



Community • Independence • Empowerment

AGENDA

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

Jeffrey W. Patton
Chief Executive Officer

www.iskzoo.org

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

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

Integrated Health & Psychiatric Services
615 East Crosstown Pkwy
Kalamazoo, MI 49001
Adults: (269) 553-7037
Youth: (269) 553-7078

Office of Recipient Rights
2030 Portage Street
Kalamazoo, MI 49001
(269) 364-6920

Services for Adults with Mental Illness
2030 Portage Street
Kalamazoo, MI 49001
(269) 553-8000
(888) 373-6200

Services for Adults with Intellectual and Developmental Disabilities
418 West Kalamazoo Ave
Kalamazoo, MI 49007
(269) 553-8060
MI Relay Center: 711

Services for Youth and Families
418 West Kalamazoo Ave
Kalamazoo, MI 49007
(269) 553-7120

Substance Use Disorder Services
(800) 781-0353

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

- I. CALL TO ORDER - CITY & COUNTY DECLARATION
- II. AGENDA
- III. MINUTES
- IV. CITIZEN TIME
- V. RECIPIENT RIGHTS
 - a. Recipient Rights Monthly Report
- VI. CONSENT CALENDAR Monitoring Reports/OCTOBER MOTION/ROLL CALL VOTE
 - a. Board Purpose and Business Description (Policy)
 - b. Treatment of Persons Served w/Substantiated Complaints (Policy & Report)
 - c. Ends Development Process (Policy)
 - d. Ends for Individuals Served (Policy)
 - e. Guidelines for Board Member Appointments (Policy)
 - f. Customer Services (Report)
 - g. Customer Advisory Council Annual (Report)
- VII. PROGRAM SERVICES REPORT
 - a. Program Services Report
- VIII. FINANCIAL REPORTS (Welcome Amy Rottman, CPA, CGFM/Rehmann)
 - a. Financial Condition Report
 - b. Utilization Report
 - c. Investment Report
 - d. *September* Disbursements **MOTION**
- IX. ACTION ITEMS NEW & REVISITED
- X. CHIEF EXECUTIVE OFFICER REPORT VERBAL
 - a. CEO Report
- XI. CITIZEN TIME
- XII. BOARD MEMBER TIME
 - a. SWMBH (Southwest Michigan Behavioral Health) Updates/**Erik Krogh**
- XIII. ADJOURNMENT



A community recovery initiative in partnership with 

Community • Independence • Empowerment

III.

INTEGRATED Services of Kalamazoo (ISK) September 27, 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	
Michael Seals	X	Kalamazoo/Kalamazoo	
Veronica McKissack, <i>COMMISSIONER</i>	X	Kalamazoo/Kalamazoo	
Jenna Verne			X

ISK - KCMHSAS Staff Present:

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

ISK - KCMHSAS Staff Absent:

Lisa Brannan
 Kathy Lentz
 Pat Weighman

Providers:

Fi Spalvieri
 Chief Executive Officer
 Community Living Options

Guests:

Lori Anderson
 Director of Programs/Quality
 Community Living Options

Tina Graham

Call to Order:

Chair Krogh welcomed all in attendance to the September 27, 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.

Minutes:

Member Spears, "I MOVE TO ACCEPT THE MINUTES FROM July 26, 2021 and August 23, 2021." 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	
Sarah Carmany	X	
Patrick Dolly	X	
Pat Guenther	X	
Sharon Spears	X	
Michael Raphelson	X	
Michael Seals	X	
Veronica McKissack, <i>COMMISSIONER</i>	X	

MOTION PASSED.

Citizen Time: No citizens came forth.

Budget Public Hearing FY2021/2022 (MOTION/ROLL CALL VOTE):

2021 Budget Public Hearing Instructions:

Chairperson (Erik Krogh): "The Public Hearing on the *Integrated Services of Kalamazoo*, Proposed FY21/22 Budget is now open." Call on Chief Executive Officer, Jeff Patton.

The Chief Executive Officer (Jeff Patton): "Act 43 of the 1963 Public Acts, as amended, requires the Authority to hold a public hearing on its proposed FY21/22 budget prior to its final adoption."

"In accordance with the statues, notice of this public hearing was published in the Kalamazoo Gazette, a newspaper of general circulation within the community on September 17, 2021 and copies of the proposed budget have been available at the Administrative Offices and County Board of Commissioners Office for inspection by the public. Copies of the proposed budget are now available for any persons present who desire to have a copy."

Chairperson (Erik Krogh): Call on the Deputy Director, Administrative Services, Patricia Davis, to present the budget.

Executive Summary:

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

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

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

Budget Overview:

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

The most significant changes can be summarized as follows:

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

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

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

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

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

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

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

To review the Budget Public Hearing FY2021/2022 in its entirety, please use the follow link:
<https://iskzoo.org/about-us/board/>

Chairperson (Erik Krogh): "Is there anyone present who desires to ask any questions, or to make any comments?"

No citizens came forth.

Chairperson (Erik Krogh): "I hereby declare that the Public Hearing for *Integrated Services of Kalamazoo*, Proposed FY 21/22 Budget closed."

Chairperson (Erik Krogh) will call for MOTION.

ISK FY2021/2022 Budget (MOTION):

Member Guenther, "I move approval of the Integrated Services of Kalamazoo FY2021/2022 budget which begins October 1, 2021 in the amount of \$97,976,496.00." Supported by Member Seals.

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	
Michael Seals	X	
Veronica McKissack, <i>COMMISSIONER</i>	X	

MOTION PASSED.

Recipient Rights:

Recipient Rights Monthly Report:

Roann Bonney, ISK, ORR Director, presented the complaints/allegations closed in July and August 2021.

Abuse Violations:

There were 2 substantiated Abuse II violations in July 2021.

- o 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.

- o 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.

- o 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.

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.

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

Consent Calendar (MOTION/ROLL CALL VOTE):

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

Monitoring Reports:AUGUST:

- Budgeting
- Finance
- Asset Protection

SEPTEMBER:

- Staff Treatment
- Compensation & Benefits

Member Raphelson, "I MOVE TO APPROVE THE AUGUST and SEPTEMBER 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	
Sarah Carmany	X	
Patrick Dolly	X	
Pat Guenther	X	
Sharon Spears	X	
Michael Raphelson	X	
Michael Seals	X	
Veronica McKissack, <i>COMMISSIONER</i>	X	

MOTION PASSED.

Program Services Report (VERBAL):

The Program Services Report will be presented at the October 25, 2021 meeting.

Financial Condition Report:

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

SWMBH:

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 un-favorable position by approximately \$2,688,540.

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 an un-favorable position by approximately \$2,604,622.

Expenditures:

Expenditures for the ten-month (10) period are projected to be \$60,677,010 compared to budgeted expenditures of \$63,365,550. Consequently, expenditures are in a favorable position by approximately \$2,688,540.

Expenditures for the eleven-month (11) period are projected to be 67,097,481 compared to budgeted expenditures of 69,702,103. Consequently, expenditures are in a favorable position by \$2,604,622.

ISK:

Revenues:

Revenues for the ten-month (10) period are \$15,310,225 compared to budgeted revenues of \$18,048,603. Consequently, revenues are in an un-favorable position by approximately \$2,738,377.

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.

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.

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.

Utilization Reports:

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

- Youth Community Inpatient Services is unfavorable by \$75, 189/JULY and \$69,416/AUGUST
- MI Adult Community Inpatient Services is at (1,304/July and 1,330/August) days and unfavorable at \$1,228,474/July and \$1,268,162/August
- Community Living Supports, Personal Care, and Crisis Residential is favorable at \$1,242,707/July and \$925,454/August

July and August Disbursements (MOTION):

Member Spears, "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." 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	
Sarah Carmany	X	
Patrick Dolly	X	
Pat Guenther	X	
Sharon Spears	X	
Michael Raphelson	X	
Michael Seals	X	
Veronica McKissack, <i>COMMISSIONER</i>	X	

MOTION PASSED.

