



Community • Independence • Empowerment

PUBLIC NOTICE

The Board of Directors of Integrated Services of Kalamazoo will hold their board meeting on the following:

- Date Posted:** November 21, 2022
- Project Name:** Integrated Services of Kalamazoo, Board of Directors, board meeting
- Location:** 610 S. Burdick Street, Kalamazoo, MI.,
(2nd Floor – Board Conference Room)
- Date/Time:** November 28, 2022 @ 4:00PM

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 using 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 or 269-553-8000.

The ISK Board packet is posted monthly on our website @ www.iskzoo.org.

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



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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 OF DIRECTORS HAS SCHEDULED ITS MEETING FOR MONDAY, November 28, 2022, BEGINNING @ 4:00PM via Microsoft TEAMS or in person.

⚠️ CLOSED SESSION/MOTION/ROLL CALL – Jeff Patton, CEO/Annual Performance Evaluation @ 3:30pm.

⚠️ Special Presentation – Mr. Thomas “Tom” Cunningham by Jeff Patton & Roann Bonney

- I. CALL TO ORDER - CITY & COUNTY DECLARATION
- II. AGENDA
- III. CITIZEN TIME
- IV. RECIPIENT RIGHTS
 - a. Recipient Rights Monthly Reports
- V. PROGRAM SERVICES REPORT
 - a. Program Services Report – Lindsey O’Neil, LMSW, ISK, Criminal Justice Supervisor
- VI. CONSENT CALENDAR/VERBAL MOTION
 - a. Minutes
 - b. Communication and Counsel to the Board (Policy)
 - c. Governing Style (Policy)
 - d. Emergency Executive Succession (Policy)
 - e. Endowment Fund (Policy & Report)
 - f. Corporate Compliance & Risk Management (Policy)
 - g. FSAC (Family Support Advisory Council) (Report)
- VII. MONITORING REPORTS
 - a. COMPLIANCE & RISK: FY Annual Plan
 - b. COMPLIANCE & RISK: FY Status Report
- VIII. FINANCIAL REPORTS
 - a. Financial Condition Report
 - b. Utilization Report
 - c. October Disbursements/MOTION
 - d. Authorizing Charlotte Bowser to conduct ISK Banking/MOTION
- IX. ACTION ITEM
 - a. FSAC Appointments/MOTION
- X. CHIEF EXECUTIVE OFFICER REPORT
 - a. CEO Report
- XI. CITIZEN TIME
- XII. BOARD MEMBER TIME
 - a. SWMBH Updates/Erik Krogh
 - b. Decision to hold or cancel the December Board meeting/VERBAL MOTION
- XIII. ADJOURNMENT

IV.a.

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

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

	October 2022	FY 22-23	October 2021	FY 21-22
Total # of Complaints Closed	37	37	35	35
Total # of Allegations Closed	72	72	69	69
Total # of Allegations Substantiated	25	25	19	19

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	October 2022		October 2021	
Category	TOTAL	SUBSTANTIATED	TOTAL	SUBSTANTIATED
Consumer Safety	5	0	6	2
Dignity/Respect of Consumer	10	2	11	3
Treatment Issues/Suitable Services (Including Person Centered Planning)	14	3	14	3
Abuse I	0	0	0	0
Abuse II	7	2	6	1
Abuse III	9	4	7	2
Neglect I	0	0	0	0
Neglect II	3	3	2	0
Neglect III	11	9	8	5
	59	28	54	16

APPEALS	October 2022	FY 22-23	October 2021	FY 21-22
Uphold Investigative Findings & Plan of Action	0	0	0	10
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

November 2022

Re: October 2022 Abuse/Neglect Violations

October

Abuse Violations

- There were two substantiated Abuse II violations in October 2022.
 - The remedial actions for this violation were Policy Revision/Development (1), Written Reprimand (2) and Training (1).

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

- There were four substantiated Abuse III violations in October 2022.
 - The remedial actions for these violations were Employment Termination (1), Staff Transfer (1), Training (2), and Written Reprimand (3).

Three of the violations occurred at the same agency but different program sites.

Neglect Violations

- There were three substantiated Neglect II violations in October 2022.
 - The remedial actions for these violations were Training (3), Written Reprimand (3), and Written Reprimand (3). One was a Neglect II, Failure to Report violation.

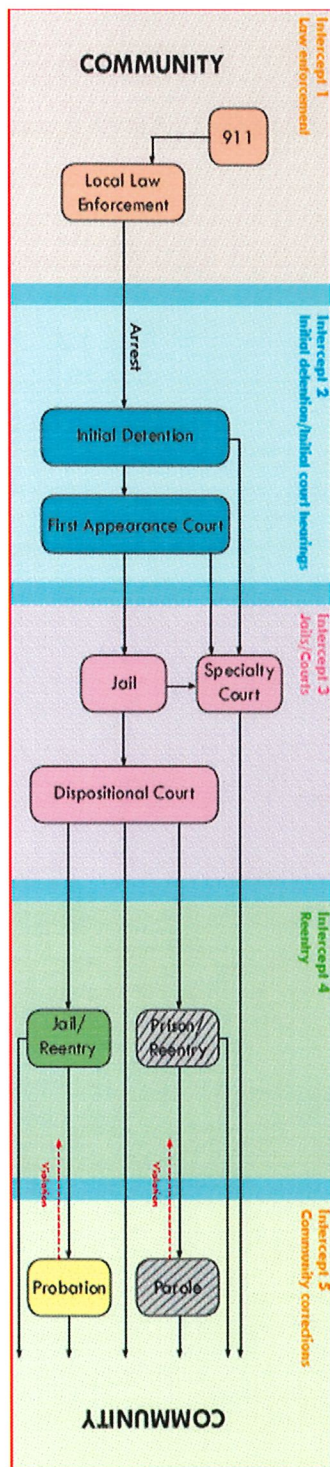
The 3 violations occurred at the same agency but different program sites.

- There were nine substantiated Neglect III violations in October 2022.
 - The remedial actions for these violations were Employment Termination (1), Training (7), and Written Reprimand (10). Three were Neglect III, Failure to Report violations.

Six of the nine violations occurred at one agency and 3 of those violations occurred at the same program site. The other 3 violations occurred at one agency, 2 of which occurred at the same program site.

Corrections Recovery Program

The Corrections Recovery Program continues to expand services offered through ISK at all junctures of our justice system. This program has established working relationships with many local justice partners that make our comprehensive services possible. These local partners include 8th District and 9th Circuit Courts, District Court Probation, Michigan Department of Corrections, Office of Community Corrections, Office of Prosecuting Attorney, Kalamazoo Defender, as well as Kalamazoo County Centralized Dispatch Authority, Kalamazoo County Sheriff Office and all 10 other local law enforcement agencies. The entire Corrections department is outlined and developed based on the Sequential Intercept Model (see figure on the left) and outlined below.



Intercept 1 – Community

Kalamazoo Protect and Connect –

In 2021, local law enforcement leadership approached ISK to work on creating a more formalized partnership across all county law enforcement agencies. This resulted in the creation of a police mental health collaboration (PMHC) called Kalamazoo Connect and Protect (KPAC). This partnership, supported through funding from the Bureau of Justice Assistance, was established in 2022 and is currently in the planning phase. In January 2023, KPAC will move to implementation which includes: data collection efforts, the creation of a co-response model within the county, utilization of the new Behavioral Health Urgent Care Center by first responders, and the development of a case consultation work group to address individuals who are high utilizers of both the behavioral health and justice systems.

Data Collection: BH code piloted with all first responders that allow them to flag a call for service that has an individual or family with behavioral health needs. That report, along with individual daily reports from Kalamazoo Department of Public Safety and weekly reports from Township and Portage, allow for tracking of calls for service that have behavioral health components and provide follow-up when possible.

Law Enforcement Liaison: Assigned to work with local law enforcement departments to provide crisis services, follow up and data collection.

Direct Access Line: Kalamazoo Department of Public Safety and Kalamazoo County Consolidated Dispatch Authority both have a direct access phone number to reach a clinical manager on call 24/7 for assistance in a crisis. This eliminates long wait times experienced when calling the after-hours line and immediate intervention when possible.

Intercept 2 and 3: Initial Detention, First Appearance in Court, Jail and Specialty Court

Jail Services: ISK staff provide behavioral health services to individuals in the Kalamazoo County Jail. This includes screening and assessment, medication coordination, and re-entry planning. A screen may be requested by jail deputies and medical staff, presiding judges, probation/parole officers as well as attorneys, family members and community providers. Opioid Overdose Response Program Recovery Coach comes in twice weekly to meet with individuals with substance use disorders.

Mental Health Recovery Court: Specialty Court program with Kalamazoo County 8th District Court for individuals with SMI/co-occurring diagnosis and qualifying misdemeanor/felony charges.

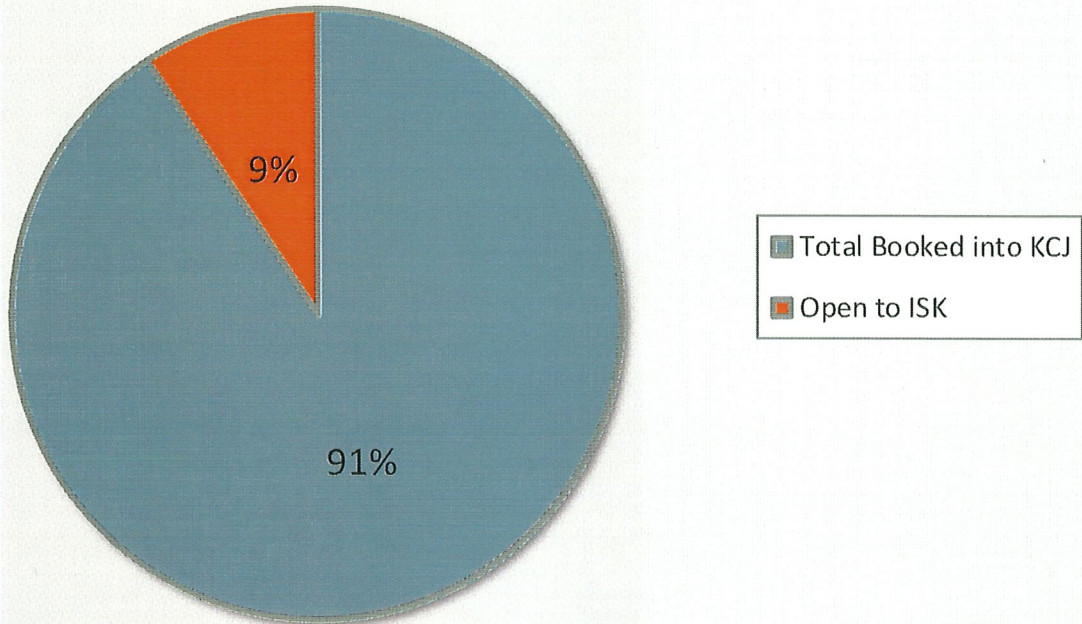
Intercept 4 and 5: Reentry and Community Corrections

Re-Entry: Jail re-entry is completed by a Community Health Worker assigned to the jail as well as the two clinical staff. Prison re-entry includes a referral process for Serious Mental Illness through MDOC and coordination for services is completed prior to release.

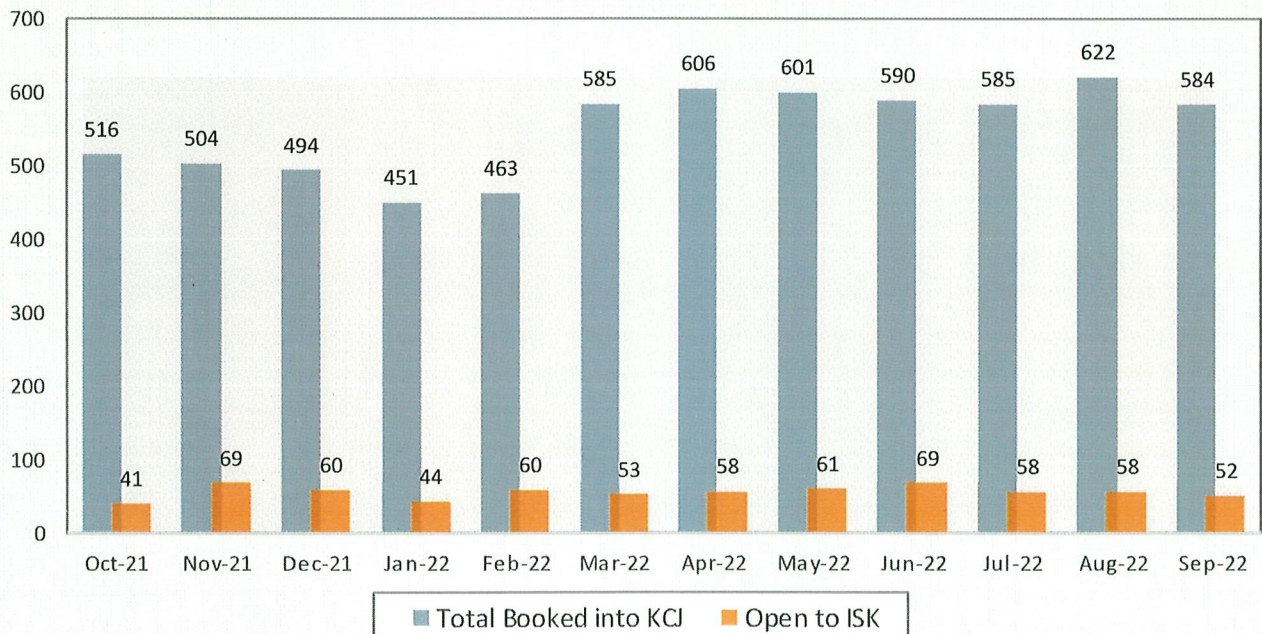
Probation/Parole Services: Assessment and care coordination with probation and parole agencies in Kalamazoo including pre-trial monitoring with Office of Community Corrections, 8th District and 9th Circuit Court probation, and Michigan Department of Corrections.

