



Community • Independence • Empowerment

**Jeffrey W. Patton**  
Chief Executive Officer

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

**Administrative Services**

610 South Burdick Street  
Kalamazoo, MI 49007  
Phone: (269) 553-8000

**Access Center**

615 East Crosstown Parkway  
Kalamazoo, MI 49001  
Phone: (269) 373-6000  
(888) 373-6200  
Michigan Relay Center: 711

**Integrated Health & Psychiatric Services**

615 East Crosstown Parkway  
Kalamazoo, MI 49001  
Phone (Adults): (269) 553-7037  
Phone (Youth): (269) 553-7078

**Office of Recipient Rights**

610 South Burdick Street  
Kalamazoo, MI 49007  
Phone: (269) 364-6920

**Outpatient Services**

2030 Portage Street  
Kalamazoo, MI 49001  
Phone: (269) 553-7132

**Services for Adults with Mental Illness**

2030 Portage Street  
Kalamazoo, MI 49001  
Phone: (269) 553-8000  
(888) 373-6200

**Services for Adults with Developmental Disabilities**

418 West Kalamazoo Ave.  
Kalamazoo, MI 49007  
Phone: (269) 553-8060  
Michigan Relay Center: 711

**Services for Youth and Families**

418 West Kalamazoo Ave.  
Kalamazoo, MI 49007  
Phone: (269) 553-7120

**Substance Use Disorder Services**

Phone: (800) 781-0353

**Training**

418 West Kalamazoo Ave.  
Kalamazoo, MI 49007  
Phone: (269) 364-6952

## AGENDA

*INTEGRATED Services of Kalamazoo* BOARD HAS SCHEDULED ITS MEETING FOR MONDAY, April 25, 2022, BEGINNING @ 4:00PM via *Microsoft TEAMS*.

- I. CALL TO ORDER - CITY & COUNTY DECLARATION
- II. AGENDA
- III. CITIZEN TIME
- IV. RECIPIENT RIGHTS
  - a. Recipient Rights Monthly Report
- V. PROGRAM SERVICES REPORT/VERBAL
  - a. Program Services Report
- VI. CONSENT CALENDAR/VERBAL MOTION
  - a. Minutes Monday March 28, 2022
  - b. Board Committee Principles (Policy)
  - c. Chairperson's Role (Policy)
  - d. Treatment of Persons Served w/Substantiated (Report)
  - e. Reserves Management (Policy)
  - f. Customer Services (Report)
- VII. MONITORING REPORTS
  - a. Compliance & Risk: Status Report
  - b. Compliance & Risk: Board Training
- VIII. FINANCIAL REPORTS
  - a. Financial Condition Report
  - b. Utilization Report
  - c. March Disbursements/**MOTION**
  - d. Budget Amendment #1/**MOTION**
- IX. CHIEF EXECUTIVE OFFICER REPORT/VERBAL
  - a. CEO Report
- X. CITIZEN TIME
- XI. BOARD MEMBER TIME
  - a. SWMBH (Southwest Michigan Behavioral Health) Updates/**Erik Krogh**
  - b. Selection of Nominating Committee for Board Officers/ **Erik Krogh**
- XII. ADJOURNMENT



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# PUBLIC NOTICE for

## INTEGRATED Services of Kalamazoo

**Jeffrey W. Patton**  
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On Monday, April 25, 2022, from 4:00PM-6:30PM, the meeting of the Board of Directors of Integrated Services of Kalamazoo, will be held @ 610 South Burdick Street, Kalamazoo, Michigan (2<sup>nd</sup> Floor – Board Conference Room).

To mitigate the spread of COVID-19 and its variants, and to protect the public health by limiting in-person contact, ISK (Integrated Services of Kalamazoo) will conduct its board meeting by offering two options: Microsoft TEAMS or in-person. By utilizing these two options to conduct this meeting, we will meet the requirements of the Open Meetings Act.

All interested persons may join the remote meeting through the following procedures:

### Microsoft Teams meeting

+1 616-272-5624 United States/Conference ID: **870 664 203#**

Once you have joined the meeting, please disable your camera, and silence your microphone.

See example.



ISK welcomes and encourages persons to supply input or ask questions on any board business. To communicate with the ISK Board Members or if you have specific needs to take part in the meetings held by the Board. Please contact Demeta J. Wallace at least three (3) business days prior to the scheduled meeting date at [Dwallace@iskzoo.org](mailto:Dwallace@iskzoo.org) or 269-364-6905.

The ISK Board packet is posted monthly on our website @ [www.iskzoo.org](http://www.iskzoo.org).

IV.a.

Office of Recipient Rights  
Report to the Mental Health Board  
On Complaints/Allegations  
Closed in: March 2022

**Office of Recipient Rights Report to the Mental Health Board**  
**Complaints/Allegations Closed in March 2022**

	March 2022	FY 21-22	March 2021	FY 20-21
<b>Total # of Complaints Closed</b>	<b>42</b>	<b>209</b>	<b>30</b>	<b>183</b>
<b>Total # of Allegations Closed</b>	<b>70</b>	<b>354</b>	<b>64</b>	<b>321</b>
<b>Total # of Allegations Substantiated</b>	<b>23</b>	<b>111</b>	<b>21</b>	<b>87</b>

The data below represents the total number of closed allegations and 4substantiations for the following categories:  
**Consumer Safety, Dignity/Respect of Consumer, Treatment Issues, and Abuse/Neglect.**

ALLEGATIONS Category	March 2022		March 2021	
	TOTAL	SUBSTANTIATED	TOTAL	SUBSTANTIATED
Consumer Safety	3	0	1	1
Dignity/Respect of Consumer	16	4	8	4
Treatment Issues/Suitable Services (Including Person Centered Planning)	20	6	9	0
Abuse I	0	0	0	0
Abuse II	3	1	4	1
Abuse III	6	3	8	4
Neglect I	0	0	0	0
Neglect II	1	1	3	2
Neglect III	6	5	5	2
	<b>55</b>	<b>20</b>	<b>38</b>	<b>14</b>

APPEALS	March 2022	FY 20-21	March 2021	FY 20-21
Uphold Investigative Findings & Plan of Action	0	0	2	4
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

## April 2022

### Re: March 2022 Abuse/Neglect Violations

#### March

##### Abuse Violations

- There was one substantiated Abuse II violation in March 2022.
  - The remedial action for this violation is Written Reprimand (1), and Training (1).
- There were three substantiated Abuse III violations in March 2022.

The remedial actions for these violations were Written Reprimand (2), Training (1) and Pending Agency Response (1).

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

##### Neglect Violations

- There was one substantiated Neglect II violation in March 2022. The Neglect II violation was a Failure to Report.
  - The remedial action for this violation was Verbal Counseling (2), and Written Reprimand (2).
- There were five substantiated Neglect III violations in March 2022.
  - The remedial actions for these violations were Employment Termination (2), Training (3), and Written Reprimand (5). There were 2 staff involved in 2 violations.

**The 5 violations occurred at different agencies.**

## Program Services Report for Persons with a Mental Illness and/or Substance Use Diagnosis

### Navigate

Navigate is currently serving 37 individuals and is currently hiring a Supported Education and Employment specialist. Navigate is a grant funded program that implements an evidence-based model for serving individuals who have experienced a recent onset of a schizophrenia spectrum disorder. Navigate is an interdisciplinary team that includes therapy, peer support, supported education/employment and psychiatry. As a program new to ISK, the team is working in collaboration with other departments to align processes with ISK policies.

### Dialectical Behavior Therapy (DBT)

DBT is currently serving around 93 and has 1 open therapist position. DBT is an evidence-based therapy and is the gold standard treatment for borderline personality disorder, as well as for enduring suicidal ideation, self-injurious behavior and emotion dysregulation. This DBT team is nationally certified by the DBT-Linehan Board of Certification. The DBT team has been undergoing training to refine implementation of DBT for adolescents.

### Integrated Dual Disorder Team (IDDT)

The IDDT team is currently serving 92 individuals and has one open position. This team utilizes an evidence-based model—Integrated Dual Disorder Treatment (IDDT)—to treat individuals with co-occurring substance use and mental illness. The funding for this team has transitioned to be part of the CCBHC. This will allow the team to better integrate care across all components of IDDT like case management and psychiatry where previously this was more cumbersome due to the bifurcated funding between SUD and MI. With this change, the team is actively seeking referrals as well transfers from other ISK programs that would be better served by a co-occurring team.

### Assertive Community Treatment (ACT)

Team 3 is currently serving 78 individuals, and Team 5 is serving 69 clients. ACT team 3 is fully staffed and ACT team 5 has 2 openings. The ACT teams utilize the evidence-based ACT and IDDT models to treat individuals with serious mental illness who need intensive community-based services to remain independent without institutional care. ACT is a multidisciplinary team that includes social workers, a nurse, a peer specialist and psychiatric providers. As a multidisciplinary program, ACT has been working in collaboration with ISK's psychiatry clinic to develop practices to coordinate patient care.

### Community Treatment Team (CTT) Case Management

CTT is currently serving 287 clients. They are now fully staffed and are taking on new clients. Their newest staff just started within the last 2 weeks. The transition from InterAct to ISK has gone very well.

### Same Day Access/Emergency Mental Health

Our Same Day Access process continues to expand and change to be more user friendly. Our UM/Access department provides additional support, and we have 4 staff at the front door, who handle walk ins and crisis calls. For March we completed 148 same day assessments for mental health at our same day access site.



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VI.a.

INTEGRATED Services of Kalamazoo (ISK) March 28, 2022

<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
Pat Guenther	X	Kalamazoo/Kalamazoo	
Michael Raphelson			X
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, *CHIEF EXECUTIVE OFFICER*  
 Roann Bonney  
 Charlotte Bowser  
 Wanda Brown  
 Sheila Hibbs  
 Beth Ann Meints  
 Amy Rottman  
 Dianne Shaffer  
 Michael Schlack, *CORPORATE COUNSEL*  
 Ed Sova  
 Alecia Pollard  
 Demeta Wallace

ISK - KCMHSAS Staff Absent:

Providers:

Shenetta Coleman  
 Chief Executive Officer  
 Residential Opportunities Inc.

