



Community • Independence • Empowerment

Jeffrey W. Patton
Chief Executive Officer
www.iskzoo.org
(269) 553-8000
Administrative Services
610 South Burdick Street
Kalamazoo, MI 49007

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

2024 PUBLIC NOTICE of Integrated Services of Kalamazoo Board of Directors. The Integrated Services of Kalamazoo Board of Directors conducts their regular meetings on the 4th Monday of every month @ 4:00PM @ 610 South Burdick Street/Kalamazoo, MI.

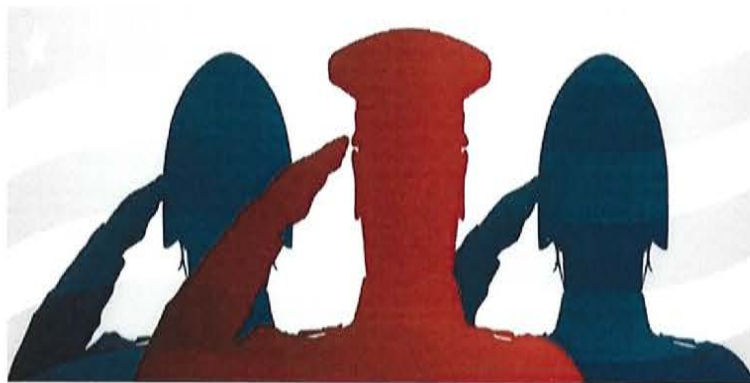
MEETING LOCATION:

To mitigate the spread of COVID-19 and its variants, and to protect the public health by limiting in-person contact, ISK (Integrated Services of Kalamazoo) will conduct its board meeting by offering two options: Microsoft TEAMS or in-person. By utilizing these two options to conduct this meeting, we will meet the requirements of the Open Meetings Act.

Microsoft TEAMS dial-in numbers to connect to the meetings will be posted on our website @ www.iskzoo.org on the Thursday before the Monday meeting.

2024 ISK Board of Directors Meetings:

✚ ~~May 27, 2024~~ MOVED TO Tuesday, May 28, 2024, due to the Memorial Day holiday.



ISK welcomes and encourages persons to provide input or ask questions on any board business. To communicate with the ISK Board Members or if you have specific needs to participate in the meetings held by the ISK Board of Directors. Please contact Demeta J. Wallace at least three (3) business days prior to the scheduled meeting date at Dwallace@iskzoo.org or 269-364-6905. The ISK Board packet is posted monthly on our website @ www.iskzoo.org.



Jeffrey W. Patton
Chief Executive Officer

www.iskzoo.org
(269) 553-8000

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 TUESDAY, May 28, 2024, BEGINNING @ 4:00PM via *Microsoft* TEAMS or in-person at 610 S. Burdick Street/Kalamazoo, MI., (2nd Floor/Board Conference Room).

- I. CALL TO ORDER – CITY & COUNTY DECLARATION
- II. AGENDA
- III. CITIZEN TIME
- IV. RECIPIENT RIGHTS
 - a. Recipient Rights Monthly Report
 - b. Recipient Rights Advisory Council **MOTION**
- V. PROGRAM SERVICE REPORT
 - a. *Beth Ann Meints*, Administrator of Clinical Services/CCBHC Report **VERBAL**
- VI. CONSENT CALENDAR **VERBAL MOTION**
 - a. Minutes April 22, 2024
 - b. Board Member Responsibilities (Policy)
 - c. Input from Stakeholders (Policy & Report)
 - d. Accessibility (Policy)
 - e. Customer Services (Report)
- VII. MONITORING REPORTS
 - a. None
- VIII. FINANCIAL REPORTS
 - a. Financial Condition Report
 - b. Utilization Report
 - c. April 2024 Disbursement **MOTION**
- IX. ACTION ITEMS - NEW or REVISITED **MOTION**
 - a. None
- 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
 - b. BOARD ELECTIONS *Karen Longanecker*
 - c. June 24, 2024, ISK Board of Directors Meeting **CANCELLED** *Karen Longanecker*
- XIII. ADJOURNMENT

IV.a.

Office of Recipient Rights
Report to the Mental Health Board
On Complaints/Allegations
Closed in: April 2024

Office of Recipient Rights Report to the Mental Health Board
Complaints/Allegations Closed in April 2024

	April 2024	FY 23-24	April 2023	FY 22-23
Total # of Complaints Closed	29	216	29	234
Total # of Allegations Closed	51	392	48	399
Total # of Allegations Substantiated	18	110	12	131

The data below represents the total number of closed allegations and substantiations for the following categories:
Consumer Safety, Dignity/Respect of Consumer, Treatment Issues, and Abuse/Neglect.

ALLEGATIONS	April 2024		April 2023	
Category	TOTAL	SUBSTANTIATED	TOTAL	SUBSTANTIATED
Consumer Safety	4	0	4	0
Dignity/Respect of Consumer	8	1	8	2
Treatment Issues/Suitable Services (Including Person Centered Planning)	7	2	14	2
Abuse I	0	0	0	0
Abuse II	4	1	2	0
Abuse III	4	4	4	1
Neglect I	1	0	0	0
Neglect II	0	0	2	1
Neglect III	10	9	6	5
	38	17	40	13

APPEALS	April 2024	FY 23-24	April 2023	FY 22-23
Uphold Investigative Findings & Plan of Action	0	2	1	2
Return Investigation to ORR; Reopen or Reinvestigate	0	0	0	0
Uphold Investigative Findings but Recommend Respondent Take Additional or Different Action to Remedy the Violation	0	0	0	0
Request an External Investigation by the State ORR	0	0	0	0

ABUSE AND NEGLECT DEFINITIONS – SUMMARIZED

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

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

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

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

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

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

ORR ADDENDUM TO MH BOARD REPORT

May 2024

Re: April 2024 Abuse/Neglect Violations

April

Abuse Violations

- There was one substantiated Abuse II violation in April 2024.
 - The remedial action for this violation was Employment Termination (1).
- There were four substantiated Abuse III violations in April 2024.
 - The remedial action for this violation were Employment Termination (2), Written Reprimand (2), Written Counseling (1), Training (2).