Integrated Services of Kalamazoo
 Criminal Justice Department
 Jail Diversion and Jail Services Data
 FY 2022

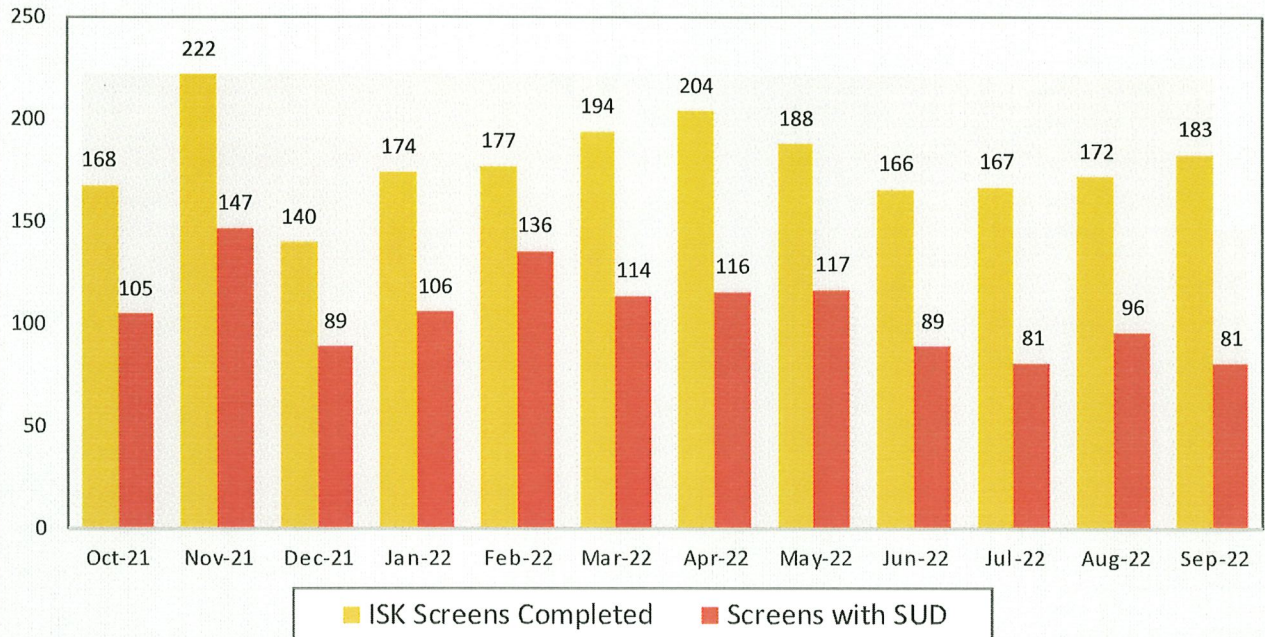
Total Annual Bookings Open to ISK



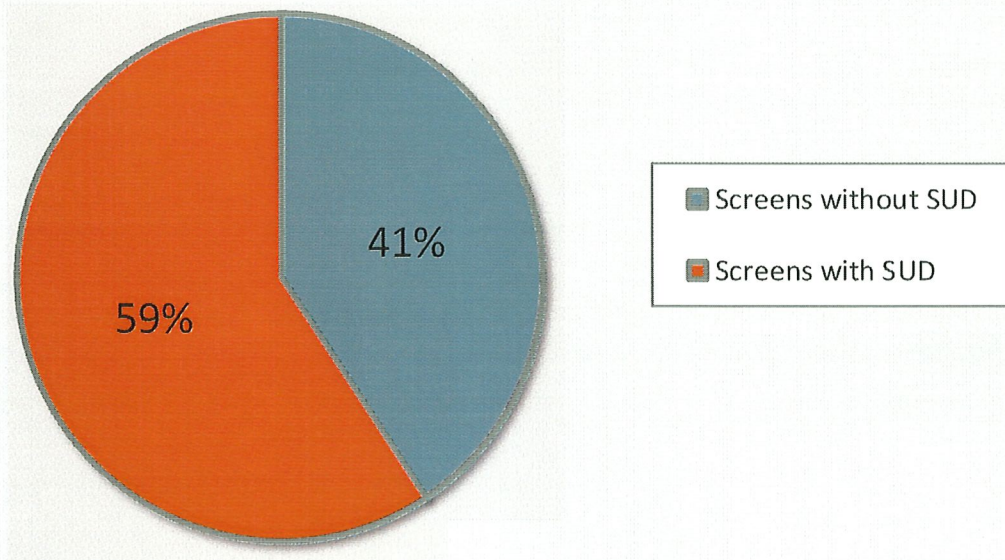
Monthly Bookings Open to ISK



Monthly Screen Completed



Percentage of Screens with SUD

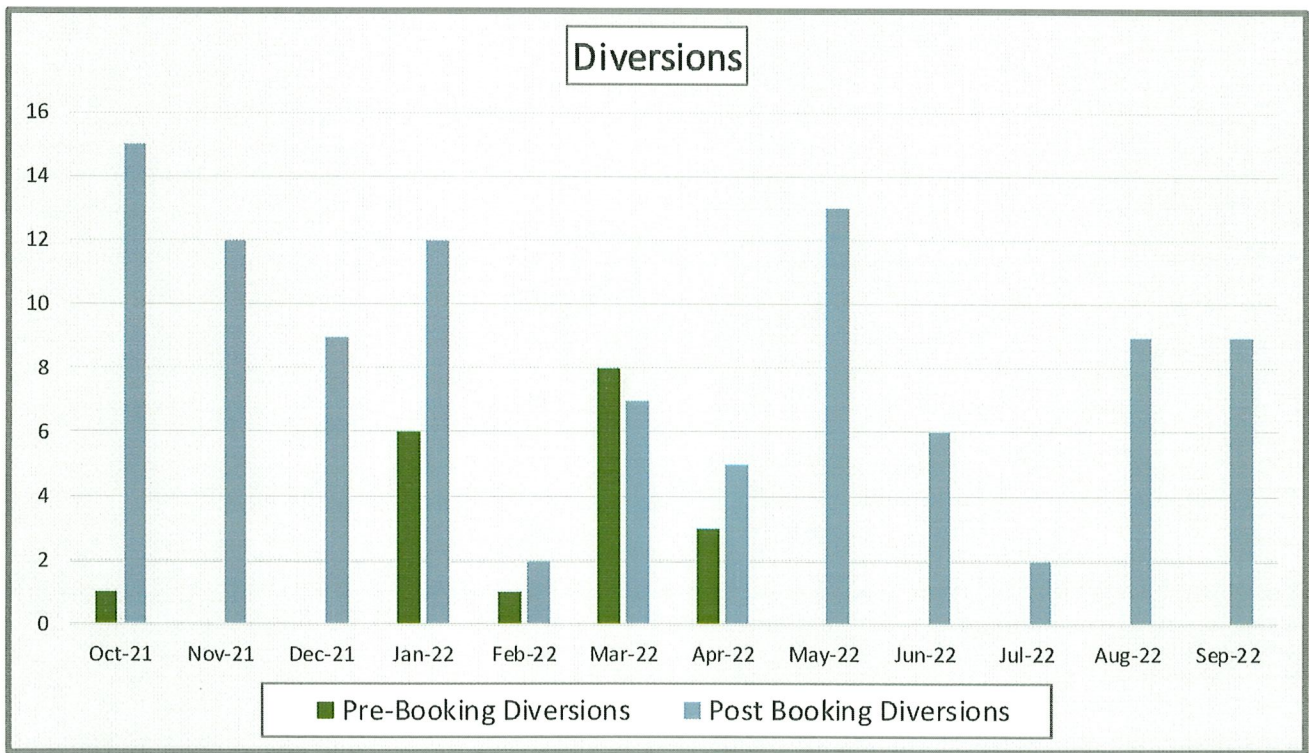


Diversions

Diversion: A diversion is considered to have occurred when an ISK clinician directly coordinates and provides information to the courts/legal system which then results in the release of the individual from custody to a treatment option.

Pre-booking: Diversions taking place prior to an individual being booked into jail, preventing the individual from being arrested or booked into jail.

Post-booking: Diversions taking place after an individual has already been booked into the Kalamazoo County Jail.



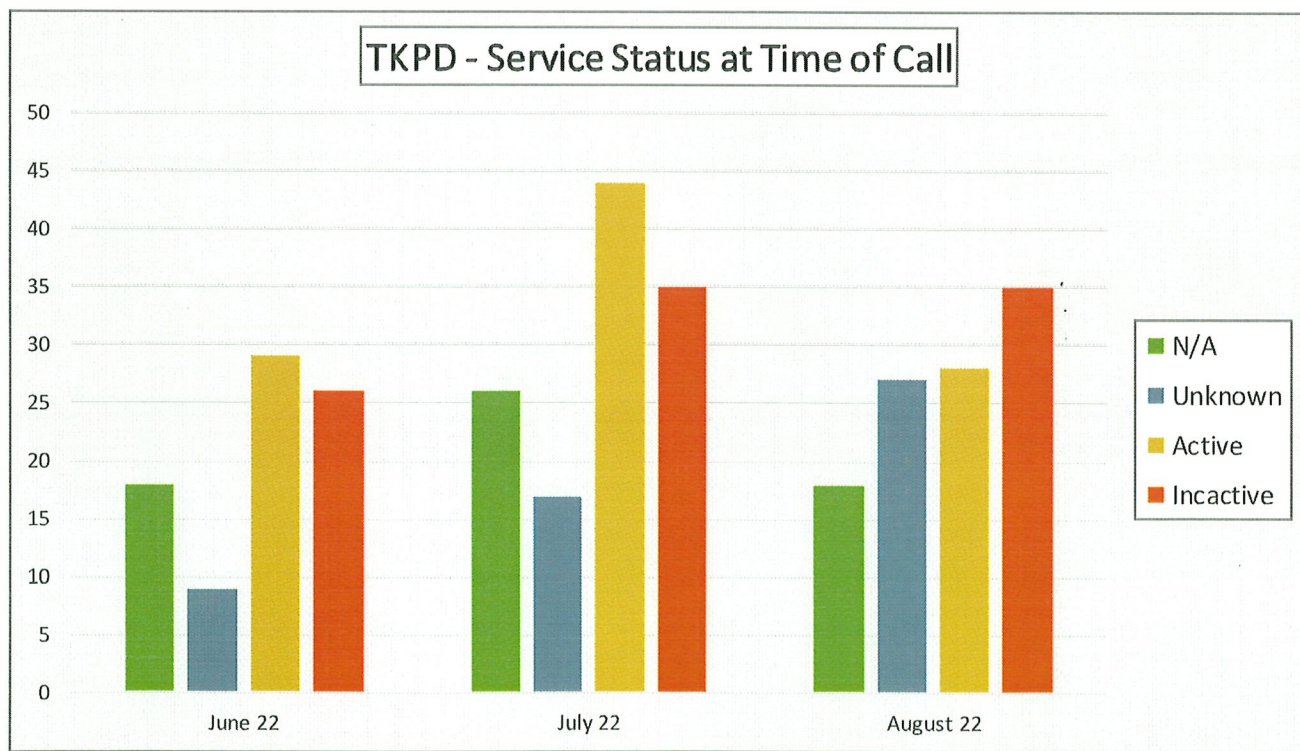
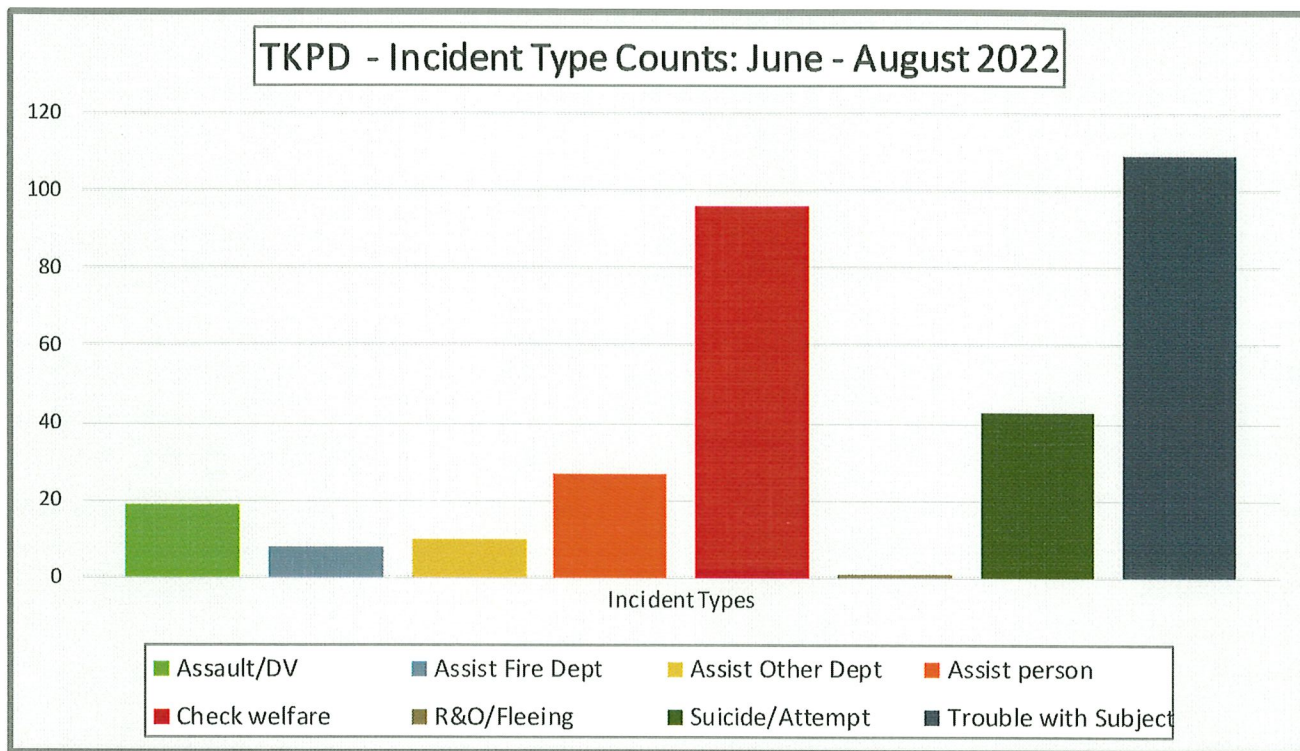
Kalamazoo Protect and Connect

One of KPAC's first task has been to collect as much information about calls for service that may have a behavioral health component. Prior to KPAC, ISK was receiving referrals from Township of Kalamazoo Police Department (TKPD) and Portage Department of Public Safety (PDPS). These referrals were originally tracked for follow up purposes, but with KPAC resources we have been able to pull additional information from these referral lists. The charts below show some of the information we have been able to compile from our new tracking methods for TKPD and PDPS referrals.