Chief Executive Officer Report VERBAL:

I am very pleased to inform you that on Friday, October 1, 2021 we completed the transfer of certain InterAct programs and services under the direct operations of ISK. A total of 57 former InterAct employees are now employed by ISK. This would not have been accomplished without the tireless work of 45 ISK employees that not only put forward emergency arrangements to hire former InterAct staff but assured that services continued without any disruption. You should be proud of these individuals listed below that made this transfer successful as planned.

Shining Stars:

David Anderson	Barlow Warwick	Heather Barsy
Andrea Bedard	Jodi Best	Karyn Bouma
Charlotte Bowser	Lisa Brannan	Wanda Brown
Darcy Buchoz-Bos	Dawn Carter	Tracey Culpepper
Josh Dale	Pat Davis	Melanie Droghetti
Lisa Ernst	Heather Garcia	Becky Gorton
Chantel Graham	Holly Greene	Sheila Hibbs
Luuvia Jackson	Karla James	Cortney Jennings
Mona Kana'an	Jena Kidney	Jonathan Klok
Cheryl Lark	Kathy Lentz	Teresa Lewis
Nancy McDonald	Victoria McDuffey	Beth Ann Meints
Teresa Moser	Nate Nielsen	Heidi Oberlin
Amy O'Halloran	Nicole Olweean	Lindsey O'Neil
Dianne Shaffer	Ed Sovo	Brittany Tropp
Michael Venner	Kathy Wait	Sandy Walenga

The 418 Building construction and renovations are moving forward. Gentle reminder that this will include the demolition of the Acme Building with reconfigurations for that space.

After 29 years of employment with ISK, Heather Garcia has accepted another position with Kalamazoo County. I often tease her and tell her that she was born at ISK, #LOL. She has been a stellar employee with an outstanding skill set. We will miss her and hope nothing but the best for Heather. Heidi Oberlin, ISK, Director of the Integrated Health clinic will also be retiring on October 8, 2021.

Welcome back, Michael Seals.

Board Member Time

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

There are no new updates to report. I compliment Jeff and his staff for their committed work to our persons served in this community and with the transition of InterAct of Michigan to ISK.

Nkenge Bergan:

I have nothing urgent to report. However, I'm getting acclimated into my new position at KVCC. Huge kudos to Jeff and his leadership team for acting swiftly to keep the program and services operational at InterAct of Michigan.

Karen Longanecker:

I echo the sentiments regarding the transitioning of InterAct of Michigan to ISK. Just a gentle reminder to stay alert for the Shirkey bills (597 & 598). If implemented, it would be a disaster to the CMHSPs system.

Sarah Carmany:

I was fortunate to give written comments to the U.S. Senate Judiciary Committee at their hearing on Tuesday, September 28th. See below.

“Hi, my name is Sarah Carmany. I’m 36 years old. I live in Kalamazoo, Michigan. I grew up in a rural area called Climax, Michigan, which is stuck between Calhoun county and Kalamazoo county. I’ve got autism spectrum disorder and I’m an independent self-determined individual. I live in my own apartment and I cook, and clean, and keep myself up on my own. But I do have a representative payee to help me budget out my money because I need help with that. I do have a circle of support where I can talk about big decisions like going back to school and driving etc.

I’ve never ever been under guardianship. At least I don’t remember my parents going to court and obtaining guardianship probably because it’s too expensive and my mom always taught me at a very young age to be independent and self-determined. I don’t know if the school ever told my parents that I must be put under guardianship or not. I do know that my parents went to IEP meetings in elementary and intermediate school. But starting in Junior high all the way through high school I was attending my IEP meetings all on my own without mom and dad. My mom bailed out leaving me to do it all by myself. I was able to avoid guardianship cause my parents never messed with going to court.

Life without a guardian can be hard especially when I did my IEPs on my own during the last part of my grade school days. The school did what they wanted. As an adult other people’s guardians would try to tell me what to do and try to make decisions for me and try telling me what to do even when they aren’t a legalized guardian over me. I dislike that with a passion.”

Patrick Dolly:

Great Job! Jeff on the transition of InterAct of Michigan to ISK. Thank you for your leadership and compassion for the consumers.

Pat Guenther:

Outstanding work Jeff and your leadership team on the transition of InterAct of Michigan to ISK. I’m, so proud of the work that you perform and to be apart of this ISK board.

Veronica McKissack:

Welcome back to the ISK Board, Michael Seals! The Kalamazoo County Commissioners selected him to serve on this board. The new justice center construction is moving according to schedule.

Michael Raphelson:

Great work with the transition of InterAct of Michigan. Congratulations! To Pat Davis and Heather Garcia. Thank you, both for your work performance and someone will have some large shoes to fill.

Michael Seals:

I'm elated to be back on the ISK Board. Good things are happening to ISK because of a good leader and executive staff. The states homeless population continue to grow at astronomical proportions. Several in the community are working diligently to provide resources and services to that population. Within Franklin Park an old ambulance has been transformed into a treatment center which is a great asset.

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	
Michael Seals	X	
Veronica McKissack, <i>COMMISSIONER</i>	X	

MOTION PASSED.

Meeting was adjourned at 5:44PM.

Demeta J. Wallace
Administrative Coordinator
INTEGRATED Services of Kalamazoo

V.a.

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

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

	September 2021	FY 20-21	September 2020	FY 19-20
Total # of Complaints Closed	40	383	34	484
Total # of Allegations Closed	63	660	61	762
Total # of Allegations Substantiated	16	208	19	187

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

ALLEGATIONS Category	September 2021		September 2020	
	TOTAL	SUBSTANTIATED	TOTAL	SUBSTANTIATED
Consumer Safety	2	1	0	0
Dignity/Respect of Consumer	17	4	12	5
Treatment Issues/Suitable Services (Including Person Centered Planning)	12	2	9	1
Abuse I	0	0	0	0
Abuse II	5	2	3	2
Abuse III	5	1	4	2
Neglect I	0	0	0	0
Neglect II	5	1	2	1
Neglect III	6	4	4	3
	52	15	34	14

APPEALS	September 2021	FY 20-21	September 2020	FY 19-20
Uphold Investigative Findings & Plan of Action	1	10	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

October 2021

Re: September 2021 Abuse/Neglect Violations

September

Abuse Violations

- There were two substantiated Abuse II violations in September 2021.
 - The remedial actions for these violations were Employment Termination (1), Contract Action (1), Training (1), and Verbal Counseling (1). There was one staff involved in each citation.

The 2 violations occurred at different agencies.

- There was one substantiated Abuse III violation in September 2021.
 - The remedial action for this violation was Employment Termination (1).

Neglect Violations

- There was one substantiated Neglect II violation in September 2021. It was a Neglect II, Failure to Report violation.
 - The remedial action for this violation was Employment Termination (1).
- There were four substantiated Neglect III violations in September 2021.
 - The remedial actions for these violations were Employment Termination (1), Training (1), Verbal Counseling (2), Contract Action (1), and Written Reprimand (2). There was one staff involved in each of three citations.

The 4 violations occurred at 2 agencies. The 3 violations occurring at the same agency occurred at 3 different program sites.

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY II.01

AREA:	Governance		
SECTION:	Board Governance Process	PAGE:	1 of 2
SUBJECT:	BOARD PURPOSE AND BUSINESS DESCRIPTION	SUPERSEDES:	01/23/2012
		REVISED:	10/28/2019

PURPOSE/EXPLANATION

To identify the purpose and business description of the Board.