The 4 violations occurred at 2 different agencies. One agency had 3 violations and all 3 occurred at different program sites.

Neglect Violations

- There were nine substantiated Neglect III violations in April 2024. There were four Neglect III, Failure to Report violations. There were 3 staff involved in one violation.
 - The remedial actions for these violations were Employment Termination (1), Written Reprimand (12), Training (9), Environmental Repair/Enhancement (1), and Policy Revision/Development (1).

The 9 violations occurred at 5 different agencies. One agency had 3 violations and the violations occurred at 3 different program sites, 2 of which were Failure to Report violations. A second agency had 3 violations, 2 of which occurred at the same program site and 1 of those violations was a Failure to Report.



Community • Independence • Empowerment

Integrated Services of Kalamazoo

MOTION

Subject:	Recipient Rights Advisory Committee	
Meeting Date:	May 28, 2024	Approval Date: May 28, 2024
Prepared by:	Lisa Smith	

Recommended Motion:

Appointment:

“I MOVE TO REAPPOINT THE FOLLOWING INDIVIDUALS TO THE RECIPIENT RIGHTS ADVISORY COMMITTEE (RRAC):

- *JEFF GETTING
- *JENNIFER LEIGH
- *DENISE MARTINEAU
- *LINDA REESER

FOR A TWO-YEAR TERM (BEGINNING JUNE 1, 2024-JUNE 1, 2026).”

Summary of Request

Budget: _____
Staff: LS

Date of Board
Consideration: MAY 28, 2024

V.a.

Program Services VERBAL REPORT

@ the ISK Board of Directors Meeting on
Tuesday, May 28, 2024

Beth Ann Meints

Administrator of Clinical Services/CCBHC
Integrated Services of Kalamazoo



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

April 22, 2024

VI.a.

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

ISK - KCMHSAS Staff Present:

Jeff Patton, *CHIEF EXECUTIVE OFFICER*
 Sheila Hibbs
 Beth Ann Meints
 Charlotte Bowser
 Wanda Brown
 Ashley Esterline
 Kathy Lentz
 Nancy McDonald
 Dawn Rasmussen
 Amy Rottman
 Dianne Shaffer
 Lisa Smith
 Ed Sova
 Michael Schlack, *CORPORATE COUNSEL*
 Alecia Pollard
 Demeta Wallace, *BOARD LIAISON*

Providers/Guests:

Fi Spalvieri
 Executive Director
 CLO

Dr. Shenetta Coleman
 Chief Executive
 Officer
 ROI

Jessica Johnson
 Owner
 Mattawan Yoga

Diane Marquess
 Chief Executive
 Officer
 Family &
 Children Services

Call to Order

The Board of Directors (Integrated Services of Kalamazoo) held their meeting on Monday, April 22, 2024.

It began @ 4:00pm and was presided over by Chair, *Karen Longanecker*.

CORRECTION:

Charlotte Bowser's title has been documented incorrectly in earlier minutes. Her title is Director of Finance not Accounting Manager.

Dr. Shenetta Coleman/CEO/Residential Opportunities, Inc., Presentation:

The Integrated Services of Kalamazoo Board of Directors was elated to have in attendance, Dr. Shenetta Coleman, CEO, Residential Opportunities, Inc. Ms. Coleman gave an inspiring presentation about ROI, Inc., and the amazing work that is being done at this legacy organization.

"Excellent job on your presentation."

To review the ROI Presentation in its entirety, please use the following link:

<https://iskzoo.org/wp-content/uploads/2024/04/ROI-Presentation-ISK-2024.pdf>

AgendaMOTION

Member Krogh, "I move to approve the agenda for the meeting." Supported by Member Raphelson and carried without dissent.

Citizen Time No citizens came forth.

Recipient Rights

Lisa Smith, ISK, Director of ORR, presented the complaints/allegations closed in March 2024.

MarchAbuse Violations

- There were four substantiated Abuse II violations in March 2024.
 - The remedial actions for these violations are Employment Termination (2), Written Reprimand (2), Training (2), and Policy Revision/Development (1).

All 4 substantiations occurred at different agencies.

- There was one substantiated Abuse III violation in March 2024.
 - The remedial action for this violation is Contract Action (1).

Neglect Violations

- There was one substantiated Neglect II violation in March 2024. This was a Neglect II, Failure to Report violation.

- The remedial actions for this violation were Written Reprimand (2), and Training (2). There were 2 staff involved in 1 violation.
- There were eight substantiated Neglect III violations in March 2024. Two of the eight were Neglect III, Failure to Report violations.

The remedial actions for these violations were Written Reprimand (6), Training (4), Contract Action (1), and Pending (2). There were 2 staff involved in 1 violation.

The 8 violations occurred at 6 different agencies. One agency had 2 violations but at different program sites. One agency had 2 violations at the same program site one of which was a Failure to Report violation. The other 4 violations occurred at 4 different agencies.

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).

[Nancy McDonald, Senior Executive, Services for Adults with Mental Illness, presented the April Program Services Report.](#)

NAVIGATE

Navigate is an evidence-based coordinated specialty care program for youth and young adults ages 15-30 who are experiencing their first episode of psychosis. Navigate provides a team-based approach including a psychiatric provider, individual therapist, family educator, employment and education specialist, and peer support for individuals and families. The primary focus of Navigate is to assist individuals and their families to better understand their psychosis experience, the factors that can contribute to or exacerbate symptoms, and different ways to alleviate or cope with these symptoms. An additional focus of Navigate is to strengthen the family system, helping individuals with psychosis to maintain their family connections and prevent the isolation and family estrangements that often accompany a psychosis diagnosis. Further, we recognize the importance of helping young adults to engage in meaningful activities such as education and employment that can help them to launch to a successful and stable adulthood.