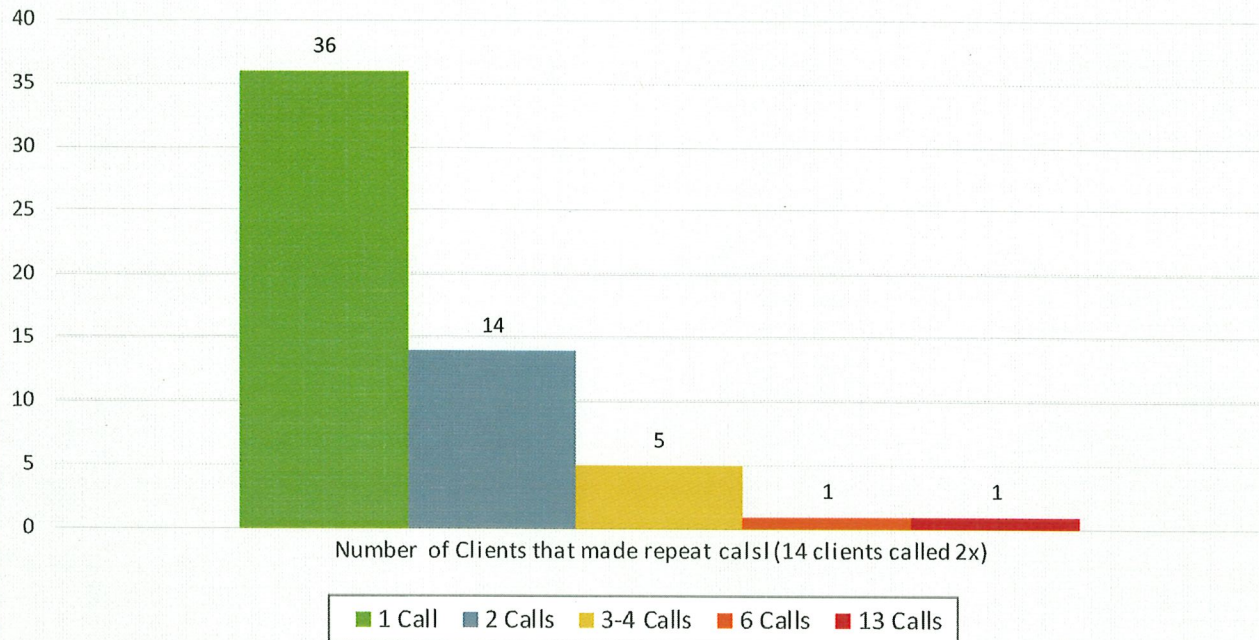
June-August Totals		Departments	
Service Status	PDPS	TKPD	Grand Total
<i>Active</i>	23	100	123
<i>Inactive</i>	18	96	114
<i>N/A</i>	20	63	83
<i>Unknown</i>	1	53	54
Grand Total	62	312	374

June-August Totals		Departments	
Incident Type	PDPS	TKPD	Grand Total
<i>Check Welfare</i>	20	96	116
<i>Trouble with Subject</i>	1	109	110
<i>Suicide/Attempt</i>	22	43	65
<i>Assist Person</i>	6	27	33
<i>Assault/DV</i>	5	18	23
<i>Assist Other Dept</i>		10	10
<i>Assist Fire Dept</i>		8	8
<i>Trespassing</i>	2		2
<i>Noise Complaint</i>	2		2
<i>Disorderly</i>	1		1
<i>CSC</i>	1		1
<i>Disturbance/Fight</i>	1		1
<i>R&O/Fleeing</i>		1	1
<i>Suspicious</i>	1		1
Grand Total	62	312	374

Township of Kalamazoo Police Department

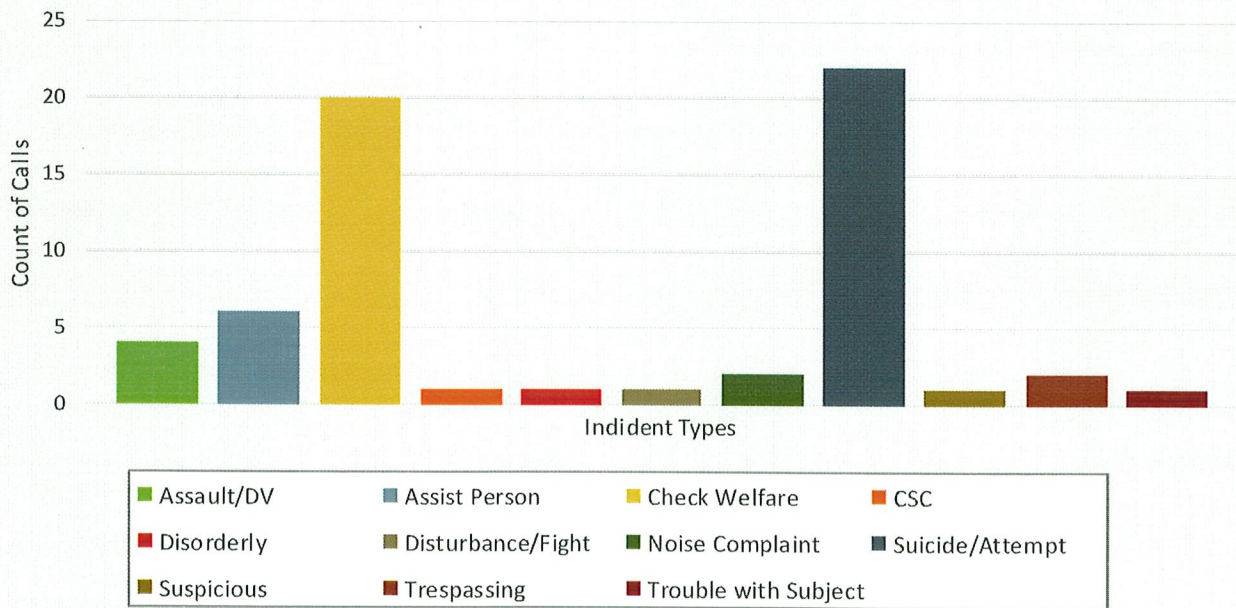


TKPD - # of calls by active clients

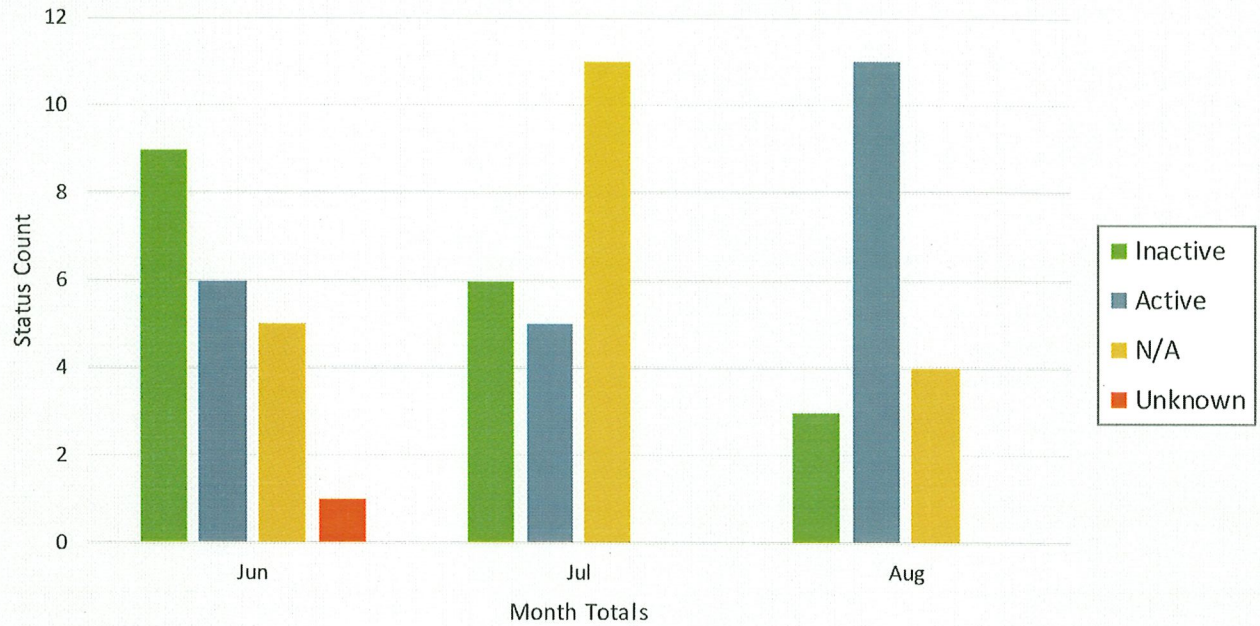


Portage Department of Public Safety

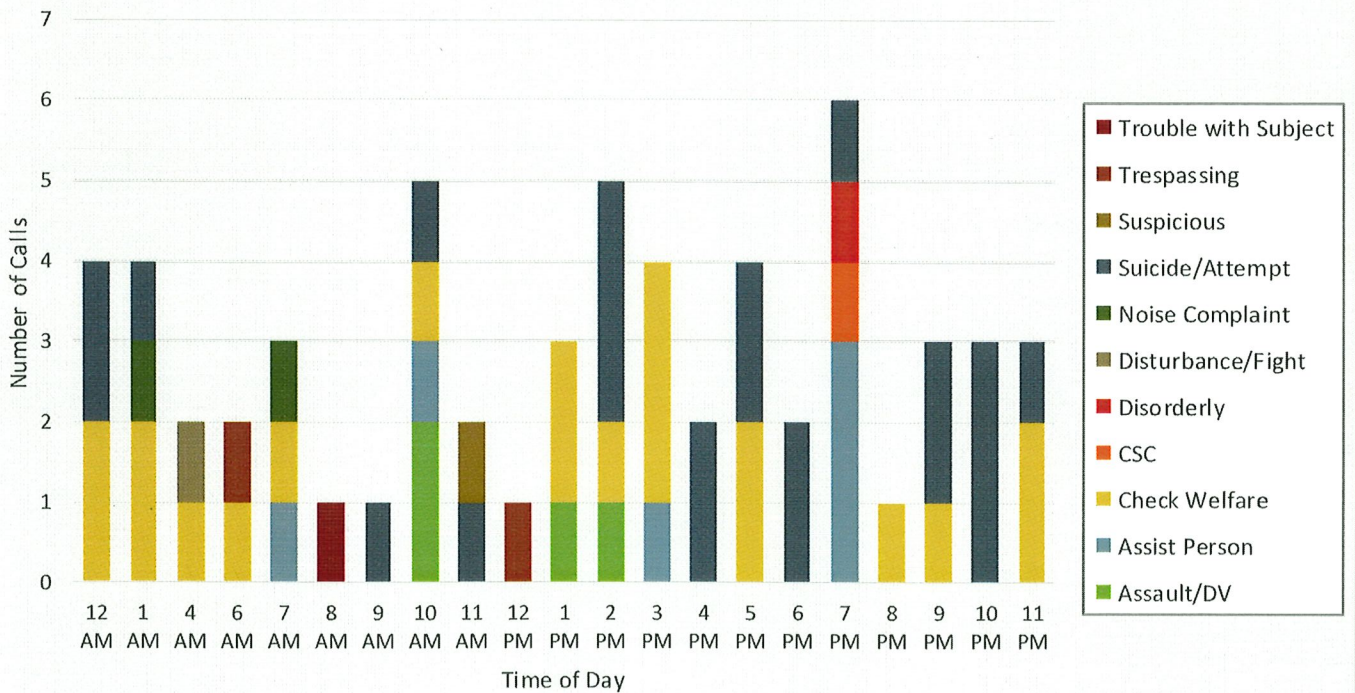
PDPS - Incident Type Counts: June - August 2022



PDPS - Service Status at Time of Call



PDPS - Time of Day





INTEGRATED Services of Kalamazoo (ISK) Board of Director's Meeting
October 24, 2022 VI.a.

<u>ISK Board Member</u>	<u>Board Members PRESENT</u>	<u>Declaration of Location City/County</u>	<u>Board Members ABSENT</u>
Karen Longanecker, <i>CHAIR</i>	X	Kalamazoo/Kalamazoo	
Michael Seals, <i>VICE CHAIR</i>	X	Kalamazoo/Kalamazoo	
Nkenge Bergan			X
Sarah Carmany			X
Patrick Dolly	X	Kalamazoo/Kalamazoo	
Pat Guenther	X	Kalamazoo/Kalamazoo - REMOTE - via Microsoft TEAMS	
Michael Raphelson	X	Kalamazoo/Kalamazoo	
Sharon Spears	X	Kalamazoo/Kalamazoo	
Erik Krogh	X	Kalamazoo/Kalamazoo	
Melissa Woosley	X	Kalamazoo/Kalamazoo	
Michael Weekley			X
Veronica McKissack, <i>COMMISSIONER</i>	X	Kalamazoo/Kalamazoo	

ISK - KCMHSAS Staff Present:

Jeff Patton, *CHIEF EXECUTIVE OFFICER*
 Roann Bonney
 Wanda Brown
 Sheila Hibbs
 Beth Ann Meints
 Amy Rottman
 Michael Schlack, *CORPORATE COUNSEL*
 Dianne Shaffer
 Ed Sova
 Charlotte Bowser
 Alecia Pollard
 Demeta Wallace
 David Anderson
 Erica Patton
 Teresa Moser

ISK - KCMHSAS Staff Absent:

Providers:

<p><i>Dr. Shenetta Coleman</i> CEO Residential Opportunities, Inc.</p>	<p><i>Tina Graham</i> Executive Director ASK Family Services</p>
<p><i>Andrea Perez</i> Interim Director and Program Coordinator WMU Ctr for Disability Services</p>	

Call to Order:

Chair Longanecker welcomed all in attendance to the October 24, 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.

Citizen Time:Mr. Sean Bennett

My same concern stays as it was previously about the physicians, probate judges and hospital staff who take part in administering the laws of the Michigan Mental Health Code when it comes to informed consent for psychiatric medications. Individuals have the right to refuse specific drugs for specific reasons.

The most important needed reform of the MH code is to ensure that persons subjected to inpatient or outpatient programs are protected in their right to informed consent for harmful and intrusive psychotropic drugs.

Jeff shared again with Mr. Bennett that ISK follows all state & federal guidelines and the rules and regulations of the Michigan Mental Code when it comes to diagnoses, treatments and if necessary, the prescribing of medications. ISK does not adhere to the practice of coercion when supplying treatment for our persons served.

It was suggested that maybe Mr. Bennett would benefit from attending one of the Recipient Rights Advisory Council meetings to familiarize him the medical practices used and demonstrated at ISK.

Both Jeff and Roann Bonney, ISK, Director of Recipient Rights, felt this would be an excellent path to pursue by inviting Mr. Bennett to attend a future meeting. Ms. Bonney shared that Mr. Bennett has, in the past, attended an RRAC meeting, but is certainly welcome to attend again.

Recipient Rights Monthly Reports:

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

SeptemberNeglect Violations

- There were two substantiated Neglect III violations in September 2022.
 - The remedial actions for these violations were Employment Termination (1), Training (1), Policy Revision/Development (1), and Written Reprimand (2). There was one staff involved in each of three citations.

The 2 violations occurred at 2 different agencies.

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/VERBAL:

David Anderson, ISK, Director of Facilities and Housing Resource Center and Erica Patton, ISK, Housing Manager, presented the October Program Services report on Facilities and Housing.

