



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, July 24, 2023, BEGINNING @ 4:00PM via *Microsoft TEAMS* or in-person at 610 S. Burdick Street/Kalamazoo, MI., (2nd Floor/Board Conference Room).



Special Retirement Farewell for Ms. Patricia "Pat" Weighman



RESOLUTION - Recognizing PMTO Success in Michigan

I. CALL TO ORDER - CITY & COUNTY DECLARATION

II. AGENDA

III. CITIZEN TIME

IV. RECIPIENT RIGHTS

- a. Recipient Rights Monthly Report (April, May & June)
- b. Recipient Rights SEMI-ANNUAL Report

V. PROGRAM SERVICES REPORT

- a. Justice Equity and Trauma Team Update – *Dianne Shaffer & Carlos Brown*
ISK, Chief Project Officer & Project Director, Kalamazoo Suicide Prevention Program

VI. CONSENT CALENDAR/VERBAL MOTION

- a. MINUTES (*May 22 & June 26, 2023*)
- b. Chief Executive Officer Performance (Policy)
- c. Monitoring Executive Performance (Policy)
- d. Chief Executive Officer Role (Policy)
- e. Delegation to the Chief Executive Officer (Policy)
- f. Investment (Policy)
- g. Board Finance and Compliance Committee (Policy)

VII. MONITORING REPORTS

- a. Strategic Plan (Report)
- b. ENDS All Populations (Report)

VIII. FINANCIAL REPORTS

- a. Financial Condition Report
- b. Utilization Report
- c. Investment Report
- d. *May & June 2023* Disbursements/**MOTION**

IX. ACTION ITEMS/VERBAL MOTION

- a. Chairperson's Role (Policy)

X. CHIEF EXECUTIVE OFFICER REPORT/VERBAL

- a. CEO Report

XI. CITIZEN TIME



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XII. BOARD MEMBER TIME

- a. SWMBH (*Southwest Michigan Behavioral Health*) Updates/[Erik Krogh](#)
- b. Board Election Results/[Karen Longanecker](#)
- c. CANCELLATION of the August 28, 2023, meeting/[Karen Longanecker](#)

XIII. ADJOURNMENT



Integrated Services of Kalamazoo RESOLUTION

RECOGNIZING PMTO SUCCESS IN MICHIGAN

July 24, 2023

WHEREAS Parent Management Training – Oregon (PMTO) is a set of intervention programs that are recognized as evidence-based programs providing preventive and clinical interventions for families of youngsters with behavioral problems as well as associated problems such as depression, academic problems, and deviant peer association; and

WHEREAS the first implementation of Michigan’s PMTO began in 2004 with a goal of establishing sustainable evidence-based practices to serve Michigan families in need through the community mental health system of care; and

WHEREAS the State of Michigan asked Kalamazoo County Community Mental Health Authority (ISK) to organize and implement the PMTO model in Michigan and thereafter to guide and manage the statewide PMTO program to assist other community mental health services providers to adopt and run PMTO programs; and

WHEREAS ISK employee Luann Gray is currently the Evidence Based State Manager for PMTO, responsible for providing that guidance and management assistance across the State of Michigan; and

WHEREAS today in Michigan there has been developed infrastructure to offer both individual and group formats of PMTO in forty-one counties; and

WHEREAS the Michigan Department of Health and Human Services (MDHHS) has committed to implementing PMTO in all Community Mental Health (CMH) organizations throughout the state of Michigan; and

WHEREAS results of PMTO programs and training have demonstrated excellent outcomes for Michigan’s youth with severe emotional disturbances and their families; and

WHEREAS ISK is committed to continuing to provide PMTO in its system of care.

NOW THEREFORE BE IT RESOLVED; that the ISK Board salutes the beginning of the 20th year of PMTO programs in Michigan; and

BE IT FURTHER RESOLVED; that the ISK Board celebrates ISK's successful PMTO implementation in Kalamazoo as well as ISK's roll in providing program assistance to other CMH organizations throughout Michigan; and

BE IT FURTHER RESOLVED; that ISK commends the great outcomes that PMTO has achieved for Michigan children and families and looks forward to many more years of success for the PMTO program in Kalamazoo and across the State of Michigan

Resolved by board motion on the 24th day of July 2023.



Community • Independence • Empowerment

Karen Longanecker, Chair

Michael Seals, Vice Chair



IV.a.

Office of Recipient Rights
Report to the Mental Health Board
On Complaints/Allegations
Closed in: April, May, & June 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.

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

	May 2023	FY 22-23	May 2022	FY 21-22
Total # of Complaints Closed	23	257	35	280
Total # of Allegations Closed	43	442	53	463
Total # of Allegations Substantiated	15	146	21	146

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	May 2023		May 2022	
Category	TOTAL	SUBSTANTIATED	TOTAL	SUBSTANTIATED
Consumer Safety	4	2	3	1
Dignity/Respect of Consumer	10	3	7	1
Treatment Issues/Suitable Services (Including Person Centered Planning)	7	4	13	2
Abuse I	0	0	0	0
Abuse II	2	1	0	0
Abuse III	2	0	7	1
Neglect I	0	0	1	1
Neglect II	2	2	2	1
Neglect III	3	3	11	11
	30	15	44	18

APPEALS	May 2023	FY 22-23	May 2022	FY 21-22
Uphold Investigative Findings & Plan of Action	0	3	0	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

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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

July 2023

Re: May 2023 Abuse/Neglect Violations

May

Abuse Violations

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

Neglect Violations

- There were two substantiated Neglect II violations in May 2023. The two violations were Failures to Report.
 - The remedial actions for these violations were Written Reprimand (4), and Training (1). There were three staff involved in one violation and 1 staff involved in the second violation. These occurred at 2 different agencies.
- There were three substantiated Neglect III violations in May 2023.
 - The remedial actions for these violations were Employment Termination (2), Written Reprimand (2), and Training (2). Of the 3 violations there were two staff involved in two different violations and 1 staff involved in the third violation. These occurred at 3 different agencies.

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

	June 2023	FY 22-23	June 2022	FY 21-22
Total # of Complaints Closed	28	285	42	322
Total # of Allegations Closed	52	494	68	531
Total # of Allegations Substantiated	10	156	18	164

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	June 2023		June 2022	
Category	TOTAL	SUBSTANTIATED	TOTAL	SUBSTANTIATED
Consumer Safety	7	0	10	1
Dignity/Respect of Consumer	11	1	11	2
Treatment Issues/Suitable Services (Including Person Centered Planning)	13	2	13	4
Abuse I	0	0	0	0
Abuse II	3	1	4	0
Abuse III	9	2	4	0
Neglect I	0	0	0	0
Neglect II	1	1	1	1
Neglect III	4	2	8	8
	48	9	51	16

APPEALS	June 2023	FY 22-23	June 2022	FY 21-22
Uphold Investigative Findings & Plan of Action	0	3	0	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

July 2023

Re: June 2023 Abuse/Neglect Violations

June

Abuse Violations

- There was one substantiated Abuse II violation in June 2023.
 - The remedial action for this violation is Written Reprimand (1), Policy Revision/Development (1), and Training (1).
- There were two substantiated Abuse III violations in June 2023.
 - The remedial actions for these violations were Staff Transfer (1), Written Reprimand (2), Training (2).

The 2 violations occurred at different agencies.

Neglect Violations

- There was one substantiated Neglect II violation in June 2023. It was a Failure to Report.
 - The remedial actions for these violations were Written Reprimand (1), Training (1).
- There were two substantiated Neglect III violations in June 2023.
 - The remedial actions for these violations were Written Reprimand (2), and Training (1).

The Neglect II Failure to Report violation and one of the Neglect III violations were at the same agency but occurred at different sites. The second Neglect III occurred at a different agency.

IV.b.

Office of Recipient Rights
Report to the Mental Health Board
On Semi-Annual Report

COMPLAINT DATA FOR:	Integrated Services of Kalamazoo
RIGHTS OFFICE DIRECTOR:	Roann Bonney

Reporting Period:		FY23		October 1, 2022 - March 31, 2023	
CMH	# of Consumers Served (unduplicated count)	6425	Rights Office FTEs	7.5	
	Number of Licensed Beds		Hours/40 Spent on Rights		
LPH					

ALLEGATION TOTALS	
Total Complaints Received	300
Allegations	282
Investigations	230
Investigations Substantiated	84
Interventions	52
Interventions Substantiated	7

ALLEGATIONS BY CATEGORY		
Code	Category	Received
0000	No Right Involved	9

Code	Category	Received
0001	Outside Provider Jurisdiction	9

Code	Category	Received	Investigations	Investigations Substantiated
7221	Abuse class I	0	0	0
72221	Abuse class II - Nonaccidental act	5	5	1
72222	Abuse class II - unreasonable force	1	1	0

72223	Abuse class II - emotional harm	0	0	0
72224	Abuse class II - treating as incompetent	0	0	0
72225	Abuse class II - exploitation	7	7	1
7223	Abuse - class III	34	34	8
7224	Abuse class I - sexual abuse	1	1	0

Code	Category	Received	Investigations	Investigations Substantiated
72251	Neglect class I	0	0	0
72252	Neglect class I - failure to report	0	0	0
72261	Neglect class II	5	5	3
72262	Neglect class II - failure to report	4	4	3
72271	Neglect class III	39	39	33
72272	Neglect class III - failure to report	5	5	5

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7550	Right Protection System	0	0	0	0	0
7555	Retaliation/harassment toward recipients	4	4	1		

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7040	Civil rights: Discrimination, Accessibility, Accommodation, etc.	2	1	0	1	1
7044	Religious practice	0	0	0	0	0
7045	Voting	0	0	0	0	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7081	Mental Health Services Suited to Condition (includes chapter 4 violations)	59	46	10	13	2
7082	Safe, Sanitary Humane Treatment Environment	34	22	3	12	0
7083	Least restrictive setting	0	0	0	0	0
7084	Dignity and Respect	57	41	9	16	2

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7100	Physical and Mental Exams	0	0	0	0	0
7110	Family Rights	3	2	1	1	0
7120	Individual Written Plan of Service (Person-Centered Process)	3	3	3	0	0
7130	Choice of Physician/Mental Health Professional	1	1	0	0	0
7140	Notice of Clinical Status/Progress	0	0	0	0	0
7150	Services of a Mental Health Professional (External to the Agency/Hospital)	0	0	0	0	0
7160	Surgery	0	0	0	0	0
7170	Electroconvulsive Therapy	0	0	0	0	0
7180	Psychotropic drugs (AR 7158)	0	0	0	0	0
7190	Medication Side Effects	0	0	0	0	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7240	Fingerprints, Photographs, Audiorecordings, Use of One-Way Glass	0	0	0	0	0
7249	Video Surveillance	0	0	0	0	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7480	Communications-Visits	0	0	0	0	0
7481	Communications-Telephone	0	0	0	0	0
7263	Communications-Mail	0	0	0	0	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7281	Property-Possession and use	12	5	1	7	1
7286	Personal Property – Limitations	0	0	0	0	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7360	Labor and Compensation	0	0	0	0	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated

7440	Freedom of Movement	0	0	0	0	0	0	0
7400	Restraint	0	0	0	0	0	0	0
7420	Seclusion	0	0	0	0	0	0	0
Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated		
7460	Complete Record	0	0	0	0	0		
7480	Disclosure of Confidential Information	5	4	2	1	1		
7481	Withhold of Confidential Information (Includes Denying Recipient Access to Records)	0	0	0	0	0		
7490	Correction of Record	1	0	0	1	0		
7500	Privileged communication	0	0	0	0	0		
TOTALS			282	230	84	52	7	

Section II: Remediation data for: Integrated Services of Kalamazoo

Category (from Complaint Data)	Provider Type	Specific Remedial Action	Specific Remedial Action	CMH ONLY			
				SED	SED-W	DD-CWP	HSW
Abuse class II - exploitation	Residential MI & DD	Employment Termination					
Abuse class II - nonaccidental act	Residential MI & DD	Employment Termination					
Abuse - class III	Residential MI & DD	Written Reprimand	Training				
Abuse - class III	Residential MI & DD	Employment Termination					1
Abuse - class III	Residential MI & DD	Written Reprimand	Suspension				
Abuse - class III	Residential MI & DD	Written Reprimand	Staff Transfer				
Abuse - class III	Residential MI & DD	Employee left the agency, but substantiated	Written Reprimand				
Abuse - class III	Residential MI & DD	Employment Termination					
Abuse - class III	Residential MI & DD	Written Reprimand	Training				
Abuse - class III	Residential MI & DD	Written Reprimand	Staff Transfer				1
Neglect class II	Residential MI & DD	Employment Termination					1
Neglect class II	Residential MI & DD	Employment Termination					1
Neglect class II	Other	Contract Action	Recipient Transfer to Another Provider/Site				1
Neglect class II - failure to report	Residential MI & DD	Employee left the agency, but substantiated					1
Neglect class II - failure to report	Residential MI	Contract Action	Training				
Neglect class II - failure to report	Residential MI & DD	Written Reprimand	Training				
Neglect class III	Residential MI & DD	Written Reprimand					
Neglect class III	Residential MI & DD	Employment Termination					
Neglect class III	Residential DD	Written Reprimand	Training				1
Neglect class III	Residential MI & DD	Written Reprimand	Training				
Neglect class III	Residential MI & DD	Written Reprimand	Training				
Neglect class III	Residential MI & DD	Employment Termination	Written Reprimand				
Neglect class III	Residential MI & DD	Written Reprimand	Training				
Neglect class III	Case Management	Written Reprimand	Training				
Neglect class III	Residential MI & DD	Written Reprimand	Training				
Neglect class III	Case Management	Written Reprimand	Training				
Neglect class III	Residential MI & DD	Written Reprimand	Training				
Neglect class III	Residential MI & DD	Written Reprimand	Training				1
Neglect class III	Residential MI & DD	Employment Termination	Written Reprimand				
Neglect class III	Residential MI	Employment Termination	Training				
Neglect class III	Residential DD	Written Reprimand	Training				

