



Jeffrey W. Patton  
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, January 22, 2024, BEGINNING @ 4:00PM via *Microsoft TEAMS* or in-person at 610 S. Burdick Street/Kalamazoo, MI., (2<sup>nd</sup> Floor/Board Conference Room).

- I. CALL TO ORDER – CITY & COUNTY DECLARATION
- II. AGENDA
- III. CITIZEN TIME
  
- IV. RECIPIENT RIGHTS
  - a. Recipient Rights Monthly Report
  - b. Recipient Rights ANNUAL Report
  
- V. PROGRAM SERVICE REPORT
  - a. *Kathy Lentz*, Senior Executive, IDDA/Intellectual and Developmental Disabilities Adult & *Letter of Commendation – Fi Spalvieri/Community Living Options*
  - b. *Beth Ann Meints*, Administrator of Clinical Services/CCBHC Report/**VERBAL**
  
- VI. CONSENT CALENDAR/**VERBAL MOTION**
  - a. Minutes November 27, 2023
  - b. MISSION/VISION/VALUE STATEMENT (Policy)
  - c. Bylaws and Rules of Procedure (Policy)
  - d. Annual Leave Reserve (Policy & Report)
  - e. Annual Board Planning Cycle (Report)
  - f. Ends Development Process (Policy)
  - g. Ends for Individuals Served (Policy)
  
- VII. MONITORING REPORTS
  - a. Quality Improvement and Performance Measurement Mgmt Plan (Report) **MOTION**
  - b. Strategic Plan (Report)/**VERBAL**
  - c. Emergency Executive Succession (Policy)**VERBAL MOTION**
  
- VIII. FINANCIAL REPORTS
  - a. Financial Condition Report
  - b. Utilization Report
  - c. Investment Report
  - d. NOVEMBER & DECEMBER 2023 Disbursement/**MOTION**
  
- IX. ACTION ITEMS - NEW or REVISITED
  - a. Family Support Advisory Council (FSAC) Appointment/ **MOTION**
  
- X. CHIEF EXECUTIVE OFFICER VERBAL REPORT
  - a. CEO Report
- XI. CITIZEN TIME
- XII. BOARD MEMBER TIME
  - a. SWMBH (Southwest Michigan Behavioral Health) Updates/*Erik Krogh*
- XIII. ADJOURNMENT

**24-HOUR CRISIS HOTLINE or NON-EMERGENCY CLINICAL SERVICES: (269) 373-6000**

IV.a.

Office of Recipient Rights  
Report to the Mental Health Board  
Closed in: November & December

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

	November 2023	FY 23-24	November 2022	FY 22-23
<b>Total # of Complaints Closed</b>	<b>26</b>	<b>59</b>	<b>29</b>	<b>66</b>
<b>Total # of Allegations Closed</b>	<b>62</b>	<b>113</b>	<b>44</b>	<b>116</b>
<b>Total # of Allegations Substantiated</b>	<b>13</b>	<b>28</b>	<b>15</b>	<b>40</b>

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.**

<b>ALLEGATIONS</b>	<b>November 2023</b>		<b>November 2022</b>	
<b>Category</b>	<b>TOTAL</b>	<b>SUBSTANTIATED</b>	<b>TOTAL</b>	<b>SUBSTANTIATED</b>
Consumer Safety	3	2	7	2
Dignity/Respect of Consumer	9	1	7	1
Treatment Issues/Suitable Services (Including Person Centered Planning)	10	2	9	1
Abuse I	0	0	0	0
Abuse II	2	2	6	3
Abuse III	3	2	5	2
Neglect I	0	0	0	0
Neglect II	1	1	2	0
Neglect III	4	2	3	2
	<b>32</b>	<b>12</b>	<b>39</b>	<b>11</b>

<b>APPEALS</b>	<b>November 2023</b>	<b>FY 23-24</b>	<b>November 2022</b>	<b>FY 22-23</b>
Uphold Investigative Findings & Plan of Action	0	0	0	0
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

## December 2023

### Re: November 2023 Abuse/Neglect Violations

#### November

#### Abuse Violations

- There were two substantiated Abuse II violations in November 2023.
  - The remedial actions for these violations were Employment Termination (1), Demotion (4), Written Reprimand (4), and Training (4).

**The two violations occurred at different agencies. There were 4 staff involved in one violation.**

- There were two substantiated Abuse III violations in November 2023.
  - The remedial actions for these violations were Employment Termination (1), Staff Transfer (1), Written Reprimand (2), and Training (2).

**The 2 violations occurred different agencies. There were 2 staff involved in one violation.**

#### Neglect Violations

- There was one substantiated Neglect II violation in November 2022.
  - The remedial actions for this violation was Employment Termination (1), Written Reprimand (3), Training (3), and Policy Revision/Development(3).

**There were 4 staff involved in the violation.**

- There were two substantiated Neglect III violations in November 2022.
  - The remedial actions for these violations were Employment Termination (1), Written Reprimand (1), and Training (1).

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

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

	December 2023	FY 23-24	December 2022	FY 22-23
<b>Total # of Complaints Closed</b>	<b>33</b>	<b>92</b>	<b>48</b>	<b>114</b>
<b>Total # of Allegations Closed</b>	<b>61</b>	<b>174</b>	<b>87</b>	<b>203</b>
<b>Total # of Allegations Substantiated</b>	<b>13</b>	<b>41</b>	<b>35</b>	<b>75</b>

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.**

<b>ALLEGATIONS</b>	<b>December 2023</b>		<b>December 2022</b>	
<b>Category</b>	<b>TOTAL</b>	<b>SUBSTANTIATED</b>	<b>TOTAL</b>	<b>SUBSTANTIATED</b>
Consumer Safety	6	1	9	3
Dignity/Respect of Consumer	13	0	19	6
Treatment Issues/Suitable Services (Including Person Centered Planning)	10	0	14	5
Abuse I	0	0	1	0
Abuse II	9	2	7	3
Abuse III	6	3	5	1
Neglect I	0	0	0	0
Neglect II	0	0	3	3
Neglect III	8	7	12	10
	<b>52</b>	<b>13</b>	<b>70</b>	<b>31</b>

<b>APPEALS</b>	<b>December 2023</b>	<b>FY 23-24</b>	<b>December 2022</b>	<b>FY 22-23</b>
Uphold Investigative Findings & Plan of Action	0	0	0	0
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

## January 2024

### Re: December 2023 Abuse/Neglect Violations

#### December

#### Abuse Violations

- There were two substantiated Abuse II violations in December 2023.
  - The remedial actions for these violations were Training (1), Written Reprimand (1), and Pending (1).

**The 2 violations occurred at 2 different agencies.**

- There were three substantiated Abuse III violations in December 2023.
  - The remedial actions for these violations were Employment Termination (1), Written Reprimand (2), and Training (2).

**The 3 violations occurred at 3 different agencies.**

#### Neglect Violations

- There were seven substantiated Neglect III violations in December 2023. One of the seven was Neglect III, Failure to Report.
  - The remedial actions for these violations were Employment Termination (2), Employee left the agency (2), Written Reprimand (4), Policy Revision/Development (1), Training (3), and Pending (1).

**The 7 violations occurred at the 5 different agencies. Two different agencies each had 2 violations at the same program site.**

IV.b.

Office of Recipient Rights  
Report to the Mental Health Board  
ORR Annual Report FY 22-23



**COMPLAINT DATA FOR:** Integrated Services of Kalamazoo  
**RIGHTS OFFICE DIRECTOR:** Lisa Smith

Reporting Period: **FY23** **October 1, 2022 - September 30, 2023**

**CMH** # of Consumers Served (unduplicated count) **7844** Rights Office FTEs **7.65**

**LPH** Hours/40 Spent on Rights

Total Complaints Received	641	DO NOT TYPE HERE - CELL WILL AUTO FILL
Allegations	595	DO NOT TYPE HERE - CELL WILL AUTO FILL
Investigations	497	DO NOT TYPE HERE - CELL WILL AUTO FILL
Investigations Substantiated	171	DO NOT TYPE HERE - CELL WILL AUTO FILL
Interventions	98	DO NOT TYPE HERE - CELL WILL AUTO FILL
Interventions Substantiated	13	DO NOT TYPE HERE - CELL WILL AUTO FILL

**ALLEGATIONS BY CATEGORY**

Code	Category	Received
0000	No Right Involved	17

Code	Category	Received
0001	Outside Provider Jurisdiction	29

Code	Category	Received	Investigations	Investigations Substantiated
7221	Abuse class I	0	0	0
72221	Abuse class II - Nonaccidental act	16	16	3

72222	Abuse class II - unreasonable force	9	9	4
72223	Abuse class II - emotional harm	0	0	0
72224	Abuse class II - treating as incompetent	0	0	0
72225	Abuse class II - exploitation	14	14	5
7223	Abuse - class III	66	66	19
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	6	6	4
72262	Neglect class II - failure to report	8	8	6
72271	Neglect class III	73	73	56
72272	Neglect class III - failure to report	11	11	9

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7550	Right Protection System	3	3	2	0	0
7555	Retaliation/harassment toward recipients	13	13	2		

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)	119	97	16	22	2
7082	Safe, Sanitary Humane Treatment Environment	63	44	10	19	0
7083	Least restrictive setting	1	1	0	0	0
7084	Dignity and Respect	126	91	22	35	7

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7100	Physical and Mental Exams	0	0	0	0	0
7110	Family Rights	13	10	2	3	0
7120	Individual Written Plan of Service (Person-Centered Process)	4	4	4	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
7261	Communications-Visits	3	1	0	2	0
7262	Communications-Telephone	4	4	2	0	0
7263	Communications-Mail	2	0	0	2	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7281	Property-Possession and use	16	9	1	7	1
7286	Personal Property – Limitations	1	0	0	1	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	3	3	0	0	0
7400	Restraint	0	0	0	0	0
7420	Seclusion	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	15	11	4	4	2
7481	Withhold of Confidential Information (Includes Denying Recipient Access to Records)	1	0	0	1	0
7490	Correction of Record	1	0	0	1	0
7500	Privileged communication	0	0	0	0	0
<b>TOTALS</b>		<b>595</b>	<b>497</b>	<b>171</b>	<b>98</b>	<b>13</b>

**Section II: Intervention and Investigation remediation data for:**

**Integrated Services of Kalamazoo**

Category (from Complaint Data)	Provider Type	Specific Remedial Action	Specific Remedial Action	SED	SED-W	DD-CWP	HSW
Abuse class II - exploitation	Residential MI & DD	Employment Termination					
Abuse class II - exploitation	Residential DD	Written Reprimand	Training				1
Abuse class II - exploitation	Residential DD	Employment Termination	Training				1
Abuse class II - exploitation	SIP	Employee left the agency, but substantiated					1
Abuse class II - exploitation	Residential MI & DD	Written Reprimand	Employment Termination				
Abuse class II - nonaccidental act	Residential MI & DD	Employment Termination					
Abuse class II - nonaccidental act	Day Program DD	Written Reprimand	Policy Revision/Development				
Abuse class II - nonaccidental act	Residential DD	Employment Termination	Training				1
Abuse class II - unreasonable force	Residential MI & DD	Written Reprimand	Training				1
Abuse class II - unreasonable force	Residential MI & DD	Written Reprimand	Training				1
Abuse class II - unreasonable force	Residential MI & DD	Verbal Counseling	Training				1
Abuse class II - unreasonable force	Residential DD	Written Reprimand	Training				1
Abuse class II - unreasonable force	Residential MI & DD	Pending					1
Abuse class III	Residential MI & DD	Written Reprimand	Training				1
Abuse class III	Residential MI & DD	Employment Termination					
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	Training				
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	Training				1
Abuse class III	Residential MI & DD	Suspension	Training				1
Abuse class III	Residential MI & DD	Written Reprimand	Training				1
Abuse class III	Residential MI & DD	Written Reprimand	Training				1
Abuse class III	Residential DD	Written Reprimand					
Abuse class III	Residential MI & DD	Employment Termination	Training				1

Abuse - class III	Residential MI & DD	Employment Termination	Staff Transfer					
Abuse - class III	Residential MI & DD	Written Reprimand						
Abuse - class III	Residential MI & DD	Written Reprimand						
Abuse - class III	Residential MI & DD	Employment Termination						
Abuse - class III	Residential MI & DD	Written Reprimand	Training					
Abuse - class III	ACT	Training						
Civil rights: discrimination, accessibility, accomm	Residential MI & DD	Training						
Communications-Telephone	Residential MI & DD	Environmental Repair/Enhancement						
Communications-Telephone	Residential MI & DD	Training	Policy Revision/Development					1
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	Employee left the agency, but substantiated	Training					
Dignity and Respect	Residential MI & DD	Employee left the agency, but substantiated	Employee left the agency, but substantiated					
Dignity and Respect	Residential MI & DD	Employment Termination	Training					
Dignity and Respect	Residential MI & DD	Employee left the agency, but substantiated	Training					2
Dignity and Respect	Out Patient	Training						
Dignity and Respect	Residential MI & DD	Training	Written Reprimand					
Dignity and Respect	Residential MI	Training						
Dignity and Respect	Residential MI & DD	Written Reprimand	Training					
Dignity and Respect	Out Patient	Employee left the agency, but substantiated						
Dignity and Respect	Out Patient	Verbal Counseling						
Dignity and Respect	Other	Verbal Counseling	Training					
Dignity and Respect	Residential MI & DD	Written Reprimand	Training					

Dignity and Respect	Residential MI & DD	Training						
Dignity and Respect	Residential MI & DD	Training		Plan of Service Revision				
Dignity and Respect	Residential MI & DD	Training						
Dignity and Respect	Out Patient	Verbal Counseling			Training			
Dignity and Respect	Residential MI & DD	Written Reprimand			Training			
Dignity and Respect	Residential MI & DD	Employee left the agency, but substantiated						
Dignity and Respect	ACT	Verbal Counseling			Training			
Dignity and Respect	Residential MI & DD	Training						
Dignity and Respect	Out Patient	Training		Policy Revision/Development				
Dignity and Respect	Out Patient	Written Counseling			Training			
Dignity and Respect	Residential MI & DD	Policy Revision/Development						
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			
Disclosure of Confidential Information	Residential MI & DD	Training						
Disclosure of Confidential Information	SIP	Employee left the agency, but substantiated			Training			1
Disclosure of Confidential Information	Other	Verbal Counseling						
Disclosure of Confidential Information	Residential MI	Written Counseling			Training			
Family Rights	Out Patient	Training						
Individual Written Plan of Service (Person-Cent	Residential MI	Verbal Counseling			Training			
Individual Written Plan of Service (Person-Cent	Residential MI	Verbal Counseling			Training			
Individual Written Plan of Service (Person-Cent	Case Management	Policy Revision/Development			Training			
Individual Written Plan of Service (Person-Cent	Case Management	Training						1
Mental Health Services Suited to Condition (Incl	Case Management	Verbal Counseling			Training			
Mental Health Services Suited to Condition (Incl	Residential MI & DD	Written Reprimand			Training			1
Mental Health Services Suited to Condition (Incl	Residential MI	Policy Revision/Development			Training			
Mental Health Services Suited to Condition (Incl	Residential MI	Verbal Counseling			Training			

Mental Health Services Suited to Condition (incl)	Residential MI & DD	Verbal Counseling	Training					
Mental Health Services Suited to Condition (incl)	Crisis Center	Policy Revision/Development	Training					
Mental Health Services Suited to Condition (incl)	Case Management	Policy Revision/Development	Training					
Mental Health Services Suited to Condition (incl)	ACT	Policy Revision/Development						
Mental Health Services Suited to Condition (incl)	Residential MI & DD	Training						
Mental Health Services Suited to Condition (incl)	Case Management	Policy Revision/Development	Training					
Mental Health Services Suited to Condition (incl)	Case Management	Verbal Counseling	Training					
Mental Health Services Suited to Condition (incl)	Case Management	Verbal Counseling	Training					
Mental Health Services Suited to Condition (incl)	Out Patient	Verbal Counseling	Training					
Mental Health Services Suited to Condition (incl)	Residential MI & DD	Training	Environmental Repair/Enhancement					
Mental Health Services Suited to Condition (incl)	Case Management	Training						
Mental Health Services Suited to Condition (incl)	ACT	Training						
Mental Health Services Suited to Condition (incl)	Out Patient	Verbal Counseling	Training					
Mental Health Services Suited to Condition (incl)	Residential MI & DD	Staff Transfer	Training					
Mental Health Services Suited to Condition (incl)	Day Program DD	Pending						
Mental Health Services Suited to Condition (incl)	Residential MI & DD	Employment Termination						
Mental Health Services Suited to Condition (incl)	Residential MI & DD	Employment Termination						
Mental Health Services Suited to Condition (incl)	Other	Contract Action	Recipient Transfer to Another Provider/Site					
Mental Health Services Suited to Condition (incl)	Residential MI & DD	Written Reprimand	Training					1
Mental Health Services Suited to Condition (incl)	Residential MI & DD	Employee left the agency, but substantiated						
Mental Health Services Suited to Condition (incl)	Residential MI	Contract Action	Training					1
Mental Health Services Suited to Condition (incl)	Residential MI & DD	Written Reprimand	Training					
Mental Health Services Suited to Condition (incl)	Residential DD	Written Reprimand	Training					1
Mental Health Services Suited to Condition (incl)	Residential MI & DD	Pending						
Mental Health Services Suited to Condition (incl)	Residential MI & DD	Demotion	Training					
Mental Health Services Suited to Condition (incl)	Residential MI & DD	Written Reprimand						
Mental Health Services Suited to Condition (incl)	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	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					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 & DD	Written Reprimand	Training					
Neglect class III	Residential MI & DD	Employee left the agency, but substantiated	Employment Termination					
Neglect class III	Residential MI & DD	Written Reprimand	Training					
Neglect class III	Residential MI & DD	Employee left the agency, but substantiated	Employment Termination					
Neglect class III	Residential MI	Employment Termination	Training					
Neglect class III	Residential DD	Employment Termination	Training					
Neglect class III	Residential MI	Written Reprimand	Training					
Neglect class III	Residential MI & DD	Written Reprimand	Training					
Neglect class III	Residential MI & DD	Written Reprimand	Training					
Neglect class III	Residential DD	Employment Termination	Training					
Neglect class III	Residential MI	Written Reprimand	Training					
Neglect class III	Residential MI & DD	Written Reprimand	Training					
Neglect class III	Residential MI & DD	Written Reprimand	Training					
Neglect class III	Residential DD	Written Reprimand	Training					
Neglect class III	Residential MI & DD	Written Reprimand	Training					
Neglect class III	Residential MI	Employment Termination	Training					
Neglect class III	Residential MI & DD	Employment Termination	Employee left the agency, but substantiated					