	Street Outreach for Kalamazoo	Lantern House	Rapid Re-housing	Shelters	Oakland House	Step-Up	HERS	Keystone-Veterans	CERA	SOAR	PSH
Total Assisted	179	12	128			161	119	57	32		183
Self-Identified											
Mental Health	153	10	70			116	15	42	12		183
Substance Use Disorder	49	6	25			66	1	27	2		33
Developmental Disability	14	1	6			15	2	7	1		12
Domestic Violence	84	2	39			62	11	24	1		66
										251	14
										1751	6
										1785	
										\$13,909,564.03	
Total Funds Assisted			\$407,044.98								
Street Outreach	The street outreach team covers 7 counties. They worked with individuals who are living in places not meant for human habitation.										
Lantern House	The Lantern House program was to assist a small amount of individuals during COVID, who had extreme barriers.										
Rapid Re-Housing	The Rapid Re-housing program was additional funding during COVID to assist with move in cost and short term rental assistance.										
Shelters											
Oakland House	Oakland House assists up to 18 single individuals with shelter.										
Step-Up	Step-Up assists families with shelter. We can assist up to 10 families depending on size.										
HERS (Homeless Emergency Response System)	HERS assist individuals who have been staying in places not meant for human habitation and frequent the emergency rooms.										
Keystone-Veterans	Keystone assist Veterans with shelter and can accommodate up to 12 individuals.										
CERA (Covid Emergency Relief Assistance)	CERA assist individuals/families who are behind on rent and utilities due to COVID related issues.										
SOAR (SSI/SSDI Outreach Access & Recovery)	SOAR is an expedited process for Social Security benefits.										
PSH (Permanent Supportive Housing)	Permanent supportive housing is an intervention that combines affordable housing assistance with voluntary support services to address the needs of homeless people.										

Consent Calendar/MOTION:

Chair Longanecker, “Are there any materials that the ISK Board would like to have removed from the Consent Calendar before we proceed with the verbal motion?” Chair Longanecker, asked that Board Policy I.03, Guidelines for Board Member Appointment, be removed from the agenda for further review.

- VI.a. Minutes
- VI.b. Board Purpose and Business Description (Policy)
- VI.c. Treatment of Persons Served *with Substantiated Complaints* (Policy & Report)
- VI.d. ENDS Development Process (Policy)
- VI.e. ENDS for Individuals Served (Policy)
- VI.f. Customer Services (Report)
- VI.g. Customer Advisory Council Annual (Report)

Member Krogh, “I MOVE TO ACCEPT THE CONSENT CALENDAR MONITORING REPORTS BOTH “AS-IS” OR WITH PROPOSED RECOMMENDED CHANGES.” Supported by Member Seals. MOTION PASSED.

Financial Condition Report:

Amy Rottman, ISK, Chief Financial Officer, presented the Financial Condition report for the period ending September 30, 2022.

INTEGRATED SERVICES OF KALAMAZOO

Statement of Net Position
October 31, 2022

	October 2021 (unaudited)	October 2022
Assets		
Current assets		
Cash and investments	\$ 30,083,851	\$ 34,567,436
Accounts receivable	7,136,388	4,894,020
Due from other governments	407,670	1,037,852
Prepaid items	842,440	1,100,034
Total current assets	38,470,349	41,599,341
Non-current assets		
Capital assets, net of accumulated depreciation	9,244,857	9,350,350
Net pension asset, net of deferred outflows	5,722,229	5,722,229
Total non-current assets	14,967,086	15,072,579
Total assets	53,437,435	56,671,919
Liabilities		
Current liabilities		
Accounts payable	\$ 6,307,179	\$ 8,737,249
Due to other governments	12,091,626	13,694,476
Due to providers	924,418	924,418
Accrued payroll and payroll taxes	1,150,750	1,528,011
Unearned revenue	208,906	342,240
Total current liabilities	20,682,879	25,226,394
Non-current liabilities		
Long-term debt	4,414,742	4,415,002
Total liabilities	25,097,621	29,641,395
Net position		
Designated	15,242,325	15,242,325
Undesignated	5,323,673	5,323,673
Investment in fixed assets	4,841,804	4,841,804
Previous year close	-	-
Net gain (loss) for period	2,932,012	1,622,722
Net position	\$ 28,339,814	\$ 27,030,524

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, 2022 through October 31, 2022

Percent of Year is 8.33%

	Original 2023 BUDGET	YTD Totals 10/31/22	Remaining Budget	Percent of Budget - YTD
Operating revenue				
Medicaid:				
Traditional Capitation	\$ 62,584,607	\$ 5,833,103	\$ 56,751,504	9.32%
Healthy Michigan Capitation	10,155,033	1,064,619	9,090,414	10.48%
Autism Captiation	5,722,701	466,221	5,256,480	8.15%
Settlement	(11,458,363)	(2,020,808)	(9,437,555)	0.00%
State General Fund:				
Formula Fundings	3,900,517	325,043	3,575,474	8.33%
PY General Fund Carryforward	-	-	-	0.00%
Settlement	-	-	-	0.00%
CCBHC Demonstration	33,381,000	639,800	32,741,200	0.00%
CCBHC Accrual	-	2,671,343	(2,671,343)	0.00%
County Allocation	1,550,400	129,200	1,421,200	8.33%
Client Fees	429,500	13,869	415,631	3.23%
SUD Block Grant	-	9,330	(9,330)	0.00%
Other grant revenue	7,133,667	758,095	6,375,572	10.63%
Other earned contracts	1,130,318	79,402	1,050,916	7.02%
COFR	-	-	-	0.00%
Interest	-	-	-	0.00%
Local revenue	10,000	50	9,950	0.00%
Total operating revenue	\$ 114,539,380	\$ 9,969,266	\$ 104,570,114	8.70%
Operating expenses				
Salaries and wages	24,113,672	1,811,528	\$ 22,302,144	7.51%
Employee benefits	8,670,498	194,070	8,476,428	2.24%
Staff development	223,625	10,980	212,646	4.91%
Payments to providers	68,968,243	5,591,477	63,376,766	8.11%
Administrative contracts	7,789,466	614,266	7,175,200	7.89%
IT software and equipment	765,010	29,673	735,337	3.88%
Client transportation	29,260	1,050	28,210	3.59%
Staff travel	316,812	8,960	307,852	2.83%
Office expenses	415,023	37,549	377,474	9.05%
Insurance expense	97,505	1,778	95,727	1.82%
Depreciation expense	560,142	16,440	543,702	2.94%
Utilities	306,573	25,864	280,709	8.44%
Facilities	124,379	2,910	121,469	2.34%
Prior year adjustment	-	-	-	0.00%
Total operating expenses	\$ 112,380,208	\$ 8,346,544	\$ 104,033,664	7.43%
Change in net position	2,159,172	1,622,722	\$ 536,450	
Beginning net position	25,407,802	25,407,802		
Ending net position	\$ 27,566,974	\$ 27,030,524		

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, 2022 through October 31, 2022

Percent of Year is 8.33%

	Specialty Services		Healthy Michigan		Autism		SUD Block Grant		Totals		Variance
	Budget	YTD Totals 10/31/22	YTD Budget	YTD Totals 10/31/22	YTD Budget	YTD Totals 10/31/22	YTD Budget	YTD Totals 10/31/22	YTD Budget	YTD Totals 10/31/22	
Operating revenue											
Medicaid:											
Traditional Capitation	\$ 5,215,676	\$ 5,833,103	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 9,330	\$ 5,215,676	\$ 5,842,433	\$ 626,757
Healthy Michigan Capitation	-	-	846,253	1,064,619	-	-	-	-	846,253	1,064,619	218,366
Autism Capitation	-	-	-	-	476,892	466,221	-	-	476,892	466,221	(10,671)
Settlement Estimate	(542,344)	(1,325,619)	(453,670)	(750,415)	41,151	64,556	-	(9,330)	(954,864)	(2,020,808)	(1,065,945)
Client Fees	35,500	13,869	-	-	-	-	-	-	35,500	13,869	(21,631)
Total operating revenue	\$ 4,708,831	\$ 4,521,353	\$ 392,583	\$ 314,204	\$ 518,043	\$ 530,777	\$ -	\$ (0)	\$ 5,619,457	\$ 5,366,334	\$ (253,123)
Operating expenses											
Internal services	\$ 258,164	\$ 97,250	\$ 14,405	\$ 9,375	\$ -	\$ -	\$ -	\$ -	\$ 272,569	\$ 106,625	(165,945)
External services	4,201,176	4,190,442	357,377	288,591	490,595	503,347	-	-	5,049,148	4,982,380	(66,768)
Delegated managed care	249,491	233,662	20,801	16,238	27,448	27,430	-	-	297,740	277,330	(20,409)
Total operating expenses	\$ 4,708,831	\$ 4,521,354	\$ 392,583	\$ 314,204	\$ 518,043	\$ 530,777	\$ -	\$ -	\$ 5,619,457	\$ 5,366,335	\$ (253,122)
Change in net position	-	(0)	(1)	(0)	-	(0)	-	(0)	\$ -	(1)	

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, 2022 through October 31, 2022
 Percent of Year is 8.33%

	State General Fund		CCBHC		Other Funding Sources		Totals		Variance
	YTD Budget	YTD Totals 10/31/22	YTD Budget	YTD Totals 10/31/22	YTD Budget	YTD Totals 10/31/22	YTD Budget	YTD Totals 10/31/22	
Operating revenue									
General Fund	\$ 325,043	\$ 325,043	\$ -	\$ -	\$ -	\$ -	\$ 325,043	\$ 325,043	\$ (0)
Projected GF Carryforward	-	-	-	-	-	-	-	-	-
CCBHC Demonstration	-	-	2,781,750	3,311,142	-	-	2,781,750	3,311,142	529,392
Other Federal and State Grants	-	-	-	-	594,472	758,095	594,472	758,095	163,622
Earned Revenue	-	-	-	-	94,193	79,402	94,193	79,402	(14,791)
COFR Revenue	-	-	-	-	-	-	-	-	-
Interest	-	-	-	-	-	-	-	-	-
County Allocation	-	-	-	-	129,200	129,200	129,200	129,200	-
Local Revenue	-	-	-	-	833	50	833	50	(783)
Transfer from GF	-	-	-	-	188,482	172,607	188,482	172,607	(15,875)
Settlement Revenue (Expense)	-	-	-	-	-	-	-	-	-
Total operating revenue	\$ 325,043	\$ 325,043	\$ 2,781,750	\$ 3,311,142	\$ 1,007,180	\$ 1,139,354	\$ 4,113,973	\$ 4,775,539	\$ 661,566
Operating expenses									
Internal Programs	\$ -	\$ 63,827	\$ 1,908,143	\$ 1,249,982	\$ -	\$ -	\$ 1,908,143	\$ 1,313,809	\$ (594,334)
External Programs	98,918	50,479	550,815	460,008	42,428	42,065	692,161	552,552	(139,609)
Other Federal and State Grants	-	-	-	-	708,347	814,961	708,347	814,961	106,614
HUD Grants	-	-	-	-	136,181	84,659	136,181	84,659	(51,522)
Managed Care Administration	5,534	6,229	137,574	93,188	3,261	2,292	146,369	101,709	(44,660)
Homeless Shelter	-	-	-	-	36,396	25,349	36,396	25,349	(11,047)
Transfer from GF	188,482	172,607	-	-	-	-	188,482	172,607	(15,875)
Local match expense	-	-	-	-	106,248	85,135	106,248	85,135	(21,113)
Non-DCH Activity Expenditures	-	-	-	-	11,716	2,034	11,716	2,034	(9,682)
Total operating expenses	\$ 292,934	\$ 293,142	\$ 2,596,532	\$ 1,803,178	\$ 1,044,576	\$ 1,056,496	\$ 3,934,042	\$ 3,152,816	(781,227)
Change in net position	32,109	31,901	185,218	1,507,965	(37,396)	82,858	\$ 179,931	1,622,724	1,442,792

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INTEGRATED SERVICES OF KALAMAZOO**CCBHC**

October 1, 2022 through October 31, 2022

Percent of Year is 8.33%

	CCBHC Medicaid	CCBHC Healthy MI	CCBHC Non-Medicaid	CCBHC YTD Totals
Operating revenue				
Prepayment	\$ 639,800	\$ -	\$ -	\$ 639,800
Remaining CCBHC revenue due	2,109,463	561,880	-	2,671,343
Total CCBHC Revenue (PPS-1 of \$445.73 x encounters)	\$ 2,749,263	\$ 561,880	\$ -	\$ 3,311,142
Operating expenses				
Internal services	\$ 1,339,103	\$ 273,679	\$ 97,209	\$ 1,709,990
DCO Contracts	72,976	14,914	5,297	93,188
Total operating expenses	\$ 1,412,078	\$ 288,593	\$ 102,506	\$ 1,803,178
Operating change in net position	1,337,184	273,287	(102,506)	1,507,965
Reclassification to cover Non-Medicaid	(102,506)	-	102,506	-
Total change in net position	1,234,678	273,287	-	1,507,965

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Utilization Reports:

Charlotte Bowser, ISK, Accounting Manager, presented the Utilization Report for the period ending August 31, 2022.

- Youth Community Inpatient Services is unfavorable by \$278,920
- MI Adult Community Inpatient Services is at (1,029) days and unfavorable at \$1,122,992
- Community Living Supports, Personal Care, and Crisis Residential is unfavorable at \$2,864,241

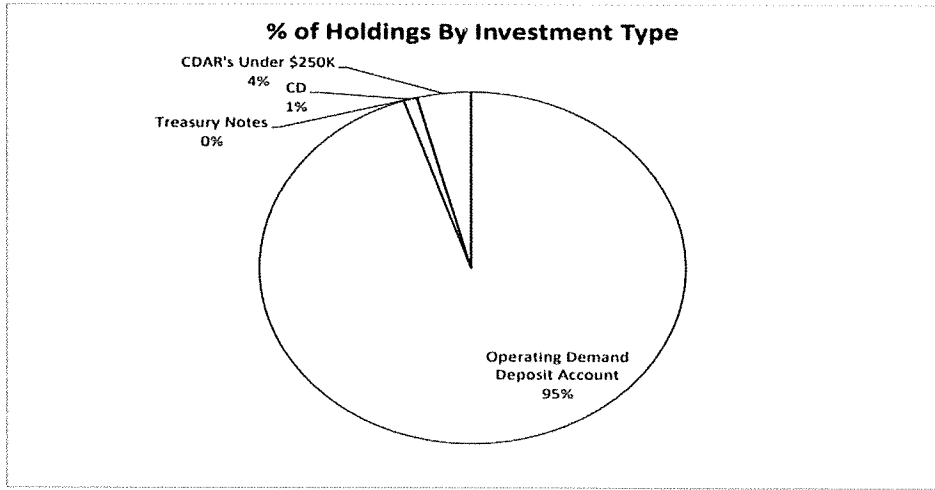
Investment Report:

Amy Rottman, ISK, Chief Financial Officer, presented the Investment Report for the period ending September 30, 2022. Investments are still consistent.