DATA

- In FY 23, Navigate served 59 individuals and their families.
- Hospitalization rates decreased by 75%
- Medication adherence increased by 32% after six months of treatment
- There was a 40% increase in educational involvement after six months of treatment
- There was a 33% increase in employment from baseline to six months
- Involvement in the legal system decreased by 48%

OPIOID OVERDOSE RESPONSE PROGRAM

The Opioid Overdose Response Program (OORP) is an Emergency Mental Health Service that provides 24/7 on-call recovery coaching to patients recovering from an overdose or other substance related health complication. Most services are provided at Bronson Methodist Hospital and Ascension Borgess Hospital, but this team can respond to any staffed location in the community 24/7. Recovery coaches use their own lived experience and knowledge to provide support and guidance in

times of crisis. If interested, staff can assist patients with linking to community supports and services, including treatment. In addition to providing 24/7 rapid response to both local hospitals, OORP also provides coaching to inmates in the Kalamazoo County Jail and works with the Kalamazoo Department of Public Safety to provide outreach to community members who recently experienced an overdose.

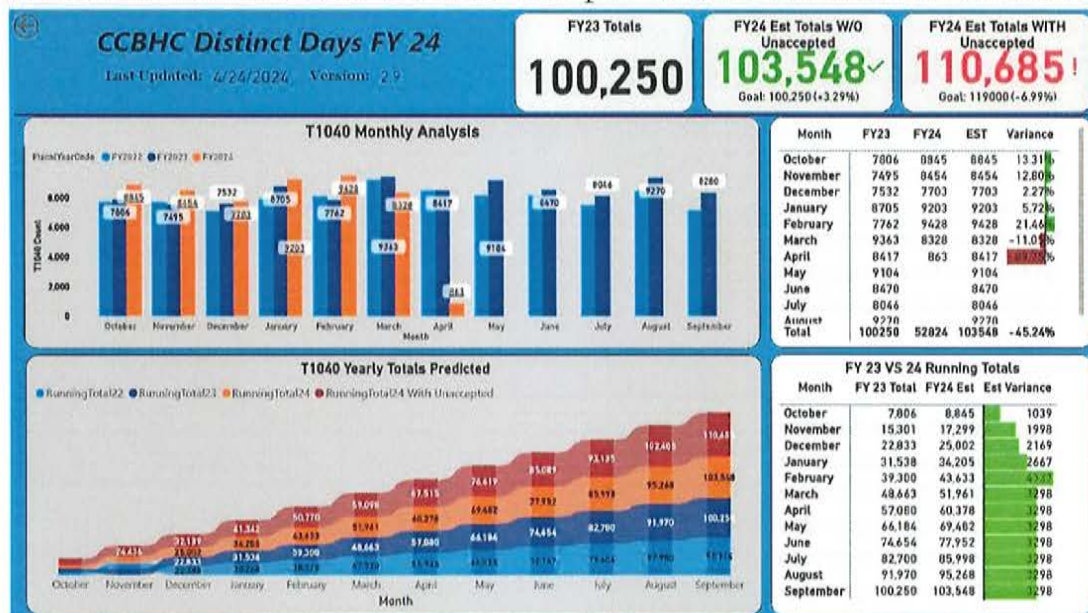
OORP continues to stay busy, staff responded to 243 new referrals in the last quarter. In the last twelve months, OORP staff had 992 contacts. 911 of the 992 referrals agreed to meet with a coach and over half of them requested additional program follow up. 639 of the referrals were successfully linked with some form of treatment, including: residential treatment, peer support, family support, community groups, formal substance abuse treatment, or Narcan.

Alcohol was the most prevalent drug of abuse with 402 of the referrals listing alcohol as their drug of choice. 215 of the referrals identified opioids as their drug of choice, with methamphetamine being the drug of choice for 231 of the referrals.

OORP currently has two fulltime staff and 8 contingent staff members to ensure 24/7 coverage. Daytime staff are located at the ISK Behavioral Health Urgent Care and Access Center, OORP services are free of charge, we work with anyone regardless of insurance type and regardless of substance use type (not limited to Opioids). That concludes my reports.

Beth Ann Meints, Administrator of Clinical Services/CCBHC Report/VERBAL

In summary our 2nd Quarter reporting for FY 24, we performed 831/Assessments, 281/Crisis Services were provided, and 74/Pre-Admission Screenings. In comparison to 1st Quarter reporting for FY24, we performed 565/Assessments, 213/Crisis Services were provided, and 75/Pre-Admission Screenings.



That concludes my 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 March 25, 2024
- b. Board Committee Principles (Policy)
- c. Chairperson’s Role (Policy)
- d. Treatment of Persons Served w/Substantiated (Report)
- e. Reserves Management (Policy & Report)
- f. Compliance & Risk Status (Report)

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

Monitoring ReportsCompliance & Risk Board Training Report

Ashley Esterline, ISK, Director of Network Compliance, Board Member Corporate Compliance Role/Function Annual Training.

Corporate Compliance trainings serve as a safeguard against state or legal issues. Trainings inform board members of the laws, regulations, and industry standards the organization must follow. This knowledge lessens the risk of fines or lawsuits due to employee or board members actions or conduct.

To review the Compliance & Risk Board Training Report, please use the following link:

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

Financial Reports/Financial Condition Reports

Amy Rottman, ISK, Chief Financial Officer, presented the Financial Condition Reports for March 31, 2024. To review the financial reports, please use the following link:

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

Utilization Reports

Charlotte Bowser, ISK, Director of Finance, presented the Utilization Report for the period ending March 31, 2024.

- Youth Community Inpatient Services is at (55) days and is unfavorable at \$60,345
- MI Adult Community Inpatient Services is at (102) days and is favorable at \$275,593
- Community Living Supports, Personal Care, and Crisis Residential is unfavorable at \$1,213,566

Investment Report

Charlotte Bowser, ISK, Director of Finance, presented the Invest Report for the period ending March 31, 2024. To review the investment reports, please use the following link:

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

March Disbursements/MOTION

Member Guenther, “BASED ON THE BOARD FINANCE MEETING REVIEW, I MOVE THAT ISK APPROVE THE March 2024 VENDOR DISBURSEMENTS OF \$14,759,812.13.” Supported by Member Krogh. MOTION PASSED.

