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Chief Executive Officer

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Administrative Services:
610 South Burdick Street
Kalamazoo, MI 49007

Community • Independence • Empowerment

AGENDA

INTEGRATED Services of Kalamazoo Board of Directors HAS SCHEDULED ITS MEETING FOR MONDAY, October 23, 2023, BEGINNING @ 4:00PM via *Microsoft TEAMS* or in-person at 610 S. Burdick Street/Kalamazoo, MI., (2nd Floor/Board Conference Room).

- I. CALL TO ORDER – CITY & COUNTY DECLARATION
- II. AGENDA
- III. CITIZEN TIME
- IV. RECIPIENT RIGHTS
 - a. Recipient Rights Monthly Report
- V. PROGRAM SERVICE REPORT
 - a. Wanda Brown, Senior Executive, Integrated Health Services Clinic/Psychiatric Services
 - b. Beth Ann Meints, Administrator of Clinical Services/CCBHC/Urgent Care& Access Center and Senate Bill 2993 updates/**VERBAL**
- VI. CONSENT CALENDAR/**VERBAL MOTION**
 - a. Minutes September 25, 2023
 - b. Board Purpose and Business Description (Policy)
 - c. Treatment of Persons Served w/Substantiated Complaints (Policy & Report)
 - d. Guidelines for Board Member Appointments (Policy)
 - e. Customer Service (Report)
 - f. Customer Advisory Council (CAC) Annual (Report)
 - g. Family Support Advisory Council (FSAC) (Report)
- VII. FINANCIAL REPORTS
 - a. Financial Condition Report
 - b. Utilization Report
 - c. Investment Report
 - d. SEPTEMBER 2023 Disbursement/**MOTION**
- VIII. ACTION ITEMS - NEW or REVISITED/**VERBAL MOTION**
 - a. CLOSED SESSION (For discussion on pending legal issues)
- IX. CHIEF EXECUTIVE OFFICER VERBAL REPORT
 - a. CEO Report
- X. CITIZEN TIME
- XI. BOARD MEMBER TIME
 - a. SWMBH (Southwest Michigan Behavioral Health) Updates/**Erik Krogh**
- XII. ADJOURNMENT

IV.a.

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

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

	September 2023	FY 22-23	September 2022	FY 21-22
Total # of Complaints Closed	18	374	24	421
Total # of Allegations Closed	29	634	39	707
Total # of Allegations Substantiated	15	197	14	214

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	September 2023		September 2022	
Category	TOTAL	SUBSTANTIATED	TOTAL	SUBSTANTIATED
Consumer Safety	4	2	1	0
Dignity/Respect of Consumer	3	1	5	2
Treatment Issues/Suitable Services (Including Person Centered Planning)	5	1	11	4
Abuse I	0	0	0	0
Abuse II	2	2	2	0
Abuse III	1	1	0	0
Neglect I	0	0	0	0
Neglect II	2	2	0	0
Neglect III	5	5	3	2
	22	14	22	8

APPEALS	September 2023	FY 22-23	September 2022	FY 21-22
Uphold Investigative Findings & Plan of Action	0	3	0	3
Return Investigation to ORR; Reopen or Reinvestigate	0	0	0	0
Uphold Investigative Findings but Recommend Respondent Take Additional or Different Action to Remedy the Violation	0	0	0	0
Request an External Investigation by the State ORR	0	0	0	0

ABUSE AND NEGLECT DEFINITIONS – SUMMARIZED

Abuse Class I means serious injury to the recipient by staff. Also, sexual contact between a staff and a recipient.

Abuse Class II means non-serious injury or exploitation to the recipient by staff and includes using unreasonable force, even if no injury results.

Abuse Class III means communication by staff to a recipient that is threatening or degrading. (such as; putting down, making fun of, insulting)

Neglect Class I means a serious injury occurred because a staff person DID NOT do something he or she should have done (an omission). It also includes failure to report apparent or suspected abuse I or neglect I of a recipient.

Neglect Class II means a non-serious injury occurred to a recipient because a staff person DID NOT do something he or she should have done (an omission). It also includes failure to report apparent or suspected abuse II or neglect II of a recipient

Neglect Class III means a recipient was put at risk of physical harm or sexual abuse because a staff person DID NOT do something he or she should have done per rule or guideline. It also includes failure to report apparent or suspected abuse III or neglect III of a recipient.

ORR ADDENDUM TO MH BOARD REPORT

October 2023

Re: September 2023 Abuse/Neglect Violations

September

- There were two substantiated Abuse II violations in September 2023.
 - The remedial actions for these violations were Written Reprimand (3), Training (3), and Plan of Service Revision (1). There were two staff involved in one citation.

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

- There was one substantiated Abuse III violation in September 2023.
 - The remedial actions for this violation was Written Reprimand (2), and Training (2).

Neglect Violations

- There were two substantiated Neglect II violations in September 2023. One was a Failure to Report.
 - The remedial actions for these violations were Written Reprimand (3), and Training (3). There was one staff involved in one citation and two staff involved in the second citation.

The 2 violations occurred at 2 different agencies.

- There were five substantiated Neglect III violations in September 2023. One was a Failure to Report.
 - The remedial actions for these violations were Employee Termination (1), Written Reprimand (4), Training (4), and Policy Revision/Development (1).

The 5 violations occurred at 2 different agencies. One agency had 2 violations at the same program site and same staff. The other agency the 3 violations occurred at different program sites.



V.a.

Program Service Report ~ Integrated Health Services Clinic (Psychiatric Services)

October 23, 2023

Integrated Health Services Clinic/Psychiatric Services

Wanda Brown, ISK, Senior Executive

The Integrated Health Services Clinic at ISK continues to elevate to new heights in the quality of care that is provided for members of our community. Our goal is to strive for excellence and to deliver exceptional experiences for each individual/patient that we serve at every interaction. We continue to look for quality improvement initiatives that will enhance the services offered at ISK. ISK is committed to healthy equity for all, ensuring equal access to healthcare and providing education and training to the staff providing services to the community.

With the end of the federal COVID-19 Pandemic Public Health Emergency (PHE) on May 11, 2023; there have been many changes to insurance coverage for recipients of Medicaid, Medicare, and private insurances. Laboratory testing, vaccines, and other treatments for the COVID-19 virus remain available from various venues such as local and chain pharmacies, county health departments and physician offices. It is best practice to update the demographic information on file when presenting for a visit at ISK. This is required to ensure all insurance providers and facilities providing the services have current and matching information. The “unwind” period was provided to allow recipients time to re-enroll, update information, or establish care with their behavioral health provider and or insurance company. This has been a major undertaking in the healthcare arena. All individuals are encouraged to contact their provider of services prior to receiving services and get clarification on if there is a fee associated with receiving services. Medicaid, Medicare, and private insurances may cover a portion of, or all the expense related to the treatment of the COVID-19 virus.

ISK is one of the largest CCBHC organizations in Michigan. With the opening of the 24-hour Behavioral Health Urgent Care & Access Center on July 10, 2023, the Emergency Mental Health, and Access team members have relocated to the 440 W. Kalamazoo location. The office space has been reassigned to the NAVIGATE Team, the CAS (Client Access Specialist) Program Supervisor and team member, the ACT overflow office (Assertive Community Treatment Team) and a WMU Homer Stryker School of Medicine Department of Psychiatry/ISK Research Office,

all nine offices are occupied. Our collaborative agreements with WMU Department of Psychiatry have expanded to include Dr. Eric Achtyes and team partner with the IHSC by participating in several evidenced based best practice research projects. Stay tuned for updates from the Research Team. We continue to have 3rd year residents who provide services to patients in the clinic on a weekly basis; there are also several medical school students participating in learning experiences with several team at ISK. There are a variety of Affiliation Agreements in place from colleges and universities for Nurse Practitioner students, that complete their clinical hours in the IHSC.

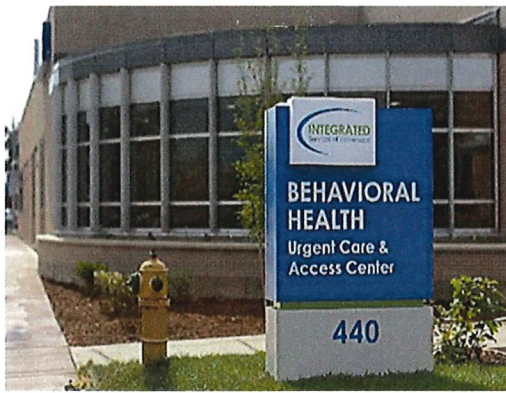
Since April 2023, we have filled the following positions: Practice Manager, Office Manager, Registered Nurse and three full time Practice Support Assistants. As of 10/9/23 we have filled the part time physician position with Dr. Vegas Coleman a Board-Certified Child Psychiatrist. Two of the three available Nurse Practitioner positions have been filled Kelsey Knapp and Tina Myers, who transferred to her new role of Nurse Practitioner from the ACT Team Nurse, both are located onsite at the IHSC and will provide services to adults and youth. There are 2 Locum Physicians and 1 Nurse Practitioner that provide telehealth services to ISK patients. Two of their contracts are through February-March 2024 and one through April 2024.