**Quarterly Cash & Investments Report
Quarter Ending September 30, 2022**

Financial Institution	Type of Investment	Cost Basis	Maturity Date	% Yield
CASH				
PNC	Operating Demand Deposit Account	\$23,303,583	NA	0.03%
	Payroll Account	\$5,000		
	Accrued Leave Reserve	\$117,134		
	Pretax Reimbursement Account	\$51,105		
	Various Petty Cash Funds	\$630		
	Total Cash Accounts	\$23,477,452		
INVESTMENTS				
CDAR's (via Independent Bank)	CD's Issued Under FDIC Limit of \$250,000	\$524,565		
CDAR's (via Independent Bank)	CD's Issued Under FDIC Limit of \$250,000	<u>\$489,458</u>		
Total CDAR's		\$1,014,024		
CD (via Independent Bank)	CD	\$250,507		
CD (via Independent Bank)	CD	<u>\$2,500,000</u>		
Total CD's		\$2,750,507		
U.S. Federal Government (via PNC)	Treasury Notes (for bond repayment)	\$0		
	Total Investments	<u>\$3,764,530</u>		
TOTAL CASH AND INVESTMENTS		<u>\$27,241,982</u>		

% of Holdings By Institution		% of Holdings By Investment Type	
PNC - Cash	86.18%	Cash	86.18%
U.S. Federal Government (via PNC)	0.00%	CD	10.10%
CDAR's & CD(via Independent Bank)	<u>13.82%</u>	Treasury Notes	0.00%
	100.00%	CDAR's	<u>3.72%</u>
			100.00%



September Disbursements/MOTION:

Member Krogh, “BASED ON THE BOARD FINANCE MEETING REVIEW, I MOVE THAT ISK APPROVE THE SEPTEMBER 2022 VENDOR DISBURSEMENTS OF \$11,265,542.62.” Supported by Member Guenther.

MOTION PASSED.

Chief Executive Officer Report:

The groundbreaking has begun for our New Behavioral Health Urgent care. The construction workers did find a basement underground and some contaminates in the ground. However, we have the funds to securely seal it and then build upon the foundation.

Senator Mike Shirkey predicts a quiet Lame Duck Session of the Legislature. The bill to transform Michigan's Public Mental Health system is rumored to have been swirling around Lansing for the past several weeks that Sen. Shirkey & Rep. Whiteford have been drafting a compromise bill that would combine SBs 597 & 598 along with HBs 4925 – 4928 in an attempt to get “something” done before the end of the year. Most of the talk around a compromise bill has been to move all of the Medicaid kid's services including autism and foster care over to private insurance companies and then the state would create 1 statewide entity to manage the other populations (essentially going from 10 PIHPs to 1 PHIP or ASO). CMHA and our allies have not been part of the discussions with Sen. Shirkey and Rep. Whiteford, those discussions have been behind closed doors, so we can only guess on the content of such a proposal, but we do know that both sides have had multiple conversations and meetings.

With the November 8 General Election and the lame duck legislative we believe any compromise bill between Sen. Shirkey and Rep. Whiteford would be equally as bad as the current version of SBs 597 & 598, which would still privatize Medicaid mental health services by giving them financial control and oversight or decision making to for-profit insurance companies.

Discussion is happening about the implementation of new term limits for State Lawmakers.

I will keep you informed about the possible carve-out of the PIHP to a private entity.

That concludes my report.

Citizen Time:

No citizens came forth.

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

SWMBH has no new or current updates. I would like to say that ISK is a superb organization. What an impressive presentation from the Facilities & Housing dept. During this Thanksgiving season, we remember my wife and again, thank you all for your support.

Michael Raphelson:

ISK staff, thank you for your tremendous work performance, your care for our persons served/community. Stay safe when canvassing for those in need of shelter.

Veronica McKissack:

Remember to *vote* on November 8, 2022.

Karen Longanecker:

Gentle reminder, that the CEO, Jeff Patton's, Annual Evaluation, will be conducted at the November 28, 2022, meeting. I've heard several positive reports about PCE and the performance of the DCO is going well.

Sharon Spears:

Excellent report from the Facilities and Housing department. There are several homeless camps throughout the city that are behind Menards & Lighthouse Autism Center in the woods. Happy Halloween!

Melissa Woosley:

After moving to Kalamazoo, I had to stay at the Oakland House. I always felt brotherly love professionally and personally. The staff works from a place of intimacy and care because that is what ISK stands for.

Patrick Dolly:

Excellent report from the Facilities & Housing department! I'm proud to report that my son has graduated from the police academy and that my daughter is a student at the University of Michigan!

Meeting ended at 5:21PM.

Demeta J. Wallace
Administrative Coordinator
INTEGRATED Services of Kalamazoo

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY V.06

AREA: Governance	
SECTION: Board Governance Process	PAGE: 1 of 2
SUBJECT: COMMUNICATION AND COUNSEL TO THE BOARD	SUPERSEDES: 01/24/2012 REVISED: 10/29/2018

PURPOSE/EXPLANATION

To establish limitations of means regarding the Chief Executive Officer's (CEO) communication and counsel to the Board.

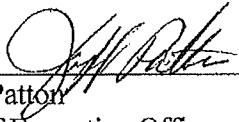
POLICY

- I. With respect to providing information and counsel to the Board, the CEO may not permit the Board to be uninformed. Accordingly, he/she may not:
 - A. Neglect to submit monitoring data required by the Board (see policy on Monitoring Executive Performance) in a timely, accurate and understandable fashion, directly addressing provisions of the Board policies being monitored.
 - B. Let the Board be unaware of relevant trends, anticipated adverse media coverage, material external and internal changes, particularly changes in the assumptions upon which any Board policy has previously been established.
 - C. Fail to advise the Board if, in the CEO's opinion, the Board is not in compliance with its own policies on Governance Process and Board-Staff Relationship, particularly in the case of Board behavior which is detrimental to the work relationship between the Board and the CEO.
 - D. Fail to use a process that utilizes as many internal and external points of view, issues and options as needed for fully informed Board choices.
 - E. Present information in unnecessarily complex or lengthy form.
 - F. Fail to provide a mechanism for official Board, officer or committee communications.
 - G. Fail to deal with the Board as a whole except when (a) fulfilling individual requests for information or (b) responding to officers or committees duly charged by the Board.

H. Fail to report in a timely manner any actual or anticipated non-compliance with any policy of the Board.

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

CHIEF EXECUTIVE OFFICER



Jeff Patton
Chief Executive Officer

APPROVED



Erik Krogh
Board Chair

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY II.02

AREA: Governance	
SECTION: Board Governance Process	PAGE: 1 of 2
SUBJECT: GOVERNING STYLE	SUPERSEDES: 01/23/2012 REVISED: 10/29/2018

PURPOSE/EXPLANATION

To establish the Board's governing style.

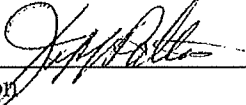
POLICY

The Board will govern with an emphasis on outward vision as well as an awareness of internal operations, encouragement of diversity in viewpoints, strategic leadership more than administrative detail, clear distinction of Board and Chief Executive roles, collective rather than individual decisions, future rather than past or present, and pro-activity rather than reactivity.

The Board will:

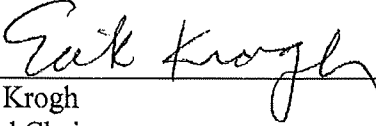
- A. Cultivate a sense of group responsibility. The Board, not the staff, will be responsible for governance. The Board will be an initiator of policy, not merely a reactor to staff initiatives. The Board will use the expertise of individual members to enhance the ability of the Board as a body, rather than to substitute the individual judgements for the Board's values.
- B. Direct, control, and inspire the organization through the careful establishment of broad written policies reflecting the Board's values and perspectives. The Board's major focus will be to establish policy that is aimed at having a positive long-term impact on the community.
- C. Enforce upon itself whatever discipline is needed to govern with excellence. Discipline will apply to matters such as attendance, preparation for meetings, policy-making principles, respect of roles, and ensuring the continuity of governance capability. Continual Board development will include orientation of new members in the Board's governance process and periodic Board discussion of process improvement. The Board will allow no officer, individual or committee of the Board to hinder or be an excuse for not fulfilling its commitments.

CHIEF EXECUTIVE OFFICER



Jeff Patton
Chief Executive Officer

APPROVED



Erik Krogh
Board Chair

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY V.05

AREA:	Governance	PAGE:	1 of 1
SECTION:	Executive Limitations	SUPERSEDES:	07/26/2021
SUBJECT:	EMERGENCY EXECUTIVE SUCCESSION	REVISED:	11/22/2021

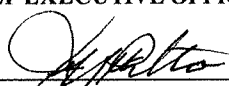
PURPOSE/EXPLANATION

To establish limitations of means regarding emergency executive succession.

POLICY

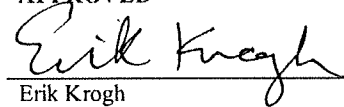
- I. In order to protect the Board from sudden loss of Chief Executive Officer (CEO) services, the CEO may not have fewer than two other executives familiar with board and CEO issues and processes.
- II. The order of succession in an emergency is as follows:
 - A. Chief Executive Officer
 - B. Administrator of System Performance and Programs
 - C. Administrator for CCBHC (Certified Community Behavioral Health Clinic) Operations and Adult Behavioral Health Services
 - D. Chief Medical Officer
- III. This policy will be monitored through internal mechanisms on an annual basis.

CHIEF EXECUTIVE OFFICER



 Jeff Patton
 Chief Executive Officer

APPROVED



 Erik Krogh
 Board Chair

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY VI.03 / ORGANIZATIONAL POLICY 08.10

AREA: <i>(Board)</i> Governance	
APPLICATION: <i>(Organizational)</i> ISK Staff & Contract Providers	
SECTION: <i>(Board)</i> System Governance <i>(Organizational)</i> Financial Management	PAGE: 1 of 4
SUBJECT: ENDOWMENT FUND	SUPERSEDES: 08/23/2018 REVISED: 11/22/2021

PURPOSE/EXPLANATION

The Integrated Services of Kalamazoo (ISK) Endowment Fund was established in response to the very real needs faced by people. The purpose of the fund is to coordinate grant opportunities for persons who receive services through ISK, when other means of increasing and/or sustaining independence have been exhausted. Fund dollars are not to be utilized for services and/or supports provided through the community mental health service system.

DEFINITIONS**Dollars Available to Grant**

This amount is determined by the Kalamazoo Community Foundation (KCF) and is derived from endowment fund earnings and earmarked donations made to KCF on behalf of ISK.

Yearly Grant Allocation

Through a yearly award process these funds will be made available to Providers and ISK direct operated programs for persons who receive services through ISK. All expenditures must fall within the specific intent of the grant award. A maximum of \$5,000, excluding emergency grant awards, can be granted to any Provider or ISK direct operated program. Whenever grant funds are applied for and utilized, it is anticipated that the applicant/awarded provider/program will coordinate with other CMH programs to ensure that fund dollars are not inadvertently spent when other resources are also available.

Emergency Grant Award

Through an "as needed award process" emergency-grants will be awarded for specific requests for an individual's emergency needs that had been previously unknown and cannot be provided for through any other means. Emergency Grant Awards are limited to a maximum of \$500.00 per individual.

POLICY

- A. Through the ISK Endowment Fund we are committed to combating the stigma of

mental illness, developmental disabilities, and substance use disorders, and to prioritize our grant giving in key areas, which will assist persons served by ISK in taking positive steps toward independence and integration in the community.

Those areas of emphasis for grant giving will be, but not limited to:

1. Assistance with setting up and maintaining Independent Residence
2. Assistance with clothing, transportation, or other needs related to supporting vocational pursuits related to Competitive Employment
3. Assistance with crucial Health Care Needs necessary to make community living feasible and not otherwise funded by insurance benefits or other means
4. Assistance with costs related to supporting Educational Pursuits - including books, tuition/fees, equipment
5. Support for Community Events that promote education of mental health-related matters, and/or celebrate customer successes, and/or integration of customers in the community and are promoting the reduction of stigma

- B. Of the total dollars available to grant, 90% will be made available for expenditure during the ISK fiscal year through a Yearly Grant allocation award process. A maximum of \$5,000 can be awarded to any Provider or ISK direct operated program for the following purposes:

1. Independent Living Arrangements
2. Competitive Employment Assistance
3. Community Living / Health Care Needs
4. Educational Support
5. Community Events (cannot exceed \$1,000)

Of the total dollars available to grant 10% will be made available for expenditure during the ISK fiscal year through an emergency discretionary determination by the Endowment Fund Committee. Applications will be accepted throughout the fiscal year. Emergency Grant awards cannot exceed \$500.00 per individual. The Endowment Committee will evaluate each request for Emergency Grant within 10 calendar days of receipt of the application.

The Yearly Grant Allocation process will begin at least two months before the start of the fiscal year. The Fund applications due date is to allow for fund dollars to be available at beginning of the fiscal year for agencies/departments that receive an award.

Grant Allocations to providers and ISK direct operated programs shall be limited to a maximum of \$500 per individual customer/person served. Grant allocations for Community Events promoting integration are limited to \$1,000 per event. Emergency discretionary funding is limited to \$500 per individual.

- C. Disbursements, accounting, and reporting for Yearly Grant Allocations and

Emergency Grants awarded to providers are the responsibility of said provider. A complete accounting for the fiscal year grant allocation shall be made within three months of the completion of the fiscal year on a form prescribed by KCMHSAS. Unexpended funds will be allowed to carry over for one fiscal year. Any remaining unexpended funds after this period will be returned to KCMHSAS.

- D. The Endowment Fund Committee will consist of seven members and will include at least one Board member (appointed by the Board chair), one individual served by ISK, the Customer Services Manager and service provider. The service provider representative will abstain from any voting in which their organization has a funding application. The Customer Services Manager will notify the ISK CEO of appointments to the committee and the CEO will notify the Board of Directors.
- E. In selecting grant recipients from among the deserving applications, the Endowment Fund Committee will use the Board recommended characteristics for a successful grant proposal:
1. Shows evidence of potential impact of the grant on the life of the person served by ISK
 2. Shows evidence of how the grant would enable an individual to become more independent
 3. Shows evidence of how the grant would improve the quality of life
 4. Shows evidence of how the grant would improve community integrated living
- F. The ISK Board of Directors is committed to the wise allocation of its charitable resources. Accordingly, all grantees will be asked to complete a brief summary report of grant activities and outcome. This report will be completed in a format prescribed by ISK and due dates will be told to awardees with the letter explaining their award.
- G. The ISK Board of Directors will also establish an Oversight Committee for the specific purpose of making emergency grants from the principal funds in the Community Mental Health Endowment Fund held by the Kalamazoo Community Foundation.

The Oversight Committee will determine whether emergency circumstances exist to make grants from principal funds where allowed by the endowment stipulations.

Oversight Committee Composition

The Oversight Committee will consist of the ISK Board Chair, Board Finance & Compliance Committee Chair, Chief Executive Officer, Administrator of System Performance and Programs & Administrator for CCBHC Operations and Adult Behavioral Health Services.