ACTION ITEMS - NEW or REVISITED/MOTION

ISK Board of Directors to Enter into CLOSED SESSION

Vice Chair Seals, “I move that the ISK Board of Directors enter into a closed session to discuss pending legal issues, as allowed under the Michigan Open Meetings Act, MCL 15.268(1)(e).” Supported by Member Guenther.

ROLL CALL

ISK Board Member	Yes	No
Chair Karen Longanecker	X	
Vice Chair Michael Seals	X	
Member Nkenge Bergan	X	
Member Sarah Carmany	X	
Member Patrick Dolly		
Member Pat Guenther	X	
Member Erik Krogh	X	
Member John Taylor		
Member Michael Raphelson	X	
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.

Termination of CLOSED SESSION

Member Krogh, “I MOVE TO RETURN TO OPEN SESSION OF THE ISK BOARD OF DIRECTOR’S MEETING @ 5:28PM. Supported by Member Guenther.

MOTION PASSED.

Chief Executive Officer Report

I too would like to thank, Dr. Shenetta Coleman, for the great presentation about Residential Opportunities, Inc. As she mentioned, they are a legacy organization and an asset to this community.

I have had a series of email communications with Kevin Caitlin, Kalamazoo County Administrator about the change in Advisory Board per diems. He informed me that the County Board of Commissioners had approved an increase to its Advisory Board from \$25.00 to \$35.00 per meeting on May 17, 2023. Therefore, your ISK Board Per Diem will be \$35.00 and ISK will retroactively pay to the May 17, 2023, approved rate.

SWMBH is reporting that they will have a \$14M deficit and expect they will be tapping into their Internal Reserve Funds to make up for the deficit.

On Monday, April 22, 2024, I had a meeting with the NEW, CEO of Ascension Borgess, Dr. Dean Kindler. It was a very good meeting and we discussed sustaining our partnership with their I-North unit and the hospital. We also briefly discussed the article that was published in CRAIN's about the closing of Ascension Borgess. There is no definitive answer that Ascension Borgess will be closing at this time.

In your packet under the CEO tab, you will have a copy of the letter that I sent to Elizabeth Hertel, Director, MDHHS, on February 29, 2024, expressing particular interest on the MI CCBHC Handbook-Version 1.8, that proposes changes about services supported by another Medicaid provider, shown in this chart below.

*“MI CCBHC Handbook—Version 1.8 Proposed Changes
Summary of Revisions*

<p>Services Supported by Another Medicaid Provider</p>	<p><u>Reporting Expectation If Services Supported by Another Medicaid Program</u></p> <p>CCBHCs are encouraged to maintain their current services arrangements, and expand as appropriate, with other Medicaid providers (e.g., Medicaid Health Plans). If CCBHC services are billed to another, non-PIHP Medicaid MCO, the CCBHC is required to report any received reimbursement as an offset to the PPS payment received by the PIHP.</p>
---	---

Comments:

This is a new addition to the MI CCBHC Handbook that is concerning, and I recommend further clarification and discussion before final decisions are made to require this change. This additional language could be interpreted in two ways. It could mean that all CCBHCs will be required to bill Medicaid Health Plans for the Medicaid mild or moderate mental health outpatient services benefit as an offset to the PPS payment received by the PIHP. However, after reading this further, it does not appear to be a requirement in that it states, “[If] CCBHC services are billed to another, non-PIHP Medicaid MCO, the CCBHC is required to report any received reimbursement as an offset to the PPS payment received by the PIHP.” If we are reading this correctly, this does not appear to be a requirement for all CCBHCs. Assuming the latter is correct, we believe it may be appropriate to encourage, but not necessarily require, non-CMHSP CCBHCs to bill Medicaid Health Plans for the mild or moderate mental health outpatient services. We do not support any requirement for CMHSPs that are designated as CCBHCs to bill and report non-PIHP Medicaid MCOs. There are several reasons for this.”

After receiving my letter, Director Hertel, wrote back on April 8, 2024, saying, “Our data shows that Community Mental Health Service providers across the state have contracts with the MHP and are billing for services. We wanted to allow the flexibility for those who are currently billing to continue to do so, without requiring all CCBHCs to do so. The language as written does not require CCBHCs to bill MHPs. With that said, as more CCBHCs enter the demonstration and serve the mild to moderate population we must do our due diligence to provide guidance to CCBHCs that meet state and federal billing requirements – which may lead to future changes.

We will continue to monitor all protocol procedure changes pertaining to the CCBHC’s and give frequent reports to the board.

That concludes my report.

Citizen Time

No citizens came forth.

SWMBH (Southwest Michigan Behavioral Health) Updates/Erik Krogh

On May 10, 2024, the SWMBH Board Retreat, will be held at the Bay Pointe Inn in Shelbyville, MI. They also have a new board chair, Ms. Sherii Sherban. That concludes my report.

Meeting ended at 5:39PM.

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

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY II.12

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

PURPOSE/EXPLANATION

To outline responsibilities of each Board member.