Lori Anderson  
 Director of Program & Quality  
 Community Living Options

**Guest:**

*John LaFramboise*  
Assurance Director  
BDO

**Call to Order:**

Chair Krogh welcomed all in attendance to the March 28, 2022, INTEGRATED Services of Kalamazoo Board 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.

**Action Item – Reasonable Accommodations in-person/remote meetings/MOTION:**

During the COVID pandemic the Michigan Open Meetings Act was amended to allow the ISK board to meet remotely. That Act also provides that board members are not allowed to take part in board actions at meetings if the member attends remotely after December 31, 2021. ISK board policies state board member responsibilities to the Agency and to stakeholders are inconsistent with long-term remote meeting attendance, however, due to continuing concerns about close contact, some board members may be hesitant to sit in the same room with others who attend in-person meetings.

On February 4, 2022, Michigan Attorney General Dana Nessel released Opinion 7318, which allows the ISK Board to consider a hybrid meeting model by allowing eligible board members to virtually attend meetings and encourages public bodies such as ISK to “err on the side of inclusiveness, public participation and transparency”. Based on that AG opinion, so long as a majority of board members attend meetings in person, ISK can consider requests for reasonable accommodations as stated in the ADA to virtually attend and participate in those meetings, however, such an accommodation should only be used by a very small number of board members. Requests from a larger number of board members to virtually attend meetings would undermine the requirements of the Open Meetings Act and board policies.

Once a board member completes and sends a Reasonable Accommodation Request form, the ISK Board Chair will determine whether the request complies with the ADA and Open Meetings Act (in consultation with ISK Corporate Counsel and Compliance Officer as necessary) and will announce a decision at an ISK board meeting. If a request for accommodation is denied, a board member can request a review by the full Board, which should be in a closed session if material exempt from disclosure would be revealed. The Board will vote on the request in open session.

**Member Seals, “I MOVE THAT THE ISK BOARD CONSIDER REASONABLE ACCOMMODATIONS THAT COMPLY WITH THE AMERICANS WITH DISABILITIES ACT (“ADA”) AND THE MICHIGAN OPEN MEETINGS ACT TO ALLOW A SMALL NUMBER OF BOARD MEMBERS TO REQUEST REMOTE BOARD MEETING ATTENDANCE. Supported by Member Spears.**

**MOTION PASSED.**



Chair Krogh informed the ISK Board members that he received one application for Reasonable Accommodations for Board Meeting Attendance from Member Pat Guenther. After review of her application and materials provided, she was granted that special consideration.

**John LaFramboise, CPA, Assurance Director/BDO/MOTION:**

John LaFramboise, CPA, Assurance Director/BDO, presented the FY2021 Financial Statement and Single Audit Act Compliance/Year Ending September 30, 2021. The findings of the audit revealed the following:

- The independent audit of fiscal year 2021 was completed by BDO.
- The independent audit report is unmodified, or “clean”.
- There are no reported material weaknesses in internal controls.
- No findings related to the financial statements which are required to be reported.
- No findings or questioned costs for federal awards which are required to be reported.
- Net position changed from \$20.2 million in FY 2020 to \$25.4 million in 2021.

Member Seals, “I MOVE TO ACCEPT AND FILE THE FY2021 FINANCIAL STATEMENTS AND SINGLE AUDIT ACT COMPLIANCE REPORT.” Supported by Member Spears.

**MOTION PASSED.**

**Citizen Time:**

**Unknown Citizen:**

A citizen who refused to share their name and address for the public record. They shared with the ISK Board their dissatisfaction with services that they have received through the CMH system. This citizen also shared an experience with Ascension Borgess about dignity and respect. They feel that individuals in this community have serious problems when it comes to hoarding and youth suicide. This citizen also shared, that they made an attempt to run for a public office (*Mayor of the City of Kalamazoo*) to bring these issues to the forefront and make the public aware of the imminent needs. They also expressed their concerns about information being released from the Office of Recipient Rights in their monthly reports on abuse and neglect cases. This citizen mentioned an incident that they experienced with the CEO of ISK and their dissatisfaction with the results of that meeting. According to this citizen, their involvement at the ISK Board meeting was an attempt to shed light on their situation and to get a better understanding about the procedures necessary to take for the retrieval of exact data.

The ISK Board listened intently to all of this citizens’ concerns.

Recipient Rights:Recipient Rights Monthly Report:

Roann Bonney, ISK, ORR Director, presented the complaints/allegations closed in February 2022.

Abuse Violations:

There was one substantiated Abuse II violation in February 2022.

- The remedial action for this violation was Employment Termination (1).

There was one substantiated Abuse III violation in February 2022.

- The remedial action for this violation was Training (1) and Written Reprimand (1).

Neglect Violations:

There was one substantiated Neglect I violation in February 2022.

- The remedial action for this violation was Employment Termination (1).

There were five substantiated Neglect III violations in February 2022.

- The remedial actions for these violations were Employment Termination (1), Training (6), Written Reprimand (6), and Pending (1). Four employees were cited on one violation.

The 5 violations occurred at 2 different agencies. Four of the violations occurred at the same agency with 3 of those violations at the same program site.

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

Program Services Report:

Dianne Shaffer, ISK, Senior Executive for Policy, Planning, and Innovation, presented the March Program Services Report, written by Pat Weighman, ISK, Senior Executive, Youth and Family Services.

Program Highlight:

[New grant to reduce Racial and Ethnic disparities in juvenile arrests](#)

Background:

The Michigan Department of Health and Human Services (MDHHS), in collaboration with the Michigan Committee on Juvenile Justice and the OJJDP [Office of Juvenile Justice Diversion Programs) issued a Request for Proposals (RFP) to implement and evaluate programming to reduce racial and ethnic disparities (RED) in the juvenile justice system. The Michigan Committee on Juvenile Justice supplies advice, suggestions, and solutions to Governor Gretchen Whitmer on juvenile justice issues. This grant focuses on arrest rates for youth with a goal to reduce arrest disparities by race in Kalamazoo.

Integrated Services of Kalamazoo was awarded this grant in February 2022.

**Project Description:**

Grant activities will focus on building partnerships with the City of Kalamazoo Public Safety (KPS) and other county collaboratives to reduce the arrest rates of minority youth.

The principal characteristics of the target population are juveniles aged 10-14 who have repeated police contact, at risk of arrest, or who have been arrested. Repeated police contact is a likely precursor to arrest or an arrest decision. Initially, juveniles meeting these criteria will be found by the City of Kalamazoo Public Safety and referred to ISK. It is planned to extend this strategy of identifying youth who need mental health intervention to other Kalamazoo County police jurisdictions. As youth are arrested at a racially disparate rate, it is likely that most of the referrals will be youth who are minorities/people of color.

The program will offer immediate/crisis response, consultation, and follow up. Grant funding will be used to hire a Juvenile Justice Police and Community Liaison to work directly with youth, families, and KPS. The implementation team will work to find strategies to divert youth from arrest with a specific focus on linking youth to needed mental health services and trauma recovery. ISK will also be part of the effort to reduce other risk factors such as, school attendance, poverty, employment, and housing. This program will be part of the ISK Youth and Family System of Care.

**CONSENT CALENDAR/VERBAL MOTION:**

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

- MINUTES (*November 22, 2021, January 24, 2022, February 28, 2022*)
- MISSION/VISION/VALUE STATEMENT (Policy)
- Bylaws and Rules of Procedure (Policy w/Exhibits)
- Annual Leave Reserve (Policy & Report)
- Annual Board Planning Cycle (Report)
- Board Travel (Policy)
- Board Members' Code of Conduct (Policy)
- Depreciation (Policy)
- Board Compensation (Policy)
- Collaboration (Policy & Report)
- Utilization Management Plan (Report)

Member Seals, "I MOVE TO ACCEPT THE CONSENT CALENDAR MONITORING REPORTS BOTH "AS-IS" OR WITH PROPOSED RECOMMENDED CHANGES." Supported by Member Longanecker.

**MOTION PASSED.**

**Monitoring Reports/VERBAL MOTION:**

**Conflict of Interest (Policy):**

Board members reviewed the Conflict-of-Interest policy. Board members supported the proposed edits about the organization and title changes.

**Investment (Policy):**

Board members reviewed the Investment policy. Board members supported the proposed edits about the organization and title changes.

Member Seals, "I MOVE TO APPROVE THE PROPOSED CHANGES TO ISK BOARD POLICIES II.II AND VI.02." Supported by Member Guenther.

**MOTION PASSED.**

**Financial Condition Report:**

Amy Rottman, ISK, Chief Financial Officer, presented the Financial Condition report for the period ending February 28, 2022.

**INTEGRATED SERVICES OF KALAMAZOO**

**Statement of Net Position**  
February 28, 2022

	February 2021 (unaudited)	February 2022
<b>Assets</b>		
<b>Current assets</b>		
Cash and investments	\$ 33,080,718	\$ 37,588,675
Accounts receivable	4,068,999	8,061,909
Due from other governments	3,414	16,232
Prepaid Items	924,823	1,099,304
<b>Total current assets</b>	<b>38,077,954</b>	<b>46,766,120</b>
<b>Non-current assets</b>		
Capital assets, net of accumulated depreciation	9,182,412	9,304,631
Net pension asset, net of deferred outflows	4,937,092	4,937,092
<b>Total non-current assets</b>	<b>14,119,504</b>	<b>14,241,723</b>
<b>Total assets</b>	<b>52,197,458</b>	<b>61,007,843</b>
<b>Liabilities</b>		
<b>Current liabilities</b>		
Accounts payable	\$ 13,316,900	\$ 9,598,286
Due to other governments	94,452	361,807
Due to providers	341,138	258,188
Accrued payroll and payroll taxes	1,377,366	1,540,643
Unearned revenue	3,305,604	3,933,652
<b>Total current liabilities</b>	<b>18,435,460</b>	<b>15,692,577</b>
<b>Non-current liabilities</b>		
Long-term debt	4,616,816	4,413,705
<b>Total liabilities</b>	<b>23,052,276</b>	<b>20,106,282</b>
<b>Net position</b>		
Designated	11,604,698	10,010,485
Undesignated	4,815,055	19,521,879
Investment in fixed assets	4,735,203	4,841,804
Previous year close	7,163,736	11,680,099
Net gain (loss) for period	826,490	760,238
<b>Net position</b>	<b>\$ 29,145,182</b>	<b>\$ 40,901,561</b>

This financial report is for internal use only. It has not been audited, and no assurance is provided.

