



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

AGENDA

INTEGRATED Services of Kalamazoo Board of Directors HAS SCHEDULED ITS MEETING FOR MONDAY, May 22, 2023, BEGINNING @ 4:00PM via *Microsoft TEAMS* or in-person at 610 S. Burdick Street/Kalamazoo, MI., (2nd Floor/Board Conference Room).

- I. CALL TO ORDER - CITY & COUNTY DECLARATION
- II. AGENDA
- III. CITIZEN TIME
- IV. RECIPIENT RIGHTS
 - a. Recipient Rights Monthly Report
- V. PROGRAM SERVICES REPORT
 - a. Program Services Report – *David Anderson*, ISK, Director of Facilities & Housing Resource Center
- VI. CONSENT CALENDAR/VERBAL MOTION
 - a. MINUTES (*April 24 & May 4, 2023*)
 - b. Board Member Responsibilities (Policy)
 - c. Input from Stakeholders (Policy & Report)
 - d. Accessibility (Policy)
- VII. FINANCIAL REPORTS
 - a. Financial Condition Report
 - b. Utilization Report
 - c. *April 2023* Disbursements/**MOTION**
- IX. CHIEF EXECUTIVE OFFICER REPORT/VERBAL
 - a. CEO Report
- X. CITIZEN TIME
- XI. BOARD MEMBER TIME
 - a. SWMBH (Southwest Michigan Behavioral Health) Updates/*Erik Krogh*
 - b. Appointment of a Board Election Committee/*Chair Longanecker*
- XII. ADJOURNMENT

IV.a.

Office of Recipient Rights
Report to the Mental Health Board
On Complaints/Allegations
Closed in: April 2023

Office of Recipient Rights Report to the Mental Health Board
Complaints/Allegations Closed in April 2023

	April 2023	FY 22-23	April 2022	FY 21-22
Total # of Complaints Closed	29	234	36	245
Total # of Allegations Closed	48	399	56	410
Total # of Allegations Substantiated	12	131	14	125

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	April 2023		April 2022	
Category	TOTAL	SUBSTANTIATED	TOTAL	SUBSTANTIATED
Consumer Safety	4	0	1	0
Dignity/Respect of Consumer	8	2	11	0
Treatment Issues/Suitable Services (Including Person Centered Planning)	14	2	15	4
Abuse I	0	0	0	0
Abuse II	2	0	2	2
Abuse III	4	1	3	2
Neglect I	0	0	0	0
Neglect II	2	1	2	2
Neglect III	6	5	2	2
	40	13	36	12

APPEALS	April 2023	FY 22-23	April 2022	FY 21-22
Uphold Investigative Findings & Plan of Action	1	2	2	2
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

May 2023

Re: April 2023 Abuse/Neglect Violations

April

Abuse Violations

- There was one substantiated Abuse III violation in April 2023.
 - The remedial action for this violation was Employment Termination (1).

Neglect Violations

- There was one substantiated Neglect II violation in April 2023.
 - The remedial action for this violation was Contract Action (1), and Recipient transfer to another provider (1).
- There were five substantiated Neglect III violations in April 2023. There was one Neglect III, Failure to Report.
 - The remedial actions for these violations were Employment Termination (3), and Written Reprimand (2).

The 5 violations occurred at 4 different agencies. Of the agency with 2 violations at the same program site, one is a Failure to Report.

Program Services Report

Housing Recovery Center/1223 Oakland Drive/Kalamazoo, MI 49008



Homeless Emergency Response System (HERS)— (7 beds-5 men, 2 women) The HERS program works closely with the case management programs within ISK to identify individuals who have been chronically unhoused and have been unable to obtain or maintain housing. The HERS shelter is a low barrier option for individuals.

Keystone— (12 beds, 10 for men, 2 for women) Keystone is a transitional house for veteran's that was set up to assist homeless veterans with temporary housing (90- 180 days max stay). Our main goal is to help veterans get re-established with services through the VA housing/healthcare, Kalamazoo County veteran's services and ISK's veteran liaison officer (Juan Gonzalez).

Oakland House— (16 beds-8 men, 8, women) Shelter for unhoused individuals with mental health and/or substance use disorders who are single unaccompanied and 18 or older. For individuals to receive this service, they can call (269-532-1270) Monday, Wednesday, and Friday between the hours 1 and 3 pm to complete a phone screen and/or they can be referred by their primary worker.

Step-Up— (5 to 8 families) The Step-Up shelter serves families in a non-congregate setting. Families will work intensively with the support staff to increase income and obtain permanent housing. The families stay in the program until they can move into a permanent housing option.

Permanent Supportive Housing (PSH)—The PSH program provides rental assistance for up to 175 individuals/families. In order to qualify for the PSH program the individuals must be a recipient of ISK with a disabling condition and be unhoused at the time. PSH also provides support for the individuals/families with maintaining and keeping their rental assistance.

SSI/SSDI Outreach Access Recovery (SOAR)—SOAR is an expedited Social Security process for individuals who are unhoused or at risk of being unhoused. The process takes roughly 90 days for approval versus the long wait if you apply the traditional way.

PATH Street Outreach—PATH Street Outreach services are for people with serious mental illness, including those with co-occurring substance use disorders, who are experiencing homelessness or at risk of becoming homeless. PATH services include community-based outreach, mental health, substance abuse, case management and other support services, as well as a limited set of housing services.