POLICY

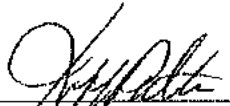
The purpose of governance is that the Board, on behalf of the citizens of Kalamazoo County, guarantees the accountability of Integrated Services of Kalamazoo (ISK) by assuring that it (a) achieves appropriate results for the appropriate persons at an appropriate cost and (b) avoids unacceptable activities, conditions and decisions. In fulfillment of this charge the Board is committed to rigorous, continual improvement of its capability to define values and vision, seeking out community input.

To distinguish the Board's own unique business from the business of its staff, the Board will concentrate its efforts on the following business "outcomes" or outputs:

- A. The link between the organization and the citizens of Kalamazoo County.
- B. Written governing policies which, at the broadest levels, address:
 1. *Ends*
The outcomes, impacts, benefits of services provided for the persons served and their relative worth (what good for which needs and within the budget).
 2. *Executive Limitations*
Constraints on executive authority that establish the prudence and ethics boundaries within which all executive activity and decisions must take place.
 3. *Governance Process*
Specification of how the board conceives, carries out and monitors its own task.
 4. *Board-Chief Executive Officer Relationship*
How power is delegated and its proper use monitored; the Chief Executive Officer role, authority and accountability.

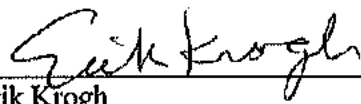
- C. The assurance of Chief Executive Officer (CEO) performance (against policies in B.1. and B.2.).

CHIEF EXECUTIVE OFFICER:



Jeff Patton
Chief Executive Officer

APPROVED:



Erik Krogh
Board Chair

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY V.01

AREA: Governance	
SECTION: Executive Limitations	PAGE: 1 of 3
SUBJECT: TREATMENT OF PERSONS SERVED	SUPERSEDES: 10/26/2015 REVISED: 10/29/2018

PURPOSE/EXPLANATION

To define limitations of means regarding the treatment of persons served.

POLICY

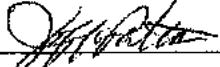
- I. With respect to interactions with persons served or individuals applying to receive services, the Chief Executive Officer (CEO) shall not cause or allow conditions, procedures or decisions which are unsafe, disrespectful, unduly undignified, unnecessarily intrusive or which fail to provide appropriate confidentiality and privacy. According, he/she may not:
 - A. Use application forms or procedures that elicit information for which there is no clear necessity.
 - B. Use methods of collecting, reviewing, or storing information on persons served that fail to protect against improper access to the information elicited.
 - C. Maintain facilities that fail to provide a reasonable level of privacy, both audio and visual.
 - D. Fail to provide procedural safeguards for the transmission of information.
 - E. Fail to inform persons served of their options, choices, and conditions.
 - F. Fail to clearly communicate with persons served what may be expected and what may not be expected from the service offered.
 - G. Fail to provide persons served with grievance processes which they understand and feel free to use without fear of direct or indirect, intended or unintended retaliation or retribution when they believe that they have not been accorded a reasonable interpretation of their rights under this policy.

- H. Fail to provide a state-certified Recipient Rights System.
 - I. Fail to acknowledge and respect the right of competent persons served, the parent of a minor, or other properly designated surrogates to decline any, and all, forms of medical intervention, including life-saving or life-prolonging treatment for the person served. To the greatest extent possible, ISK will honor those decisions or the desires stated in properly executed advanced directives such as do-not-resuscitate orders and durable powers of attorney (see ISK administrative policy 31.03 [Decision Making Power of Attorney and Guardianship], procedure 31.03 01 [Advance Directives for Health Care Decisions] and procedure 31.01 02 [Guardianship and Alternatives to Guardianship for Adults Served]).
 - J. Fail to administer a person-centered process for persons receiving mental health services based on the principles within the Michigan Mental Health Code (MMHC) and the Michigan Department of Health and Human Services (MDHHS) Person-Centered Planning Best Practice Guidelines.
 - K. Fail to administer an Individual Treatment and Recovery Planning process for persons receiving substance use disorder services based on the principles within the Michigan Office of Recovery Oriented Systems of Care Policy #P-T-06 on Individualized Treatment and Recovery Planning.
 - L. Fail to include families in the planning and delivery of services using the principles from the MDHHS Family-Driven and Youth-Guided Policy & Practice Guideline.
- II. This policy will be monitored through internal mechanisms on a semi-annual basis.

REFERENCES

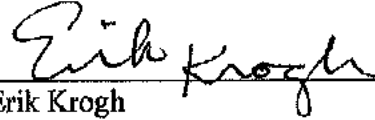
- Public Act 258 of 1974 (Mental Health Code) supplemented through Act 152 of 1996: Sec. 232
- Person-Centered Planning Practice Guideline Attachment P3.4.1.1 to MDHHS contract PIHP's (most current published version)
- MDHHS, Behavioral Health and Developmental Disabilities Administration, TREATMENT POLICY #06 on Individualized Treatment and Recovery Planning
- Family-Driven and Youth-Guided Policy & Practice Guideline, Attachment P6.8.6.1 to MDHHS contract PIHP's (most current published version)

CHIEF EXECUTIVE OFFICER



Jeff Patton
Chief Executive Officer

BOARD CHAIR



Erik Krogh
Board Chair



Community • Independence • Empowerment

TREATMENT OF PERSONS SERVED

October 2021

FY21 Data April 1, 2021-September 30, 2021

**Integrated Services of Kalamazoo
Treatment of Persons Served Report
October 2021**

EXECUTIVE LIMITATION POLICY:

“With respect to interactions with persons served, or individuals applying to receive services, the Chief Executive Officer shall not cause or allow conditions, procedures, or decisions which are unsafe, disrespectful, unduly undignified, unnecessarily intrusive, or which fail to provide appropriate confidentiality and privacy.”

ACCORDINGLY, THE CHIEF EXECUTIVE OFFICER MAY NOT:

- A. Use application forms or procedures that elicit information for which there is no clear necessity.**

Response:

Forms (paper and electronic) are based on the Michigan Department of Health and Human Services requirements and accreditation standards. Each element of the clinical record has been cross referenced with external requirements/standards to help ensure that Integrated Services of Kalamazoo (ISK) expectations are set on necessity.

Integrated Services of Kalamazoo (ISK) is compliant with this requirement.

- B. Use methods of collecting, reviewing, or storing information on persons served that fails to protect against improper access to the information elicited.**

Response:

All information of persons served is managed by provider contract, business associate agreements, and policy boundaries; these include recipient rights, compliance, and quality management policies. Information on persons served is safeguarded and limited only to those with a need to access the information. ISK has processes in place to monitor appropriate access to protected health information of persons served in the electronic health record. ISK also holds a Breach Notification policy that outlines expectations and processes to follow in the occurrence of a potential or actual breach.

ISK is compliant with this requirement.

- C. Maintain facilities that fail to provide a reasonable level of privacy, both audio and visual.**

Response:

All business conducted with persons served is done in private areas or in places determined by the individual. If complaints occur in this area, the

Office of Recipient Rights and/or the Privacy Officer will investigate and recommend corrective action(s) as needed.

ISK is compliant with this requirement.

D. Fail to provide procedural safeguards for the transmission of information.

Response:

Recipient Rights, Compliance, and Information Management policies are in place in order to protect the confidentiality of persons served. All clinicians working out in the community have been supplied with computers that have safeguards against security breaches. ISK Compliance and Information management takes steps to ensure the HIPAA compliant platforms are utilized for telehealth appointments. Other devices that have access to confidential information of persons served are encrypted for security and protection. ISK also holds a Breach Notification policy that outlines expectations and processes to follow in the occurrence of a potential or actual breach.

ISK is compliant with this requirement.

E. Fail to inform persons served of their options, choices and conditions.

Response:

Intake admission procedures, recipient rights policies and person-centered planning, all work toward informing the individual of their options and choices.

ISK is compliant with this requirement.

F. Fail to establish with persons served, a clear contract of what may be expected and what may not be expected from the services offered.