POLICY

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

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

CHIEF EXECUTIVE OFFICER

APPROVED



Jeff Patton
Chief Executive Officer



Erik Krogh
Board Chair

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY II.13

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

PURPOSE/EXPLANATION

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

DEFINITIONS

Input

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

Stakeholder

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

POLICY

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

III. ADVISORY COUNCIL INPUT

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


IV. PUBLIC INPUT

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

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

REFERENCES

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

CHIEF EXECUTIVE OFFICER

Jeff Patton
Chief Executive Officer

APPROVED

Karen Longanecker
Board Chair

INTEGRATED SERVICES OF KALAMAZOO

Input from Stakeholders Report

May 28, 2024

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

- A Customer Satisfaction Survey is completed with individuals served through ISK on an annual basis as facilitated by Southwest Michigan Behavioral Health (SWMBH). Feedback from this survey is incorporated into department and organizational planning for continuous quality improvement. Results of this survey is also shared with the Board on an annual basis as incorporated into the Year End summary.
- The Quality Management and Office of Recipient Rights departments incorporate interviews of persons served into the provider and ISK direct operated monitoring review process. Results of these interviews are used through ISK committees for opportunities of improvement and to address individual concerns. Results of these interviews are shared with the provider through their monitoring review report, including many positives regarding the services provided.
- Semi-annual all Provider meetings and regularly scheduled population provider meetings are held to provide the opportunity for providers to give feedback on upcoming events, feedback and any concerns.
- ISK solicits feedback from Providers for relevant policies and procedures as part of the policy and procedure review process.
- A Provider Satisfaction Survey is completed to gather feedback on ISK business practices, contractor relationships, and overall departmental administrative functions satisfaction. Providers also receive satisfaction surveys after each Quality Monitoring Review they receive through the ISK Quality Management department.
- On an individual basis, both Customer Services and the Office of Recipient Rights address areas of concerns and/or complaints with services.
- ISK continues to collaborate with Providers through Care Coordination to improve coordination of care and Primary Health Care Integration.
- The ISK Customer Advisory Council, Family Support Advisory Council, and Inclusion Council continues to meet on a regular basis. These councils provide suggestions and feedback for continued quality improvement initiatives. This council allows a forum for members to provide feedback, policy review, and planning for continued improvement opportunities for ISK and the Provider Network.
- During each monthly board meeting, stakeholders are provided the opportunity to address the ISK Board during Citizen Time.
- External audits/reviews reports (e.g., Southwest Michigan Behavioral Health, Michigan Department of Health and Human Services, CARF, Compliance and Financial Audit).
- Additional collaboration activities and partnerships are also outlined in the ISK Collaboration report that is presented to the ISK Board on an annual basis in March.
- During FY23 ISK entered into a contract with Pulse for Good, which is a survey platform vendor, and set up kiosks at most ISK locations for satisfaction feedback to be gathered at the time of services being provided. Kiosks are now maintained at the Behavioral Health Urgent Care and Access Center, 2030 Portage Street Outpatient Clinic, and the Integrated Health Services Clinic.

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

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

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY II.15

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

PURPOSE/EXPLANATION

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


POLICY

The Board will:

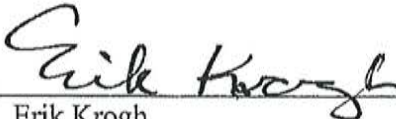
- A. Promote the recruitment of persons with disabilities or their personal representatives as members of the governance authority.
- B. Provide reasonable accommodations and to support equal opportunity for participation by persons with disabilities at Board meetings.
- C. Encourage community information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

CHIEF EXECUTIVE OFFICER

APPROVED



 Jeff Patton
 Chief Executive Officer



 Erik Krogh
 Board Chair

Integrated Services of Kalamazoo (ISK) Customer Services Report to the Board for Fiscal Year 2023-2024

Covering Activities October 1, 2023 through March 31, 2024

ISK committee/project participation:

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

SWMBH committee/project participation:

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

Customer Services Duties/assignments:

For CARF – ISK is implementing updates to our Orientation to Services process that will include ensuring information about services and different aspects of “rights” are reviewed and agreed to at points of Intake, Person-Centered Planning, and as necessitated by changes in levels of care or provider(s) of primary service.

Root Cause Analyses for Sentinel Events: Moving into this new fiscal year, ISK has started to utilize the KARE system to record incidents. So far, we have not moved Root Cause Analyses into the system, but we have modified our reporting process into one Excell spreadsheet that is inclusive of all components of recording Sentinel Events. For this FY, ISK has recorded 11 events that we are reviewing.

ISK Endowment Fund. Reporting on annual awards as were made was done with the last Customer Service Board Report. Since the start of the year, we have modified a few of the annual applications to increase the availability of funds for ISK-direct programs. And 2 contingent awards have been granted. For the YTD we have awarded a total of \$77,840 to help support customer needs.

Trauma-Informed Care Team from JETT: Continue to be trainer for administrative staff for “Trauma Step 2 for Administrative Staff” classes. CS Manager has co-facilitated 1 class so far this fiscal year.

Suicide Prevention Planning Team: CS Manager continues membership on the planning committee. For this fiscal year to date, CS Manager has co-taught in 4 MHFA classes (1 for adults supporting youth).

Supporting Customer Grievances and Appeals: The new Program Specialist (shared with Medical Records) has been actively involved in the Quarterly Record Review process and has become subject-matter-expert on the Notice of Adverse Benefit Determination form used to communication authorization decisions to customers. See *ISK FY 23-24 YTD Grievance and Appeal data summary as an attachment to this report.*

State-wide meetings/committees:

Committee	Activity
Customer Services	<ul style="list-style-type: none"> • Continued to participate in participate in meetings and peer collaboration. • Advocate for enhancements to the new ISK medical record system – PCE through state-wide work group.

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

Southwest Michigan Behavioral Health
Customer Grievance and Appeal Data
FY 2023-2024
Kalamazoo Medicaid

Activity	Outcome	Q1	Q2	Q3	Q4	Total Events:
Local Appeals Including: Termination Reduction Suspension of current services and Denial of additional services	Withdrawn					0
	Decision Upheld/Affirmed	2	2			4
	Decision Overturned	1				1
	Settled/Resolved					0
Access 2nd Opinions	Withdrawn					0
	Decision Upheld/Affirmed					0
	Decision Overturned					0
	Settled/Resolved					0
Hospital 2nd Opinions	Withdrawn					0
	Decision Upheld/Affirmed					0
	Decision Overturned					0
	Settled/Resolved					0
Administrative Medicaid (Fair) Hearing	Withdrawn		1			1
	Decision Affirmed					0
	Decision Overturned					0
	No Show					0
	Settled/Resolved					0
Grievances	Withdrawn					0
	Information only					0
	Settled/Resolved	4				4
	Recipient Rights Referral	1				1
TOTAL events:		8	3	0	0	11