New Programming:

- Millage
- Kalamazoo Public Schools Housing Navigator
- Oakland House Expansion
- City of Kalamazoo, Unhoused to employed and permanent housing



24 HOURS Behavioral Health Clinic

COMING SOON

INTEGRATED Services of Kalamazoo (ISK) Board of Director's Meeting April 24, 2023 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	Kalamazoo/Kalamazoo	
Sarah Carmany	X	Kalamazoo/Kalamazoo	
Patrick Dolly		Kalamazoo/Kalamazoo	X
Pat Guenther	X	Kalamazoo/Kalamazoo	
Ramona Lumpkin	X	Kalamazoo/Kalamazoo	
Michael Raphelson	X	Kalamazoo/Kalamazoo	
Sharon Spears	X	Kalamazoo/Kalamazoo	
Erik Krogh	X	Kalamazoo/Kalamazoo	
Melissa Woosley	X	Kalamazoo/Kalamazoo	
Montez Morales, <i>COMMISSIONER</i>	X	Kalamazoo/Kalamazoo	

ISK - KCMHSAS Staff Present:

Jeff Patton, *CHIEF EXECUTIVE OFFICER*
 Amy Rottman
 Roann Bonney
 Charlotte Bowser
 Wanda Brown
 Ashley Esterline
 Sheila Hibbs
 Beth Ann Meints
 Michael Schlack, *CORPORATE COUNSEL*
 Dianne Shaffer
 Lisa Smith
 Ed Sova
 Alecia Pollard
 Demeta Wallace

ISK - KCMHSAS Staff Absent:

Providers:

Dr. Shenetta Coleman	Tina Graham
CEO	Executive Director
Residential Opportunities, Inc.	ASK Family Services
Jason Kelly, CPA	
Assurance Senior Manager/BDO	

Call to Order

The Board of Directors (Integrated Services of Kalamazoo) held their meeting on Monday, April 24, 2023. It began @ 4:01pm and was presided over by Chairwoman, Karen Longanecker



610 S. Burdick Street
 Kalamazoo, MI., 49007-5221

Jason Kelly/CPA/Assurance Senior Manager/BDO
Financial Statement and Single Audit Act Compliance/Year Ending September 30,
2022/MOTION

Member Krogh, "I MOVE TO
ACCEPT AND FILE THE
FY2022, FINANCIAL
STATEMENTS AND SINGLE
AUDIT ACT COMPLIANCE
REPORT."

Supported by Vice Chair Seals.

MOTION PASSED.

Jeff Patton/CEO/ISK

"ISK accepted several large initiatives with
the acquisition of InterAct of Michigan
and selecting and implementing a
new IT System vendor and then to
accomplish another "Clean Audit"
is remarkable during immense transition!
Congrats Amy Rottman, Charlotte Bowser
and the entire Finance Department on
your outstanding work. We are
continually impressed by the results that
you all produce which play a crucial
role in ISK's success."

Thank you!

Integrated Services of Kalamazoo
Schedule of Findings and Questioned Costs
Year Ended September 30, 2022

Section 1. Summary of Auditor's Results

Financial Statements

Type of report the auditor issued on whether the financial
statements audited were prepared in accordance with GAAP:

Unmodified

Internal control over financial reporting:

• Material weakness(es) identified?

☐ Yes ☒ No

• Significant deficiency(ies) identified?

☐ Yes ☒ None reported

Noncompliance material to financial statements noted?

☐ Yes ☒ No

Federal Awards

Internal control over major federal programs:

• Material weakness(es) identified?

☐ Yes ☒ No

• Significant deficiency(ies) identified?

☐ Yes ☒ None reported

Type of auditor's report issued on compliance for major federal
programs:

Unmodified

Any audit findings disclosed that are required to be reported in
accordance with 2 CFR 200.516(a)?

☐ Yes ☒ No

Identification of major federal programs:

Federal CFDA Number	Name of Federal Program or Cluster
93.243	Substance Abuse and Mental Health Services Projects of Regional and National Significance
93.829	Section 223 Demonstration Programs to Improve Community Mental Health Services
93.958	Block Grants for Community Mental Health Services

Dollar threshold used to distinguish between Type A and Type B
programs:

\$750,000

Auditee qualified as low-risk auditee?

☒ Yes ☐ No

Section 2. Financial Statement Findings

There were no findings related to the financial statements that
are required to be reported, in accordance with generally
accepted government auditing standards.

Section 3. Federal Award Findings and Questioned Costs

There were no findings and questioned costs for federal awards (as
defined in 2 CFR 200.516(a)) that are required to be reported.

Agenda

MOTION

Member Krogh moved to approve the agenda for the meeting. Supported by Member Guenther and
carried without dissent.

Citizen Time No citizens came forth.

Recipient Rights Monthly Reports

Roann Bonney, ISK, Director of ORR, presented the complaints/allegations closed in March 2023.

Abuse Violations

- There was one substantiated Abuse II violation in March 2023.
 - The remedial action for this violation is Employment Termination (1).
- There was one substantiated Abuse III violation in March 2023.
 - The remedial action for this violation is Employment Termination (1), Training (1).

Neglect Violations

- There were ten substantiated Neglect III violations in March 2023. There were two Neglect III, Failure to Report violations.
 - The remedial actions for these violations were Employment Termination (6), Training (8), Demotion (1), Suspension (1), and Written Reprimand (3). There were 2 staff involved in 1 violation.

The 10 violations occurred at 5 different agencies. One agency had 5 violations including the 2 Failure to Report violations. The 5 violations occurred at 4 program sites. Another agency had 2 violations.