Neglect class III	Crisis Center	Written Reprimand	Training					
Neglect class III	Residential MI & DD	Suspension	Written Reprimand					
Neglect class III	Residential DD	Written Reprimand	Training					
Neglect class III	Residential DD	Written Reprimand						
Neglect class III	ACT	Written Reprimand	Training					
Neglect class III	Residential MI & DD	Written Reprimand	Policy Revision/Development					
Neglect class III	Residential MI	Written Reprimand	Training					
Neglect class III	Residential MI & DD	Written Reprimand	Training					
Neglect class III	Residential MI & DD	Staff Transfer	Training					
Neglect class III	Residential MI & DD	Written Reprimand	Employee left the agency, but substantiated					
Neglect class III	Residential MI & DD	Written Reprimand	Training					
Neglect class III	Day Program DD	Employment Termination	Written Counseling					
Neglect class III	Residential MI & DD	Written Reprimand	Training					
Neglect class III	Day Program DD	Written Reprimand	Training					
Neglect class III	Residential MI & DD	Employee left the agency, but substantiated	Training					
Neglect class III	Residential MI & DD	Written Reprimand	Training					
Neglect class III	SIP	Employee left the agency, but substantiated	Training					
Neglect class III	Residential MI & DD	Written Reprimand	Training					
Neglect class III	Residential MI & DD	Written Reprimand	Training					
Neglect class III	Residential MI & DD	Written Reprimand	Training					
Neglect class III	Residential MI	Written Reprimand	Training					
Neglect class III	Residential MI & DD	Employee left the agency, but substantiated						
Neglect class III	Residential MI & DD	Employee left the agency, but substantiated	Training					
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	Training					
Neglect class III	Residential MI & DD	Employee left the agency, but substantiated	Written Reprimand					
Neglect class III	Residential MI & DD	Written Reprimand	Training					
Neglect class III	Residential MI & DD	Written Reprimand	Training					

Neglect class III	Residential MI & DD	Pending						
Neglect class III	Inpatient	Employee left the agency, but substantiated	Training					
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					2
Neglect class III - failure to report	Residential MI & DD	Written Reprimand	Training					2
Neglect class III - failure to report	Residential DD	Employee left the agency, but substantiated	Training					
Neglect class III - failure to report	Residential MI & DD	Employment Termination	Training					1
Neglect class III - failure to report	Residential DD	Written Reprimand	Training					1
Neglect class III - failure to report	Residential MI & DD	Written Reprimand	Training					1
Neglect class III - failure to report	Residential MI & DD	Written Reprimand	Training					1
Neglect class III - failure to report	Day Program DD	Written Reprimand	Training					1
Neglect class III - failure to report	Residential DD	Pending						
Property-Possession and use	Residential MI & DD	Training						
Property-Possession and use	Residential MI & DD	Employment Termination						1
Retaliation/harassment	Residential MI & DD	Training						
Retaliation/harassment	Residential MI & DD	Employment Termination	Training					
Right Protection System	Residential MI & DD	Employment Termination	Training					1
Right Protection System	Residential MI & DD	Policy Revision/Development	Training					
Right Protection System	Residential MI & DD	Environmental Repair/Enhancement	Training					1
Safe, Sanitary Humane Treatment Environment	Residential MI & DD	Training						
Safe, Sanitary Humane Treatment Environment	Residential MI & DD	Verbal Counseling	Training					
Safe, Sanitary Humane Treatment Environment	Residential MI & DD	Verbal Counseling	Training					
Safe, Sanitary Humane Treatment Environment	Residential MI & DD	Policy Revision/Development	Training					
Safe, Sanitary Humane Treatment Environment	Residential DD	Verbal Counseling	Training					1
Safe, Sanitary Humane Treatment Environment	Residential MI & DD	Training	Environmental Repair/Enhancement					
Safe, Sanitary Humane Treatment Environment	Residential MI & DD	Training						
Safe, Sanitary Humane Treatment Environment	Residential MI & DD	Policy Revision/Development	Training					
Safe, Sanitary Humane Treatment Environment	Inpatient	Training	Training					
Safe, Sanitary Humane Treatment Environment	Residential MI & DD	Training	Environmental Repair/Enhancement					
Safe, Sanitary Humane Treatment Environment	Residential MI & DD	Verbal Counseling	Training					

Safe, Sanitary Humane Treatment Environment	Day Program DD	Pending						
---	----------------	---------	--	--	--	--	--	--

DO NOT ENTER DATA HERE. THESE COLUMNS WILL AUTO FILL

REMEDICATION TOTALS	
Verbal Counseling	19
Written Counseling	3
Verbal Reprimand	0
Written Reprimand	73
Suspension	5
Demotion	1
Staff Transfer	5
Training	129
Employment Termination	30
Employee left the agency, but substantiated	22
Contract Action	2
Policy Revision/Development	14
Environmental Repair/Enhancement	5
Plan of Service Revision	1
Recipient Transfer to Another Provider/Site	1
Other	0
Pending	6
None	0

POPULATION TOTALS	
SED	0
SED-W	1
DD-CWP	0
HSW	41

PROVIDER TOTALS	
ACT	11
Case Management	14
Children's Foster Care	17
Clubhouse/Drop-in Center	115
Crisis Center	2
Day Program DD	0
Day Program MI	6
Inpatient	0
Other	0
Out Patient	5
Psychosocial Rehabilitation	10
Residential DD	0
Residential MI	0
Residential MI & DD	3
Respite Homes	2
SIP	0
Supported Employment	0
Workshop (prevocational)	0

Annual Appeals Data for:

Choose from drop down menu

APPEALS INFORMATION

Appeals Type	Number
Appeal Requests Regarding the Rights Office Investigation Received	4
Appeal Requests Regarding the Rights Office Investigation Accepted	4
Number Upheld	4
Number Sent Back for Reinvestigation	0
Number Where External Investigation by MDHHS-ORR Was Requested	0
Appeal Requests Regarding the Action Taken Received	0
Appeal Requests Received Regarding the Action Taken Accepted	0
Number Upheld	0
Number Sent Back for Further Action	0

Integrated Services of Kalamazoo

ANNUAL TRAINING ACTIVITY

Training Received by Office Staff

(Please only list trainings related to rights protection)

LIST THE NAMES OF ALL RIGHTS STAFF HERE	Staff Name (drop down you have to scroll up to see the names)	MDHHS Course Number	Topic of Training Received	Category (drop down)	# Hours
Lisa Smith	Lisa Smith	RCA23-06	Cultural Awareness - The Sequel	IV - Augmented Training	2.00
Michele Schlebel	Lisa Smith	RCA23-07	MDHHS Updates MCTP New State Policies	I - Operations	2.00
Suzie Suchyta	Lisa Smith	ORR23CMHQM	1/27/23 CMH Directors Quarterly Meeting	I - Operations	1.25
Stephanie Short	Lisa Smith	ORR23CMHQM	4/21/23 CMH Directors Quarterly Meeting	I - Operations	1.75
Greg Paulson	Lisa Smith	RC23-PC	Emotional Intelligence & Empowering Leadership	III - Leadership	5.00
Briana Jackson	Lisa Smith	RC23-01	Discovering Wisdom Through Tough Times	IV - Augmented Training	1.50
Roann Bonney	Lisa Smith	RC23-04	CMH Roundtable	I - Operations	2.00
	Lisa Smith	RC 23-GSII	MDHHS Director Elizabeth Hertel	I - Operations	0.75
	Lisa Smith	RC23-GSIII	Her: What Have We Learned & Where Do We Go?	IV - Augmented Training	1.50
	Michele Schlebel	RC23-GSI	The Power of Advocacy	IV - Augmented Training	1.50
	Michele Schlebel	RC23-03	Forensic Interviewing	I - Operations	1.50
	Michele Schlebel	RC 23-GSII	MDHHS Director Elizabeth Hertel	I - Operations	0.75
	Michele Schlebel	RC23-04	CMH Roundtable	I - Operations	2.00
	Michele Schlebel	RC23-09	How to Succeed & Communicate Effectively	IV - Augmented Training	1.50
	Michele Schlebel	RC23-12	Keeping Yourself Safe While Practicing Evidence Based Techniques	IV - Augmented Training	1.50
	Michele Schlebel	RC23-15	Implicit Bias & Measuring Ours	I - Operations	1.50
	Michele Schlebel	RC23-17	Identifying & Interviewing Individuals with Complex Communication Needs	I - Operations	1.50
	Michele Schlebel	RC23-GSIII	The Final Frontier: What Have We Learned & Where Do We Go from Here?	IV - Augmented Training	1.50
	Suzie Suchyta	RCA23-52	Four Pillars - Building a Framework of Trust	IV - Augmented Training	4.00
	Suzie Suchyta	RCA23-53	Behavioral Health Subcommittee	IV - Augmented Training	1.50
	Suzie Suchyta	RCA23-54	Youth Mental Health - School Based Training	IV - Augmented Training	1.75
	Stephanie Short	RC23-02	So You're New to Rights	I - Operations	1.50
	Stephanie Short	RC 23-GSII	MDHHS Director Elizabeth Hertel	I - Operations	0.75
	Stephanie Short	RC23-04	CMH Roundtable	I - Operations	2.00
	Stephanie Short	RC23-09	How to Succeed & Communicate Effectively with the Most Challenging Personalities	IV - Augmented Training	1.50
	Stephanie Short	RC23-11	The Office of the Advocate for Children, Youth, & Families	I - Operations	1.50
	Greg Paulson	RC 23-GSII	MDHHS Director Elizabeth Hertel	I - Operations	0.75
	Greg Paulson	RC23-04	CMH Roundtable	I - Operations	2.00
	Greg Paulson	RC23-07	Comparing ORR & CMS Complaint Systems	II - Legal Foundations	1.50
	Greg Paulson	RC23-10	Confidentiality Basics	II - Legal Foundations	1.50
	Greg Paulson	RC23-13	MDHHS Legislative Updates	I - Operations	1.00
	Greg Paulson	RC23-17	Interviewing Individuals with Complex Communication Needs	I - Operations	1.50
	Greg Paulson	RC23-GSIII	The Final Frontier: What Have We Learned & Where Do We Go from Here?	IV - Augmented Training	1.50
	Greg Paulson	RC23-20	Restorative Relationship Building & Approaches to Engage Clients	I - Operations	1.50
	Briana Jackson	RC23-02	So You're New to Rights	I - Operations	1.50
	Briana Jackson	RC 23-GSII	MDHHS Director Elizabeth Hertel	I - Operations	0.75
	Briana Jackson	RC23-04	CMH Roundtable	I - Operations	2.00
	Briana Jackson	RC23-09	How to Succeed & Communicate Effectively with the Most Challenging Personalities	IV - Augmented Training	1.50
	Briana Jackson	RC23-12	Keeping Yourself Safe While Practicing Evidence Based Techniques	IV - Augmented Training	1.50
	Briana Jackson	RC23-15	Implicit Bias & Measuring Ours	I - Operations	1.50
	Briana Jackson	RC23-17	Identifying & Interviewing Individuals with Complex Communication Needs	I - Operations	1.50
	Roann Bonney	RCA23-06	11/4/22 Cultural Awareness- The Sequel	IV - Augmented Training	2.00
	Roann Bonney	RCA23-07	11/4/22 MDHHS Updates MCTP, New State Policies	I - Operations	2.00
	Roann Bonney	ORR23CMHQM	1/27/23 CMH Directors Quarterly Meeting	I - Operations	1.25
	Roann Bonney	RCA23-22	2/3/23 Presentation by Bill & Wendy Emgen	I - Operations	2.00
	Roann Bonney	RCA23-23	2/3/23 Resilience for Human Service Professionals	IV - Augmented Training	2.00
	Roann Bonney	ORR23CMHQM	4/21/23 CMH Directors Quarterly Meeting	I - Operations	1.75

CATEGORY TOTAL
I - Operations
II - Legal Foundations
III - Leadership
IV - Augmented Training
Non-CEU

THESE NUMBERS WILL ALL





Choose from drop down menu  
**SECTION III: DESIRED OUTCOMES FOR THE OFFICE & PROGRESS OF PREVIOUS OUTCOMES**

Progress on Outcomes established by the office for FY 23. Pick from the drop-down in the STATUS column and indicate if goal was accomplished, was discontinued, or remains ongoing. Checking ongoing will result in that outcome being self-populated in the FY 24 goal section below.

Outcomes	Status
1 Promote peer inclusion in the areas of peer to peer training, peer presence	Ongoing
2 Achieve internal timeline goal of investigative reports issued within 60 days	Ongoing
3 Recruit and retain skilled staff within the ORR in an effort to maintain the quality of work product within the ORR	Ongoing
4 Promote the ORR as a resource for consultation and technical assistance	Ongoing
5	

Outcomes established by the office for FY24
1 Promote peer inclusion in the areas of peer to peer training, peer presence
2 Achieve internal timeline goal of investigative reports issued within 60 days
3 Recruit and retain skilled staff within the ORR in an effort to maintain the quality of work product within the ORR
4 Promote the ORR as a resource for consultation and technical assistance
5

## SECTION IV: RECOMMENDATIONS TO THE GOVERNING BOARD

The ORR and Advisory Committee recommends the following:

### Recommendations

1	It's noted Neglect III substantiations make up about over half of the complaints made. The recommendation is to discuss what might be done to try to reduce the Neglect Class III
2	
3	
4	
5	

I attest that I have reviewed this annual report and I am submitting it as required by law.

NAME

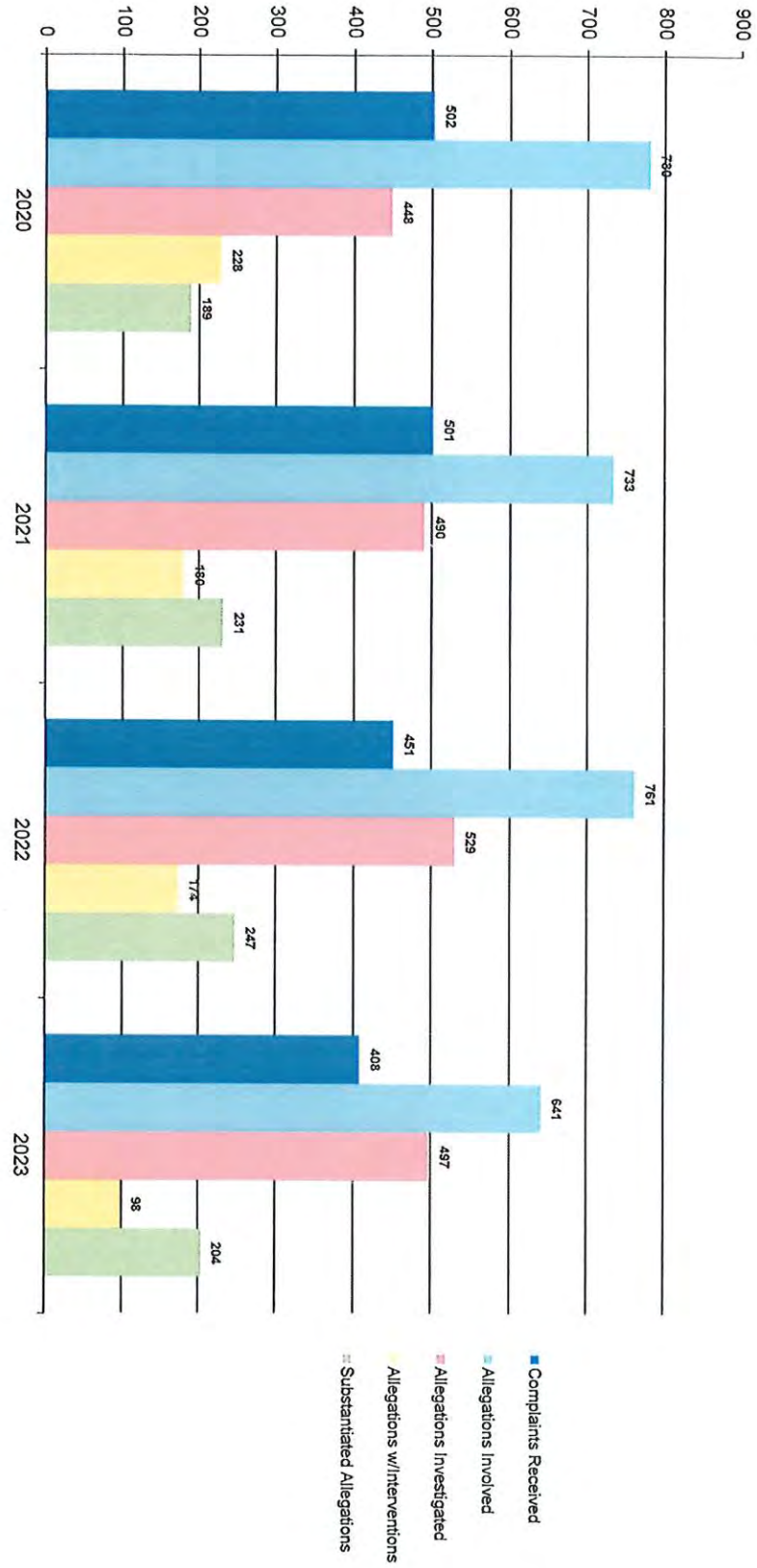
*Jeff Patton*

DATE

28-Dec-23

	2020	2021	2022	2023
Complaints Received	502	501	451	408
Allegations Involved	780	733	761	641
Allegations Investigated	448	490	529	497
Allegations w/Interventions	228	180	174	98
Substantiated Allegations	189	231	247	204

ISK Recipient Rights Complaints





Jeffrey W. Patton  
Chief Executive Officer

www.iskzoo.org  
(269) 553-8000

Administrative Services  
610 South Burdick Street  
Kalamazoo, MI 49007

Community • Independence • Empowerment

24-HOUR CRISIS HOTLINE or NON-EMERGENCY CLINICAL SERVICES:  
(269) 373-6000

V.a.