We continue to provide best practice learning and collaboration opportunities to the clinical team of physicians, nurse practitioners, physician's assistant, and registered nurses. The nursing team and Chief of Staff Dr. Valrie Honablue have collaborated monthly for the past year and will continue to meet monthly in 2024 over their lunch time, ISK provides lunch 😊. Each sixty-minute session has covered a broad range of behavioral/medical health topics such as the importance of hydration (drinking water) in mental health conditions, dangers in the use of marijuana with mental health patients and medications, and the dangerous interactions that can occur with individuals that have a mental health diagnosis and are taking certain medications. These sessions and topics both strengthen the nurse's knowledge and the physician nurse relationship. The Nursing team is also working with the COPE Network to provide individuals Narcan kits and resources when requested.

Dr. Honablue informed me that she has five patients that are currently attending KVCC and WMU. These individuals vary in age (19, 25, 32, 54); diagnoses include major depression and bipolar and schizophrenia. enrolled in the WHI, Navigate, ACT, Team. One of the individuals lives in an AFC Home. There is one who is majoring in Social Work, MSW, one writes poetry and has plans to make a movie about living with a diagnosis of mental illness. These are examples of great success stories and an example of Breaking The Stigma!

The physician's and mid-level staff meet monthly for the Peer Review sessions where Evidenced Based Best Practice concepts are discussed and shared by the team and other members like Arcadia pharmacy staff and the quality department. These sessions will also continue in the upcoming year with changes or improvements to the format.

The IHSC has felt the results of being one of the first CCBHC organizations in the state, the volume has increased every year and is expected to continue this year.



INTEGRATED Services of Kalamazoo
(ISK) Board of Director's Meeting
INTEGRATED Services of Kalamazoo
610 South Burdick Street
Kalamazoo MI 49007

September 25, 2023

VI.a.

<u>ISK Board Member</u>	<u>Board Members PRESENT</u>	<u>Declaration of Location City/County</u>	<u>Board Members ABSENT</u>
Karen Longanecker, <i>CHAIR</i>	X	Kalamazoo/Kalamazoo	
Michael Seals, <i>VICE CHAIR</i>	X	Kalamazoo/Kalamazoo	
Nkenge Bergan	X	Kalamazoo/Kalamazoo	
Sarah Carmany	X	Kalamazoo/Kalamazoo	
Patrick Dolly		Kalamazoo/Kalamazoo	X
Pat Guenther	X	Kalamazoo/Kalamazoo	
Ramona Lumpkin	X	Kalamazoo/Kalamazoo	
Michael Raphelson		Kalamazoo/Kalamazoo	X
Sharon Spears	X	Kalamazoo/Kalamazoo	
Erik Krogh		Kalamazoo/Kalamazoo	X
Melissa Woosley	X	Kalamazoo/Kalamazoo	
Montez Morales, <i>COMMISSIONER</i>		Kalamazoo/Kalamazoo	X

ISK - KCMHSAS Staff Present:

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

Providers:

Shenetta Coleman Chief Executive Officer ROI	Latrevia Boston Executive Director ASK Family Services
Fi Spalvieri Executive Director Community Living Options	Diane Marquess Chief Executive Officer Family & Children's Services
Abigail Finn Milestone Senior Services	



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Call to Order

The Board of Directors (Integrated Services of Kalamazoo) held their meeting on [Monday, September 25, 2023](#). It began @ [4:01pm](#) and was presided over by Chair, *Karen Longanecker*.

AgendaMOTION

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

Citizen Time No citizens came forth.

Budget Public Hearing FY2023-2024/MOTION & ROLL

Chair ([Karen Longanecker](#)): "The Public Hearing on the *Integrated Services of Kalamazoo* Proposed FY23/24 Budget is now open."

The Chief Executive Officer ([Jeff Patton](#)): "Act 43 of the 1963 Public Acts, as amended, requires the Authority to hold a public hearing on its proposed FY 23/24 budget prior to its final adoption."

"In accordance with the statutes, notice of this public hearing was published in the Kalamazoo Gazette, a newspaper of general circulation within the community on [September 15, 2023](#), and copies of the proposed budget have been available at the Administrative Offices and County Board of Commissioners Office for inspection by the public. Copies of the proposed budget are now available for any persons present who desire to have a copy."

Chair ([Karen Longanecker](#)): Call on the Chief Financial Officer, [Amy Rottman](#), to present the budget.

The Chief Financial Officer presents the budget. To review the entire budget, please e-mail the Chief Financial Officer, Amy Rottman at ARottman@iskzoo.org to request a copy.

Executive Summary:

- State of the System – Current year funding
 - Small Medicaid/HMP underspend in FY2023:
 - Medicaid enrollees continue to be protected from dropping off Medicaid roles
 - Many services previously covered under capitation are now covered by CCBHC model
 - Rate setting challenges to define cost of CCBHC service exist
 - CCBHC funding was reduced, and revenue is less than expenses
- State of the System – MDHHS Statewide Systemic Changes
 - On-going re-enrollment challenges
 - CCBHC Demonstration expansion
 - MDHHS Consideration of mid-year rate adjustments

Budget Overview:

- ✚ Direct Care wage enhancement continued
- ✚ 3% increases for most providers and Designated Collaborating Organizations

- ✚ 3% increase for ISK staff
- ✚ ABA rates at legislated capped levels
- ✚ Decrease in Medicaid & HMP funding due to projected decrease in enrollment
- ✚ CCBHC revenues at an increased PPS – 1 rate - \$294.52

Chair ([Karen Longanecker](#)): “Is there anyone present who desires to ask any questions, or to make any comments?” No citizens came forth.

Chair ([Karen Longanecker](#)): “I hereby declare that the Public Hearing for *Integrated Services of Kalamazoo*, [Proposed FY 23/24 Budget](#) closed.”

Chair ([Karen Longanecker](#)) calls for the MOTION.

MOTION

Member Guenther, “I move approval of the Integrated Services of Kalamazoo FY2023/2024 budget which begins October 1, 2023, in the amount of [\\$125,594,595](#). Supported by Vice Chair Seals.

ROLL CALL VOTE:

ISK Board Member	Yes	No
Chair Karen Longanecker	X	
Vice Chair Michael Seals	X	
Member Nkenge Bergan	X	
Member Sarah Carmany	X	
Member Patrick Dolly		
Member Pat Guenther	X	
Member Erik Krogh		
Member Monteze Morales		
Member Michael Raphelson		
Member Sharon Spears	X	
Member Ramona Lumpkin	X	
Member Melissa Woolsey	X	
<u>MOTION PASSED</u>	X	
Need 8 yes votes (2/3 of currently appointed board) no matter how many members are in attendance.		

MOTION PASSED.

Recipient Rights Monthly Reports

Lisa Smith, ISK, Director of ORR, presented the complaints/allegations closed in July & August 2023.

July

Abuse Violations

- There were three substantiated Abuse III violations in July 2023.
 - The remedial actions for these violations are Employee left agency but substantiated (1), Suspension (1), Written Reprimand (1), Training (3).

Two of the three violations occurred at the same agency but different programs. The third violation occurred at a different agency.

Neglect Violations

There was one substantiated Neglect II violation in July 2023. It was a Failure to Report.

- The remedial actions for this violation are Written Reprimand (1) and Training (1).
 - There were three substantiated Neglect III violations in July 2023. One was a Failure to Report violation.
 - The remedial actions for these violations are Written Reprimand (4), Training (1), Pending (1).

The 3 violations occurred at different agencies. There were 3 staff for one violation. The Failure to Report violation occurred at the same agency and site as one of the Abuse III violations.

August

Abuse Violations

There was one substantiated Abuse II violation in August 2023.

- The remedial actions for these violations were Training (1), and Written Reprimand (1).

Neglect Violations

- There were seven substantiated Neglect III violations in August 2023.
- The remedial actions for these violations were Employment Termination (2), Employee left agency (1), Written Counseling (1), Written Reprimand (4), Training (5), and Pending (1).

Four of the violations occurred at the same agency but different program sites. The other three violations occurred and three different agencies.

