



Community • Independence • Empowerment

Jeffrey W. Patton  
Chief Executive Officer

[www.iskzoo.org](http://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

## AGENDA

*INTEGRATED Services of Kalamazoo* BOARD HAS SCHEDULED ITS MEETING FOR MONDAY, September 27, 2021, BEGINNING @ 4:00PM via *Microsoft TEAMS*.

- I. CALL TO ORDER - CITY & COUNTY DECLARATION
- II. AGENDA
- III. MINUTES July 26, 2021 & August 23, 2021
- IV. CITIZEN TIME
- V. BUDGET PUBLIC HEARING FY2021/2022 **MOTION/ROLL CALL VOTE**
- VI. RECIPIENT RIGHTS
  - a. Recipient Rights Monthly Report (July 2021 & August 2021)
- VII. CONSENT CALENDAR Monitoring Reports/AUGUST & SEPTEMBER **MOTION/ROLL CALL VOTE**
  - AUGUST
    - a. Budgeting (Policy)
    - b. Finance (Policy)
    - c. Asset Protection (Policy & Report)
  - SEPTEMBER
    - a. Staff Treatment (Policy & Report)
    - b. Compensation & Benefits (Policy & Report)
- VIII. PROGRAM SERVICES REPORT **VERBAL**
  - a. Program Services Report will be presented at the October 25, 2021 meeting
- IX. FINANCIAL REPORTS
  - a. Financial Condition Report (July 2021 & August 2021)
  - b. Utilization Report (July 2021 & August 2021)
  - c. *July & August Disbursements* **MOTION**
- X. ACTION ITEMS NEW & REVISITED
- XI. CHIEF EXECUTIVE OFFICER REPORT **VERBAL**
  - a. CEO Report
- XII. CITIZEN TIME
- XIII. BOARD MEMBER TIME
  - a. SWMBH (Southwest Michigan Behavioral Health) Updates/Erik Krogh
- XIV. ADJOURNMENT



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III.

INTEGRATED Services of Kalamazoo (ISK) July 26, 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	
Karen Longanecker, <i>VICE CHAIR</i>	X	Kalamazoo/Kalamazoo	
Nkenge Bergan	X	Kalamazoo/Kalamazoo	
Sarah Carmany			X
Ituha Cloud			X
Patrick Dolly	X	Kalamazoo/Kalamazoo	
Pat Guenther	X	Kalamazoo/Kalamazoo	
Michael Raphelson	X	Kalamazoo/Kalamazoo	
Sharon Spears	X	Kalamazoo/Kalamazoo	
Jenna Verne			X
Veronica McKissack, <i>COMMISSIONER</i>	X	Kalamazoo/Kalamazoo	
VACANCY			

ISK - KCMHSAS Staff Present:

Jeff Patton, CEO  
 Pat Davis  
 Sheila Hibbs  
 Roann Bonney  
 Heather Garcia  
 Beth Ann Meints  
 Heidi Oberlin  
 Dianne Shaffer  
 Cathie Schau  
 Alecia Pollard  
 Michael Schlack, *CORPORATE COUNSEL*  
 Demeta Wallace

ISK - KCMHSAS Staff Absent:

Lisa Brannan  
 Kathy Lentz  
 Pat Weighman

Providers:

Travis Swieringa  
 Executive Director  
 InterAct of Michigan

Call to Order:

Chair Krogh welcomed all in attendance to the July 26, 2021, INTEGRATED Services of Kalamazoo Board meeting. The Board meeting was called to order at 4:01PM.

Agenda:

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

Minutes:

Member Guenther, "I MOVE TO ACCEPT THE MINUTES FROM June 28, 2021." Supported by Member Raphelson.

ROLL CALL

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

MOTION PASSED.

Citizen Time: No citizens came forth.

Recipient Rights:

Recipient Rights Monthly Report:

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

Abuse Violations:

There were 2 substantiated Abuse II violations in June 2021.

- o The remedial actions for these violations were Training (3), Written Reprimand (3).

The 2 violations occurred at different agencies.

There were 2 substantiated Abuse III violations in June 2021.

- o 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 4 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.

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 SEMI-ANNUAL Report:

Roann Bonney, ISK, ORR Director, presented the Office of Recipient Rights SEMI-ANNUAL Report for October 1, 2020-Maarch 31, 2021.

This report deals with the status of recipient rights and the data is reported by type/category regarding the rights of the recipients receiving services from ISK.

To review the entire Recipient Rights SEMI-ANNUAL Report, please contact Deborah Lanning, ISK, Administrative Assistant, Office of Recipient Rights by email @ [DLanning@iskzoo.org](mailto:DLanning@iskzoo.org) or by phone (269)364-6920.

#### Consent Calendar:

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

#### Monitoring Reports:

##### JULY:

- Chief Executive Officer Performance
- Monitoring Executive Performance
- Chief Executive Officer Role
- Delegation to the Chief Executive Officer
- Board Finance Committee

Member Raphelson, "I MOVE TO APPROVE THE JULY MONITORING REPORTS CONSENT CALENDAR." Supported by: Vice Chair Longanecker.

ROLL CALL

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

MOTION PASSED.

Program Services Updates:

Beth Ann Meints, ISK, Administrator for CCBHC Operations and Adult Behavioral Health Services, gave a brief update on Certified Community Behavioral Health Clinic. ISK is in its fourth year of a SAMHSA grant that supported us developing a CCBHC. These grant dollars have helped ISK to expand the following service areas:

- Outpatient Services for Youth and Adults
- Care Coordination Services to Youth and Adults – coordinate primary and behavioral health care needs
- Community Health Workers Youth and Adults – focus on reducing social determinants of health
- Care Pathways for Health Indicators – BMI, Tobacco Use, Depression Screening, Screening for risk of Suicidal ideation, alcohol/drug use screening and immunization care
- Data Analytics – for population health management

During this current year the state of Michigan received notification that it would be eligible to be a CCBHC demonstration State. ISK is one the 14 CMHSP/non-profit organizations that is eligible within the state of Michigan to become certified by the State to be a CCBHC. Being certified as a CCBHC will allow us to increase our access to services (including anyone with a valued mental health and/or substance use diagnosis), expand our crisis services, further expand our outpatient services, Care Coordination, Community Health Workers allowing for better coordination between physical and behavioral health care needs. The CCBHC will also allow ISK to receive a Prospective Payment methodology, which is outside of the capitated payment that ISK is currently under. The Prospective Payment methodology will include cost for those additional non-billable services (care coordination and community health workers) who assist in coordinating care between the physical and behavioral health care systems.

Dianne Shaffer, ISK, Senior Executive for Policy, Planning, and Innovation gave a brief update on the Criminal Justice Grant. Integrated Services of Kalamazoo, in collaboration with all Kalamazoo County Law enforcement agencies and Kalamazoo Consolidated Dispatch will establish a plan to provide behavioral health services for the Kalamazoo Community through a three-year grant up to \$550,000.00 from the Bureau of Justice Assistance.

The proposal will create a Police Mental Health Collaboration (PMHC) that consistently endeavors to strengthen the existing strengths while providing additional supports for a comprehensive, cross system response for individuals with mental illness or co-occurring substance use disorders. Leadership from ISK & law enforcement will develop an advisory council that will effectively guide and support the PMHC. The PMHC Coordinator along with the advisory council will develop and implement a strategic plan that will include:

- ✚ Data reporting process
- ✚ Co-responding Crisis Response Model with mental health expertise
- ✚ Case Consultation
- ✚ Crisis Response Center
- ✚ Intensive Training for law enforcement and mental health staff

That concludes our reports.

Member Raphelson, "Excellent presentation from the both of you and 24-hour mental health emergency services is long overdue. I've been preaching for years about the need to offer such a valuable service in our community. This is exciting news! Our hospital emergency rooms are overly tasked with multiple medical issues which often makes it impossible to truly focus on those with a true mental health emergency."

#### Financial Condition Report:

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

#### SWMBH:

##### Revenues:

Revenues for the nine-month (9) period are projected to be \$54,515,933 compared to budgeted revenues of \$57,028,994. Consequently, revenues are in an un-favorable position by approximately \$2,513,061.

##### Expenditures:

Expenditures for the nine-month (9) period are \$54,515,933 compared to budgeted expenditures of \$57,028,994. Consequently, expenditures are in a favorable position by approximately \$2,513,061.

#### ISK:

##### 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.

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.

Utilization Reports:

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

- Youth Community Inpatient Services is unfavorable by \$70,072
- MI Adult Community Inpatient Services is at (1,172) days and unfavorable at \$1,110,727
- Community Living Supports, Personal Care, and Crisis Residential is favorable at \$1,192,949

Investment Report:

Pat Davis, ISK, Deputy Director, Administrative Services, presented the June 30, 2021, Investment Report.

PNC Bank has 80.53% cash, U.S. Federal Government (via PNC) 14.78% and DCAR's & DC (via Independent Bank) 4.13%. Investments remain consistent.

June Disbursements (MOTION):

Member Spears, "BASED ON THE BOARD FINANCE MEETING REVIEW, I MOVE THAT ISK APPROVE THE JUNE 2021 VENDOR DISBURSEMENTS OF \$7,560,805.44."

Supported by Vice Chair Longanecker.

ROLL CALL

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

MOTION PASSED.

ACTION ITEMS (New & Revisited) No materials were scheduled to be reviewed.

Chief Executive Officer Report:

Our ISK August Board meeting will be the ISK Board Planning Meeting. All reports for ORR, Program Services, and Monitoring Reports will be reviewed at the September 27<sup>th</sup> meeting. The entire August meeting will be devoted to future planning. There is a lot of exciting opportunities on the horizon for ISK to improve services and assist in improving the number of vacancies in the Direct Care Workers profession. *Congratulations* to Sarah Carmany, ISK, Board member for being the recipient of the

National Association of Councils on Developmental Disabilities Award for her dedicated advocacy work!

*Congratulations* to Patrick Dolly, Nkenge Bergan and Karen Longanecker for being re-appointed to the ISK Board. And *congratulations* to Michael Seals for his appointment to the ISK Board. We will reach out to Michael regarding his start date.