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

Beth Ann Meints, ISK, Administrator of Clinical Services – Adult Outpatient Program

Adult Outpatient Therapy: The adult outpatient program is currently serving 710 individuals. This program provides mental health and substance use disorder therapy to adults. Therapists in the program emphasize the use of evidence-based practices (EBPs) including cognitive behavioral therapy (CBT), Eye Movement Desensitization and Reprocessing (EMDR), Dialectical Behavior Therapy (DBT) informed skills, Seeking Safety and Motivational Interviewing. The team has been participating in a twice weekly EBP consultation meetings. In these meetings staff use validated EBP fidelity scales to self-rate their adherence to EBPs and provide case presentations. Staff also provide mini presentations on topics related to EBPs. The team is also focusing on staff wellness and burnout prevention.

SAMM Integrated Dual Disorder Treatment (IDDT): The SAMM team is currently serving 101 individuals. SAMM provides mental health and substance use disorder treatment to adults with cooccurring disorders. SAMM utilizes the evidence based IDDT model. SAMM imbeds several additional EBPs in the program including motivational interviewing and comprehensive DBT. The team also has a grant to provide contingency management incentives which is also an EBP. The team underwent their MiFast Review in Spring of 2022 and received a score indicating they have good fidelity to the IDDT evidence-based practice. Recently, the team began a partnership with Kalamazoo County Treatment courts to provide treatment to individuals adjudicated in that program who meet criteria for the IDDT model.

Dialectical Behavior Therapy (DBT): The DBT team is currently serving 80 adults and transition age youth, and clinicians on this team also serve individuals in outpatient therapy. DBT is the gold standard EBP for individuals with high emotion dysregulation, suicidal ideation and self-injurious behavior. The DBT team also provides prolonged exposure (PE) which is an EBP for post-traumatic stress disorder. The DBT team is certified nationally by the Linehan Board and is currently under review for recertification. Several members of the team are in the process of completing competency training in the use of DBT with adolescents. This involves structured consultation calls with other teams around the state to support fidelity to DBT with the youth population.

Navigate Coordinated Specialty Care of Early Psychosis: Navigate is currently serving 39 adults and transition age youth. Navigate is an interdisciplinary team-based model for serving individuals 15-30 who have experienced a recent onset of a psychotic disorder. Navigate is a newer EBP that is still undergoing research evaluation. The team at ISK is part of an ongoing national NIMH multi-site research study that is evaluating several enhancements to the program. Team members participate in monthly consultation meetings with other teams around the state to gain support for implementation of this EBP to fidelity. As part of the Navigate grant, clinicians are also undergoing training and consultation with CBT for psychosis, which is an evidence-based therapy for individuals with psychotic disorders.

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?" No materials were requested to be removed.

- a. Minutes
- b. Board Committee Principles (Policy)
- c. Treatment of Persons Served w/Substantiated Complaints (Report)
- d. Customer Service (Report)

Member Raphelson, "I MOVE TO ACCEPT THE CONSENT CALENDAR MONITORING REPORTS BOTH "AS-IS" OR WITH PROPOSED RECOMMENDED CHANGES." Supported by Member Spears. **MOTION PASSED.**

Monitoring Report

Ashley Esterline, ISK, Manager of Corporate Compliance, Utilization Review & Contracts, presented the Compliance & Risk Board Training and Status Report, to the ISK Board of Directors.

Corporate Compliance and Its Role

February 1998: Office of Inspector General (OIG) – which protects the integrity of the Department of Health and Human Services (DHHS) against fraud, waste, and abuse developed voluntary Compliance Program Guidance (CPG) to assist health care plans and providers.

2005: Congress passed the Deficit Reduction Act of 2005 establishing a Medicaid Integrity Program (MIP). This established a plan to combat Provider fraud, waste, and abuse in the Medicaid Program. Corporate Compliance now becomes mandatory.

Corporate Compliance and Its Role

February 1998: Office of Inspector General (OIG) – which protects the integrity of the Department of Health and Human Services (DHHS) against fraud, waste, and abuse developed voluntary Compliance Program Guidance (CPG) to assist health care plans and providers.

2005: Congress passed the Deficit Reduction Act of 2005 establishing a Medicaid Integrity Program (MIP). This established a plan to combat Provider fraud, waste, and abuse in the Medicaid Program. Corporate Compliance now becomes mandatory.

Board Oversight Responsibilities

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

To review these reports in their entirety, or obtain a copy, please contact, Ashley Esterline, by e-mail @ AEsterline@iskzoo.org.

Financial Reports/Financial Condition Reports March 31, 2023

Amy Rottman, ISK, Chief Financial Officer, presented the Financial Condition Reports for March 31, 2023.

INTEGRATED SERVICES OF KALAMAZOO

Statement of Net Position

March 31, 2023

	March 2022 (unaudited)	March 2023
Assets		
Current assets		
Cash and investments	\$ 36,625,205	\$ 28,056,156
Accounts receivable	6,977,153	1,506,888
Due from other governments	31,031	1,223,362
Prepaid items	784,739	945,041
Total current assets	44,418,128	31,731,447
Non-current assets		
Capital assets, net of accumulated depreciation	9,272,400	12,088,865
Net pension asset, net of deferred outflows	5,722,229	5,722,229
Total non-current assets	14,994,629	17,811,094
Total assets	59,412,757	49,542,541
Liabilities		
Current liabilities		
Accounts payable	\$ 8,076,104	\$ 7,849,046
Due to other governments	7,505,745	1,612,213
Due to providers	59,005	35,288
Accrued payroll and payroll taxes	921,951	1,652,396
Unearned revenue	184,510	158,688
Total current liabilities	16,747,315	11,307,631
Non-current liabilities		
Long-term debt	4,413,446	-
Total liabilities	21,160,761	11,307,631
Net position		
Designated	15,242,325	13,747,779
Undesignated	5,323,673	18,360,519
Investment in fixed assets	4,841,804	4,858,748
Previous year close	-	-
Net gain (loss) for period	12,844,194	1,267,864
Net position	\$ 38,251,996	\$ 38,234,910

INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2022 through March 31, 2023

Percent of Year is 50.00%

	Original 2023 BUDGET	YTD Totals 3/31/23	Remaining Budget	Percent of Budget - YTD
Operating revenue				
Medicaid:				
Traditional Capitation	\$ 62,584,607	\$ 35,160,835	\$ 27,423,772	56.18%
Healthy Michigan Capitation	10,155,033	6,505,907	3,649,126	64.07%
Autism Capitation	5,722,701	2,801,787	2,920,914	48.96%
Settlement	(11,458,363)	1,494,364	(12,952,727)	0.00%
State General Fund:				
Formula Fundings	3,900,517	1,950,258	1,950,259	50.00%
CCBHC Demonstration	33,381,000	3,774,511	29,606,489	0.00%
CCBHC Accrual	-	(1,002,374)	1,002,374	0.00%
County Allocation	1,550,400	775,200	775,200	50.00%
Client Fees	429,500	158,389	271,111	36.88%
SUD Block Grant	-	55,979	(55,979)	0.00%
Other grant revenue	6,884,475	3,946,822	2,937,653	57.33%
Other earned contracts	1,379,510	1,694,055	(314,545)	122.80%
COFR	-	-	-	0.00%
Interest	1,000	795	205	0.00%
Local revenue	10,000	1,100	8,900	0.00%
Total operating revenue	\$ 114,540,380	\$ 57,317,627	\$ 57,222,753	50.04%
Operating expenses				
Salaries and wages	24,113,672	11,466,804	\$ 12,646,868	47.55%
Employee benefits	8,670,498	3,046,134	5,624,364	35.13%
Staff development	223,625	99,718	123,907	44.59%
Payments to providers	68,968,243	35,873,571	33,094,672	52.01%
Administrative contracts	7,789,466	4,447,373	3,342,093	57.09%
IT software and equipment	765,010	310,037	454,973	40.53%
Client transportation	29,260	14,690	14,570	50.21%
Staff travel	310,912	108,005	202,907	34.74%
Office expenses	420,923	173,509	247,414	41.22%
Insurance expense	97,505	60,914	36,591	62.47%
Depreciation expense	560,142	254,599	305,543	45.45%
Utilities	306,573	165,157	141,416	53.87%
Facilities	124,379	29,253	95,126	23.52%
Total operating expenses	\$ 112,380,208	\$ 56,049,763	\$ 56,330,445	49.88%
Change in net position	2,160,172	1,267,864	\$ 892,308	
Beginning net position	36,967,046	36,967,046		
Ending net position	\$ 39,127,218	\$ 38,234,910		

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 March 31, 2023 Percent of Year is 50.00%

	Specialty Services		Healthy Michigan		Autism		SUD Block Grant		Totals		
	Budget	YTD Totals 3/31/23	Budget	YTD Totals 3/31/23	Budget	YTD Totals 3/31/23	Budget	YTD Totals 3/31/23	Budget	YTD Totals 3/31/23	Variance
Operating revenue											
Medicaid:											
Traditional Capitation	\$ 31,294,054	\$ 35,160,835	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 55,979	\$ 31,294,054	\$ 35,216,814	\$ 3,922,760
Healthy Michigan Capitation	-	-	5,077,517	6,505,907	-	-	-	-	5,077,517	6,505,907	1,428,390
Autism Capitation	-	-	-	-	2,861,351	2,801,787	-	-	2,861,351	2,801,787	(59,564)
CCBHC Base Payment	-	(8,694,239)	-	(1,774,805)	-	-	-	-	-	(10,469,044)	(10,469,044)
Settlement Estimate	(3,254,066)	6,945,857	(2,722,022)	(2,593,727)	246,907	(2,801,787)	-	(55,979)	(5,729,181)	1,494,364	7,223,545
Client Fees	213,000	158,389	-	-	-	-	-	-	213,000	158,389	(54,611)
Total operating revenue	\$ 28,252,988	\$ 33,570,842	\$ 2,355,495	\$ 2,137,375	\$ 3,108,257	\$ (0)	\$ -	\$ (0)	\$ 33,716,740	\$ 35,708,216	\$ 1,991,477
Operating expenses											
Internal services	\$ 1,548,984	\$ 1,806,299	\$ 86,432	\$ 176,017	\$ -	\$ -	\$ -	\$ -	\$ 1,635,416	\$ 1,982,316	346,900
External services	25,207,055	29,917,011	2,144,260	1,844,432	2,943,570	-	-	-	30,294,885	31,761,443	1,466,558
Delegated managed care	1,496,949	1,847,532	124,803	116,926	164,687	-	-	-	1,786,439	1,964,457	178,019
Total operating expenses	\$ 28,252,988	\$ 33,570,842	\$ 2,355,495	\$ 2,137,375	\$ 3,108,257	\$ -	\$ -	\$ -	\$ 33,716,740	\$ 35,708,217	\$ 1,991,477
Change in net position	-	0	-	0	-	(0)	-	(0)	\$ -	(0)	

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 March 31, 2023
Percent of Year is 50.00%