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

EXHIBITS

A. Endowment Fund Application (Emergency)

B. Endowment Fund Application (Full-Year)

CHIEF EXECUTIVE OFFICER



Jeff Patton
Chief Executive Officer

BOARD CHAIR



Karen Longanecker
Board Chair



**ENDOWMENT FUND
EMERGENCY SPENDING APPLICATION**
FOR USE BY ORGANIZATIONS WITHIN THE ISK SERVICE NETWORK
TO ADDRESS OTHERWISE UNMET AND UNFUNDED NEEDS

APPLICANT ORGANIZATION /ISK DEPARTMENT INFORMATION

Name of Organization / ISK Department: _____

Street Address: _____

City: _____ Zip Code: _____ Phone: _____

Name of staff Applicant: _____

Email address: _____

Name of person **authorizing** this application: _____

Email address: _____

Financial Report(s) will be due within 60 calendar days of approval of this application and the due date will be indicated on the approval letter.

Name of the person who will be completing the Financial Report for this application: _____

Applicant? YES NO Authorizer? YES Other: _____

Email address: _____

PROPOSAL

- 1) Emergency Spending Application
EMERGENCY SPENDING IS LIMITED TO A MAXIMUM OF \$500 PER ANY INDIVIDUAL CUSTOMER OF ISK SERVICES PER AN FISCAL YEAR.

Areas the funds will be utilized to assist the customer(s):

- Setting up or maintaining **Independent Residence**
- Needs related to **Competitive Employment Assistance**
- Crucial **Healthcare Needs** to enhance **Community Living**
- Educational Support**

- 2) Awarded funds are anticipated to support:
- One Customer Case #: _____
- Two or more Customers Number of customers anticipated: _____
- ISK Case #s will be required as part of the Fund Expenditure Report**

3) Written summary of the emergency situation:

- 4) How much money is being requested from the Endowment fund? _____ (up to \$500 / individual)



**ENDOWMENT FUND
EMERGENCY SPENDING APPLICATION**
*FOR USE BY ORGANIZATIONS WITHIN THE ISK SERVICE NETWORK
TO ADDRESS OTHERWISE UNMET AND UNFUNDED NEEDS*

- 5) Have you attempted to access other resources for funds?
(such as HRI, Deacon's Conference, Loaves & Fishes) Yes No
- Have you confirmed that no other available Endowment Funds are available to meet this request? Yes No
- Applicant Agency/ISK Department has **no (\$0)** Fund dollars available. Yes No
- Agency/ISK Department providing Primary services has **no (\$0)** dollars available. Yes No
- IS this request being partially funded by another current Endowment Fund Award? Yes No
- Fund Award number being utilized for partial funding? # _____
- Award dollars accessed for this request? \$ _____ N/A

Please list all other resources you have contacted below: N/A

6) Why was money from other resources not available - - or not able to cover all costs?

- 7) Describe how Endowment funds will support customers of ISK: *(please comment on all that apply in this situation):*
- (A) Positively impact the life of the individual(s) served:
-
- (B) Enable individual(s) to become more independent:
-
- (C) Improve the quality of life for the individual(s):
-
- (D) Improve the individual(s) integration into the community:
-

8) Please add any other information you feel is pertinent to this Endowment Funds application:



**ENDOWMENT FUND
EMERGENCY SPENDING APPLICATION**
*FOR USE BY ORGANIZATIONS WITHIN THE ISK SERVICE NETWORK
TO ADDRESS OTHERWISE UNMET AND UNFUNDED NEEDS*

CERTIFICATION

I certify that I am authorized to sign on behalf of the ISK contract organization / ISK Department that is making this application and that this is an accurate statement of anticipated expenditures from the ISK Endowment Fund to address otherwise unmet and unfunded needs.

Authorized Signature: _____ Date: _____

Please submit application to: ISK Endowment Fund / Customer Services
610 S Burdick Street
Kalamazoo MI 49007-5221

OR

email to communityrelations@iskzoo.org

if you have questions, please call (269) 364-6990

Date received: _____ Initials: _____ Application #: _____



ENDOWMENT FUND
FULL FISCAL YEAR
APPLICATION

For the use by organizations within the ISK Service Network

For Fiscal Year: _____

APPLICANT ORGANIZATION / DEPARTMENT INFORMATION

Name of Organization/ISK Department Applicant: _____

Street Address: _____

City: _____ Zip Code: _____ Phone: _____

Name of staff Applicant: _____

Email address _____

Name of person authorizing this application: _____

Email address: _____

Financial Report(s) will be due at the end of this fiscal year.
Details will be included with the approval letter as appropriate.

Name of the person who will be completing the Financial Report for this application: _____

Applicant? [] YES [] NO Authorizer? [] YES [] NO Other: _____

Email address: _____

PROPOSAL

1) What is being requested?
EACH APPROVED APPLICATION FOR A YEARLY GRANT ALLOTMENT IS MAXIMIZED AT \$5000 PER YEAR, PER AGENCY OR ISK DEPARTMENT

Please check all of the categories for which you intend to spend dollars awarded through his application. Each application may be for any/all of the listed categories. Additionally, while the dollars may be used for a variety of supports for individuals served by ISK, Endowment Funds are to be requested and used for situations in which no other funding is currently available. And, not to cover ISK service costs or replace any insurance coverage or community resource. Please note any individual customer may receive up to \$500 in assistance from the funds of this application.

[] Setting up or maintaining Independent Residence

[] Needs related to Competitive Employment Assistance

[] Crucial Healthcare Needs to enhance Community Living

[] Educational Support

[] Community Event (\$1000 or the \$5000 awarded can be spent to supports the costs of an event

2) Number of customers anticipated to be served by this award: _____
ISK Case #(s) will be required as part of the Fund Expenditure Report



ENDOWMENT FUND FULL FISCAL YEAR APPLICATION

For the use by organizations within the ISK Service Network

3) Written summary of the request and how the Endowment Funds will be used to meet identified needs:

4) **How much money is being requested from the Endowment fund?** _____

5) Describe how Endowment funds dollars will support customers of ISK (*please comment on all that apply in this situation*):

(A) Positively impact the life of the individual(s) served:

(B) Enable individual(s) to become more independent:

(C) Improve the quality of life for the individual(s):

(D) Improve the individual(s) integration into the community:

6) Please add any other information you feel is pertinent to this Endowment Funds application:



**ENDOWMENT FUND
FULL FISCAL YEAR
APPLICATION**

For the use by organizations within the ISK Service Network

CERTIFICATION

I certify that I am authorized to sign on behalf of the ISK-contract organization / ISK Department that is making this application and that this is an accurate statement of anticipated expenditures from the ISK Endowment Fund to address otherwise unmet and unfunded needs.

Authorized Signature: _____ Date: _____

Please submit ISK Endowment Fund / Customer Services
application to: 610 Burdick Street
Kalamazoo MI 49007-5221
OR
email to communityrelations@iskzoo.org

Date received: _____ Initials: _____ Application #: _____

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY V.11

AREA:	Governance		
SECTION:	Board Governance Process	PAGE:	1 of 4
SUBJECT:	CORPORATE COMPLIANCE AND RISK MANAGEMENT	SUPERSEDES:	11/24/2014 REVISED: 10/29/2019

PURPOSE/EXPLANATION

Integrated Services of Kalamazoo (ISK) is committed to identifying and complying with local, state and federal laws and regulations as they apply to health care delivery managed by ISK. The purpose of this policy is to authorize the establishment of a comprehensive Corporate Compliance Program, including an annual Risk Assessment and a Compliance Plan, designed to minimize risks associated with operational activities and service delivery.

DEFINITIONS**Corporate Compliance**

The mechanisms, including the written Compliance Program and Policies, training efforts, resources and activities that are collectively intended to prevent and detect unethical and/or illegal business practices and violations of law.

Corporate Compliance Program

The specific compliance principles, components and activities of ISK and its provider network. These include activities ISK performs both for itself as a healthcare management entity and as a service provider as well as for its provider network.

Risk Assessment

The US Sentencing Guidelines of 2004 listed elements of an “effective compliance program” include promotion of ethics and a commitment to compliance with ongoing risk assessment as part of the program. Annual Risk Assessment information will include input from ISK leadership. The objectives of the annual ISK Risk Assessment are as follows:

1. Enhance ISK’s compliance and ethics program to meet internal and external requirements and “best practices”.
2. Identify and prioritize risks/gaps and monitor/review performance against requirements.
3. Meet US Sentencing Guidelines for “risk assessment” and other requirements
4. Inform the Annual Corporate Compliance Plan.

Corporate Compliance Plan

The Annual Corporate Compliance Plan include goals and objectives based on current themes gleaned from the Annual Risk Assessment. It is presented to the Board each year

for approval with progress reported at least every six months.

Seven Elements of an Effective Compliance Program

The US Sentencing Guidelines of 2004 listed seven elements of an effective compliance program, which have become the benchmark for corporate compliance. The seven elements are as follows:

1. Implementing written policies, procedures, and standards of conduct
2. Designating a compliance officer and compliance committee
3. Conducting effective training and education
4. Developing effective lines of communication
5. Conducting internal monitoring and auditing
6. Enforcing standards through consistent, well-publicized guidelines
7. Responding promptly to detected offenses and undertaking corrective action

POLICY

- I. ISK is dedicated to the delivery of behavioral health services in an environment characterized by strict conformance with the highest standards of accountability for administrative, business, clinical, financial and marketing management.
- II. The leadership of ISK shall be fully:
 - A. Aware of and committed to the need to prevent and detect fraud, waste, abuse, fiscal mismanagement and misappropriation of funds and to the strict adherence of all federal and state laws, rules and regulations through the development and implementation of a formal Corporate Compliance Program that addresses all required elements promulgated by the Michigan Department of Health and Human Services/Office of Inspector General (MDHHS/OIG) for an effective Compliance Program.
 - B. Committed to the development and implementation of comprehensive policies, procedures and other corporate compliance measures to provide regular monitoring and conformance with all legal and regulatory requirements.
- III. All persons who provide services within, or are formally affiliated with ISK (e.g., officers/board members, employees, consultants, volunteers, students, internal contractors, agents, etc.) must sign an attestation agreeing to conduct themselves in a manner that promotes the ISK Mission/Vision and Code of Ethics. All are expected to abide by the ISK Compliance Program and immediately report suspected compliance issues to the ISK Compliance Officer.
- IV. With respect to the delivery of services to those affected with mental illness, emotional disturbance, co-occurring substance use disorder and developmental disabilities, the Chief Executive Officer shall not cause or allow conditions which are not in strict conformance with laws and regulations governing administrative, business, clinical,

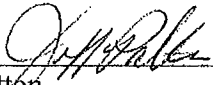
financial and marketing practices. The Chief Executive Officer shall not fail to create and implement a comprehensive Corporate Compliance Program and a Risk Management Plan that includes ongoing risk assessment activities.

- V. Accordingly, he/she shall not fail to:
- A. Reduce the agency's likelihood of exposure to identified risks.
 - B. Comply with the mandated federal and state regulations
 - C. Prevent and detect fraud, abuse, fiscal mismanagement and misappropriation of funds (corporate compliance program).
 - D. Respond to events that could pose a risk to the ISK.
- VI. The ISK Board of Directors shall delegate, by formal resolution or policy, the overall responsibility for ISK Compliance Program to its Chief Executive Officer (CEO). The CEO shall ensure the retainment of a Compliance Officer (CO) capable of managing the functions of the Compliance Office as contained in this policy guideline and other ISK operating policies.
- VII. The ISK Board of Directors shall be notified in writing prior to any change in the Compliance Officer's role, capacity or employment status.
- VIII. Implementation and effectiveness of the corporate compliance and risk management strategies shall be monitored internally at a minimum, quarterly by the Compliance Committee. Additionally, necessary recommendations for actions shall be made to the Chief Executive Officer and/or the Board Members.

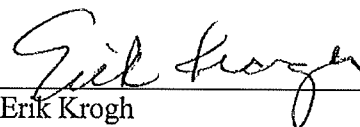
REFERENCES

- Federal Laws
 - a. Deficit Reduction Act, United States Code, Vol. 42, Sec. 1396a (a)(68) (Section 6032 of the Deficit Reduction Act of 2005)
 - b. False Claims Act, United States Code, Vol. 31, Secs. 3729-3733
 - c. Program Fraud and Civil Remedies Act, United States Code, Vol. 31, Secs. 3801-3812 (Program Fraud Civil Remedies Act of 1986)
 - d. Anti-Kickback Statute
 - e. United States Organizational Sentencing Guidelines (1991)
 - f. Stark Laws I (1989) and Stark Laws II (1993)
 - g. Health Insurance Portability and Accountability Act of 1996 (HIPAA)
 - h. Balance Budget Act of 1997 (BBA)
 - i. Social Security Act, specifically 1903(m)(95)(i)
 - j. Affordable Care Act (Public Law 111-148; 111-152 of 2010)
 - k. Whistleblowers Protection Act of 1980

- l. HITECH Act of 2009
 - m. 42 CFR, Parts 400 and 438 (Balanced Budget Act)
 - n. 45 CFR Part 164 (Health Information Portability and Accountability Act)
- Michigan Laws
- a. Medicaid False Claims Act, Michigan Compiled Laws, Annotated Sections 400.601-613
 - b. HIPAA Privacy Rule Preemption Analysis Matrix for the Michigan Medical Records Access Act, Public Act 47 of 2004 (revised 11/04)
 - c. Michigan Mental Health Code, PA 258, as amended
 - d. Michigan Public Health Code, PA 368, as amended
- Michigan Department of Health and Human Services (MDHHS)
- a. MDHHS/PIHP Medicaid Managed Specialty Supports and Services Contract – Section 6.9 Regulatory Management
 - b. MSA-Medicaid Provider Manual
 - c. MDHHS: Application for Participation, Section 4.0
- PIHP
- a. Southwest Michigan Behavioral Health Compliance Program
 - b. Southwest Michigan Behavioral Health Policy
 - i. 10.2 (Compliance Policy Development)
 - ii. 10.3 (Code of Conduct Distribution and Training)
 - iii. 10.4 (Compliance Oversight Committee)
 - iv. 10.5 (Compliance Education and Training)
 - v. 10.6 (Compliance Reporting and Responsibilities)
 - vi. 10.7 (Compliance Auditing and Monitoring)
 - vii. 10.8 (Compliance Reviews and Investigations for Reporting)
 - viii. 10.9 (Compliance Enforcement and Discipline)
 - ix. 10.11 (Fraud and Abuse)

CHIEF EXECUTIVE OFFICER

Jeff Patton
Chief Executive Officer

APPROVED

Erik Krogh
Board Chair



Community • Independence • Empowerment

Jeffrey W. Patton
Chief Executive Officer

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

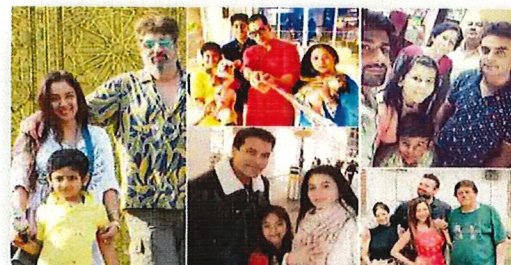
Training

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

Date: 11/28/2022
To: Jeff Patton & the ISK Board of Directors
From: Family Support Advisory Council (FSAC)
RE: Family Support Advisory Council Annual Report (10/01/21-9-30/22)

FSAC Advisory Committee:

Chair: Antionette Sandum
Co-Chair: Kathy Hunt
Member: Paula Shane
Member: Kimberly Whittaker
Tina Ellis: Member pending Board approval
Emily Curtis: Member pending Board approval



The Family Support Advisory Council (FSAC) is pleased to submit this annual report. FSAC conducted 11 Council meetings during the past year. FSAC has an active committee membership of 6.