## Integrated Services of Kalamazoo Board Update for Department serving Adults with Intellectual/Developmental Disabilities

Integrated Services has a department devoted to supporting adults with Intellectual and/or Developmental Disabilities (I/DD). A Developmental Disability is defined as:

“...a disabling condition that originated before an individual reaches 22 years of age, continues (or can be expected to continue) indefinitely, and constitutes a substantial disability for the individual in three of seven major life activities (self-care, receptive/expressive language, mobility, learning, self-direction, economic self sufficiency, capacity for independent living). Common diagnoses include Autism Spectrum Disorder, Intellectual Disability, Cerebral Palsy, Epilepsy and various genetic abnormalities/syndromes.”

Intellectual Disability is defined as:

“...a condition that originated before an individual reaches 22 years of age, characterized by significant limitations in intellect, with IQ being 70 or lower.”

Most of the individuals served by ISK IDD Adult Department have both an Intellectual Disability and a Developmental Disability, but not all. Integrated Services of Kalamazoo supports some individuals who do not have an Intellectual Disability; however their condition is significantly disabling and causes difficulty in everyday living and functioning. This may occur for individuals with Autism Spectrum disorder, Epilepsy or Cerebral Palsy.

Currently, the IDD Adult Department serves 644 adults. During the course of a year, we serve approximately 750 adults. Of these, approximately 60% at any time are eligible for and enrolled in the ISK Certified Community Behavioral Health Center (CCBHC) due to a co-occurring mental health condition.

Our primary focus is to support adults with I/DD to identify their best life through a person-centered planning process. Steps to achieve the life of their choosing are identified and implemented, with direct support and monitoring by the Case Manager. The Case Manager also identifies clinical, and community supports, as well as individual strengths and connections, to assist the individual to live the life they want. Medicaid Home and Community Based Services are provided through ISK’s provider partners. These Home and Community Based Services include Community Living Supports, Skill Building Assistance, Specialized Residential, Supported Employment and Respite. This is the current count of individuals receiving these supports:

 Community Living Supports	210
 Skill Building Assistance	189
 Specialized Residential	200
 Supported Employment	33
 Respite	146

The IDD Adult Department has several initiatives and partnerships designed to best and collaboratively support individuals. These include:

- Self Determination
  - Self Determination is the principle that all adults have the right to make their own choices, direct their lives, be responsible for their actions and be a valued community member
  - Self Determination principles can be leveraged through the use of Self-Directed services, where individuals use the budget for their services to select providers for their supports. Adults with I/DD can directly hire employees to support them, or select a qualified agency, not on the ISK provider panel, to provide services.
  - Directly managing a service budget and service delivery gives individuals greater control over their lives and outcomes.
- Inclusion Advisory Council
  - A group of adults with I/DD, served by ISK, providing guidance, feedback, support and recommendations to ISK. The purpose is to develop pathways to fuller community inclusion and participation.
- Project SEARCH
  - National model, based upon partnership with Michigan Rehabilitation Services, local Intermediate School District and local CMHSP, supporting students with I/DD in internships with a host business. Bronson Hospital is our host business. They provide 17 different internship opportunities for students in their last year of schooling. This provides invaluable real life job experiences for these young adults. The employment outcomes for this partnership exceed 80% during all of the past 10 years.
- Students Transitioning to Employment Partnership (STEP)
  - Partnership with the Intermediate School District (ISD) and Michigan Rehabilitation Services
  - The ISD identifies students who have had successful community work internships. The STEP group meets to ensure everything in place for employment (transportation, Michigan ID, Social Security numbers, other supports in family home, other support needs such as therapy, etc).
  - This model has resulted in a smooth job search experience for students with I/DD.

I am happy to provide additional information and answer questions.

Respectfully given,  
Kathy Lentz, Senior Executive Officer



**Jeffrey W. Patton**  
Chief Executive Officer

[www.iskzoo.org](http://www.iskzoo.org)  
(269) 553-8000

**Administrative Services:**  
610 South Burdick Street,  
Kalamazoo, MI 49007

Community • Independence • Empowerment

December 28, 2023

Fiorella Spalvieri  
Executive Director  
Community Living Options  
626 Reed Street  
Kalamazoo, MI 49001

## *Letter of Commendation*

Dear Ms. Spalvieri:

I am writing to commend you and your team for the immediate support provided to two individuals in crisis during this "in between the holidays" week. Your organization was contacted twice to see if you could offer temporary residential living for two separate individuals, each experiencing a crisis resulting in homelessness.

In one instance, the individual was recently jailed and could not return to prior living arrangement. Your team made arrangements for the individual to temporarily stay in one of your homes when released (which was the following day). I was at the CLO Home when the individual arrived. Your staff greeted them warmly, asked if they were hungry and immediately put together a meal for them. The individual was made to feel safe and welcomed by all of the team members.

In the second instance, an individual required immediate housing because of the unexpected and serious hospitalization of their guardian/caretaker. Again, your team at CLO stepped in to offer a temporary option for the individual until their guardian/caretaker was well. Your team made arrangements on the same day contacted so the individual could move that same day.

We realize that during the holidays, all programs are shorter staffed than usual. Nonetheless, CLO pulled together the human resources to meet the needs of these two individuals. We know this put you in an even greater than usual staffing crunch, and we commend you and your team for making this happen. You all have truly stepped in and stepped up for these two individuals. This prevented the crises from escalating due to homelessness.

On behalf of ISK, we commend you and your team for these extra efforts. Your organization continues to make a difference in individuals' lives every day and is an exemplary example of partnership with ISK.

With appreciation,

A handwritten signature in black ink that reads "Kathy Lentz". The signature is written in a cursive, flowing style.

Kathy Lentz  
Senior Executive Officer

CC: Jeff Patton, CEO for Integrated Services of Kalamazoo  
Integrated Services of Kalamazoo Board of Director's

**24-HOUR CRISIS HOTLINE or NON-EMERGENCY CLINICAL SERVICES: (269)  
373-6000**



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

November 27, 2023

VI.a.

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

ISK - KCMHSAS Staff Present:

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

Providers/Guests:

<i>Shenetta Coleman</i> Chief Executive Officer Residential Opportunities, Inc.	<i>Alan Bolter</i> Associate Director CMHAM Community Mental Health Association of Michigan
<i>Sean Bennett</i> Citizen	<i>Andrea Perez</i> Community Connections WMU Center for Disability Services



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Call to Order

The Board of Directors (Integrated Services of Kalamazoo) held their meeting on [Monday, November 27, 2023](#). It began @ [3:32pm](#) and was presided over by Chair, *Karen Longanecker*.

CLOSED SESSION – Chief Executive Officer Evaluation:

Member Spears, “I MOVE THAT THE ISK BOARD GO INTO CLOSED SESSION PURSUANT TO SECTION 8 (a) OF THE OPEN MEETINGS ACT TO CONDUCT THE CHIEF EXECUTIVE OFFICER’S EVALUATION.” Supported by Vice Chair Seals.

ROLL CALL VOTE

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

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

MOTION PASSED.

Member Spears, “I MOVE TO RETURN TO OPEN SESSION OF THE ISK BOARD OF DIRECTOR’S MEETING @ 4:00PM. Supported by Vice Chair Seals.

MOTION PASSED.

Special Presentation

*Alan Bolter*, Associate Director, Community Mental Health Association of Michigan (CMHAM). Mr. Bolton reviewed the Fall (2023) Public Policy Updates from the Michigan Legislative Agenda. To review this presentation in its entirety, please use the following link:

<https://iskzoo.org/wp-content/uploads/2023/11/2023-Fall-board-meeting-slides.pdf>

Agenda

MOTION

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.

Recipient Rights Monthly Reports

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

Abuse Violations

- There were two substantiated Abuse II violations in October 2023.
  - The remedial actions for these violations were Employment Termination (2) and Training (2).

The 2 violations occurred at different agencies.

- There were two substantiated Abuse III violations in October 2023.
  - The remedial actions for these violations were Employment Termination (1), and Written Reprimand (1).

The 2 violations occurred at different agencies.

Neglect Violations

- There were four substantiated Neglect III violations in October 2023.
  - The remedial actions for these violations were Employee left agency (1), Training, Written Reprimand (4), Policy Revision/Development (1), and Training (5)

The 4 violations occurred at 3 different agencies. The 2 violations occurring at the same agency occurred at different program sites. There were 2 employees for 1 violation.

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

### Program Service Report

#### Dusty Jepkema, Program Supervisor, Care Coordination & Community Health

#### Workers/AFFIRM Caregiver Report

AFFIRM Caregiver is an 8-session group program designed to help parents & caregivers build the confidence & skills they need to best support their LGBTQ+ youth. The model is evidence-informed and is working toward evidence-based status. Staff at ISK applied for and received funds from SAMHSA to cover the training of staff and the materials needed for the group. ISK is working with the National SOGIE (Sexual Orientation, Gender Identity and Expression) Center, who developed the model. The University of Connecticut is collecting data from the groups, which is helping to establish evidence for the effectiveness of the model.

All people who parent and support LGBTQ+ young people are welcome, including adoptive parents, kinship/family members, chosen family, foster & resource parents. We have hosted two cohorts of this training with seven caregivers total. Groups have been hosted in the family space at ASK Family Services. The model comes with manuals for the facilitators as well as the caregivers who participate. The group works through the manual together which covers topics of LGBTQ identities, minority stress, traumatic impacts of anti-LGBTQ experiences, the coming out process, affirming behaviors for parents, and overcoming barriers in the youth and caregivers' lives to build affirming communities and support systems.

We are continuing to work with community partners to expand who we offer the model to. We started with small groups of ISK families, which have received positive support. We are looking at expanding this in order to support families throughout Kalamazoo County, as a step toward preventing disparate outcomes for LGBTQ youth and young adults by preemptively working with families to create affirming homes. We are in the process of working with OutFront Kalamazoo to start a group with families who have reached out to them for support.

We currently have five staff trained in the AFFIRM Caregiver model. We would like to expand and send staff to be trained in the AFFIRM Youth model. AFFIRM Youth is the same model but directed toward helping youth people affirm their own identities. Our desire is that AFFIRM will help the Kalamazoo community at large continue to be a welcoming and affirming place for the LGBTQ community.

#### Beth Ann Meints, Administrator of Clinical Services, CCBHC/Power BI Encounter Data System

Power BI is a technology-driven business intelligence tool provided by Microsoft for analyzing and visualizing raw data to present actionable information. It combines business analytics, data visualization, and best practices that help ISK to make data-driven decisions. It converts data from patient encounters to build interactive dashboards pertaining to the demographics that our clientele is coming from for treatment at our urgent care.

That concludes our reports.

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 October 23, 2023/November 13, 2023
- b. Communication and Counsel to The Board (Policy)
- c. Governing Style (Policy)
- d. Emergency Executive Succession (Policy)
- e. Corporate Compliance and Risk Management (Policy)
- f. Compliance & Risk – FY24 Status (Report)

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

MOTION PASSED.Monitoring ReportsAshley Esterline, Director of Network Compliance, presented the Compliance & Risk, FY24 Annual Report

ISK is committed to identifying and complying with local, state, and federal laws and regulations as they apply to health care delivery. The Annual Report provides stakeholders, the Board of Directors, Network Providers and other interested parties with a summary of the effectiveness of the Compliance Program as it pertains to the functions and activities carried out during FY23 (October 1, 2022-September 30, 2023) and plan for FY24 (October 1, 2023-September 30, 2024).

The ISK Compliance Program is designed to provide safeguards to ensure that ISK and the Provider Network are in compliance with laws and regulations relating to regulatory compliance, including fraud, waste, and abuse. The purposes of the Corporate Compliance Program are as follows:

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

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

To review this report in its entirety, please use the following link: <https://iskzoo.org/about-us/board/>

Financial Reports/Financial Condition Reports October 31, 2023

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

To review the financial and investment reports, please use the following link:

<https://iskzoo.org/about-us/board/>

Utilization Reports

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

- Youth Community Inpatient Services is at (23) days and is unfavorable at \$24,681
- MI Adult Community Inpatient Services is at (4) days and is favorable at \$31,878
- Community Living Supports, Personal Care, and Crisis Residential is favorable at \$22,200

October Disbursements**MOTION**

Member Guenther, “BASED ON THE BOARD FINANCE MEETING REVIEW, I MOVE THAT ISK APPROVE THE SEPTEMBER 2023 VENDOR DISBURSEMENTS OF \$13,597,941.28.” Supported by Member Spears.

**MOTION PASSED.**Action Items - NEW or REVISITED

None

Chief Executive Officer Report

Moment of Remembrance in Honor of Mrs. Ruthie Mae Walker: To a life well lived by an amazing person. I'm grateful that I had the chance to know her as a friend and her husband as a colleague.

The fiscal year that began October 1, 2022, and ended September 30, 2023, included major accomplishments that expanded access to mental health services and improved the quality of care for people we serve. We are particularly proud of the progress made in further developing our Certified Community Behavioral Health Clinic (CCBHC). In 2016, the Michigan Department of Health and Human Services (MDHHS) applied to the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) to become a CCBHC demonstration state under section 223 of the federal Protecting Access to Medicare Act of 2014 (PAMA). That request was approved on August 5, 2020, when the federal CARES Act of 2020 authorized two additional states—Michigan and Kentucky—to join the demonstration. Michigan was initially approved for a two-year demonstration that started October 1, 2021, and Integrated Services of Kalamazoo (ISK) was certified as a CCBHC, which was one among only eleven Community Mental Health Services Programs (CMHSPs) and three (3) non-profit behavioral health entities, together serving 18 Michigan counties. The Bipartisan Safer Communities Act of 2022 extended eligibility for states to take part in the demonstration for an additional four years. As part of this extension, Michigan has selected, pending CMS expansion approval and final certification, 19 more CCBHC demonstration sites.

What is particularly unique about the CMS CCBHC Demonstration is that it requires states and their certified sites to provide a robust set of coordinated, integrated, and comprehensive services to all persons with *any mental illness or substance use disorder*. This is an important and groundbreaking feature of the CCBHC Demonstration. Prior to this Demonstration, the public Community Mental Health Services Programs (CMHSPs) in Michigan, following Section 330.1208 (3) of the Michigan Mental Health Code, are required to prioritize the provision of services to “*individuals with the most severe forms of serious mental illness, serious emotional disturbance, and developmental disability.*” Now, with the implementation of our CCBHC Demonstration, ISK has expanded the delivery of mental health and substances use disorder services to adults and youth experiencing *mild or moderate* mental health conditions.

Another important feature of the CCBHC Demonstration is the requirement to emphasize 24 hour, 7 days a week crisis response services such as same day access to services, urgent care, and mobile crisis services. This prompted us to construct and open, in July of this year, Kalamazoo County’s 24 hour, 7 days a week Behavioral Health Urgent Care and Access Center (BHUCAC). This center is located at 440 West Kalamazoo Avenue in the City of Kalamazoo. What is even more remarkable about this accomplishment, is that the new BHUCAC was funded primarily by the County of Kalamazoo American Rescue Plan Act and local community foundations such as the Irving S. Gilmore Foundation.

This has also been a year that ISK formally joined all the public safety police jurisdictions and central dispatch in Kalamazoo County to establish and maintain a sustainable collaboration and model for Emergency Services Agencies to respond to the behavioral health needs of the community and improve the quality of life for all citizens of Kalamazoo County. This collaboration is referred to as Kalamazoo Protect and Connect Council (KPAC). The mission of KPAC is to create alternative responses to traditional law enforcement to address behavioral health needs in Kalamazoo County, this data-driven, sustainable model will reduce calls for service, provide a comprehensive holistic model of response to crisis situations, and provide education to the community.

I also want to mention that ISK is fortunate to have a strong provider network comprised of legacy organizations that have been providing services to people in our public community mental health system for decades. In preparation for future expansion and enhancement of the scope and quality of services, particularly those required by the CCBHC initiative, both ISK and our large provider network recognized the need for providers to form a Clinically Integrated Network (CIN), which is now referred to as SPARK. Also, for the distinct purpose of our CCBHC demonstration, some of these same providers were credentialed by ISK as Designated Collaborating Organizations (DCOs) to deliver services under the same requirements as the CCBHC. SPARK and CCBHC DCOs continue to make major contributions in the delivery of quality mental health services to residents of Kalamazoo County.

We have ended Fiscal Year 2023 with considerable accomplishments and pride and will look forward to continuing our efforts to expand access to quality mental health services for future years.

That concludes my report.

Citizen Time

No citizens came forth.

SWMBH (Southwest Michigan Behavioral Health) Updates/Erik Krogh

The members on the committee to complete the questionnaire from SWMBH has successfully answered all the questions and will be sending them to SWMBH for their review. After they have reviewed our answers, we will then meet as a board with SWMBH and their consultant to go over our answers. Tentatively, we are proposing a meeting sometime in January 2024.

That concludes my report.

Meeting ended at 5:51PM.

Demeta J. Wallace

*Administrative Coordinator & Board Liaison*

INTEGRATED Services of Kalamazoo



## VISION

We provide a welcoming and diverse community partnership which collaborates and shares effective resources that support individuals and families to be successful through all phases of life.

## MISSION

We promote and provide mental health, intellectual and developmental disability and substance use disorder supports and services that empower people to succeed.