Neglect class III	Residential MI	Demotion	Training		
Neglect class III	Residential MI & DD	Written Reprimand	Training		
Neglect class III	Residential MI	Employment Termination			
Neglect class III	Residential DD	Suspension	Employment Termination		
Neglect class III	Residential MI & DD	Employee left the agency, but substantiated	Training		
Neglect class III	Residential MI & DD	Employment Termination	Training		
Neglect class III	Residential MI & DD	Written Reprimand	Training		
Neglect class III	Residential DD	Employee left the agency, but substantiated			2
Neglect class III	Residential MI	Employment Termination	Training		
Neglect class III	Residential MI & DD	Employment Termination	Training		
Neglect class III	Residential MI & DD	Written Reprimand	Training		
Neglect class III	Residential DD	Written Reprimand			1
Neglect class III	Residential MI & DD	Written Reprimand	Training		
Neglect class III	Residential MI	Employment Termination	Training		
Neglect class III	Residential MI & DD	Employee left the agency, but substantiated	Written Reprimand		2
Neglect class III	Residential MI & DD	Suspension	Written Reprimand		1
Neglect class III	Residential DD	Written Reprimand			1
Neglect class III	Residential DD	Written Reprimand			1
Neglect class III	ACT	Written Reprimand	Training		
Neglect class III	Residential MI & DD	Written Reprimand	Training		
Neglect class III	Residential MI	Pending			
Neglect class III - failure to report	Residential MI & DD	Written Reprimand	Training		2
Neglect class III - failure to report	Residential MI & DD	Written Reprimand	Training		
Neglect class III - failure to report	Residential MI & DD	Written Reprimand	Training		
Neglect class III - failure to report	Residential DD	Employee left the agency, but substantiated			2
Neglect class III - failure to report	Residential MI & DD	Employment Termination	Training		
Neglect class III - failure to report	Residential MI & DD	Training			1
Neglect class III - failure to report	Residential MI & DD	Training			
Neglect class III - failure to report	Case Management	Verbal Counseling	Training		
Neglect class III - failure to report	Residential MI & DD	Written Reprimand	Training		1
Neglect class III - failure to report	Residential MI	Policy Revision/Development	Training		
Neglect class III - failure to report	Residential MI	Verbal Counseling	Training		
Neglect class III - failure to report	Residential MI & DD	Verbal Counseling	Training		

Mental Health Services Suited to Condition (includes chapter 4 violations)	Crisis Center	Policy Revision/Development	Training			
Mental Health Services Suited to Condition (includes chapter 4 violations)	Case Management	Policy Revision/Development	Training			
Mental Health Services Suited to Condition (includes chapter 4 violations)	Crisis Center	Written Reprimand	Training			
Mental Health Services Suited to Condition (includes chapter 4 violations)	Residential MI & DD	Employment Termination	Training			
Mental Health Services Suited to Condition (includes chapter 4 violations)	ACT	Policy Revision/Development				
Mental Health Services Suited to Condition (includes chapter 4 violations)	Residential MI & DD	Training				
Mental Health Services Suited to Condition (includes chapter 4 violations)	Case Management	Policy Revision/Development	Training			
Mental Health Services Suited to Condition (includes chapter 4 violations)	Residential MI & DD	Environmental Repair/Enhancement		1		
Safe, Sanitary Humane Treatment Environment	Residential MI & DD	Employee left the agency, but substantiated				1
Safe, Sanitary Humane Treatment Environment	Residential MI & DD	Training				
Dignity and Respect	Residential MI & DD	Employment Termination				2
Dignity and Respect	Residential MI & DD	Written Reprimand	Staff Transfer			1
Dignity and Respect	Residential MI & DD	Employee left the agency, but substantiated				1
Dignity and Respect	Residential MI & DD	Written Reprimand	Training			1
Dignity and Respect	Residential MI & DD	Written Reprimand				
Dignity and Respect	Residential MI & DD	Employee left the agency, but substantiated	Training			
Dignity and Respect	Out Patient	Pending				
Dignity and Respect	Residential MI & DD	Written Reprimand	Training			
Dignity and Respect	Out Patient	Pending				
Dignity and Respect	Residential MI & DD	Written Reprimand	Training			
Family Rights	Residential MI	Written Counseling	Training			
Individual Written Plan of Service (Person-Centered Process)	Residential MI	Verbal Counseling	Training			
Individual Written Plan of Service (Person-Centered Process)	Residential MI	Verbal Counseling	Training			
Individual Written Plan of Service (Person-Centered Process)	Case Management	Policy Revision/Development	Training			
Property-Possession and use	Residential MI & DD	Training				
Property-Possession and use	Residential MI & DD	Employment Termination				1
Disclosure of Confidential Information	Residential MI & DD	Suspension	Written Reprimand			
Disclosure of Confidential Information	Residential MI & DD	Employee left the agency, but substantiated	Training			
Disclosure of Confidential Information	Out Patient	Verbal Counseling	Training			

REMEDICATION TOTALS	
Contract Action	2
Demotion	1
Employee left the agency, but substantiated	10
Employment Termination	20
Environmental Repair/Enhancement	1
None	0
Other	0
Pending	3
Plan of Service Revision	0
Policy Revision/Development	6
Recipient Transfer to Another Provider/Site	1
Staff Transfer	3
Suspension	4
Training	55
Verbal Counseling	6
Verbal Reprimand	0
Written Counseling	1
Written Reprimand	41

PROVIDER TOTALS	
ACT	2
Case Management	6
Children's Foster Care	0
Clubhouse/Drop-in Center	0
Crisis Center	2
Day Program DD	0
Day Program MI	0
Inpatient	0
Other	1
Out Patient	3
Partial Hospitalization	0
Psychosocial Rehabilitation	0
Residential DD	8
Residential MI	12
Residential MI & DD	58
Respite Homes	0
SIP	0
Supported Employment	0
Workshop (prevocational)	0

WAIVER POPULATION TOTALS	
SED	0
SED-W	1
DD-CWPP	0
HSW	29



Community • Independence • Empowerment

July 13, 2023

Jeffrey W. Patton

Chief Executive Officer

www.iskzoo.org

Administrative Services

2030 Portage Street
Kalamazoo, MI 49001
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

201 W. Kalamazoo Ave, Ste 301
Kalamazoo, MI 49007
Phone: (269) 364-6920

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

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

RE: Justice Equity and Trauma Team Quarter Two Update

Greetings Integrated Services of Kalamazoo Board,

May this report provide you with an updated on the DEI efforts that are occurring within ISK. ISK has a steering committee titled Core Implementation Team (CIT) which purpose is to provide direction and support to the larger committee known as Justice Equity Trauma Team (JETT), through the development and review of the annual strategic workplan. There are 6 subcommittees that are assigned goals from the workplan. The subcommittees include Equity Tool Development Team, Training, Organizational Wellness, Affinity, Trauma Informed, and Consumer Feedback.

Committee Updates:

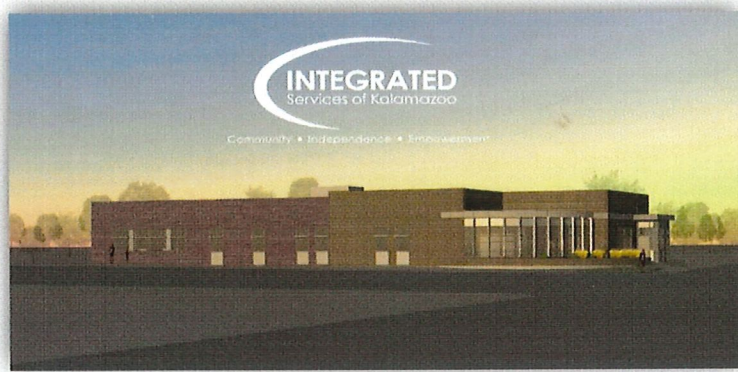
- The Equity Tool Development conducted three equity reviews which included the final Urgent Review, Dress Code Policy review, and a New SUD Diagnosis Outreach. Future reviews may consist of Policy Review Process, HR Policy Review, and Juvenile Justice Grant.
- The Training subcommittee conducted its first lunch and learn Antisemitism training with a local Rabbi and has scheduled a more in-depth training to occur on August 14th. This subcommittee is also reviewing educational resources to update the approved Diversity Training Movie/Documentary List.
- Organizational Wellness coordinated with Human Resources a staff outing to opening season of the Kalamazoo Growlers on June 23rd.
- Organizational Wellness and Trauma Informed are conjointly working on practices to implement to reduce secondary trauma and improve staff support. Current topics being explored include Trauma Informed Supervision, and Self-Care Plans.
- The Affinity Workgroups continue to grow. The LGBTQIA+ workgroup has attended PRIDE for the second consecutive year in ISK's history. ISK was well received by community members per reports of ISK staff present.
- Consumer Feedback continues to collect and analyze individuals served feedback at all ISK sites and will report findings. Special attention will be directed at the new Behavior Health Urgent Care.

Should you have any additional questions please feel free to contact me.

Sincerely

Carlos Brown, LMSW-C

Co-Chair of DEI Efforts and Suicide Prevention Program Director



24 HOURS
Behavioral Health Clinic

COMING SOON

INTEGRATED Services of Kalamazoo (ISK) Board of Director's Meeting
May 22, 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		Kalamazoo/Kalamazoo	X
Michael Raphelson	X	Kalamazoo/Kalamazoo	
Sharon Spears	X	Kalamazoo/Kalamazoo	
Erik Krogh	X	Kalamazoo/Kalamazoo	
Melissa Woosley		Kalamazoo/Kalamazoo	X
Montez Morales, <i>COMMISSIONER</i>		Kalamazoo/Kalamazoo	X

ISK - KCMHSAS Staff Present:

Jeff Patton, *CHIEF EXECUTIVE OFFICER*
Amy Rottman
David Anderson
Charlotte Bowser
Wanda Brown
Sheila Hibbs
Beth Ann Meints
Erica Patton
Louis Parker, III
Michael Schlack, *CORPORATE COUNSEL*
Dianne Shaffer
Lisa Smith
Ed Sova
Alecia Pollard
Demeta Wallace

ISK - KCMHSAS Staff Absent:

Roann Bonney

Providers:

Tina Graham
Executive Director
ASK Family
Services

Fi Spalvieri
Executive Director
Community Living
Options

Call to Order

The Board of Directors (Integrated Services of Kalamazoo) held their meeting on Monday, May 22, 2023. It began @ 4:00pm and was presided over by Chairwoman, Karen Longanecker.



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

AgendaMOTION

Member Raphelson 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, was absent. Therefore, the ORR April Reports will be shared and reviewed at the Monday, July 24, 2023, ISK Board meeting.

Program Services Report

David Anderson, ISK, Director of Facilities & Housing Resource Center, Erica Patton, ISK, Housing Manager & Louis Parker, III, ISK, Housing Navigator, presented the May Program Services Report.

According to Erica Patton, there is another program/initiative with ISK & the W.E. Upjohn Institute.

“The Michigan State Housing Development Authority (MSHDA) is pleased to inform you that your organizations have been selected to serve as the Co-Leads for the Southwest Housing Partnership – Region J. We appreciate your willingness to build a connected, collaborative housing ecosystem in Michigan and to implement the Michigan Statewide Housing Plan.

We will:

- Email an announcement of your designation as RHP Co- Leads to those who registered or attended the Regional Housing Partnership (RHP) Kick-Off Meeting
- Send you the contact list
- Forward RHP Meeting materials collected by Michigan State University Extension (MSUE) RHP Co-Leads

Serve as the fiduciary and receive an initial grant of \$75,000 for 1 year from the Michigan State Housing Authority (MSHDA) to coordinate the RHP and its goals and objectives (more detail forthcoming). If there are Co-Leads, they will determine how to allocate grant funds. We prefer interested organizations that are regional in scope and have experience in collaboration, facilitation, and racial equity work. The Lead will organize, identify additional member organizations that intersect with housing, facilitate community meetings, create action plans that could include parts of existing plans, provide updates to their region and MSHDA, implement action plans, etc. [Excerpt from “Creating a Michigan Housing Ecosystem: Call-to-Action” Working Draft” version 3/7/23”]

Governor Gretchen Whitmer’s [Executive Order 2022-10\(2\)\(a\)\(3\)](#) established the creation of regional consortiums. The fifteen (15) Regional Housing Partnerships (RHPs) created will address key aspects of the Michigan Statewide Housing Plan (Plan) implementation in alignment with regional and local efforts, building on existing networks where appropriate. It is expected the RHPs will at minimum, be in place for the life of the Michigan Statewide Housing Partnership (Partnership) which has a tenure thru September 6, 2024. However, the Plan implementation spans five years, and the hope is that the

RHPs will exist for the same time period and beyond as Michigan institutionalizes a robust Housing Ecosystem.”

