



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

AGENDA

INTEGRATED Services of Kalamazoo Board of Directors HAS SCHEDULED ITS MEETING FOR MONDAY, July 22, 2024, BEGINNING @ 3:00PM via *Microsoft TEAMS* or in-person at Marilyn J. Schlack Culinary and Allied Health Building/KVCC, 418 East Walnut Street, Kalamazoo, MI., Room: CAH #223 – 2nd Floor.

- I. CALL TO ORDER – CITY & COUNTY DECLARATION
- II. AGENDA
- III. CITIZEN TIME
- IV. RECIPIENT RIGHTS
 - a. Recipient Rights Monthly Report
- V. PROGRAM SERVICE REPORT
 - a. *David Anderson*, Director of Facilities and *Tammie Natho*, Housing Supervisor
 - b. *Beth Ann Meints*, Administrator of Clinical Services/CCBHC Report **VERBAL**
- VI. CONSENT CALENDAR **VERBAL MOTION**
 - a. Minutes May 28, 2024
 - b. Chief Executive Officer Performance (Policy)
 - c. Chief Executive Officer Role (Policy)
 - d. Delegation to the Chief Executive Officer (Policy)
 - e. Board Finance Committee/INSURANCE (Report)
- VII. MONITORING REPORTS
 - a. Finance **VERBAL MOTION**
- VIII. FINANCIAL REPORTS
 - a. Financial Condition Report
 - b. Utilization Report
 - c. Investment Report
 - d. May & June 2024 Disbursement **MOTION**
- IX. ACTION ITEMS - NEW or REVISITED **MOTION**
 - a. **RESOLUTION** – Opposing MDHHS Approach to Meeting the Federal Conflict Free Access and Planning in Michigan
- 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 ELECTION RESULTS *Karen Longanecker*
- XIII. ADJOURNMENT

IV.a.

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

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

	May 2024	FY 23-24	May 2023	FY 22-23
Total # of Complaints Closed	34	250	23	257
Total # of Allegations Closed	54	446	43	442
Total # of Allegations Substantiated	26	136	15	146

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

ALLEGATIONS	May 2024		May 2023	
Category	TOTAL	SUBSTANTIATED	TOTAL	SUBSTANTIATED
Consumer Safety	1	1	4	2
Dignity/Respect of Consumer	11	4	10	3
Treatment Issues/Suitable Services (Including Person Centered Planning)	6	1	7	4
Abuse I	1	1	0	0
Abuse II	8	6	2	1
Abuse III	3	2	2	0
Neglect I	0	0	0	0
Neglect II	2	2	2	2
Neglect III	10	8	3	3
	42	25	30	15

APPEALS	May 2024	FY 23-24	May 2023	FY 22-23
Uphold Investigative Findings & Plan of Action	0	2	0	3
Return Investigation to ORR; Reopen or Reinvestigate	0	0	0	0
Uphold Investigative Findings but Recommend Respondent Take Additional or Different Action to Remedy the Violation	0	0	0	0
Request an External Investigation by the State ORR	0	0	0	0

ABUSE AND NEGLECT DEFINITIONS – SUMMARIZED

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

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

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

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

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

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

ORR ADDENDUM TO MH BOARD REPORT

June 2024

Re: May 2024 Abuse/Neglect Violations

May

Abuse Violations

- There was one substantiated Abuse I violation in May 2024.
 - The remedial action for this violation was Employment Termination (1).
- There were six substantiated Abuse II violations in May 2024.
 - The remedial actions for these violations were Employment Termination (2), Suspension (1), Written Reprimand (2), and Training (3).

The 6 violations occurred at 4 different agencies. One agency had 2 violations, and both occurred at different program sites.

- There were two substantiated Abuse III violations in May 2024.
 - The remedial actions for these violations were Employment Termination (1), and Written Reprimand (1).

Neglect Violations

- There were two substantiated Neglect II violations in May 2024. The two violations were Failures to Report.
 - The remedial actions for these violations were Written Reprimand (1), Written Counseling (2) and Training (3). There were two staff involved in one violation.
- There were eight substantiated Neglect III violations in May 2024. Two of the violations were Failures to Report.