	State General Fund		CCBHC		Other Funding Sources		Totals		
	YTD Budget	YTD Totals 3/31/23	YTD Budget	YTD Totals 3/31/23	YTD Budget	YTD Totals 3/31/23	YTD Budget	YTD Totals 3/31/23	Variance
Operating revenue									
General Fund	\$ 1,950,259	\$ 1,950,258	\$ -	\$ -	\$ -	\$ -	\$ 1,950,259	\$ 1,950,258	\$ (0)
Projected GF Carryforward	-	-	-	-	-	-	-	-	-
CCBHC Demonstration	-	-	16,690,500	13,241,181	-	-	16,690,500	13,241,181	(3,449,319)
Other Federal and State Grants	-	-	-	-	3,442,238	3,946,822	3,442,238	3,946,822	504,585
Earned Revenue	-	-	-	-	689,755	1,694,055	689,755	1,694,055	1,004,300
COFR Revenue	-	-	-	-	-	-	-	-	-
Interest	-	-	-	-	500	795	500	795	295
County Allocation	-	-	-	-	775,200	775,200	775,200	775,200	-
Local Revenue	-	-	-	-	5,000	1,100	5,000	1,100	(3,900)
Transfer from GF	-	-	-	-	1,130,890	1,068,048	1,130,890	1,068,048	(62,841)
Settlement Revenue (Expense)	-	-	-	-	-	-	-	-	-
Total operating revenue	\$ 1,950,259	\$ 1,950,258	\$ 16,690,500	\$ 13,241,181	\$ 6,043,582	\$ 7,486,020	\$ 24,684,341	\$ 22,677,459	\$ (2,006,881)
Operating expenses									
Internal Programs	\$ -	\$ 366,739	\$ 11,448,857	\$ 8,630,114	\$ -	\$ 144,523	\$ 11,448,857	\$ 9,141,377	\$ (2,307,480)
External Programs	593,508	303,872	3,304,892	3,000,098	254,568	446,518	4,152,968	3,750,488	(402,480)
Other Federal and State Grants	-	-	-	-	4,250,081	5,761,297	4,250,081	5,761,297	1,511,216
HUD Grants	-	-	-	-	817,087	363,479	817,087	363,479	(453,608)
Managed Care Administration	33,206	36,526	825,444	661,383	19,566	23,905	878,215	721,814	(156,400)
Homeless Shelter	-	-	-	-	218,375	215,993	218,375	215,993	(2,381)
Transfer from GF	1,130,890	1,068,048	-	-	-	-	1,130,890	1,068,048	(62,841)
Local match expense	-	-	-	-	637,488	360,947	637,488	360,947	(276,540)
Non-DCH Activity Expenditures	-	-	-	-	70,295	26,153	70,295	26,153	(44,142)
Total operating expenses	\$ 1,757,603	\$ 1,775,185	\$ 15,579,193	\$ 12,291,595	\$ 6,267,458	\$ 7,342,816	\$ 23,604,254	\$ 21,409,596	(2,194,657)
Change in net position	192,656	175,073	1,111,308	949,586	(223,876)	143,204	\$ 1,080,087	1,267,863	187,776

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

INTEGRATED SERVICES OF KALAMAZOO

CCBHC

October 1, 2022 through March 31, 2023

Percent of Year is 50.00%

	CCBHC Medicaid	CCBHC Healthy MI	CCBHC Non-Medicaid	CCBHC YTD Totals
Operating revenue				
Prepayment	\$ 3,774,511	\$ -	\$ -	\$ 3,774,511
CCBHC Base Payment Reclass	8,694,239	1,774,805	-	10,469,044
Remaining CCBHC revenue due	(1,805,387)	655,069	147,944	(1,002,374)
Total CCBHC Revenue (PPS-1 of \$267.46 x encounters)	\$ 10,663,363	\$ 2,429,874	\$ 147,944	\$ 13,241,181
Operating expenses				
Internal services	\$ 7,068,978	\$ 1,610,817	\$ 611,703	\$ 9,291,497
DCO Contracts	2,282,477	520,111	197,510	3,000,098
Total operating expenses	\$ 9,351,454	\$ 2,130,928	\$ 809,213	\$ 12,291,595
Operating change in net position	1,311,908	298,946	(661,269)	949,586
Reclassification to cover Non-Medicaid	(661,269)	-	661,269	-
Total change in net position	650,639	298,946	-	949,586

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

Utilization Reports

Charlotte Bowser, ISK, Accounting Manager, presented the Utilization Report for the period ending March 31, 2023.

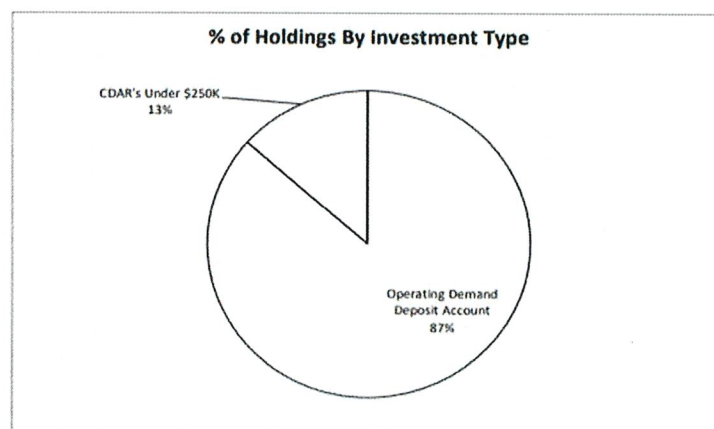
- Youth Community Inpatient Services is at (103) days and is unfavorable at \$115,908
- MI Adult Community Inpatient Services is at (576) days and is unfavorable at \$1,171,173
- Community Living Supports, Personal Care, and Crisis Residential is favorable at \$36,889

Investment Report

Charlotte Bowser, ISK, Accounting Manager, presented the Investment Report for the period ending March 31, 2023.