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

Consent CalendarMOTION

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 Member Responsibilities (Policy)
- c. Input from Stakeholders (Policy & Report)
- d. Accessibility (Policy)

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

MOTION PASSED.Amendment - April 24, 2023, ISK Board Minutes (Investment Report) for the period ending March 31, 2023Additional comments were added regarding the Investment Report

Charlotte Bowser, ISK, Accounting Manager, "we have our operating account payroll expenses, and accrued leave reserve (unintelligible) \$24 million dollars.

And then there will be a little more about Investment in that next document, but we do have the 3.7 that we have with CDARS right now that is going to be turned to and then it has a .03% yield of 3.77%. So, when we look at our total cash and investments, we have \$28 million dollars and then if we look at by investment type we have, percentagewise, 13% is for CDARs and our Operating is at 87%.

This is our average that we would get for CDARs and you can see that there's not much to age so between 13 weeks, 26 weeks, they all average 3.5% so we did good. We went with 26 somewhere at 3.7 (?). What Amy had recommended is that we go with the next 13 weeks and from the 1st of Jan through April 17th that rate was 3.75. I looked again, I get a report every Monday, and so now it's at 3.85 definitely so maybe that'll be the route to go so that way we will have more of an investment package that we can talk about."

Financial Reports/Financial Condition Reports March 31, 2023

Amy Rottman, ISK, Chief Financial Officer, presented the Financial Condition Reports for April 30, 2023.

INTEGRATED SERVICES OF KALAMAZOO

Statement of Net Position

April 30, 2023

	April 2022 (unaudited)	April 2023
Assets		
Current assets		
Cash and investments	\$ 23,488,694	\$ 21,871,008
Accounts receivable	7,309,091	7,981,900
Due from other governments	3,297,673	(1,088,258)
Prepaid items	745,297	803,745
Total current assets	34,840,755	29,568,395
Non-current assets		
Capital assets, net of accumulated depreciation	9,275,056	12,557,935
Net pension asset, net of deferred outflows	5,722,230	5,722,229
Total non-current assets	14,997,286	18,280,164
Total assets	49,838,041	47,848,559
Liabilities		
Current liabilities		
Accounts payable	\$ 7,087,933	\$ 7,710,401
Due to other governments	1,136,185	1,156,375
Due to providers	45,072	32,696
Accrued payroll and payroll taxes	1,027,446	1,651,678
Unearned revenue	180,811	154,974
Total current liabilities	9,477,447	10,706,124
Non-current liabilities		
Long-term debt	4,188,187	-
Total liabilities	13,665,634	10,706,124
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	10,764,605	175,388
Net position	\$ 36,172,407	\$ 37,142,435

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INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2022 through April 30, 2023

Percent of Year is 58.33%

	Specialty Services		Healthy Michigan		Autism		SUD Block Grant		Totals		
	Budget	YTD Totals 4/30/23	YTD Budget	YTD Totals 4/30/23	YTD Budget	YTD Totals 4/30/23	YTD Budget	YTD Totals 4/30/23	YTD Budget	YTD Totals 4/30/23	Variance
Operating revenue											
Medicaid:											
Traditional Capitation	\$ 36,509,729	\$ 40,991,776	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 65,309	\$ 36,509,729	\$ 41,057,084	\$ 4,547,355
Healthy Michigan Capitation	-	-	5,923,769	7,615,227	-	-	-	-	5,923,769	7,615,227	1,691,458
Autism Capitation	3,338,242	3,266,076	-	-	-	-	-	-	3,338,242	3,266,076	(72,166)
CCBHC Base Payment	-	(7,984,027)	-	(1,607,996)	-	-	-	-	-	(9,592,023)	(9,592,023)
Settlement Estimate	(3,508,353)	2,057,198	(3,175,692)	(3,606,901)	-	-	-	(65,309)	(6,684,045)	(1,615,012)	5,069,033
Client Fees	248,500	228,830	-	-	-	-	-	-	248,500	228,830	(19,670)
Total operating revenue	\$ 36,588,118	\$ 38,559,853	\$ 2,748,078	\$ 2,400,331	\$ -	\$ -	\$ -	\$ (0)	\$ 39,336,196	\$ 40,960,183	\$ 1,623,987
Operating expenses											
Internal services	\$ 1,807,148	\$ 1,681,730	\$ 100,837	\$ 139,642	\$ -	\$ -	\$ -	\$ -	\$ 1,907,985	\$ 1,821,372	(86,613)
External services	32,842,396	34,776,148	2,501,637	2,129,842	-	-	-	-	35,344,033	36,905,989	1,561,957
Delegated managed care	1,938,575	2,101,975	145,604	130,847	\$ -	-	-	-	2,084,178	2,232,821	148,643
Total operating expenses	\$ 36,588,119	\$ 38,559,852	\$ 2,748,078	\$ 2,400,330	\$ -	\$ -	\$ -	\$ -	\$ 39,336,196	\$ 40,960,183	\$ 1,623,986
Change in net position	(0)	0	-	0	-	-	-	(0)	\$ (0)	0	

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INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2022 through April 30, 2023

Percent of Year is 58.33%

	Original 2023 BUDGET	YTD Totals 4/30/23	Remaining Budget	Percent of Budget - YTD
Operating revenue				
Medicaid:				
Traditional Capitation	\$ 62,584,607	\$ 40,991,776	\$ 21,592,831	65.50%
Healthy Michigan Capitation	10,155,033	7,615,227	2,539,806	74.99%
Autism Captiation	5,722,701	3,266,076	2,456,625	57.07%
Settlement	(11,458,363)	(1,615,012)	(9,843,351)	0.00%
State General Fund:				
Formula Fundings	3,900,517	2,275,301	1,625,216	58.33%
CCBHC Demonstration	33,381,000	4,412,203	28,968,797	0.00%
CCBHC Accrual	-	506,600	(506,600)	0.00%
County Allocation	1,550,400	904,400	646,000	58.33%
Client Fees	429,500	228,830	200,670	53.28%
SUD Block Grant	-	65,309	(65,309)	0.00%
Other grant revenue	6,884,475	4,650,085	2,234,390	67.54%
Other earned contracts	1,379,510	2,066,928	(687,418)	149.83%
COFR	(6,250)	-	(6,250)	0.00%
Interest	1,000	964	36	0.00%
Local revenue	10,000	1,189	8,811	0.00%
Total operating revenue	\$ 114,534,130	\$ 65,369,876	\$ 49,164,254	57.07%
		\$ 66,478,538		
Operating expenses				
Salaries and wages	24,113,672	13,370,408	\$ 10,743,264	55.45%
Employee benefits	8,670,498	3,658,151	5,012,347	42.19%
Staff development	223,625	106,268	117,357	47.52%
Payments to providers	68,968,243	41,721,337	27,246,906	60.49%
Administrative contracts	7,789,466	5,042,883	2,746,583	64.74%
IT software and equipment	765,010	362,670	402,340	47.41%
Client transportation	29,260	12,755	16,505	43.59%
Staff travel	310,912	124,759	186,153	40.13%
Office expenses	420,923	217,624	203,299	51.70%
Insurance expense	97,505	67,508	29,997	69.24%
Depreciation expense	560,142	298,496	261,646	53.29%
Utilities	306,573	178,579	127,994	58.25%
Facilities	124,379	33,051	91,329	26.57%
Total operating expenses	\$ 112,380,208	\$ 65,194,487	\$ 47,185,721	58.01%
Change in net position	2,153,922	175,388	\$ 1,978,534	
Beginning net position	36,967,046	36,967,046		
Ending net position	\$ 39,120,968	\$ 37,142,435		

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INTEGRATED SERVICES OF KALAMAZOO
Statement of Revenue, Expenses and Change in Net Position

October 1, 2022 through April 30, 2023

Percent of Year is 58.33%

	State General Fund		CCBHC		Other Funding Sources		Totals		
	YTD Budget	YTD Totals 4/30/23	YTD Budget	YTD Totals 4/30/23	YTD Budget	YTD Totals 4/30/23	YTD Budget	YTD Totals 4/30/23	Variance
Operating revenue									
General Fund	\$ 2,275,302	\$ 2,275,301	\$ -	\$ -	\$ -	\$ -	\$ 2,275,302	\$ 2,275,301	\$ (0)
Projected GF Carryforward	-	-	-	-	-	-	-	-	-
CCBHC Demonstration	-	-	19,472,250	14,510,826	-	-	19,472,250	14,510,826	(4,961,424)
Other Federal and State Grants	-	-	-	-	4,015,944	4,650,085	4,015,944	4,650,085	634,141
Earned Revenue	-	-	-	-	804,714	2,066,928	804,714	2,066,928	1,262,214
COFR Revenue	-	-	-	-	(3,646)	-	(3,646)	-	3,646
Interest	-	-	-	-	583	964	583	964	381
County Allocation	-	-	-	-	904,400	904,400	904,400	904,400	-
Local Revenue	-	-	-	-	5,833	1,189	5,833	1,189	(4,645)
Transfer from GF	-	-	-	756,144	1,319,371	906,211	1,319,371	1,662,355	342,984
Settlement Revenue (Expense)	-	-	-	-	-	-	-	-	-
Total operating revenue	\$ 2,275,302	\$ 2,275,301	\$ 19,472,250	\$ 15,266,970	\$ 7,047,200	\$ 8,529,777	\$ 28,794,751	\$ 26,072,048	\$ (2,722,703)
Operating expenses									
Internal Programs	\$ -	\$ 232,689	\$ 13,357,000	\$ 10,991,790	\$ -	\$ 58,824	\$ 13,357,000	\$ 11,283,302	\$ (2,073,697)
External Programs	692,426	349,339	3,855,707	3,524,877	296,996	485,999	4,845,129	4,360,215	(484,914)
Other Federal and State Grants	-	-	-	-	4,958,428	6,176,424	4,958,428	6,176,424	1,217,996
HUD Grants	-	-	-	-	953,268	815,478	953,268	815,478	(137,790)
Managed Care Administration	38,740	30,918	963,017	836,957	22,826	21,151	1,024,584	889,026	(135,558)
Homeless Shelter	-	-	-	-	254,770	254,272	254,770	254,272	(498)
Transfer from GF	1,319,371	1,662,355	-	-	-	-	1,319,371	1,662,355	342,984
Local match expense	-	-	-	-	743,735	425,214	743,735	425,214	(318,521)
Non-DCH Activity Expenditures	-	-	-	-	82,010	30,373	82,010	30,373	(51,637)
Total operating expenses	\$ 2,050,537	\$ 2,275,301	\$ 18,175,725	\$ 15,353,624	\$ 7,312,034	\$ 8,267,736	\$ 27,538,296	\$ 25,896,661	(1,641,635)
Change in net position	224,765	(0)	1,296,525	(86,653)	(264,835)	262,041	\$ 1,256,456	175,388	(1,081,068)

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INTEGRATED SERVICES OF KALAMAZOO

CCBHC

October 1, 2022 through April 30, 2023

Percent of Year is 58.33%

	CCBHC Medicaid	CCBHC Healthy MI	CCBHC Non-Medicaid	CCBHC YTD Totals
Operating revenue				
Prepayment	\$ 4,412,203	\$ -	\$ -	\$ 4,412,203
CCBHC Base Payment Reclass	7,984,027	1,607,996	-	9,592,023
Remaining CCBHC revenue due	(699,894)	1,058,551	147,944	506,600
Total CCBHC Revenue (PPS-1 of \$267.46 x encounters)	\$ 11,696,336	\$ 2,666,546	\$ 147,944	\$ 14,510,826
Operating expenses				
Internal services	\$ 8,941,096	\$ 2,038,403	\$ 849,248	\$ 11,828,747
DCO Contracts	2,664,379	607,429	253,069	3,524,877
Total operating expenses	\$ 11,605,475	\$ 2,645,832	\$ 1,102,317	\$ 15,353,624
Operating change in net position	90,861	20,715	(954,373)	(842,797)
Reclassification to cover Non-Medicaid	-	-	756,144	756,144
Total change in net position	90,861	20,715	(198,229)	(86,653)

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Utilization Reports

Charlotte Bowser, ISK, Accounting Manager, presented the Utilization Report for the period ending April 30, 2023.

- Youth Community Inpatient Services is at (151) days and is unfavorable at \$167,530
- MI Adult Community Inpatient Services is at (1,447) days and is unfavorable at \$1,536,067
- Community Living Supports, Personal Care, and Crisis Residential is favorable at \$408,527

April Disbursements/MOTION

Member Guenther, "BASED ON THE BOARD FINANCE MEETING REVIEW, I MOVE THAT ISK APPROVE THE APRIL 2023 VENDOR DISBURSEMENTS OF \$9,404,986.92." Supported by Vice President Seals.

MOTION PASSED.

Chief Executive Officer Report

Regarding the CCBHC Financial projections, I have been in my current position with ISK for 22 years and we have never been in the best financial condition as we are currently. Yes, we did experience a windfall during the first year of the CCBHC demonstration with a much higher PPS-1 rate. I will continue to keep a close eye on the rates, expenses, and encounters with regards to third party data.

The higher PPS-1 rate plus PIHP admin and quality incentive for Medicaid beneficiaries; SMI, SED, and SUD paid through SWMBH, also resulted in them experiencing a windfall in savings and reserves that wasn't all used as well and as result they too had to send funds back to the state.

What is still a great benefit is that the CCBHC will cover the cost of treatment for the Mild-to-Moderate Medicaid beneficiaries through the PPS-1.

I'm very optimistic about our future as a CCBHC! The signage has gone up at the new 440 location and it looks wonderful.