## GUIDING VALUES

Community

Competence

Diversity

Effectiveness

Integrity

Leadership

Recovery and Self-Determination

Respect

Responsibility

Teamwork

Trust

Community • Independence • Empowerment



# GUIDING VALUE STATEMENTS

## Community

- We respect the diversity of communities and the people we serve.
- We partner with persons served, providers and other organizations to foster continued growth and success.
- We will make decisions that consider the strengths, resources and needs of our community.

## Competence

- We constantly evaluate our own performance and look for opportunities to improve more effectively.
- We are committed to ensuring that the ISK workforce is diverse, qualified, continuously trained, multi-skilled, culturally competent, adaptable and empowered.

## Diversity

- We will maintain an inclusive work environment that actively attracts, develops and retains a diverse and talented workforce.
- We are committed to valuing similarities while respecting and incorporating thoughts, experiences and cultural differences of our employees and the people we serve.
- We recognize that successful outcomes depend upon services that are adapted to the diverse needs and cultural experiences of the individuals we serve.

## Effectiveness

- We will ensure that ISK's supports and services are person centered and produce the desired results on a consistent basis.
- We will use our time wisely to help all persons served meet their goals.

## Integrity

- We will be truthful and fair to each other and all persons served.
- We will keep the best interest of all persons served foremost in everything we do.

## Leadership

- We paint an inspiring vision that motivates others.
- We will lead by setting an example. A good leader gives and shows everyone possibilities.
- We communicate goals and objectives clearly.
- We invite creative approaches that are driven by the needs and desires of all persons served and are person/family-centered and strength based.

## Recovery and Self-Determination

- We believe in the full potential of all persons to live lives of recovery and self-determination, regardless of their life circumstances and challenges. Individuals seeking services have strengths and abilities, and will be treated with dignity, respect and an expectation of hope.
- We will always use a person centered planning approach in partnership with each person served.
- We will ensure that ISK demonstrates an ongoing commitment to promote and implement trauma-informed care.

## Respect

- We practice fairness, consideration and understanding with each other, recognizing that everyone has intrinsic worth and equal value.
- We have high regard for the diversity and uniqueness of those served and those serving.

## Responsibility

- We will make informed decisions and if we make mistakes, we will correct them and learn from them.
- We are accountable and individually responsible to all persons served by ISK, co-workers and our community.

## Teamwork

- We will build and nurture community partnerships and networks to achieve creative, efficient and flexible outcomes for all persons served and their families.
- We rely on everyone's strengths to get the job done and meet goals.
- We will foster productive relationships among staff members, units, departments and functions to achieve creative, efficient and flexible outcomes.

## Trust

- We respect and maintain confidentiality at all times.
- We earn the respect and confidence of co-workers and persons served through consistent honesty.
- We follow-through with appropriate actions.

Community • Independence • Empowerment

10/30/17;07/27/2015; 01/26/2015; 01/28/2013; 01/12/2010; 10/21/2009; 09/30/2009; I.01 Mission\_Vision\_Value Statement

## INTEGRATED SERVICES OF KALAMAZOO

## BOARD POLICY I.02

AREA:	Governance		
SECTION:	Mission/Vision/Values and Bylaws	PAGE:	1 of 1
SUBJECT:	BYLAWS AND RULES OF PROCEDURE	SUPERSEDES:	02/24/2014
		REVISED:	01/22/2018

**PURPOSE/EXPLANATION**

To establish and maintain Bylaws for the Board and advisory groups to the Board.

**POLICY**

The Bylaws will provide the rules and basic framework necessary to each group's operation and management. The Bylaws may include the specification of member qualifications, rights and liabilities of membership, and the powers, duties and grounds for dissolution of a group.

The Board will annually review the Bylaws of the Board and its advisory groups. All changes in Bylaws must be approved by the Board.


The recognized advisory groups to the ISK Board and/or Chief Executive Officer include:

1. The Family Support Advisory Council for Children with Serious Emotional Disturbances
2. Customer Advisory Council
3. Recipient Rights Advisory Committee

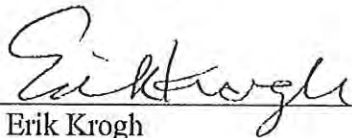
**EXHIBITS**

- A. ISK Board Bylaws and Rules of Procedure
- B. Family Support Advisory Council (FSAC) Bylaws
- C. Office of Recipient Rights (ORR) Bylaws

**CHIEF EXECUTIVE OFFICER**

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

**APPROVED**

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

**Kalamazoo Community Mental Health and Substance Abuse Services Authority Board  
January 23, 2012  
Bylaws and Rules of Procedure**

**ARTICLE I – NAME**

The name of this body is the Kalamazoo Community Mental Health and Substance Abuse Services Board (hereinafter called the "Board").

**ARTICLE II – PURPOSE**

The Board, created by Kalamazoo County pursuant to Public Act 258 of 1974 as amended, has the full governance responsibility and authority to operate the Kalamazoo Community Mental Health and Substance Abuse Services Authority, doing business as Kalamazoo Community Mental Health and Substance Abuse Services. The standards and rules as authorized by Public Act 272 of 1974 as revised guide all services and programs.

The mandates on the Michigan Mental Health Code prescribe the governance authority and mental health services purposes. Those mandates are adopted into these Bylaws. In addition the DCH required annual plan and budget establish the essential scope of service plans governed by the Board.

The Board has identified its mission, vision, values and annual goals. These policy documents provide specific structure to the purposes for which the Board operates.

**ARTICLE III – BOARD ORGANIZATION**

Section 1: Board Membership

The Board shall consist of twelve (12) members who are appointed or removed by the Kalamazoo County Board of Commissioners. Board members shall have their primary place of residence in Kalamazoo County. "The composition of the Board shall be representative of providers of mental health services, recipients or primary consumers of mental health services, agencies and occupations having a working involvement with mental health services, and the general public. At least one-third (1/3) of the membership shall be primary consumers or family members, and of that one-third (1/3) at least two members shall be primary consumers. Not more than four (4) members of the Board may be County Commissioners and not more than one-half (1/2) maybe public officials, as defined by the Michigan Mental Health Code. All board members shall be 18 years of age or older."

*Reference: MCLA 330.1222*

Section 2: Terms of Membership

The term of office of a Board member shall be three years from April 1 of the year of appointment.

*Reference: MCLA 330.1224*

Kalamazoo Community Mental Health and Substance Abuse Services Authority Board  
**January 23, 2012**  
**Bylaws and Rules of Procedure**

Section 3: Vacancies in Office

When a vacancy occurs on the Board, either by resignation, completion of term, removal, or death, the vacancy shall be filled by the County Commission for the unexpired term, or new term in the same manner as original appointment.

Section 4: Neglect of Duties

If any board member has missed 50% of the regularly scheduled Board meetings or committee of the whole in any continuous twelve (12) month period without providing information to the Board chairperson regarding the reasons for those absences, that board member shall be presumed to have neglected his/her duties and the Board chairperson (or vice-chairperson, if chairperson has neglected his/her duties) shall investigate the reasons for such absences. If the Board chairperson determines that the reasons for such absences are not sufficient to rebut the presumption of neglect of duties, upon concurrence of a majority of the KCMHSAS Board, the Board chairperson shall notify the chairperson of the County Board of Commissioners in writing of the Board's determination and request that the County Board of Commissioners institute removal procedures pursuant to the Michigan Mental Health Code.

*Reference: MCLA 330.1224*

Section 5: Officers

During the month of May, the Board shall elect a chairperson and vice chairperson. The chairperson, with Board concurrence, will appoint a nominating committee in the month of April, which shall nominate at least one (1) candidate for each office. At the May meeting the nominating committee shall report a recommended slate of officers. Nominations may be made from the membership of the Board at this meeting. Upon election, the chairperson and vice-chairperson will assume leadership responsibilities beginning in the month of June.

Section 6: Duties of Officers

*Governance policies:* The Board shall develop or establish expectations for Board member activities, Board Code of Conduct and other similar areas as determined by the Board.

Section 7: Committees

The Board, pursuant to its policies, may establish committees to accomplish its purposes and tasks.

Section 8: Powers and duties

The Board shall have such powers and duties that shall from time to time be provided by law.

**Kalamazoo Community Mental Health and Substance Abuse Services Authority Board**  
**January 23, 2012**  
**Bylaws and Rules of Procedure**

Section 9: Indemnification

Kalamazoo Community Mental Health and Substance Abuse Services shall indemnify and hold harmless all Board members against expenses actually and necessarily incurred by them in connection with the defense of any action, lawsuit, or proceeding in which they are made parties by reason of being or having been a Board member, except in relation to matters as to which any such member shall be adjudged in such action, lawsuit or proceeding to be liable for negligence or misconduct in the performance of duty and to such matters as shall be settled by agreement predicated on the existence of such liability. The foregoing right to indemnification shall not be exclusive of other rights to which a member may be entitled.

**ARTICLE IV – MEETINGS**

Section 1: Regular meetings

The Board shall conduct a minimum of twelve (12) regular meetings per year. Unique circumstances may require additional or fewer Board meetings.

Section 2: Public meetings

Every meeting of the Board shall be open to the public and shall be held in a place available to the general public. A meeting shall mean a convening of a quorum of the Board for the purpose of deliberating to render a decision on a public policy. Every meeting of the Board's standing committees, advisory councils, and temporary deliberative bodies constituted by the Board (e.g. task forces) shall also be open to the public and shall be held in a place available to the general public.

Section 3: Special board meetings

A special meeting may be called by the Chairperson of the Board or any two members thereof by written notice served on each member or left at his/her designated mailing address at least 18 hours prior to such meeting. Members may waive notice of any special meeting either before or after the holding thereof, said waiver to be in writing and filed as a permanent part of the record. A public notice stating the date, time, and place of a special meeting shall be posted in the Community Mental Health Office and the Kalamazoo County Board of Commissioners' Office in the County Administration Building at least 18 hours before the meeting.

Section 4: Order of Business for regular meetings

Board meetings shall be conducted by way of an established agenda. The agenda shall identify time for citizen input.

Kalamazoo Community Mental Health and Substance Abuse Services Authority Board  
**January 23, 2012**  
**Bylaws and Rules of Procedure**

Section 5: Roberts Rule of Order:

Meetings shall be conducted within the protocol of Roberts Rule of Order unless modified by these Bylaws or rules or any specific governance policies adopted by the board.

Section 6: Quorum

A simple majority of the members of the Board shall constitute a quorum for the transaction of ordinary business of the Board. A committee of the Board may transact business if at least one-half (1/2) of the members duly appointed and serving are present. However, without a quorum, no formal motion or action can be authorized until such motions or actions are later approved by the quorum of the Board.

Section 7: Voting

Except as otherwise provided by statute, all questions shall be determined by the vote of the majority of the members present. Only twelve (12) members appointed to the Board by the County Commission shall be voting members.

Section 8: Citizen Participation

Any citizen may comment on agenda items prior to taking a vote thereon. Citizens, after being recognized, shall identify themselves by name and address, and shall ordinarily limit their comments to four (4) minutes, unless the time is otherwise extended by the chairperson or by a vote of the Board.

Section 9: Distribution of Minutes

Proposed minutes shall be available for public inspection not more than eight (8) business days after each meeting of Board. Approved minutes shall be available for public inspection not later than five (5) business days after the meeting in which the minutes are approved. Corrections in the minutes shall be made no later than the next meeting after the meeting to which the minutes refer. Corrected minutes shall be available no later than the next subsequent meeting after correction. The corrected minutes shall show both the original entry and the correction. Copies of the minutes shall be mailed to individuals upon request without charge.

*Reference: MCLA 15.269*

Section 10: Board Order, Records

Every order, resolution, motion and determination of the Board shall be recorded in the approved Board minutes and/or record of the Board. The record of the Board activities shall be maintained under file at the central administrative office of the mental health services program.

Kalamazoo Community Mental Health and Substance Abuse Services Authority Board

January 23, 2012

Bylaws and Rules of Procedure

RECEIVED

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KCMHSAS

ARTICLE V – BOARD COMPENSATION

Section 1: Compensation

Board members may adopt a Board Policy regarding their compensation which conforms to the resolution of the Kalamazoo County Board. Board members may also receive the per mile mileage reimbursement set for State officers as determined by the State Officers Compensation Commission.

ARTICLE VI – AMENDMENT OF BYLAWS

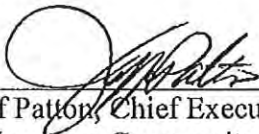
These Bylaws and rules may be amended, altered, changed, added to, or repealed by the affirmative vote of a majority of the members of the entire Board at any regular or special meeting, provided notice of the intention to amend has been included in the call. A two-thirds' vote of the entire Board shall be required when a motion to amend, alter, change, add to, or repeal these Bylaws is not included in the regular call.

The forgoing Bylaws and rules of procedure were adopted by the Kalamazoo Community Mental Health and Substance Abuse Services Board at its regularly scheduled meeting March 27, 2006.



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Moses L. Walker, Board Chair  
Kalamazoo Community Mental Health and  
Substance Abuse Services Board



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Jeff Patton, Chief Executive Officer  
Kalamazoo Community Mental Health and  
Substance Abuse Services

INTEGRATED SERVICES OF KALAMAZOO  
**FAMILY SUPPORT ADVISORY COUNCIL BY-LAWS FOR  
YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE**

**ARTICLE I**

**NAME**

The name of this body is the Integrated Services of Kalamazoo (ISK) Family Support Advisory Council for Youth with Serious Emotional Disturbance.

**ARTICLE II**

**PURPOSE**

The Family Support Advisory Council members will represent the population served in terms of diversity and shall serve/advise the Integrated Services of Kalamazoo Board (hereafter called the Board). Diversity is defined by such factors as geographic area, race, ethnicity, gender identity, disability, age, or sexual orientation. The Council shall serve to advise the Board in areas relating to the planning, delivery and operation of services for families of children with serious emotional disturbance. More specifically, the Council shall:

1. Serve/advise the Board in examining and evaluating the family support needs of the county and the public/non-public services necessary to meet those needs.
2. Serve/advise the Board in reviewing and evaluating the quality, effectiveness and efficiency of services provided through the Department.
3. Serve/advise the Board in developing an annual program plan and budget that reflects the mental health service needs of the County.
4. Make recommendations to the Board on conceptual/procedural issues.
5. Make recommendations to the Board in relation to proposed Federal, State, Departmental rules, laws and policies.
6. Serve as an advocate for persons receiving community mental health services and assist the Board in educating the general community in relation to mental health services.
7. The Council shall perform the above duties and communicate its findings to the Board. The Council shall not act independent of the Board.



**INTEGRATED SERVICES OF KALAMAZOO  
FAMILY SUPPORT ADVISORY COUNCIL BY-LAWS FOR  
YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE**

**ARTICLE III**

**COUNCIL ORGANIZATION**

**Section I - COUNCIL MEMBERSHIP**

1. FSAC members or potential members are appointed by the Board to serve on the Council.
2. The Family Support Advisory Council shall consist of up to fifteen (15) diverse members that represent the population served.
3. Members must attend at least fifty (50) percent of all meetings held throughout the year.
4. Exceptions will be made for prearranged/excused absences.

**Section II - VACANCIES IN OFFICE**

There is a formal application process (attachment A). The Council shall interview applicants and make recommendations to the Board.

**Section III - THE OFFICERS**

Each Council shall elect a Chairperson and Vice-chairperson. The Chairperson shall preside at all meetings of the Council and make periodic reports as required/desired to the Board. The Vice-chairperson shall preside in the absence of the Chairperson.

**ARTICLE IV**

**BOARD/COUNCIL RELATIONSHIPS**

The Council will have the opportunity to make a formal report to the Board at least annually.

**Section I - COMMUNICATIONS/GENERAL RELATIONSHIPS**

The Council shall operate to serve/advise the Board. No Council member may act independent of the Council and the Council shall not act independent of the Board. It is recognized however that Council members may belong to other advocacy or advisory groups that may express views to the Board.

**INTEGRATED SERVICES OF KALAMAZOO**  
**FAMILY SUPPORT ADVISORY COUNCIL BY-LAWS FOR**  
**YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE**

**Section II – PERFORMANCE OF DUTIES**

The Council shall perform its duties by assisting and advising the Board. The Executive Director shall assign a member of the staff to serve/advise the Council in the performance of its duties. All reports from the Council to the Board shall be processed through the Board Chair or Vice Chair.

**Section III – SPECIAL COMMITTEE/TASK FORCE**

The Council, through prior approval of the Board, may establish time limited task forces or special committees to serve/advise in the completion of specific assignments.

**ARTICLE V**

**COUNCIL/STAFF RELATIONS**

**Section I – GENERAL RELATIONSHIPS**

The ISK management staff is responsible to the ISK Executive Director.

**Section II – RESPONSIBILITIES**

The Council is an advisory body charged with assisting and advising the Board in relation to service areas. The Chair of each Family Support Advisory Council shall prepare recommendations for ISK action. In such situations where the recommendations of the Executive Director and the Council differ, both recommendations will be presented.

**ARTICLE VI**

**AMENDMENT OF BY-LAWS**

These by-laws are created and placed into effect by the Board and may be amended, altered, changed, added to or repealed by the affirmative vote of a majority of the members of the entire Board at any regular or special meeting provided notice of the intention to amend has been included in the call. A 2/3 vote of the entire Board shall be required when a motion to amend, alter, change, add to or repeal these by-laws has not been included in the regular call.

INTEGRATED SERVICES OF KALAMAZOO  
RECIPIENT RIGHTS ADVISORY COMMITTEE  
**BYLAWS**

**ARTICLE I****Name**

The name of this body is the INTEGRATED SERVICES OF KALAMAZOO / RECIPIENT RIGHTS ADVISORY COMMITTEE.