That concludes my report.

Citizen Time: No citizens came forth.

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. Also, their budget is indeed in a favorable position. Pat Guenther, ISK, Board member and alternate to the SWMBH Board had no additional updates to share.

Thank you to the ISK Board members for attending today's meeting. There are several wonderful things happening for ISK. The future upgrades to the 418 building for the implementation of the new CCBHC facility. Excellent job to Jeff and the ISK staff!

Patrick Dolly: Have a great evening and it was a great meeting!

Sharon Spears: The outside temperature is 88 degrees. I'm enjoying my air conditioning and everyone traveling from this meeting be safe and have a great evening.

Pat Guenther: With the great demand for direct-care workers in our state and the need to give assistance to people who are sick, injured, mentally or physically disabled, or the elderly and fragile shouldn't there be classes or trainings with incentives that would stimulate interest in this type of work?

Jeff commented, "*there are trainings for these types of positions. However, at the August, ISK Board Planning meeting I will be sharing with the ISK Board an incentive that we have implemented that should generate greater interest in the direct-care workers profession*".

Michael Raphelson: There is a true disconnect when it comes to the direct-care workers. It is such an essential position and I'm slightly worried about the impact on patient care, if the vacancy is not filled.

Nkenge Bergan: Have a great evening!

Karen Longanecker: I appreciate all the comments regarding the direct-care workers and keeping it on the radar!



Veronica McKissack: There is a disconnect when it comes to the direct-care workers in many entities, but there is also a disconnect when it comes to a livable wage. Therefore, the Kalamazoo County Board of Commissioners is doing a wage study within the county and will be making decisions about how to bridge the wage gap.

ADJOURNMENT:

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

ROLL CALL

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

MOTION PASSED.

Meeting was adjourned at 5:30PM.

Demeta J. Wallace

*Board Liaison*

INTEGRATED Services of Kalamazoo



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III.

INTEGRATED Services of Kalamazoo (ISK) August 23, 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	
Karen Longanecker, <i>VICE CHAIR</i>	X	Kalamazoo/Kalamazoo	
Nkenge Bergan	X	Kalamazoo/Kalamazoo	
Sarah Carmany	X	Kalamazoo/Kalamazoo	
Ituha Cloud			X
Patrick Dolly	X	Kalamazoo/Kalamazoo	
Pat Guenther	X	Kalamazoo/Kalamazoo	
Michael Raphelson	X	Kalamazoo/Kalamazoo	
Sharon Spears	X	Kalamazoo/Kalamazoo	
Jenna Verne	X	Kalamazoo/Kalamazoo	
Veronica McKissack, <i>COMMISSIONER</i>	X	Kalamazoo/Kalamazoo	
VACANCY			

ISK - KCMHSAS Staff Present:

- Jeff Patton, CEO
- Pat Davis
- David Anderson
- Sheila Hibbs
- Heather Garcia
- Beth Ann Meints
- Heidi Oberlin
- Dianne Shaffer
- Alecia Pollard
- Michael Schlack, *CORPORATE COUNSEL*
- Demeta Wallace

ISK - KCMHSAS Staff Absent:

- Roann Bonney
- Lisa Brannan
- Kathy Lentz
- Pat Weighman

Providers:

- |  |   |   |
|--|---|---|
| Travis Swieringa<br>Executive Director<br>InterAct of Michigan | Fi Spalvieri<br>Chief Executive Officer<br>Community Living Options | Scott Schrum<br>Chief Executive Officer<br>Residential Opportunities Inc. |
|--|---|---|

Guests:

- Jack Abate, Construction Operations Director/Miller Davis Construction Company
- Gabe Alvey, Principal and Senior Architect/Diekema Hamann Architecture and Engineering
- Katie Potts, Architect/Diekema Hamann Architecture and Engineering
- Lori Anderson
- Felicia Evans
- Michael Seals

Call to Order:

Chair Krogh welcomed all in attendance to the [August 23, 2021](#), INTEGRATED Services of Kalamazoo Board Planning meeting. The meeting was called to order at [4:00PM](#).

Agenda:

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

ROLL CALL

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

MOTION PASSED.

Citizen Time:

Scott Schrum

Chief Executive Officer

Residential Opportunities Inc.

Mr. Schrum read his testimony and the testimony of a recipient who received the Direct Care Wage increase into the record.

“On behalf of the ROI Board of Directors and our staff we thank ISK for the recent funding support in response to the staffing crisis of ROI and other organizations. In addition to thanking the ISK Board, we also specifically thank Jeff Patton, Pat Davis, Kathy Lentz, and anyone else in the ISK administration responsible for this funding support.

We certainly recognize and appreciate the financial risk in providing this investment in our staff. Our initial feedback for you is all positive. We have had 9 former high-quality staff reapply for work with us. The number of applications for employment have tripled and the quality of applicants has increased. We can be more selective in who we offer positions to. Of course, ISK’s mission is not to create employment opportunities or to help people out of poverty. It is to improve the lives of people

who are eligible for behavioral health services. During the past few years ROI has terminated services to over 40 people receiving supported living services and we have closed two group homes. We hope your investment in our staff allows us to reverse these trends.”

“I don’t know where or who to direct my gratitude and thankfulness, but I need to express it. Thank you is an understatement. Thank you everyone that has advocated so hard for such a significant and completely unexpected raise. When I was originally told I stood dumbfounded as it didn’t really sink in. Now that I’ve seen the numbers turn on KRONOS and I sit down and redo my budget I’ve gotten a sense of euphoria, relief & so many tears of gratitude. I love my job, I believe caring for others and animals is my calling, and since my younger years I’ve always been drawn to special needs and the elderly. Maybe the vulnerable needing someone in their corner, helping them feel secure, loved, cared for and a sense of normalcy. I’ve been with the company for a couple months shy of a decade, and over the years we all have been through the ringer. Short staffed, long hours, overworked, exhausted etc. just to make enough to pay the bills with little to nothing left over for anything outside of the monthly budget.

This raise means more to me than just more money, it means relief, decreased anxiety and stress and for once in 10 yrs. I don’t HAVE to work so much overtime just to survive, I can simply work OT just because I enjoy ‘my family’. I’ve prayed and prayed recently and the week before the announcement I redid my entire resume because in my heart as much as it hurt, I had to be honest with myself that it was time to let go and move on for stress & financial purposes. That’s no longer an issue. So again, this raise means more to me than just money, it means that I get to stay with my family. I get to come to work and not be consumed with how many hours I’ve got to try and work just to be able to pay bills. That is no longer a thought, for once I will be able to cash in some vacay time for rejuvenation if ever needed. Thank you will never be enough to you and everyone that has fought for this. Finally, the work and love poured into this company is reflected. I just needed someone to be able to know how much the raise means across the board on so many levels. On behalf of all ROI staff  
THANK YOU!!!!”

Fi Spalvieri

Chief Executive Officer

Community Living Options

“Two months ago, I was here to tell you about the struggles we were having in finding employees with a wage of \$11.35 an hour.

Today I’m here to say thank you for listening and responding to that call for help. CLO, which has been a Kalamazoo based organization for 35 years has struggled with the challenges of not being able to recruit qualified employees for the last 4 years. With Covid, we hit an all-time low in the applications we were getting. Despite raising our wage two years ago, we still fell below the market when competing with other entry level jobs.

Covid added a new twist on what is “essential.” I am proud of the CLO workforce, and I’m proud to say that our employees stayed the course during a pandemic that continues to spread.

By increasing the rates to allow for wage increases, ISK is making a difference not just at CLO, but in the community. The work done by direct care professionals is essential. By being able to raise the wage table, we will inadvertently improve services to those we serve.

We are now advertising a starting wage of \$15.60 an hour. I know that this comes with risk for both ISK as well as CLO. I believe that we will reap its reward by being able to recruit from a qualified work pool, filling our openings to reduce the need to mandate an employee to work over their scheduled time. It may take a little time, but we are already seeing an increase in applications coming in. With that, we hope to be able to work with ISK to serve those waiting for services.

On behalf of the CLO family, our Board, employees, and those we serve, we thank this Board and the leadership of ISK, especially Kathy Lentz, Pat Davis, and Jeff Patton. We look forward with hope and optimism to better days. Thank you for stepping up and continuing to go the extra mile for your providers.

**NEW Construction and Renovation of the ISK 418 W. Kalamazoo Avenue Building:**

Jeff Patton, Integrated Services of Kalamazoo, Chief Executive Officer, opened the presentation on the NEW Construction and Renovation of the ISK 418 W. Kalamazoo Avenue Building. He introduced the presenter who would be explaining the presentation in greater detail. Briefly, he discussed how these significant upgrades to the existing site would help to increase access to mental health and substance use disorder treatments. It would also expand capacity and establish an even greater innovative partnership with law enforcement, hospitals, schools and reduce recidivism.

**INTEGRATED**  
Services of Kalamazoo

**418 West Kalamazoo Avenue  
Building Expansion and  
Improvements Project**

**DIEKEMAHAMANN**  
architecture & engineering

**miller davis**  
EXPERIENCE MATTERS

2

## Agenda

- Introduction – Jeff Patton
- Review of current drawings/footprint – Gabe Alvey/DHAE
- Preliminary Project Schedule – Jack Abate/MD
- Sitework plan – David Anderson
- CCBHC and Programming Benefits – Beth Ann Meints
- Costs and Financing – Pat Davis
- Q&A – ISK/DHAE/MD



3

## Introduction

Integrated Services of Kalamazoo

Mission Statement

Promote and provide mental health,  
intellectual/developmental disability and substance  
use disorder resources that empower people to  
succeed



## Introduction

### Project Goals

- Increase access to behavioral health services for the populations of focus
- Deliver comprehensive coordinated care providing access to evidence-based interventions for individuals with complex needs
- Deliver integrated care for behavioral health and physical health risks and needs



## Introduction

### Funding for the Project

- Stryker Johnston Foundation---\$3,000,000
- Irving S. Gilmore Foundation---\$ 750,000



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## Introduction

- Project Overview
- Design/Construction Team

David Anderson, ISK	Norm Hamann, Diekema Hamann
Dianne Shaffer, ISK	Gabe Alvey, Diekema Hamann
Beth Ann Meints, ISK	Katie Potts, Diekema Hamann
Patricia Davis, ISK	Jack Abate, Miller-Davis





To review the entire presentation on the NEW Construction and Renovation of the ISK 418 W. Kalamazoo Avenue Building, please contact Dianne Shaffer, Integrated Services of Kalamazoo, Senior Executive for Policy, Planning, and Innovation at [dshaffer@iskzoo.org](mailto:dshaffer@iskzoo.org).