## INTEGRATED SERVICES OF KALAMAZOO

**Statement of Revenue, Expenses and Change in Net Position**

October 1, 2021 through February 28, 2022

Percent of Year is 41.67%

	Original 2022 BUDGET	YTD Totals 2/28/22	Remaining Budget	Percent of Budget - YTD
<b>Operating revenue</b>				
Medicaid:				
Traditional Capitation	\$ 63,305,736	\$ 21,891,056	\$ 41,414,680	34.58%
Healthy Michigan Capitation	10,040,766	4,759,765	5,281,001	47.40%
Autism Capitation	6,474,379	2,460,141	4,014,238	38.00%
Settlement	71,052	(6,024,076)	6,095,128	-8478.40%
State General Fund:				
Formula Fundings	3,897,604	1,594,395	2,303,209	40.91%
Settlement	-	(1,111,338)	1,111,338	0.00%
CCBHC Demonstration	-	9,971,201	(9,971,201)	0.00%
County Allocation	1,550,400	646,000	904,400	41.67%
Client Fees	607,617	233,892	373,725	38.49%
SUD Block Grant	111,957	-	111,957	0.00%
Other Grant revenue	10,218,675	10,293,441	(74,766)	100.73%
Other earned contracts	1,498,031	654,562	843,469	43.69%
COFR	28,150	4,670	23,480	16.59%
Interest	72,251	26,040	46,211	36.04%
Local revenue	-	209	(209)	0.00%
<b>Total operating revenue</b>	<b>\$ 97,876,618</b>	<b>\$ 45,399,958</b>	<b>\$ 52,476,660</b>	<b>46.38%</b>
<b>Operating expenses</b>				
Salaries and wages	\$ 17,325,203	\$ 8,286,021	\$ 9,039,182	47.83%
Employee benefits	6,250,436	2,674,400	3,576,036	42.79%
Staff development	196,589	26,067	170,522	13.26%
Payments to providers	64,879,976	25,822,415	39,057,561	39.80%
Administrative contracts	7,438,559	6,530,903	907,656	87.80%
IT software and equipment	155,361	283,139	(127,778)	182.25%
Client transportation	21,110	8,782	12,328	41.60%
Staff travel	248,864	63,633	185,231	25.57%
Office expenses	424,213	174,556	249,657	41.15%
Insurance expense	94,481	42,672	51,809	45.16%
Depreciation expense	302,498	192,206	110,292	63.54%
Utilities	422,459	502,237	(79,778)	118.88%
Facilities	116,869	32,689	84,180	27.97%
<b>Total operating expenses</b>	<b>\$ 97,876,618</b>	<b>\$ 44,639,720</b>	<b>\$ 53,236,899</b>	<b>45.61%</b>
<b>Change in net position</b>	-	760,238	\$ (760,238)	
<b>Beginning net position</b>	<b>40,141,323</b>	<b>40,141,323</b>		
<b>Ending net position</b>	<b>\$ 40,141,323</b>	<b>\$ 40,901,561</b>		

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INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position  
 October 1, 2021 through February 28, 2022  
 Percent of Year is 41.67%

	Specialty Services		Healthy Michigan		Autism		SUD Block Grant		Totals		
	YTD Budget	YTD Totals 2/28/22	YTD Budget	YTD Totals 2/28/22	YTD Budget	YTD Totals 2/28/22	YTD Budget	YTD Totals 2/28/22	YTD Budget	YTD Totals 2/28/22	Variance
<b>Operating revenue</b>											
Medicaid:											
Traditional Capitation	\$ 26,377,390	\$ 21,891,056	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 26,377,390	\$ 21,891,056	\$ (4,486,334)
Healthy Michigan Capitation	-	-	4,183,653	4,759,765	-	-	-	-	4,183,653	4,759,765	576,112
Autism Capitation	-	-	-	-	2,697,658	2,460,141	-	-	2,697,658	2,460,141	(237,517)
Settlement Estimate	1,951,965	(2,788,528)	(1,937,548)	(3,125,923)	(780,988)	(109,625)	-	-	(766,571)	(6,024,076)	(5,257,505)
Client Fees	253,174	233,892	-	-	-	-	-	-	253,174	233,892	(19,282)
SUD Block Grant	-	-	-	-	-	-	46,649	-	46,649	-	(46,649)
<b>Total operating revenue</b>	<b>\$ 28,582,529</b>	<b>\$ 19,336,420</b>	<b>\$ 2,246,105</b>	<b>\$ 1,633,842</b>	<b>\$ 1,916,670</b>	<b>\$ 2,350,516</b>	<b>\$ 46,649</b>	<b>\$ -</b>	<b>\$ 32,791,952</b>	<b>\$ 23,320,778</b>	<b>\$ (9,471,175)</b>
<b>Operating expenses</b>											
Youth Programs	\$ 3,018,940	\$ 699,432	\$ -	\$ -	\$ 1,771,580	\$ 2,241,866	\$ -	\$ -	\$ 4,790,520	\$ 2,941,298	(1,849,222)
MIA Programs	9,018,685	4,641,746	1,884,159	1,496,728	-	-	46,649	-	10,949,493	6,138,473	(4,811,020)
IDDA Programs	13,713,005	12,777,568	122,965	26,091	-	-	-	-	13,835,970	12,803,659	(1,032,311)
Integrated Health Clinic	690,190	-	48,140	35,500	-	-	-	-	738,330	35,500	(702,830)
Managed Care Administration	2,026,020	1,217,674	190,840	75,522	145,090	108,650	-	-	2,361,950	1,401,847	(960,104)
Homeless Shelter	115,688	-	-	-	-	-	-	-	115,688	-	(115,688)
Non-DCH Activity Expenditures	-	-	-	-	-	-	-	-	-	-	-
<b>Total operating expenses</b>	<b>\$ 28,582,529</b>	<b>\$ 19,336,420</b>	<b>\$ 2,246,104</b>	<b>\$ 1,633,842</b>	<b>\$ 1,916,670</b>	<b>\$ 2,350,516</b>	<b>\$ 46,649</b>	<b>\$ -</b>	<b>\$ 32,791,952</b>	<b>\$ 23,320,778</b>	<b>\$ (9,471,174)</b>
<b>Change in net position</b>	<b>0</b>	<b>(0)</b>	<b>-</b>	<b>0</b>	<b>(0)</b>	<b>0</b>	<b>-</b>	<b>-</b>	<b>\$ 1</b>	<b>(0)</b>	

This financial report is for Internal use only. It has not been audited, and no assurance is provided.

**INTEGRATED SERVICES OF KALAMAZOO**

**Statement of Revenue, Expenses and Change in Net Position**

October 1, 2021 through February 28, 2022

Percent of Year is 41.67%

	State General Fund		CCBHC		Other Funding Sources		Totals		Variance
	YTD Budget	YTD Totals 2/28/22	YTD Budget	YTD Totals 2/28/22	YTD Budget	YTD Totals 2/28/22	YTD Budget	YTD Totals 2/28/22	
<b>Operating revenue</b>									
General Fund	\$ 1,594,397	\$ 1,594,395	\$ -	\$ -	\$ -	\$ -	\$ 1,594,397	\$ 1,594,395	\$ (2)
Projected GF Carryforward	29,605	-	-	-	29,605	-	59,210	-	(59,210)
CCBHC Demonstration	-	-	-	9,971,201	-	-	-	9,971,201	9,971,201
Other Federal and State Grants	-	-	-	-	3,697,708	9,792,143	3,697,708	9,792,143	6,094,435
HUD Revenue	-	-	-	-	417,440	358,436	417,440	358,436	(59,004)
Earned Revenue	-	-	-	-	624,180	654,562	624,180	654,562	30,383
COFR Revenue	-	-	-	-	11,729	4,670	11,729	4,670	(7,059)
PASSAR/OBRA Programs	-	-	-	-	142,633	142,862	142,633	142,862	229
Interest	-	-	-	-	28,125	26,040	28,125	26,040	(2,085)
County Allocation	-	-	-	-	646,000	646,000	646,000	646,000	-
Local Revenue	-	-	-	-	-	209	-	209	209
Restricted Interest	-	-	-	-	729	5	729	-	(729)
Transfer from GF	-	-	-	-	-	-	-	-	-
Settlement Revenue (Expense)	(282,942)	(1,111,338)	-	-	-	-	(282,942)	(1,111,338)	(828,396)
<b>Total operating revenue</b>	<b>\$ 1,341,060</b>	<b>\$ 483,057</b>	<b>\$ -</b>	<b>\$ 9,971,201</b>	<b>\$ 5,598,149</b>	<b>\$ 11,624,927</b>	<b>\$ 6,939,209</b>	<b>\$ 22,079,180</b>	<b>\$ 15,139,971</b>
<b>Operating expenses</b>									
Youth Programs	\$ 63,865	\$ 41,755	\$ -	\$ 1,360,504	\$ 127,350	\$ 236,685	\$ 191,215	\$ 1,638,944	\$ 1,447,729
MIA Programs	948,100	280,840	-	3,398,959	601,990	1,071,497	1,550,090	4,751,296	3,201,206
IDDA Programs	151,770	30,184	-	1,009,079	200,120	13,380	351,890	1,052,643	700,753
Integrated Health Clinic	48,140	6,028	-	1,366,125	438,845	389,523	486,985	1,761,675	1,274,690
DCO Contracts	-	-	-	2,161,687	-	-	-	2,161,687	2,161,687
Other Federal and State Grants	-	-	-	-	3,503,335	4,950,330	3,503,335	4,950,330	1,446,995
CERA Grant	-	-	-	-	621,960	3,674,004	621,960	3,674,004	3,052,044
HUD Grants	-	-	-	-	428,415	436,541	428,415	436,541	8,126
Managed Care Administration	129,185	17,451	-	191,879	246,475	9,379	375,660	215,260	(160,400)
Homeless Shelter	-	-	-	-	-	200,318	-	200,318	200,318
Non-DCH Activity Expenditures	-	25,600	-	-	-	450,642	-	476,242	476,242
<b>Total operating expenses</b>	<b>\$ 1,341,060</b>	<b>\$ 401,857</b>	<b>\$ -</b>	<b>\$ 9,488,233</b>	<b>\$ 6,168,490</b>	<b>\$ 11,432,300</b>	<b>\$ 7,509,550</b>	<b>\$ 21,318,942</b>	<b>13,809,392</b>
<b>Change in net position</b>	<b>(0)</b>	<b>81,200</b>	<b>-</b>	<b>482,968</b>	<b>(570,341)</b>	<b>192,627</b>	<b>\$ (570,341)</b>	<b>760,238</b>	<b>1,330,579</b>

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Utilization Reports:

Charlotte Bowser, ISK, Director of Finance, presented the Utilization Report for the period ending February 28, 2022.