**ARTICLE II****Purpose**

The Recipient Rights Advisory Committee (RRAC) shall be established by the Integrated Services of Kalamazoo (ISK) Board. The RRAC shall serve to advise the ISK Board, ISK Executive Director and the Recipient Rights Director in areas relating to recipient rights. More specifically, the RRAC shall:

1. Protect the Recipient Rights Office from pressures which could interfere with impartial, evenhanded and thorough performance of its duties.
2. Recommend candidates to head the Office of Recipient Rights.
3. Consult with the ISK Executive Director prior to the dismissal of the Director of the Recipient Rights Office. If the Committee is in disagreement concerning the proposed dismissal, the Committee may appeal to the ISK Board.
4. Serve as an advocate for the Recipient Rights system to ensure protection of the rights of all recipients.
5. Ensure that the Recipient Rights Office carries out its duties concerning prevention, education and investigations by reviewing bi-monthly the activities of the Recipient Rights staff.
6. Advise the Board concerning unmet policy needs.

**ARTICLE III****Committee Organization****Section I – COMMITTEE MEMBERSHIP**

The Committee shall consist of not less than 10 members and up to 22 members.

Candidates shall be reviewed by the RRAC Nomination Subcommittee and be recommended to the ISK Board. The Nomination Subcommittee composition is referenced in Article III section VII.

The membership of the committee shall be broadly based so as to best represent the varied perspectives of the CMH services program's geographic area. At least 1/3 of the membership shall be primary consumers or family members, and of that 1/3, at least 1/2 shall be primary consumers. A current list of Committee members' names

**INTEGRATED SERVICES OF KALAMAZOO  
RECIPIENT RIGHTS ADVISORY COMMITTEE  
BYLAWS**

interests they represent, history of their term(s) and attendance history shall be maintained.

***Section II – TERMS OF MEMBERS***

The term of office of a Committee member shall be three (3) years from January of the year of appointment. Upon completion of terms, the ISK Board Nominating Committee referred to in Article III, Section I will recommend to the Board a reappointment or appoint a new member.

***Section III – ATTENDANCE OF MEMBERS***

Attendance is expected for all meetings. If a member has three (3) unexcused consecutive absences, the member will be contacted to determine if the member wishes to continue on the RRAC. The ISK Executive Director shall be informed by the Chairs of all such absences and of the need for any new appointment.

***Section IV – VACANCIES***

When a term expires or a vacancy occurs on the RRAC, the ISK Nominating Committee shall be informed and will take the appropriate actions to ensure an appointment is recommended to the ISK Board.

***Section V – OFFICERS***

The RRAC will elect two (2) co-chairs of equal status for a two (2) year term. One co-Chair will be elected during February of each term, causing staggering terms. Co-chairs will alternate Chair duties each meeting.

***Section VI – Appeals***

The Appeals Committee shall review appeals filed by a person who has filed a complaint with the Office of Recipient Rights, or who is the recipient or guardian to the recipient about whom the complaint was filed. The appeals will follow established procedure set forth in Chapter 7a of the Michigan Mental Health Code.

The RRAC has recommended Appeals Committee membership. The Appeals Committee is a 7-member committee appointed by the ISK Mental Health Board (MHB), the composition of which complies with Michigan Mental Health Code statutory composition requirements for an Appeals Committee.

Three members will be from the RRAC, at least 2 members from the CMHSP board and 2 primary consumers. Members can represent more than one of these categories. None shall be employed by the CMHSP or by MDHHS.

***Section VII – SUBCOMMITTEES***

Ad hoc committees of the RRAC will be established through the Senior Co-Chair on an as-needed basis. During February of each year, the Senior Co-Chair will appoint members to each sub-committee for a one-year term, except that of the Research Review Subcommittee. The term of office of a Research Review Subcommittee member shall be two (2) years.

**INTEGRATED SERVICES OF KALAMAZOO  
RECIPIENT RIGHTS ADVISORY COMMITTEE  
BYLAWS**

Standing subcommittees will be:

*Nomination*

The nomination committee shall consist of two (2) ISK MHB members and two (2) RRAC members. As needed, the nomination committee will personally interview applicants for appointment to the RRAC and make recommendations for appointment to the ISK MHB.

*Research Review*

The Research Review Subcommittee reviews all proposed research targeted for implementation in the ISK system to determine compliance with Federal and State regulations and to determine whether any identified risk to recipients is present. If risk is determined to be present, the RRAC will decide whether or not the potential benefits outweigh the risks. Recommendation is then made to the ISK Executive Director.

**Meetings**

***Section I – REGULAR MEETINGS***

Meetings shall be held bi-monthly (odd numbered months). The RRAC shall conduct a minimum of five (5) regular meetings per year.

***Section II – SPECIAL MEETINGS***

A special meeting of the RRAC may be called by either of the Co-chairs, the Director of the Office of Recipient Rights, the ISK Executive Director or the ISK Board.

***Section III – ORDER OF BUSINESS***

Committee meetings shall be conducted by way of an established agenda.

***Section IV – QUORUM***

One more than one-half of the established minimum number (10) for committee membership.

***Section V – VOTING***

All questions shall be determined by the vote of the majority of the Committee members present. Only the Committee members appointed to the Committee by the ISK Board shall be voting members.

**Conflict of Interest**

A member who is directly involved with a matter to be voted upon must abstain from voting or may be disqualified from voting by a two-thirds vote of the Committee present.

**INTEGRATED SERVICES OF KALAMAZOO  
RECIPIENT RIGHTS ADVISORY COMMITTEE  
BYLAWS**

**ARTICLE IV**

**Board / Committee Relationships**

*Section I – COMMUNICATIONS*

Committee Co-chairs and/or their designee shall serve to represent the Committee when interacting with the Board. No committee member may act independently to represent the Committee.

*Section II – PERFORMANCE OF DUTIES*

The ISK Executive Director will assign the Director of the Recipient Rights Office to assist the committee in the performance of its duties.

**ARTICLE V**

**Committee / Staff Relationships**

*Section I – ADMINISTRATION STAFF RELATIONSHIPS*

The Director of the Recipients Rights Office is responsible to the ISK Executive Director. As such, task assignments to the Director of the Recipient Rights Office shall be made by the ISK Executive Director. These assignments shall not be in conflict with the basic purpose of the Rights Office.

**ARTICLE VI**

**Amendment of By-Laws**

The ISK Board may amend, alter, change, add to or repeal the by-laws by the affirmative vote of a majority of the members of the entire Board at any regular or special meeting, provided the Recipient Rights Advisory Committee has been advised and given an opportunity to comment prior to action taken. The Committee may make recommendations to the ISK Board concerning amendments, alterations, changes, additions to or repeal of by-laws by the affirmative vote of a majority of members of the entire Committee.

The foregoing by-laws were developed and recommended for appointment by the Recipient Rights Advisory Committee to the ISK Board.

## INTEGRATED SERVICES OF KALAMAZOO

## BOARD POLICY VI.01

AREA:	Governance	PAGE:	1 of 1
SECTION:	System Governance	SUPERSEDES:	01/24/2011
SUBJECT:	ANNUAL LEAVE RESERVE	REVISED:	01/26/2015

**PURPOSE/EXPLANATION**

To formally document an Annual Leave Reserve policy that will provide a uniform and systematic process of maintaining an annual leave reserve to fund the liability for each staff member's vested annual leave and sick leave cost as determined at the end of each fiscal year.

The establishment of the annual leave reserve fund improves efficiencies and provides method of funding a significant liability in a manner that is not disruptive to the service delivery system and which provides a mechanism for ensuring that funds are available to cover the vested benefits of staff.

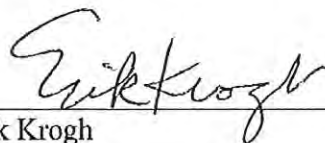
The Annual Leave Reserve policy applies to all programs and activities operated under the auspices of the Integrated Services of Kalamazoo (ISK) Board which are eligible for such reimbursement. The Chief Executive Officer (CEO) will annually report to the Board the status of the liability account.

**POLICY**

It is the policy of the ISK Board to establish and fund a reserve for vested staff members' annual and sick leave in accordance with generally accepted accounting principles and consistent with the appropriate government accounting standards and board.

**CHIEF EXECUTIVE OFFICER****APPROVED**


Jeff Patton  
Chief Executive Officer



Erik Krogh  
Board Chair

**ISK Board Report  
Board Policy VI.01  
Annual Leave Reserve Status**

ISK maintains an Annual Leave Reserve as a reserve within the equity section of the balance sheet for employee accrued leave. Annually, the finance staff calculate the amount required to be reserved per board policy. The change is reflected in the current year expenditures. Below is a historical review of the changes to that reserve account balance.

**Historical Sick and Annual Reserve Changes  
615 Liability Account**

<b>Fiscal Year</b>	<b>Beginning Balance</b>	<b>Additions/ (Usage)</b>	<b>Ending Balance</b>
	623,828		
99/00		(68,849)	554,979
00/01	554,979	(34,270)	520,709
01/02 *	520,709	102,222	622,931
02/03 *	622,931	20,766	643,697
03/04 **	643,697	(191,044)	452,653
04/05	452,653	78,677	531,330
05/06	531,330	31,186	562,516
06/07	562,516	25,592	588,108
07/08	588,108	67,725	655,833
08/09	655,833	32,903	688,736
09/10	688,736	25,606	714,342
10/11	714,342	83,062	797,404
11/12	797,404	76,871	874,275
12/13	874,275	106,564	980,839
13/14	980,839	(128,714)	852,125
14/15	852,125	87,345	939,470
15/16	939,470	74,445	1,013,915
16/17	1,013,915	55,020	1,068,935
17/18	1,068,935	4,910	1,073,845
18/19	1,073,845	89,901	1,163,746
19/20	1,163,746	213,620	1,377,366
20/21	1,377,366	14,952	1,392,318
21/22	1,392,318	246,850	1,639,168
22/23	1,639,168	133,482	1,772,650

\* Note: Change in policy regarding use of reserve, allowed bonus payout of accrued leave on anniversary date. Also payouts for employees terminated @ 9/30/03

\*\* Note: Adjusted for reversing JE to 615, error in posting.





## INTEGRATED SERVICES OF KALAMAZOO

## BOARD POLICY II.06

AREA:	Governance		
SECTION:	Board Governance Process	PAGE:	1 of 1
SUBJECT:	ENDS DEVELOPMENT PROCESS	SUPERSEDES:	10/22/2012
		REVISED:	10/28/2019

**PURPOSE/EXPLANATION**


To define the Board's process for the development of Ends.

**POLICY**

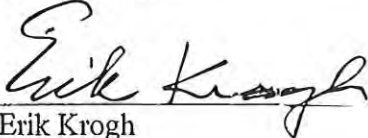
The Board is responsible to develop Ends policies that define the needs that the organization will satisfy, for who and within the budget. In order to promote the development of appropriate and meaningful Ends policies, the following steps will be taken:

- A. Gather information and build knowledge regarding an identified topic through research and the exploration of current and state of the art practices, trends, etc.
- B. Gather input from the community and stakeholders, including:
  1. ownership (citizens)
  2. persons served and their families
  3. advocates
  4. providers
- C. Board discussion, development and approval of the Ends for each population.
- D. Request the Chief Executive Officer (CEO) and their staff to develop and propose to the Board a means to measure each of the Ends statements for each of the populations. The proposed means to measure will be presented to the Board for their approval.
- E. Review and assess current information regarding the population and stakeholder expectation on outcomes input and update the ends statements when needed.

**CHIEF EXECUTIVE OFFICER**

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

**APPROVED**

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

## INTEGRATED SERVICES OF KALAMAZOO

## BOARD POLICY IV.01

AREA: Governance	
SECTION: System Governance	PAGE: 1 of 2
SUBJECT: ENDS FOR INDIVIDUALS SERVED	SUPERSEDES: 05/23/2016 REVISED: 10/29/2018

## PURPOSE/EXPLANATION

To identify the ends which the Board desires to achieve for Integrated Services of Kalamazoo (ISK) populations served, which include:

- Children with Serious Emotional Disturbances
- Children with Intellectual/Developmental Disabilities
- Adults with Mental Illness
- Adults with Intellectual/Developmental Disabilities
- Individuals with Substance Use Disorders

These ends consist of *what benefits* for *what people* at *what cost*. Achievement of these ends will promote an effective service delivery system, which fulfills the mission of the agency and is consistent with the requirements of the Michigan Department of Health and Human Services (MDHHS) and Certified Community Behavioral Health Clinic (CCBHC).

## POLICY

- I. Individuals will receive services and supports which enables them to be healthy, safe, and to reach their full potential. Each individual will experience services and supports that are individualized, strength-based, culturally & linguistically competent, home, community and school based, effective, sustainable, and continuously improving in quality. Services and supports will be delivered in the least restrictive, most natural settings possible.
- II. To accomplish these ends, goals and objectives will be set in the following domain areas for each population listed above:
  - A. Employment and Education
  - B. Living Arrangements
  - C. Recovery / Self-Determination
  - D. Health and Wellness


E. Family and Community Life

III. The Board established ends will be monitored on an ongoing basis by ISK staff and through semi-annual reports from the “Dashboard and Outcomes Reporting System”.

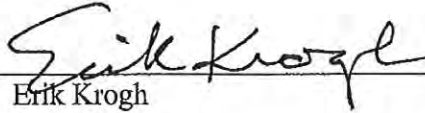
**REFERENCES**

A. Public Act 258 of 1974 (Mental Health Code) supplemented through ACT 152 of 1996: Sections 206 and 208

**CHIEF EXECUTIVE OFFICER**

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

**APPROVED**

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



Community • Independence • Empowerment

**QUALITY IMPROVEMENT PROGRAM & PLAN**

**PERFORMANCE MEASUREMENT AND  
MANAGEMENT PLAN**

**FISCAL YEAR 2023/24**

## INTRODUCTION

The Michigan Department of Health and Human Services (MDHHS) requires that each specialty Prepaid Inpatient Health Plan (PIHP) have a quality assessment and performance improvement program (QAPIP) which meets the specified standards in the contract with MDHHS. In addition to the QAPIP, MDHHS requires each Community Mental Health Services Program (CMHSP) to have a Quality Improvement Program (QIP). The description that follows provides the QIP for the Integrated Services of Kalamazoo (ISK) for fiscal year 2023/24. Aside from this QIP, ISK participates in and contributes to the QAPIP of our PIHP – Southwest Michigan Behavioral Health.

CARF International, the accrediting body for ISK, requires a Performance Measurement and Management Plan to be established. This Plan outlines the intent and expectations of the ISK Performance Measurement and Management Plan. Specific measures and identified outcomes are to be established by ISK leadership and program staff. Results of the Performance Measurement and Management Plan shall be reported to the ISK Board of Directors as established within this plan.

## PURPOSE

The purpose and assurances of the QIP for ISK is as follows:

1. Continually evaluate and enhance organizational processes that most influence organizational effectiveness and efficiency. Each Continuous Quality Improvement (CQI) project implemented will include documentation of the reason for the project and measurable progress achieved. All improvement activities will be evaluated for effectiveness, including tracking of issues and identified barriers.
2. Monitor and evaluate the systems and processes related to the quality of clinical care and non-clinical services that can be expected to affect the health status, quality of life and satisfaction of persons served. All improvement activities will be evaluated for effectiveness.
3. Focuses on indicators related to improved behavioral and physical health outcomes and takes action to demonstrate improved performance.
4. Monitor and evaluate quality of care reflected through the populations served in terms of age group, disease categories, special risk status, and other areas identified. This shall be monitored at least annually through a Year-End report that is reviewed by IQIC and the ISK Board.
5. Identify and assign priority to identified opportunities for performance improvement. Addresses priorities for improved quality of care and individuals served safety.
6. Create a culture that has a focus on the individuals we serve and includes their input and participation in problem solving.

The purpose and assurances of the Performance Measurement and Management Plan for ISK is as follows:

The Performance Measurement and Management Plan is intended to guide the organization in demonstrating a culture of accountability by developing and implementing performance measurement plans that produce information an organization can act on to improve results for persons served, other stakeholders, and the organization itself. The Performance Measurement and Management Plan is to be developed and operationalized to produce the following results:

1. Demonstration of accountability for the performance measurement and management in Service Delivery and Business Functions. Performance measurement objectives and indicators shall be established and monitored for each program service that is accredited through CARF International.
2. Identification of gaps and opportunities through assessment and stakeholder feedback, including consideration of:
  - a. Input from:
    - Persons served
    - Personnel
    - Other stakeholders
  - b. The characteristics of the persons served
  - c. Expected results
  - d. Extenuating and influencing factors that may impact results
  - e. The comparative data available
  - f. Communication of performance information
  - g. Technology to support implementation of the performance measurement and management plan
3. Identification of objectives and measures leading to achieved results in:
  - a. Measure results achieved for the Person served (Effectiveness)
  - b. Experiences of services received from Persons served
  - c. Experience of services and other feedback from other stakeholders
  - d. Measurement of resources used to achieve results (Efficiency)
  - e. Measurement of service access
4. Measurement of business functions through:
  - a. Identifying objectives in priority areas determined by the organization
  - b. Each objective shall identify:
    - What the indicator(s) will be applied to
    - Person(s) responsible for collecting the data
    - The source(s) from which the data will be collected
    - Identification of relevant timeframes for collection of data
    - A performance target that is based on the organization's performance history and establishment of benchmarks
5. Monitor and evaluate the systems and processes related to the quality of clinical care and non-clinical services that can be expected to affect the health status, quality of life and satisfaction of persons served by each affiliate member. All improvement activities will be evaluated for effectiveness.

<b>MISSION, VISION, VALUES</b>
--------------------------------

This Quality Improvement Program and Plan and the Performance Measurement and Management Plan is tailored to help achieve the agency's mission and vision. Our activities will be guided by those organizational values we believe to be critical to our success.