House Bill #4577 has reappeared. However, I don't believe it is going to go any further for a potential vote to become a reality.

Not later than 2 years after the effective date of the mandatory act that added this sentence, the department must contract with contracted health plans for financial and service delivery management of Medicaid-funded behavioral health services for populations that are specified in section 109f of the social welfare act, 1939 PA 280, MCL 400.109f. Additionally, not later than 2 years after the effective date that added this sentence, the department must contract with a single statewide entity for financial and service delivery management of Medicaid-funded and non-Medicaid-funded behavioral health services for the populations that are specified in section 109f of the social welfare act, 1939 PA 280, MCL 400.109f. The contracted health plans must contract with the community mental health services program, consistent with this subdivision, to ensure an adequate and appropriate system of mental health services is provided. For purpose of this section, "department-designated community mental health entity" does not include a prepaid inpatient health plan.

We will be having 2 retirements at the Senior Executive Level, and they are:

 Pat Weighman
 Roann Bonney

We are making plans to honor them both for their years of service in July 2023. More details will be coming soon.

On June 29th the SAMHSA Assistant Secretary Miriam Delphin-Rittman and Senator Debbie Stabenow plan to visit ISK/CCBHC Kalamazoo program to announce the expansion of the Michigan CCBHC Demonstration site. Once this is confirmed, I will send out invites to all the ISK Board of Directors.

That concludes my report.

Citizen Time

No citizens came forth.

SWMBH (Southwest Michigan Behavioral Health) Updates/Erik Krogh

There are no new updates to report.

Appointment of a Board Election Committee/Chair Karen Longanecker

The following individuals were appointed by Chair Longanecker to set up and implement a transparent and fair election for new officers to serve on the ISK Board of Directors:

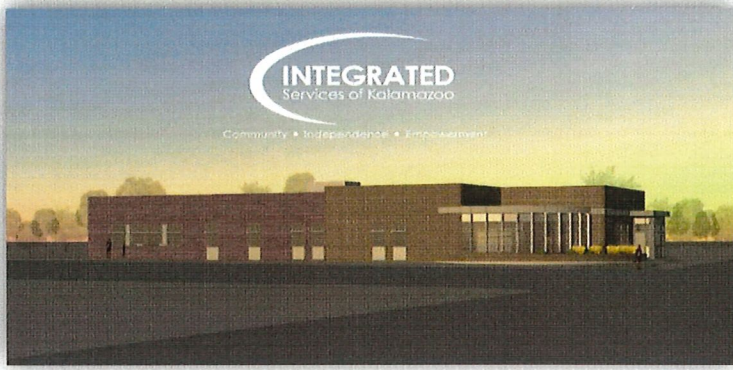
- Pat Guenther
- Sharon Spears
- Karen Longanecker
-

Meeting ended at 5:20PM.

Demeta J. Wallace

Administrative Coordinator & Board Liaison

INTEGRATED Services of Kalamazoo



24 HOURS
Behavioral Health Clinic

COMING SOON

INTEGRATED Services of Kalamazoo (ISK) Board of Director's Meeting

June 26, 2023

ANNUAL PUBLIC HEARING

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		Kalamazoo/Kalamazoo	X
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
 Sheila Hibbs
 Beth Ann Meints
 Michael Schlack, *CORPORATE COUNSEL*
 Dianne Shaffer
 Lisa Smith
 Ed Sova
 Alecia Pollard
 Demeta Wallace
 Mandy Burkhead
 Audrey Wright

ISK - KCMHSAS Staff Absent:

Providers:

Shenetta Coleman
 Chief Executive
 Officer
 ROI

 Fi Spalvieri
 Executive Director
 Community Living
 Options



610 S. Burdick Street
 Kalamazoo MI 49007

Call to Order

The Board of Directors (Integrated Services of Kalamazoo) held their Annual Public Hearing on [Monday, June 26, 2023](#). It began @ [4:01pm](#) and was presided over by Chairwoman, *Karen Longanecker*.

Opening Comments by Chair Karen Longanecker:

Welcome All:

- *Thank you to all who have attended this public hearing.*
- Introduce Board members to the audience:
 - *Chair Karen Longanecker*
 - *Vice Chair Michael Seals*
 - *Nkenge Bergan*
 - *Sarah Carmany*
 - *Patrick Dolly*
 - *Patricia Guenther*
 - *Erik Krogh*
 - *Ramona Lumpkin*
 - *Monteze Morales*
 - *Michael Raphelson, M.D.*
 - *Sharon Spears*
 - *Melissa Woosley*

Hearing Background:

- Integrated Services of Kalamazoo (ISK) Board of Directors is extremely interested in hearing the public's assessment of our service delivery system. This public hearing is just one place where we hear from those we serve, their families and our community. Everyone is invited to attend and comment at any of our board meetings, which usually occur on the fourth Monday of each month.
- The Board is committed to providing quality services in response to community need. We are particularly seeking comments on ways to improve service quality and the need for new services.
- Tonight, we are interested in hearing your comments on services for children with serious emotional disturbances, adults with mental illness, children and adults with intellectual and developmental disabilities and individuals with co-occurring disorders.

Process:

- There will be two sign-up sheets available: One for those in attendance and one for those wishing to speak. Please complete both sheets if you plan on speaking. Make sure to include your full name and complete address with zip code.
- For those wishing to speak, please begin your comments/statements with your full name and address, including zip code.
- Please limit your remarks to **4 minutes**.
- The ISK Board of Directors will be **listening only this evening** and will therefore not be responding to your remarks. Please do not interpret this as a lack of interest. The goal of our public hearing is to allow you to share personally and uninterrupted. A written response will be provided to those who speak, which is why it is so important to make sure we have your full name and address on record.

- If you wish to speak with an ISK Staff Person about your personal situation, someone will be available to talk with you after the meeting.
- Thank you for taking time to attend the 2023 ISK Public Hearing. Information gathered this evening will be used as we plan for the FY23/24 ISK Budget.

Elizabeth DeRyke:

Ms. DeRyke is a single parent taking care of a child who has Intellectual/Developmental Disabilities, and has been recently diagnosed with Bipolar Depression. Her son had an admission into Crown Point Behavioral Healthcare facility. According to Ms. DeRyke, she has had a challenging time trying to get help for her son. There once was a specific occasion when she made at least eight attempts to contact and get help from Mobile Crisis and was unsuccessful each time. She then made an inquiry about having her son enrolled in classes for individuals with bipolar and was told that no such classes existed. After doing her own research, she discovered that there are classes available for those suffering with bipolar depression.

Due to the multiple barriers and lack of response that she has received, she plans to apply for open positions on several mental health boards in an attempt to become an active member and advocate for those needing mental health services but have been confronted with several obstacles that have prevented her own son from getting the treatment that he needs.

Cynthia Taylor (spokesperson for five neighbors: David Littke, Janet Kosino-Littke, Janel Hosie, and Scott Taylor:

Mrs. Taylor shared with the ISK Board of Directors that she was not certain if this was the correct forum for her group to share their concerns, however, it was a start to hopefully get some aid.

Mrs. Taylor was the spokesperson for her group which consisted of five neighbors from their neighborhood. There is a resident in their neighborhood who they believe suffers from a mental illness and tends to commit acts of violence and aggression. They also believe this person has a criminal record. The neighbors feel threatened by this person's menacing behaviors with the intent to do some form of harm. They shared that they feel unsafe in their own homes and neighborhoods, even with an active PPO in place and calling Public Safety when necessary.

Mrs. Taylor expressed that she completed or someone in her group completed what they thought was the necessary paperwork to get help, but instead nothing was ever done.

She asks, "How can we go about getting help for ourselves and this person, so that we all can feel safe?"

She continues, "If this Annual Public Hearing is not the correct forum for us to share our concerns, then where should we go to seek guidance?"

CLOSE Public Hearing (Verbal Motion):

Member Raphelson, "I MOVE THAT THE ISK ANNUAL PUBLIC HEARING BE CLOSED."
Supported by Member Spears.

MOTION PASSED.Board Member Time/Comments:

It was a short public hearing with only a few testimonials. Several of the ISK Board of Directors thanked those in attendance and shared personal stories about their loved one's journeys to receiving services. Each recipient who gave testimony was encouraged to continue the pursuit of getting the best care possible for their loved ones and that ISK was a reputable mental health authority with multiple treatment programs and services that have been data driven and proven to be best practice.

Meeting ended at 4:21PM.

Demeta J. Wallace

Administrative Coordinator & Board Liaison

INTEGRATED Services of Kalamazoo

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY III.03

AREA:	Governance	
SECTION:	Board – Executive Relationship	PAGE: 1 of 1
SUBJECT:	CHIEF EXECUTIVE OFFICER PERFORMANCE	SUPERSEDES: 07/26/2010 REVISED: 07/25/2011

PURPOSE/EXPLANATION

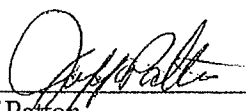
To define the job contribution of the Chief Executive Officer (CEO).

POLICY

As the Board's single official link to the operating organization, the CEO's performance will be considered to be synonymous with organization performance.

Consequently, the CEO's job contributions can be stated as performance in only two ways:

- A. Organizational accomplishment of the provisions of Board policies on Ends.
- B. Organization operation within the boundaries of prudence and ethics established in Board policies on Executive Limitations.

CHIEF EXECUTIVE OFFICER


Jeff Patton
Chief Executive Officer

APPROVED


Erik Krogh
Board Chair

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY III.04

AREA:	Governance	
SECTION:	Board – Executive Relationship	PAGE: 1 of 2
SUBJECT:	MONITORING EXECUTIVE PERFORMANCE	SUPERSEDES: 06/22/2015 REVISED: 06/22/2019

PURPOSE/EXPLANATION

To establish the mechanisms for monitoring the performance of the Chief Executive Officer (CEO).

POLICY

- I. The Board's chief evaluation interest is whether the organization achieves the Board's ends and operates within the Board's executive limitations. The evaluation of the CEO's performance consists of comparing performance data against a reasonable interpretation of the degree to which the Board Ends and Executive Limitation policies are carried out.
 - A. The monitoring of executive performance will take place throughout the year during board meetings through the monitoring reports of the Board Ends and Executive Limitation policies and other mechanism established by the Board. A routine schedule and format will be utilized, requiring a minimum of Board time so that discussion will focus on the future rather than reviewing the past.
 - B. At the discretion of the Board, any ends and limitations policy may also be monitored by any of the following methods at any time:
 1. *Internal Report*
Periodic reports to the Board demonstrating compliance with Board Ends and Executive Limitation policies.
 2. *External Report*
Receipt and review of information having an impact on the Board Ends and Executive Limitation policies from federal, state or local regulatory bodies. Additionally, an external report may be received from an impartial third party selected by the Board to review a particular Board policy or set of circumstances.
 3. *Direct Inspection*
 - a. Monitoring executive performance may also be done through the complaint process (exhibits B & C)
 - b. When other information is brought to the Board's attention causing the Board to question the implementation of a policy, the Board may appoint a

member or committee to conduct a policy compliance review. The results shall be reported back to the Board.

4. *Performance Objectives*

The Board and Chief Executive Officer may establish performance objectives that aim to achieve specific targets for a Board Ends or Executive Limitation policy within a time frame and with available resources.


5. At the discretion of the Board, the results obtained through internal and external reports, direct inspection, or performance objectives may also be included in the CEO's annual evaluation.

- II. The Board Chairperson will appoint a committee to compile the information obtained throughout the year with respect to achievement of ends and limitations policies by the CEO. The Board will conduct a formal review of the CEO in November or as otherwise scheduled (Refer to Exhibit A).

EXHIBITS

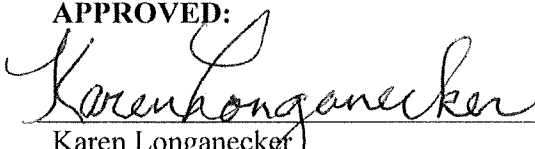
- A. Process for Conducting Executive Evaluation
- B. Handling Complaints About the Chief Executive Officer's Non-Compliance with Board Policy
- C. Chief Executive Officer Board Policy Non-Compliance Complaint Form
- D. CEO Annual Evaluation
- E. CEO Monthly Board Monitoring Activities

CHIEF EXECUTIVE OFFICER:



Jeff Patton
Chief Executive Officer

APPROVED:



Karen Longanecker
Board Chair

Process for Conducting Executive Evaluation

- I. The Board Chairperson will appoint a Chief Executive Officer (CEO) Evaluation Committee with a designated Chairperson for the subcommittee.
- II. As directed by the Board or requested by the CEO, the CEO will submit in writing to the Chairperson of the CEO Evaluation Committee, for approval by the Board, any proposed performance objective(s) for the up-and-coming year with timelines to support the achievement of an ends or limitations policy.
- III. The charge of the CEO Evaluation Committee shall include the following:
 - A. Monitor the ongoing reports to the Board in the area of Board Ends or Executive Limitation policies and for one individual from the CEO Evaluation Committee to record at each Board Meeting the compliance elements on the "Monitoring Executive Performance Worksheet."
 - B. Distribute a copy of the "Monitoring Executive Performance Worksheet" with the completed monthly recordings to each Board member at the September Board meeting. Each Board member will be requested to complete his/her ratings on the worksheet and to return the worksheet to the Chairperson of CEO Evaluation Committee 14 days prior to the October Board meeting.
 - C. Compile and aggregate the information received from each of the Board members on their "Monitoring Executive Performance" forms and transpose the information to complete a draft on the "Chief Executive Officer Evaluation Form".
 - D. Review the proposed objectives for the up-and-coming year if received from the CEO.
- IV. At the October Board meeting the evaluation committee will provide each Board member with their draft of the Chief Executive Officer Evaluation and include their recommendations in regards to the performance objectives if submitted by the CEO.
- V. In November, prior to meeting with the CEO, the Board will finalize and approve the CEO performance evaluation. The results of evaluation will be shared with the CEO in closed session if requested following Board discussion.