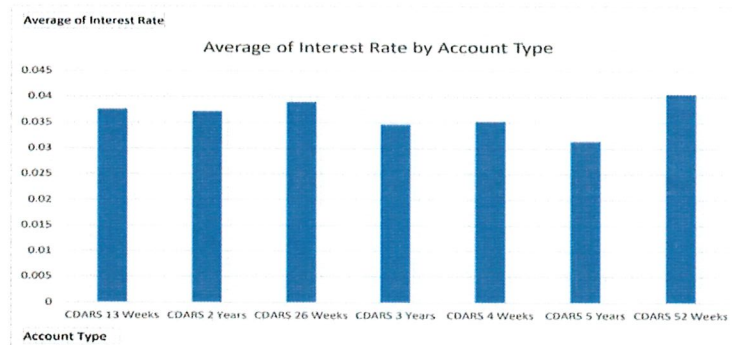
Quarterly Cash & Investments Report Quarter Ending March 31, 2023

Financial Institution	Type of Investment	Cost Basis	Maturity Date	% Yield
CASH				
PNC	Operating Demand Deposit Account	\$24,122,269	NA	0.03%
	Payroll Account	\$5,000		
	Accrued Leave Reserve	\$118,026		
	Pretax Reimbursement Account	\$56,931		
	Various Petty Cash Funds	\$780		
	Total Cash Accounts	\$24,303,006		
INVESTMENTS				
CDAR's (via Independent Bank)	CD's Issued Under FDIC Limit of \$250,000	\$3,764,530		3.77%
Total CDAR's		\$3,764,530		
	Total Investments	\$3,764,530		
TOTAL CASH AND INVESTMENTS		\$28,067,536		
% of Holdings By Institution		% of Holdings By Investment Type		
PNC - Cash	86.59%	Cash	86.59%	
CDAR's (via Independent Bank)	13.41%	CDAR's	13.41%	
	100.00%		100.00%	



2023 CDAR Average Interest By Account Type

Charlotte Bowser, ISK, Accounting Manager, presented the 2023 CDAR Average Interest By Account Type report.



March Disbursements/MOTION

Member Guenther, “BASED ON THE BOARD FINANCE MEETING REVIEW, I MOVE THAT ISK APPROVE THE FEBRUARY 2023 VENDOR DISBURSEMENTS OF \$13,780,429.65.”

Supported by Member Spears.

MOTION PASSED.

Chief Executive Officer Report

The Michigan Department of Health and Human Services has extended the length of CCBHC demonstration sites to 2027. There is also discussion about expanding the number of demonstration sites in our region and a final decision will hopefully be made on a permanent CCBHC supplemental capitation rate. However, we are not clear as to where the funding will come from to support the expansion.

The Irving S. Gilmore Foundation for Grant 2021-070, Property Enhancements has approved my request to extend the term to December 31, 2024, instead of December 31, 2023. The final report for the project will be sent before the due date.

In May 2022, the ISK Board of Directors voted and authorized me to sell lots 827 Walter Street and 833 Walter Street to the City of Kalamazoo. The closing for the sale of these two lots will take place on May 4, 2023.

We have received the \$2 million ARPA grant dollars from the Kalamazoo County Government.

The ISK Board Retreat will happen on Thursday, May 4th from 3pm-6pm at the Marilyn J. Schlack Culinary School 418 E. Walnut Street Kalamazoo MI, on the second floor, conf room #223.

That concludes my report.

Citizen Time

No citizens came forth.

SWMBH (Southwest Michigan Behavioral Health) Updates/Erik Krogh

It was an exciting meeting and there was discussion about the board packet size of 201 pages. Is it a realistic expectation that each member will read all of those pages prior to the meetings? We receive the materials 7 days prior to the meeting. There is an upcoming Carver Model special training for the SWMBH Board. Compliance appears to be a significant part at both organizations, SWMBH and ISK.

Meeting ended at 6:19PM.

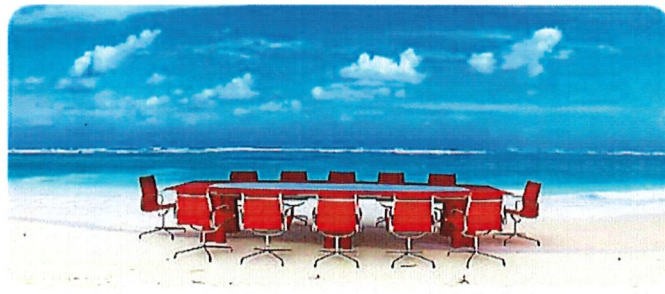
Demeta J. Wallace

Administrative Coordinator & Board Liaison

INTEGRATED Services of Kalamazoo



Community • Independence • Empowerment



Board Retreat

INTEGRATED Services of Kalamazoo (ISK) Board of Director's Meeting
May 5, 2023 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	Kalamazoo/Kalamazoo	
Sarah Carmany		Kalamazoo/Kalamazoo	X
Patrick Dolly		Kalamazoo/Kalamazoo	X
Pat Guenther	X	Kalamazoo/Kalamazoo	
Ramona Lumpkin	X	Kalamazoo/Kalamazoo	
Michael Raphelson	X	Kalamazoo/Kalamazoo	
Sharon Spears	X	Kalamazoo/Kalamazoo	
Erik Krogh	X	Kalamazoo/Kalamazoo	
Melissa Woosley	X	Kalamazoo/Kalamazoo	
Montez Morales, <i>COMMISSIONER</i>		Kalamazoo/Kalamazoo	X

ISK - KCMHSAS Staff Present:

Jeff Patton, *CHIEF EXECUTIVE OFFICER*
Amy Rottman
David Anderson
Charlotte Bowser
Carlos Brown
Sheila Hibbs
Beth Ann Meints
Michael Schlack, *CORPORATE COUNSEL*
Dianne Shaffer
Demeta Wallace

ISK - KCMHSAS Staff Absent:

Providers:

Call to Order

The Board of Directors (Integrated Services of Kalamazoo) held their board retreat meeting on Thursday, May 4, 2023. It began @ 3:01pm and was presided over by Chairwoman, Karen Longanecker.