- Youth Community Inpatient Services is unfavorable by \$109,689
- MI Adult Community Inpatient Services is at (617) days and unfavorable at \$577,256
- Community Living Supports, Personal Care, and Crisis Residential is unfavorable at \$732,660.

November 2021, December 2021, January 2022 & February 2022/MOTION:

Member Guenther, “BASED ON THE BOARD FINANCE MEETING REVIEW, I MOVE THAT ISK APPROVE THE NOVEMBER 2021 VENDOR DISBURSEMENTS OF \$6,889,327.02, DECEMBER 2021 VENDOR DISBURSEMENTS OF \$8,700,664.56, JANUARY 2022 DISBURSEMENTS OF \$8,517,816.34, AND FEBRUARY 2022 VENDOR DISBURSEMENTS OF \$9,396,265.65.” Supported by Vice Chair Longanecker.

MOTION PASSED.ACTION ITEMS/MOTION:Family Support Advisory Council Appointment:

Member Seals, “I MOVE TO ACCEPT THE APPOINTMENT FOR THE FOLLOWING INDIVIDUAL: KIMBERLY RENE WHITTAKER JONES TO THE INTEGRATED SERVICES OF KALAMAZOO FAMILY SUPPORT ADVISORY COUNCIL FOR FAMILIES WITH YOUTH WHO HAVE A SERIOUS EMOTIONAL DISTURBANCE.” Supported by Member Bergan.

MOTION PASSED.ISK Quality Improvement Program Plan:

Member Spears, “I MOVE APPROVAL OF THE ISK QUALITY IMPROVEMENT PROGRAM PLAN FOR FISCAL YEAR 2021/2022.” Supported by Vice Chair Longanecker.

MOTION PASSED.Chief Executive Officer Report:

It was brought to our attention during the last Board Finance and Compliance meeting that there was talk about removing dollars from the County Pension Plan. After investigating further, it was found that during citizen time at the Kalamazoo County Board of Commissioners meeting there was a group who proposed to divest the pension funds from fossil fuels and move it. There was no conversation about withdrawing funds from the pension plan.

*Congratulations!* To Amy Rottman, Charlotte Bowser and the entire Finance staff on the successful completion of the FY2021 Financial Statements & Single Audit Act Compliance. Outstanding performance and results with an unmodified, or “clean” audit. Excellent job!

CCBHC (Certified Community Behavioral Health Clinic) is moving along and bringing in added revenues. Billing and oversight requirements have increased with mandatory verification of insurance, license, etc. from those persons served. Designated Collaborating Organizations (DCOs) are under the CCBHC and there must be clean and concise encounter data collected/managed without errors.

The transition from Streamline to PCE is going well and I’m extremely impressed with PCE’s knowledge and professionalism.



The Department of Health and Human Services (HHS) with SAMHSA has announced two funding opportunities to expand and increase access to evidence-based mental health and substance use services. ISK will be making plans to apply for those added resources.

Citizen Time:

Unknown Citizen:

A citizen stepped forth but refused to share their name and address for the public record. After thoroughly reviewing the ORR/Complaints & Allegations closed in February 2022, this citizen inquired as to why the report said that there were only 2 appeals? According to said citizen and their knowledge there should have been more than 2 appeals. Jeff responded that this report is based off monthly activity only and information shared is not what has happened over an entire quarter or year.

This citizen continued to encourage the ISK Board of Directors to give more attention to the increased need for those suffering with suicidal ideation, hoarding, etc. Provide assistance on how to reduce reaction to incomplete details that were taken out of context.

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

SWMBH meeting was conducted as usual. No new information to report.

Pat Guenther:

Thank you for approving my application for Reasonable Accommodations.

Veronica McKissack:

The Kalamazoo County Board of Commissioners is pleased to announce the hiring of our first Director of Diversity, Equity and Inclusion, Alvin Gray. And, we have hired a new County Administrator, Kevin Caitlin. We are elated about having both of these individuals join our county team!

Sharon Spears:

I attended the virtual meeting of the Disability Policy Seminar with United States Representative, Fred Upton. Employment and guardianship for the disabled was a key topic of discussion.

Meeting ended at 5:38PM.

Demeta J. Wallace

*Administrative Coordinator*

INTEGRATED Services of Kalamazoo

## INTEGRATED SERVICES OF KALAMAZOO

## BOARD POLICY II.05

AREA:	Governance		
SECTION:	Board Governance Process	PAGE:	1 of 2
SUBJECT:	BOARD COMMITTEE PRINCIPLES	SUPERSEDES:	04/25/2011
		REVISED:	04/23/2018

## PURPOSE/EXPLANATION


To define the principles of established Board committees and applies only to committees that are formed by Board action, whether or not the committees include non-Board members, but does not apply to committees formed under the authority of the Chief Executive Officer (CEO).

## POLICY

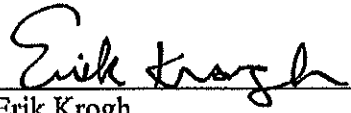
Board committees, when used, will be assigned so as to reinforce the wholeness of the Board's job so as never to interfere with delegation from Board to CEO. Committees may be used sparingly and ordinarily in an *ad hoc* capacity.

- A. Board action is required to establish a committee of the Board. The Board will state the purposes for which the committee is formed and the tasks the committee is expected to complete. Membership will be appointed by the Board and may include persons who are not Board members. Unless otherwise stated by the Board, a committee ceases to exist as soon as its purpose and/or task(s) are complete.
- B. Board committees will assist the Board by preparing policy alternatives and implications for Board deliberation. Board committees will normally not have direct dealings with current staff operations.
- C. Board committees may not speak or act for the Board, except when formally given such authority for specific and time-limited purposes. Exceptions and authority will be carefully stated in order not to conflict with authority delegated to the CEO.
- D. The Board recognizes that a Board member may also be a member of a committee that was not established by the Board however such committees will not be considered to be a Board committee.
- E. The Board Finance and Compliance Committee has been established by the Board to be a standing committee that ordinarily meets monthly.

**CHIEF EXECUTIVE OFFICER**

  
\_\_\_\_\_  
Jeff Patton  
Chief Executive Officer

**APPROVED**

  
\_\_\_\_\_  
Erik Krogh  
Board Chair

# INTEGRATED SERVICES OF KALAMAZOO

## BOARD POLICY II.04

AREA:	Governance		
SECTION:	Board Governance Process	PAGE:	1 of 2
SUBJECT:	CHAIRPERSON'S ROLE	SUPERSEDES:	04/27/2009
		REVISED:	03/28/2011

### PURPOSE/EXPLANATION

To define the role of the Board Chairperson.

### POLICY

- A. The Chairperson assures the integrity of the Board's process and, secondarily, occasionally represents the Board to outside parties. The Chairperson is the only Board member authorized to speak for the Board (beyond reporting Board decisions) other than in specifically authorized instances.
- B. The responsibility of the Chairperson is to ensure that the Board's behavior consistently follows its own rules and those legitimately imposed upon it from outside the organization.
  1. Meeting discussion content will only be those issues which, according to Board policy, clearly belong to the Board to decide, not the Chief Executive Officer (CEO).
  2. Deliberation will be fair, open and thorough, but also efficient, timely, orderly and kept to the point.

The authority of the Chairperson consists in making decisions that fall within the topics covered by Board policies on Governance Process and Board/CEO Relationship, except where the Board specifically delegates portions of this authority to others. The Chairperson is authorized to use any reasonable interpretation of the provisions in these policies.

#### The Chairperson:

1. Is empowered to chair Board meetings with all the commonly accepted power of that position (i.e., ruling, recognizing).
2. Has no authority to make decisions about policies created by the Board within Ends and Executive Limitations policy areas. Therefore, the Chairperson has no authority to supervise or direct the CEO.
3. May represent the Board to outside parties in announcing Board-stated positions and in stating Chair decisions and interpretations within the area delegated to him or her.
4. May delegate this authority but remains accountable for its use.

5. Will ensure the recruitment of Board members to fill openings.
6. Will serve as liaison between the Board and the CEO.
7. Will ensure the completion of the annual performance review of the CEO.