Highlights of tasks completed included:

1. Held 11 monthly meetings.
2. Reviewed and made recommendations to the ISK list of acronyms, recommendations were accepted and included.
3. Participated on the Annual System of Care Conference Planning Committee.
4. Attended the 2021 Annual System of Care Conference.
5. Created a plan to send quarterly information to primary clinicians on FSAC.
6. Reviewed and discussed plans for a Behavioral Health Urgent Care building and program.
7. Reviewed plan for a Request for Proposals for Respite, Skill Building and Community Living Services. FSAC defined the need as "critical, urgent".
8. Participated in an RFP focus group for Respite, Skill Building, and Community Living Services.
9. Discussed support groups through ASK and reviewed how they market the groups.
10. Appointed new Chair and Co-Chair
11. Received information on 2 grants for Juvenile Justice intervention, one of which was awarded.
12. Reviewed and approved Bylaws.
13. Recommended use of QR codes where possible as it makes it easy for families to access information.
14. Re-established in person meeting.
15. Planned and implemented an Overdose Training by the COPE Network for families and the ISK network.
16. Provided input on prioritized needs for the ISK Youth and Family Budget (respite, cls, family support partners).
17. Received a report on the System of Care Development and Planning.

Respectfully submitted,
Family Support Advisory Council



Community • Independence • Empowerment

Corporate Compliance Program

Ashley Esterline, LMSW, CHC
ISK Corporate Compliance Officer

PURPOSE

ISK is committed to identifying and complying with local, state, and federal laws and regulations as they apply to health care delivery. The Annual Report provides stakeholders, the Board of Directors, Network Providers and other interested parties with a summary of the effectiveness of the Compliance Program as it pertains to the functions and activities carried out during FY22 (October 1, 2021 through September 30, 2022) and plan for FY23 (October 1, 2022-September 30, 2023).

PROGRAM PURPOSE

The ISK Compliance Program is designed to provide safeguards to ensure the agency's and the Provider Network's compliance with laws and regulations relating to regulatory compliance, including fraud, waste, and abuse.

The purposes of the Corporate Compliance Program are as follows:

- To prevent noncompliance with applicable laws, whether accidental or intentional;
- To detect any noncompliance which may occur;
- To ensure the discipline of individuals and entities when involved in noncompliance, including the sanctions and/or disbarment when warranted; and
- To prevent the reoccurrence of noncompliance

The scope of the Compliance Program extends to all activities funded by federal healthcare dollars. Each Board Member, Officer, employee, Provider, contractor, subcontractor and/or agent operating within the Provider Network is expected, through its direct employment or contractual involvement in the Provider Network, to comply with ISK compliance activities.

PROGRAM DESIGN

ISK's Compliance Program is structured around technical guidance issued by the Michigan Department of Health and Human Services (MDHHS), the Office of the Inspector General (OIG), as well as the Department of Justice (DOJ) and operates with core management centralized in the Compliance Committee.

The key components of the Compliance Program are as follows:

- **Corporate Compliance Officer**
The Corporate Compliance Officer (CCO) operates under the authority of the ISK Board of Directors and has unobstructed access to the Chief Executive Officer (CEO). The CCO is responsible for the development of the Compliance Program, completing inquiries/investigations, facilitation of financial remediation and developing staff/stakeholder trainings.

- **Compliance and Quality Improvement Coordinator**
 The Compliance and Quality Improvement Coordinator supports the Corporate Compliance Officer through assigned responsibilities related to the implementation of the ISK Corporate Compliance Program and annual Corporate Compliance Plan. The Compliance and Quality Improvement Coordinator completes inquiries/investigations in conjunction with the Corporate Compliance Officer, supports the ISK Risk Management Program, and assists in the development and monitoring of the annual Risk Management Plan
- **PHI Integrity Team**
 The PHI Integrity Team (PHIIT) consists of the Corporate Compliance Officer, Compliance and Quality Improvement Coordinator, Administrator of System Performance and Programs, HIPAA Security Officer, HIPAA Privacy Officer, Michigan Mental Health Code (MMHC) expert, Health Information Manager and Director of Human Resources. This team monitors, reviews, and processes reported breaches, HIPAA violations and mitigates privacy concerns impacting the agency.
- **Compliance Committee**
 The Compliance Committee has representatives from the major departments within the agency (e.g., finance, clinical, quality, information technologies, Office of Recipient Rights and Administration) and serves as the oversight committee for compliance-related activities.
- **Annual Plan**
 The Annual Compliance Plan, which is reviewed and approved by the Board of Directors, contains the main areas of focus, goals, and compliance improvement activities to be undertaken either by the Corporate Compliance Officer, Compliance Committee, PHI Integrity Team and/or Network Providers.
- **Semi-Annual Plan**
 This report summarizes the effectiveness of the Compliance Program including a summary of all compliance inquiries, investigations, goal attainment, monitoring, program development, and improvement activities over the last six months.

PROGRAM ELEMENTS

To maintain an effective Compliance Program, ISK engages in seven (7) core functions on an on-going basis.

Program Elements are summarized as follows:

- **Assessment of Risk and Establishing Audit Priorities**
 The CCO is responsible for ensuring that practices within ISK and its contracted service providers are conducted so that the risk of fraud, waste, and abuse is understood and minimized.

- **Monitoring, Audits, and Investigations**

The CCO, with assistance from the Compliance Committee and PHI Integrity Team, monitors the results of both internal and external audits for the purpose of identifying potential risk areas and recommending appropriate follow-up measures.
- **Policy and Procedure Review, Revision and Development**

Policies and procedures are subject to initial and ongoing organizational assessment. Areas of high risk are reviewed and revised by the Corporate Compliance Officer with the input of the Compliance Committee and other resources in order to augment and strengthen provisions to ensure they are consistent with law and regulation.
- **Prevention Activities: Training of Staff and Dissemination of Information Regarding Corporate Compliance Program and Expectations**

The Compliance and Quality Improvement Coordinator conducts initial orientation and ongoing training activities with staff and Providers which ensure all employees receive the necessary information and training on Corporate Compliance.
- **Detection Activities**

The system for detecting noncompliance has two components. The first is auditing and reviews conducted by ISK staff of the Provider Network and internal services. The second is a mechanism for confidential reporting of suspected fraud, waste, or abuse by employees, contract Providers and agents. All staff must know that failure to report suspected fraudulent behavior is unethical and thus itself is noncompliant with agency expectations. Allegations made will be held in confidence, to the limit allowed by law, and staff will not be penalized for reporting suspected incidents. A fair and objective investigation of all allegations will be conducted prior to any action taken by the CCO.
- **Investigation, Disciplinary Activity, Disclosure Activities**

The Corporate Compliance Officer undertakes investigative activities when a preliminary review of audit and monitoring data or a report of suspected noncompliance indicates reasonable cause to suspect noncompliance is occurring. Should an investigation determine noncompliance, effective corrective measures and reporting action is taken, including necessary disciplinary steps.
- **Assessment and Evaluation**

The annual assessment and evaluation of the Compliance Program determines whether the required elements have been implemented as well as whether activities have resulted in meeting the goals established.

ANNUAL REPORT SUMMARY

The remaining sections of the Compliance Annual Report details the monitoring function, results, compliance investigations results, plan status (goal status, outcomes and deliverables) and Compliance Plan focus areas with goals for FY23.

Contained in this report are the following attachments:

- FY22 Compliance and Risk Management Status Report
- FY23 Compliance Plan with Goals and Objectives

INTEGRATED SERVICES OF KALAMAZOO COMPLIANCE PLAN

FY 23 – GOALS / OBJECTIVES

#	GOAL	OBJECTIVES / ACTION STEPS	MEASURES
1	ISK will sustain strong direct run and Provider Network programming with fiscal responsibility and sustainability to ensure direct run programs and Provider Network are providing high quality care and consistently meeting compliance standards.	<ol style="list-style-type: none"> ISK will monitor and address areas of poor performance and low utilization. Monitoring will include follow-up, utilization management reviews, corrective action, and sanctioning as necessary. Concurrent collaboration with Leadership to mitigate risk as needed will occur Compliance Officer will assess and identify at-risk and/or new services and programs. Meetings will be held with program staff to review procedures, standards, and protocols to ensure compliance ISK will maintain fiscal responsibility and sustainability to ensure direct operated programs and Provider Network are sustainable and operational in times of crisis and need 	<ol style="list-style-type: none"> Identify changes to organizational and clinical practices through data mining of high/low utilizers of identified services with strong focus on mitigating potential for fraud, rate, and abuse Number of training opportunities, educational communications, and support provided during FY will increase Number of direct-operated programs and Provider Network agencies who communicate financial insecurity or request additional resources to provide services will decrease
2	ISK will remain involved in the oversight, monitoring, and implementation of changes to rules/regulations pursuant to the COVID Public Health Emergency (PHE).	<ol style="list-style-type: none"> Ongoing involvement in state-level workgroups to obtain updates to rules/regulations and inform direct-operated programs and Provider Network of upcoming changes Timely response to changes in policies, procedures, rules, and regulations evidenced through communications, updated ISK policies, and continuous oversight and monitoring ISK will create and implement a monitoring plan to identify direct-operated programs and/or Provider Network agencies who may fall out of compliance with updates to changes related to the end of the PHE 	<ol style="list-style-type: none"> Formal quarterly updates from workgroup members to appropriate committees with implementation of ISK sub-workgroups and Corporate Compliance as necessitated Number of QMRs identifying direct-operated programs and/or Provider Network agency compliance with updated rules/policies, codes/modifier reporting Establish monitoring plan of revised policies/procedures related to the end of PHE by December 31, 2022. Successful implementation of monitoring plan and follow-up as needed
3	ISK will monitor and identify high-risk areas related to the establishment of the KARE electronic health record to successfully mitigate fraud, waste, and abuse.	<ol style="list-style-type: none"> ISK Compliance Officer and Provider Network Managers will work to oversee overlapping services in the KARE system and determine potential areas of risk affecting ISK or Provider Network Utilize MDHHS Code Chart guidance to ensure internal controls are in implemented to disallow overlap in specific supports/services Mitigate fraud, waste, and abuse through monitoring and investigation of high-risk programming and ensure follow-up is reflective of training, education, and guidance of compliant documentation and reporting of services and encounters 	<ol style="list-style-type: none"> Identify services/codes within the KARE system that pose significant risk to ISK and Provider Network by December 31, 2022. Identify subject matter code expert to ensure at-risk codes and services are operating in accordance and compliance with MDHHS Code Chart Development of Compliance Monitoring Plan and implementation of targeted audits for identified services/codes at high risk for fraud, waste and abuse

INTEGRATED SERVICES OF KALAMAZOO COMPLIANCE PLAN

FY 23 – GOALS / OBJECTIVES

#	GOAL	OBJECTIVES / ACTION STEPS	MEASURES
4.	ISK will strengthen policies and procedures to mitigate potential and actual HIPAA breaches caused by impermissible use or disclosure of Protected Health Information (PHI)	<ol style="list-style-type: none"> 1. ISK Compliance Committee and ISK PHI Integrity Team will work in tandem to identify and mitigate any potential or actual cyber security attacks, phishing attempts, and/or breaches of information as they are discovered. 2. Multi-factor authentication will be expanded across the ISK workforce. 3. Continuous user education and training opportunities will be offered to ISK workforce to inform of the dangers of cyber security attacks and their implications for clients, staff, and stakeholders. 	<ol style="list-style-type: none"> 1. ISK's PHI Integrity Team will meet monthly to review submission of suspected and actual breaches. Privacy Officer will complete Breach Risk Assessment to determine reportable breaches to DHHS. 2. Additional systems will have MFA implemented and deployed across ISK workforce by September 30, 2023. 3. The number of staff members clicking on phishing e-mails and potentially exposing client PHI will decrease by half by September 30, 2023.

Corporate Compliance / Risk Management Q4 Report FY22

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

Brief Report Overview:	Contained in this Status Report is a summary of the Compliance Program's goals and activities for FY22 as of October 1, 2022.		
Current Committee goals and deliverables per work plan	<p style="text-align: center;"><u>Project Goal/Task</u></p> <ol style="list-style-type: none"> Identifying and mitigating fraud, waste, and abuse trends and risks for Direct-Operated and Provider Network Services. 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. Code/Modifier Changes. ISK will remain involved in the oversight and implementation of changes to rules/regulations pursuant to updated codes, modifiers and post-COVID telehealth allowances. Mitigating fraud, waste, and abuse trends and risks for high-risk areas. ISK will continue to monitor and identify high risk areas of programming to ensure Fraud, Waste, and Abuse are detected and effectively assuaged. 	<p style="text-align: center;"><u>Status:</u></p> <ol style="list-style-type: none"> During Q4, in the process of establishing FY23 contracts, ISK Contracts and Finance Departments worked to identify gaps in service delivery related to fiscal hardships. ISK Finance in collaboration with the Milliman/Standard Cost Allocation process increased provider rates by 5% and 15% for non-DCO and DCO services, respectively, to ensure Provider Network sustainability in the next fiscal year. ISK Contracts and Finance Departments continued ongoing discussions for Providers to ensure ongoing fiscal sustainability for FY23 and beyond. Potential changes to reporting and program designs are being discussed. 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. Corporate Compliance worked closely with ISK IT Department to ensure allowances pursuant to COVID telehealth policies were maintained in the new electronic health record. Compliance continues to work with programs/Providers that pose high risk of fraud, waste, or abuse trends. ISK's internal utilization management (UM) workgroup revisited records of individuals receiving Applied Behavior Analysis (ABA) services. UM workgroup determinations continue to ensure that ABA services are appropriately authorized and rendered in a manner that adheres to individuals' medical necessity. 	