**ACTION ITEMS (New & Revisited) Budget Amendment #3:**

Member Spears, "BEGINNING BUDGET - \$93,966,887.00. INCREASE THE BUDGET BY \$3,177,187.00 FOR A TOTAL BUDGET AMOUNT OF \$97,144,074.00." Supported by Member Carmany.

**ROLL CALL**

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

**MOTION PASSED.**



Citizen Time:Michael Seals

Congratulations Nkenge! I'm impressed with everything that was shared tonight. The testimonials, the upgrades to 418, and the commitment to building an even better community.

Board Member Time

Pat Guenther: Jeff, you and your staff continue to produce such fine work. It is indeed a sign that when you apply yourself with careful thoughtfulness and have the commitment to our persons served that wonderful things can be achieved. Thank you for your outstanding work and service!

Karen Longanecker: Scott Schrum and Fi Spalvieri those testimonials were a great example of reward for those who often work the hardest but get paid the least. I echo the sentiments of gratefulness and gratitude because their work is challenging, and it takes a lot of effort and attention.

Sarah Carmany: I was the recipient of the 2021 Betty Williams "Champions of Equal Opportunity" Award from the National Association of Councils on Developmental Disabilities (NACDD). Also, I am exploring the possibility of attending Kalamazoo Valley Community College, soon.

Sharon Spears: I echo the comments made by Karen Longanecker. Those testimonials almost had me in tears because just like Karen, we both have had and do have a recipient who needs the services provided by a direct care worker.

Michael Raphelson: Scott Schrum will be retiring from ROI after 38 years of excellent leadership in this community. You have been a tremendous asset!

Nkenge Bergan: I too echo the comments by the pervious speakers. Thank you, Scott Schrum for your leadership and forward thinking. The connectivity between multiple agencies working together to improve lives in our community continues to amaze me! I have been employed with the Kalamazoo Public School system for 11 years. As of last Friday, August 20, 2021, my employment with KPS officially ended. I'm elated to report that I have accepted a new position with Kalamazoo Valley Community College as the next Associate Vice President of Student Development Services.

Jenna Verne: Such wonderful stories and e-mails that were shared by Scott Schrum & Fi Spalvieri. The Direct Care Workers really do the hard work. The plans for the upgrades to 418 to help make access better is phenomenal. Congratulations to Nkenge! You will be missed at KPS.

Patrick Dolly: Congratulations to Nkenge! Thank you, ROI & Community Living Options, for sharing those powerful testimonials. It was wonderful news hearing those. My appreciation to all involved making such monumental things happen.

Veronica McKissack: Congratulations Nkenge! I'm extremely impressed with the wage increase for the Direct Care Worker. Decisions like these are in-line with the work that the Kalamazoo County Board of Commissioners is committed to when it comes to wage increases and eliminating wage inequality.

Just a gentle reminder that I was appointed by the Kalamazoo County Board of Commissioners to serve as the Commissioner on the ISK Board.

Also, the Kalamazoo County Board of Commissioners held interviews for the vacancy on the ISK Board and no decision was reached on a final candidate to serve on this board. We will continue to discuss the centralization of services.

Erik Krogh: Thank you Commissioner McKissack for the clarification regarding the Kalamazoo County Board of Commissioners representation.

All the presentations tonight were incredible. Congratulations Nkenge!

Scott will be missed, but the impacts you have made on the service population will continue.

**ADJOURNMENT:**

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

**ROLL CALL**

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

**MOTION PASSED.**

Meeting was adjourned at 5:15PM.

Demeta J. Wallace  
Administrative Coordinator  
INTEGRATED Services of Kalamazoo

# Integrated Services of Kalamazoo

To review the FY2021-2022 Budget the link to our website has been provided below.

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

## BUDGET PUBLIC HEARING FY2021-2022



*Pat Davis*  
Integrated Services of Kalamazoo  
Deputy Director of Administrative Services



Community • Independence • Empowerment

VI.a.

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

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

	July 2021	FY 20-21	July 2020	FY 19-20
<b>Total # of Complaints Closed</b>	<b>22</b>	<b>302</b>	<b>32</b>	<b>413</b>
<b>Total # of Allegations Closed</b>	<b>43</b>	<b>524</b>	<b>46</b>	<b>636</b>
<b>Total # of Allegations Substantiated</b>	<b>16</b>	<b>167</b>	<b>5</b>	<b>159</b>

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.**

<b>ALLEGATIONS</b>	<b>July 2021</b>		<b>July 2020</b>	
<b>Category</b>	<b>TOTAL</b>	<b>SUBSTANTIATED</b>	<b>TOTAL</b>	<b>SUBSTANTIATED</b>
Consumer Safety	1	0	1	0
Dignity/Respect of Consumer	4	1	10	1
Treatment Issues/Suitable Services (Including Person Centered Planning)	5	2	6	0
Abuse I	0	0	0	0
Abuse II	6	2	0	0
Abuse III	6	0	6	1
Neglect I	0	0	0	0
Neglect II	1	1	1	0
Neglect III	8	6	2	1
			<b>26</b>	<b>3</b>

<b>APPEALS</b>	<b>July 2021</b>	<b>FY 20-21</b>	<b>July 2020</b>	<b>FY 19-20</b>
Uphold Investigative Findings & Plan of Action	0	7	0	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

## August 2021

### Re: July 2021 Abuse/Neglect Violations

#### July

#### Abuse Violations

- There were two substantiated Abuse II violations in July 2021.
  - The remedial actions for these violations are Training (1), Written Reprimand (1).

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

#### Neglect Violations

- There was one substantiated Neglect II violation in July 2021.
  - The remedial actions for this violation are Training (1), Written Reprimand (1).
- There were six substantiated Neglect III violations in July 2021. One was a Failure to Report.
  - The remedial actions for these violations are Training (3), Verbal Counseling (2), Written Reprimand (3), Plan of Service Revision (1), Employment Termination (2).

**3 of the 6 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. 2 of the 3 remaining violations occurred at the same agency but different program sites.**

VI.a.

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

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

	August 2021	FY 20-21	August 2020	FY 19-20
<b>Total # of Complaints Closed</b>	<b>41</b>	<b>343</b>	<b>37</b>	<b>450</b>
<b>Total # of Allegations Closed</b>	<b>74</b>	<b>597</b>	<b>65</b>	<b>701</b>
<b>Total # of Allegations Substantiated</b>	<b>25</b>	<b>192</b>	<b>9</b>	<b>168</b>

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	August 2021		August 2020	
Category	TOTAL	SUBSTANTIATED	TOTAL	SUBSTANTIATED
Consumer Safety	2	2	0	0
Dignity/Respect of Consumer	12	3	5	1
Treatment Issues/Suitable Services (Including Person Centered Planning)	14	6	12	2
Abuse I	0	0	1	0
Abuse II	7	2	9	2
Abuse III	7	2	5	1
Neglect I	0	0	0	0
Neglect II	2	2	2	2
Neglect III	8	5	4	1
	<b>52</b>	<b>22</b>	<b>38</b>	<b>9</b>

APPEALS	August 2021	FY 20-21	August 2020	FY 19-20
Uphold Investigative Findings & Plan of Action	1	7	0	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

## September 2021

### Re: August 2021 Abuse/Neglect Violations

#### August

##### Abuse Violations

- There were two substantiated Abuse II violations in August 2021.
  - The remedial actions for these violations were Training (2), Staff Transfer (1), and Written Reprimand (3).

**The 2 violations occurred at the same agency and program.**

- There were two substantiated Abuse III violations in August 2021.
  - The remedial actions for these violations were Staff Transfer (1), and Written Reprimand (5).

**The 2 violations occurred at different agencies.**

##### Neglect Violations

- There were two substantiated Neglect II violations in August 2021.
  - The remedial actions for these violations were Employment Termination (1), and Written Reprimand (1). Both were Neglect II, Failure to Report violations.

**The 2 violations occurred at different agencies.**

- There were five substantiated Neglect III violations in August 2021.
  - The remedial actions for this violation were Employment Termination (2), Training (2), Written Reprimand (4), and Policy Revision/Development (1). One was a Neglect III, Failure to Report violation.

**3 of the violations occurred at the same agency but 3 different programs. The other 2 violations also occurred at the same agency and the same program.**

# INTEGRATED SERVICES OF KALAMAZOO

## BOARD POLICY II.15

AREA:	Governance	PAGE:	1 of 1
SECTION:	Executive Limitations	SUPERSEDES:	
SUBJECT:	<b>BUDGETING</b>	REVISED:	08/22/2011

### PURPOSE/EXPLANATION:

To establish limitations of means regarding the budgeting process.

### POLICY:

- I. Budgeting any fiscal year or the remaining part of any fiscal year shall not deviate materially from Board Ends priorities, or risk fiscal jeopardy. Accordingly, the Chief Executive Officer may not cause or allow budgeting which:
  - A. Does not provide for a Public Hearing prior to formally adopting the budget consistent with Michigan Compiled Law (MCL) Section 141.412.
  - B. Contains too little information to enable credible projection of revenues and expenses, cash flow, and disclosure of planning assumptions.
  - C. Plans the expenditure in any fiscal year of more funds than are conservatively projected to be received in that period.
  - D. Reduces the current assets at any time to less than a favorable relationship with current liabilities.
  - E. Does not provide for Board prerogatives such as Board development, and Board and committee meetings.
  - F. Endangers the fiscal soundness of future years or ignores the building of organizational capability sufficient to achieve ends in future years.
- II. This policy will be monitored through internal mechanisms on a quarterly basis, and external mechanisms on an annual basis.