610 S. Burdick Street
Kalamazoo, MI., 49007-5221

Agenda

MOTION

Member Raphelson moved to approve the agenda for the meeting. Supported by Member Spears and carried without dissent.

Citizen Time No citizens came forth.

The following presentations were given to the ISK Board of Directors. These materials with organizational updates were formed with subjects about the organization, transformational, personnel and unplanned changes and updates. To obtain a copy of one of these presentations, please visit our website @ <https://iskzoo.org/about-us/board/>.

- Organizational Updates (*Jeff Patton*)
 - ISK Mission, Values, Purpose
 - Growth and change over time
- Strategic Planning Status Update (*Sheila Hibbs*)
- FY22 Year End Report and Dashboards Presentation (*Sheila Hibbs*)
 - Level of Care and Assessment tools orientation
- CCBHC Presentation – Focus, Growth, Outcomes (*Beth Ann Meints*)
 - CCBHC Overview and Outcomes (*Beth Ann Meints*)
 - Behavioral Health Urgent Care and Access Center (*Beth Ann Meints & Dianne Shaffer*)
 - Facility Growth, Renovations & Planning (*Dianne Shaffer & David Anderson*)
- Financial Status Presentation (*Amy Rottman & Charlotte Bowser*)
 - Interpreting Financial Statements
- Justice Equity Trauma Team (JETT) Presentation (*Carlos Brown*)

Let's Discuss!

MOTION

Member Guenther moved to approve that a quarterly presentation from the DEI (*Diversity, Equity & Inclusion*)/JETT (*Justice, Equity & Trauma Team*) committees be given to the ISK Board of Directors beginning in July 2023. Supported by Vice Chair Seals and carried without dissent.

Citizen Time No citizens came forth.

Meeting ended at 6:01PM.

Demeta J. Wallace/*Administrative Coordinator & Board Liaison*
 INTEGRATED Services of Kalamazoo

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY II.12

AREA:	Governance		
SECTION:	Board Governance Process	PAGE:	1 of 2
SUBJECT:	BOARD MEMBER RESPONSIBILITIES	SUPERSEDES:	06/22/2009
		REVISED:	06/27/2011

PURPOSE/EXPLANATION

To outline responsibilities of each Board member.

POLICY

The ISK Board of Directors are trustees for the organization's vision, mission and values to plan and ensure the future of the organization, while measuring progress in fulfilling its mission. The responsibility of each Board member is to:

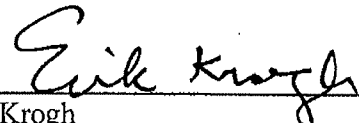
- A. Make policy decisions with the long-term best interests of all persons served by ISK in mind;
- B. Meet legal and fiduciary responsibilities while acting as good stewards of the financial resources that the organization receives and distributes;
- C. Serve as ambassadors on behalf of the ISK mission to the community;
- D. Serve as positive linkages with the community, including gathering stakeholder input and listening to community concerns;
- E. Select, support and evaluate the Chief Executive Officer (CEO);
- F. Ensure that Strategic Planning is connected with ISK mission, vision and values, and that it takes advantage of strengths, opportunities and addressing weaknesses and threats;
- G. Implement a governance self-assessment process;
- H. Ensure that the vision, mission and values of ISK are advanced;
- I. Follow other responsibilities as noted in the Integrated Services of Kalamazoo Board Bylaws and Rules of Procedure.

CHIEF EXECUTIVE OFFICER



Jeff Patton
Chief Executive Officer

APPROVED



Erik Krogh
Board Chair

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY II.13

AREA: Governance	
SECTION: Board Governance Process	PAGE: 1 of 2
SUBJECT: INPUT FROM STAKEHOLDERS	SUPERSEDES: 05/23/2022 REVISED: 05/22/2023

PURPOSE/EXPLANATION

To continually focus on the expectations of persons served and other stakeholders in order to promote excellent services and optimal outcomes for persons served.

DEFINITIONS**Input**

The opinions and other information expressed by ISK stakeholders regarding needs, desires and expectations of services and outcomes.

Stakeholder

Any group that has a vested interest in the ISK and its services. **The ultimate stakeholder is the person served.** Other stakeholders include families of persons served, staff, providers, advocates, regulators, funders and the community at large.

POLICY

- I. The Board will promote the review and use of stakeholder input to change practices and/or policies of the organization when indicated.
- II. Persons served and family members will be supported, educated and accommodated to assure their meaningful participation.

III. ADVISORY COUNCIL INPUT

The Board shall establish necessary customer/family advisory councils to provide stakeholder input to allow the Board to consider changing practice and/or policy as indicated.

IV. PUBLIC INPUT

- A. At each Board meeting there will be an opportunity for the public to offer comment. This time will be announced by the chair towards the beginning and end of the meeting.