Corporate Compliance / Risk Management

Q4 Report

FY22

	<p>4. Monitoring heightened risk of PHI Breaches. 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. Internal teams continue to meet monthly on breach status and update policies/procedures. Multi-factor authentication is operational agency wide and is being implemented for the utilization of the new electronic health record effective October 1, 2022. Privacy Officer is completing a Privacy Workplan as part of a gap analysis for PHI safeguarding. Beach Risk Analysis tool and process is being reviewed and implemented for reportable breaches.</p>
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INTEGRATED
SERVICES OF
KALAMAZOO



Period Ended
October 31, 2022

Monthly Finance
Report

INTEGRATED SERVICES OF KALAMAZOO

Statement of Net Position

October 31, 2022

	October 2021 (unaudited)	October 2022
Assets		
Current assets		
Cash and investments	\$ 30,083,851	\$ 34,567,436
Accounts receivable	7,136,388	4,894,020
Due from other governments	407,670	1,037,852
Prepaid items	842,440	1,100,034
Total current assets	<u>38,470,349</u>	<u>41,599,341</u>
Non-current assets		
Capital assets, net of accumulated depreciation	9,244,857	9,350,350
Net pension asset, net of deferred outflows	5,722,229	5,722,229
Total non-current assets	<u>14,967,086</u>	<u>15,072,579</u>
Total assets	<u>53,437,435</u>	<u>56,671,919</u>
Liabilities		
Current liabilities		
Accounts payable	\$ 6,307,179	\$ 8,737,249
Due to other governments	12,091,626	13,694,476
Due to providers	924,418	924,418
Accrued payroll and payroll taxes	1,150,750	1,528,011
Unearned revenue	208,906	342,240
Total current liabilities	<u>20,682,879</u>	<u>25,226,394</u>
Non-current liabilities		
Long-term debt	4,414,742	4,415,002
Total liabilities	<u>25,097,621</u>	<u>29,641,395</u>
Net position		
Designated	15,242,325	15,242,325
Undesignated	5,323,673	5,323,673
Investment in fixed assets	4,841,804	4,841,804
Previous year close	-	-
Net gain (loss) for period	2,932,012	1,622,722
Net position	<u>\$ 28,339,814</u>	<u>\$ 27,030,524</u>

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INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2022 through October 31, 2022

Percent of Year is 8.33%

	Original 2023 BUDGET	YTD Totals 10/31/22	Remaining Budget	Percent of Budget - YTD
Operating revenue				
Medicaid:				
Traditional Capitation	\$ 62,584,607	\$ 5,833,103	\$ 56,751,504	9.32%
Healthy Michigan Capitation	10,155,033	1,064,619	9,090,414	10.48%
Autism Captiation	5,722,701	466,221	5,256,480	8.15%
Settlement	(11,458,363)	(2,020,808)	(9,437,555)	0.00%
State General Fund:				
Formula Fundings	3,900,517	325,043	3,575,474	8.33%
PY General Fund Carryforward	-	-	-	0.00%
Settlement	-	-	-	0.00%
CCBHC Demonstration	33,381,000	639,800	32,741,200	0.00%
CCBHC Accrual	-	2,671,343	(2,671,343)	0.00%
County Allocation	1,550,400	129,200	1,421,200	8.33%
Client Fees	429,500	13,869	415,631	3.23%
SUD Block Grant	-	9,330	(9,330)	0.00%
Other grant revenue	7,133,667	758,095	6,375,572	10.63%
Other earned contracts	1,130,318	79,402	1,050,916	7.02%
COFR	-	-	-	0.00%
Interest	-	-	-	0.00%
Local revenue	10,000	50	9,950	0.00%
Total operating revenue	\$ 114,539,380	\$ 9,969,266	\$ 104,570,114	8.70%
Operating expenses				
Salaries and wages	24,113,672	1,811,528	\$ 22,302,144	7.51%
Employee benefits	8,670,498	194,070	8,476,428	2.24%
Staff development	223,625	10,980	212,646	4.91%
Payments to providers	68,968,243	5,591,477	63,376,766	8.11%
Administrative contracts	7,789,466	614,266	7,175,200	7.89%
IT software and equipment	765,010	29,673	735,337	3.88%
Client transportation	29,260	1,050	28,210	3.59%
Staff travel	316,812	8,960	307,852	2.83%
Office expenses	415,023	37,549	377,474	9.05%
Insurance expense	97,505	1,778	95,727	1.82%
Depreciation expense	560,142	16,440	543,702	2.94%
Utilities	306,573	25,864	280,709	8.44%
Facilities	124,379	2,910	121,469	2.34%
Prior year adjustment	-	-	-	0.00%
Total operating expenses	\$ 112,380,208	\$ 8,346,544	\$ 104,033,664	7.43%
Change in net position	2,159,172	1,622,722	\$ 536,450	
Beginning net position	25,407,802	25,407,802		
Ending net position	\$ 27,566,974	\$ 27,030,524		

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INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2022 through October 31, 2022

Percent of Year is 8.33%

	Specialty Services		Healthy Michigan		Autism		SUD Block Grant		Totals		
	YTD Totals 10/31/22	Budget	YTD 10/31/22	YTD Totals 10/31/22	YTD 10/31/22	YTD Totals 10/31/22	YTD 10/31/22	YTD Totals 10/31/22	YTD 10/31/22	YTD Totals 10/31/22	Variance
Operating revenue											
Medicaid:											
Traditional Capitation	\$ 5,215,676	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,215,676	\$ 5,842,433	\$ 626,757
Healthy Michigan Capitation	-	846,253	1,064,619	1,064,619	-	-	-	-	846,253	1,064,619	218,366
Autism Capitation	-	-	476,892	476,892	466,221	466,221	-	-	476,892	466,221	(10,671)
Settlement Estimate	(542,344)	(453,670)	(750,415)	(750,415)	41,151	64,556	(9,330)	(9,330)	(954,864)	(2,020,808)	(1,065,945)
Client Fees	35,500	-	-	-	-	-	-	-	35,500	13,869	(21,631)
Total operating revenue	\$ 4,708,831	\$ 392,583	\$ 314,204	\$ 314,204	\$ 518,043	\$ 530,777	\$ -	\$ (0)	\$ 5,619,457	\$ 5,366,334	\$ (253,123)
Operating expenses											
Internal services	\$ 258,164	\$ 14,405	\$ 9,375	\$ 9,375	\$ -	\$ -	\$ -	\$ -	\$ 272,569	\$ 106,625	\$ (165,945)
External services	4,201,176	357,377	288,591	288,591	490,595	503,347	-	-	5,049,148	4,982,380	(66,768)
Delegated managed care	249,491	20,801	16,238	16,238	27,448	27,430	-	-	297,740	277,330	(20,409)
Total operating expenses	\$ 4,708,831	\$ 392,583	\$ 314,204	\$ 314,204	\$ 518,043	\$ 530,777	\$ -	\$ -	\$ 5,619,457	\$ 5,366,335	\$ (253,122)
Change in net position	-	(0)	(1)	(0)	-	(0)	-	(0)	-	(0)	(1)

INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2022 through October 31, 2022

Percent of Year is 8.33%

	State General Fund		CCBHC		Other Funding Sources		Totals	
	YTD Budget	YTD Totals 10/31/22	YTD Budget	YTD Totals 10/31/22	YTD Budget	YTD Totals 10/31/22	YTD Budget	YTD Totals 10/31/22
Operating revenue								
General Fund	\$ 325,043	\$ 325,043	\$ -	\$ -	\$ -	\$ -	\$ 325,043	\$ 325,043
Projected GF Carryforward	-	-	-	-	-	-	-	(0)
CCBHC Demonstration	-	-	2,781,750	3,311,142	-	-	2,781,750	3,311,142
Other Federal and State Grants	-	-	-	-	594,472	758,095	594,472	758,095
Earned Revenue	-	-	-	-	94,193	79,402	94,193	79,402
COFR Revenue	-	-	-	-	-	-	-	-
Interest	-	-	-	-	-	-	-	-
County Allocation	-	-	-	-	129,200	129,200	129,200	129,200
Local Revenue	-	-	-	-	833	50	833	50
Transfer from GF	-	-	-	-	188,482	172,607	188,482	172,607
Settlement Revenue (Expense)	-	-	-	-	-	-	-	-
Total operating revenue	\$ 325,043	\$ 325,043	\$ 2,781,750	\$ 3,311,142	\$ 1,007,180	\$ 1,139,354	\$ 4,113,973	\$ 4,775,539
Operating expenses								
Internal Programs	\$ -	\$ 63,827	\$ 1,908,143	\$ 1,249,982	\$ -	\$ -	\$ 1,908,143	\$ 1,313,809
External Programs	98,918	50,479	550,815	460,008	42,428	42,065	692,161	552,552
Other Federal and State Grants	-	-	-	-	708,347	814,961	708,347	814,961
HUD Grants	-	-	-	-	136,181	84,659	136,181	84,659
Managed Care Administration	5,534	6,229	137,574	93,188	3,261	2,292	146,369	101,709
Homeless Shelter	-	-	-	-	36,396	25,349	36,396	25,349
Transfer from GF	188,482	172,607	-	-	-	-	188,482	172,607
Local match expense	-	-	-	-	106,248	85,135	106,248	85,135
Non-DCH Activity Expenditures	-	-	-	-	11,716	2,034	11,716	2,034
Total operating expenses	\$ 292,934	\$ 293,142	\$ 2,596,532	\$ 1,803,178	\$ 1,044,576	\$ 1,056,496	\$ 3,934,042	\$ 3,152,816
Change in net position	32,109	31,901	185,218	1,507,965	(37,396)	82,858	179,931	1,442,792

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INTEGRATED SERVICES OF KALAMAZOO

■ CCBHC

October 1, 2022 through October 31, 2022
 Percent of Year is 8.33%

	CCBHC Medicaid	CCBHC Healthy MI	CCBHC Non-Medicaid	CCBHC YTD Totals
Operating revenue				
Prepayment	\$ 639,800	\$ -	\$ -	\$ 639,800
Remaining CCBHC revenue due	2,109,463	561,880	-	2,671,343
Total CCBHC Revenue (PPS-1 of \$445.73 x encounters)	\$ 2,749,263	\$ 561,880	\$ -	\$ 3,311,142
Operating expenses				
Internal services	\$ 1,339,103	\$ 273,679	\$ 97,209	\$ 1,709,990
DCO Contracts	72,976	14,914	5,297	93,188
Total operating expenses	\$ 1,412,078	\$ 288,593	\$ 102,506	\$ 1,803,178
Operating change in net position	1,337,184	273,287	(102,506)	1,507,965
Reclassification to cover Non-Medicaid	(102,506)	-	102,506	-
Total change in net position	1,234,678	273,287	-	1,507,965

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COMMUNITY INPATIENT SERVICES

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

UTILIZATION COMPARISONS FY 22/23											
MONTH	FY 21/22 Actual		FY 22/23 Budget		FY 22/23 Actual		Days Difference Favorable (Unfavorable)	Cost Difference Favorable (Unfavorable)	Cost YTD Favorable (Unfavorable)		
	Days	Dollars	Days	Dollars	Days	Dollars					
OCTOBER	389	\$379,663	522	\$539,961	581	\$598,540	(59)	(\$58,579)	(\$58,579)		
NOVEMBER	455	\$443,250	522	\$539,961							
DECEMBER	535	\$517,204	522	\$539,961							
JANUARY	540	\$522,941	522	\$539,961							
FEBRUARY	475	\$463,341	522	\$539,961							
MARCH	563	\$547,137	522	\$539,961							
APRIL	497	\$512,447	522	\$539,961							
MAY	504	\$483,973	522	\$539,961							
JUNE	597	\$575,505	522	\$539,961							
JULY	587	\$574,198	522	\$539,961							
AUGUST	522	\$510,177	522	\$539,961							
SEPTEMBER	608	\$595,064	522	\$539,961							
TOTALS	6,272	\$6,124,902	6,268	\$6,479,535	581	\$598,540	(59)	(\$58,579)			
MONTHLY AVERAGES	523		522		581						
GROSS ANNUAL COST		\$6,124,902		6,479,535		\$598,540		(\$58,579)			

Favorable/(Unfavorable): Total **(\$58,579)**

**COMMUNITY LIVING SUPPORTS (CLS), PERSONAL CARE (PC) & CRISIS RESIDENT
ALL POPULATIONS**

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

SERVICE	AVG.			FY 22/23 Budget		FY 22/23 Actual	
	Month	Daily Rate	No. Served	Days of Service	Dollars	Dollars	Favorable / (Unfavorable)
PC/CLS	Oct	\$244	354	10,974	\$2,742,094	\$2,673,087	\$69,007
CRISIS RES.	Oct	\$426	3	49	\$78,243	\$20,861	\$57,382
CLS (SIP)	Oct	NA	239		\$987,884	\$983,558	\$4,326

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.



Community • Independence • Empowerment

Integrated Services of Kalamazoo MOTION

Subject:	October 2022 Disbursements	Approval Date:
Meeting Date:	November 28, 2022	November 28, 2022
Prepared by:	Charlotte Bowser	

Recommended Motion:

“Based on the Board Finance meeting review, I move that ISK approve the October 2022 vendor disbursements of \$8,542,540.26.”

Summary of Request:

As per the October 2022 Vendor Check Register Report dated 11/7/2022 that includes checks issued from 10/01/2022 to 10/31/2022.

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: **November 28, 2022**



Community • Independence • Empowerment

Integrated Services of Kalamazoo MOTION

Subject:	Authorizing Charlotte Bowser to conduct ISK Banking	Approval Date:
Meeting Date:	November 28, 2022	<u>November 28, 2022</u>
Prepared by:	Jeff Patton	

RECOMMENDED MOTION:

“I MOVE APPROVAL AND AUTHORIZATION FOR CHARLOTTE BOWSER, ISK, DIRECTOR OF FINANCE, TO CONDUCT ISK BANKING AT INDEPENDENT BANK FOR THE TRANSFER OF \$1,015,035.20 INTO CDAR SERVICES AND TO BECOME THE AUTHORIZED SIGNER FOR FUTURE BUSINESS. ALSO, REMOVE HEATHER GARCIA FROM ALL ISK RECORDS AT INDEPENDENT BANK.”

SUMMARY OF REQUEST:

Heather Garcia was the former ISK, Director of Finance, and the Authorized Signer to conduct all ISK banking business at Independent Bank.

Budget: _____
Staff: _____

Date of Board
Consideration: November 28, 2022



Integrated Services of Kalamazoo MOTION

Subject:	Family Support Advisory Council	Approval Date:
Meeting Date:	November 28, 2022	<u>November 28, 2022</u>
Prepared by:	Patricia Weighman	

Recommended Motion:

“I move to accept the appointment for the following individual:

- Emily Ann Curtis
- Tina Ellis

to the Integrated Services of Kalamazoo Family Support Advisory Council for Families with Youth who have a Serious Emotional Disturbance.”

Summary of Request:

The ISK Family Support Advisory Council for Parents of Youth with Serious Emotional Disturbances and Substance Use Disorders advises the ISK Board on issues affecting families of youth with severe emotional disturbance and recommends changes that can help families more. FSAC works to improve the System of Care for youth with SED.

The FSAC Advisory Council welcomes parents of youth with severe emotional disturbance, behavioral challenges, or substance abuse disorders.

Budget:	<u>FY22/23</u>
Staff:	<u>Patricia Weighman</u>
Date of Board Consideration:	<u>November 28, 2022</u>