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

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 (July 24, 2023)
- b. Budgeting (Policy)
- c. Finance (Policy)
- d. Asset Protection (Policy & Report)
- e. Staff Treatment (Policy & Report)
- f. Compensation & Benefits (Policy & Report)
- g. Annual Public Hearing (Report)

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

MOTION PASSED.

Financial Reports/Financial Condition Reports August 31, 2023

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

INTEGRATED SERVICES OF KALAMAZOO

Statement of Net Position August 31, 2023

	August 2022 (unaudited)	August 2023
Assets		
Current assets		
Cash and investments	\$ 28,417,191	\$ 39,313,078
Accounts receivable	5,205,614	2,060,349
Due from other governments	6,050,600	14,799
Prepaid items	911,871	930,728
Total current assets	40,585,276	42,318,954
Non-current assets		
Capital assets, net of accumulated depreciation	9,520,448	13,699,270
Net pension asset, net of deferred outflows	5,722,229	7,339,625
Total non-current assets	15,242,677	21,038,895
Total assets	55,827,953	63,357,850
Liabilities		
Current liabilities		
Accounts payable	\$ 10,624,192	\$ 13,069,392
Due to other governments	1,129,110	1,468,430
Due to providers	(12,328)	-
Accrued payroll and payroll taxes	1,475,298	1,710,323
Unearned revenue	611,587	187,316
Total current liabilities	13,827,859	16,435,460
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	16,592,292	584,613
Net position	\$ 42,000,094	\$ 46,922,390

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 August 31, 2023

Percent of Year is 91.67%

	Original 2023 BUDGET	YTD Totals 8/31/23	Remaining Budget	Percent of Budget - YTD
Operating revenue				
Medicaid:				
Traditional Capitation	\$ 62,584,607	\$ 64,476,638	\$ (1,892,031)	103.02%
Healthy Michigan Capitation	10,155,033	11,986,451	(1,831,418)	118.03%
Autism Captiation	5,722,701	5,107,103	615,598	89.24%
Settlement	(11,458,363)	(1,162,555)	(10,295,808)	0.00%
State General Fund:				
Formula Fundings	3,900,517	3,575,473	325,044	91.67%
CCBHC Demonstration	33,381,000	7,437,627	25,943,373	0.00%
CCBHC Quality Bonus	-	940,606	(940,606)	0.00%
CCBHC Accrual	-	830,401	(830,401)	0.00%
County Allocation	1,550,400	1,421,200	129,200	91.67%
Client Fees	429,500	521,050	(91,550)	121.32%
SUD Block Grant	-	102,628	(102,628)	0.00%
Other grant revenue	6,884,475	7,431,976	(547,501)	107.95%
Other earned contracts	1,379,510	2,807,013	(1,427,503)	203.48%
COFR	(6,250)	157	(6,407)	0.00%
Interest	1,000	108,212	(107,212)	0.00%
Local revenue	10,000	560,591	(550,591)	0.00%
Total operating revenue	\$ 114,534,130	\$ 106,144,571	\$ 8,389,559	92.68%
Operating expenses				
Salaries and wages	24,113,672	21,700,806	\$ 2,412,866	89.99%
Employee benefits	8,670,498	6,448,747	2,221,751	74.38%
Staff development	223,625	149,373	74,252	66.80%
Payments to providers	68,968,243	66,907,599	2,060,644	97.01%
Administrative contracts	7,789,466	8,167,718	(378,252)	104.86%
IT software and equipment	765,010	582,576	182,434	76.15%
Client transportation	29,260	24,923	4,337	85.18%
Staff travel	310,912	213,927	96,985	68.81%
Office expenses	420,923	353,082	67,841	83.88%
Insurance expense	97,505	124,172	(26,667)	127.35%
Depreciation expense	560,142	555,178	4,964	99.11%
Utilities	306,573	272,780	33,793	88.98%
Facilities	124,379	59,076	65,303	47.50%
Total operating expenses	\$ 112,380,208	\$ 105,559,957	\$ 6,820,251	93.93%
Change in net position	2,153,922	584,613	\$ 1,569,309	
Beginning net position	46,337,777	46,337,777		
Ending net position	\$ 48,491,699	\$ 46,922,390		

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INTEGRATED SERVICES OF KALAMAZOO

INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position
 October 1, 2022 through August 31, 2023
 Percent of Year is 91.67%

	State General Fund		CCBHC		Other Funding Sources		Totals		
	YTD Budget	YTD Totals 8/31/23	YTD Budget	YTD Totals 8/31/23	YTD Budget	YTD Totals 8/31/23	YTD Budget	YTD Totals 8/31/23	Variance
Operating revenue									
General Fund	\$ 3,575,474	\$ 3,575,473	\$ -	\$ -	\$ -	\$ -	\$ 3,575,474	\$ 3,575,473	\$ (1)
Projected GF Carryforward	-	-	-	-	-	-	-	-	-
CCBHC Demonstration	-	-	30,599,250	24,887,478	-	-	30,599,250	24,887,478	(5,711,772)
Other Federal and State Grants	-	-	-	-	6,310,769	7,431,976	6,310,769	7,431,976	1,121,208
Earned Revenue	-	-	-	-	1,264,551	2,807,013	1,264,551	2,807,013	1,542,462
COFR Revenue	-	-	-	-	(5,729)	157	(5,729)	157	5,886
Interest	-	-	-	-	917	108,212	917	108,212	107,295
County Allocation	-	-	-	-	1,421,200	1,421,200	1,421,200	1,421,200	-
Local Revenue	-	-	-	-	9,167	560,591	9,167	560,591	551,425
Transfer from GF	-	-	-	253,985	2,073,297	1,770,494	2,073,297	2,024,478	(48,819)
Settlement Revenue (Expense)	-	-	-	-	-	-	-	-	-
Total operating revenue	\$ 3,575,474	\$ 3,575,473	\$ 30,599,250	\$ 25,141,463	\$ 11,074,171	\$ 14,099,643	\$ 45,248,895	\$ 42,816,579	\$ (2,432,316)
Operating expenses									
Internal Programs	\$ -	\$ 601,008	\$ 20,989,571	\$ 18,545,468	\$ -	\$ 53,856	\$ 20,989,571	\$ 19,200,332	\$ (1,789,239)
External Programs	1,088,098	864,296	6,058,969	5,851,881	466,708	568,711	7,613,775	7,284,888	(328,887)
Other Federal and State Grants	-	-	-	-	7,791,815	9,977,233	7,791,815	9,977,233	2,185,418
HUD Grants	-	-	-	-	1,497,993	1,195,696	1,497,993	1,195,696	(302,297)
Managed Care Administration	60,877	85,691	1,513,313	1,426,765	35,870	3,150	1,610,060	1,515,606	(94,454)
Homeless Shelter	-	-	-	-	400,353	381,760	400,353	381,760	(18,593)
Transfer from GF	2,073,297	2,024,478	-	-	-	-	2,073,297	2,024,478	(48,819)
Local match expense	-	-	-	-	1,168,727	514,192	1,168,727	514,192	(654,535)
Non-DCH Activity Expenditures	-	-	-	-	128,873	137,779	128,873	137,779	8,906
Total operating expenses	\$ 3,222,272	\$ 3,575,473	\$ 28,561,853	\$ 25,824,114	\$ 11,490,340	\$ 12,832,377	\$ 43,274,465	\$ 42,231,964	(1,042,500)
Change in net position	353,202	-	2,037,397	(682,652)	(416,169)	1,267,266	\$ 1,974,430	584,614	(1,389,816)

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INTEGRATED SERVICES OF KALAMAZOO
Statement of Revenue, Expenses and Change in Net Position
October 1, 2022 through August 31, 2023
Percent of Year is 91.67%