Mission	We promote and provide mental health, intellectual and developmental disability and substance use disorder supports and services that empower people to succeed
Vision	We provide a welcoming and diverse community partnership which collaborates and shares effective resources that support individuals and families to be successful through all phases of life

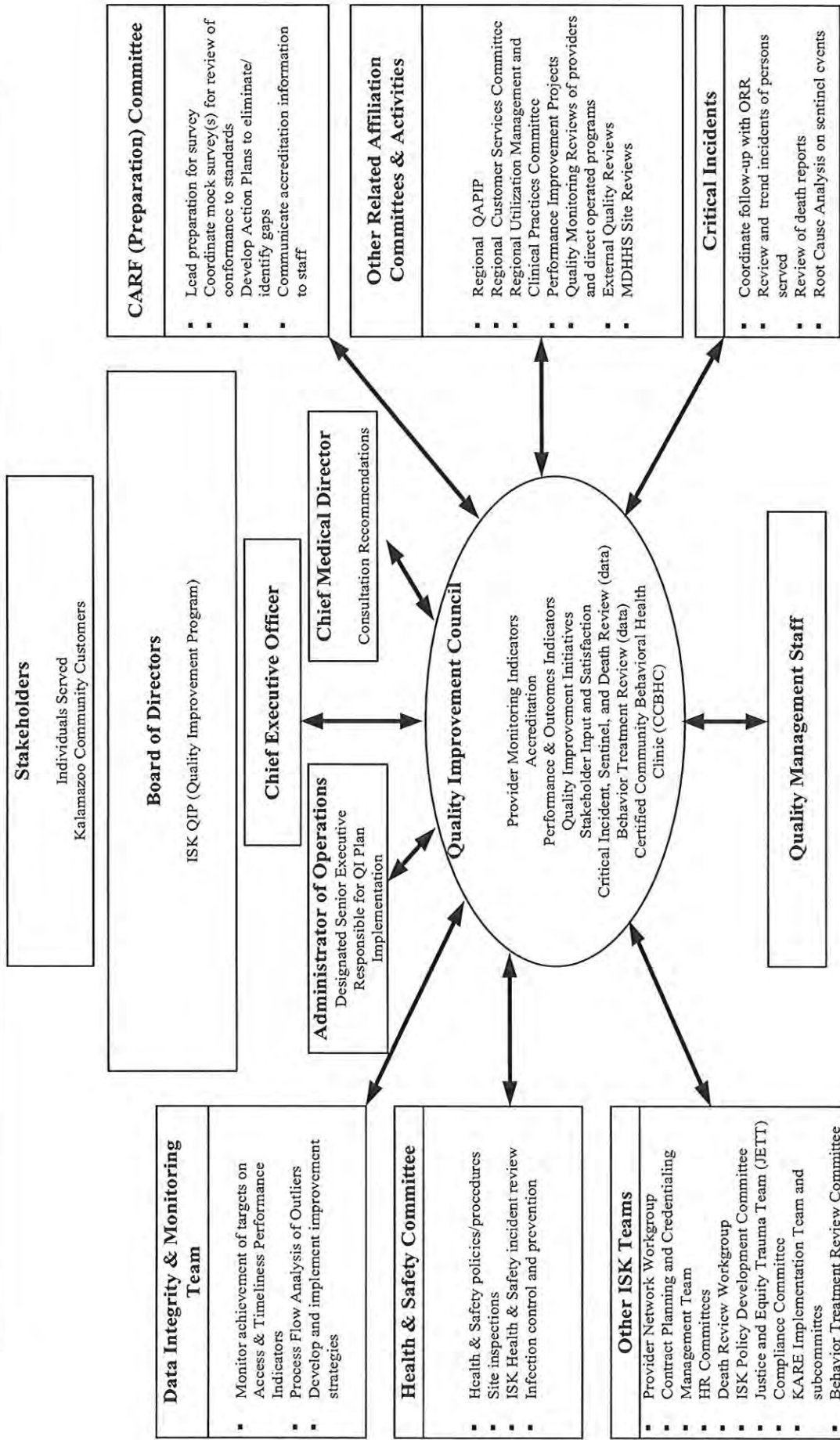
- Values
- Community
  - Competence
  - Diversity
  - Effectiveness
  - Integrity
  - Leadership
  - Recovery and Self-Determination
  - Respect
  - Responsibility
  - Teamwork
  - Trust

## QUALITY IMPROVEMENT STRUCTURE

The Quality Improvement Structure for Integrated Services of Kalamazoo is outlined through a graphic presentation on the next page followed by a narrative description of key elements of the structure. ISK Administrator of Operations is the designated senior executive who is responsible for the QI Program implementation.



# ISK QUALITY MANAGEMENT STRUCTURE



## **ACCOUNTABILITY TO GOVERNANCE**

The ultimate responsibility for the quality of organizational services is retained by the Governing Board. The role of the Board is to support and promote ongoing improvement in organizational processes and outcomes. The Board responsibilities for the QIP and the Performance Measurement and Management Plan include:

- Oversight of the QIP and the Performance Measurement and Management Plan, including documentation that the Board has approved the overall plans and annual QI plan and Performance Measurement and Management Plan.
- Review of QIP reports, including actions taken, progress in meeting Quality Improvement objectives and improvements made.
- Formal reviews on a periodic basis (but no less frequently than annually) a written report on the QIP that includes studies undertaken, results, subsequent actions, and aggregate data on utilization and quality of services rendered to assess the QIP's continuity, effectiveness and current acceptability.
- Assures that the Executive Direction takes action when appropriate and directs that the operational QIP and the Performance Measurement and Management Plan be modified on an ongoing basis to accommodate review findings and issues of concern within ISK.

## **KEY CONTRIBUTORS IN QUALITY ACTIVITIES**

### **THE QUALITY IMPROVEMENT COUNCIL**

The role of the Integrated Services of Kalamazoo Quality Improvement Council (IQIC) includes the function of the organization's Quality Improvement Plan and Performance Measurement and Management Plan as established by the Board, including setting priorities for improvement efforts throughout the agency. The Quality Improvement Council (IQIC) is responsible for monitoring and reporting progress toward established goals to the Senior Executive team. It will also review and provide feedback and support on improvement efforts and projects reported by other ISK teams and committees. Additional IQIC activities are outlined above in the Quality Management Structure diagram. IQIC chair shall ensure that documentation is maintained and meetings occur at a frequency that is sufficient to demonstrate activities, findings, recommendations, and actions in accordance with the established committee charter.

### **INDIVIDUALS SERVED**

The satisfaction of persons receiving services with our agency will be greatly enhanced when we involve those individuals in the identification and prioritization of improvement opportunities. Likewise, we must continually measure trends in satisfaction levels of individuals served. In addition to input received from individuals served, many standing committees throughout the organization include the voice of individuals served through Peer Support Specialist representation. Peer Support Specialists play a key role on the relevant committees related to review of performance information and status, policy/procedure development, and strategic planning for the organization.

## **COMMUNITY STAKEHOLDERS**

In addition to Individuals served, stakeholders are those individuals or organizations that have a valid interest in the agency's processes and outcomes. Some of our most important stakeholders are staff members, funding sources, regulatory bodies, and human service agencies in our community. Funding sources usually outline performance standards in written documents such as contracts and standards manuals. Input from staff and other community partners will be collected via surveys, focused groups, etc. Staff and stakeholders' input and satisfaction must be monitored on an ongoing basis.

## **ISK STAFF**

Within the structure of this QIP and development of the Performance Measurement and Management Plan, staff will be key participants through participation in committees, providing feedback when presented with information, identifying process improvement opportunities, and submitting ideas to the IQIC, while continuing to provide medically necessary services to individuals served. Staff will promote Recovery concepts in their everyday work.

## **COMMUNICATION**

This QIP will ensure that all groups described above receive information about prioritized agency needs, improvement projects and changes in performance to reinforce commitment to meaningful quality improvement. Feedback will be provided by means of Board reports, results of regulatory audits, interoffice communications, etc.

## **UTILIZATION MANAGEMENT**

ISK's Utilization Management plan is a standalone document that is reviewed and updated as needed on an annual basis. ISK policies and procedures also outline utilization management activities and expectations for the organization and its provider network. This includes the evaluation of medical necessity, eligibility criteria used, information sources, and the process used to approve the provision of medically necessary services and supports. The Utilization Management Plan addresses components related to practices of retrospective and concurrent review of clinical and financial resource utilization, clinical and programmatic outcomes, other aspects of utilization management deemed appropriate by administration. The ISK Utilization Management Plan is also aligned with the PIHP Utilization Management Plan as reviewed and adopted by the region. In accordance with this plan, data is used to identify and address underutilization and overutilization throughout the network. Policy, procedure, and practices are in place to ensure that 1) review decisions are supervised by qualified medical professionals; 2) efforts are made to obtain all necessary information, including pertinent clinical information, and consult with the treating physician as appropriate; 3) reasons for decisions are clearly documented and available to consumers; 4) there are well-publicized and readily available appeal mechanisms for both providers and individuals served; notification of a denial includes a description of how to file an appeal; denials are made by appropriately qualified staff; 5) decisions and appeals are made in a timely manner as required; 6) there are mechanisms to evaluate the effects of the program using data on customer satisfaction, provider satisfaction, or other appropriate measures. 7) as utilization management is a delegated function to ISK, the organization shall ensure that it has mechanisms to ensure that these standards are met.

## **PROVIDER QUALIFICATION AND SELECTION**

ISK and its provider network shall adhere to Policy 02.09 Credentialing, Re-Credentialing and Criminal History Screening, ensuring that all physicians and health care professionals are qualified to perform their services. The ISK Credentialing Committee is the appointed oversight committee for assurances in credentialing and re-credentialing practices of direct operated services. Monitoring and oversight activities occur of the ISK provider network and direct operated services. Provider Network and Credentialing staff provide representation and reporting to the IQIC committee. ISK Policy and Procedures shall outline methods and activities to ensure:

1. Staff shall possess the appropriate qualifications as outlined in their job descriptions, including the qualifications for the following:
  - a. Education background
  - b. Relevant work experience
  - c. Cultural competence
  - d. Certification, registration, and licensure as required by law
2. New personnel shall be trained with regard to their responsibilities, program policy, and operating procedures.
3. Staff trained needs will be identified and in-services provided for continuing education and staff development purposes.

## PERFORMANCE IMPROVEMENT

Quality improvement activities are person serve focused and committed to improving the quality of clinical care and outcomes of individuals served. Ongoing input must be collected from both individuals receiving services as well as other stakeholders using a variety of methods. Methods to collect input include surveys, monitoring of progress individuals served, tracking of rights violations and incident reports, community forums, and performance reports generated by stakeholders such as the MDHHS.

Data is used to determine performance levels and must be accurate, valid, and reliable to produce meaningful performance information. This assures that our conclusions are accurate, and resources are properly allocated to improvement opportunities that are most important to the individuals served and other stakeholders.

Quality indicators are those measures that reflect performance in areas that are most important to individuals we serve and other ISK stakeholders. Quality indicators include the areas of effectiveness of care, efficiency of operations, accessibility to services and satisfaction among individuals served and other stakeholders. These indicators are more meaningful when compared to established standards, trends over time and/or comparison with performance of similar organizations.

Quality and performance indicators reports are used to determine significant trends and to plan, design, measure, assess and improve services, processes, and systems. Quality improvement activities monitor the quality of care against established standards and guidelines. Improvement strategies are used to eliminate undesired outliers, ensure the proper use of practice guidelines, and optimize the desired outcomes of individuals served. Remedial action is taken and documented whenever inappropriate or substandard services are furnished as determined by substantiated recipient rights complaints, clinical indicators, or other quality indicators. ISK will ensure that practices are updated as necessary based on any relevant updated standards/guidelines. Established methods are utilized by responsible subject matter leads to monitor implementation of corrective action and evaluate its effectiveness.

Sources of quality and performance indicators include:

- MDHHS Performance Indicator System Reports (also referenced as the Michigan Mission-Based Performance Indicator System [MMBPIS])
- MDHHS Boilerplate Reports
- CCBHC Quality Indicators

- Behavioral Health Treatment Data and Reports
- Health & Safety Reports
- Utilization Management Reports, including under-utilization and overutilization based on medical necessity and other established criteria and the mechanisms to correct under-utilization and overutilization
- Accreditation Survey Report
- Quality Improvement Reports
- Incident and Event Reports
- Performance Indicator and Outcomes Reports, such as CAFAS (Child and Adolescent Functional Assessment Scale) and other implemented functional assessment tools
- MDHHS Contract Compliance Reports (e.g., MDHHS Site Review, Rights System Assessment, Compliance Examination)
- Stakeholder Survey Reports, such as, Customer Satisfaction Survey, Employee Survey, and Community Needs Assessment Survey
- Quality Monitoring Reviews (including clinical records review, claims verification, and the verification of provider and individual qualifications and credentials)
- Compliance and Risk Management activities
- Demographic, Encounter, and Claims Reports on Persons Served (SWMBH Tableau, Care Connect 360, Behavioral Health [BH] TEDS, ISK EHR (Electronic Healthcare Record) reports, etc.)
- Reports focusing on Enrollee (Customer) Rights and Protections. Such data may be provided by the Office of Recipient Rights or the Customer Services Office and be related to the number and type of complaints/grievances/appeals and investigations completed along with summary of the outcomes of complaint activities.
- Source demographic and treatment data exported from the ISK Electronic Health Record system

### **SENTINEL EVENT REPORTING RESPONSIBILITIES**

Integrated Services of Kalamazoo shall meet MDHHS requirements regarding the processing and reporting of Sentinel Events for persons enrolled in the Children’s Waiver (CW), the Children with Serious Emotional Disturbance Waiver (SEDW), and who receive services funded by these programs from CMHSPs. Processes are followed in accordance with ISK Policy 03.06 – Incident, Event, and Death reporting, including reporting timelines, root cause analyses, and documentation reviewed. Aggregation of mortality data over time to identify possible trends is reviewed through the ISK Death Review committee and reported to IQIC at least annually. This review activity by IQIC will include both qualitative and quantitative analysis of critical incidents, sentinel events, and risk events. The ISK Sentinel Event oversight committee shall review and analyze each Sentinel Event and will produce applicable recommendations for system improvement to decrease future occurrences as able.

## RIGHTS AND RESPONSIBILITIES

The following are assessment activities conducted by or in conjunction with the local Office of Recipient Rights, who is responsible for compliance with requirements of Chapter 7 of the Michigan Mental Health Code and found in substantial compliance with stated requirements as evidenced by site reviews conducted by the state agency, and will occur for Enrollee Rights and Responsibilities:

- Monitor and ensure that individuals served have all the rights established in Federal and State law.
- Investigate and follow-up on rights complaints;
- Review incident, accidents and sentinel events and investigate as needed;
- Look for trends and making suggestions to prevent reoccurrence;
- Review death reports of persons served and investigating any unexpected death to identify potential system improvements; and
- Share trends and process improvements made with stakeholders

ISK will conduct periodic quantitative (e.g., surveys) and qualitative (e.g., focus groups) assessments of member experiences with its services. These assessments must be representative of the persons served and the services and supports offered.

1. The assessments must address the issues of the quality, availability, and accessibility of care.
2. As a result of the assessment, the organization:
  - a. Takes specific action on individual cases as appropriate;
  - b. Identifies and investigates sources of dissatisfaction;
  - c. Outlines systemic action steps to follow-up on the findings; and
  - d. Informs practitioners, providers, recipients of service, and the governing body as assessment results.
3. The organization evaluates the effects of the above activities.
4. The organization ensures the incorporation of persons served receiving long-term supports or services (e.g., persons receiving case management) into the review and analysis of the information obtained from quantitative and qualitative methods.

The ISK Office of Recipient Rights shall submit an annual report of the CMHSP's Office of Recipient Rights to the state office as required by Chapter 7 of the Michigan Mental Health Code.

The Quality Improvement Council will determine any quality and performance indicators in addition to those established by the PIHP that will be monitored. The performance indicators may depend on each department's specific consumer group, service delivery activities, and requirements of the State Department of Health and Human Services and the Commission on Accreditation of Rehabilitation Facilities (CARF) standards.

## ANNUAL REVIEW OF PLAN

The Integrated Services of Kalamazoo Quality Improvement Plan will be evaluated and revised on at least an annual basis by the IQIC and then formally reviewed and approved by the ISK Board. At least annually, the status of goals and objectives will be evaluated and goals for the next fiscal year will be created based on the status of previous goals and current agency priorities.

An analysis of the Performance Measurement and Management Plan shall be completed at least annually and reviewed within the timeframes outlined in the Performance Measurement and Management Plan identified measures.

A summary of the overall effectiveness of the ISK Quality Improvement Plan and the Performance Measurement and Management Plan will be presented to the ISK Board on an annual basis through an annual Year-End report.

## QUALITY IMPROVEMENT GOALS FOR FY 2022/23

The QIP is completed within the framework of the current overall ISK Strategic Plan. Goals within the QIP will help support the direction and priorities of the agency. The broad quality improvement goals include:

1. Everyone shares responsibility for the continuous quality improvement of processes to be more efficient and/or effective.
2. We prioritize the processes that have the most impact on outcomes persons served desire.
3. We work together as a team.
4. We aspire to meet or exceed all performance standards established by funding sources.
5. We maintain clear and ongoing communication, so internal staff are aware of improvements in performance and outcomes.
6. We share performance and outcome information with our individuals served and other stakeholders on an ongoing basis.
7. We actively engage in PIHP standing committees and ad hoc workgroups.