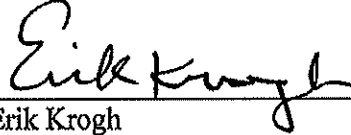
**CHIEF EXECUTIVE OFFICER**

**APPROVED**



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Jeff Patton  
Chief Executive Officer



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Erik Krogh  
Board Chair



Community • Independence • Empowerment

***TREATMENT OF PERSONS SERVED***

*April 2022*

*FY22 Data October 1, 2021-March 31, 2022*

**Integrated Services of Kalamazoo  
Treatment of Persons Served Report  
April 2022**

**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

October 1, 2021-March 31, 2022

**TOTAL FOR ALL CATEGORIES: 83**

CATEGORY:	#	CATEGORY	#
<u>Abuse/Neglect</u>		<u>Personal Property</u>	
Abuse I	0	Possession and Use	1
Abuse II	5		
Abuse III	9		
Neglect I	1		
Neglect II	1		
Neglect III	23		
Sexual Abuse	0		
<u>Admission/Discharge</u>		<u>Photographs, Fingerprints,</u>	
Second Opinion/denial of	0	Audiotapes, One-Way Glass	0
Hospitalization			
<u>Communications/Visits</u>		<u>Rights Protection System</u>	
Access to Phone	1	Access to Rights System	0
Visitation	0	Comp. Investigation Process	1
Uncensored mail	0	Failure to Report	3
		Retaliation/Harassment	2
<u>Confidentiality</u>		<u>Suitable Services</u>	
Disclosure of Confidential Info.	2	MH Services Suited to Condition	14
Withholding of Information	0	Informed Consent	
		Services of MH Professional	
<u>Family Rights</u>		<u>Treatment Environment</u>	
Dignity and Respect	1	Safe Environment	0
		Sanitary/Humane Environment	3
		Dignity/Respect	15
		Nutrition	0
<u>Financial</u>		<u>Treatment Planning</u>	
Safeguarding money	0	Person-Centered Planning	0
		Timely Development of Plan	1
		Treatment Planning: Other	0
<u>Freedom of Movement</u>		<u>Labor and Compensation</u>	
Seclusion	0	Prior Consent	0
Restrictions/Limitations	0		
Restraint	0		
<u>Civil Rights</u>			
Religion Practice	0		

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

## INTEGRATED SERVICES OF KALAMAZOO

## BOARD POLICY VI.05

AREA: Governance	
SECTION: System Governance	PAGE: 1 of 2
SUBJECT: RESERVES MANAGEMENT	SUPERSEDES: 07/27/2015 REVISED: 04/25/2016

**PURPOSE/EXPLANATION**

To establish policies regarding an appropriate level of authority reserves.

**DEFINITIONS****Southwest Michigan Behavioral Health (SWMBH) Financial Risk**

A major portion of the annual operating expenses are under the financial management and financial risk of SWMBH. By example, Medicaid funding falls under the SWMBH financial risk.

**ISK Financial Risk**

The balance of the annual operating expenses is under the financial management and financial risk of ISK. The annual State General Fund revenue falls under ISK financial risk. This management and risk is completely borne by ISK, and if necessary, would require the use of Unrestricted Net Assets.

**Cash Flow/Liquidity**

Cash flow is the net amount of ISK incoming cash receipts and outgoing cash payments over a period of time. Unrestricted Net Assets provide Liquidity when cash flow is negative.

**Unrestricted Net Assets**

Excess funds available for spending during a fiscal year and/or to be available for future fiscal year expenditures.

**Annual Operating Expenses**

The projected and budgeted annual expenditure total approved by the Board.

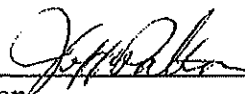
**Unrestricted Net Assets % for Operations**

A percent computed by dividing the sum of unrestricted net assets by the total operating expenses.


**POLICY**

- I. In order to ensure appropriate risk management funding, provide liquidity and to ensure smooth continuity of operations, the authority shall maintain a minimum unrestricted net assets % for operations as follows:
  - A. 5% of the portion of ISK annual operating expenses that are under SWMBH Financial Risk
  - B. 20% of the portion of ISK annual operating expenses that are under ISK Financial Risk
- II. An Annual Finance Report to the Board shall include a report of the current Fund Balance Percent.
- III. At the discretion of the Board, unrestricted net assets can be dedicated towards either the SWMBH Financial Risk and/or the ISK Financial Risk components of the operating budget that would result in unrestricted net assets % below these prescribed percentages.

**CHIEF EXECUTIVE OFFICER**

  
\_\_\_\_\_  
Jeff Patton  
Chief Executive Officer

**BOARD CHAIR**

  
\_\_\_\_\_  
Erik Krogh  
Board Chair

*Integrated Services of Kalamazoo (ISK)*  
Customer Services Report to the Board for Q 1 and 2 of FY 2021-2022

## 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
PCE medical record conversion (ad-hoc)

## SWMBH committee/project participation:

Committee/Project
Customer Services
Coordination of Customer Notices for MI Health Link
Quality Improvement Committee (ad hoc)
Annual Customer Survey project liaison
Preparation for ISK's SWMBH Delegation Review

## Customer Services Duties/assignments:

ISK 2022 Planned Accreditation Review with CARF International: As part of the Quality Management Unit, the CS Manager has taken on a primary role in the ISK preparation steps for this review. Audit is April 20-22 as Virtual event. CS Manager has been involved in meetings with all program/service teams and providing guidance/support for identifying and providing documentation for all show-proof materials. CS has also been coordinating with CARF review team members to prepare schedules to meet review requirements.
Root Cause Analyses for Sentinel Events: Within this fiscal year, ISK has been reviewing 3 Sentinel Events. 1 event was the arrest of a customer for homicide of an individual she was involved with personally. The other 2 events were un-anticipated deaths of residents within specialized residential settings. No Root Cause meetings have been held regarding these cases.
Trauma-Informed Care Team: Continue to be trainer for administrative staff for "Step 2" classes. CS Manager participated in 2 sessions in this FY to date.
Suicide Prevention Planning Team: CS manager continues membership on the planning committee. ISK has continued to offer both Mental Health First Aid and safeTALK educational sessions for our community. For this fiscal year so far, CS Manager has co-taught 8 Adult MHFA classes along with 1 Youth MHFA class and co-taught 1 safeTALK class.
MDHHS data request of CMH/PIHP system: ISK (and the other CMH's in Michigan) remains responsible to submit data to MDHHS (through the PIHP) identifying all customer Grievances and Appeals. See separate page for fiscal year to-date G/A data summary as part of this report. Additionally, CS Manager continues to work with IT team to identify and submit to MDHHS (through the PIHP) quarterly data request for service "denials". 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.

## State-wide meetings/committees:

Committee	Activity
Customer Services	<ul style="list-style-type: none"> <li>• Continued to participate in participate in meetings and peer collaboration.</li> </ul>
Public Relations	<ul style="list-style-type: none"> <li>• Participation in CMHAM-hosted committee.</li> </ul>

## 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:
  - No events were recorded for FY to-date. Anticipated events for the year include at least:
    - Project Connect
    - Wellness and Recovery Fair

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](mailto:tlewis@iskzoo.org).

Southwest Michigan Behavioral Health  
 Customer Grievance and Appeal Data  
 FY 2021-22  
 Kalamazoo Non-Medicaid

Activity	Outcome	Q1	Q2	Q3	Q4	Total Events:
<b>Local Appeals</b> Including: Termination Reduction Suspension of current services and Denial of additional services	Withdrawn	0	0	0	0	0
	Decision Upheld/Affirmed	0	0	0	0	0
	Decision Overturned	0	0	0	0	0
	Settled/Resolved	0	0	0	0	0
<b>Access 2<sup>nd</sup> Opinions</b>	Withdrawn	0	0	0	0	0
	Decision Upheld/Affirmed	0	0	0	0	0
	Decision Overturned	0	0	0	0	0
	Settled/Resolved	0	0	0	0	0
<b>Hospital 2<sup>nd</sup> Opinions</b>	Withdrawn	0	0	0	0	0
	Decision Upheld/Affirmed	0	0	0	0	0
	Decision Overturned	0	0	0	0	0
	Settled/Resolved	0	0	0	0	0
<b>Michigan Department of Community Health Alternative Dispute Resolution Process</b>	Withdrawn	0	0	0	0	0
	Decision Affirmed	0	0	0	0	0
	Decision Overturned	0	0	0	0	0
	Split Resolution	0	0	0	0	0
	Settled/Resolved	0	0	0	0	0
<b>Grievances</b>	Withdrawn	0	0	0	0	0
	Information only	0	0	0	0	0
	Settled/Resolved	0	1	0	0	1
	Recipient Rights Referral	0	0	0	0	0
<b>TOTAL events:</b>			1	0	0	1

Southwest Michigan Behavioral Health  
Customer Grievance and Appeal Data  
FY 2021-22  
Kalamazoo Medicaid

Activity	Outcome	Q1	Q2	Q3	Q4	Total Events:
<b>Local Appeals</b> Including: Termination Reduction Suspension of current services and Denial of additional services	Withdrawn	0	0			0
	Decision Upheld/Affirmed	0	4			4
	Decision Overturned	1	0			1
	Settled/Resolved	0	1			1
<b>Access 2<sup>nd</sup> Opinions</b>	Withdrawn	0	0			0
	Decision Upheld/Affirmed	0	0			0
	Decision Overturned	0	0			0
	Settled/Resolved	0	0			0
<b>Hospital 2<sup>nd</sup> Opinions</b>	Withdrawn	0	0			0
	Decision Upheld/Affirmed	0	1			1
	Decision Overturned	0	0			0
	Settled/Resolved	0	0			0
<b>Administrative Medicaid (Fair) Hearing</b>	Withdrawn	0	0			0
	Decision Affirmed	0	0			0
	Decision Overturned	0	0			0
	No Show	0	0			0
	Settled/Resolved	0	0			0
<b>Grievances</b>	Withdrawn	1	0			1
	Information only	0	0			0
	Settled/Resolved	0	4			4
	Recipient Rights Referral	0	0			0
<b>TOTAL events:</b>		<b>2</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>12</b>

Southwest Michigan Behavioral Health  
Customer Grievance and Appeal Data  
FY 2021-22  
**KALAMAZOO OVERALL TOTALS**