	State General Fund		CCBHC		Other Funding Sources		Totals		
	YTD Budget	YTD Totals 8/31/23	YTD Budget	YTD Totals 8/31/23	YTD Budget	YTD Totals 8/31/23	YTD Budget	YTD Totals 8/31/23	Variance
Operating revenue									
General Fund	\$ 3,575,474	\$ 3,575,473	\$ -	\$ -	\$ -	\$ -	\$ 3,575,474	\$ 3,575,473	\$ (1)
Projected GF Carryforward	-	-	-	-	-	-	-	-	-
CCBHC Demonstration	-	-	30,599,250	24,887,478	-	-	30,599,250	24,887,478	(5,711,772)
Other Federal and State Grants	-	-	-	-	6,310,769	7,431,976	6,310,769	7,431,976	1,121,208
Earned Revenue	-	-	-	-	1,264,551	2,807,013	1,264,551	2,807,013	1,542,462
COFR Revenue	-	-	-	-	(5,729)	157	(5,729)	157	5,886
Interest	-	-	-	-	917	108,212	917	108,212	107,295
County Allocation	-	-	-	-	1,421,200	1,421,200	1,421,200	1,421,200	-
Local Revenue	-	-	-	-	9,167	560,591	9,167	560,591	551,425
Transfer from GF	-	-	-	253,985	2,073,297	1,770,494	2,073,297	2,024,478	(48,819)
Settlement Revenue (Expense)	-	-	-	-	-	-	-	-	-
Total operating revenue	\$ 3,575,474	\$ 3,575,473	\$ 30,599,250	\$ 25,141,463	\$ 11,074,171	\$ 14,099,643	\$ 45,248,895	\$ 42,816,579	\$ (2,432,316)
Operating expenses									
Internal Programs	\$ -	\$ 601,008	\$ 20,989,571	\$ 18,545,468	\$ -	\$ 53,856	\$ 20,989,571	\$ 19,200,332	\$ (1,789,239)
External Programs	1,088,098	864,296	6,058,969	5,851,881	466,708	568,711	7,613,775	7,284,888	(328,887)
Other Federal and State Grants	-	-	-	-	7,791,815	9,977,233	7,791,815	9,977,233	2,185,418
HUD Grants	-	-	-	-	1,497,993	1,195,696	1,497,993	1,195,696	(302,297)
Managed Care Administration	60,877	85,691	1,513,313	1,426,765	35,870	3,150	1,610,060	1,515,606	(94,454)
Homeless Shelter	-	-	-	-	400,353	381,760	400,353	381,760	(18,593)
Transfer from GF	2,073,297	2,024,478	-	-	-	-	2,073,297	2,024,478	(48,819)
Local match expense	-	-	-	-	1,168,727	514,192	1,168,727	514,192	(654,535)
Non-DCH Activity Expenditures	-	-	-	-	128,873	137,779	128,873	137,779	8,906
Total operating expenses	\$ 3,222,272	\$ 3,575,473	\$ 28,561,853	\$ 25,824,114	\$ 11,490,340	\$ 12,832,377	\$ 43,274,465	\$ 42,231,964	(1,042,500)
Change in net position	353,202	-	2,037,397	(682,652)	(416,169)	1,267,266	\$ 1,974,430	584,614	(1,389,816)

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 August 31, 2023

Percent of Year is 91.67%

	CCBHC Medicaid	CCBHC Healthy MI	CCBHC Non-Medicaid	CCBHC YTD Totals
Operating revenue				
Prepayment	\$ 6,903,899	\$ -	\$ 533,728	\$ 7,437,627
CCBHC Quality Bonus	-	-	940,606	940,606
CCBHC Base Payment Reclass	13,008,767	2,670,077	-	15,678,844
Remaining CCBHC revenue due	(886,808)	1,717,210	-	830,401
Total CCBHC Revenue (PPS-1 of \$272.96 x encounters)	\$ 19,025,858	\$ 4,387,286	\$ 1,474,334	\$ 24,887,478
Operating expenses				
Internal services	\$ 15,000,390	\$ 3,750,509	\$ 1,221,334	\$ 19,972,233
DCO Contracts	4,464,035	1,029,388	358,457	5,851,881
Total operating expenses	\$ 19,464,425	\$ 4,779,897	\$ 1,579,792	\$ 25,824,114
Operating change in net position	(438,567)	(392,611)	(105,458)	(936,636)
Reclassification to cover Non-Medicaid	-	148,527	105,458	253,985
Total change in net position	(438,567)	(244,085)	(0)	(682,652)

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

Utilization Reports

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

- Youth Community Inpatient Services is at (95) days and is unfavorable at \$137,705
- MI Adult Community Inpatient Services is at (2,675) days and is unfavorable at \$2,849,735
- Community Living Supports, Personal Care, and Crisis Residential is favorable at \$477,825

July & August Disbursements**MOTION**

Member Guenther, "BASED ON THE BOARD FINANCE MEETING REVIEW, I MOVE THAT ISK APPROVE THE JULY 2023 VENDOR DISBURSEMENTS OF \$9,764,129.11 and AUGUST 2023 VENDOR DISBURSEMENTS OF \$8,901,703.61." Supported by Member Bergan.

MOTION PASSED.

Budget Amendment #1MOTION

Member Spears, "THIS AMENDMENT IS TO INCREASE THE BUDGET BY \$3,977,981 to \$116,358,189." Supported by Member Bergan.

MOTION PASSED.Action Items RevisitedVERBAL MOTION

Member Spears, "I MOVE TO ACCEPT THE CONSENT CALENDAR ITEMS FROM THE JULY and AUGUST 2023, ISK BOARD OF DIRECTORS meetings which did not occur." Supported by Member Bergan.

MOTION PASSED.Chief Executive Officer Report

My report will be brief on this evening. GREAT NEWS! I received notification from the Irving S. Gilmore Foundation that ISK was awarded the full grant amount to complete renovations at 418, 615, and Alcott. We are elated and this will help greatly to refresh our other facilities.

Congratulations to Ms. Diane Marquess! We are happy to have her in our meeting tonight. She is the new CEO for Family and Children Services.

That concludes my report.

Citizen Time

No citizens came forth.

SWMBH (Southwest Michigan Behavioral Health) Updates/Erik Krogh

Chair Longanecker asked that Jeff give a brief overview of the last SWMBH meeting.

SWMBH at their last meeting did not present the FY2024 draft budget. During the COVID-19 pandemic they were fortunate to obtain significant dollars which left them with a nice windfall of finances. However, they requested from the other CMHSPs in our region along with ISK to consider decreasing our budgets by 6% because they expect future budget cuts from the state. I disagreed with their request and provided an adequate amount of push back because they have sufficient resources in their ISF Reserves. These are Medicaid Risk Reserves funds to offset budget cuts.

As it was said in our budget presentation tonight, the PPS-1 of \$287.35 for each CCBHC encounter is down significantly than we were in the pandemic. Yes, that is a concern. However, we've got to increase our encounters and grow these CCBHCs which will support an increase to the PPS-1.

I will continue to watch these developments and report back to the ISK Board of Directors on all updates or changes.

Meeting ended at 6:08PM.

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

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY II.01

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

PURPOSE/EXPLANATION

To identify the purpose and business description of the Board.

POLICY

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

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

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

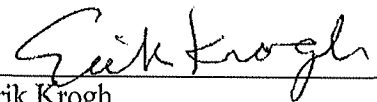
- C. The assurance of Chief Executive Officer (CEO) performance (against policies in B.1. and B.2.).

CHIEF EXECUTIVE OFFICER:



Jeff Patton
Chief Executive Officer

APPROVED:



Erik Krogh
Board Chair

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY V.01

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

PURPOSE/EXPLANATION

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

POLICY

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

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

REFERENCES

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

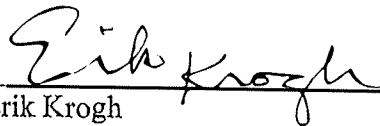
CHIEF EXECUTIVE OFFICER



Jeff Patton

Chief Executive Officer

BOARD CHAIR



Erik Krogh

Board Chair



Community • Independence • Empowerment

TREATMENT OF PERSONS SERVED

October 2023

FY23 Data April 1, 2023 - September 30, 2023

**Integrated Services of Kalamazoo
Treatment of Persons Served Report
October 2023**

EXECUTIVE LIMITATION POLICY:

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

ACCORDINGLY, THE CHIEF EXECUTIVE OFFICER MAY NOT:

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

Response:

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

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

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

Response:

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

ISK is compliant with this requirement.

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

Response:

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

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

ISK is compliant with this requirement.

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

Response:

Recipient Rights, Compliance, and Information Management policies are in place in order to protect the confidentiality of persons served. All clinicians working out in the community have been supplied with computers that have safeguards against security breaches. ISK Compliance and Information Management takes steps to ensure the HIPAA compliant platforms are utilized for telehealth appointments. Other devices that have access to confidential information of persons served are encrypted for security and protection. ISK also holds a Breach Notification policy that outlines expectations and processes to follow in the occurrence of a potential or actual breach. ISK enforces two-factor authentication to safeguard against outside threats and access into the ISK system. ISK staff receive training and ongoing reminders related to external threats, including phishing attempts, and protection of protected health information of persons served.

ISK is compliant with this requirement.

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

Response:

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

ISK is compliant with this requirement.

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

Response:

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

ISK is compliant with this requirement.