Response:

When starting services, individuals are given the Customer Services Handbook, which provides extensive information on services and expectations. Individuals are provided information on services, the person-centered planning process, and program expectations. The signature of each person served is obtained on relevant documents to help ensure that all required information is clearly and adequately provided to each individual.

ISK is compliant with this requirement.

G. Fail to provide persons served with grievance processes which they understand and feel free to use without fear of direct or

indirect, intended or unintended retaliation or retribution when they believe that they have not been accorded a reasonable interpretation of their rights under this policy.

Response

Each person served of mental health services is informed of their rights under the Michigan Mental Health Code, as well as their right to access the grievance and appeal process. The Office of Recipient Rights notifies the recipient/complainant of their right to appeal the findings of each Recipient Rights investigation. ISK policy and the Mental Health Code include provisions that forbid retaliation/harassment in conjunction with rights activity.

ISK is compliant with these requirements.

H. Fail to provide a state-certified recipient rights system.

Response

The Michigan Department of Health and Human Services Office of Recipient Rights found ISK to be in full compliance with recipient rights systems standards in December 2018. ISK is certified through the fall of 2021.

ISK is compliant with this requirement.

I. Fail to acknowledge that competent persons served, or their surrogates have the right to decline any and all forms of medical intervention, including lifesaving or life-prolonging treatment...

Response

General information about Advance Directives is included in the Customer Handbook, which is given to each individual at the time of starting ISK funded services. Advance Directives information is again offered to person served, as appropriate, whenever an individual plan of service is completed.

ISK is compliant with these requirements.

J. Fail to administer a Person-centered Process for persons receiving mental health services

K. Fail to include families in the planning and delivery of services.

Response

ISK operates under the Person/family-centered Planning Process Policy for all mental health. The ISK Quality Monitoring Review process continually reviews a sampling of plans to ensure that plans are follow the applicable policies and guidelines.

ISK is compliant with these requirements.

OFFICE OF RECIPIENT RIGHTS

SUBSTANTIATED COMPLAINTS - DATA

April 1, 2021-September 30, 2021

TOTAL FOR ALL CATEGORIES: 305

CATEGORY:	#	CATEGORY	#
<u>Abuse/Neglect</u>		<u>Personal Property</u>	
Abuse I	0	Possession and Use	11
Abuse II	30		
Abuse III	31		
Neglect I	0		
Neglect II	10		
Neglect III	44		
Sexual Abuse	2		
<u>Admission/Discharge</u>		Photographs, Fingerprints,	0
Second Opinion/denial of	0	Audiotapes, One-Way Glass	0
Hospitalization		Prior Consent	0
<u>Communications/Visits</u>		<u>Rights Protection System</u>	
Access to Phone	4	Access to Rights System	0
Visitation	0	Comp. Investigation Process	2
Uncensored mail	0	Failure to Report	1
		Retaliation/harassment	2
<u>Confidentiality</u>		<u>Suitable Services</u>	
Disclosure of Confidential Info.	13	MH Services Suited to Condition	61
Withholding of Information	0	Informed Consent	0
Privileged Communication	1	Services of MH Professional	0
<u>Family Rights</u>		<u>Treatment Environment</u>	
Dignity and Respect	5	Safe Environment	14
		Sanitary/Humane Environment	13
		Dignity/Respect	49
		Assessment of Needs	1
<u>Financial</u>		<u>Treatment Planning</u>	
Safeguarding money	1	Person-Centered Planning	1
Ability to use or spend as desired	1	Timely Development of Plan	1
Labor and Compensation	1	Treatment Planning: Other	0
Easy Access to Money in Account	1		
<u>Freedom of Movement</u>		<u>Civil Rights</u>	
Seclusion	2	Religion Practice	1
Restrictions/Limitations	2		
Restraint	0		

All substantiated complaints result in remedial action, per the Michigan Mental Health Code.

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY II.06

AREA:	Governance		
SECTION:	Board Governance Process	PAGE:	1 of 1
SUBJECT:	ENDS DEVELOPMENT PROCESS	SUPERSEDES:	10/22/2012
		REVISED:	10/28/2019

PURPOSE/EXPLANATION

To define the Board's process for the development of Ends.

POLICY

The Board is responsible to develop Ends policies that define the needs that the organization will satisfy, for who and within the budget. In order to promote the development of appropriate and meaningful Ends policies, the following steps will be taken:

- A. Gather information and build knowledge regarding an identified topic through research and the exploration of current and state of the art practices, trends, etc.
- B. Gather input from the community and stakeholders, including:
 1. ownership (citizens)
 2. persons served and their families
 3. advocates
 4. providers
- C. Board discussion, development and approval of the Ends for each population.
- D. Request the Chief Executive Officer (CEO) and his/her staff to develop and propose to the Board a means to measure each of the Ends statements for each of the populations. The proposed means to measure will be presented to the Board for their approval.
- E. Review and assess current information regarding the population and stakeholder expectation on outcomes input and update the ends statements when needed.

CHIEF EXECUTIVE OFFICER

Jeff Patton
Chief Executive Officer

APPROVED

Erik Krogh
Board Chair

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY IV.01

AREA: Governance	
SECTION: System Governance	PAGE: 1 of 2
SUBJECT: ENDS FOR INDIVIDUALS SERVED	SUPERSEDES: 05/23/2016 REVISED: 10/29/2018

PURPOSE/EXPLANATION

To identify the ends which the Board desires to achieve for Integrated Services of Kalamazoo (ISK) populations served, which include:

- Children with Serious Emotional Disturbances
- Children with Intellectual/Developmental Disabilities
- Adults with Mental Illness
- Adults with Intellectual/Developmental Disabilities
- Individuals with Substance Use Disorders

These ends consist of *what benefits* for *what people* at *what cost*. Achievement of these ends will promote an effective service delivery system, which fulfills the mission of the agency and is consistent with the requirements of the Michigan Department of Health and Human Services (MDHHS) and Certified Community Behavioral Health Clinic (CCBHC).

POLICY

- I. Individuals will receive services and supports which enables them to be healthy, safe, and to reach their full potential. Each individual will experience services and supports that are individualized, strength-based, culturally & linguistically competent, home, community and school based, effective, sustainable, and continuously improving in quality. Services and supports will be delivered in the least restrictive, most natural settings possible.
- II. To accomplish these ends, goals and objectives will be set in the following domain areas for each population listed above:
 - A. Employment and Education
 - B. Living Arrangements
 - C. Recovery / Self-Determination
 - D. Health and Wellness


E. Family and Community Life

III. The Board established ends will be monitored on an ongoing basis by ISK staff and through semi-annual reports from the "Dashboard and Outcomes Reporting System".

REFERENCES

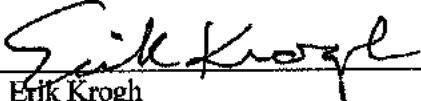
A. Public Act 258 of 1974 (Mental Health Code) supplemented through ACT 152 of 1996: Sections 206 and 208

CHIEF EXECUTIVE OFFICER



Jeff Patton
Chief Executive Officer

APPROVED



Erik Krogh
Board Chair

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY I.03

AREA:	Governance	PAGE:	1 of 3
SECTION:	Mission/Vision/Values & Bylaws	SUPERSEDES:	10/31/2019
SUBJECT:	GUIDELINES FOR BOARD MEMBER APPOINTMENTS	REVISED:	10/28/2019

PURPOSE/EXPLANATION

To outline the process in assisting the Kalamazoo County Board of Commissioners for the appointment of ISK Board members.