Activity	Outcome	Q1	Q2	Q3	Q4	Total Events:
<b>Local Appeals</b> Including: Termination Reduction Suspension of current services and Denial of additional services	Withdrawn					0
	Decision Upheld/Affirmed		4			4
	Decision Overturned	1				1
	Settled/Resolved		1			1
<b>Access 2<sup>nd</sup> Opinions</b>	Withdrawn					0
	Decision Upheld/Affirmed					0
	Decision Overturned					0
	Settled/Resolved					0
<b>Hospital 2<sup>nd</sup> Opinions</b>	Withdrawn					0
	Decision Upheld/Affirmed		1			1
	Decision Overturned					0
	Settled/Resolved					0
<b>State-level Appeal intervention</b>	Withdrawn					0
	Decision Affirmed					0
	Decision Overturned					0
	Split Resolution					0
	Settled/Resolved					0
<b>Grievances</b>	Withdrawn	1				1
	Information only					0
	Settled/Resolved		5			5
	Recipient Rights Referral					0
<b>TOTAL events:</b>		<b>2</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>13</b>



# Corporate Compliance / Risk Management Q2 Report FY22

<b>Program Name:</b>	<b>COMPLIANCE &amp; RISK MANAGEMENT</b>	<b>Report Period:</b>	<input type="checkbox"/> April <input type="checkbox"/> July <input type="checkbox"/> October <input checked="" type="checkbox"/> January
<b>Person Completing Report:</b>	Ashley Esterline, LMSW, CHC – Corporate Compliance Officer		

<b>Brief Report Overview:</b>	Contained in this Status Report is a summary of the Compliance Program's goals and activities for FY22 as of January 2022.		
<b>Current Committee goals and deliverables per work plan</b>	<p><u>Project Goal/Task</u></p> <ol style="list-style-type: none"> <li><b>Identifying and mitigating fraud, waste, and abuse trends and risks for Direct-Operated and Provider Network Services.</b> ISK will sustain strong direct run and Provider Network programming with sound fiscal responsibility and sustainability to ensure direct run programs and Provider Network are providing high quality care and consistently meeting compliance standards.</li> <li><b>Code/Modifier Changes.</b> ISK will remain involved in the oversight and implementation of changes to rules/regulations pursuant to updated codes, modifiers and post-COVID telehealth allowances.</li> <li><b>Mitigating fraud, waste, and abuse trends and risks for high-risk areas.</b> ISK will continue to monitor and identify high risk areas of programming to ensure Fraud, Waste, and Abuse are detected and effectively assuaged.</li> </ol>	<p><u>Status:</u></p> <ol style="list-style-type: none"> <li>Additional Providers were offered and given the direct care wage increase pursuant to Governor Whitmer's FY22 budget. ISK continues to onboard qualified staff to meet the growing needs of increased growth and operations related to our Certified Community Behavioral Health Clinic (CCBHC) needs and the absorption of InterAct's former supports and services. Internal programming continues to expand and newly developed and/or enhanced services are continually explored.</li> <li>Compliance continues to oversee and communicate COVID telehealth allowances as outlined by the Michigan Department of Health and Human Services (MDHHS). Compliance is watching closely and providing ongoing communication both internally and with the Provider Network related to the continuation of the Public Health Emergency (PHE) and implications to telehealth services if/when the PHE ends.</li> <li>Compliance continues to work closely with direct-operated programs that pose high risk of fraud, waste, or abuse trends. The Compliance Department worked with Southwest Michigan Behavioral Health (SWMBH) and the Office of Inspector General (OIG) to finalize an ongoing fraud investigation. Compliance began an investigation with a Network Provider whose billing practices alluded to fraudulent activity.</li> </ol>	VII.a.

# Corporate Compliance / Risk Management

## Q2 Report

### FY22

	<p>4. <b>Monitoring heightened risk of PHI Breaches.</b> ISK will maintain continuous oversight of potential and actual HIPAA security breaches caused by impermissible use or disclosure of Protected Health Information (PHI)</p>	<p>4. Following the deployment of Phase 1 and Phase 2 of the Security Breach Investigation, ISK saw a marginal increase in call volume to the designated call center. Calls came through from community stakeholders and affected consumers. Currently, the call center is not receiving any calls and will be closing. The breach notification was taken down from ISK's website. ISK is waiting on notification from the Department of Health and Human Services (DHHS) about a potential audit related to this investigation. Internal team are meeting quarterly on breach status, updating policies/procedures, and working on a risk analysis tool. The ISK IT Department has implemented multi-factor authentication. Phishing attempts are continuous; however, on-going trainings have mitigated staff from exposing sensitive information.</p>
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**Corporate Compliance / Risk Management  
Q2 Recoupment/Reallocation Data Report FY22**

Summary	Source	Risk	Quality Improvement/Training/Education	Recoupment/Reallocation (if Appropriate)	Federal or State Reporting Required?
<b>Investigations completed during Q2 of FY22</b>					
Contracted Provider reported encounters were being over-reported resulting in staff billing for time not rendered.	Network Provider	High	ISK Compliance determined this investigation resulted in over-billing/over-reporting of encounters, resulting in a violation of the False Claims Act.	\$10,039.41 (submitted to ISK Finance on 3/22/22)	Yes - OIG
<b>Investigations In-Process</b>					
Contracted Provider billed for services without documentation	ISK Staff Report	High	ISK Compliance is working with Contracted Provider to determine total number of service dates without documentation. Ongoing Compliance and Quality Improvement trainings implemented in meetings with Provider.	Pending	No

Integrated Services of Kalamazoo

Board Member  
Corporate Compliance  
Role/Function Annual Training

Ashley Esterline, LMSW, CHC  
ISK Corporate Compliance Officer

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The Role of Corporate Compliance Programs

### Corporate Compliance and Its Role

- ❑ February 1998: Office of Inspector General (OIG) – which protects the integrity of the Department of Health and Human Services' (DHHS) against fraud, waste, and abuse developed voluntary Compliance Program Guidance (CPG) to assist health care plans and providers.
- ❑ 2005: Congress passed the Deficit Reduction Act of 2005 establishing a Medicaid Integrity Program (MIP). This established a plan to combat provider fraud, waste, and abuse in the Medicaid Program. Corporate Compliance now becomes mandatory.

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## The Deficit Reduction Act of 2005

Deficit  
Reduction  
Act of 2005

- ❑ The Deficit Reduction Act required entities making/receiving annual Medicaid payments of \$5 million or more to create/provide written policies applicable to all employees, contractors, and agents information about:
  - False Claims Act – laws that pertain to civil/criminal penalties for making false claims/statements
  - Whistleblower Protections – rights of employees to be protected as whistleblowers when they report suspected violations of such laws
  - How the organization will develop methods to detect and prevent fraud, waste, and abuse


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## Board Oversight Responsibilities

Board  
Oversight  
Responsibilities

- ❑ Duty of Care – Exercise reasonable care when making decisions as a steward of the organization
- ❑ Duty of Loyalty – Act faithfully in the best interest of the organization, never for self-benefit or personal gain
- ❑ Duty of Obedience – Serve in a manner that is faithful to and consistent with the organization's mission

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Board  
Oversight  
Responsibilities

## Board Oversight Responsibilities

- ❑ Compliance Program Oversight – Assure the organization carries out management responsibilities, complies with applicable law(s), and ensures an effective Compliance Program
  - ❑ Designation of Corporate Compliance Officer
    - ❑ Delegated day-to-day operational responsibility for the development and implementation of the Compliance Program
    - ❑ Direct access/accountability to the Board
    - ❑ Schedule for reporting, included on Board Calendar, to include Compliance activities, investigations, and findings

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ISK  
Compliance  
Program

## ISK Compliance Program

- ❑ ISK Compliance Program/PHI Integrity Team
  - ❑ Compliance Officer, Compliance & Quality Improvement Coordinator, HIPAA Privacy Officer, HIPAA Security Officer, Director of Recipient Rights, Medical Records Manager, Quality Review Team, and Manager of Human Resources
  - ❑ Meets monthly to review breaches and areas for improvement related to privacy, security and agency compliance standards
- ❑ ISK Compliance Committee
  - ❑ Comprised of ISK Senior Leadership and all major departments within the organization
  - ❑ Responsible for oversight of Compliance Program activities
  - ❑ Meets bi-monthly
- ❑ Corporate Counsel
  - ❑ Available as needed

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## ISK Compliance Activity

### ISK Compliance Activities

- Annual ISK Provider Quality Management Reviews (QMR)**
  - A 7% sample of records inclusive of at least 5 claim lines are reviewed of all internal/external programs and providers
  - Review claims to ensure provider appropriately licensed/certified to provide service under review, service(s) are authorized, IPOS supports the service billed, and appropriate amount is paid
  - Service documentation is reviewed to determine sufficiency/accuracy of service rendered
- Annual and quarterly SWMBH Audits**
- Internal Provider/Departmental Quality Management Reviews**
- Bi-Annual MDHHS Audits**
- Targeted Quality and Compliance Reviews**

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## Risk Management Overview

### ISK Compliance Risk Management

- Federally Funded Health Care Program Ownership and Control Disclosure Forms**
  - Disclosure ensuring no Federal funds are used to pay for items or services furnished by an individual who is debarred, suspended or otherwise excluded from participation in any Federal Health Care Program.
- Exclusion Screenings**
  - Occurs on a recurring monthly basis and additionally as need
- Fraud, waste, and abuse education, reporting, and investigation**
- Annual Risk Assessment**
  - Ranking risks according to likelihood of occurrence and potential consequence is updated and reviewed quarterly by Compliance Committee.

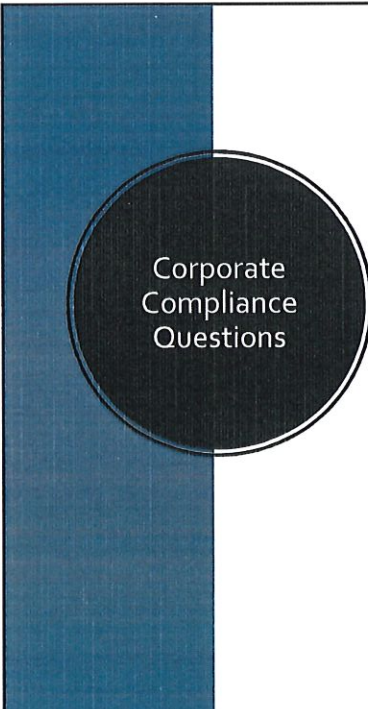
8



## Board Compliance Reports

- ❑ Annual Corporate Compliance Education
  - ❑ Refresher on Board's role
  - ❑ Highlight risks and how ISK addresses identified risks
- ❑ Bi-annual Reports
  - ❑ Number, type, and outcome of investigations
  - ❑ Update on on-going compliance audits
  - ❑ Update on annual Compliance goals/risks
- ❑ Quarterly visit to Board Finance and Compliance Committee
  - ❑ Report on Compliance Goals, investigations, and outcomes

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## Questions?