Handling Complaints About Chief Executive Officer Non-Compliance with Board Policy

- I. If there is a complaint that the Chief Executive Officer (CEO) is in non-compliance with a Board policy, the complainant must complete a complaint form, which may be obtained from the Integrated Services of Kalamazoo's (ISK) administration office, from the Kalamazoo Public Library main branch (law library) or online from the ISK web site (<https://iskzoo.org/>).
- II. In order to initiate further action, the complainant must complete the form and submit it to the Board chair. A complaint may be submitted by delivering it to any Board member, by mailing it to the Board chair (a stamped, addressed envelop will be provided for that purpose on request) or by submitting it via e-mail to a secure mailbox. If a Board member receives the complaint, he or she must give it to the Chair within one week. The Board Vice-Chair may receive the submission, if the Chair is unavailable.
- III. The Chair will appoint three Board members who are to meet as a committee and investigate the complaint on a confidential basis within two weeks from the date the committee is formed. The three Board members are to be selected on a rotating basis by alphabetical order. If a Board member is unavailable at the time the committee is formed, the next Board member in alphabetical order will be contacted and appointed. The Chair is included in the rotation.
- IV. The committee will strive to complete its investigation within two weeks; however, the committee must notify the complainant if more time is required to complete the investigation and draft a report. The committee may extend the time for investigation and submission of its report for an additional two weeks. If the committee remains unable to complete its duties within that additional time, it must notify the Board and the complainant and the Board will consider the issue at its next regular meeting and determine what further action to respond to the complaint is required.
- V. The committee will first determine whether the complaint states an identifiable violation of a Board policy. If the committee determines that the complaint does not state a violation, the committee will notify the Chair and the complainant of its decision. Otherwise, the committee will begin an investigation, which should include (but is not limited to) a review of relevant documents and interviews with persons having knowledge related to the complaint. Upon completing its investigation, the committee will draft a report and submit it to the Board and the CEO.
- VI. The Board will determine whether the complaint has merit based on the committee's report. If the Board determines that the complaint does have merit, the Board, with input from the CEO, will determine the steps to be taken to correct the situation. The complainant will also be notified of the resolution.
- VII. The board will keep the name of the complainant confidential throughout the complaint process.

EXHIBIT C

**Chief Executive Officer Board Policy
Non-Compliance Complaint**

Policy affected:

--

Complaint (specifically how did the Chief Executive Officer not comply with the policy):

--

Signature

Date

For use to contact you for further clarification and/or to notify you of the resolution:

Printed Name: _____

Address: _____

Phone Number: _____

FOR USE BY ISK BOARD CHAIR:

Date Received: _____ Date Completed: _____

Board Members Assigned:

--

Integrated Services of Kalamazoo CHIEF EXECUTIVE OFFICER ANNUAL EVALUATION

Name: _____ Review Period (Year): _____

Instructions: Please rate the CEO's job performance with regard to the evaluation areas appearing below. Rate your responses of:

- Unsatisfactory (1)
- Satisfactory (2)
- Good (3)
- Excellent (4)

Evaluation Statement	Unsatisfactory (1)	Satisfactory (2)	Good (3)	Excellent (4)
1. Commitment to Mission Effectiveness as a champion promoting ISK Mission, Vision, Values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Leadership Effectiveness of leadership as evidenced at Board meetings and public events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Fiscal Management Effectiveness with regard to budget oversight and fiscal compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Community and Public Relations Effectiveness representing the Agency at local and state level organizations, associations, and events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Planning Effectiveness in developing plans for the growth and/or improvement of Agency Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Accountability Effectiveness with regard to identifying and responding to Board and organizational priorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall Performance Based on all monitoring reports and activities, rate the overall performance of the CEO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How well does the CEO provide adequate, understandable, and sufficient reports to the Board which demonstrates compliance with the Board Executive Limitation policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CEO Performance Objectives (as applicable):

(Comments on CEO Performance Goal and Objective accomplishments, progress, barriers, areas of concern, etc.)

Integrated Services of Kalamazoo
CHIEF EXECUTIVE OFFICER ANNUAL EVALUATION

What do you perceive as the strengths of the CEO?

In what areas do you think the CEO could improve?

Additional Comments (Optional)

**Evaluation
Process**

This is an effective evaluation tool:
If "No" please use back of form to suggest changes

☐

Yes

☐

No

Completed By

Board Member:

Date:

Do you have any suggestions for revisions to a Board Ends or Executive Limitation Policy?

**INTEGRATED SERVICES OF KALAMAZOO
CEO EVALUATION ~ MONTHLY BOARD MONITORING ACTIVITIES**

Board Member Name: _____

MONTH	MONITORING ACTIVITY	COMPLIANCE (Y or N)	ANY BOARD ACTION TAKEN FOR NON- COMPLIANCE	COMMENTS
October	Mission, Bylaws & Appointments: Board Guidelines for Board Member Appointments (I.03)			
	Board Gov: Board Purpose and Business Description (II.01)			
	Board Gov: Ends Development Process (II.06)			
	Board Gov: Ends for Individuals Served (IV.01)			
	Limits: Treatment of Persons served (V.01) (include Substantiated Complaints)			
	Investment Report			
	Customer Services Report			
	Family Support Advisory Council (FSAC) Annual Report			
	Customer Advisory Council (CAC) Annual Report			
November	Chief Executive Officer Evaluation			
	Board Gov: Governing Style (II.02)			
	Limits: Emergency Executive Succession (V.05)			
	Limits: Communication & Counsel to the Board (V.06)			
	Limits: Corporate Compliance & Risk Management (V.11)			
	System Gov: Endowment Fund (VI.03)			
	Compliance & Risk: FY Annual plan			

INTEGRATED SERVICES OF KALAMAZOO
CEO EVALUATION ~ MONTHLY BOARD MONITORING ACTIVITIES

<i>MONTH</i>	<i>MONITORING ACTIVITY</i>	<i>COMPLIANCE (Y or N)</i>	<i>ANY BOARD ACTION TAKEN FOR NON- COMPLIANCE</i>	<i>COMMENTS</i>
	Compliance & Risk: Status Report			
December	<i>No monitoring Reports or Policy review this month</i>			
January	Mission, Bylaws & Appointments: Mission/Vision/Value Statement (I.01)			
	Mission, Bylaws & Appointments: Bylaws and Rules of Procedure (I.02)			
	Board Gov: Annual Board Planning (II.08)			
	System Gov: Annual Leave Reserve (VI.01)			
	Recipient Rights Annual Report			
	Investment Report			
	Limits: Quality Improvement Plans			
	Strategic Plan			
February	Board Gov: Board Travel (II.14)			
	Limits: Quality Management (V.09)			
	Limits: Collaboration (V.10)			
	System Gov: Investment Policy (VI.02)			
March	Board Gov: Board Compensation (II.07)			
	Board Gov: Board Member's Code of Conduct (II.09)			
	Board Gov: Conflict of Interest (II.11)			
	Board Gov: Depreciation (VI.04)			

INTEGRATED SERVICES OF KALAMAZOO
CEO EVALUATION ~ MONTHLY BOARD MONITORING ACTIVITIES

<i>MONTH</i>	<i>MONITORING ACTIVITY</i>	<i>COMPLIANCE (Y or N)</i>	<i>ANY BOARD ACTION TAKEN FOR NON- COMPLIANCE</i>	<i>COMMENTS</i>
April	Board Gov: Chairpersons Role (II.04)			
	Board Gov: Board Committee Principles (II.05)			
	Board Gov: Reserves Management (VI.05)			
	Treatment of Persons Served Substantiated Complaints Report			
	Investment Report			
	Nominating Committee for Board Officers			
	Year-End Report (all populations)			
	Compliance & Risk: Board Training			
	Compliance & Risk: Status Report			
May	Customer Services Report			
	Board Elections			
	Board Gov: Board Member Responsibilities (II.12)			
	Board Gov: Input from Stakeholders (II.13)			
	Board Gov: Accessibility (II.15)			
June	No monitoring Reports or Policy review this month			
	Public Hearing			
July	Board Gov: Board Finance Committee (II.10) (insurance)			
	Board Exec: Chief Executive Officer Role (III.01)			

INTEGRATED SERVICES OF KALAMAZOO
CEO EVALUATION ~ MONTHLY BOARD MONITORING ACTIVITIES

<i>MONTH</i>	<i>MONITORING ACTIVITY</i>	<i>COMPLIANCE (Y or N)</i>	<i>ANY BOARD ACTION TAKEN FOR NON- COMPLIANCE</i>	<i>COMMENTS</i>
	Board Exec: Delegation to the Chief Executive Officer (III.02)			
	Board Exec: Chief Executive Officer Performance (III.03)			
	Board Exec: Monitoring Executive Performance (III.04)			
	Investment Report			
	Ends: All populations			
	Recipient Rights Semi-Annual Report			
	Strategic Plan			
	Limits: Budgeting (V.03)			
August	Limits: Finance (V.04)			
September	Limits: Asset Protection (V.07)			
	Limits: Staff Treatment (V.02)			
	Limits: Compensation & Benefits (V.08)			
	Approve Budget			

INTEGRATED SERVICES OF KALAMAZOO
CEO EVALUATION ~ MONTHLY BOARD MONITORING ACTIVITIES

Additional Comments:

Board Member Signature: _____ Date: _____

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY III.01

AREA:	Governance	
SECTION:	Board-Executive Relationship	PAGE: 1 of 1
SUBJECT:	CHIEF EXECUTIVE OFFICER ROLE	SUPERSEDES: 07/26/2010 EFFECTIVE: 07/25/2011

PURPOSE/EXPLANATION

To define the role of the Chief Executive Officer (CEO) and the relationship of the position to the Board.

POLICY

The CEO is accountable to the Board. The Board will instruct the CEO through Board policies and the CEO's contract, delegating to him/her interpretation and implementation of those policies.

The CEO will provide an orientation of new Board members that addresses the mission, philosophy, scope and service array; legal framework, history and future trends; service development, monitoring and management; and financial management. This will be coordinated when there is new Board membership.

CHIEF EXECUTIVE OFFICER



Jeff Patton
Chief Executive Officer

APPROVED



Erik Krogh
Board Chair

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY III.02

AREA:	Governance	
SECTION:	Board – Executive Relationship	PAGE: 1 of 2
SUBJECT:	DELEGATION TO THE CHIEF EXECUTIVE OFFICER	SUPERSEDS: 07/25/2011 REVISED: 09/26/2016

PURPOSE/EXPLANATION

To define the authority of the Chief Executive Officer (CEO) and methodology for the modification of that authority.

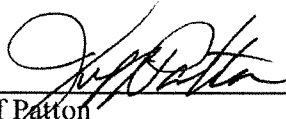
POLICY

All Board Authority related to staff is delegated through the CEO.

- A. The Board will direct the CEO to achieve specified results, for specified persons served, at a specified cost through the establishment of *Ends* policies. The Board will limit the latitude the CEO may exercise in practices, methods, conduct and other “means” to the ends through establishment of *Executive Limitations* policies.
- B. As long as the CEO uses any reasonable interpretation of the Board’s *Ends* and *Executive Limitations* policies, he/she is authorized to establish all further policies, make all decisions, take all actions, establish all practices and develop all activities.
- C. This authorization shall include entering into contracts with funders, service providers, professional services and administrative services such as maintenance contracts and printing contracts that are consistent with organizational goals and within the approved budget. For contracts that were not included in the approved budget, the CEO will notify the Board of all contracts that are less than \$300,000 and bring to the Board for their approval all contracts of \$300,000 or more. In order to provide for efficient and timely payment of the Authority’s obligations, the Board delegates to the CEO the authority to approve and pay budgeted purchases up to \$300,000 without further advance approval by the Board. The Board retains authority to approve unbudgeted purchases or purchases in excess of \$300,000 in advance of issuance. The CEO will, however, provide the Board (through its Finance Committee) with a detailed listing of all disbursement approved by the CEO in accordance with this policy each month.
- D. Purchase or sale of all real estate must be approved by the Board.

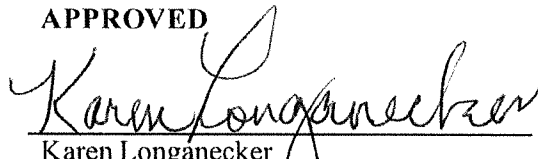
- E. The Board may change its *Ends* and *Executive Limitations* policies, thereby shifting the boundary between Board and CEO domains. By so doing, the Board changes the latitude of choice given to the CEO. But so long as any particular delegation is in place, the Board and its members will respect and support the CEO's choices. This does not prevent the Board from obtaining information in the delegated areas except requesting identifiable information on persons served.
- F. Only decisions of the Board are binding upon the CEO.
1. Decisions or instructions of individual Board members, officers or committees are not binding on the CEO except in rare instances when the Board has specifically authorized such exercise of authority.
 2. In the case of individual Board member(s) requesting information or assistance without Board authorization, the CEO can refuse such requests that require, in the CEO's judgment, a material amount of staff time or funds, or is disruptive.