POLICY

- I. ISK desires broad community representation on its Board and it shall be the policy of this organization to actively seek members who will represent the individuals being served by ISK, in terms of geographic area (within Kalamazoo County), race, ethnicity, sex, gender identity, disability, age, sexual orientation and types of disorders for which ISK provides services (mental illness, serious emotional disorders, substance use disorders and developmental/intellectual disorders).
- II. When a vacancy occurs on the ISK Board, due to the resignation of a County Commissioner, the County Board of Commissioners may appoint a member from the Board of Commissioners.
- III. All other vacancies will be handled with the following process:
 - A. During a regularly scheduled board meeting the ISK Board will appoint a selection committee.
 - B. ISK will notify the County Board of Commissioners of the vacancy and its beginning of the candidate selection process.
 - C. The candidate selection committee will oversee the solicitation and collection of applications from interested individuals. All applications will be delivered to the Executive Assistant for processing.
 - D. The candidate selection committee will review the applications and select up to three candidates who are qualified under state law and who the committee determines would be likely to be a strong addition to the ISK Board. The applications of those individuals will be submitted to the County Board of Commissioners to continue the County interview process.

- E. The candidate selection committee will consider the following requirements, pursuant to section 222 of the Michigan Mental Health Code (MCL 330.1222), Federal Rules 42 CFR 455.104-106 and desired demographic factors pursuant to the ISK stated goals of representing all individuals served by ISK, when reviewing applications:
1. The composition of the Board must be representative of providers of behavioral health services, recipients or primary consumers of behavioral health services, agencies and occupations having a working involvement with behavioral health services and the general public. At least 51% of the Board must be primary consumers or family members, at least two members must be primary consumers.
 2. Not more than four members of the Board may be Kalamazoo County Commissioners and not more than half of the total board members may be state, county or local public officials (defined as an individual serving in an elected or appointed public office or employed more than 20 hours per week by an agency of federal, state, city or local government).
 3. No more than half (50%) of Board members may derive more than 10% of their annual income from the health care industry.
 4. Board members must be able to meet the requirements of Federal Rules 42 CFR 455.104-106, which detail disclosure requirements for the purpose of monitoring and determining fraud, waste and abuse of Medicaid funds.
 5. Board members shall have their primary place of residence in Kalamazoo County.
 6. No person employed by the Michigan Department of Health and Human Services (MDHHS) or Integrated Services of Kalamazoo (ISK) is eligible to serve on the Board.
 7. No person who is a party to a contract with ISK or administering or benefiting financially from a contract with ISK is eligible to serve on the Board.
 8. No person serving in a policy-making position with an agency under contract with ISK is eligible to serve on the Board.
 9. To the extent possible, individuals appointed to the ISK Board should include people who represent all individuals being served by ISK. Therefore, demographic factors such as geographic area, race, ethnicity, sex, gender identity, disability, age, sexual orientation and type of disorders for which ISK provides services will be considered.
- F. One or more of the members of the candidate selection committee will attend the County Board of Commissioners interviews.
- G. The County Board of Commissioners appoints the selected individual as a member of the ISK Board.

- IV. It shall be a requirement of serving on the ISK Board that upon appointment, and when requested from time to time, Board members will confidentially provide their name, address, date of birth, Social Security number and other information as necessary to comply with federal or state laws and regulations.

REFERENCE

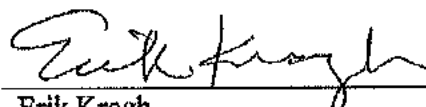
- Michigan Mental Health Code (MCL 330.1222)

CHIEF EXECUTIVE OFFICER



Jeff Patton
Chief Executive Officer

APPROVED



Erik Krogh
Board Chair

Integrated Services of Kalamazoo (ISK)

Vlf.

Customer Services Report to the Board for Q 3 and 4 of FY 2020-2021

ISK committee/project participation:

Committee/Project
Quality Improvement Committee
Provider Quality Monitoring Reviews/Audits
Policy Development/Review
Management Team
JETT Committee (ad-hoc)
Customer Advisory Council

SWMBH committee/project participation:

Committee/Project
Customer Services
Coordination of Customer Notices for MI Health Link
Quality Improvement Committee (ad hoc)
Customer Survey project liaison

CARF: 2019 Plan of Correction implementation: ISK has created new staff training materials to reflect positive approaches to working through service transitions in levels of care as well as discharge from all ISK services. Additionally, updates to several clinical forms will allow staff to better identify and track the steps customers are taking to move throughout ISK services.

2022 Planned Accreditation Review: Final touches are being made on the application for our review in 2022. As part of the Quality Management Unit, the CS Manager will be taking primary role in the ISK preparation steps for this review. Lead staff for each of the administrative and programmatic areas we will be evaluated in have been identified and early prep work is underway with CS Manager available as support.

Root Cause Analyses for Sentinel Events: Within this fiscal year, ISK has been reviewing 11 incidents in which customers experienced unexpected occurrence involving death or serious physical or psychological injury - or the risk thereof. Of the events under review, 9 were deaths and 2 were serious injury. The ISK Oversight Committee is meeting 10/15/21 to finalize review of these incidents and endorse the improvement action steps that stemmed from the Root Cause Analyses of each incident.

Trauma-Informed Care Team: Continue to be trainer for administrative staff for "Step 2" classes.

Suicide Prevention Planning Team: Membership on the planning committee. Continued with Mental Health First-Aid and safeTALK Instruction. For this fiscal year in total, co-taught 8 MHFA classes and co-taught 2 safeTALK classes. Into 2021-2022, ISK is continuing to schedule opportunities for both MHFA and safeTALK for staff/providers/community members.

New MDHHS project for the CMH/PIHP system: For this fiscal year, MDHHS implemented a quarterly reporting process for each CMH to send data identifying all customer Grievances and Appeals. This data has traditionally been reported by ISK to SWMBH and data continues to be reported to the PIHP on MDHHS created spreadsheets. A more significant data set is quarterly reporting of all of the service denials made by each CMH. This includes denials of services made as a result of an intake assessment, emergency assessment for psychiatric hospitalization, as well as denials or partial denials/approval of services in addition to what is in a current Plan of Service. For the first 3 quarters of the year, data also included reporting of all reductions and terminations of currently authorized services. Into FY 2022, we are encouraged that MDHHS will continue to modify the data set based on feedback from the field.

State-wide meetings/committees:

Committee	Activity
Customer Services	<ul style="list-style-type: none"> Continued to participate in participate in meetings and peer collaboration. Was proctor at several sessions for the annual conference.
Public Relations	<ul style="list-style-type: none"> Participation in CMHAM-hosted committee. Planning Committee for 2021 Walk-A-Mile event. While ISK did not send participants out of concerns for safe travel arrangements, ISK did submit a statement to be read as part of the day that was created by the Customer Advisory Council. "Together we are stronger when we Refocus, Reconnect, and Recover"

Integrated Services of Kalamazoo (ISK)
Customer Services Report to the Board for Q 3 and 4 of FY 2020-2021

Community Education Activities

- Community event scheduling and participation continue to be altered by the continuing challenges of COVID-19. However, we were able to participate in a few of our traditional events such as:
 - Project Connect
 - Wellness and Recovery Fair
 - Suicide Awareness and Prevention Walks sponsored by Gryphon Place and the American Foundation for Suicide Prevention.

See Attached FY to date Appeal and Grievance Logs for ISK

Questions about data can be sent to Teresa Lewis, LBSW at 553-7000 or tlewis@iskzoo.org.

Southwest Michigan Behavioral Health
Customer Grievance and Appeal Data
FY 2020-21
Kalamazoo Medicaid

Activity	Outcome	Q1	Q2	Q3	Q4	Total Events:
Local Appeals Including: Termination Reduction Suspension of current services and Denial of additional services	Withdrawn					
	Decision Upheld/Affirmed	1	2	2		5
	Decision Overturned	2	2		2	6
	Settled/Resolved					
Access 2 nd Opinions	Withdrawn					
	Decision Upheld/Affirmed		1	2		3
	Decision Overturned	1		1		2
	Settled/Resolved	1				1
Hospital 2 nd Opinions	Withdrawn					
	Decision Upheld/Affirmed					
	Decision Overturned					
	Settled/Resolved					
Administrative Medicaid (Fair) Hearing	Withdrawn	1				1
	Decision Affirmed					
	Decision Overturned					
	No Show					
	Settled/Resolved					
Grievances	Withdrawn					
	Information only					
	Settled/Resolved	3	1		2	6
	Recipient Rights Referral					
TOTAL events:		9	6	5	4	24



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Data Review and Recommendations

Type of Data: Customer Grievances and Appeals.