- G. Fail to provide persons served with grievance processes which they understand and feel free to use without fear of direct or indirect, intended or unintended retaliation or retribution when they believe that they have not been accorded a reasonable interpretation of their rights under this policy.**

Response

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

ISK is compliant with these requirements.

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

Response

The Michigan Department of Health and Human Services Office of Recipient Rights found ISK to be in full compliance with recipient rights systems standards in December 2021. ISK is certified through the fall of 2024.

ISK is compliant with this requirement.

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

Response

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

ISK is compliant with these requirements.

- J. Fail to administer a Person-centered Process for persons receiving mental health services**
K. Fail to include families in the planning and delivery of services.

Response

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

ISK is compliant with these requirements.

OFFICE OF RECIPIENT RIGHTS

SUBSTANTIATED COMPLAINTS - DATA

April 1, 2023-September 30, 2023

TOTAL FOR ALL CATEGORIES: 84

CATEGORY:	#	CATEGORY	#
<u>Abuse/Neglect</u>		<u>Personal Property</u>	
Abuse I	0	Possession and Use	0
Abuse II	5		
Abuse III	8		
Neglect I	0		
Neglect II	7		
Neglect III	23		
Sexual Abuse	0		
<u>Admission/Discharge</u>		Photographs, Fingerprints,	0
Second Opinion/denial of	0	Audiotapes, One-Way Glass	0
Hospitalization		Prior Consent	0
<u>Communications/Visits</u>		<u>Rights Protection System</u>	
Access to Phone	1	Access to Rights System	1
Visitation	0	Comp. Investigation Process	0
Uncensored mail	0	Failure to Report	0
		Retaliation/harassment	2
<u>Confidentiality</u>		<u>Suitable Services</u>	
Disclosure of Confidential Info.	4	MH Services Suited to Condition	10
Withholding of Information	0	Informed Consent	0
Privileged Communication	0	Services of MH Professional	0
<u>Family Rights</u>		<u>Treatment Environment</u>	
	0	Safe	
		Environment/Sanitary/Humane	6
		Environment	
		Dignity/Respect	15
		Assessment of Needs	0
<u>Financial</u>		<u>Treatment Planning</u>	
Safeguarding money	0	Person-Centered Planning	2
Ability to use or spend as desired	0	Timely Development of Plan	0
Labor and Compensation	0	Treatment Planning: Other	0
Easy Access to Money in Account	0		
<u>Freedom of Movement</u>		<u>Civil Rights</u>	
Seclusion	0	Religion Practice	0
Restrictions/Limitations	0		
Restraint	0		

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

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY I.03

AREA:	Governance		
SECTION:	Mission/Vision/Values & Bylaws	PAGE:	1 of 3
SUBJECT:	GUIDELINES FOR BOARD MEMBER APPOINTMENTS	SUPERSEDES:	10/31/2019
		REVISED:	10/23 8 /201 4 <u>923</u>

PURPOSE/EXPLANATION

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

POLICY

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

applications of those individuals will be submitted to the County Board of Commissioners to continue the County interview process.

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

G. The County Board of Commissioners appoints the selected individual as a member of the ISK Board.

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

REFERENCE

- Michigan Mental Health Code (MCL 330.1222)

CHIEF EXECUTIVE OFFICER

APPROVED

Jeff Patton
Chief Executive Officer

~~Erik Krogh~~ Karen Longanecker
Board Chair

Integrated Services of Kalamazoo (ISK)
Customer Services Report to the Board for Fiscal Year 2022-2023

Covering Activities April 1 through September 20, 2023

ISK committee/project participation:

Committee/Project
Quality Improvement Committee
Direct-Op Service: Quality Monitoring Reviews Quarterly Record Reviews
Policy Development/Review
Management Team
JETT Committee (ad-hoc). Trauma Sub-Committee
Death Review Committee

SWMBH committee/project participation:

Committee/Project
Customer Services
Coordination of Customer Notices for MI Health Link
Quality Improvement Committee (ad hoc)
Annual Customer Survey project liaison
Preparation for ISK's SWMBH Delegation Review
Preparation of Quarterly MDHHS submissions of Denied Authorization and Grievance/Appeals data.

Customer Services Duties/assignments:

Final steps are in process to ensure our accredited programs are set with what CARF calls "Program Descriptions". We are working to ensure that all required information is available administratively as well as within client-facing platforms.

Root Cause Analyses for Sentinel Events: During this fiscal year, ISK has identified 18 events as Sentinel. Per internal, SWMBH, and MDHHS protocols, Utilization Management review of each case is conducted, and Root Cause Analysis of each case is completed to identify any improvement opportunities ISK can undertake to reduce the likelihood of similar incident from occurring in future. Moving into the new fiscal year, we are reviewing changes to the tools utilized for incident tracking – inside and outside of our medical record system.

ISK Endowment Fund. For FY 2022-2023, we awarded 9 full year awards to total \$38,000 with 14 "emergent need" awards for an additional \$8262. See attached summary of annual awards made for the FY 2023-2024. For the new year, we have made application changes that should help make the funds more readily available throughout the year.

Trauma-Informed Care Team from JETT: Continue to be trainer for administrative staff for "Trauma Step 2 for Administrative Staff" classes. CS Manager facilitated 3 sessions during the fiscal year.

Suicide Prevention Planning Team: CS Manager continues membership on the planning committee. For this fiscal year to date, CS Manager has co-taught in 9 MHFA classes along with 4 safeTALK classes.

Supporting Customer Grievances and Appeals: During the last few months, the Customer Services Department has added another staff member – shared with the Medical Records Department. This Program Specialist will be working on key projects for Customer Services such as the Quarterly Record Review as well as becoming subject-matter-expert on the Notice of Adverse Benefit Determination form used to communication authorization decisions to customers. Customer Services will be taking more "ownership" of these administrative processes to allow program supervisors and clinicians to concentrate on the services they are provided to the individuals served by ISK.

See ISK FY 22-23 YTD Grievance and Appeal data summary is an attachment to this report.

State-wide meetings/committees:

Committee	Activity
Customer Services	<ul style="list-style-type: none"> Continued to participate in participate in meetings and peer collaboration. Advocate for enhancements to the new ISK medical record system – PCE through state-wide work group. Into the remainder of 2023, participate in planning for the September Walk-A-Mile Rally

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

**INTEGRATED SERVICES OF KALAMAZOO
CUSTOMER INQUIRIES & INTERVENTIONS
FY 2022-23**

	Q1	Q2	Q3	Q4	FY
Assisted to return to Access/Services	5	8		6	19
Provide info on Advance Directives					0
Provided Community Outreach/Referral Information	2	6	3		11
Assisted to file Recipient Rights Complaint	1	1	1		3
Liked to Financial Determination					0
Grievance filed		1	1	4	6
Appeal filed					0
Situation Resolved with Customer Services	2	15	30	32	79
Other:					0
<p><i>Quarter 1: 7 customers were supported. With a total of 10 interventions</i></p> <p><i>Quarter 2: 27 customers were supported. With a total of 31 interventions</i></p> <p><i>Quarter 3: 30 customers were supported. With a total of 35 interventions. 2 specifically referred to ISK Access to return to services.</i></p> <p><i>Quarter 4: 38 individuals were supported. With a total of 42 interventions.</i></p>					
OVERALL	10	31	35	42	118

Data Review and Recommendations

Type of Data: Customer Grievances and Appeals and Person-Centered Planning survey feedback

Time Period of data reviewed: FY 22-23 data will be part of the December 2023 meeting agenda.

Summary of findings: unable to determine at this time.

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

Consultations

Topic: ISK CCBHC Implementation

Requesting Department: CCBHC Project Management

Recommendations/Discussion Points of CAC:

- Key this year, members toured the new ISK UCAC location and offered observations and suggestions prior to the official opening of the location. We utilized a standardized tool for observations to be recorded about the environment and welcoming feeling of the UCAC.

CCBHC remains in the agenda 3-4 times this fiscal year.

Topic: ISK Suicide Prevention Grants/Projects

Requesting Department: MIA/Zero Suicide Grant/Youth Grants

Recommendations/Discussion Points of CAC:

- Staff training continues to be a key interest for CAC members. When asked, they continue to share observations and suggestions for how ISK can build care pathways for best practices in addressing someone's stated suicidal ideation.

Suicide Prevention remains on the agenda 3-4 times each year.

Project Plans

Project: Identifying how to connect with appropriate medical and mental health services and supports.

Status Update: This project remains of importance to the group. But, during the year, more focus was on the planning for the ISK UCAC.