CHIEF EXECUTIVE OFFICER



Jeff Patton
Chief Executive Officer

APPROVED



Karen Longanecker
Board Chair

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY VI.02

AREA:	Governance		
SECTION:	System Governance	PAGE:	1 of 5
SUBJECT:	INVESTMENT POLICY	SUPERSEDES:	04/15/21
		REVISED:	03/28/2022

PURPOSE/EXPLANATION

It is the policy of Integrated Services of Kalamazoo (ISK) to invest public funds in a manner which will ensure the preservation of principal while providing the highest investment return with maximum security, meeting the daily cash flow requirements of the organization and conforming to all state statutes governing the investment of public funds.

POLICY

I. SCOPE

This policy applies to all financial assets of ISK. These funds shall be accounted for in the Independent Annual Audit Report.

II. OBJECTIVE

The primary investment objectives, in priority order shall be:

A. *Safety*

Safety of principal is the foremost objective in the investment of ISK funds. Investments shall be undertaken in a manner that seeks to ensure the preservation of principal in the overall portfolio. To attain this objective diversification is required in order that potential losses on individual securities do not exceed the income generated from the remainder of the portfolio.

B. *Liquidity*

The investment portfolio shall remain sufficiently liquid to enable ISK to meet all operating requirements that might be reasonably anticipated.

C. *Return on Investments*

The investment portfolio shall be designed with the objective of attaining a rate of return throughout budgetary and economic cycles, commensurate with the investment risk constraints and the cash flow characteristics of the portfolio.

D. Risks

Further objectives of this policy are to minimize credit and concentration risk, interest rate risk, and foreign currency risk.

1. *Credit Risk (Custodial Credit Risk and Concentration Credit Risk):*
ISK will seek to minimize custodial credit risk, which is the risk of loss due to failure of the security issuer or backer, by limiting investments to the types listed in Section V. of this investment policy. ISK will seek to minimize the amount of Concentration Risk, which is the risk of loss attributed to the magnitude of investments in a single issuer, by diversifying the investment portfolio so that the impact of potential losses from any one type of security or issuer will be minimized.
2. *Investment Rate Risk:*
ISK will minimize Interest Rate Risk, which is the risk that the market value of securities in the portfolio will fall due to changes in market rate, by structuring the investment portfolio so that securities mature to meet cash flow requirements for ongoing operations, and investing operating funds primarily in shorter term securities, liquid assets, money market funds, or similar investments pools and limiting the average maturity in an effort to meet cash flow requirements.
3. *Foreign Currency Risk:*
ISK is not authorized and will not hold investments subject to this kind of risk.

III. DIVERSIFICATION

Investments shall be diversified by security type and institution. With the exception of U.S. Treasury securities and authorized investment pools as defined in Public Act 20 of 1943 as amended, no more than 60% of the total investment portfolio will be invested in a single security type or with a single financial institution with the exception of funds held in a Certificate of Deposit Account Registry Service (CDARS) account.

IV. DELEGATION OF AUTHORITY

Management responsibility for the Investment Policy is hereby delegated to the Chief Executive Officer (CEO), Chief Financial Officer (CFO), and the Finance Director (FD).

V. AUTHORIZED INVESTMENTS

The CEO, CFO and FD are authorized to invest in the following types of securities authorized by Public Act 20 of 1943, as amended:

- A. Bonds, securities, and other obligations of the United States or an agency or instrumentality of the United States.
- B. Certificates of deposit, savings accounts, deposit accounts or depository receipts of a financial institution as defined in Public Act 20 of 1943 as amended, no more than 60% of the total investment portfolio will be invested in a single security type or with a single financial institution with the exception of funds held in a CDARS account.
- C. Commercial paper rated at the time of purchase at the highest classification established by not less than 2 standard rating services and that matures not more than 270 days after the date of purchase.
- D. Repurchase agreements consisting of instruments in subdivision V.A.
- E. Banker's acceptances of United States banks.
- F. Obligations of this state or any of its political subdivisions that at the time of purchase are rated as investment grade by not less than 1 standard rating service.
- G. Obligations described in subdivision 6.1 through 6.6 if purchased through an interlocal agreement under the Urban Cooperation Act of 1967. 1967 (Ex Sess) PA 7, MCL 124.501 to 124.512.
- H. Investment pools organized under the Surplus Funds Investment Pool Act, 1982 PA 367, MCL 129.111 to 129.118.
- I. Investment pools organized under the Local Government Investment Pool Act, 1985 PA 121, MCL 129.141 to 129.150.

VI. SAFEKEEPING AND CUSTODY

It shall be the responsibility of the CEO, CFO and FD to determine which securities will be held by a third party custodian. Securities held in safekeeping by a third party custodian shall be evidenced by a safekeeping receipt

VII. PRUDENCE

The standard of prudence to be used by the CEO, CFO and FD shall be the “prudent person” standard and shall be applied in the context of managing an overall portfolio. Investments shall be made with judgement and care, under circumstances then prevailing, which persons of prudence, discretion and intelligence exercise in the management of their own affairs, not for speculation, but for investment, considering the probable safety of their capital as well as the probable income to be derived.

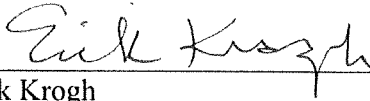
VIII. REPORTING

The CEO, CFO and FD shall provide a timely quarterly report to the ISK Board that provides a clear picture of the status and types of investments of the current investment portfolio. This report shall be prepared in a manner that will allow the Board to ascertain whether investment activities during the reporting period have conformed to the investment policy.

IX. ORDER EXECUTION

Before executing an order to purchase or trade the funds of ISK, a financial intermediary, broker or dealer shall be provided with a copy of ISK Investment policy regarding the buying or selling of securities and acknowledge receipt and agree to comply with the terms contained therein by executing the form attached as Appendix #1.

CHIEF EXECUTIVE OFFICER

Jeff Patton
Chief Executive Officer**APPROVED**

Erik Krogh
Board Chair

APPENDIX #1

I have read and fully understand Public Act 20 of 1943 as amended, and the investment policy of Kalamazoo County Community Mental Health Authority d/b/a: Integrated Services of Kalamazoo.

Any investment advice or recommendations on investments given by _____ (name) _____ representing (company) _____ to the Chief Executive Officer (CEO), Chief Financial Officer (CFO) and Finance Director (FD) or his/her designee shall comply with the requirements of Public Act 20 of 1943 as amended, and the Investment Policy of ISK. Any existing investment not conforming to the statute or policy will be disclosed promptly to the CEO, CFO and FD or his/her designee. Further, should a broker/dealer learn of a forthcoming downgrading of commercial paper that has been sold to ISK, I agree to notify the CEO, CFO and FD or his/her designee as soon as possible to determine if there is a need to trade that investment.

By: _____

Printed Name: _____

Title: _____

Name of Financial Company: _____

Date: _____

Please send the original Appendix #1 to:
Integrated Services of Kalamazoo
Attention: Chief Financial Officer
610 South Burdick Street
Kalamazoo MI 49007

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY II.10

AREA: Governance	
SECTION: Board Governance Process	PAGE: 1 of 2
SUBJECT: BOARD FINANCE AND COMPLIANCE COMMITTEE	SUPERSEDES: 03/27/2017 REVISED: 07/23/2018

PURPOSE/EXPLANATION

To define the role of the Board Finance and Compliance Committee.

POLICY

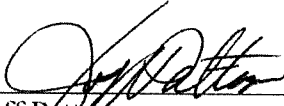
The Finance and Compliance Committee is a standing committee of the ISK Board and consists of up to four (4) Board members and the chairperson of the Board. The ISK Board appoints the members to the Finance and Compliance Committee. The Finance Committee chair is selected by the Finance and Compliance Committee members. The chairperson of the Board shall not also be designated as the Finance and Compliance Committee chair.

- A. The Finance and Compliance Committee exists to support the work of the Board in protecting and managing the financial assets and risks of ISK. The committee will at least annually:
 1. Review and recommend financial and compliance policies to the Board
 2. Review and recommend the budget to the Board
 3. Review the Financial Audit
 4. Review insurance coverage
 5. Review risk
- B. The Committee will:
 1. Review monthly financial reports from the Chief Executive Officer (CEO)
 2. Review the previous month's vendor disbursements and make a recommendation to the ISK Board for approval
 3. Make recommendation on such other issues as delegated to/by the Board
 4. Review compliance activities (including goals, objectives, Risk Assessment) to develop the annual Compliance Plan.
- C. The Finance and Compliance Committee is authorized to create subcommittees and engage in activities that contribute to the fulfillment of its purpose.
- D. The Finance and Compliance Committee is accountable to the full ISK Board.

REFERENCES

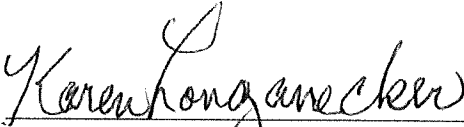
- ISK Board Policy II.5 Board Committee Principles
- 42 CFR 438.608 (Program Integrity Requirements under the contract)

**CHIEF EXECUTIVE
OFFICER**



Jeff Patton
Chief Executive Officer

BOARD CHAIR



Karen Longanecker
Board Chair

INSURANCE OVERVIEW FOR ASSET PROTECTION REPORT

July 24, 2023

- Our liability/property insurance is through the Michigan Municipal Risk Management Authority (“MMRMA”). MMRMA was created under the authority of the Michigan statutes to provide risk management and risk financing services to local governmental entities such as ISK.
- Liability coverage through MMRMA totals \$15,000,000 per occurrence.
- ISK board members are covered by MMRMA for their official duties performed on behalf of ISK.
- MMRMA pays for the costs of defending certain claims against ISK as well as any damages assessed.
- Workers compensation insurance is purchased through Accident Fund Co of America. We have limits of \$500,000 per accident and \$500,000 per disease claim.
- Our long term and short-term disability coverage is purchased through The Hartford Group. For long term coverage (LTD), employees will receive 60% of their income up to \$160,000 after a 180-day waiting period (maximum benefit of \$8000 per month). For short-term disability (STD), employees will receive 60% of their covered salary up to \$160,000 beginning on the 15th day after the accident or 15th day after an illness that causes them to be off work (maximum benefit of \$1846.15 per week). Maximum duration for STD is 23 weeks or the beginning of LTD benefits, whichever is earlier.
- Group life insurance is through The Hartford Group. Employees receive 0.5 times their salary rounded to the next higher \$1,000 subject to a minimum of \$10,000 and a maximum \$100,000.
- Group accidental death and dismemberment insurance is through The Hartford Group.
- Health care professional liability insurance is through Pro Assurance Casualty Company. Limits are \$3,000,000 per claim and \$3,000,000 aggregate. Our employed prescribers are covered.
- Medical insurance/prescriptions/dependant coverage is purchased through Blue Cross Blue Shield of Michigan for employees working at least 30 hours per week.
- Dental insurance is purchased through ADN for employees working at least 30 hours per week.
- Vision insurance is purchased Blue Cross Blue Shield using the VSP network for employees working at least 30 hours per week.
- Employees working at least 20 and up to 29 hours per week may purchase ISK’s medical insurance/prescriptions/dependent coverage, dental insurance, or vision insurance at the full premium cost.

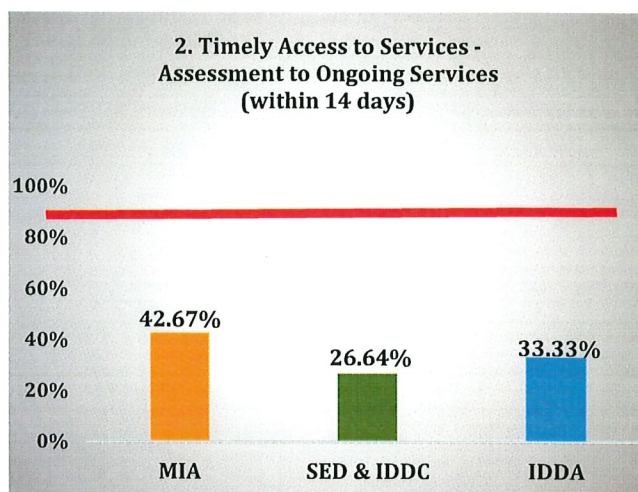
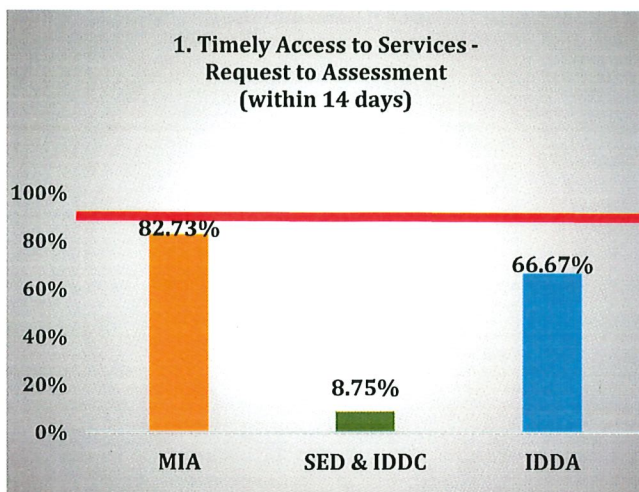
ISK Strategic Priorities and Goals

FY 2021-2024 - Status Update 07/24/2023

Domain	Strategic Priority	Objective	Status Update 07/24/2023
Customer Services/ Individuals Served	I. Increase access to services	A. Develop and implement outreach activities to increase engagement with underserved communities, particularly brown and black populations and impoverished people. B. Increase number of individuals served, particularly minority communities.	A. ISK further implemented Certified Community Behavioral Health Clinic (CCBHC) as a demonstration site, opening up access to a broader population of Kalamazoo and Michigan residents no matter residency or insurance, for all with a mental health and/or substance use disorder diagnosis. B. Same Day Access provides quick and effective access to care.
	II. Build and implement Psychiatric Urgent Care and same-day Access programs.	A. Complete construction of centrally located facility for Psychiatric Urgent Care and same-day Access.	C. ISK Behavioral Health Urgent Care and Access Center officially opened July 10, 2023.
	III. Be a valued community partner	A. Increase number of shared initiatives in partnership with community partners.	A. Increased and continued collaboration with community partners, such as law enforcement, Western Michigan University School of Medicine, Family Health Center Federally Qualified Health Center (FQHC), and others.
	IV. Provide evidence-based and best practices	A. Formalize partnership with WMU School of Medicine—Department of Psychiatry. B. Train staff in and increase the number of Evidence-Based Practices implemented across ISK. C. Implement updated COVID protections to keep employees and guests as safe as possible.	A. ISK continues to implement evidence-based models of treatment and prioritizes staff training and development in further enhancing the implementation and practice in these models.
Financial	IV. Be the best value service network for stakeholders, including payers and customers.	A. Develop financial systems consistent with CCBHC PPS and billing requirements and Milliman Standard Cost Allocation Methodology. Continue to diversify funding sources, including grants, third-party payors.	A. Financial models for Standard Cost Allocation and the Certified Community Behavioral Health Clinic PPS1 is complete. B. ISK continues to explore and implement grant opportunities to both further enhance service delivery and expand revenue opportunities for the organization. C. Maximizing funding diversity across payor sources.