Time Period of data reviewed: FY 20-21 data is slated to be reviewed at the December 2021 meeting.

Summary of findings: unable to determine at this time.

Recommendations for Board: Board will be updated if there are recommendations from CAC data review.

Consultations

Topic: ISK CCBHC Implementation

Requesting Department: CCBHC Project Management

Recommendations/Discussion Points of CAC:

- Members talked about the concern that "getting better" could disrupt their access to services and expressed relief that ISK has new resources to fill gaps in access and eligibility.
- Members expressed interest in ISK's efforts to train local police officers in Mental Health First Aid and talked about a recent training hosted at Recovery Institute.
- Members asked about the possibility of utilizing volunteers at the Crisis Hub or in other roles. This will be brought to HR to discuss potential benefits/risks.

CCBHC has become a quarterly topic for the CAC into FY 2020-2021. CCBHC will be the focus topic of at least 4 meetings into the new year.

Project Plans

Project: Advocacy

Status Update: TBD fully

All members have stated they want to take more active steps within the CAC to advocate for appropriate mental health and substance use services throughout Michigan. Members are currently discussing how they want to make this a practical project with identified goals:



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Hurdles to Overcome for Projects/Activities

Activities of the CAC were diminished due to the pandemic in this year as they had been in the previous year. Many of the members are not able to fully take advantage of technology – either due to limited skills/understanding or due to no/limited access to internet or equipment to allow for tech use. We had planned on return to in-person meetings in November 2020, however with the changing pandemic landscape, meetings were held virtually (telephone conference for most members) until June 2021. To participate on-site, members all agree to follow ISK safety precautions. A few members have elected to continue telephonic participation.

Also, over the past year, a few of our regular members are not able to participate as actively as they had previously. We have created new/updated “sign up” materials that we are going to be sharing throughout ISK programs over the next few months to encourage new membership for 2022.

Activities

Title: Walk A Mile

Date: 9/29/21

Summary: Members were planning on taking advantage of the transportation and food arrangements that ISK had in place. Unfortunately, ISK made the difficult decision to not participate in the event “live” this year. CAC members did develop the ISK statement that was sent to event planners to share at the event on behalf of ISK: “Together we are stronger when we Refocus, Reconnect, and Recover.”

Recommendation of CAC: The same as last year, “Keep supporting our participation in the WAM. And we will participate however we can.”

Other

This year, ISK modified the customer stipend policy that affords payment to CAC members. ISK policy now matches the stipend payments that SWMBH pays customer committee members for their active participation. Members of the CAC now can earn \$40 for in-person meeting participation and \$25 for telephonic/telehealth participation. This is up from the previous \$25 for in-person and \$10 for telephone participation. Members have all voice appreciation to ISK for increasing their stipend dollars.

For more information

- If board members would like to more information about the CAC, please contact Teresa Lewis at 269-553-7000 or TLewis@iskzoo.org

ISK Endowment Fund. FY 2021-2022 ~ Full Year Funding Applications Summary

Application	Program/agency	Total requested	Comments	Total approved
21_01	MRC BridgeWays	\$ 2000	Toward: helping to set up independent residences and unmet health care needs.	\$2000
21_02	ISK – WHI Program	\$ 5000	Toward: health care needs (tech needs) and helping to set up independent residences	\$5000
21_03	Family & Children Services (F&CS)	\$ 3000	Toward: establishing independent residences and to help meet otherwise unmet healthcare needs	\$3000
21_04	ISK Youth and Families Services Department	\$ 5000	Toward: meeting otherwise unmet health care needs, assisting with educational costs, and providing community celebration events	\$5000
21_05	Community Living Options (CLO)	\$ 3500	Toward: health care needs, independent residences, educational support	\$3500
21_06	ISK Housing Resource Center	\$ 5000	Toward: establishing more independent residences	\$5000
Total		\$ 23,500	Total	\$23,500



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ISK Board Program Report - October 2021

Youth and Family Department

Program Highlight: SAMHSA System of Care Grant

The Youth and Family Department is implementing the third 4-year SAMHSA System of Care (**SOC**) grant. The grant award is \$1 million per year. The focus of this grant is to work closely with Department of Health and Human Services (**DHHS**) child welfare for youth in foster care or at risk of removal by DHHS to help coordinate and deliver needed mental health services. This primarily occurs through the structured process at DHHS using Team Decision Making (**TDM**) and Family Team Meetings (**FTM**). TDM- Team Decision Making involves removals, placements, change of placements, or stability meetings. FTM- Family Team Meetings are for families to discuss with CPS (Child Protective Services staff) or FC (Foster Care staff) a plan for action with services, failed drug tests, need for additional supports, further court involvement, or plans with the case closing/being transitioned.

An effective strategy has been to have Erin Hetrick, an ISK intake specialist, attend the DHHS FTMs and TDMs. Erin provides an immediate intake or schedules a time that is more convenient for the family. There are several other ISK employees who have participated, including Danielle Sackrider, and they have participated in over 450 TDMs/FTMs since August 2020. The meetings are effective in linking youth in Foster Care (**FC**)/Protective Services (**PS**) to needed services, return youth to the community from residential placement to community-based services, and reducing number of failed foster care placements, and help to divert removal. Outcomes of the meetings include intakes for services, community resource referrals by ISK Community Health Workers, referrals for substance use treatment for caregivers, or Mobile Crisis Response Team (**MCR**) crisis planning. When a youth has current services, frequent outcomes include additional or more frequent support for the family, crisis planning with MCR or that an additional referral made (e.g., Family Support Partner, Psychological Assessment Team (**PATS**), or the STREET program.

Another effective strategy is that MCR attends some planned removals or follow-up on removals using trauma informed interventions. A planned removal happens following a FTM and is when a family has been working with Ongoing Protective Services and supports have not been sufficient to assure the child's safety. MCR provides the youth immediate support on the loss of family and placement with foster parents whom the youth does not know. They are also able to help the youth and foster parent understand the next service and how to contact MCR. MCR described one removal that became acrimonious. Police and protective services were working with the parents and the youth was left alone in the police vehicle. MCR immediately began to provide a trauma informed intervention to help the youth understand what was happening, what would happen next, what "removal" means, what happens with siblings, and when they would be able to talk to their family again.

ISK continues to work with DHHS State and local leadership and staff to identify improvements in communication and coordination. The desired outcome is to assure youth and families involved with CPS or FC have access to the mental health assessments, supports, and services needed.

Respectfully Submitted,
Patricia J. Weighman, LMSW/ACSW
Senior Executive, Youth and Family Services

VIII.a. Financial Condition Report

FOREWORD

This report represents the twelve (12) month of operations for the period of October 1st through September 30th, 2021. Each program's projected annual budget is reviewed as to anticipated revenues and expenditures. This monthly report provides the Board with indications of revenue and expenditure trends by program. However, unknown and unexpected adjustments can occur at a later date which could materially affect the revenue and expenditures reflected in this report. When that occurs, the Board will be notified immediately via subsequent monthly financial reports.

A. GENERAL OBSERVATIONS – ISK FINANCIAL STATEMENTS

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

Balance Sheet for period ending September 30, 2020 and September 30, 2021.