### EXHIBITS:

- A. MCL Section 141.412.

**CHIEF EXECUTIVE OFFICER:**

**APPROVED:**

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Jeff Patton  
Chief Executive Officer

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Erik Krogh  
Board Chair

# INTEGRATED SERVICES OF KALAMAZOO

## BOARD POLICY V.04

AREA:	Governance	PAGE:	1 of 2
SECTION:	Executive Limitations	SUPERSEDES:	
SUBJECT:	FINANCE	REVISED:	08/22/2011

### PURPOSE/EXPLANATION:

To establish limitations of means regarding the financial condition of the agency.

### POLICY:

- I. With respect to the actual, ongoing condition of the organization's financial health, the Chief Executive Officer may not cause or allow the development of fiscal jeopardy or a material deviation of actual expenditures from Board priorities established in Ends policies. Accordingly, the Chief Executive Officer may not:  
  
Expend more funds than have been received in the fiscal year to date, unless the debt guideline (below) is met.
  - A. Expenditures can not be authorized that exceed the amount appropriated within the budget or in excess of the available funds as that action creates a debt.
  - B. Indebt the organization.
  - C. Use any Long-Term Reserves, aside from their intended use, without Board approval.
  - D. Fail to settle payroll and debts in a timely manner.
  - E. Allow tax payments or other government-ordered payments or filings to be overdue or inaccurately filed.
  - F. Acquire, encumber or dispose of real property without Board approval.
  - G. Operate without a set of administrative purchasing and procurement guidelines and procedures consistent with current law.
  - H. Fail to adhere to generally accepted accounting principles (GAAP) in all accounting activities unless more restrictive requirements exist.
  - I. Fail to use a legally defined procurement process to promote effective and

equitable purchasing practices.

- II. This policy will be monitored through internal mechanisms annually.

**CHIEF EXECUTIVE OFFICER:**

**APPROVED:**

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Jeff Patton  
Chief Executive Officer

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Erik Krogh  
Board Chair

# INTEGRATED SERVICES OF KALAMAZOO

## BOARD POLICY V.07

AREA: Governance	
SECTION: Executive Limitations	PAGE: 1 of 2
SUBJECT: ASSET PROTECTION	SUPERCEDES: REVISED: 08/26/2013

### PURPOSE/EXPLANATION:

To establish limitations of means regarding asset protection.

### POLICY:

- I. The Chief Executive Officer may not allow assets to be unprotected, inadequately maintained nor unnecessarily risked. Accordingly, he/she may not:
  - A. Fail to insure against theft and casualty losses to at least 80 percent replacement value and against liability losses to Board members, staff or the organization itself in an amount comparable to other CMH's.
  - B. Allow un-bonded personnel access to material amounts of funds.
  - C. Subject plant and equipment to improper wear and tear or insufficient maintenance.
  - D. Unnecessarily expose the organization, its Board or staff to claims of liability.
  - E. Fail to protect intellectual property, information and files from loss or significant damage.
  - F. Receive, process or disburse funds under controls which are insufficient to meet the Board appointed auditor's standards.
  - G. Endanger the organization's public image or credibility, particularly in ways that would hinder its accomplishment of mission.
- II. This policy will be monitored through a report on an overview of ISK insurance coverage on an annual basis.

**CHIEF EXECUTIVE OFFICER:**

**APPROVED:**

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Jeff Patton  
Chief Executive Officer

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Erik Krogh  
Board Chair



# **INSURANCE OVERVIEW FOR ASSET PROTECTION REPORT**

**September 27, 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 22<sup>nd</sup> day after the accident or 22<sup>nd</sup> 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.

# INTEGRATED SERVICES OF KALAMAZOO

## BOARD POLICY V.02

AREA: Governance	
SECTION: Executive Limitations	PAGE: 1 of 2
SUBJECT: STAFF TREATMENT	SUPERSEDES: 09/26/2011 REVISED: 09/24/2012

### PURPOSE/EXPLANATION

To define limitations of means regarding the treatment of staff.

### POLICY

- I. With respect to treatment of paid and volunteer staff, the Chief Executive Officer (CEO) may not cause or allow conditions which are unfair and undignified. Accordingly, he/she may not:
  - A. Operate without written personnel related policies and procedures that:
    1. Clarify personnel rules for staff.
    2. Provide guidance in the case of an emergency or disaster.
    3. Outline clear expectations that employees and candidates for employment may not be judged on other than their own job-relevant qualifications and/or job performance.
    4. Protect the right to ethical job-related dissent of employees and provide for effective handling of grievances.
    5. Protect against wrongful conditions.
    6. Protect health and safety.
  - B. Fail to:
    1. Acquaint staff with personnel related policy and procedure, and their rights under this policy.
    2. Promote the recruitment and retention of personnel who reflect the cultural/ethnic diversity of the community/population served.
    3. Provide recognition of personnel, promote employee satisfaction and demonstrate employee involvement in organizational decision making.
    4. Ensure training and continuing development of all personnel to enhance individual and organizational performance.
- II. This policy will be monitored through internal mechanisms on an annual basis.

**CHIEF EXECUTIVE OFFICER**

**APPROVED**

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Jeff Patton  
Chief Executive Officer

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Erik Krogh  
Board Chair

**INTEGRATED SERVICES OF KALAMAZOO**  
**Staff Treatment Report**  
**September 27, 2021**

**Executive Limitation Policy:**

With respect to treatment of paid and volunteer staff, the Chief Executive Officer may not cause or allow conditions which are unfair and undignified.

**Accordingly, the Chief Executive Officer may not:**

- A. Operate without written personnel related policies and procedures that:
1. Clarify personnel rules for staff.
  2. Provide guidance in the case of an emergency or disaster.
  3. Outline clear expectations that employees and candidates for employment may not be judged on other than their own job-relevant qualifications and/or job performance.
  4. Protect the right to ethical job-related dissent of employees and provide for effective handling of grievances.
  5. Protect against wrongful conditions.
  6. Protect health and safety.

*Response: Policies and procedures exist and guide all formal personnel action processes. Department heads, supervisors and employees are aware of these policies. The Human Resource staff provides orientation for new employees, offers training on specific issues and meets with various staff groups. Personnel policies and procedures have been reviewed throughout the year and several have been revised where needed.*

*The agency experienced power outages in 2014 during which the Chief Executive Officer provided guidance and which led to additional disaster planning/preparedness within the organization. The agency's Organizational Continuity Plan was reviewed and revised by the Senior Executive Team in the fall of 2016. The plan was reviewed again in the spring of 2019.*

*Reaching the limits of the in-house maintained annual performance review system, Directive Supervision program, the agency switched to a cloud-based performance development system in 2017. ISK now uses the SilkRoad performance appraisal tool. We have retained a core competency and value-based evaluation system in this transition.*

*The Employee Code of Ethics (formerly Ethical Code of Conduct) policy and procedure was originally approved in April 2000 and has been updated in March 2003, May 2004, March 2006, June 2006, January 2007, June 2007, April 2008, May 2010, November 2011, August 2012, November 2014, April 2016, June 2016, December 2018, November 2019, and July 2021 upholding employee dignity and allowing employees to express an ethical dissent. There have been no requests for ethical dissent over the past year.*

*There were no grievances submitted against the Chief Executive Officer this reporting period.*

- B. Fail to:
1. Acquaint staff with personnel related policy and procedure and their rights under this policy.
  2. Promote the recruitment and retention of personnel who reflect the cultural/ethnic diversity of the community/population served.
  3. Provide recognition of personnel, promote employee satisfaction, and demonstrate employee involvement in organizational decision making.
  4. Ensure training and continuing development of all personnel to enhance individual and organizational performance.

*Response: New employees receive orientation, which includes covering information on the personnel policies and procedures. Also, all personnel policies and procedures are provided to staff via the computer network (on-line) and updated as revisions are made. All employees are required to sign a document verifying that they are aware of these policies and procedures and have had an opportunity to read them. Annually employees review the Employee Code of Ethics policy and sign off that they have done so.*

*Language in job postings to encourage culturally diverse candidates to apply was revised in 2011 based on recommendations from the Manager of Cultural and Linguistic Competency. All job postings that are advertised outside of the organization and beyond free posting resources are placed in the New Opinion newspaper and written in Spanish. During the summer of 2016, we began running a regular ad in the New Opinion newspaper directing those interested in employment with ISK to view our current offerings on our application website ensuring that ISK would have continuous exposure in this publication. Language to encourage culturally diverse candidates to apply was also reviewed and revised in 2016. Job posting language was again reviewed and revised to attract a more diverse applicant pool in 2019. Historical and current demographic data is reviewed annually with ISK leadership.*

*The organization offers opportunities for not only employee recognition and satisfaction but also training and development. ISK established a Morale Leadership Team and a staff recognition program ("You Make a Difference" cards) in 2005. The staff recognition program has continued, and the Committee has morphed into a Boosting All Agency Morale (BAAM) Committee. Employee surveys have been completed annually since 2006, within these surveys employee satisfaction is garnered along with recommendations for improvement. In 2020 it was decided to begin conducting the employee surveys bi-annually rather than annually, the next survey will occur in 2021. In relation to training and development, a Competency & Training Needs assessment was conducted in November 2010. From the results of this data a training matrix was developed to identify various resources offered to staff to improve competency. In addition, the Regional Workforce Training Committee that was established in January 2012 has become an ISK focused Workforce Training Committee continuing to look at the most cost-effective as well as efficient ways to offer opportunities to staff. In April 2015 an employee development program was approved. The employee development program consists of two parts – beginning in June 2015 employees took the DiSC assessment and are encouraged to complete Comparison Reports with co-workers and department training on interpreting and using the results has been ongoing. The second phase is training staff in Crucial Conversations. Two ISK employees were trained as trainers and began to offer classes to agency employees beginning in December 2015. Crucial Conversations has been offered quarterly since its inception through 2019. As a majority of staff have attended Crucial Conversations, the frequency of the course offering has been reduced.*

*This policy will be monitored through internal and external mechanisms on an annual basis.*

*Response: The organization follows specific personnel policies pertaining to the treatment of staff. Through the employee survey and exit interviews conducted when an employee resigns, the organization is able to monitor staff opinion regarding their treatment.*

# INTEGRATED SERVICES OF KALAMAZOO

## BOARD POLICY V.08

AREA: Governance	
SECTION: Executive Limitations	PAGE: 1 of 1
SUBJECT: <b>COMPENSATION AND BENEFITS</b>	SUPERCEDES: REVISED: 09/24/2012

### PURPOSE/EXPLANATION:

To establish limitations of means regarding compensation and benefits.