Project: Discussion of services and supports of the Clubhouse Model

Status Update: Several members of the group had been unaware of the former MRC PathWays Clubhouse here within ISK. So, when they were at a conference as CAC members of SWMBH, they were interested in the model and asked about "bringing" Clubhouse to ISK. Clubhouse history was part of a CAC meeting with the ISK Administrator of Clinical Services as well as former PathWays Director. We also reviewed the federal and state requirements that are necessary to meet for Clubhouse services to be provided. Additionally, we invited representatives from Recovery Institute to talk about the supports and services that are available currently through the RI. Members are considering if they wish to continue talks to resume a Clubhouse at ISK. (They are aware of the heavy workload it will take).

Community Activities

2023 saw the CAC members (as well as others who participate in services from ISK) return to the Walk-A-Mile In-My-Shoes advocacy rally at the state capital in September. ISK once again funded transportation and boxed lunches. We continue to partner with the Recovery Institute and ASK Services for Kids to make the event happen. This year, we were supported by B&W Bus Charters and Jimmy Johns of Downtown Kalamazoo to make the day complete.

Local events and activities such as the Wellness and Recovery Fair and Gryphon Place Suicide Awareness/Prevention Walk continue to be other events of interest to the CAC membership. Several members participate in planning for the Fair and are taking to the streets for Gryphon Place.

Other

During the year, our membership numbers have remained consistent. We have taken advantage of the space at the Burdick building to utilize technology and continue to offer members opportunity to participate in meetings via audio and video means.

For more information

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

Southwest Michigan Behavioral Health
Customer Grievance and Appeal Data
FY 2022-23
Kalamazoo **Non-Medicaid**

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

Southwest Michigan Behavioral Health
Customer Grievance and Appeal Data
FY 2022-23

KALAMAZOO OVERALL TOTALS

Activity	Outcome	Q1	Q2	Q3	Q4	Total Events:
Local Appeals Including: Termination Reduction Suspension of current services and Denial of additional services	Withdrawn					0
	Decision Upheld/Affirmed	1		1		2
	Decision Overturned	3				3
	Settled/Resolved					0
Access 2nd Opinions	Withdrawn					0
	Decision Upheld/Affirmed					0
	Decision Overturned					0
	Settled/Resolved					0
Hospital 2nd Opinions	Withdrawn					0
	Decision Upheld/Affirmed			1		1
	Decision Overturned					0
	Settled/Resolved					0
State-level Appeal intervention	Withdrawn					0
	Decision Affirmed					0
	Decision Overturned					0
	Split Resolution					0
	Settled/Resolved					0
Grievances	Withdrawn					0
	Information only					0
	Settled/Resolved	4	7	8	4	23
	Recipient Rights Referral			1		1
TOTAL events:		8	7	11	4	30

ISK Endowment Fund. FY 2023-2024 ~ Full Year Funding Application Summary

Application	Program/agency	Dollars requested	Anticipated # served	Comments: <i>Target of award dollars/spending Anticipated number to be supported</i>	Dollars Approved
24_01	ISK_MIA-C	8,000	50	Independ Res/Employ/Health Care/Ed	8,000
24_02	ISK_MIA-B	4,000	1000	Independ Res/Employ/Health Care	4,000
24_03	ISK_Youth/Families	8,000	400	Independ Res/Employ/Health Care/Ed/Event	8,000
24_04	ISK_IDDA	6,240	10	Health Care	6,240
24_05	ISK_MIA-A	8,000	2,500	Health Care	8,000
24_06	Community Living Options	8,000	114	Independ Res/Health Care/Ed/Event	8,000
24_07	MRC Industries	8,000	30	Independ Res/Health Care/Employ/Ed/Event	8,000
24_08	Milestone Senior Svs	8,000	30	Independ Res/Health Care/Employ/Ed/Event	8,000
24_09	Family & Children Srvs	4,000	200	Independ Res/Health Care/Employ/Ed/Event	4,000
24_10	Recovery Institute	1,000	200	Community Event	1,000
24_11	Community Healing Center	1,000	200	Community Event	1,000
24_12	ISK_Housing Resources	8,000	35-45	Independent Residence	8,000
Total Requested		\$72,240		Total Approved	\$72,240

Target areas for awards:

- Independent Residence
- Competitive Employment
- Community Living/supportive Healthcare Needs
- Educational/Vocational Support
- Community Events - spending here continues to be capped at \$1000 of the \$8000 possible full year award.



Community • Independence • Empowerment

Jeffrey W. Patton
Chief Executive Officer

www.iskzoo.org
(269) 553-8000

Administrative Services:
610 South Burdick Street
Kalamazoo, MI 49007

VI.g.

Family Support Advisory Council Annual Report

Date: October 23, 2023

To: Integrated Services of Kalamazoo Board of Directors

From: Family Support Advisory Council (FSAC)

Re: FSAC Annual Board Report

FSAC respectfully gives the annual report for the period 10/1/2022-9/30/2023.

Board Appointees:

Kathy Hunt and Antoinette Sandum (Co-Chair)

Tina Ellis

Kimberly Whittaker

Emily Curtis

Paula Shane

Pending Appointee:

Jalissa Murray

Activities:

1. FSAC members participated in the System of Care (SOC) conference planning.
2. Discussed and planned for a new display board to bring to public events and to help recruit new members.
3. FSAC helped to design a new brochure in hopes of recruiting new members who have either very recently had a youth in services or are currently involved in receiving services.
4. The group worked with Cathie Schau, who created a short promotional video the help get the word out about the role of FSAC.
5. FSAC received a presentation from Nancy McDonald on Intensive Crisis Stabilization.
6. FSAC received information on CCBHC and the Urgent Care and Assessment Center as the planning and construction were taking place.
7. FSAC met with Dawn Rasmussen, the new Senior Executive for Youth and Families and received a report out from both Dawn and Michelle Houtrow about the national System of Care conference held in July in Baltimore.
8. FSAC received a summary of Kalamazoo Wraps System of Care.
9. FSAC received updates on state initiatives and pending CTFC implementation grant from Dawn Rasmussen.
10. FSAC toured the UCAC.

Recommendations:

FSAC will work with ISK to invest time and energy into the recruitment of new members with current/recent experience in youth and family services.

INTEGRATED
SERVICES OF
KALAMAZOO



Period Ended
September 30,
2023

Monthly Finance
Report

INTEGRATED SERVICES OF KALAMAZOO

Statement of Net Position

September 30, 2023

	September 2022 (unaudited)	September 2023
Assets		
Current assets		
Cash and investments	\$ 27,241,982	\$ 33,555,119
Accounts receivable	8,795,177	3,737,499
Due from other governments	7,001,456	22,768
Prepaid items	838,468	920,921
Total current assets	<u>43,877,083</u>	<u>38,236,307</u>
Non-current assets		
Capital assets, net of accumulated depreciation	9,549,060	13,462,972
Net pension asset, net of deferred outflows	5,722,229	7,339,625
Total non-current assets	<u>15,271,289</u>	<u>20,802,597</u>
Total assets	<u>59,148,372</u>	<u>59,038,905</u>
Liabilities		
Current liabilities		
Accounts payable	\$ 3,467,898	\$ 8,272,025
Due to other governments	1,476,243	1,821,806
Due to providers	7,040,169	-
Accrued payroll and payroll taxes	2,822,607	2,376,335
Unearned revenue	597,509	158,854
Total current liabilities	<u>15,404,426</u>	<u>12,629,020</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	18,336,144	72,108
Net position	<u>\$ 43,743,946</u>	<u>\$ 46,409,885</u>

INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2022 through September 30, 2023