- The remedial actions for these violations were Contract Action (1), Employment Termination (1), Written Counseling (1), Written Reprimand (7), and Training (7). Of the 8 violations there were three staff involved in one violation.

The 8 violations occurred at 4 different agencies. One agency had 3 violations, two of which occurred at the same program site.

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

	June 2024	FY 23-24	June 2023	FY 22-23
Total # of Complaints Closed	29	279	28	285
Total # of Allegations Closed	49	495	52	494
Total # of Allegations Substantiated	8	144	10	156

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

ALLEGATIONS	June 2024		June 2023	
Category	TOTAL	SUBSTANTIATED	TOTAL	SUBSTANTIATED
Consumer Safety	2	0	7	0
Dignity/Respect of Consumer	5	1	11	1
Treatment Issues/Suitable Services (Including Person Centered Planning)	11	1	13	2
Abuse I	0	0	0	0
Abuse II	2	1	3	1
Abuse III	7	2	9	2
Neglect I	0	0	0	0
Neglect II	1	0	1	1
Neglect III	10	3	4	2
	51	9	48	9

APPEALS	June 2024	FY 23-24	June 2023	FY 22-23
Uphold Investigative Findings & Plan of Action	0	2	0	3
Return Investigation to ORR; Reopen or Reinvestigate	0	0	0	0
Uphold Investigative Findings but Recommend Respondent Take Additional or Different Action to Remedy the Violation	0	0	0	0
Request an External Investigation by the State ORR	0	0	0	0

ABUSE AND NEGLECT DEFINITIONS – SUMMARIZED

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

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

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

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

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

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

ORR ADDENDUM TO MH BOARD REPORT July 2024

Re: June 2024 Abuse/Neglect Violations

June

Abuse Violations

- There was one substantiated Abuse II violation in June 2024.
 - The remedial action for this violation is Written Reprimand (4).
- There were two substantiated Abuse III violations in June 2024.
 - The remedial actions for these violations were Written Reprimand (1), Training (1), and Contract Action (1).

The 2 violations occurred at different agencies.

Neglect Violations

- There were three substantiated Neglect III violations in June 2024. One was a Neglect II Failure to Report Violation.
 - The remedial actions for these violations were Written Reprimand (3), and Training (2).

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

V.a.

Integrated Services of Kalamazoo Housing Department

David Anderson, Director of Facilities

danderson@iskzoo.org

269-364-6942

Tammie Natho, Housing Supervisor

tnatho@iskzoo.org

269-364-6947

Rosalind Adams, Shelter Supervisor

radams@iskzoo.org

269-350-1842

Mitchell Misiasz, Housing Supervisor

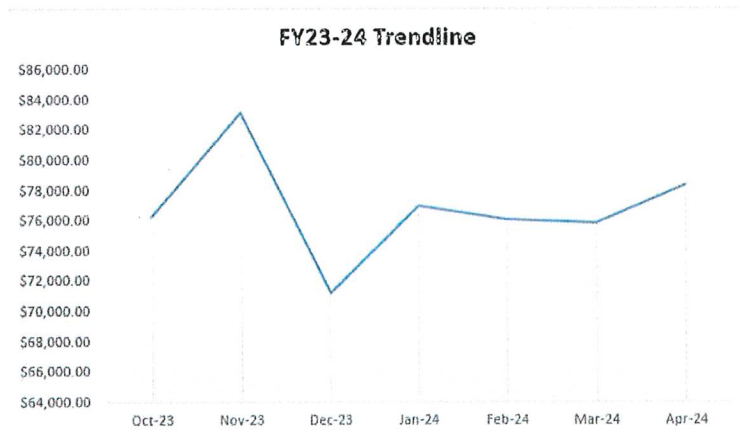
mmisiasz@iskzoo.org

269-364-6978

Permanent Supportive Housing Program

Our Permanent Supportive Housing Program is a voucher program funded by HUD that provides rental assistance to clients with Serious Mental Illness who are experiencing homelessness. In this program we have two supportive housing workers that help clients stay housed by ensuring that client’s needs are being met and by being a liaison between the client and their landlord. Currently we have one hundred and twenty-four people housed on this voucher and are working hard to house more.