### POLICY:

- I. With respect to employment, compensation and benefits to employees, consultant, contract workers and volunteers, the Chief Executive Officer may not cause or allow jeopardy to fiscal integrity or public image. Accordingly:
  - A. He/she may not:
    1. Change his or her own compensation and benefits.
    2. Promise or imply permanent or guaranteed employment.
    3. Establish current compensation and benefits which deviate materially from the geographic or professional market for the skills employed.
    4. Establish or change pension benefits.
  - B. He/she may not fail to:

Ensure education is offered to all staff at least every five (5) years on the pros and cons of opting out of Social Security and conducting a Straw Vote after the completion of the education sessions. If the Straw Vote is greater than 50% to opt back into Social Security then an actual vote must be conducted.
- II. This policy will be monitored through internal and/or external mechanisms on an annual basis.

**CHIEF EXECUTIVE OFFICER:**

**APPROVED:**

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Jeff Patton  
Chief Executive Officer

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Erik Krogh  
Board Chair

**INTEGRATED SERVICES OF KALAMAZOO**  
**Compensation & Benefit Report**  
**September 27, 2021**

**Executive Limitation Policy:**

With respect to employment, compensation and benefits to employees, consultant, contract workers and volunteers, the Chief Executive Officer may not cause or allow jeopardy to fiscal integrity or public image.

**Accordingly, the Chief Executive Officer may not:**

- A. Change his or her own compensation and benefits.

*Response: The Chief Executive Officer is compensated according to his negotiated contract with the Board. Further, he receives the same benefits as other employees of ISK. No change in the Executive Director's compensation outside of Board approval has occurred, nor has any benefit been changed except any that may have involved changes to all employees.*

- B. Promise or imply permanent or guaranteed employment.

*Response: Specific personnel policies and procedures have been implemented to ensure that all employees are treated equally. The policies clearly set forth the conditions of employment; these include initial offers of employment and continued employment. Supervisors, the Chief Executive Officer and the Human Resource Department all work together to enforce these policies. There have been no promises or implications of permanent or guaranteed employment.*

- C. Establish current compensation and benefits that deviate materially from the geographic or professional market for the skills employed.

*Response: A new salary schedule was implemented in December 2009 that was the result of an evaluation of each position, consultant input and market survey data. In October 2011, a market survey was conducted in conjunction with a consultant which resulted in market adjustments for positions that were identified as greater than 10% below market as well as a modest increase to the salary schedule. A market survey was conducted of key positions in 2012 and resultant salary adjustments were implemented in October 2012. Key positions continue to be reviewed and resulting recommendations for salary adjustments are made. Participation in and review of Community Mental Health salary survey occurs as they are conducted. In September 2016, a market survey was conducted in conjunction with a consultant which resulted in market adjustments for positions that were identified as greater than 10% below market as well as a 10% increase to the lower bands of the salary schedule and a 5% increase to the higher bands of the salary schedule and staff salaries were adjusted accordingly as needed. Also in 2016 a bonus program was developed for agency prescribers (Psychiatrists, Physician Assistants, Nurse Practitioners) and implemented in 2017. In 2017 ITS salaries were all reviewed and adjusted according to recommendations from a consultant. In FY 2018 identified positions were reviewed and resulting recommendations for salary adjustments were made for positions such as Registered Nurse and Supports Coordinator Assistant. In FY 2019 we evaluated Master's level clinician's in salary band C1, Clinical Supervisors and Contingent Direct Care Specialists. While we had some positions slated to be reviewed in FY 2020, the uncertainty that came with COVID-19 usurped that. The salary schedule was increased by 1% at the beginning of FY 2021.*

*Salary ranges were again increased by 1% at the beginning of FY2022. In May 2021 Master's level clinicians and clinical supervisors received a 9-10% market increase to make our wages more competitive. Agency Peer Family Support Partners and Direct Care Specialists moved up one salary band as well.*

D. Establish or change pension benefits.

*Response: We participate in the Kalamazoo County Retirement System and as such are bound by its terms and conditions. Quarterly meetings are held with the County to discuss and review the retirement system. Our belief is that the current retirement system is financially very strong and of great benefit to our employees.*

**The Chief Executive Officer may not fail to:**

A. Ensure education is offered to all staff at least every five (5) years on the pros and cons of opting out of Social Security and conducting a Straw vote after the completion of the education sessions. If the Straw Vote is greater than 50% to opt back into Social Security then an actual vote must be conducted.

*Response: A Straw Vote was conducted on August 17, 2011. Only 17% of the eligible voters voted to go back into Social Security. Therefore, a sanctioned vote did not take place. A Straw Vote was conducted on August 11, 2016. Again, only 17% of the eligible voters voted to go back into Social Security. Therefore, a sanctioned vote did not take place. A Straw Vote is scheduled for September 21, 2021.*

This policy will be monitored through internal and external mechanisms on an annual basis.

*Response: The organization follows specific personnel policies pertaining to the status of employment and salary/benefit administration. Through annual bid solicitations on benefits and conducting periodic salary surveys, the organization strives to maintain a fair and competitive overall compensation and benefit package for all employees.*



IXa.

**Financial Condition Reports (July 2021 and August 2021)**

Integrated Services of Kalamazoo  
**BOARD FINANCIAL CONDITION REPORT**  
 For the Ten (10) Months Ended  
 July 31, 2021

**FOREWORD**

This report represents the ten (10) month of operations for the period of October 1st through July 31st, 2021. Each program's projected annual budget is reviewed as to anticipated revenues and expenditures. This monthly report provides the Board with indications of revenue and expenditure trends 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 July 31, 2020 and July 31, 2021.

	FY 2021	FY 19/20		FY 20/21	FY 19/20
<b>Current Assets:</b>			<b>Liabilities:</b>		
Cash and Investments	29,788,043	23,331,919	Accrued Payables	7,170,935	6,909,028
Accrued Revenue/Receivables	6,381,637	1,628,051	Due to State	1,533,141	72,567
Due From State	10,470	35	Due to Providers	98,591	107,597
Advances and Prepaids	1,226,468	1,341,739	Accrued Leave	1,377,366	1,163,747
<b>Noncurrent Assets:</b>			Due to Other	11,760,993	7,097,620
Fixed Assets (net of depreciation)	9,079,057	9,236,555	Deferred Revenue	4,201,925	117,167
Net Pension Asset (net of deferred outflows)	4,937,092	6,531,305	Long Term Debt (Bonds/Mortgage)	4,415,520	4,618,531
			<b>Total Liabilities:</b>	<b>30,568,472</b>	<b>20,066,377</b>
			<b>Fund Balance:</b>		
			Designated	10,010,491	11,604,698
			Undesignated	6,323,673	4,815,055
			Investment in fixed assets	4,841,804	4,735,203
			Net gain(loss) for Period	670,327	828,371
<b>Total Assets:</b>	<b>51,404,767</b>	<b>42,069,704</b>	<b>Total Liabilities and Fund Balance:</b>	<b>51,404,767</b>	<b>42,069,704</b>

1. **BALANCE SHEET (WORKING CAPITAL COMPUTATION).** The attached Balance Sheet reflects the overall financial condition of the organization as of July 31, 2021. As per Board policy, there is a significant value of current assets over current liabilities. Current assets total \$37,368,618 and current liabilities total \$26,142,962 for a positive working capital totaling \$11,245,666 compared to \$10,833,999 as of July 31, 2020.

2. **BALANCE SHEET (NET ASSETS COMPUTATION).** The attached Balance Sheet reflects positive net assets. Total assets are \$51,404,767 and total liabilities are \$30,568,472 for a positive net worth of \$20,846,295 compared to \$21,963,328 in July 31, 2020.

3. **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	\$2,500	\$1,275	\$1,225	51.00%
Board Training	\$9,167	\$0	\$9,167	0.00%
<b>Totals</b>	<b>\$11,667</b>	<b>\$1,275</b>	<b>\$10,392</b>	<b>10.93%</b>

The next Finance Committee meeting is scheduled for September 24, 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 653-9017 should you have any questions regarding this report.  
 Thank you.

B. SWMBH FINANCIAL RISK MANAGEMENT : MEDICAID REVENUES AND EXPENDITURES

REVENUES:	Fiscal Year 20/21 Year To Date												Notes	Budget
	Specialty Services		Healthy Michigan		Autism		SUD Block Grant		Totals		Actual	Variance		
	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual				
Specialty Services Medicaid Revenue	52,031,897	57,474,633	-	-	-	-	-	-	52,031,897	57,474,633	5,442,936	1A	62,438,038	
MDHHS Fostercare Incentive	96,933	217,092	-	-	-	-	-	96,933	217,092	121,259	1B	115,000		
Fees	255,650	292,399	-	-	-	-	-	255,650	292,399	35,749		307,980		
Healthy Michigan Revenue	-	8,543,516	8,543,516	8,770,568	-	-	-	8,543,516	8,770,568	227,052		10,262,218		
Autism Revenue	-	-	5,359,178	5,455,521	-	-	-	5,359,178	5,455,521	96,345		6,431,011		
SUD Block Grant	1,439,648	(6,666,089)	(3,780,355)	(4,015,675)	93,298	93,298	93,298	(81,946)	(92,321)	93,298	(0)	111,967		
Settlement Revenue (Expense)	83,823,728	51,319,055	4,769,161	4,754,993	(591,867)	(853,436)	(81,946)	11,362	977	63,365,550	(8,611,880)	1C	(3,617,545)	
Total Revenues:														76,038,658
EXPENDITURES:														
Youth Programs	5,894,268	5,519,042	-	-	4,419,159	4,252,647	-	-	10,313,427	9,771,588	541,838	2A	12,876,113	
MIA Programs	16,417,042	16,483,751	3,793,764	3,994,042	-	-	10,717	-	20,161,523	20,478,770	(317,247)		24,193,834	
IDGA Programs	28,706,070	23,945,866	201,259	71,042	-	-	-	-	28,908,329	23,919,908	1,989,421		31,091,192	
Integrated Health Clinic	1,723,653	1,540,684	389,882	303,227	-	-	536	-	2,114,170	1,843,921	270,249	2B	2,536,997	
Managed Care Administration, Access Center	2,911,930	3,875,362	347,947	351,144	348,150	349,538	-	-	4,607,927	4,596,264	21,663		5,529,512	
Homeless Shelter	188,764	51,130	90,409	25,438	-	-	-	-	259,173	76,558	182,615	2C	311,010	
Non-DICH Activity Expenditures	-	-	-	-	-	-	-	-	-	-	-		-	
Total Expenses:	53,823,728	51,319,055	4,769,161	4,754,993	4,767,309	4,602,085	11,362	977	63,365,550	60,677,010	2,688,540		76,038,658	
NET INCOME (DEFICIT)	0	0	0	0	0	0	0	0	0	0	0		0	