	FY 20/21	FY 19/20		FY 20/21	FY 19/20
Current Assets:			Liabilities:		
Cash and Investments	33,724,239	28,661,728	Accrued Payables	1,571,174	7,666,976
Accrued Revenue/Receivables	5,279,807	1,886,108	Due to State	1,585,579	423,544
Due From State	357,261	240,139	Due to Providers	4,790,623	707,691
Advances and Prepaids	1,258,698	759,515	Accrued Leave	1,392,318	1,377,366
Fixed Assets (net of depreciation)	9,117,905	9,346,954	Due to Other	15,847,941	6,671,560
Net Pension Asset (net of deferred outflows)	4,937,092	4,937,092	Deferred Revenue	4,085,509	220,326
			Long Term Debt (Bonds/Mortgage)	4,415,002	4,618,113
			Total Liabilities:	33,658,145	23,685,574
			Fund Balance:		
			Designated	10,010,489	11,604,698
			Undesignated	5,323,673	4,815,055
			Investment in fixed assets	4,841,804	4,735,203
			Net gain/(loss) for Period	840,889	(976,994)
Total Assets:	54,675,001	43,861,537	Total Liabilities and Fund Balance:	54,675,001	43,861,537

- BALANCE SHEET (WORKING CAPITAL COMPUTATION).** The attached Balance Sheet reflects the overall financial condition of the organization as of September 30, 2021. As per Board policy, there is a significant value of current assets over current liabilities. Current assets total \$40,620,604 and current liabilities total \$29,243,144 for a positive working capital totaling \$11,376,860 compared to \$10,510,029 as of September 31, 2020.
- BALANCE SHEET (NET ASSETS COMPUTATION).** The attached Balance Sheet reflects positive net assets. Total assets are \$54,675,001 and total liabilities are \$33,658,148 for a positive net worth of \$21,016,856 compared to \$20,175,962 in September 31, 2020.
- BOARD RELATED EXPENDITURES.** The following represents the year to date for December budgeted and actual expenditures related to Board activities (Target 100%).

	Budget	Actual	Variance	%
Board Per Diem	\$3,000	\$1,500	\$1,500	50.00%
Board Training	\$11,000	\$25	\$10,975	0.23%
Totals	\$14,000	\$1,525	\$12,475	10.89%

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

B. SWMBH FINANCIAL RISK MANAGEMENT : MEDICAID REVENUES AND EXPENDITURES

REVENUES:	Fiscal Year 2021 Year To Date												Notes		
	Specialty Services			Healthy Michigan			Autism			SUD Block Grant				Totals	
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Actual	Variance		Budget	Actual
Specialty Services Medicaid Revenue	62,438,036	69,509,060	7,071,024	-	-	-	-	-	-	-	-	62,438,036	69,509,060	7,071,024	1A
MDHHS Fostercare Incentive	115,000	217,092	102,092	-	-	-	-	-	-	-	-	115,000	217,092	102,092	1B
Fees	307,980	341,212	33,232	-	-	-	-	-	-	-	-	307,980	341,212	33,232	
Healthy Michigan Revenue	-	10,252,219	10,252,219	-	-	-	-	-	-	-	-	10,252,219	10,252,219	404,099	
Autism Revenue	-	-	-	6,431,011	6,543,934	112,923	-	-	-	-	-	6,431,011	6,543,934	112,923	
SUD Block Grant	-	-	-	-	111,957	111,957	-	-	-	-	-	111,957	111,957	-	
Settlement Revenue (Expense)	1,727,457	(7,575,621)	(4,923,483)	(710,240)	(565,925)	(143,315)	(88,335)	(110,500)	-	-	-	(3,617,544)	(13,175,529)	(9,557,985)	1C
Total Revenues:	64,588,473	62,491,743	(2,096,730)	5,715,793	5,732,635	16,842	13,622	1,457	-	-	-	76,038,659	74,204,044	(1,834,615)	
EXPENDITURES:															
Youth Programs	7,073,122	6,259,350	813,772	-	-	-	-	-	-	-	-	-	-	-	-
MIA Programs	19,700,450	20,349,691	649,241	4,480,517	4,850,519	369,999	-	-	-	-	-	5,302,991	5,536,785	233,794	
IDDA Programs	30,849,684	28,349,651	2,500,033	241,511	73,992	1,763,519	-	-	-	-	-	12,860	1,457	11,403	
Integrated Health Clinic	2,068,384	1,906,341	162,043	467,858	368,914	90,944	-	-	-	-	-	762	-	762	
Managed Care Administration, Access Center	4,694,316	4,587,195	107,121	417,416	423,128	6,712	-	-	-	-	-	417,780	441,224	23,444	
Homeless Shelter	202,517	39,315	163,202	108,491	16,282	92,209	-	-	-	-	-	-	-	-	
Non-DCH Activity Expenditures	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total Expenses:	64,588,473	62,491,743	2,096,730	5,715,793	5,732,635	16,842	13,622	1,457	-	-	-	76,038,659	74,204,044	1,834,615	
NET INCOME (DEFICIT)															

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

REVENUES: Revenues for the twelve month (12) period are projected to be \$74,204,044 compared to budgeted revenues of \$76,038,659. Consequently, revenues are in a un-favorable position by approximately \$1,834,615. The following represents favorable and un-favorable variances by revenue type. Variances exceeding 5% AND \$100,000 from budgeted figures are explained below.

- 1A Medicaid revenue is in a favorable position due to actual amounts received.
- 1B MDHHS Fostercare Incentive is in an favorable position due to actual amounts received.
- 1C Since SWMBH Risk expenses are favorable by \$1,834,615 and SWMBH Risk revenues came in under budget by \$1,340,914 this months SWMBH settlement would be increased by 13,175,529.

EXPENDITURES: Expenditures for the twelve month (12) period are \$74,204,044 compared to budgeted expenditures of \$76,038,659. Consequently, expenditures are in an favorable position by approximately \$1,834,615. The following represents favorable and favorable variances by expenditure type. Variances exceeding 5% AND \$100,000 from budgeted figures are explained below.

- 2A 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
- 2B This variance is favorable due to a vacant position.
- 2C This variance is favorable due to vacant positions.

EXPENDITURES Expenditures for the twelve month (12) period are \$19,459,483 compared to budgeted expenditures of \$21,105,418. Consequently, expenditures are in a favorable position by approximately \$1,645,935. 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 Homebased services.
- 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 lower contractual services and Information Technology expenses.
- 4F This variance is primarily due to underspending for the SAMHSA Supported Employment Grant, and SAMHSA Mobile Integrated Behavioral Health Team
- 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.

VIII.b. Utilization Report

YOUTH COMMUNITY INPATIENT SERVICES
Report Period: October 1st, 2020 through September 30th, 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	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	33	\$7,131	(10)	\$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	\$22,022	1	(\$1,851)	(\$79,605)		
MAY	22	\$20,782	23	\$20,172	29	\$7,544	(6)	\$12,628	(\$66,977)		
JUNE	11	\$7,864	23	\$20,172	23	\$25,540	0	(\$5,369)	(\$72,346)		
JULY	73	\$58,875	23	\$20,172	18	\$16,614	5	\$3,558	(\$68,788)		
AUGUST	48	\$40,586	23	\$20,172	22	\$22,523	1	(\$2,352)	(\$71,140)		
SEPTEMBER	42	\$40,145	23	\$20,172	67	\$64,966	(44)	(\$44,795)	(\$115,935)		
TOTALS	319	\$277,743	276	\$242,058	407	\$357,991	(131)	(\$115,935)			
MONTHLY AVERAGES	27		23		34						
GROSS ANNUAL COST		\$277,743		\$242,058		\$357,991		(\$115,935)			

Favorable/(Unfavorable) by Funding Source:

Medicaid	(128,493)
General Fund	12,558
Total	(115,935)