Southwest Michigan Behavioral Health
 Customer Grievance and Appeal Data
 FY 2023-2024
 Kalamazoo **Non-Medicaid**

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

Southwest Michigan Behavioral Health
Customer Grievance and Appeal Data
FY 2023-2024

KALAMAZOO OVERALL TOTALS

Activity	Outcome	Q1	Q2	Q3	Q4	Total Events:
Local Appeals Including: Termination Reduction Suspension of current services and Denial of additional services	Withdrawn					0
	Decision Upheld/Affirmed	2	2			4
	Decision Overturned	1				1
	Settled/Resolved	1				1
Access 2nd Opinions	Withdrawn					0
	Decision Upheld/Affirmed					0
	Decision Overturned					0
	Settled/Resolved					0
Hospital 2nd Opinions	Withdrawn					0
	Decision Upheld/Affirmed					0
	Decision Overturned					0
	Settled/Resolved					0
State-level Appeal intervention	Withdrawn		1			1
	Decision Affirmed					0
	Decision Overturned					0
	Split Resolution					0
	Settled/Resolved					0
Grievances	Withdrawn					0
	Information only		1			1
	Settled/Resolved	4				4
	Recipient Rights Referral	1				1
TOTAL events:		9	4	0	0	13

**INTEGRATED SERVICES OF KALAMAZOO
CUSTOMER INQUIRIES & INTERVENTIONS
FY 2023-2024**

	Q1	Q2	Q3	Q4	FY
Assisted to return to Access/Services	1	10			11
Provide info on Advance Directives					0
Provided Community Outreach/Referral Information	1	3			4
Assisted to file Recipient Rights Complaint	2				2
Liked to Financial Determination		3			3
Grievance filed		1			1
Appeal filed		2			2
Situation Resolved with Customer Services	28	14			42
Other:					0
<p><i>Quarter 1: 32 Customers seeking assistance. 4 issues remain open into Q2. Most contacts this quarter included assistance with making appointments with ISK and/or community providers</i></p> <p><i>Quarter 2: 40 Customer Inquiries were recorded. Summary of the outcomes are above. Mainly, CS provided connection to other areas within ISK for additional information, materials, or supports.</i></p> <p style="text-align: right;"><i>Quarter 3:</i></p> <p style="text-align: right;"><i>Quarter 4:</i></p>					
OVERALL	32	33	0	0	65

INTEGRATED
SERVICES OF
KALAMAZOO



Period Ended
April 30, 2024

Monthly Finance
Report

INTEGRATED SERVICES OF KALAMAZOO

Statement of Net Position

April 30, 2024

	April 2023 (unaudited)	April 2024
Assets		
Current assets		
Cash and investments	\$ 21,871,008	\$ 28,454,386
Accounts receivable	7,981,900	4,585,218
Due from other governments	-	4,733,636
Prepaid items	803,745	997,764
Total current assets	<u>30,656,653</u>	<u>38,771,004</u>
Non-current assets		
Capital assets, net of accumulated depreciation	12,557,935	13,386,587
Net pension asset, net of deferred outflows	5,722,229	7,214,053
Total non-current assets	<u>18,280,164</u>	<u>20,600,640</u>
Total assets	<u>\$ 48,936,817</u>	<u>\$ 59,371,644</u>
Liabilities		
Current liabilities		
Accounts payable	\$ 7,710,401	\$ 9,458,890
Due to other governments	2,244,633	1,278,234
Due to providers	32,696	618,739
Accrued payroll and payroll taxes	1,651,678	1,982,660
Unearned revenue	154,974	66,099
Total current liabilities	<u>11,794,382</u>	<u>13,404,623</u>
Net position		
Designated	13,747,779	8,654,636
Undesignated	18,360,519	22,342,389
Investment in fixed assets	4,858,748	17,276,260
Previous year close	-	-
Net gain (loss) for period	175,389	(2,306,264)
Net position	<u>\$ 37,142,435</u>	<u>\$ 45,967,021</u>

INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2023 through April 30, 2024

Percent of Year is 58.33%

	Original 2024 BUDGET	YTD Totals 4/30/24	Remaining Budget	Percent of Budget - YTD
Operating revenue				
Medicaid:				
Traditional Capitation	\$ 59,535,085	\$ 46,726,007	\$ 12,809,078	78.48%
Healthy Michigan Capitation	12,302,122	5,176,744	7,125,378	42.08%
Settlement	5,287,379	4,659,168	628,211	0.00%
State General Fund:				
Formula Fundings	3,705,491	2,275,301	1,430,190	61.40%
CCBHC Demonstration	27,297,101	6,215,728	21,081,374	0.00%
CCBHC Accrual	-	(241,745)	241,745	0.00%
County Allocation	1,550,400	904,400	646,000	58.33%
Client Fees	357,483	457,279	(99,795)	127.92%
SUD Block Grant	-	65,309	(65,309)	0.00%
Other grant revenue	7,071,254	5,043,710	2,027,544	71.33%
Other earned contracts	2,752,649	2,337,992	414,657	84.94%
Interest	1,000	105,302	(104,302)	0.00%
Local revenue	10,000	12,042	(2,042)	0.00%
Total operating revenue	\$ 119,869,964	\$ 73,737,627	\$ 46,132,338	61.51%
Operating expenses				
Salaries and wages	27,984,525	15,756,094	\$ 12,228,431	56.30%
Employee benefits	10,070,805	4,931,353	5,139,451	48.97%
Staff development	280,317	112,295	168,022	40.06%
Payments to providers	76,194,079	47,872,441	28,321,639	62.83%
Administrative contracts	7,781,913	5,704,822	2,077,091	73.31%
IT software and equipment	692,972	391,850	301,122	56.55%
Client transportation	41,100	17,738	23,362	43.16%
Staff travel	322,767	143,577	179,190	44.48%
Office expenses	515,667	267,070	248,597	51.79%
Insurance expense	128,035	68,546	59,489	53.54%
Depreciation expense	589,832	393,054	196,778	66.64%
Utilities	374,796	180,187	194,609	48.08%
Facilities	-	26,885	(26,885)	0.00%
Local match	617,788	177,980	439,808	0.00%
Total operating expenses	\$ 125,594,595	\$ 76,043,891	\$ 49,550,705	60.55%
Change in net position	(5,724,631)	(2,306,264)	\$ (3,418,367)	
Beginning net position	48,273,285	48,273,285		
Ending net position	\$ 42,548,654	\$ 45,967,021		

INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2023 through April 30, 2024

Percent of Year is 58.33%

	Specialty Services		Healthy Michigan		SUD Block Grant		Totals	
	Budget	YTD Totals 4/30/24	YTD Budget	YTD Totals 4/30/24	YTD Budget	YTD Totals 4/30/24	YTD Budget	YTD Totals 4/30/24
Operating revenue								
Medicaid:								
Traditional Capitation	\$ 34,728,800	\$ 46,726,007	\$ -	\$ -	\$ -	\$ 65,309	\$ 34,728,800	\$ 46,791,316
Healthy Michigan Capitation	-	-	7,176,238	5,176,744	-	-	7,176,238	5,176,744
CCBHC Base Payment	-	(7,671,286)	-	(1,891,133)	-	-	-	(9,562,418)
Settlement Estimate	7,766,737	5,009,224	(4,682,432)	(285,066)	-	(64,990)	3,084,305	4,659,168
Client Fees	-	2,159	-	-	-	-	-	2,159
Total operating revenue	\$ 42,495,537	\$ 44,066,105	\$ 2,493,806	\$ 3,000,545	\$ -	\$ 319	\$ 44,989,342	\$ 47,066,969
Operating expenses								
Internal services	\$ 2,175,816	\$ 1,150,638	\$ 151,455	\$ 56,846	\$ -	\$ 319	\$ 2,327,271	\$ 1,207,803
External services	37,603,687	39,356,193	2,182,963	2,701,315	-	-	39,786,650	42,057,508
Delegated managed care	2,716,034	3,559,274	159,388	242,384	-	-	2,875,422	3,801,658
Total operating expenses	\$ 42,495,536	\$ 44,066,105	\$ 2,493,805	\$ 3,000,545	\$ -	\$ 319	\$ 44,989,342	\$ 47,066,969
Change in net position	0	(0)	0	0	(0)	(0)	0	(1)

INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2023 through April 30, 2024

Percent of Year is 58.33%

	State General Fund		CCBHC		Other Funding Sources		Totals	
	YTD Budget	YTD Totals 4/30/24	YTD Budget	YTD Totals 4/30/24	YTD Budget	YTD Totals 4/30/24	YTD Budget	YTD Totals 4/30/24
Operating revenue								
General Fund	\$ 2,161,537	\$ 2,275,301	\$ -	\$ -	\$ -	\$ -	\$ 2,161,537	\$ 2,275,301
Projected GF Carryforward	-	-	-	-	-	-	-	-
CCBHC Demonstration	-	-	15,923,309	16,347,247	-	-	15,923,309	16,347,247
Other Federal and State Grants	-	-	-	-	4,181,345	5,043,710	4,181,345	5,043,710
Earned Revenue	-	-	-	-	1,539,465	1,981,966	1,539,465	1,981,966
COFR Revenue	-	-	-	-	9,800	391	9,800	391
Interest	-	-	-	-	583	105,302	583	105,302
County Allocation	-	-	-	-	904,400	904,400	904,400	904,400
Local Revenue	-	300	-	-	5,833	12,042	5,833	12,342
Transfer from GF	-	-	-	759,173	1,230,271	-	1,230,271	759,173
Settlement Revenue (Expense)	-	-	-	-	-	-	-	-
Total operating revenue	\$ 2,161,537	\$ 2,275,601	\$ 15,923,309	\$ 17,106,420	\$ 7,871,698	\$ 8,047,811	\$ 25,956,543	\$ 27,429,831
Operating expenses								
Internal Programs	192,832	\$ 339,497	\$ 18,810,195	\$ 14,079,622	\$ 59,082	\$ -	\$ 19,062,109	\$ 14,419,119
External Programs	678,913	1,058,398	-	3,946,441	-	443,936	678,913	5,448,775
Other Federal and State Grants	-	-	-	-	6,430,887	7,289,513	6,430,887	7,289,513
HUD Grants	-	-	-	-	746,564	727,432	746,564	727,432
Managed Care Administration	59,520	118,532	-	-	4,034	-	63,554	118,532
Homeless Shelter	-	-	-	-	308,657	237,759	308,657	237,759
Transfer from GF	1,230,271	759,173	-	-	-	-	1,230,271	759,173
Local match expense	-	-	-	-	761,017	177,980	761,017	177,980
Non-DCH Activity Expenditures	-	-	-	-	82,010	46,931	82,010	46,931
Total operating expenses	\$ 2,161,536	\$ 2,275,600	\$ 18,810,195	\$ 18,026,063	\$ 8,392,250	\$ 8,923,551	\$ 29,363,982	\$ 29,225,214
Change in net position	0	0	(2,886,886)	(919,643)	(520,552)	(875,740)	(3,407,438)	(1,795,383)
								1,612,055

INTEGRATED SERVICES OF KALAMAZOO

CCBHC

October 1, 2023 through April 30, 2024
 Percent of Year is 58.33%

	CCBHC Medicaid	CCBHC Healthy MI	CCBHC Non-Medicaid	CCBHC YTD Totals
Operating revenue				
Prepayment	\$ 3,648,117	\$ 2,567,611	\$ -	\$ 6,215,728
CCBHC SAMSHA Grant	-	-	356,026	356,026
CCBHC Base Payment Reclaim	7,671,286	1,891,133	-	9,562,418
Remaining CCBHC revenue due	878,767	(1,120,512)	-	(241,745)
Client fees	239,775	32,385	182,660	454,820
Total CCBHC Revenue (PPS-1 of \$287.35 x encounters)	\$ 12,437,945	\$ 3,370,616	\$ 538,686	\$ 16,347,247
Operating expenses				
Internal services	\$ 9,805,353	\$ 2,661,457	\$ 1,612,812	\$ 14,079,622
DCO Contracts	2,720,004	737,106	489,331	3,946,441
Total operating expenses	\$ 12,525,357	\$ 3,398,563	\$ 2,102,143	\$ 18,026,063
Operating change in net position	(87,413)	(27,947)	(1,563,456)	(1,678,816)
Reclassification to cover Non-Medicaid	-	-	759,173	759,173
Total change in net position	\$ (87,413)	\$ (27,947)	\$ (804,283)	\$ (919,643)