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INTEGRATED  
SERVICES OF  
KALAMAZOO



Period Ended  
March 31, 2022

Monthly Finance  
Report

## INTEGRATED SERVICES OF KALAMAZOO

### Statement of Net Position

March 31, 2022

	March 2021 (unaudited)	March 2022
<b>Assets</b>		
<b>Current assets</b>		
Cash and investments	\$ 36,297,883	\$ 37,239,321
Accounts receivable	2,714,063	6,884,892
Due from other governments	1,526	816,232
Prepaid items	863,780	1,096,664
<b>Total current assets</b>	<u>39,877,252</u>	<u>46,037,109</u>
<b>Non-current assets</b>		
Capital assets, net of accumulated depreciation	9,149,504	9,314,580
Net pension asset, net of deferred outflows	4,937,092	4,937,092
<b>Total non-current assets</b>	<u>14,086,596</u>	<u>14,251,672</u>
<b>Total assets</b>	<u>53,963,848</u>	<u>60,288,781</u>
<b>Liabilities</b>		
<b>Current liabilities</b>		
Accounts payable	\$ 8,310,790	\$ 8,038,868
Due to other governments	15,283,540	361,177
Due to providers	322,999	112,767
Accrued payroll and payroll taxes	1,377,366	1,557,914
Unearned revenue	3,401,742	3,925,812
<b>Total current liabilities</b>	<u>28,696,437</u>	<u>13,996,538</u>
<b>Non-current liabilities</b>		
Long-term debt	4,616,557	4,413,446
<b>Total liabilities</b>	<u>33,312,994</u>	<u>18,409,984</u>
<b>Net position</b>		
Designated	11,604,700	10,010,485
Undesignated	4,815,055	19,521,879
Investment in fixed assets	4,735,203	4,841,804
Previous year close	(978,992)	11,680,099
Net gain (loss) for period	474,888	726,162
<b>Net position</b>	<u>\$ 20,650,854</u>	<u>\$ 41,878,797</u>

This financial report is for internal use only. It has not been audited, and no assurance is provided.

## INTEGRATED SERVICES OF KALAMAZOO

### Statement of Revenue, Expenses and Change in Net Position

October 1, 2021 through March 31, 2022

Percent of Year is 50.00%

	Original 2022 BUDGET	YTD Totals 3/31/22	Remaining Budget	Percent of Budget - YTD
<b>Operating revenue</b>				
Medicaid:				
Traditional Capitation	\$ 63,305,736	\$ 26,282,232	\$ 37,023,504	41.52%
Healthy Michigan Capitation	10,040,766	5,738,049	4,302,717	57.15%
Autism Captiation	6,474,379	2,946,192	3,528,187	45.51%
Settlement	71,052	(4,843,955)	4,915,007	-6817.48%
State General Fund:				
Formula Fundings	3,897,604	1,913,275	1,984,329	49.09%
Settlement	-	(1,305,051)	1,305,051	0.00%
CCBHC Demonstration	-	12,052,455	(12,052,455)	0.00%
County Allocation	1,550,400	775,200	775,200	50.00%
Client Fees	607,617	281,955	325,662	46.40%
SUD Block Grant	111,957	-	111,957	0.00%
Other Grant revenue	8,874,500	10,934,055	(2,059,555)	123.21%
Other earned contracts	1,498,031	765,424	732,607	51.10%
COFR	28,150	7,064	21,086	25.09%
Interest	72,251	42,675	29,576	59.06%
Local revenue	-	1,259	(1,259)	0.00%
<b>Total operating revenue</b>	<b>\$ 96,532,443</b>	<b>\$ 55,590,829</b>	<b>\$ 40,941,614</b>	<b>57.59%</b>
<b>Operating expenses</b>				
Salaries and wages	\$ 17,325,203	\$ 10,003,289	\$ 7,321,914	57.74%
Employee benefits	6,250,436	3,201,746	3,048,690	51.22%
Staff development	196,589	43,218	153,371	21.98%
Payments to providers	64,879,976	31,232,048	33,647,928	48.14%
Administrative contracts	7,438,559	8,751,624	(1,313,065)	117.65%
IT software and equipment	155,361	337,553	(182,192)	217.27%
Client transportation	21,110	8,782	12,328	41.60%
Staff travel	248,864	82,896	165,968	33.31%
Office expenses	424,213	222,423	201,790	52.43%
Insurance expense	94,481	84,700	9,781	89.65%
Depreciation expense	302,498	236,310	66,188	78.12%
Utilities	422,459	622,186	(199,727)	147.28%
Facilities	116,869	37,892	78,977	32.42%
<b>Total operating expenses</b>	<b>\$ 97,876,618</b>	<b>\$ 54,864,667</b>	<b>\$ 43,011,951</b>	<b>56.05%</b>
<b>Change in net position</b>	<b>(1,344,175)</b>	<b>726,162</b>	<b>\$ (2,070,337)</b>	
<b>Beginning net position</b>	<b>41,152,635</b>	<b>41,152,635</b>		
<b>Ending net position</b>	<b>\$ 39,808,460</b>	<b>\$ 41,878,797</b>		

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**INTEGRATED SERVICES OF KALAMAZOO**

**Statement of Revenue, Expenses and Change in Net Position**

October 1, 2021 through March 31, 2022

Percent of Year is 50.00%

	Specialty Services		Healthy Michigan		Autism		SUD Block Grant		Totals	
	YTD Budget	YTD Totals 3/31/22	YTD Budget	YTD Totals 3/31/22	YTD Budget	YTD Totals 3/31/22	YTD Budget	YTD Totals 3/31/22	YTD Budget	YTD Totals 3/31/22
<b>Operating revenue</b>										
Medicaid:										
Traditional Capitation	\$ 31,652,868	\$ 26,282,232	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 31,652,868	\$ 26,282,232
Healthy Michigan Capitation	-	-	5,020,383	5,738,049	-	-	-	-	5,020,383	5,738,049
Autism Capitation	-	-	-	-	3,237,190	2,946,192	-	-	3,237,190	2,946,192
Settlement Estimate	2,342,358	(1,012,312)	(2,325,056)	(3,828,014)	(362,185)	(3,629)	-	-	(344,883)	(4,499,072)
Client Fees	303,809	281,955	-	-	-	-	-	-	303,809	281,955
SUD Block Grant	-	-	-	-	-	-	55,979	-	55,979	-
<b>Total operating revenue</b>	\$ 34,299,035	\$ 25,551,875	\$ 2,695,327	\$ 1,910,035	\$ 2,875,005	\$ 2,942,563	\$ 55,979	\$ -	\$ 39,925,345	\$ 30,404,473
<b>Operating expenses</b>										
Youth Programs	\$ 3,622,728	\$ 1,239,556	\$ -	\$ -	\$ 2,657,370	\$ 2,802,926	\$ -	\$ -	\$ 6,280,098	\$ 4,042,482
MIA Programs	10,822,422	6,963,600	2,260,992	1,788,445	-	-	55,979	-	13,139,393	8,752,045
ICDA Programs	16,455,606	15,612,441	147,558	30,951	-	-	-	-	16,603,164	15,643,391
Integrated Health Clinic	828,228	523,729	57,768	-	-	-	-	-	885,996	523,729
Managed Care Administration	2,431,224	1,212,549	229,008	90,640	217,635	139,638	-	-	2,877,867	1,442,826
Homeless Shelter	138,826	-	-	-	-	-	-	-	138,826	-
Non-DCH Activity Expenditures	-	-	-	-	-	-	-	-	-	-
<b>Total operating expenses</b>	\$ 34,299,034	\$ 25,551,875	\$ 2,695,326	\$ 1,910,035	\$ 2,875,005	\$ 2,942,563	\$ 55,979	\$ -	\$ 39,925,344	\$ 30,404,473
<b>Change in net position</b>	0	(0)	1	0	(0)	(0)	-	-	\$ 1	(0)

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# INTEGRATED SERVICES OF KALAMAZOO