Percent of Year is 100.00%

	Original 2023 BUDGET	YTD Totals 9/30/23	Remaining Budget	Percent of Budget - YTD
Operating revenue				
Medicaid:				
Traditional Capitation	\$ 70,338,150	\$ 70,324,308	\$ 13,842	99.98%
Healthy Michigan Capitation	13,076,128	13,074,929	1,199	99.99%
Autism Captiation	5,571,385	5,566,718	4,667	99.92%
Settlement	(299,694)	(1,171,885)	872,191	0.00%
State General Fund:				
Formula Fundings	3,900,517	3,900,517	-	100.00%
CCBHC Demonstration	8,113,774	8,173,698	(59,924)	0.00%
CCBHC Quality Bonus	1,026,116	823,844	202,273	0.00%
CCBHC Accrual	905,892	483,383	422,509	0.00%
County Allocation	1,550,400	1,550,400	-	100.00%
Client Fees	568,418	601,281	(32,863)	105.78%
SUD Block Grant	-	111,957	(111,957)	0.00%
Other grant revenue	8,107,611	8,229,617	(122,006)	101.50%
Other earned contracts	3,062,196	2,981,786	80,410	97.37%
COFR	-	324	(324)	0.00%
Interest	118,049	114,477	3,572	0.00%
Local revenue	611,554	560,721	50,833	0.00%
Total operating revenue	\$ 116,650,496	\$ 115,326,074	\$ 1,324,422	98.86%
Operating expenses				
Salaries and wages	23,969,526	23,767,562	\$ 201,964	99.16%
Employee benefits	7,034,997	7,225,960	(190,963)	102.71%
Staff development	223,625	198,610	25,015	88.81%
Payments to providers	73,902,485	72,851,559	1,050,926	98.58%
Administrative contracts	8,529,389	8,717,588	(188,199)	102.21%
IT software and equipment	765,010	637,844	127,166	83.38%
Client transportation	29,260	27,847	1,413	95.17%
Staff travel	310,912	233,111	77,801	74.98%
Office expenses	420,923	427,255	(6,332)	101.50%
Insurance expense	135,461	126,281	9,180	93.22%
Depreciation expense	605,649	686,198	(80,549)	113.30%
Utilities	306,573	288,785	17,788	94.20%
Facilities	124,379	65,365	59,014	52.55%
Total operating expenses	\$ 116,358,189	\$ 115,253,966	\$ 1,104,223	99.05%
Change in net position	292,307	72,108	\$ 220,199	
Beginning net position	46,337,777	46,337,777		
Ending net position	\$ 46,630,084	\$ 46,409,885		

INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2022 through September 30, 2023

Percent of Year is 100.00%

	Specialty Services			Healthy Michigan			SUD Block Grant			Totals		
	Budget	YTD Totals 9/30/23	YTD Budget	YTD Budget	YTD Totals 9/30/23	YTD Budget	YTD Budget	YTD Totals 9/30/23	YTD Budget	YTD Totals 9/30/23	Variance	
Operating revenue												
Medicaid:												
Traditional Capitation	\$ 70,338,150	\$ 70,324,308	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 111,957	\$ 70,338,150	\$ 70,436,265	\$ 98,115	
Healthy Michigan Capitation	-	-	13,076,128	13,074,929	-	-	-	-	13,076,128	13,074,929	(1,199)	
Autism Capitation	5,571,385	5,566,718	-	-	-	-	-	-	5,571,385	5,566,718	(4,667)	
CCBHC Base Payment	(14,062,663)	(14,062,663)	(3,296,984)	(3,296,984)	-	-	-	-	(17,359,647)	(17,359,647)	-	
Settlement Estimate	4,768,460	4,418,965	(5,068,154)	(5,478,892)	-	-	-	(111,957)	(299,694)	(1,171,885)	(872,191)	
Client Fees	568,418	601,281	-	-	-	-	-	-	568,418	601,281	32,863	
Total operating revenue	\$ 67,183,750	\$ 66,848,609	\$ 4,710,990	\$ 4,299,053	\$ -	\$ -	\$ -	\$ 0	\$ 71,894,740	\$ 71,147,661	\$ (747,079)	
Operating expenses												
Internal services	\$ 3,097,968	\$ 2,399,267	\$ 172,864	\$ 117,882	\$ -	\$ -	\$ -	\$ -	\$ 3,270,832	\$ 2,517,149	\$ (753,683)	
External services	59,273,112	60,646,493	4,288,520	3,936,608	-	-	-	-	63,561,632	64,583,101	1,021,469	
Delegated managed care	4,812,670	3,802,848	249,606	244,562	-	-	-	-	5,062,276	4,047,411	(1,014,865)	
Total operating expenses	\$ 67,183,750	\$ 66,848,609	\$ 4,710,990	\$ 4,299,052	\$ -	\$ -	\$ -	\$ -	\$ 71,894,740	\$ 71,147,661	\$ (747,079)	
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 September 30, 2023

Percent of Year is 100.00%

	State General Fund			CCBHC			Other Funding Sources			Totals		
	YTD	YTD Totals	9/30/23	YTD	YTD Totals	9/30/23	YTD	YTD Totals	9/30/23	YTD	YTD Totals	9/30/23
	Budget	Budget		Budget	Budget		Budget	Budget		Budget	Budget	
Operating revenue												
General Fund	\$ 3,900,517	\$ 3,900,517	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,900,517	\$ 3,900,517	\$ -
Projected GF Carryforward	-	-	-	-	-	-	-	-	-	-	-	-
CCBHC Demonstration	-	-	27,405,429	26,840,571	-	-	-	-	-	27,405,429	26,840,571	(564,858)
Other Federal and State Grants	-	-	-	-	-	-	8,107,611	8,229,617	-	8,107,611	8,229,617	122,006
Earned Revenue	-	-	-	-	-	-	3,062,196	2,981,786	-	3,062,196	2,981,786	(80,410)
COFR Revenue	-	-	-	-	-	-	-	324	-	-	324	324
Interest	-	-	-	-	-	-	118,049	114,477	-	118,049	114,477	(3,572)
County Allocation	-	-	-	-	-	-	1,550,400	1,550,400	-	1,550,400	1,550,400	-
Local Revenue	-	-	-	-	-	-	611,554	560,721	-	611,554	560,721	(50,833)
Transfer from GF	-	-	-	-	-	-	2,261,779	2,270,008	-	2,261,779	2,270,008	8,229
Settlement Revenue (Expense)	-	-	-	-	-	-	-	-	-	-	-	-
Total operating revenue	\$ 3,900,517	\$ 3,900,517	\$ 27,405,429	\$ 26,840,571	\$ 15,711,589	\$ 15,707,334	\$ 47,017,535	\$ 46,448,422	\$ (569,113)			
Operating expenses												
Internal Programs	\$ -	\$ 661,370	\$ 22,897,714	\$ 20,325,233	\$ -	\$ 56,218	\$ 22,897,714	\$ 21,042,821	\$ (1,854,893)			
External Programs	1,187,016	881,047	6,609,784	6,397,174	509,136	613,557	8,305,936	7,891,778	(414,158)			
Other Federal and State Grants	-	-	-	-	8,016,883	11,391,882	8,016,883	11,391,882	3,374,999			
HUD Grants	-	-	-	-	1,634,174	1,300,365	1,634,174	1,300,365	(333,809)			
Managed Care Administration	66,411	88,092	1,650,887	1,611,873	39,131	3,255	1,756,429	1,703,221	(53,208)			
Homeless Shelter	-	-	-	-	436,749	392,699	436,749	392,699	(44,050)			
Transfer from GF	2,261,779	2,270,008	-	-	-	-	2,261,779	2,270,008	8,229			
Local match expense	-	-	-	-	1,274,975	305,108	1,274,975	305,108	(969,867)			
Non-DCH Activity Expenditures	-	-	-	-	140,589	78,433	140,589	78,433	(62,156)			
Total operating expenses	\$ 3,515,206	\$ 3,900,517	\$ 31,158,385	\$ 28,334,280	\$ 12,051,637	\$ 14,141,516	\$ 46,725,228	\$ 46,376,314	(348,914)			
Change in net position	385,311	(0)	(3,752,956)	(1,493,709)	3,659,952	1,565,817	\$ 292,307	72,108	(220,199)			

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 September 30, 2023
Percent of Year is 100.00%

	CCBHC Medicaid	CCBHC Healthy MI	CCBHC Non-Medicaid	CCBHC YTD Totals
Operating revenue				
Prepayment	\$ 7,639,970	\$ -	\$ 533,728	\$ 8,173,698
CCBHC Quality Bonus	-	-	823,844	823,844
CCBHC Base Payment Reclass	14,062,663	3,296,984	-	17,359,647
Remaining CCBHC revenue due	(1,034,648)	1,518,030	-	483,383
Total CCBHC Revenue (PPS-1 of \$272.96 x encounters)	\$ 20,667,985	\$ 4,815,014	\$ 1,357,571	\$ 26,840,571
Operating expenses				
Internal services	\$ 16,366,186	\$ 4,081,099	\$ 1,489,821	\$ 21,937,106
DCO Contracts	4,844,490	1,128,620	424,064	6,397,174
Total operating expenses	\$ 21,210,676	\$ 5,209,719	\$ 1,913,885	\$ 28,334,280
Operating change in net position	(542,691)	(394,704)	(556,314)	(1,493,709)
Reclassification to cover Non-Medicaid	-	-	-	-
Total change in net position	(542,691)	(394,704)	(556,314)	(1,493,709)