MI ADULT COMMUNITY INPATIENT SERVICES
Report Period: October 1st, 2020 through September 30th, 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	433	\$409,023	(98)	(\$86,848)	(\$86,848)	
NOVEMBER	302	\$285,629	335	\$322,175	420	\$401,675	(85)	(\$79,500)	(\$166,348)	
DECEMBER	402	\$381,479	335	\$322,175	461	\$440,721	(126)	(\$118,546)	(\$284,894)	
JANUARY	395	\$375,167	335	\$322,175	499	\$478,423	(164)	(\$156,248)	(\$441,142)	
FEBRUARY	330	\$314,114	335	\$322,175	459	\$439,718	(124)	(\$117,543)	(\$558,685)	
MARCH	283	\$267,812	335	\$322,175	370	\$354,552	(35)	(\$32,377)	(\$591,062)	
APRIL	264	\$251,282	335	\$322,175	410	\$392,870	(75)	(\$70,695)	(\$661,757)	
MAY	298	\$281,045	335	\$322,175	495	\$474,875	(160)	(\$152,700)	(\$814,457)	
JUNE	370	\$350,759	335	\$322,175	487	\$467,958	(152)	(\$145,783)	(\$960,240)	
JULY	441	\$415,893	335	\$322,175	473	\$453,758	(138)	(\$131,583)	(\$1,091,823)	
AUGUST	480	\$452,989	335	\$322,175	510	\$489,650	(175)	(\$167,475)	(\$1,259,298)	
SEPTEMBER	474	\$447,683	335	\$322,175	521	\$501,420	(186)	(\$179,245)	(\$1,438,543)	
TOTALS	4,342	\$4,119,740	4,015	\$3,866,100	5,538	\$5,304,644	(1,516)	(\$1,438,543)		
MONTHLY AVERAGES	362		335		462					
GROSS ANNUAL COST		\$4,119,740		3,866,100		\$5,304,644		(\$1,438,543)		

Favorable/(Unfavorable) by Funding Source:

Medicaid	(730,551)
General Fund	(3,017)
Healthy MI	(704,975)
Total	(1,438,543)

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

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

YOUTH POPULATION (SED/DDD)

Month	ACTUAL YEAR TO DATE			Favorable (Unfavorable) Budget
	Avg. Daily Rate	No. of Days Served	ISK Cost	
PC/CLS(S.R.)	\$1,451	1	\$406,151	(\$406,151)
CRISIS RES.	\$808	6	\$11,313	\$82,401
CLS (SIP)	NA	7	\$0	\$0
TOTAL		7	417,463	(\$323,750)

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 Days Served	ISK Cost	
PC/CLS(S.R.)	\$204	160	\$10,251,784	\$497,455
CRISIS RES.	\$524	78	\$844,438	(\$224,850)
CLS (SIP)	NA	65	\$380,484	\$256,205
TOTAL		303	\$11,476,706	\$528,820

IDD ADULT POPULATION

Month	ACTUAL YEAR TO DATE			Favorable (Unfavorable) Budget
	Avg. Daily Rate	No. of Days Served	ISK Cost	
PC/CLS(S.R.)	\$220	218	\$16,362,967	(\$156,676)
CRISIS RES.	\$524	2	\$13,682	(\$2,660)
CLS (SIP)	NA	184	\$7,767,647	\$164,118
TOTAL		404	\$24,144,296	\$4,782

TOTAL ALL POPULATIONS

Month	ACTUAL YEAR TO DATE			Favorable (Unfavorable) Budget
	Avg. Daily Rate	No. of Days Served	ISK Cost	
PC/CLS(S.R.)	\$212	379	\$27,020,902	(\$65,362)
CRISIS RES.	\$526	86	\$659,433	(\$145,110)
CLS (SIP)	NA	249	\$8,148,131	\$420,323
TOTAL		714	\$36,038,465	\$209,851

	Variance By Funding Source			Total
	Medicaid	HMI	GF	
	\$ (694,601)	\$ 70,883	\$ 558,356	\$ (65,362)
	\$ (216,622)	\$ 39,789	\$ 31,723	\$ (145,110)
	\$ 346,801	\$ 57,113	\$ 30,263	\$ (13,874)
	\$ (564,423)	\$ 167,785	\$ 620,361	\$ 209,851

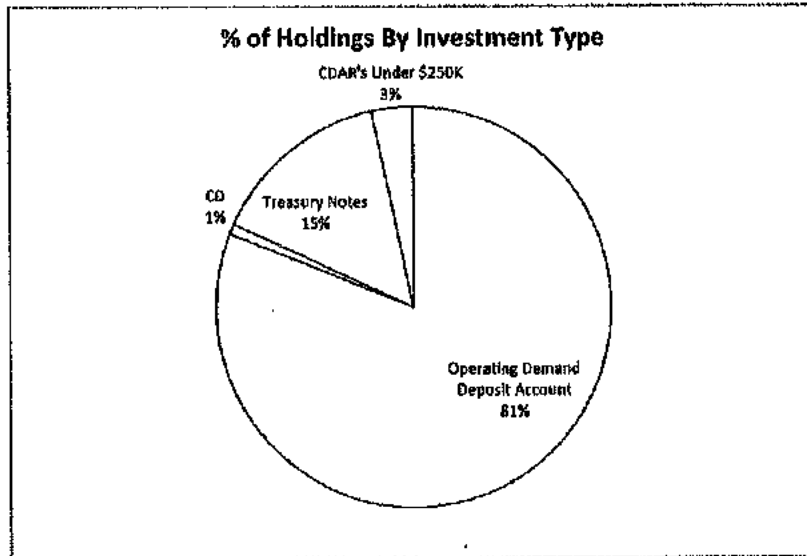
VIII.c. Investment Report

Quarterly Cash & Investments Report
Quarter Ending September 30, 2021

Financial Institution	Type of Investment	Cost Base	Maturity Date	% Yield
CASH				
PNC	Operating Demand Deposit Account	\$24,620,307	NA	0.03%
	Payroll Account	\$5,900		
	Accrued Leave Reserve	\$116,067		
	Pretax Reimbursement Account	\$48,318		
	Various Petty Cash Funds	\$830		
	Total Cash Accounts	\$24,791,221		
INVESTMENTS				
CDAR's (via Independent Bank)	CD's Issued Under FDIC Limit of \$250,000	\$524,565	7/15/2022	0.10%
CDAR's (via Independent Bank)	CD's Issued Under FDIC Limit of \$250,000	\$489,458	7/15/2022	0.10%
Total CDAR's		\$1,014,024		
CD (via Independent Bank)	CD	\$250,507	7/15/2022	0.20%
CD (via Independent Bank)	CD	\$2,500,000	7/15/2022	0.20%
Total CD's		\$2,750,507		
U.S. Federal Government (via PNC)	Treasury Notes (for bond repayment)	\$4,510,229	3/31/2022	2.42%
	Total Investments	\$8,283,759		
TOTAL CASH AND INVESTMENTS		\$33,074,981		

% of Holdings By Institution	
PNC - Cash	74.85%
U.S. Federal Government (via PNC)	13.66%
CDAR's & CD (via Independent Bank)	11.38%
	100.00%

% of Holdings By Investment Type	
Cash	74.85%
CD	8.32%
Treasury Notes	13.66%
CDAR's	3.07%
	100.00%



VIII.d. *September* Disbursements **MOTION**



Community • Independence • Empowerment

Integrated Services of Kalamazoo MOTION

Subject:	<u>September 2021 Disbursements</u>	Approval Date:
Meeting Date:	October 25, 2021	<u>October 25, 2021</u>
Prepared by:	Charlotte Bowser	

Recommended Motion:

“Based on the Board Finance meeting review, I move that ISK approve the September 2021 vendor disbursements of \$8,415,856.99.”

Summary of Request:

As per the September 2021 Vendor Check Register Report dated 10/12/2021 that includes checks issued from 09/01/2021 to 09/30/2021.

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

Staff: C. Bowser, Finance Director

Date of Board
Consideration: October 25, 2021