## Statement of Revenue, Expenses and Change in Net Position

October 1, 2021 through March 31, 2022  
 Percent of Year is 50.00%

	State General Fund		CCBHC		Other Funding Sources		Totals	
	YTD Budget	YTD Totals 3/31/22	YTD Budget	YTD Totals 3/31/22	YTD Budget	YTD Totals 3/31/22	YTD Budget	YTD Totals 3/31/22
<b>Operating revenue</b>								
General Fund	\$ 1,919,197	\$ 1,913,275	\$ -	\$ -	\$ -	\$ -	\$ 1,919,197	\$ 1,913,275
Projected GF Carryforward	29,605	-	-	-	35,526	-	65,131	-
CCBHC Demonstration	-	-	-	12,052,455	-	-	-	12,052,455
Other Federal and State Grants	-	-	-	-	5,121,659	10,361,209	5,121,659	10,361,209
HUD Revenue	-	-	-	-	500,928	388,082	500,928	388,082
Earned Revenue	-	-	-	-	749,016	765,424	749,016	765,424
COFR Revenue	-	-	-	-	14,075	7,064	14,075	7,064
PASSAR/OBRA Programs	-	-	-	-	171,160	184,765	171,160	184,765
Interest	-	-	-	-	33,750	42,675	33,750	42,675
County Allocation	-	-	-	-	775,200	775,200	775,200	775,200
Local Revenue	-	-	-	-	-	1,259	-	1,259
Restricted Interest	-	-	-	-	875	6	875	-
Transfer from GF	-	-	-	-	-	-	-	-
Settlement Revenue (Expense)	(339,530)	(1,305,051)	-	-	-	-	(339,530)	(1,305,051)
<b>Total operating revenue</b>	\$ 1,609,272	\$ 608,224	\$ -	\$ 12,052,455	\$ 7,402,188	\$ 12,525,684	\$ 9,011,460	\$ 25,186,356
<b>Operating expenses</b>								
Youth Programs	\$ 76,638	\$ 74,113	\$ -	\$ 1,595,170	\$ 152,820	\$ 90,830	\$ 229,458	\$ 1,760,114
MIA Programs	1,137,720	232,183	-	4,186,836	722,388	159,280	1,860,108	4,578,298
IDDA Programs	182,124	77,153	-	1,231,016	240,144	84,713	422,268	1,392,882
Integrated Health Clinic	57,768	61,672	-	1,436,948	526,614	-	584,382	1,498,621
DCO Contracts	-	-	-	2,479,721	-	-	-	2,479,721
Other Federal and State Grants	-	-	-	-	4,204,002	5,887,693	4,204,002	5,887,693
CERA Grant	-	-	-	-	746,352	4,970,576	746,352	4,970,576
HUD Grants	-	-	-	-	514,098	526,696	514,098	526,696
Managed Care Administration	155,022	26,583	-	544,501	295,770	7,935	450,792	575,571
Homeless Shelter	-	-	-	-	-	235,278	-	235,278
Non-DCH Activity Expenditures	-	39,079	-	-	-	515,665	-	554,744
<b>Total operating expenses</b>	\$ 1,609,272	\$ 510,783	\$ -	\$ 11,474,193	\$ 7,402,188	\$ 12,478,666	\$ 9,011,460	\$ 24,460,194
<b>Change in net position</b>	-	97,441	-	578,262	-	47,017	-	726,162
								15,448,734

This financial report is for internal use only. It has not been audited, and no assurance is provided.

## VIII.b. - Utilization Report

**YOUTH COMMUNITY INPATIENT SERVICES**  
**Report Period: October 1st, 2021 through March 31st, 2022**

UTILIZATION COMPARISONS FY 21/22											
MONTH	FY 20/21 Actual		FY 21/22 Budget		FY 21/22 Actual		Days Difference Favorable (Unfavorable)	Cost Difference Favorable (Unfavorable)	Cost YTD Favorable (Unfavorable)		
	Days	Dollars	Days	Dollars	Days	Dollars					
OCTOBER	49	\$51,109	23	\$19,776	55	\$54,195	(32)	(\$34,419)	(\$34,419)		
NOVEMBER	67	\$64,640	23	\$19,776	7	\$7,688	16	\$12,088	\$12,088		
DECEMBER	27	\$24,571	23	\$19,776	29	\$25,836	(6)	(\$6,060)	(\$6,060)		
JANUARY	33	\$7,131	23	\$19,776	32	\$34,540	(9)	(\$14,764)	(\$14,764)		
FEBRUARY	9	\$8,714	23	\$19,776	74	\$72,274	(51)	(\$52,498)	(\$52,498)		
MARCH	41	\$42,617	23	\$19,776	62	\$59,937	(39)	(\$40,161)	(\$40,161)		
APRIL	22	\$22,022	23	\$19,776							
MAY	29	\$7,544	23	\$19,776							
JUNE	23	\$25,540	23	\$19,776							
JULY	18	\$16,614	23	\$19,776							
AUGUST	22	\$22,523	23	\$19,776							
SEPTEMBER	67	\$64,966	23	\$19,776							
TOTALS	407	\$357,991	274	\$237,312	259	\$254,470	(121)	(\$135,814)	(\$135,814)		
MONTHLY AVERAGES	34		23		43						
GROSS ANNUAL COST		\$357,991		\$237,312		\$254,470		(\$135,814)	(\$135,814)		

Favorable/(Unfavorable) by Funding Source:

Medicaid	(141,970)
General Fund	6,156
<b>Total</b>	<b>(135,814)</b>

**MI ADULT COMMUNITY INPATIENT SERVICES**  
**Report Period: October 1st, 2021 through March 31st, 2022**

UTILIZATION COMPARISONS FY 21/22										
MONTH	FY 20/21 Actual		FY 21/22 Budget		FY 21/22 Actual		Days Difference Favorable (Unfavorable)	Cost Difference Favorable (Unfavorable)	Cost YTD Favorable (Unfavorable)	
	Days	Dollars	Days	Dollars	Days	Dollars				
OCTOBER	433	\$409,023	395	\$373,807	498	\$483,749	(103)	(\$109,942)	(\$109,942)	
NOVEMBER	420	\$401,675	395	\$373,807	463	\$450,172	(68)	(\$76,365)	(\$76,365)	
DECEMBER	461	\$440,721	395	\$373,807	480	\$467,218	(85)	(\$93,411)	(\$93,411)	
JANUARY	499	\$478,423	395	\$373,807	461	\$447,673	(66)	(\$73,866)	(\$73,866)	
FEBRUARY	459	\$439,718	395	\$373,807	406	\$394,694	(11)	(\$20,887)	(\$20,887)	
MARCH	370	\$354,552	395	\$373,807	516	\$500,263	(121)	(\$126,456)	(\$126,456)	
APRIL	410	\$392,870	395	\$373,807						
MAY	495	\$474,875	395	\$373,807						
JUNE	487	\$467,958	395	\$373,807						
JULY	473	\$453,758	395	\$373,807						
AUGUST	510	\$489,650	395	\$373,807						
SEPTEMBER	521	\$501,420	395	\$373,807						
TOTALS	5,538	\$5,304,644	4,745	\$4,485,679	2,824	\$2,743,769	(454)	(\$500,927)	(\$500,927)	
MONTHLY AVERAGES	462		395		471					
GROSS ANNUAL COST		\$5,304,644		4,485,679		\$2,743,769		(\$500,927)		

Favorable/(Unfavorable) by Funding Source:

Medicaid	(485,651)
General Fund	103,668
Healthy MI	(118,944)
<b>Total</b>	<b>(500,927)</b>



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

Report Period: October 1st, 2021 through March 31st, 2022

**YOUTH POPULATION (SED/DD)**

Month	ACTUAL YEAR TO DATE			Favorable (Unfavorable) Budget
	Avg. Daily Rate	No. Served	Days of Service	
Feb	\$1,447	1	182	\$283,357
Feb	\$0	0	0	\$0
Feb	NA	1	182	263,357
<b>TOTAL</b>				<b>(\$97,679)</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. Served	Days of Service	
Feb	\$202	154	25,664	\$5,175,163
Feb	\$500	38	594	\$297,000
Feb	NA	59	257,977	\$257,977
<b>TOTAL</b>				<b>\$5,730,140</b>

**IDD ADULT POPULATION**

Month	ACTUAL YEAR TO DATE			Favorable (Unfavorable) Budget
	Avg. Daily Rate	No. Served	Days of Service	
Feb	\$238	210	36,822	\$8,777,791
Feb	\$0	0	0	\$0
Feb	NA	194	0	\$5,238,149
<b>TOTAL</b>				<b>\$14,015,940</b>

**TOTAL ALL POPULATIONS**

Month	ACTUAL YEAR TO DATE			Favorable (Unfavorable) Budget
	Avg. Daily Rate	No. Served	Days of Service	
Feb	\$220	365	62,668	\$14,216,311
Feb	\$500	38	594	\$297,000
Feb	NA	253	0	\$5,496,126
<b>TOTAL</b>				<b>\$20,009,437</b>

**Variance By Funding Source**

	Medicaid	HMI	GF	Other	Total
	\$ 132,237	\$ 62,698	\$ 314,104	\$ -	\$ 509,039
	\$ 155,784	\$ (67,541)	\$ 49,149	\$ -	\$ 137,393
	\$ (1,431,700)	\$ (634)	\$ 7,608	\$ (8,241)	\$ (1,432,967)
	\$ (1,143,679)	\$ (5,477)	\$ 370,862	\$ (8,241)	\$ (786,535)



Community • Independence • Empowerment

## Integrated Services of Kalamazoo MOTION

<b>Subject:</b>	<u>March 2022 Disbursements</u>	<b>Approval Date:</b>
<b>Meeting Date:</b>	<b>April 25, 2022</b>	<b><u>April 25, 2022</u></b>
<b>Prepared by:</b>	Charlotte Bowser	

Recommended Motion:

“Based on the Board Finance meeting review, I move that ISK approve the March, 2022 vendor disbursements of \$10,028,751.45.”

Summary of Request:

As per the March 2022 Vendor Check Register Report dated 4/12/2022 that includes checks issued from 3/01/2022 to 3/31/2022.

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: **April 25, 2022**



Community • Independence • Empowerment

## Integrated Services of Kalamazoo

### MOTION

<b>Subject:</b>	Budget Amendment #1	
<b>Meeting Date:</b>	April 25, 2022	<b>Approval Date:</b>
<b>Prepared by:</b>	Charlotte Bowser	<b><u>April 25, 2022</u></b>

#### Recommended Motion:

“This amendment is to increase the budget by \$10,451,314 to \$108,327,935.”

#### Summary of Request:

This amendment is a result of the following grant additions to the budget totaling \$10,451,314. This primarily includes:

- SAMHSA System of Care - \$332,600
- Practice-based Research to Improve Treatment Outcomes - \$22,379
- Navigate Grant - \$516,793
- Peer Grant - \$60,000
- Opioid overdose Response Project - \$101,157
- Bureau of Justice Grant - \$100,000
- Step-Up Grant - \$29,901
- COVID Emergency Rental Assistance - \$3,497,023
- Emergency Rental Assistance - \$5,570,342
- Salvation Army - \$50,619
- Housing Outreach Grant - \$150,000
- SWMBH Contingency Management Grant - \$10,500
- SWMBH Transportation Grant - \$10,000

Budget: FY2021/2022  
Staff: C. Bowser

Date of Board  
Consideration: April 25, 2021