Systems and Process Improvement	V. Demonstrate operational excellence, increasing efficiency and reducing redundancy.	A. Each departmental unit will increase efficiency by identifying and re-designing at least one business process.	A. Internal processes continue to be evaluated for increased efficiencies in practices and to reduce duplication of operations and documentation requirements.
	VI. Have a data-guided culture that supports planning, service development and outcomes.	<p>A. Ensure IT systems can meet requirements of Primary Care integration, Care Coordination and other organizational initiatives.</p> <p>B. Implement PCE as Electronic Health Record and business application.</p> <p>C. Increase availability of timely and relevant data, reports, and analytics to staff for use in decision-making.</p> <p>D. Increase IT data interface with new partners.</p>	<p>A. ISK adopted and implemented a new Electronic Health Record (EHR) system, named KARE, on 10/1/2022.</p> <p>B. A ISK Data Governance Team has been created and will demonstrate collective cross-organizational leadership, investment, and understanding of key ISK data collection methods and reporting.</p> <p>C. Data analytics has moved to the forefront of priority for assurances with data integrity, accuracy, and use of data to further guide and promote the organization.</p>
Learning and Staff Development	VII. Be an inclusive, equitable, supportive and trauma-informed workplace for all.	<p>A. Develop aggressive recruitment and hiring policies and practices to recruit and retain a diverse workforce.</p> <p>B. Implement policies and practices to ensure an inclusive and equitable workplace (JETT).</p> <p>C. Ensure sufficient workforce (number of employees and skills of employees) to serve the community.</p> <p>D. Provide on-going training to all employees on Trauma-informed care/supports and self-care.</p> <p>E. Revise new employee training for each position, to ensure all employees have the information, skills and on-going training to be successful in their positions and advance within ISK.</p>	<p>A. Aggressive recruitment and retention initiatives to come in line with broader market standards and meet the needs of the community served.</p> <p>B. Growth and emphasis through the Justice Equity Trauma Team (JETT) to lead the organization in focus and growth in diversity and trauma informed practices.</p> <p>C. Prioritization of diversity, equity, and inclusion at all levels of the organization to make people of various backgrounds feel welcome and ensure they have support to perform to the fullest of their abilities in the workplace.</p> <p>D. Improved onboarding and training content and processes for staff to be welcomed into the organization and strive for excellence in service delivery.</p> <p>E. Emphasis on continuous quality improvement and learning at staff, program, and organizational levels.</p>

Integrated Services of Kalamazoo
FY 2022/23 Mid-Year Dashboard Report
(October 1, 2022 - March 31, 2023)

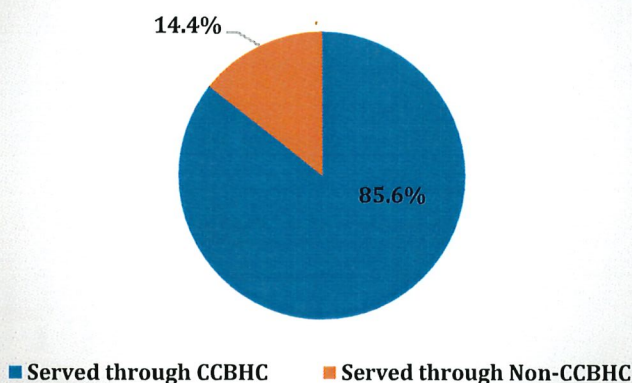


3. Overall # of individuals served across funding sources.

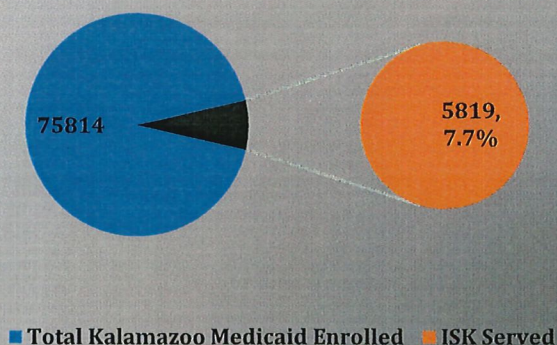
4. # of individuals served through CCBHC.

5. # of individuals served through Non-CCBHC.

3, 4 & 5 - Number Served by Funding Source
N = 5819

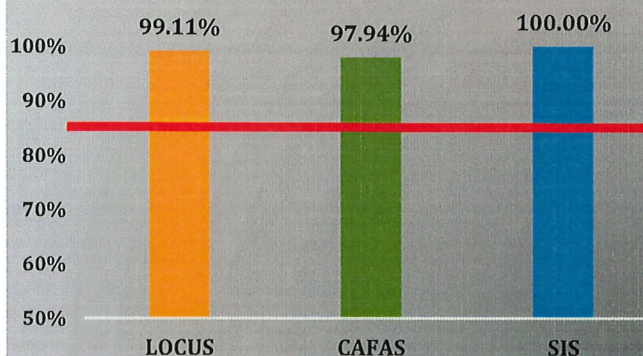


6. ISK Penetration Rate (as of 03/31/22)



7. Average Cost Per Case **\$9,632.20**

8. Standardized Assessment Compliance



9. Medical Loss Ratio (MLR) **Data Not Available At This Time**

31. # of individuals discharged from SUD services who have completed treatment - 11%

32. # of individuals discharged from SUD services who have dropped out of treatment - 89%

33. # of individuals discharged from SUD services with a change in substance use frequency - 22%

34. # of individuals discharged from SUD services who have met Treatment Plan goals - data no longer available due to change in discharge document

INTEGRATED
SERVICES OF
KALAMAZOO



Period Ended
June 30, 2023

Monthly Finance
Report

INTEGRATED SERVICES OF KALAMAZOO

Statement of Net Position

June 30, 2023

	June 2022 (unaudited)	June 2023
Assets		
Current assets		
Cash and investments	\$ 28,406,065	\$ 27,223,341
Accounts receivable	5,042,417	4,260,183
Due from other governments	5,297,792	8,082,388
Prepaid items	838,839	888,667
Total current assets	<u>39,585,113</u>	<u>40,454,578</u>
Non-current assets		
Capital assets, net of accumulated depreciation	9,310,332	12,610,545
Net pension asset, net of deferred outflows	5,722,229	7,339,625
Total non-current assets	<u>15,032,561</u>	<u>19,950,170</u>
Total assets	<u>54,617,674</u>	<u>60,404,748</u>
Liabilities		
Current liabilities		
Accounts payable	\$ 8,882,166	\$ 9,769,971
Due to other governments	735,475	2,326,806
Due to providers	(87,053)	32,813
Accrued payroll and payroll taxes	916,612	1,653,148
Unearned revenue	572,557	609,205
Total current liabilities	<u>11,019,757</u>	<u>14,391,943</u>
Non-current liabilities		
Long-term debt	4,187,668	-
Total liabilities	<u>15,207,425</u>	<u>14,391,943</u>
Net position		
Designated	18,979,619	8,671,891
Undesignated	1,569,435	28,194,833
Investment in fixed assets	4,858,748	9,471,053
Previous year close	-	-
Net gain (loss) for period	14,002,447	(324,972)
Net position	<u>\$ 39,410,249</u>	<u>\$ 46,012,805</u>

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

INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2022 through June 30, 2023

Percent of Year is 75.00%

	Original 2023 BUDGET	YTD Totals 6/30/23	Remaining Budget	Percent of Budget - YTD
Operating revenue				
Medicaid:				
Traditional Capitation	\$ 62,584,607	\$ 52,653,681	\$ 9,930,926	84.13%
Healthy Michigan Capitation	10,155,033	9,813,909	341,124	96.64%
Autism Captiation	5,722,701	4,185,192	1,537,509	73.13%
Settlement	(11,458,363)	(1,933,537)	(9,524,826)	0.00%
State General Fund:				
Formula Fundings	3,900,517	2,925,387	975,130	75.00%
CCBHC Demonstration	33,381,000	6,111,559	27,269,441	0.00%
CCBHC Accrual	-	758,678	(758,678)	0.00%
County Allocation	1,550,400	1,162,800	387,600	75.00%
Client Fees	429,500	365,219	64,281	85.03%
SUD Block Grant	-	83,968	(83,968)	0.00%
Other grant revenue	6,884,475	5,850,892	1,033,583	84.99%
Other earned contracts	1,379,510	2,419,174	(1,039,664)	175.36%
COFR	(6,250)	-	(6,250)	0.00%
Interest	1,000	1,328	(328)	0.00%
Local revenue	10,000	1,189	8,811	0.00%
Total operating revenue	<u>\$ 114,534,130</u>	<u>\$ 84,399,439</u>	<u>\$ 30,134,691</u>	<u>73.69%</u>
Operating expenses				
Salaries and wages	24,113,672	17,513,760	\$ 6,599,912	72.63%
Employee benefits	8,670,498	5,059,417	3,611,081	58.35%
Staff development	223,625	123,272	100,353	55.12%
Payments to providers	68,968,243	53,407,489	15,560,754	77.44%
Administrative contracts	7,789,466	6,917,096	872,370	88.80%
IT software and equipment	765,010	473,731	291,279	61.92%
Client transportation	29,260	18,505	10,755	63.24%
Staff travel	310,912	171,131	139,781	55.04%
Office expenses	420,923	287,788	133,135	68.37%
Insurance expense	97,505	119,987	(22,482)	123.06%
Depreciation expense	560,142	364,863	195,279	65.14%
Utilities	306,573	220,934	85,639	72.07%
Facilities	124,379	46,439	77,940	37.34%
Total operating expenses	<u>\$ 112,380,208</u>	<u>\$ 84,724,411</u>	<u>\$ 27,655,797</u>	<u>75.39%</u>
Change in net position	2,153,922	(324,972)	\$ 2,478,894	
Beginning net position	<u>46,337,777</u>	<u>46,337,777</u>		
Ending net position	<u>\$ 48,491,699</u>	<u>\$ 46,012,805</u>		

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

INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2022 through June 30, 2023

Percent of Year is 75.00%

	Specialty Services		Healthy Michigan		SUD Block Grant		Totals	
	Budget	YTD Totals 6/30/23	YTD Budget	YTD Totals 6/30/23	YTD Budget	YTD Totals 6/30/23	YTD Totals 6/30/23	Variance
Operating revenue								
Medicaid:								
Traditional Capitation	\$ 46,941,080	\$ 52,653,681	\$ -	\$ -	\$ -	\$ 83,968	\$ 52,737,649	\$ 5,796,569
Healthy Michigan Capitation	-	-	7,616,275	9,813,909	-	-	9,813,909	2,197,634
Autism Capitation	3,815,134	4,185,192	-	-	-	-	4,185,192	370,058
CCBHC Base Payment	-	(10,498,466)	-	(2,128,102)	-	-	(12,626,568)	(12,626,568)
Settlement Estimate	(4,551,890)	2,756,924	(4,083,032)	(4,606,493)	-	(83,968)	(1,933,537)	6,701,385
Client Fees	319,500	365,219	-	-	-	-	365,219	45,719
Total operating revenue	\$ 46,523,824	\$ 49,462,549	\$ 3,533,243	\$ 3,079,314	\$ -	\$ 0	\$ 50,057,067	\$ 2,484,797
Operating expenses								
Internal services	\$ 2,323,476	\$ 2,086,604	\$ 129,648	\$ 169,235	\$ -	\$ -	\$ 2,255,839	(197,285)
External services	41,735,343	44,552,491	3,216,390	2,734,304	-	-	44,951,733	2,335,063
Delegated managed care	2,465,006	2,823,455	187,205	175,775	-	-	2,652,210	347,020
Total operating expenses	\$ 46,523,824	\$ 49,462,550	\$ 3,533,243	\$ 3,079,314	\$ -	\$ -	\$ 50,057,067	\$ 2,484,797
Change in net position	-	(0)	-	(0)	-	0	-	(0)

INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2022 through June 30, 2023

Percent of Year is 75.00%

	State General Fund		CCBHC		Other Funding Sources		Totals	
	YTD Budget	YTD Totals 6/30/23	YTD Budget	YTD Totals 6/30/23	YTD Budget	YTD Totals 6/30/23	YTD Budget	YTD Totals 6/30/23
Operating revenue								
General Fund	\$ 2,925,388	\$ 2,925,387	\$ -	\$ -	\$ -	\$ -	\$ 2,925,388	\$ 2,925,387
Projected GF Carryforward	-	-	-	-	-	-	-	-
CCBHC Demonstration	-	-	25,035,750	19,496,805	-	-	25,035,750	19,496,805
Other Federal and State Grants	-	-	-	-	5,163,356	5,850,892	5,163,356	5,850,892
Earned Revenue	-	-	-	-	1,034,633	2,419,174	1,034,633	2,419,174
COFR Revenue	-	-	-	-	(4,688)	-	(4,688)	-
Interest	-	-	-	-	750	1,328	750	1,328
County Allocation	-	-	-	-	1,162,800	1,162,800	1,162,800	1,162,800
Local Revenue	-	-	-	-	7,500	1,189	7,500	1,189
Transfer from GF	-	-	-	360,577	1,696,334	1,499,170	1,696,334	1,859,747
Settlement Revenue (Expense)	-	-	-	-	-	-	-	-
Total operating revenue	\$ 2,925,388	\$ 2,925,387	\$ 25,035,750	\$ 19,857,382	\$ 9,060,686	\$ 10,934,553	\$ 37,021,823	\$ 33,717,322
Operating expenses								
Internal Programs	\$ -	\$ 329,670	\$ 17,173,286	\$ 14,800,347	\$ -	\$ 55,491	\$ 17,173,286	\$ 15,185,508
External Programs	890,262	675,141	4,957,338	4,686,263	381,852	553,736	6,229,452	5,915,140
Other Federal and State Grants	-	-	-	-	6,375,122	7,992,592	6,375,122	7,992,592
HUD Grants	-	-	-	-	1,225,631	1,007,940	1,225,631	1,007,940
Managed Care Administration	49,808	60,830	1,238,165	1,179,688	29,348	3,359	1,317,322	1,243,876
Homeless Shelter	-	-	-	-	327,562	327,250	327,562	327,250
Transfer from GF	1,696,334	1,859,747	-	-	-	-	1,696,334	1,859,747
Local match expense	-	-	-	-	956,231	463,341	956,231	463,341
Non-DCH Activity Expenditures	-	-	-	-	105,442	46,900	105,442	46,900
Total operating expenses	\$ 2,636,405	\$ 2,925,388	\$ 23,368,789	\$ 20,666,297	\$ 9,401,187	\$ 10,450,609	\$ 35,406,380	\$ 34,042,294
Change in net position	288,983	(0)	1,666,961	(808,915)	(340,502)	483,944	\$ 1,615,443	(324,971)

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 June 30, 2023
Percent of Year is 75.00%

	CCBHC Medicaid	CCBHC Healthy MI	CCBHC Non-Medicaid	CCBHC YTD Totals
Operating revenue				
Prepayment	\$ 5,725,776	\$ -	\$ 385,783	\$ 6,111,559
CCBHC Base Payment Reclass	10,498,466	2,128,102	-	12,626,568
Remaining CCBHC revenue due	(775,251)	1,385,985	147,945	758,678
Total CCBHC Revenue (PPS-1 of \$272.96 x encounters)	\$ 15,448,990	\$ 3,514,087	\$ 533,728	\$ 19,496,805
Operating expenses				
Internal services	\$ 12,106,631	\$ 2,753,821	\$ 1,119,582	\$ 15,980,034
DCO Contracts	3,550,359	807,578	328,326	4,686,263
Total operating expenses	\$ 15,656,990	\$ 3,561,399	\$ 1,447,908	\$ 20,666,297
Operating change in net position	(208,000)	(47,312)	(914,180)	(1,169,492)
Reclassification to cover Non-Medicaid	-	-	360,577	360,577
Total change in net position	(208,000)	(47,312)	(553,603)	(808,915)

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YOUTH COMMUNITY INPATIENT SERVICES
Report Period: October 1st, 2022 through June 30th, 2023

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	55	\$54,195	42	\$42,878	69	\$72,791	(27)	(\$29,913)	(\$29,913)	
NOVEMBER	7	\$7,688	42	\$42,878	63	\$66,150	(21)	(\$23,272)	(\$23,272)	
DECEMBER	29	\$25,836	42	\$42,878	37	\$38,735	5	\$4,143	\$4,143	
JANUARY	37	\$34,540	42	\$42,878	53	\$55,661	(11)	(\$12,783)	(\$12,783)	
FEBRUARY	69	\$68,647	42	\$42,878	55	\$57,939	(13)	(\$15,061)	(\$15,061)	
MARCH	48	\$46,874	42	\$42,878	78	\$81,900	(36)	(39,022)	(39,022)	
APRIL	56	\$82,861	42	\$42,878	90	\$94,500	(48)	(51,622)	(51,622)	
MAY	54	\$46,668	42	\$42,878	60	\$65,100	(18)	(22,222)	(22,222)	
JUNE	74	\$67,193	42	\$42,878	9	\$9,450	33	33,428	33,428	
JULY	29	\$31,468	42	\$42,878						
AUGUST	26	\$27,842	42	\$42,878						
SEPTEMBER	19	\$22,420	42	\$42,878						
TOTALS	503	\$516,232	504	\$514,532	514	\$542,226	(136)	(\$156,324)		
MONTHLY AVERAGES	42		42		57					
GROSS ANNUAL COST		\$516,232		514,532		\$542,226		(\$156,324)		

Favorable/(Unfavorable): Total (156,324)

COMMUNITY INPATIENT SERVICES
Report Period: October 1st, 2022 through June 30th, 2023

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	487	\$497,084	949	\$930,963	(462)	(\$433,879)	(\$433,879)	
NOVEMBER	455	\$443,250	487	\$497,084	651	\$678,119	(164)	(\$181,035)	(\$181,035)	
DECEMBER	535	\$517,204	487	\$497,084	735	\$765,076	(248)	(\$267,992)	(\$267,992)	
JANUARY	540	\$522,941	487	\$497,084	670	\$695,815	(183)	(\$198,731)	(\$198,731)	
FEBRUARY	475	\$463,341	487	\$497,084	718	\$748,508	(231)	(\$251,424)	(\$251,424)	
MARCH	563	\$547,137	487	\$497,084	576	\$599,985	(89)	(\$102,901)	(\$102,901)	
APRIL	497	\$512,447	487	\$497,084	566	\$589,464	(79)	(92,380)	(92,380)	
MAY	504	\$483,973	487	\$497,084	796	\$792,100	(309)	(295,016)	(295,016)	
JUNE	597	\$575,505	487	\$497,084	629	\$616,985	(142)	(119,901)	(119,901)	
JULY	587	\$574,198	487	\$497,084						
AUGUST	522	\$510,177	487	\$497,084						
SEPTEMBER	608	\$595,064	487	\$497,084						
TOTALS	6,272	\$6,124,902	5,840	\$5,965,003	6,290	\$6,417,015	(1,907)	(\$1,943,259)		
MONTHLY AVERAGES	523		487		699					
GROSS ANNUAL COST		\$6,124,902		5,965,003		\$6,417,015		(\$1,943,259)		

Favorable/(Unfavorable): Total (1,943,259)

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

Report Period: October 1st, 2022 through June 30th, 2023

SERVICE	FY 22/23 Budget			FY 22/23 Actual		
	Avg. Daily Rate	No. Served	Days of Service	Dollars	Dollars	Favorable / (Unfavorable)
PC/CLS	June	386	95,314	\$24,678,843	\$24,124,193	\$554,650
CRISIS RES.	June	39	672	\$704,189	\$365,474	\$338,715
CLS (SIP)	June	295		\$8,890,957	\$8,722,769	\$168,188
Annual Cost						\$1,061,553

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.

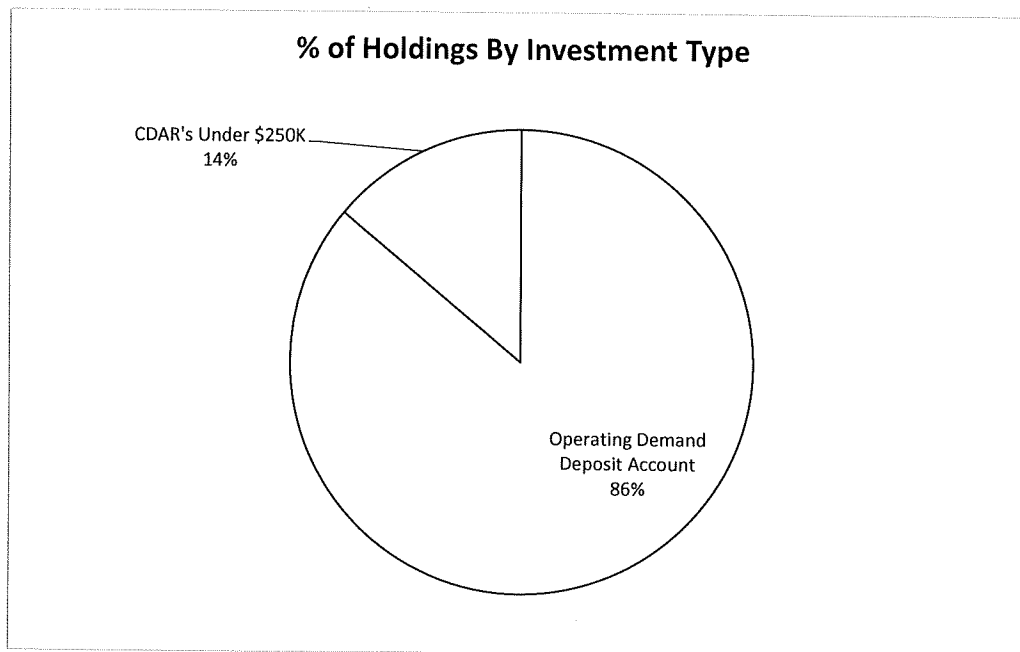
Supported Independent Program (SIP)-more independent setting where Personal Care and Community Living Supports occur.

Quarterly Cash & Investments Report
Quarter Ending June 30, 2023

Financial Institution	Type of Investment	Cost Basis	Maturity Date	% Yield
CASH				
PNC	Operating Demand Deposit Account	\$23,270,248	NA	0.03%
	Payroll Account	\$5,000		
	Accrued Leave Reserve	\$118,544		
	Pretax Reimbursement Account	\$57,634		
	Various Petty Cash Funds	\$780		
	Total Cash Accounts	\$23,452,206		
INVESTMENTS				
CDAR's (via Independent Bank)	CD's Issued Under FDIC Limit of \$250,000	\$3,771,120		3.77%
Total CDAR's		\$3,771,120		
	Total Investments	\$3,771,120		
TOTAL CASH AND INVESTMENTS		\$27,223,326		

% of Holdings By Institution	
PNC - Cash	86.15%
CDAR's (via Independent Bank)	13.85%
	100.00%

% of Holdings By Investment Type	
Cash	86.15%
CDAR's	13.85%
	100.00%





Community • Independence • Empowerment

Integrated Services of Kalamazoo MOTION

Subject:	<u>May & June 2023 Disbursements</u>	
Meeting Date:	<u>July 24, 2023</u>	Approval Date:
Prepared by:	Charlotte Bowser	<u>July 24, 2023</u>

Recommended Motion:

"Based on the Board Finance meeting review, I move that ISK approve the May 2023 vendor disbursements of \$8,528,816.67 and June 2023 vendor disbursements of \$9,542,001.27."

Summary of Request:

As per the May 2023 Vendor Check Register Report dated 6/14/2023 that includes checks issued from 5/01/2023 to 5/31/2023 and the June 2023 Vendor Check Register Report dated 7/12/23 that includes checks issued from 6/01/2023 to 6/30/2023.

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: July 24, 2023

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY II.04

AREA:	Governance		
SECTION:	Board Governance Process	PAGE:	1 of 2
SUBJECT: CHAIRPERSON'S ROLE	SUPERSEDES:		<u>03/28/2011</u>
			<u>04/27/2009</u>
	REVISED:		<u>03/28/2011</u> <u>07/24/2023</u>

PURPOSE/EXPLANATION

To define the role of the Board Chairperson.

POLICY

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

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

The Chairperson:

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

4. May delegate this authority but remains accountable for its use.
- ~~5. Will ensure, In coordination with ISK's Board Liaison and the Kalamazoo County Administrator's Office, the board chair will ensure the recruitment of Board members to fill openings. Will ensure the recruitment of Board members to fill openings.~~
- 6.5. Will serve as liaison between the Board and the CEO.
- 7.6. Will ensure the completion of the annual performance review of the CEO.

CHIEF EXECUTIVE OFFICER

APPROVED

Jeff Patton
Chief Executive Officer

~~Erik Krogh~~Karen Longanecker
Board Chair