Attachments:

- A. QI Annual Goals and Objectives
- B. IQIC Charter

The following pages outline the specific quality improvement goals/objectives for 2023/24:

Attachment A

#	GOALS	OBJECTIVES / ACTION STEPS	MEASURES/TIMETABLE
1.	Remain informed and compliant with all performance indicators expected and maintain compliance with Accreditation and regulatory standards	<ol style="list-style-type: none"> <li>Review at least one performance report per IQIC meeting, including but not limited to:               <ol style="list-style-type: none"> <li>MMBPIS</li> <li>Encounters status</li> <li>BH TEDS</li> <li>SWMBH Board Metrics</li> </ol> </li> <li>Ensure knowledge of current accreditation standards and changes within the CARF manual.</li> </ol>	<ol style="list-style-type: none"> <li>Number of improvement efforts and/or projects related to performance measure data review</li> <li>Number of improvement efforts resulting from audit results and outcomes</li> </ol>
2.	Ensure effective implementation of Certified Community Behavioral Health Clinic (CCBHC) state demonstration	<ol style="list-style-type: none"> <li>Meet MDHHS incentive thresholds for all Quality Bonus Payment (QBP) metrics (JET, SRA, FUH, SAA)</li> <li>Ensure that CCBHC implementation, outreach and engagement efforts are effectively expanding access to services</li> <li>Successfully submit all required materials and proofs to achieve CCBHC re-certification</li> </ol>	<ol style="list-style-type: none"> <li>Report and review QBP metrics during IQIC committee meeting. Trending and analysis of QBP metrics completed within CCBHC subgroups.</li> <li>Increase the number of individuals receiving CCBHC services that have not been in CMH service in the last 3 years.</li> <li>ISK is re-certified as a CCBHC by September 30, 2024</li> </ol>
3.	Further promote cultural competency, equity, inclusion, and trauma informed approaches to respond to the needs of persons served, workforce and the community.	<p>As facilitated, monitored, and implemented through JETT:</p> <ol style="list-style-type: none"> <li>Enhance training for staff to include concepts of historical/racial trauma and resilience-oriented principles</li> <li>Increase and enhance organization's ability to prevent, identify and appropriately respond to workforce concerns/ stressors</li> <li>Educate ourselves on equity principles and apply those principles on the activities of training, hiring and self-care</li> <li>Develop, adopt, and implement FY24 JETT Workplan which shall serve as the organization's Cultural Competency &amp; Diversity Plan</li> </ol>	<ol style="list-style-type: none"> <li>JETT committee will report to IQIC trainings completed and other areas for improvement identified by the committee</li> <li>JETT will report projects and improvement efforts launched and implemented quarterly</li> <li>IQIC will provide feedback and improvement ideas to JETT as needed</li> <li>JETT representative will provide status update to IQIC on progress and barriers to the FY24 JETT Workplan at least every 6 months</li> </ol>
4.	Ensure future financial sustainability.	<ol style="list-style-type: none"> <li>Define and develop plan for organizational financial sustainability, including but not limited to:               <ol style="list-style-type: none"> <li>Diversification of funding</li> <li>Department and staff level tracking of billable service</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>Percentage of clean encounters passed through SWMBH to MDHHS should be equivalent to ISK's encounter submission, successfully resulting in receiving CCBHC PPS1 payment.</li> <li>Number of grants or amount of additional revenues obtained through grant awards per fiscal year</li> </ol>





**INTEGRATED SERVICES OF KALAMAZOO QUALITY IMPROVEMENT COUNCIL  
TEAM CHARTER  
2023/2024**

**I. PURPOSE**

**A. TASKS**

1. To review, revise and recommend for approval ISK Administrative policies and procedures (excludes PIHP policy and procedure).
  - a. To appoint a committee, Kalamazoo Policy Development Committee, to examine complex policy issues and make recommendations to the full committee.
2. To support the accreditation preparation process and ongoing conformance to accreditation standards.
3. To lead the quality improvement effort across the organization:
  - a. Assure quality improvement principles are consistently used and applied throughout ISK.
  - b. Review, approve and support the ISK Quality Improvement Plan (QIP), including setting annual goals and objectives to meet the ISK mission.
  - c. Maintain responsibility and oversight for the ISK continuous quality improvement (CQI) program.
  - d. Promote the solicitation and facilitation of improvement ideas from stakeholders to improve ISK systems and processes.
  - e. Determine and support improvement projects/teams, task forces or subcommittees for an ISK performance improvement project, accreditation preparation or another more focused project related to the purpose of IQIC.
  - f. Utilize and promote data-driven decision-making. Review ISK performance indicators and other data and provide recommendations for improvement. Including:
    - ~ MMBPIS & Outliers
    - ~ Board Ends
    - ~ Outcome reports such as CAFAS
    - ~ Dashboard reports
    - ~ Stakeholder Survey Reports (i.e., consumer, staff, etc.)
    - ~ Critical Incidents Trends
    - ~ Progress reports on ISK Quality Management objectives.
    - ~ External Review Reports (MDHHS Site Review, Certification Review, etc.) & CARF Report
    - ~ Grant evaluation reports as requested
4. To review the recommendations from the ISK Root Cause Analysis reports of sentinel events

5. To support the ISK Data Integrity & Monitoring Team, Health & Safety Committee, and all Other ISK Teams in their work involving QI functions and program improvements within ISK.

**B. SCOPE**

The scope of the team is primarily defined by the Annual ISK Quality Improvement Program and Plan, ISK policies and procedure and Senior Executive Team. (Note: This is a team specific to ISK)

**C. OUTCOMES**

The committee serves as the central point for the overarching review and alignment to standards and requirements within the annual Quality Improvement Plan for ISK quality improvement related reports and initiatives. Assure consistent application of the standardized PIHP policies and processes across ISK. Reviews improvement data (i.e., surveys, data collection and provider monitoring review tools) and policies (i.e., Quality Management, Performance Improvement and Critical Incidents) and offers improvements in processes within ISK and across the provider network.

**D. SPONSOR, TENURE & AUTHORITY**

<b>Team Sponsor</b>	Approved by the ISK Chief Executive Officer and reports to the Senior Executive Team
<b>Team Tenure</b>	Permanent/Ongoing
<b>Team Authority</b>	Makes decisions within scope and refers other improvement recommendations to other teams as needed

**II. MEMBERSHIP**

<b>Members (Name/Title/Email Address)</b>		<b>Stakeholder Group Represented (include consumer population when relevant)</b>	<b>Type of Membership (R) Core, (A) Ad hoc, (C) Consultant</b>	<b>Membership Term (i.e., 2 years or ongoing)</b>
Amy Galick, Manager	<a href="mailto:agalick@iskzoo.org">agalick@iskzoo.org</a>	Analytics	R	ongoing
Amy Rottman, Chief Financial Officer	<a href="mailto:arottman@iskzoo.org">arottman@iskzoo.org</a>	Finance	R	ongoing
Angela Thompson, Program Coordinator	<a href="mailto:athompson@iskzoo.org">athompson@iskzoo.org</a>	Quality Management	R	ongoing
Ann Klimp, Quality Improvement Manager/ Privacy Officer	<a href="mailto:aklimp@iskzoo.org">aklimp@iskzoo.org</a>	Quality Management & Privacy	R	ongoing
Ashley Esterline, Director of Network Compliance	<a href="mailto:aesterline@iskzoo.org">aesterline@iskzoo.org</a>	Network Compliance	R	ongoing
Beth Ann Meints, Administrator – Clinical Services	<a href="mailto:bmeints@iskzoo.org">bmeints@iskzoo.org</a>	Senior Leadership	A	ongoing
Chantel Graham, Director of Human Resources	<a href="mailto:cgraham@iskzoo.org">cgraham@iskzoo.org</a>	Human Resources	R	ongoing
Charles Thomas, Program Coordinator	<a href="mailto:cthomas@iskzoo.org">cthomas@iskzoo.org</a>	Quality & Compliance	R	ongoing
Charlotte Bowser, Director of Finance	<a href="mailto:cbowser@iskzoo.org">cbowser@iskzoo.org</a>	Finance	R	ongoing
Cheryl Nebedum, Program Manager and Contracts, Agency, System	<a href="mailto:cnebedum@iskzoo.org">cnebedum@iskzoo.org</a>	Clinical / Youth & Family Services	R	ongoing
Dana Foltz, Program Manager	<a href="mailto:dfoltz@iskzoo.org">dfoltz@iskzoo.org</a>	Clinical / Adult Mental Health Services	R	ongoing

Members (Name/Title/Email Address)		Stakeholder Group Represented (include consumer population when relevant)	Type of Membership (R) Core, (A) Ad hoc, (C) Consultant	Membership Term (i.e., 2 years or ongoing)
David Anderson, Senior Executive	<a href="mailto:danderson@iskzoo.org">danderson@iskzoo.org</a>	Housing Recovery Center	A	ongoing
Ed Sova, Chief Information and Security Officer	<a href="mailto:esova@iskzoo.org">esova@iskzoo.org</a>	Information Technology Services	R	ongoing
Elizabeth Schlott, Program Coordinator	<a href="mailto:eschlott@iskzoo.org">eschlott@iskzoo.org</a>	Quality Management	R	ongoing
Gopal Bedi, Chief Medical Officer	<a href="mailto:gbedi@iskzoo.org">gbedi@iskzoo.org</a>	Psychiatric Services	A	ongoing
Greg Paulsen, Peer Support Specialist	<a href="mailto:gpaulsen@iskzoo.org">gpaulsen@iskzoo.org</a>	Customer Services	R	ongoing
Hazel Lynn James, Data Analyst	<a href="mailto:hjames@iskzoo.org">hjames@iskzoo.org</a>	Analytics	A	ongoing
Jeannie Madsen, Program Manager - Support Services for Persons with Developmental Disabilities	<a href="mailto:jmadsen@iskzoo.org">jmadsen@iskzoo.org</a>	Clinical / Adult with Developmental Disabilities	R	ongoing
Jeff Patton, Chief Executive Officer	<a href="mailto:jpatton@iskzoo.org">jpatton@iskzoo.org</a>	Executive Leadership	A	ongoing
Jennifer Garver, Provider Network Coordinator	<a href="mailto:jgarver@iskzoo.org">jgarver@iskzoo.org</a>	Clinical / Adult with Developmental Disabilities	R	ongoing
Karyn Bouma, Manager of Health Information and Risk Oversight	<a href="mailto:kbouma@iskzoo.org">kbouma@iskzoo.org</a>	Risk Oversight and Medical Records	R	ongoing
Kathy Lentz, Senior Executive	<a href="mailto:klentz@iskzoo.org">klentz@iskzoo.org</a>	Clinical / Adult with Developmental Disabilities	A	ongoing
Kim White, Practice Manager	<a href="mailto:kwhite@iskzoo.org">kwhite@iskzoo.org</a>	Psychiatric Services	R	ongoing
Leona Ziring, Program Coordinator	<a href="mailto:lziring@iskzoo.org">lziring@iskzoo.org</a>	Utilization Management	R	ongoing
Lindsey O'Neil, Program Manager	<a href="mailto:loneil@iskzoo.org">loneil@iskzoo.org</a>	Corrections	R	ongoing
Lisa Brannan, Chief Human Resources Officer	<a href="mailto:lbrannan@iskzoo.org">lbrannan@iskzoo.org</a>	Human Resources	A	ongoing
Lisa Smith, Recipient Rights Director	<a href="mailto:lsmith@iskzoo.org">lsmith@iskzoo.org</a>	Recipient Rights	R	ongoing
Sheila Hibbs, Administrator of Operations	<a href="mailto:shibbs@iskzoo.org">shibbs@iskzoo.org</a>	Senior Leadership	R	ongoing
Teresa Lewis, Manager Customer Services	<a href="mailto:tlewis@iskzoo.org">tlewis@iskzoo.org</a>	Customer Services	R	ongoing
Timothy Kelly, Program Manager	<a href="mailto:tkelly@iskzoo.org">tkelly@iskzoo.org</a>	Clinical / Adult Mental Health Services	R	ongoing
Tracey Culpepper, Quality Specialist	<a href="mailto:tculpepper@iskzoo.org">tculpepper@iskzoo.org</a>	Quality & Compliance	R	ongoing
Tracy Free, Facilities Coordinator	<a href="mailto:tfree@iskzoo.org">tfree@iskzoo.org</a>	Facility Management	R	ongoing
Wanda Brown, Senior Executive	<a href="mailto:wbrown@iskzoo.org">wbrown@iskzoo.org</a>	Psychiatric Services	A	ongoing

### III. PROCESS

#### A. ROLES

Role	Assigned Team Member	Responsibilities
Team Leader/Chair	Administrator of Operations	[May use the “Team Member Roles and Responsibilities” - otherwise list specific responsibilities for each role]
Team Facilitator	Quality Improvement Manager/Privacy Officer	
Recorder	Quality Program Specialist	

#### B. LOGISTICS

Location of Meetings (bldg/conference room)	Microsoft Teams or 610 S. Burdick St. Kalamazoo, MI 49007
Frequency	2nd Thursday, every other month
Time/Duration	1:00pm – 3:00 pm

#### C. AGENDA

1. Approval of minutes
2. Additions/Revisions to Agenda
3. QI Ideas
4. Customer Services
5. CARF
6. Organizational Plans
7. QI Plan Goals / Objectives
8. Committee Report Out
9. Data Review / Monitoring
10. Policy / Procedure Review
11. Agenda Items for the Next Meeting

#### D. DECISION MAKING

Consensus will be used whenever possible. If consensus cannot be reached, the issue will be referred to the Senior Executive Team.

#### E. REPORTING

IQIC minutes will be the main reporting vehicle. They are distributed to all core and ad hoc members, to the Senior Executive Team as necessary, and is available via the ISK portal. Members are expected to communicate proposed policy/procedure changes and other pertinent information with relevant staff members in their unit/department. An annual summary of the results on the Quality Improvement Plan, Year End report, and Dashboard Indicators will be prepared for the ISK Board, leadership and other stakeholders.



Community • Independence • Empowerment

## Integrated Services of Kalamazoo MOTION

<b>Subject:</b>	ISK Quality Improvement Program Plan	
<b>Meeting Date:</b>	January 22, 2024	<u>Approval Date:</u>
<b>Prepared by:</b>	Sheila Hibbs	January 22, 2024

Recommended Motion:

**“I MOVE APPROVAL OF THE ISK QUALITY IMPROVEMENT PROGRAM PLAN FOR FISCAL YEAR 2023/2024.”**

Summary of Request:

The Michigan Department of Health and Human Services (MDHHS) requires that each CMHSP is to have an annual Quality Improvement Program (QIP). CARF International requires an established Performance Measurement and Management Plan for each behavioral health organization accredited through CARF. The attached Quality Improvement Program and Plan and Performance Measurement and Management Plan meets the requirements for Integrated Services of Kalamazoo.

Budget: \_\_\_\_\_  
 Staff: \_\_\_\_\_

Date of Board Consideration:  
January 22, 2024

~~KALAMAZOO COMMUNITY MENTAL HEALTH AND  
SUBSTANCE ABUSE SERVICES INTEGRATED SERVICES OF  
KALAMAZOO~~

**BOARD POLICY V.05**

AREA:	Governance	PAGE:	1 of 1
SECTION:	Executive Limitations	SUPERSEDES:	11/27/2021 <del>3</del> 11/28/20160
SUBJECT:	<b>EMERGENCY EXECUTIVE SUCCESSION</b>	REVISED:	11/27/2023 <del>4</del>

**PURPOSE/EXPLANATION**

To establish limitations of means regarding emergency executive succession.

**POLICY**

- I. In order to protect the Board from sudden loss of Chief Executive Officer (CEO) services, the ~~Chief Executive Officer~~ may not have fewer than two other executives familiar with board and ~~Chief Executive Officer~~ issues and processes.
  
- II. The order of succession in an emergency is as follows:
  - A. Chief Executive Officer
  - ~~A.B.~~ Administrator of Clinical Services
  - ~~B.C.~~ Administrator of Operations
  - D. Chief Medical Officer
  - ~~C.~~ ~~Chief Executive Officer~~
  - ~~B.~~ ~~Deputy Director Program Services~~
  - ~~C.~~ ~~Deputy Director Administrative Services~~
  - ~~D.~~ ~~Chief Medical Officer~~
  
- III. This policy will be monitored through internal mechanisms on an annual basis.