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

REVENUES: Revenues for the ten month (10) period are projected to be \$60,677,070 compared to budgeted revenues of \$63,365,550. Consequently, revenues are in an unfavorable position by approximately \$2,688,540. The following represents favorable and unfavorable variances by revenue type. Variances exceeding 5% AND \$100,000 from budgeted figures are explained below.

- 1A Medicaid revenue is in a favorable position due to actual amounts received.
- 1B MDHHS Fostercare Incentive is in an unfavorable position due to actual amounts received.
- 1C Since SWMBH Risk expenses are favorable by \$2,688,540 and SWMBH Risk revenues came in under budget by \$9,937,961 this month's SWMBH settlement would be increased by 11,626,500.

EXPENDITURES: Expenditures for the ten month (10) period are \$60,677,010 compared to budgeted expenditures of \$63,365,550. Consequently, expenditures are in an unfavorable position by approximately \$2,688,540. The following represents favorable and unfavorable variances by expenditure type. Variances exceeding 5% AND \$100,000 from budgeted figures are explained below.

- 2A This variance is due to decreased spending in Homebased, Supports and Service coordination and Autism services.
- 2B This variance is favorable due to a vacant position.
- 2C This variance is favorable due to vacant positions.



EXPENDITURES Expenditures for the ten month (10) period are \$14,639,898 compared to budgeted expenditures of \$17,587,848. Consequently, expenditures are in a favorable position by approximately \$2,947,950. 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 and Supports and Coordination.
- 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, SAMHSA Suicide Prevention Grant, Veteran Navigator Grant, Parent Management Training Grant, SAMHSA System of Care Grant, SAMHSA Healthy Transitions Grant, Housing Outreach Grant and COVID Emergency Rental Assistance 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.

Integrated Services of Kalamazoo  
**BOARD FINANCIAL CONDITION REPORT**  
 For the Eleven (11) Months Ended  
 August 31, 2021

**FOREWORD**

This report represents the eleven (11) month of operations for the period of October 1st through August 31st, 2021. Each program's projected annual budget is reviewed as to anticipated revenues and expenditures. This monthly report provides the Board with indications of revenue and expenditure trends 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 August 31, 2020 and August 31, 2021.

	FY 20/21	FY 19/20		FY 20/21	FY 19/20
<b>Current Assets:</b>			<b>Liabilities:</b>		
Cash and Investments	32,812,846	23,039,262	Accrued Payables	7,219,687	7,715,604
Accrued Revenue/Receivables	4,449,380	2,745,160	Due to State	1,524,064	71,458
Due From State	0	0	Due to Providers	96,086	1,807
Advances and Prepaids	1,220,086	1,179,638	Accrued Leave	1,377,366	1,163,747
Fixed Assets	9,049,846	9,205,291	Due to Other	12,746,287	7,068,904
(net of depreciation)			Deferred Revenue	4,210,250	69,963
Net Pension Asset	4,937,092	6,531,305	Long Term Debt (Bonds/Mortgage)	4,415,261	4,618,372
(net of deferred outflows)					
			<b>Total Liabilities:</b>	<b>31,589,003</b>	<b>20,729,855</b>
			<b>Fund Balance:</b>		
			Designated	10,010,486	11,604,698
			Undesignated	5,323,673	4,815,055
			Investment in fixed assets	4,841,604	4,735,203
			Net gain/(loss) for Period	704,084	815,845
<b>Total Assets:</b>	<b>52,469,050</b>	<b>42,700,657</b>	<b>Total Liabilities and Fund Balance:</b>	<b>52,469,050</b>	<b>42,700,657</b>

1. **BALANCE SHEET (WORKING CAPITAL COMPUTATION).** The attached Balance Sheet reflects the overall financial condition of the organization as of August 31, 2021. As per Board policy, there is a significant value of current assets over current liabilities. Current assets total \$38,482,112 and current liabilities total \$27,173,742 for a positive working capital totaling \$11,308,370 compared to \$10,852,578 as of August 31, 2020.

2. **BALANCE SHEET (NET ASSETS COMPUTATION).** The attached Balance Sheet reflects positive net assets. Total assets are \$52,469,050 and total liabilities are \$31,589,003 for a positive net worth of \$20,880,047 compared to \$21,970,802 in August 31, 2020.

3. **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	\$2,750	\$1,500	\$1,250	54.55%
Board Training	\$10,083	\$25	\$10,058	0.25%
<b>Totals</b>	<b>\$12,833</b>	<b>\$1,525</b>	<b>\$11,308</b>	<b>11.88%</b>

The next Finance Committee meeting is scheduled for October 22, 2021 (10:30 A.M.-12:00 noon) at Alcott, Conference Room 139. Please feel free to contact Jeff Patton at 364-6900 or Pat Davis at 553-8017 should you have any questions regarding this report.

Thank you.

**B. SWMBH FINANCIAL RISK MANAGEMENT : MEDICAID REVENUES AND EXPENDITURES**

REVENUES:	Fiscal Year 2021 Year To Date												Notes	
	Specialty Services		Healthy Michigan		Autism		SUD Block Grant		Totals		Budget	Actual		Variance
	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual				
Specialty Services Medicaid Revenue	57,234,866	63,397,678	-	-	-	-	-	-	57,234,866	63,397,678	6,162,812	1A		
MDHHS Foster Care Incentive	105,417	217,092	-	-	-	-	-	105,417	217,092	111,675	1B			
Fees	282,315	317,857	-	-	-	-	-	282,315	317,857	35,542				
Healthy Michigan Revenue	-	-	9,397,867	9,702,385	-	-	-	9,397,867	9,702,385	304,527				
Autism Revenue	-	-	-	-	5,996,083	5,996,127	-	5,996,083	5,996,127	101,054				
SUD Block Grant	1,583,502	(7,158,014)	(4,158,391)	(4,450,591)	(651,053)	(916,112)	(90,140)	102,627	102,628	1				
Settlement Revenue (Expense)	59,206,100	56,774,613	5,239,476	5,241,804	5,244,040	5,080,015	12,487	(3,316,082)	(3,316,082)	(9,320,219)	1C			
Total Revenues:									69,702,103	67,097,481	(2,604,622)			
EXPENDITURES:														
Youth Programs	9,493,695	6,047,909	-	-	4,851,075	4,697,306	-	11,344,770	10,745,115	599,655	2A			
MIA Programs	18,058,746	18,451,502	4,107,141	4,418,821	-	-	1,949	22,177,675	22,881,472	(703,797)				
ICDA Programs	26,279,877	25,273,735	221,394	74,519	-	-	-	28,500,261	26,348,254	2,152,007	2B			
Integrated Health Clinic	1,896,019	1,700,126	428,870	334,606	-	-	699	2,325,588	2,034,731	290,857	2C			
Mnareg Care Administration, Access Center	4,305,123	4,253,236	362,651	394,898	362,966	382,709	-	5,068,719	5,030,843	37,876				
Homeless Shelter	185,641	38,105	99,450	18,981	-	-	-	285,091	57,066	228,025	2D			
Non-DCH Activity Expenditures														
Total Expenses:	59,206,100	56,774,613	5,239,476	5,241,804	5,244,040	5,080,015	12,487	69,702,103	67,097,481	2,604,622				
NET INCOME (DEFICIT)	0	0	0	0	0	0	0	0	0	0	0			

	Budget
FY 2021	62,438,036
	115,000
	307,860
	10,282,219
	6,431,011
	111,567
	(3,617,545)
	76,038,658

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

REVENUES: Revenues for the eleven month (11) period are projected to be \$67,097,481 compared to budgeted revenues of \$69,702,103. Consequently, revenues are in a unfavorable position by approximately \$2,604,622. The following represents favorable and unfavorable variances by revenue type. Variances exceeding 5% AND \$100,000 from budgeted figures are explained below.

- 1A Medicaid revenue is in a favorable position due to actual amounts received.
- 1B MDHHS Foster Care Incentive is in an favorable position due to actual amounts received.
- 1C Since SWMBH Risk expenses are favorable by \$2,604,622 and SWMBH Risk revenues came in under budget by \$10,031,673 this months SWMBH settlement would be increased by 12,636,295.

EXPENDITURES: Expenditures for the eleven month (11) period are \$67,097,481 compared to budgeted expenditures of \$69,702,103. Consequently, expenditures are in an favorable position by approximately \$2,604,622. The following represents favorable and favorable variances by expenditure type. Variances exceeding 5% AND \$100,000 from budgeted figures are explained below.

- 2A This variance is due to decreased spending in Homebased, Supports and Service coordination and Autism services.
- 2B IDDA programs is in a favorable position due to decreased use of Skill Building, Supported Independent Program services, Supports and Service coordination and Supported Employment
- 2C This variance is favorable due to a vacant position.
- 2D This variance is favorable due to vacant positions.

