisis for Kalamazoo County based providers by offering a \$15.00 minimum base wage. The DSP crisis is the single largest issue facing this Division and time will determine if this increased wage strategy helps and, if so, the extent to which it relieves this crisis. Still Service availability is limited and more individuals are receiving services in Specialized Residential settings, rather than in homes of their own with Community Living Supports. All services and initiatives have been scaled back due to lack of current staffing.

For the second consecutive year, all providers are not able to provide staffing for new Supported Independent Living arrangements ((24 hour supports in individuals' homes), decreasing options for all individuals, especially those with complex, unique needs where typical Specialized Residential settings are not clinically indicated. Most provider agencies are not accepting referrals for Community Living Services (intermittent supports in a family home or individual's home). This has caused a strain on families, some having family member move to Specialized Residential or Adult Foster Care).

During most of the FY21 year, the two largest Specialized Residential agencies in our community have discharged/are discharging residents from Specialized Residential homes due to lack of staffing to meet the complex needs of the individuals. Previously, additional supports could be provided to individuals in crisis so their living arrangement would not need to change due to a short-term issue. Both providers have closed Specialized Residential homes due to inability to procure staffing for the homes. This has reduced local bed capacity by 17 beds.

Supported Employment and Skill Building services remain lower in both individuals served and units of services provided when compared to pre-pandemic. This is due to space limitations (maintaining social distancing), transportation availability and individual's caution/concerns about returning to group situations. We have seen slow increases over the past three months, however, we do not anticipate a return to pre-pandemic levels in FY22.

In the past couple of years, the Michigan Department of Health and Human Services Department referred a few very high needs young adults with complex needs. These young men had been placed in locked youth settings, both in state and out of state. The average cost of these four individuals is \$169,500 per year, per individual.

We have traced many of the developmental disabilities, mental illnesses and complete lack of ability to bond or to cope back to trauma experienced as a child. In the three most extreme cases, the individuals now require the most intensive of services, at an average of \$252,705 per year, per individual.

INDIVIDUALS SERVED

| | | | | |
|----------|--------|-----|--------|-----------------------|
| FY17/18 | Budget | 760 | Actual | 770 |
| FY18/19 | Budget | 760 | Actual | 785 |
| FY19/20 | Budget | 770 | Actual | 756 |
| FY 20/21 | Budget | 780 | Actual | 708 (through 5-31-21) |
| FY 21/22 | Budget | 760 | | |

Services for Adults with Mental Illness and Substance Use Disorders

STAKEHOLDER INPUT

Integrated Services of Kalamazoo (ISK) holds to the mission of providing services that support recovery to empower people to succeed. Striving to assist individuals in building relationships, gaining employment, living independently, and increasing their health and wellness are goals consistent with the services provided. These outcome areas are reviewed at regular stakeholder meetings including advocacy groups, self-advocates and provider partners. The different stakeholder groups are solicited for continuing input and feedback regarding service and financial areas. Stakeholder input was more limited this year due to the COVID-19 Pandemic but did come from: NAMI meetings; Recovery Institute; monthly developmental disability/mental illness provider director meetings; and case management/supports coordination meetings.

BUDGET PLAN FY21/22

Peer delivered services continue to be a priority for the department. All case management services employ peers within their service delivery system. Peer Services are utilized within our integrated health team – Whole Health Initiative, to assist with engagement and group wellness sessions. Recovery Institute continues to partner with ISK to provide peers within our outpatient clinic to promote engagement and connections to recovery activities offered at their location. Finally, Recovery Coaches are an integral part within our Opioid Recovery Outreach program – they provide 24 hours 7 day a week on call to anyone entering our hospital emergency departments with a substance use disorder.

Wellness and recovery continue to be focuses. Working with our community partners, we continue to focus on increasing the skill and knowledge of those interacting directly with individuals we serve and linking them with primary care (i.e. disease management protocols, on-line health

integrations courses....). ISK has also expanded in the collection of health indicators to assist in better population management (indicators include: BMI, Blood Pressure, Tobacco Use, Depression, Suicide Risk Factors). ISK continues to expand the participation within Whole Health Action Management, InShape, Smoke Less/Live More along with care coordination that assist in connecting individuals with needed primary care supports.

ISK continues to expand our outpatient services to meet the anticipated needs of our Certified Community Behavioral Health Clinic. This allows ISK to expand the services offered to individuals with a substance use disorder along with further expanding upon our integrated health clinic. To increase our work on improving health indicators ISK has also added care coordinators to work with our designated collaborating organizations.

INDIVIDUALS SERVED

| | | |
|---------|--------------|-----------------------------------|
| FY17/18 | Budget 3,800 | Actual 4,422 |
| FY18/19 | Budget 4,000 | Actual 4,498 |
| FY19/20 | Budget 4,300 | Actual 4,386 |
| FY20/21 | Budget 4,500 | Actual 3,694 (as of May 31, 2021) |
| FY21/22 | Budget 4,500 | |