- B. The person(s) wishing to address the Board will be asked to provide name and address, and may indicate the organization which they represent, if any.
- C. Each presentation will be limited to four (4) minutes.
- D. Written statements may be given to the ISK staff to be provided to the members of the Board.
- E. A public hearing with Board and staff members attending will be held at least annually to which any community member is invited.
- F. At public hearings, the Chair shall inform the public of the procedures the Board is following, including:
 - 1. Time limitations
 - 2. Acceptance of written or oral comments
 - 3. Response process:
 - a. Each testifier receives written response
 - b. Board receives a report with staff recommendations within 2 months
- V. On at least an annual basis, a written report will be prepared for the Board on input received from the various stakeholders and advisory councils to inform the Board with information to improve services and other outcomes of persons served.

REFERENCES

- Mental Health Code, Board Composition, MCL 330.1212(1) & (2)
- CARF Standards on “Input from Persons Served and Other Stakeholders”
- Consumerism Practice Guideline – MDHHS/CMHSP Managed Mental Health Supports and Services Contract, Attachment C6.9.3.3.

CHIEF EXECUTIVE OFFICER

APPROVED

Jeff Patton
Chief Executive Officer

Karen Longanecker
Board Chair

INTEGRATED SERVICES OF KALAMAZOO

Input from Stakeholders Report

May 22, 2023

The ISK Board has established Board Policy II.13 and Administrative Policy 03.04 on "Stakeholder Input" with the stated purpose of identifying "ways to encourage, obtain, and utilize input from persons receiving services and/or their representatives and from the community." ISK, in line with the organizational Strategic Plan, strives to be a valued community partner. Below are just a few examples of how we have sought out feedback from our stakeholders and acted on that feedback:

- A Customer Satisfaction Survey is completed with individuals served through ISK on an annual basis as facilitated by Southwest Michigan Behavioral Health (SWMBH). Feedback from this survey is incorporated into department and organizational planning for continuous quality improvement. Results of this survey is also shared with the Board on an annual basis.
- The Quality Management and Office of Recipient Rights departments incorporate interviews of persons served into the provider and ISK direct operated monitoring review process. Results of these interviews are used through ISK committees for opportunities of improvement and to address individual concerns. Results of these interviews are shared with the provider through their monitoring review report, including many positives regarding the services provided.
- Semi-annual all Provider meetings and regularly scheduled population provider meetings are held to provide the opportunity for providers to give feedback on upcoming events, feedback and any concerns.
- ISK solicits feedback from Providers for relevant policies and procedures as part of the policy and procedure review process.
- A Provider Satisfaction Survey is completed to gather feedback on ISK business practices, contractor relationships, and overall departmental administrative functions satisfaction. Providers also receive satisfaction surveys after each Quality Monitoring Review they receive through the ISK Quality Management department.
- On an individual basis, both Customer Services and the Office of Recipient Rights address areas of concerns and/or complaints with services.
- ISK continues to collaborate with Providers through Care Coordination to improve coordination of care and Primary Health Care Integration.
- The ISK Customer Advisory Council, Family Support Advisory Council, and Inclusion Council continues to meet on a regular basis. These councils provide suggestions and feedback for continued quality improvement initiatives. This council allows a forum for members to provide feedback, policy review, and planning for continued improvement opportunities for ISK and the Provider Network.
- During each monthly board meeting, stakeholders are provided the opportunity to address the ISK Board during Citizen Time.
- External audits/reviews reports (e.g., Southwest Michigan Behavioral Health, Michigan Department of Health and Human Services, CARF, Compliance and Financial Audit).
- Additional collaboration activities and partnerships are also outlined in the ISK Collaboration report that is presented to the ISK Board on an annual basis in March.

The input from stakeholders and the use of the information is documented and summarized in various reports to the Board including:

- Board Meeting Minutes
- Quality Management Reports (e.g. Board Ends Reports, Year-End Report, and Monitoring Report).
- Customer Services Board Reports
- CEO Monthly Report to the Board
- Collaboration Report to the Board annually
- ISK Committee Meeting Minutes

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY II.15

AREA:	Governance		
SECTION:	Board Governance Process	PAGE:	1 of 1
SUBJECT:	ACCESSIBILITY	SUPERSEDES:	06/27/2011
		REVISED:	05/29/2018

PURPOSE/EXPLANATION

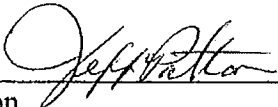
To promote accessibility and the removal of barriers for the participation at Board meetings of persons served and other citizens.

POLICY

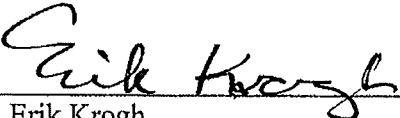
The Board will:

- A. Promote the recruitment of persons with disabilities or their personal representatives as members of the governance authority.
- B. Provide reasonable accommodations and to support equal opportunity for participation by persons with disabilities at Board meetings.
- C. Encourage community information about the nature of mental illness, substance use disorders and intellectual developmental disabilities, the availability of services to assist people with these conditions; and the way in which to gain access to these services.
- D. Comply with the Americans with Disabilities Act (ADA) as well as other applicable laws on accessibility.
- E. Conduct meetings in locations, environments, and hours that maximize ready access for all citizens.

CHIEF EXECUTIVE OFFICER


Jeff Patton
Chief Executive Officer

APPROVED


Erik Krogh
Board Chair



May 17, 2023

Dear ISK Board of Directors & ISK Board Packet Recipients:

The Financial Reports for the May 22, 2023, ISK Board of Directors Meeting (Agenda items [VII.a.b.&c](#)), will be available at the meeting. There were a few minor adjustments that had to be made which placed their submission time past the due date given to turn in materials for the board packet and distribution to the public.

Thank you for your understanding and cooperation.

Jeff