**C. ISK FINANCIAL RISK MANAGEMENT : UNRESTRICTED FUND BALANCE - REVENUES AND EXPENDITURES**

	Fiscal Year 2021 Year to Date											
	State General Fund		Other Funding Sources				Totals				FY 2021	
	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Variance	Notes	Budget	
<b>REVENUES:</b>												
General Fund	3,439,871	3,439,871	-	-	3,439,871	3,439,871	3,439,871	3,439,871	(0)		3,752,587	
Fees	165,917	136,283	-	-	165,917	136,283	165,917	136,283	(29,634)	3A	181,000	
Projected GF Carryforward '20	159,437	159,437	-	-	159,437	159,437	159,437	159,437	-		173,931	
Other Federal and State Grants	-	-	11,505,829	9,994,445	11,505,829	9,994,445	11,505,829	9,994,445	(1,511,384)	3B	12,551,813	
HUD Revenue	-	-	900,852	889,321	900,852	889,321	900,852	889,321	(11,531)		982,748	
Earned Revenue	-	-	1,414,749	1,455,876	1,414,749	1,455,876	1,414,749	1,455,876	41,127	3C	1,543,363	
COFR Revenue	-	-	39,417	23,122	39,417	23,122	39,417	23,122	(16,295)		43,000	
PASSAROBRA Programs	-	-	251,011	249,164	251,011	249,164	251,011	249,164	(1,847)		273,830	
Interest	-	-	14,667	3,289	14,667	3,289	14,667	3,289	(11,378)		1,550,400	
County Allocation	-	-	1,421,200	1,421,200	1,421,200	1,421,200	1,421,200	1,421,200	0		493,001	
Local Revenue	-	-	451,918	451,918	451,918	451,918	451,918	451,918	(6,562)		10,000	
Donations	-	-	9,167	2,604	9,167	2,604	9,167	2,604	(6,562)		86,650	
Restricted Interest	-	-	79,429	78,979	79,429	78,979	79,429	78,979	(450)		-	
Settlement Revenue (Expense)	-	(1,180,498)	-	-	-	-	-	(1,180,498)	(1,180,498)	3D	-	
<b>Total Revenues:</b>	<b>3,765,225</b>	<b>2,555,092</b>	<b>16,088,238</b>	<b>14,569,919</b>	<b>19,853,463</b>	<b>17,125,011</b>	<b>19,853,463</b>	<b>17,125,011</b>	<b>(2,728,452)</b>		<b>21,898,323</b>	
<b>EXPENDITURES:</b>												
Youth Programs	153,835	94,798	132,017	60,139	153,835	94,798	153,835	94,798	59,037	4A	311,839	
MIA Programs	1,819,863	823,741	1,245,842	1,135,406	1,819,863	823,741	1,819,863	823,741	996,122	4B	3,344,405	
IDDA Programs	160,012	49,239	197,073	196,155	160,012	49,239	160,012	49,239	110,773	4C	389,548	
Integrated Health Clinic	862,736	385,739	129,109	124,427	862,736	385,739	862,736	385,739	476,997	4D	863,831	
Managed Care Administration, Access Center	250,809	167,370	696,207	636,971	250,809	167,370	250,809	167,370	828,837	4E	1,032,890	
Other Federal and State Grants	570,422	746,649	11,528,745	10,019,862	570,422	746,649	11,528,745	10,019,862	1,508,883	4F	13,198,091	
HUD Grants	60,485	113,969	900,852	889,321	60,485	113,969	900,852	889,321	1,466,531	4G	1,048,732	
Homeless Shelter	-	1,593	272,520	389,243	-	1,593	272,520	389,243	1,116,723	4H	297,294	
Local Match Drawdown	-	-	566,306	566,305	-	-	566,306	566,305	(1,001)		617,788	
<b>Total Expenses:</b>	<b>3,677,963</b>	<b>2,383,098</b>	<b>15,668,670</b>	<b>14,037,829</b>	<b>19,346,633</b>	<b>16,420,927</b>	<b>19,346,633</b>	<b>16,420,927</b>	<b>2,925,706</b>		<b>21,105,418</b>	
<b>NET INCOME (DEFICIT)</b>	<b>87,262</b>	<b>171,994</b>	<b>419,567</b>	<b>532,090</b>	<b>506,830</b>	<b>704,084</b>	<b>506,830</b>	<b>704,084</b>	<b>197,255</b>		<b>552,905</b>	

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

**REVENUES.** Revenues for the eleven month (11) period are \$17,125,011 compared to budgeted revenues of \$19,853,463. Consequently, revenues are in an un-favorable position by approximately \$2,728,452. 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, SAMHSA Suicide Prevention Grant, SAMHSA Navigator Grant, Parent Management Training Grant, SAMHSA System of Care Grant, SAMHSA Healthy Transitions Grant, Housing Outreach Grant and COVID Emergency Rental Assistance Grant.
- 3C This variance is due to increased utilization of Family Shelter and Program of All-inclusive Care for the Elderly
- 3D This variance is due to a possible return to MDHHS.



EXPENDITURES Expenditures for the eleven month (11) period are \$16,420,927 compared to budgeted expenditures of \$19,346,633. Consequently, expenditures are in a favorable position by approximately \$2,925,706. 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 and Supports and Coordination.
- 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-captivated 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, SAMHSA Suicide Prevention Grant, Veteran Navigator Grant, Parent Management Training Grant, SAMHSA System of Care Grant, SAMHSA Healthy Transitions Grant, Housing Outreach Grant and COVID Emergency Rental Assistance 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.

**IXb. Utilization Reports (July 2021 & August 2021)**

**YOUTH COMMUNITY INPATIENT SERVICES**  
**Report Period: October 1st, 2020 through July 31st, 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	(25)	(\$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	27	\$24,571	(4)	(\$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	17	\$7,167	6	\$13,015	(\$65,715)		
JUNE	11	\$7,864	23	\$20,172	22	\$24,908	1	(\$4,737)	(\$70,452)		
JULY	73	\$58,875	23	\$20,172	22	\$24,908	1	(\$4,737)	(\$75,189)		
AUGUST	48	\$40,586	23	\$20,172							
SEPTEMBER	42	\$40,145	23	\$20,172							
TOTALS	319	\$277,743	276	\$242,058	305	\$276,902	(75)	(\$75,189)			
MONTHLY AVERAGES	27		23		31						
GROSS ANNUAL COST		\$277,743		\$242,058		\$276,902		(\$75,189)			

Favorable/(Unfavorable) by Funding Source:

Medicaid	(85,654)
General Fund	10,465
<b>Total</b>	<b>(75,189)</b>

**MI ADULT COMMUNITY INPATIENT SERVICES**  
**Report Period: October 1st, 2020 through July 31st, 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	413	\$389,420	(78)	(\$67,245)	(\$67,245)		
NOVEMBER	302	\$285,629	335	\$322,175	433	\$414,657	(98)	(\$92,482)	(\$159,727)		
DECEMBER	402	\$381,479	335	\$322,175	449	\$429,699	(114)	(\$107,524)	(\$267,251)		
JANUARY	395	\$375,167	335	\$322,175	535	\$512,585	(200)	(\$190,410)	(\$457,661)		
FEBRUARY	330	\$314,114	335	\$322,175	481	\$460,466	(146)	(\$138,291)	(\$595,952)		
MARCH	283	\$267,812	335	\$322,175	435	\$416,397	(100)	(\$94,222)	(\$690,174)		
APRIL	264	\$251,282	335	\$322,175	444	\$424,367	(109)	(\$102,192)	(\$792,366)		
MAY	298	\$281,045	335	\$322,175	503	\$480,917	(168)	(\$158,742)	(\$951,108)		
JUNE	370	\$350,759	335	\$322,175	487	\$467,958	(152)	(\$145,783)	(\$1,096,891)		
JULY	441	\$415,893	335	\$322,175	474	\$453,758	(139)	(\$131,583)	(\$1,228,474)		
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	4,654	\$4,450,223	(1,304)	(\$1,228,474)			
MONTHLY AVERAGES	362		335		465						
GROSS ANNUAL COST		\$4,119,740		3,866,100		\$4,450,223		(\$1,228,474)			

Favorable/(Unfavorable) by Funding Source:

Medicaid	(594,074)
General Fund	(46,469)
Healthy MI	(587,931)
<b>Total</b>	<b>(1,228,474)</b>

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

Report Period: October 1st, 2020 through July 31st, 2021

**YOUTH POPULATION (SED/DD)**

	ACTUAL YEAR TO DATE				Favorable (Unfavorable) Budget
	Avg. Daily Rate	No. Served	Days of Service	ISK Cost	
Month					
July	\$1,766	1	178	\$314,284	(\$314,284)
CRISIS RES.	\$629	6	14	\$8,813	\$69,282
CLS (SIP)	NA			\$0	
TOTAL		7	192	323,097	(\$245,002)

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
	Avg. Daily Rate	No. Served	Days of Service	ISK Cost	
Month					
July	\$201	160	41,244	\$8,279,227	\$678,481
CRISIS RES.	\$488	67	1,362	\$664,380	(\$148,057)
CLS (SIP)	NA	65		\$299,090	\$231,484
TOTAL		292	42,606	\$9,242,697	\$761,908

**IDD ADULT POPULATION**

	ACTUAL YEAR TO DATE				Favorable (Unfavorable) Budget
	Avg. Daily Rate	No. Served	Days of Service	ISK Cost	
Month					
July	\$213	215	62,076	\$13,227,566	\$277,677
CRISIS RES.	\$524	1	6	\$3,141	\$6,044
CLS (SIP)	NA	180		\$6,167,723	\$442,081
TOTAL		396	62,082	\$19,398,430	\$725,802

**TOTAL ALL POPULATIONS**

	ACTUAL YEAR TO DATE				Favorable (Unfavorable) Budget
	Avg. Daily Rate	No. Served	Days of Service	ISK Cost	
Month					
July	\$207	376	103,498	\$21,821,077	\$641,873
CRISIS RES.	\$489	74	1,382	\$676,334	(\$72,731)
CLS (SIP)	NA	245		\$6,466,813	\$673,565
TOTAL		695	104,880	\$28,964,224	\$1,242,707