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

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

UTILIZATION COMPARISONS FY 22/23										
	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				
MONTH										
OCTOBER	55	\$54,195	65	\$66,228	70	\$72,791	(5)	(\$6,563)	(\$6,563)	
NOVEMBER	7	\$7,688	65	\$66,228	63	\$66,150	2	\$78	\$78	
DECEMBER	29	\$25,336	65	\$66,228	37	\$38,735	28	\$27,493	\$27,493	
JANUARY	37	\$34,540	65	\$66,228	53	\$55,661	12	\$10,567	\$10,567	
FEBRUARY	69	\$68,647	65	\$66,228	55	\$57,939	10	\$8,289	\$8,289	
MARCH	48	\$46,874	65	\$66,228	78	\$81,900	(13)	(15,672)	(15,672)	
APRIL	56	\$82,861	65	\$66,228	90	\$94,500	(25)	(28,272)	(28,272)	
MAY	54	\$46,668	65	\$66,228	62	\$65,100	3	1,128	1,128	
JUNE	74	\$67,193	65	\$66,228	9	\$9,450	56	56,778	56,778	
JULY	29	\$31,468	65	\$66,228	41	\$43,050	24	23,178	23,178	
AUGUST	26	\$27,842	65	\$66,228	23	\$24,087	42	42,141	42,141	
SEPTEMBER	19	\$22,420	65	\$66,228	54	\$56,312	11	9,916	9,916	
TOTALS	503	\$516,232	778	\$794,733	635	\$665,675	145	\$129,061		
MONTHLY AVERAGES	42		65		53					
GROSS ANNUAL COST		\$516,232		794,733		\$665,675		\$129,061		

Favorable/(Unfavorable):

Total 129,061

VII.b.

COMMUNITY INPATIENT SERVICES

Report Period: October 1st, 2022 through September 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	813	\$830,417	900	\$905,756	(87)	(\$75,339)	(\$75,339)	
NOVEMBER	455	\$443,250	813	\$830,417	686	\$714,410	127	\$116,007	\$116,007	
DECEMBER	535	\$517,204	813	\$830,417	704	\$732,356	109	\$98,061	\$98,061	
JANUARY	540	\$522,941	813	\$830,417	639	\$663,945	174	\$166,472	\$166,472	
FEBRUARY	475	\$463,341	813	\$830,417	656	\$683,828	157	\$146,589	\$146,589	
MARCH	563	\$547,137	813	\$830,417	635	\$660,537	178	\$169,880	\$169,880	
APRIL	497	\$512,447	813	\$830,417	543	\$565,345	270	265,072	265,072	
MAY	504	\$483,973	813	\$830,417	796	\$829,300	17	1,117	1,117	
JUNE	597	\$575,505	813	\$830,417	629	\$655,218	184	175,199	175,199	
JULY	587	\$574,198	813	\$830,417	757	\$789,744	56	40,673	40,673	
AUGUST	522	\$510,177	813	\$830,417	820	\$854,847	(7)	(24,430)	(24,430)	
SEPTEMBER	608	\$595,064	813	\$830,417	698	\$727,339	115	103,078	103,078	
TOTALS	6,272	\$6,124,902	9,759	\$9,965,003	8,463	\$8,782,625	1,293	\$1,182,379		
MONTHLY AVERAGES	523		813		705					
GROSS ANNUAL COST		\$6,124,902		9,965,003		\$8,782,625		\$1,182,379		

Favorable/(Unfavorable):

Total 1,182,379

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

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

SERVICE	FY 22/23 Budget			FY 22/23 Actual	
	Avg. Daily Rate	No. Served	Days of Service	Dollars	Favorable / (Unfavorable)
PC/CLS	Month				
	Sept.	445	127,538	\$32,905,124	\$309,054
CRISIS RES.	Sept.	48	709	\$938,919	\$495,673
CLS (SIP)	Sept.	305		\$11,854,609	\$886,238
Annual Cost					\$1,690,965

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.

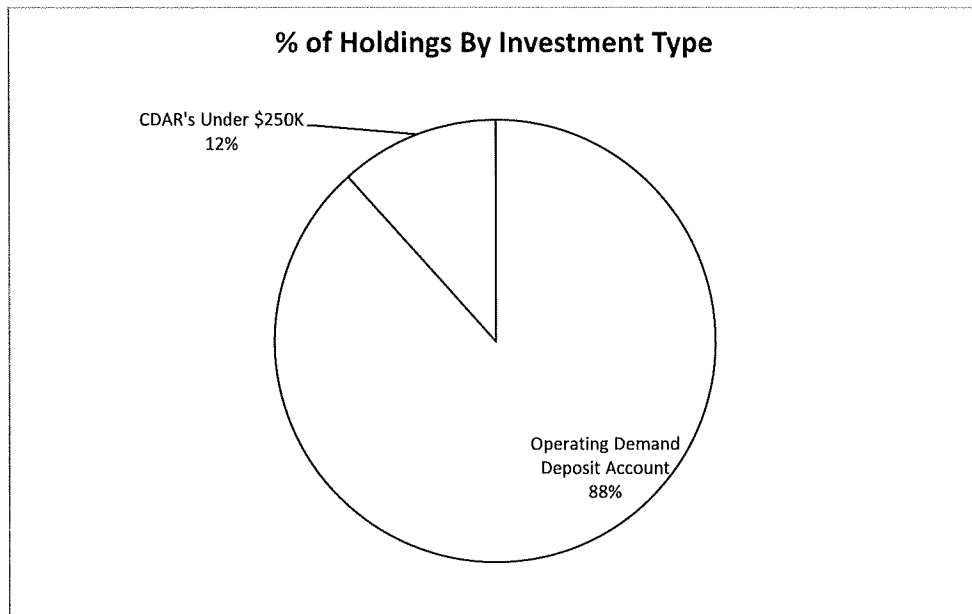
Quarterly Cash & Investments Report
Quarter Ending September 30th, 2023

VII.c.

Financial Institution	Type of Investment	Cost Basis	Maturity Date	% Yield
CASH				
PNC	Operating Demand Deposit Account	\$29,477,716	NA	0.03%
	Payroll Account	\$5,000		
	Accrued Leave Reserve	\$119,107		
	Pretax Reimbursement Account	\$68,811		
	Various Petty Cash Funds	\$780		
	Total Cash Accounts	\$29,671,414		
INVESTMENTS				
CDAR's (via Independent Bank)	CD's Issued Under FDIC Limit of \$250,000	\$3,883,705		3.77%
Total CDAR's		\$3,883,705		
	Total Investments	\$3,883,705		
TOTAL CASH AND INVESTMENTS		\$33,555,119		

% of Holdings By Institution	
PNC - Cash	88.43%
CDAR's (via Independent Bank)	11.57%
	100.00%

% of Holdings By Investment Type	
Cash	88.43%
CDAR's	11.57%
	100.00%





Community • Independence • Empowerment

Integrated Services of Kalamazoo MOTION

Subject:	<u>September 2023 Disbursements</u>	Approval Date:
Meeting Date:	October 23, 2023	<u>October 23, 2023</u>
Prepared by:	Charlotte Bowser	

Recommended Motion:

“Based on the Board Finance meeting review, I move that ISK approve the September, 2023 vendor disbursements of \$13,597,941.28.”

Summary of Request:

As per the September 2023 Vendor Check Register Report dated 10/11/2023 that includes checks issued from 09/01/2023 to 09/30/2023.

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: **October 23, 2023**



Integrated Services of Kalamazoo

MOTION

Subject:	Motion for Board to Enter Closed Session	
Meeting Date:	October 23, 2023	Approval Date:
Prepared by:	Jeff Patton	<u>October 23, 2023</u>

Recommended Motion:

"I move that the ISK Board enter a closed session to discuss pending legal issues, as allowed under the Michigan Open Meetings Act, MCL 15.268(1)(e)."

Summary of Request

- The Michigan Open Meetings Act allows the ISK board to enter closed session to discuss pending litigation.
- 2/3 of the ISK board must vote to approve a closed session (8 members) and there must be a roll call vote.
- Once the closed session is completed, the board may conduct a voice vote to return to an open session.

ROLL CALL VOTE:

ISK Board Member	Yes	No
Chair Karen Longanecker		
Vice Chair Michael Seals		
Member Nkenge Bergan		
Member Sarah Carmany		
Member Patrick Dolly		
Member Pat Guenther		
Member Erik Krogh		
Member Monteze Morales		
Member Michael Raphelson		
Member Sharon Spears		
Member Ramona Lumpkin		
Member Melissa Woolsey		
MOTION PASSED		

Need 8 yes votes (2/3 of currently appointed board) no matter how many members are in attendance.

Budget: FY2023/2024
Staff: Jeff Patton

Date of Board
Consideration: October 23, 2023