The graph below shows the spending trend of PSH since the beginning of this fiscal year. We have had a steady increase in the number of individuals housed on PSH Program since the start of the fiscal year. There was a sudden increase in the amount spent in November due to the amount of people being housed in that month, which then leveled out again with a steady increase in spending since. This upward trend is encouraging because it means we are that much closer to meeting our targeted spending amount which means housing more people who are experiencing homelessness. This is also exciting as it also means we are seeing less evictions and sustaining more of our clients. We soon anticipate seeing our spending start to level out as we meet our targeted spending goal and will be working diligently to keep it there.



PATH Street Outreach

Our Projects for Assistance in Transitioning from Homelessness (PATH) Program consists of five street outreach workers who work between seven counties across Southwest Michigan. The goal of this program is to meet with clients who are staying in places not meant for human habitation and work with them to remove any barriers preventing them from housing. Our street outreach team works in all weather, all year long, meeting with clients wherever their encampments might be. They connect their clients to housing opportunities and walk alongside them through the whole housing process.

Our Outreach team has created a great report with the unhoused communities in each of the counties they work in and have established amazing partnerships with other community resources. Currently they are seeing more and more people outside, many from out of county or out of state. Housing is getting more difficult due to a lack of funding in most counties, making vouchers less available and housing opportunities more scarce.

Rise to Success (RST)

A fast paced, goal-oriented program which people experiencing homelessness, or at risk of homelessness, to gain and maintain meaningful employment and stable housing. To be considered for the program, there is a screening process you must complete first. The screening process is a series of questions asked to better understand the client's situation. From there, if accepted into the program, the client would be placed in one of our transitional housing units. Through one-on-one weekly meetings, we create goals with clients that help them create healthy living habits along with gaining stable income. The goal of this program is for clients to be able to support themselves by securing stable housing and gaining meaningful employment.

This program started late last year and have been increasing. We have grown from two households in our transitional units to 10 units being occupied by achieving families. One household, two parents and a one-year-old, are getting ready to graduate from the program in the next coming weeks! When they first started out in our program, they had literally nothing. Housing Navigators and the household have worked hard at gaining meaningful employment, helped them get furniture for their apartment, we even helped one client obtain their GED.

We are looking for more available units to house more people in the Rise to Success program. Our goal for the people in the Rise to Success program is that they are in a better position than when we first met them. That they have done the work and have created a healthy lifestyle by maintaining meaningful employment and by securing stable housing on their own.

Housing Support Team (HST)

On-site housing support services and support agency referrals for tenants living at several affordable multi-family properties in Kalamazoo County. The program, funded by a portion of the Kalamazoo County's Housing Millage, began in December of 2022 and will continue through December of 2025. It provides on-going supportive case management to individuals at these properties, many of whom are unstably housed or are newly transitioned into permanent housing. The aim is to help these tenants maintain their housing while providing life skills and community events.

The program is going well. We continue to have a presence at properties where ISK was already established (Heather Gardens, Lodge House, etc.) and have developed relationships at properties where ISK previously had less presence (Maple Grove, Pinehurst). The level and type of need at each property varies wildly, and the sands are always shifting under our feet. We have had success with establishing regular groups activities (like bingo and trivia) and classes (art, cooking for one) at several of the properties. We have also been able help connect many tenants with regular physical and mental health providers, thereby (hopefully) reducing some of the strain on local emergency services.

Housing Navigation Through Schools (McKinney-Vento program)

The program provides a sort of alternative to traditional rapid rehousing funds for families with children in Kalamazoo County schools. Families who are deemed homeless (as defined by the McKinney-Vento Act) are referred to our team by partners within the schools. We then work with them to find out

what their current resources are and provide limited monetary support towards moving into a new unit (security deposit and potentially rent for the first few months).

The program has gone unbelievably well—almost to the point of being a victim of its own success. Much of the funding allocated towards directly housing clients has already been spent. Over 60 families have been directly housed by the program so far, and many others currently in the process of applying for housing. This program allows us to work with families who don't fall under HUD's traditional definition of homelessness but DO fall under other categories of homelessness (e.g., staying in a hotel that they pay for themselves or "doubled up" at a friend's house) who can benefit from these sorts of funds.