	Variance By Funding Source			
	Medicaid	HMI	GF	Other
Total	\$ 105,136	\$ 38,070	\$ 498,667	\$ -
PC/CLS(S.R.)	\$ (186,058)	\$ 89,936	\$ 23,391	\$ -
CRISIS RES.	\$ 616,094	\$ 46,373	\$ 27,907	\$ (16,809)
CLS (SIP)	\$ 535,171	\$ 174,379	\$ 549,965	\$ (16,809)
TOTAL	\$ 1,242,707	\$ 338,767	\$ 1,176,669	\$ (72,731)

**YOUTH COMMUNITY INPATIENT SERVICES**  
**Report Period: October 1st, 2020 through August 31st, 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	27	\$24,571	(4)	(\$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	17	\$7,157	6	\$13,015	(\$65,715)		
JUNE	11	\$7,864	23	\$20,172	23	\$25,078	0	(\$4,907)	(\$70,622)		
JULY	73	\$58,875	23	\$20,172	14	\$12,714	9	\$7,458	(\$63,164)		
AUGUST	48	\$40,586	23	\$20,172	26	\$26,423	(3)	(\$6,252)	(\$69,416)		
SEPTEMBER	42	\$40,145	23	\$20,172							
TOTALS	319	\$277,743	276	\$242,058	324	\$291,301	(71)	(\$69,416)			
MONTHLY AVERAGES	27		23		29						
GROSS ANNUAL COST		\$277,743		\$242,058		\$291,301		(\$69,416)			

Favorable/(Unfavorable) by Funding Source:

Medicaid	(80,928)
General Fund	11,512
<b>Total</b>	<b>(69,416)</b>

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

UTILIZATION COMPARISONS FY 20/21											
MONTH	FY 19/20 Actual		FY 20/21 Budget		FY 20/21 Actual		Days Difference Favorable (Unfavorable)	Cost Difference Favorable (Unfavorable)	Cost YTD Favorable (Unfavorable)		
	Days	Dollars	Days	Dollars	Days	Dollars					
OCTOBER	303	\$295,888	335	\$322,175	415	\$401,200	(80)	(\$79,025)	(\$79,025)		
NOVEMBER	302	\$285,629	335	\$322,175	390	\$373,175	(55)	(\$51,000)	(\$130,025)		
DECEMBER	402	\$381,479	335	\$322,175	437	\$418,634	(102)	(\$96,459)	(\$226,484)		
JANUARY	395	\$375,167	335	\$322,175	486	\$465,465	(151)	(\$143,290)	(\$369,774)		
FEBRUARY	330	\$314,114	335	\$322,175	438	\$420,566	(103)	(\$98,391)	(\$468,165)		
MARCH	283	\$267,812	335	\$322,175	435	\$416,397	(100)	(\$94,222)	(\$562,387)		
APRIL	264	\$251,282	335	\$322,175	442	\$424,367	(107)	(\$102,192)	(\$664,579)		
MAY	298	\$281,045	335	\$322,175	502	\$480,917	(167)	(\$158,742)	(\$823,321)		
JUNE	370	\$350,759	335	\$322,175	486	\$467,958	(151)	(\$145,783)	(\$969,104)		
JULY	441	\$415,893	335	\$322,175	474	\$453,758	(139)	(\$131,583)	(\$1,100,687)		
AUGUST	480	\$452,989	335	\$322,175	510	\$489,650	(175)	(\$167,475)	(\$1,268,162)		
SEPTEMBER	474	\$447,683	335	\$322,175							
TOTALS	4,342	\$4,119,740	4,015	\$3,866,100	5,015	\$4,812,087	(1,330)	(\$1,268,162)			
MONTHLY AVERAGES	362		335		456						
GROSS ANNUAL COST		\$4,119,740		3,866,100		\$4,812,087		(\$1,268,162)			

Favorable/(Unfavorable) by Funding Source:

Medicaid	(521,232)
General Fund	(11,216)
Healthy MI	(635,714)
Total	(1,268,162)

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

Report Period: October 1st, 2020 through August 31st, 2021

**YOUTH POPULATION (SED/DD)**

Month	ACTUAL YEAR TO DATE				Favorable (Unfavorable) Budget
	Avg. Daily Rate	No. of Service	ISK Cost		
Aug	\$1,902	1	\$338,548		(\$338,548)
Aug	\$808	6	\$11,313		\$74,591
Aug	NA	7	\$0		
<b>TOTAL</b>			<b>349,861</b>		<b>(\$263,957)</b>

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

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

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

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

**MI ADULT POPULATION**

Month	ACTUAL YEAR TO DATE				Favorable (Unfavorable) Budget
	Avg. Daily Rate	No. of Service	ISK Cost		
Aug	\$202	160	\$9,364,204		\$489,274
Aug	\$524	72	\$801,509		(\$233,553)
Aug	NA	65	\$315,390		\$268,242
<b>TOTAL</b>			<b>\$10,481,103</b>		<b>\$523,963</b>

**IDD ADULT POPULATION**

Month	ACTUAL YEAR TO DATE				Favorable (Unfavorable) Budget
	Avg. Daily Rate	No. of Service	ISK Cost		
Aug	\$214	218	\$14,597,341		\$258,426
Aug	\$524	1	\$3,141		\$6,963
Aug	NA	182	\$6,870,724		\$400,061
<b>TOTAL</b>			<b>\$21,471,206</b>		<b>\$665,449</b>

**TOTAL ALL POPULATIONS**

Month	ACTUAL YEAR TO DATE				Favorable (Unfavorable) Budget
	Avg. Daily Rate	No. of Service	ISK Cost		
Aug	\$208	379	\$24,300,093		\$409,152
Aug	\$526	79	\$815,963		(\$152,000)
Aug	NA	247	\$7,186,114		\$668,302
<b>TOTAL</b>			<b>\$32,302,170</b>		<b>\$925,454</b>

	Variance By Funding Source				Total
	Medicaid	HMI	GF	Other	
\$ (172,726)	\$ 58,901	\$ 522,977	\$ -	\$ -	\$ 409,152
\$ (237,500)	\$ 59,599	\$ 25,901	\$ -	\$ -	\$ (152,000)
\$ 595,093	\$ 52,822	\$ 32,404	\$ (12,018)	\$ -	\$ 668,302
\$ 184,868	\$ 171,322	\$ 581,282	\$ (12,018)	\$ -	\$ 925,454





Community • Independence • Empowerment

## Integrated Services of Kalamazoo MOTION

Subject:	<u>July and August 2021 Disbursements</u>	
Meeting Date:	September 27, 2021	Approval Date:
Prepared by:	Heather Garcia	<u>September 27, 2021</u>

**Recommended Motion:**

“Based on the Board Finance meeting review, I move that ISK approve the July 2021 vendor disbursements of \$11,311,559.51 and the August 2021 vendor disbursements of \$8,145,762.77.”

**Summary of Request:**

As per the July 2021 Vendor Check Register Report dated 8/10/2021 that includes checks issued from 7/1/2021 to 7/31/2021 and the August 2021 Vendor Check Register Report dated 09/15/2021 that includes checks issued from 08/01/2021 to 08/31/2021.

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: September 27, 2021



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2030 Portage St. | Kalamazoo, MI 49001 | [iskzoo.org](http://iskzoo.org) | 269.553.8000

**Aug. 26, 2021: FOR IMMEDIATE RELEASE**

**CONTACT:** Jeffrey W. Patton, Chief Executive Officer | Office: 269-553-8000

Cell: 269-720-7129 | [jpatton@iskzoo.org](mailto:jpatton@iskzoo.org)

## **InterAct of Michigan transferring programs to Integrated Services of Kalamazoo following revenue drop, COVID-19 impacts**

*Kalamazoo, Mich.* – After 30 years of dedication to collaborative delivery of evidence-supported mental health and substance use disorder treatments that foster hope and wellness, it has been decided that InterAct of Michigan will transition its Kalamazoo programs and services to [Integrated Services of Kalamazoo](http://Integrated Services of Kalamazoo) by October 1, 2021.

During the current and past year, InterAct experienced a decrease in government funding and has been limited in its delivery of services because of the COVID-19 pandemic. This contributed heavily to the going concern whether the organization could continue in operation for the foreseeable future. InterAct of Michigan, Inc. was incorporated as a private, non-profit agency in 1991 and operates under the direction of a Board of Directors made up of community leaders. The organization contracts with Integrated Services of Kalamazoo (ISK), Southwest Michigan Behavioral Health (SWMBH), Network 180, and works with other insurance sources to serve over 2,300 individuals annually.

Travis Swieringa, Chief Executive Officer of InterAct of Michigan stated, “InterAct has appreciated working collaboratively with Integrated Services of Kalamazoo, Network 180 and others in serving our communities. Our mission has driven us for over 30 years. In fulfilling that

mission, it is in the best interest of the people we serve to transition our programs at this time.” InterAct’s Board Chair, Lucinda M. Stinson, shared, “We care deeply about those we serve. Our primary focus right now is to make sure that the community continues to receive critical services that have been provided by InterAct of Michigan. We are also grateful to our more than 150 dedicated and caring employees, especially during COVID, when they postponed vacations and personal time off to care for people in crisis during the pandemic.”

Most InterAct staff will have the opportunity to apply for new positions opening up at ISK and Network180 as a result of programs being transitioned to each organization.

Prior to being incorporated as a non-profit organization in 1991, InterAct was a division of Kalamazoo Community Mental Health Services, which is now referred to as Integrated Services of Kalamazoo. Jeff Patton, Chief Executive Officer of Integrated Services of Kalamazoo stated that, “We value our long-standing partnership with InterAct and its excellent team of multi-disciplinary staff and will continue to preserve our mutual commitment to the Kalamazoo community in assuring evidence-supported treatments and services that maximize outcomes and recovery for individuals served. We will work closely with InterAct’s administration and Board of Directors to assure a smooth transition of specialty supports and services. I want to commend the administration and Board of Directors of InterAct for their 30 years of dedication to the organization’s mission and persons served by helping build lives of recovery in the Kalamazoo community.”

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