CCBHC Cost per daily visit

	2023	Quarter 1	Quarter 2	April 2024
Total CCBHC Cost	\$ 27,687,187	\$ 7,369,913	\$ 15,384,690	\$ 18,026,063
Daily Visits	99,802	24,829	52,451	62,802
Cost per daily visit	277.42	296.83	293.32	287.03

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

AUTISM SERVICES
Report Period: October 1st, 2023 through April 30th, 2024

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)
	Clients Served	Dollars	Clients Served	Dollars	Clients Served	Dollars			
OCTOBER	131	\$608,106	165	\$617,350	167	\$789,944	(2)	(\$172,594)	(\$172,594)
NOVEMBER	143	\$608,105	165	\$617,350	167	\$785,423	(2)	(\$168,073)	(\$168,073)
DECEMBER	137	\$607,986	165	\$617,350	172	\$882,947	(7)	(\$265,597)	(\$265,597)
JANUARY	150	\$208,540	165	\$617,350	182	\$793,167	(17)	(\$175,817)	(\$175,817)
FEBRUARY	151	\$577,102	165	\$617,350	182	\$832,410	(17)	(\$215,060)	(\$215,060)
MARCH	149	\$646,448	165	\$617,350	182	\$802,870	(17)	(\$185,520)	(\$185,520)
APRIL	146	\$651,950	165	\$617,350	184	\$964,823	(19)	(347,473)	(347,473)
MAY	148	\$679,184	165	\$617,350					
JUNE	149	\$781,874	165	\$617,350					
JULY	150	\$712,098	165	\$617,350					
AUGUST	156	\$734,675	165	\$617,350					
SEPTEMBER	158	\$986,689	165	\$617,350					
TOTALS	1,768	\$7,802,758	1,980	\$7,408,200	1,236	\$5,851,584	(81)	(\$1,530,134)	(\$1,530,134)
MONTHLY AVERAGES	147		165		177				
GROSS ANNUAL COST		\$7,802,758		574,872		\$5,851,584		(\$1,530,134)	(\$1,530,134)

Favorable/(Unfavorable): Total (1,530,134)

YOUTH COMMUNITY INPATIENT SERVICES
Report Period: October 1st, 2023 through April 30th, 2024

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	31	\$32,550	15	\$15,356	\$15,356		
FEBRUARY	55	\$57,939	46	\$47,906	101	\$105,966	(55)	(\$58,060)	(\$58,060)		
MARCH	78	\$81,900	46	\$47,906	7	\$7,487	39	\$40,420	\$40,420		
APRIL	90	\$94,500	46	\$47,906	153	\$160,650	(107)	(\$112,744)	(\$112,744)		
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	484	\$508,431	(162)	(\$173,089)			
MONTHLY AVERAGES	53		46		69						
GROSS ANNUAL COST		\$665,675		574,872		\$508,431		(\$173,089)			

Favorable/(Unfavorable): Total **(173,089)**

COMMUNITY INPATIENT SERVICES
Report Period: October 1st, 2023 through April 30th, 2024

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	391	\$411,845	263	\$304,527	\$304,527		
NOVEMBER	686	\$714,410	654	\$716,371	366	\$385,225	288	\$331,146	\$331,146		
DECEMBER	704	\$732,356	654	\$716,371	681	\$716,615	(27)	(\$244)	(\$244)		
JANUARY	639	\$663,945	654	\$716,371	690	\$726,120	(36)	(\$9,748)	(\$9,748)		
FEBRUARY	656	\$683,828	654	\$716,371	703	\$739,800	(49)	(\$23,429)	(\$23,429)		
MARCH	635	\$660,537	654	\$716,371	801	\$843,030	(147)	(\$126,659)	(\$126,659)		
APRIL	543	\$565,345	654	\$716,371	595	\$626,120	59	\$90,251	\$90,251		
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	4,227	\$4,448,755	351	\$565,844	\$565,844		
MONTHLY AVERAGES	705		654		604						
GROSS ANNUAL COST		\$8,782,625		8,596,454		\$4,448,755		\$565,844	\$565,844		

Favorable/(Unfavorable): Total 565,844

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

Report Period: October 1st, 2023 through April 30th, 2024

SERVICE	AVG.			FY 23/24 Budget		FY 22/23 Actual	
	Month	Daily Rate	No. Served	Days of Service	Dollars	Dollars	Favorable / (Unfavorable)
PC/CLS	Apr	\$282	363	77,065	\$20,219,413	\$21,695,831	(\$1,476,418)
CRISIS RES.	Apr	\$575	40	600	\$564,134	\$344,986	\$219,148
CLS (SIP)	Apr	NA	309		\$7,620,463	\$7,862,566	(\$242,104)
Annual Cost							(\$1,499,373)

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.



VIII.c.

Community • Independence • Empowerment

Integrated Services of Kalamazoo MOTION

Subject:	<u>April 2024 Disbursements</u>	Approval Date:
Meeting Date:	May 28, 2024	May 28, 2024
Prepared by:	Charlotte Bowser	

Recommended Motion:

“Based on the Board Finance meeting review, I move that ISK approve the April 2024 vendor disbursements of \$10,456,650.55.”

Summary of Request:

As per the April 2024 Vendor Check Register Report dated 05/08/2024 that includes checks issued from 04/01/2024 to 04/30/2024.

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: **May 28, 2024**