INTEGRATED  
SERVICES OF  
KALAMAZOO



Period Ended  
December 31, 2023

Monthly Finance  
Report

# INTEGRATED SERVICES OF KALAMAZOO

## Statement of Net Position

December 31, 2023

	December 2022 (unaudited)	December 2023
<b>Assets</b>		
<b>Current assets</b>		
Cash and investments	\$ 29,188,372	\$ 32,488,479
Accounts receivable	5,145,452	5,274,887
Due from other governments	653,938	1,099,200
Prepaid items	911,989	1,870,737
<b>Total current assets</b>	<u>35,899,751</u>	<u>40,733,303</u>
<b>Non-current assets</b>		
Capital assets, net of accumulated depreciation	10,280,270	13,640,169
Net pension asset, net of deferred outflows	5,722,229	7,339,625
<b>Total non-current assets</b>	<u>16,002,499</u>	<u>20,979,794</u>
<b>Total assets</b>	<u>\$ 51,902,250</u>	<u>\$ 61,713,097</u>
<b>Liabilities</b>		
<b>Current liabilities</b>		
Accounts payable	\$ 9,354,449	\$ 9,845,806
Due to other governments	1,151,792	1,071,551
Due to providers	331,725	1,070,343
Accrued payroll and payroll taxes	1,690,078	1,858,309
Unearned revenue	182,378	34,921
<b>Total current liabilities</b>	<u>12,710,422</u>	<u>13,880,931</u>
<b>Net position</b>		
Designated	13,747,779	9,171,891
Undesignated	18,360,519	26,446,779
Investment in fixed assets	4,858,748	13,470,147
Previous year close	-	-
Net gain (loss) for period	2,224,782	(1,256,651)
<b>Net position</b>	<u>\$ 39,191,828</u>	<u>\$ 47,832,166</u>



## INTEGRATED SERVICES OF KALAMAZOO

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

October 1, 2023 through December 31, 2023

Percent of Year is 25.00%

	Original 2024 BUDGET	YTD Totals 12/31/23	Remaining Budget	Percent of Budget - YTD
<b>Operating revenue</b>				
Medicaid:				
Traditional Capitation	\$ 59,535,085	\$ 20,180,461	\$ 39,354,624	33.90%
Healthy Michigan Capitation	12,302,122	2,349,679	9,952,443	19.10%
Settlement	5,287,379	1,302,585	3,984,795	0.00%
State General Fund:				
Formula Fundings	3,705,491	975,129	2,730,362	26.32%
CCBHC Demonstration	27,297,101	2,788,077	24,509,024	0.00%
CCBHC Accrual	-	(203,385)	203,385	0.00%
County Allocation	1,550,400	387,600	1,162,800	25.00%
Client Fees	357,483	149,093	208,390	41.71%
SUD Block Grant	-	27,989	(27,989)	0.00%
Other grant revenue	7,071,254	1,723,082	5,348,172	24.37%
Other earned contracts	2,752,649	585,448	2,167,201	21.27%
Interest	1,000	43,881	(42,881)	0.00%
Local revenue	10,000	11,210	(1,210)	0.00%
<b>Total operating revenue</b>	<b>\$ 119,869,964</b>	<b>\$ 30,320,849</b>	<b>\$ 89,549,115</b>	<b>25.29%</b>
<b>Operating expenses</b>				
Salaries and wages	27,984,525	6,679,834	\$ 21,304,691	23.87%
Employee benefits	10,070,805	2,059,757	8,011,048	20.45%
Staff development	280,317	28,010	252,307	9.99%
Payments to providers	76,194,079	20,299,713	55,894,367	26.64%
Administrative contracts	7,781,913	1,871,997	5,909,916	24.06%
IT software and equipment	692,972	164,736	528,236	23.77%
Client transportation	41,100	6,888	34,212	16.76%
Staff travel	322,767	49,709	273,058	15.40%
Office expenses	515,667	100,377	415,290	19.47%
Insurance expense	128,035	5,282	122,753	4.13%
Depreciation expense	589,832	159,565	430,267	27.05%
Utilities	374,796	61,021	313,775	16.28%
Facilities	-	14,337	(14,337)	0.00%
Local match	617,788	76,277	541,511	0.00%
<b>Total operating expenses</b>	<b>\$ 125,594,595</b>	<b>\$ 31,577,500</b>	<b>\$ 94,017,095</b>	<b>25.14%</b>
<b>Change in net position</b>	<b>(5,724,631)</b>	<b>(1,256,651)</b>	<b>\$ (4,467,980)</b>	
<b>Beginning net position</b>	<b>49,088,817</b>	<b>49,088,817</b>		
<b>Ending net position</b>	<b>\$ 43,364,186</b>	<b>\$ 47,832,166</b>		

**INTEGRATED SERVICES OF KALAMAZOO**

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

October 1, 2023 through December 31, 2023

Percent of Year is 25.00%

	Specialty Services		Healthy Michigan		SUD Block Grant		Totals	
	Budget	YTD 12/31/23	YTD Budget	YTD 12/31/23	YTD Budget	YTD 12/31/23	YTD Budget	YTD 12/31/23
<b>Operating revenue</b>								
Medicaid:								
Traditional Capitation	\$ 14,883,771	\$ 20,180,461	\$ -	\$ -	\$ -	\$ 27,989	\$ 14,883,771	\$ 20,208,450
Healthy Michigan Capitation	-	-	3,075,531	2,349,679	-	-	3,075,531	2,349,679
CCBHC Base Payment	-	(2,908,364)	-	(677,473)	-	-	-	(3,585,837)
Settlement Estimate	3,328,602	1,834,278	(2,006,757)	(503,774)	-	(27,989)	1,321,846	1,302,515
Client Fees	-	14,509	-	5,044	-	-	-	19,553
<b>Total operating revenue</b>	<b>\$ 18,212,373</b>	<b>\$ 19,120,884</b>	<b>\$ 1,068,774</b>	<b>\$ 1,173,476</b>	<b>\$ -</b>	<b>\$ 0</b>	<b>\$ 19,281,148</b>	<b>\$ 20,294,360</b>
<b>Operating expenses</b>								
Internal services	\$ 932,492	\$ 476,403	\$ 64,909	\$ 3,771	\$ -	\$ -	\$ 997,402	\$ 480,174
External services	16,115,866	17,503,313	935,556	1,099,670	-	-	17,051,421	18,602,983
Delegated managed care	1,164,015	1,141,168	68,309	70,035	-	-	1,232,324	1,211,203
<b>Total operating expenses</b>	<b>\$ 18,212,373</b>	<b>\$ 19,120,884</b>	<b>\$ 1,068,774</b>	<b>\$ 1,173,476</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 19,281,147</b>	<b>\$ 20,294,360</b>
<b>Change in net position</b>	<b>0</b>	<b>(0)</b>	<b>(0)</b>	<b>0</b>	<b>-</b>	<b>0</b>	<b>1</b>	<b>(0)</b>

**INTEGRATED SERVICES OF KALAMAZOO**

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

October 1, 2023 through December 31, 2023

Percent of Year is 25.00%

	State General Fund		CCBHC		Other Funding Sources		Totals	
	YTD Budget	YTD Totals 12/31/23	YTD Budget	YTD Totals 12/31/23	YTD Budget	YTD Totals 12/31/23	YTD Budget	YTD Totals 12/31/23
<b>Operating revenue</b>								
General Fund	\$ 926,373	\$ 975,129	\$ -	\$ -	\$ -	\$ -	\$ 926,373	\$ 975,129
Projected GF Carryforward	-	-	-	-	-	-	-	-
CCBHC Demonstration	-	-	6,824,275	6,299,990	-	-	6,824,275	6,299,990
Other Federal and State Grants	-	-	-	-	1,792,005	1,723,082	1,792,005	1,723,082
Earned Revenue	-	-	-	-	659,771	585,448	659,771	585,448
COFR Revenue	-	-	-	-	4,200	-	4,200	-
Interest	-	-	-	-	250	43,881	250	43,881
County Allocation	-	-	-	-	387,600	387,600	387,600	387,600
Local Revenue	-	149	-	-	2,500	11,210	2,500	11,359
Transfer from GF	-	-	-	355,232	527,259	-	527,259	355,232
Settlement Revenue (Expense)	-	-	-	-	-	-	-	-
<b>Total operating revenue</b>	<b>\$ 926,373</b>	<b>\$ 975,278</b>	<b>\$ 6,824,275</b>	<b>\$ 6,655,222</b>	<b>\$ 3,373,585</b>	<b>\$ 2,751,221</b>	<b>\$ 11,124,233</b>	<b>\$ 10,381,722</b>
<b>Operating expenses</b>								
Internal Programs	82,642	\$ 107,060	\$ 8,061,512	\$ 6,453,927	\$ 25,321	\$ -	\$ 8,169,475	\$ 6,560,987
External Programs	290,963	475,980	-	915,986	-	160,170	290,963	1,552,136
Other Federal and State Grants	-	-	-	-	2,756,094	2,600,314	2,756,094	2,600,314
HUD Grants	-	-	-	-	319,956	319,997	319,956	319,997
Managed Care Administration	25,509	37,005	-	-	1,729	-	27,238	37,005
Homeless Shelter	-	-	-	-	132,281	85,260	132,281	85,260
Transfer from GF	527,259	355,232	-	-	-	-	527,259	355,232
Local match expense	-	-	-	-	326,150	76,277	326,150	76,277
Non-DCH Activity Expenditures	-	-	-	-	35,147	42,135	35,147	51,164
<b>Total operating expenses</b>	<b>\$ 926,373</b>	<b>\$ 975,277</b>	<b>\$ 8,061,512</b>	<b>\$ 7,369,913</b>	<b>\$ 3,596,679</b>	<b>\$ 3,284,153</b>	<b>\$ 12,584,564</b>	<b>\$ 11,638,372</b>
<b>Change in net position</b>	<b>0</b>	<b>0</b>	<b>(1,237,237)</b>	<b>(714,690)</b>	<b>(223,094)</b>	<b>(532,931)</b>	<b>(1,460,331)</b>	<b>(1,256,650)</b>
								<b>203,680</b>
								<b>(946,192)</b>
								<b>16,017</b>

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# INTEGRATED SERVICES OF KALAMAZOO

## CCBHC

October 1, 2023 through December 31, 2023  
 Percent of Year is 25.00%

	CCBHC Medicaid	CCBHC Healthy MI	CCBHC Non-Medicaid	CCBHC YTD Totals
<b>Operating revenue</b>				
Prepayment	\$ 1,687,672	\$ 1,100,405	\$ -	\$ 2,788,077
CCBHC Base Payment Reclaim	2,908,364	677,473	-	3,585,837
Remaining CCBHC revenue due	277,933	(481,318)	-	(203,385)
Client fees	75,922	8,296	45,243	129,461
<b>Total CCBHC Revenue (PPS-1 of \$287.35 x encounters)</b>	<b>\$ 4,949,891</b>	<b>\$ 1,304,856</b>	<b>\$ 45,243</b>	<b>\$ 6,299,990</b>
<b>Operating expenses</b>				
Internal services	\$ 4,472,850	\$ 1,257,408	\$ 723,669	\$ 6,453,927
DCO Contracts	635,497	167,525	112,963	915,986
<b>Total operating expenses</b>	<b>\$ 5,108,348</b>	<b>\$ 1,424,933</b>	<b>\$ 836,632</b>	<b>\$ 7,369,913</b>
<b>Operating change in net position</b>	<b>(158,457)</b>	<b>(120,077)</b>	<b>(791,389)</b>	<b>(1,069,922)</b>
Reclassification to cover Non-Medicaid	-	-	355,232	355,232
<b>Total change in net position</b>	<b>\$ (158,457)</b>	<b>\$ (120,077)</b>	<b>\$ (436,157)</b>	<b>\$ (714,690)</b>

## CCBHC Cost per daily visit

	2023	Oct 2023	Nov 2023	Dec 2023
Total CCBHC Cost	\$ 27,687,187	\$ 2,456,385	\$ 4,903,898	\$ 7,369,913
Daily Visits	99,802	8,661	18,686	24,829
Cost per daily visit	277.42	283.61	262.44	296.83

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, 2023 through December 31st, 2023**

UTILIZATION COMPARISONS FY 23/24											
MONTH	FY 22/23 Actual		FY 23/24 Budget		FY 23/24 Actual		Days Difference Favorable (Unfavorable)	Cost Difference Favorable (Unfavorable)	Cost YTD Favorable (Unfavorable)		
	Days	Dollars	Days	Dollars	Days	Dollars					
OCTOBER	70	\$72,791	46	\$47,906	69	\$72,587	(23)	(\$24,681)	(\$24,681)		
NOVEMBER	63	\$66,150	46	\$47,906	66	\$69,300	(20)	(\$21,394)	(\$21,394)		
DECEMBER	37	\$38,735	46	\$47,906	57	\$59,892	(11)	(\$11,986)	(\$11,986)		
JANUARY	53	\$55,661	46	\$47,906							
FEBRUARY	55	\$57,939	46	\$47,906							
MARCH	78	\$81,900	46	\$47,906							
APRIL	90	\$94,500	46	\$47,906							
MAY	62	\$65,100	46	\$47,906							
JUNE	9	\$9,450	46	\$47,906							
JULY	41	\$43,050	46	\$47,906							
AUGUST	23	\$24,087	46	\$47,906							
SEPTEMBER	54	\$56,312	46	\$47,906							
TOTALS	635	\$665,675	549	\$574,872	192	\$201,779	(54)	(\$58,061)	(\$58,061)		
MONTHLY AVERAGES	53		46		64						
GROSS ANNUAL COST		\$665,675		574,872		\$201,779		(\$58,061)	(\$58,061)		

Favorable/(Unfavorable): Total (\$58,061)

**COMMUNITY INPATIENT SERVICES**

Report Period: October 1st, 2023 through December 31st, 2023

UTILIZATION COMPARISONS FY 23/24											
MONTH	FY 22/23 Actual		FY 23/24 Budget		FY 23/24 Actual		Days Difference Favorable (Unfavorable)	Cost Difference Favorable (Unfavorable)	Cost YTD Favorable (Unfavorable)		
	Days	Dollars	Days	Dollars	Days	Dollars					
OCTOBER	900	\$905,756	654	\$716,371	650	\$684,493	4	\$31,878	\$31,878		
NOVEMBER	686	\$714,410	654	\$716,371	406	\$427,750	248	\$288,621	\$288,621		
DECEMBER	704	\$732,356	654	\$716,371	771	\$811,010	(117)	(\$94,639)	(\$94,639)		
JANUARY	639	\$663,945	654	\$716,371							
FEBRUARY	656	\$683,828	654	\$716,371							
MARCH	635	\$660,537	654	\$716,371							
APRIL	543	\$565,345	654	\$716,371							
MAY	796	\$829,300	654	\$716,371							
JUNE	629	\$655,218	654	\$716,371							
JULY	757	\$789,744	654	\$716,371							
AUGUST	820	\$854,847	654	\$716,371							
SEPTEMBER	698	\$727,339	654	\$716,371							
TOTALS	8,463	\$8,782,625	7,848	\$8,596,454	1,827	\$1,923,253	135	\$225,860			
MONTHLY AVERAGES	705		654		609						
GROSS ANNUAL COST		\$8,782,625		8,596,454		\$1,923,253		\$225,860			

Favorable/(Unfavorable): Total 225,860

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

**Report Period: October 1st, 2023 through December 31st, 2023**

SERVICE	Avg.			FY 23/24 Budget		FY 22/23 Actual	
	Month	Daily Rate	No. Served	Days of Service	Dollars	Dollars	Favorable / (Unfavorable)
PC/CLS	Dec	\$281	355	32,846	\$8,665,463	\$9,229,274	(\$563,811)
CRISIS RES.	Dec	\$575	15	183	\$241,772	\$105,194	\$136,578
CLS (SIP)	Dec	NA	278		\$3,265,913	\$3,358,540	(\$92,628)
Annual Cost							(\$519,861)

**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.

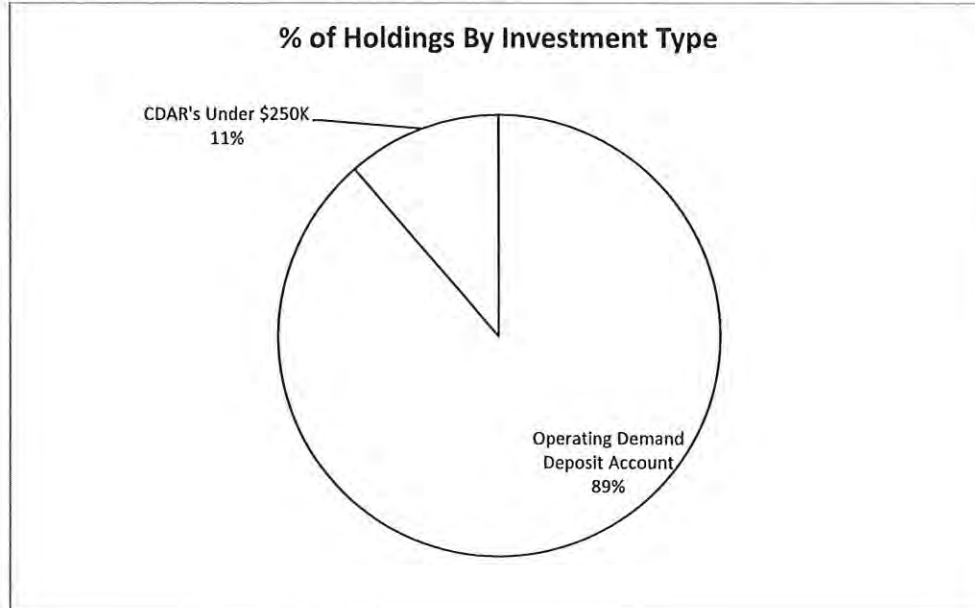
**Supported Independent Program (SIP)**-more independent setting where Personal Care and Community Living Supports occur.

Quarterly Cash & Investments Report  
 Quarter Ending December 31st, 2023

Financial Institution	Type of Investment	Cost Basis	Maturity Date	% Yield
<b>CASH</b>				
PNC	Operating Demand Deposit Account	\$30,593,295	NA	0.03%
	Payroll Account	\$5,000		
	Accrued Leave Reserve	\$119,687		
	Pretax Reimbursement Account	\$73,824		
	Various Petty Cash Funds	\$780		
	<b>Total Cash Accounts</b>	<b>\$30,792,585</b>		
<b>INVESTMENTS</b>				
CDAR's (via Independent Bank)	CD's Issued Under FDIC Limit of \$250,000	\$3,927,006		4.55%
<b>Total CDAR's</b>		<b>\$3,927,006</b>		
	<b>Total Investments</b>	<b>\$3,927,006</b>		
<b>TOTAL CASH AND INVESTMENTS</b>		<b>\$34,719,591</b>		

% of Holdings By Institution	
PNC - Cash	88.69%
CDAR's (via Independent Bank)	11.31%
	100.00%

% of Holdings By Investment Type	
Cash	88.69%
CDAR's	11.31%
	100.00%







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## Integrated Services of Kalamazoo MOTION

<b>Subject:</b>	<u>November &amp; December 2023 Disbursements</u>	
<b>Meeting Date:</b>	<b>January 22, 2024</b>	<b>Approval Date:</b>
<b>Prepared by:</b>	Charlotte Bowser	<u>January 22, 2024</u>

Recommended Motion:

“Based on the Board Finance meeting review, I move that ISK approve the November, 2023 vendor disbursements of \$9,026,721.78 and the December, 2023 vendor disbursements of \$12,336,667.60.”

Summary of Request:

As per the November 2023 Vendor Check Register Report dated 12/06/2023 that includes checks issued from 11/01/2023 to 11/30/2023 and the December 2023 Vendor Check Register Report dated 1/10/2024 that includes checks issued from 12/1/2023 to 12/31/2023.

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: January 22, 2024



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## Integrated Services of Kalamazoo MOTION

Subject:	Family Support Advisory Council	<u>Approval Date:</u>
Meeting Date:	January 22, 2024	<u>January 22, 2024</u>
Prepared by:	Dawn Rasmussen	

**Recommended Motion:**

Appointment:  
"I MOVE TO APPROVE THE APPOINTMENT OF JALISSA MURRAY TO THE FAMILY SUPPORT ADVISORY COUNCIL (FSAC)."

Summary of Request

Budget: \_\_\_\_\_  
Staff: DR \_\_\_\_\_

Date of Board  
Consideration: January 22, 2024