ISK Shelters

Integrated Services of Kalamazoo (ISK) runs and operates 4 shelters. Each of these shelters have several success stories that makes one proud to be a part of serving in a way that makes a difference in our community and in the lives of those we serve.

The Oakland House (OH) Homeless Shelter Program is based on the premise that everyone possesses the potential to recognize, define, and develop healthy living patterns. Services offered by Integrate Services of Kalamazoo's Oakland House Shelter Program include access to housing assistance, referrals, information, life skills training, and peer run support groups. Participation in this service can prove to be vital to success in this program.

In December of last year, OH sheltered a client who was in recovery and had no income. Prior to coming to OH he had experienced homelessness many years and stated often that Oakland House saved his life by keeping him off the streets and away from drugs. He stated that peer support groups at OH are extremely helpful with keeping him motivated and focused on getting housed and continued success with his recovery journey. He also attends groups at Recovery Institute and encouraged other residents to attend. Although he worried about being able to find stable and affordable housing, our housing case managers were not; this client was successfully housed in April 2024 with ISK subsidy paying a substantial portion of his rent while he works with his lawyer on obtaining disability benefits.

ISK's Step-Up family Shelter program is a program that supports families experiencing homelessness due to various reason. Families entering the program can expect to be supported on their journey back to permanent housing. Support is provided through our intense weekly case management, to help families set goals, priorities, create a budget and connect to additional supportive services should they choose to take advantage of these supports that can prove to make a difference in the lives of the families we serve.

We had the pleasure of serving a family of 5, (dad, mom and 3 children) one child was autistic according to the parents but no formal diagnosis had been done. This 6-year-old child had not gone to the doctor, wasn't enrolled in school, had no speech, and feared bathrooms. The parents said they feared leaving the child with anyone because of all the above. After a few case management meetings, we were able to build trust with the parents and they allowed us to begin the process of moving past these fears. Mom set up a doctor visit and we went to the visit with them; we later went to the school admin building to enrollment the child; we went to the IEP meeting that had everyone there necessary to support this family and assure them of positive outcomes and the benefits of their child attending school. When all was said and done this child eventually was enrolled in Woodsedge Learning Center.

The last time we checked on this family, the parents were happy with their decision and their child is doing well and goes into the bathroom unafraid.

The H.E.R.S (Homeless Emergency Response System) program designed to effectively address homelessness in the local community that typically involve Law Enforcement engagement. It is a preventive measure to reduce the number of individuals who seek temporary shelter through criminal activities like trespassing in an abandoned home or other unsafe environment considered unsafe for human habitation.

A client had been in the H.E.R.S program for a time and still there when a new Housing Coordinator took over running this program. This client was awaiting to regain custody of her son and kept hitting walls. The new Coordinator was instrumental in helping this client regain full custody of her son, since this program accommodates single adults, mom and son were transferred to our Family Shelter where they are on target for being successfully housed as a family.

Our Veteran Shelter (VS) is a much-needed shelter in our community and provides supports to those who have served our country and are now in need of being served themselves. The Veteran Shelter supports consist of housing assistance, employment connections, connection these individuals to the VA center and much more.

Because of supports offered at the VS, a client was able to find suitable employment, affordable housing and complete his associate degree. These successes came with a few minor challenges, nevertheless, the client showed resiliency and is now on the other side of these challenges and will be attending the NAACP bar-b-que at the VS on July 12, 2024 to help out and share his story. He says the VS was such a blessing to him and he wants to motivate others by helping and paying it forward.



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

May 28, 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
Ramona Lumpkin			X
Michael Raphelson			X
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
 Amy Rottman
 Dianne Shaffer
 Lisa Smith
 Ed Sova
 Michael Schlack, *CORPORATE COUNSEL*
 Alecia Pollard
 Demeta Wallace, *BOARD LIAISON*

Providers/Guests:

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*.

AgendaMOTION

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

Citizen Time No citizens came forth.

Recipient Rights

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

AprilAbuse 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 actions for these violations 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.

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).

Recipient Rights Advisory Council/MOTION

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

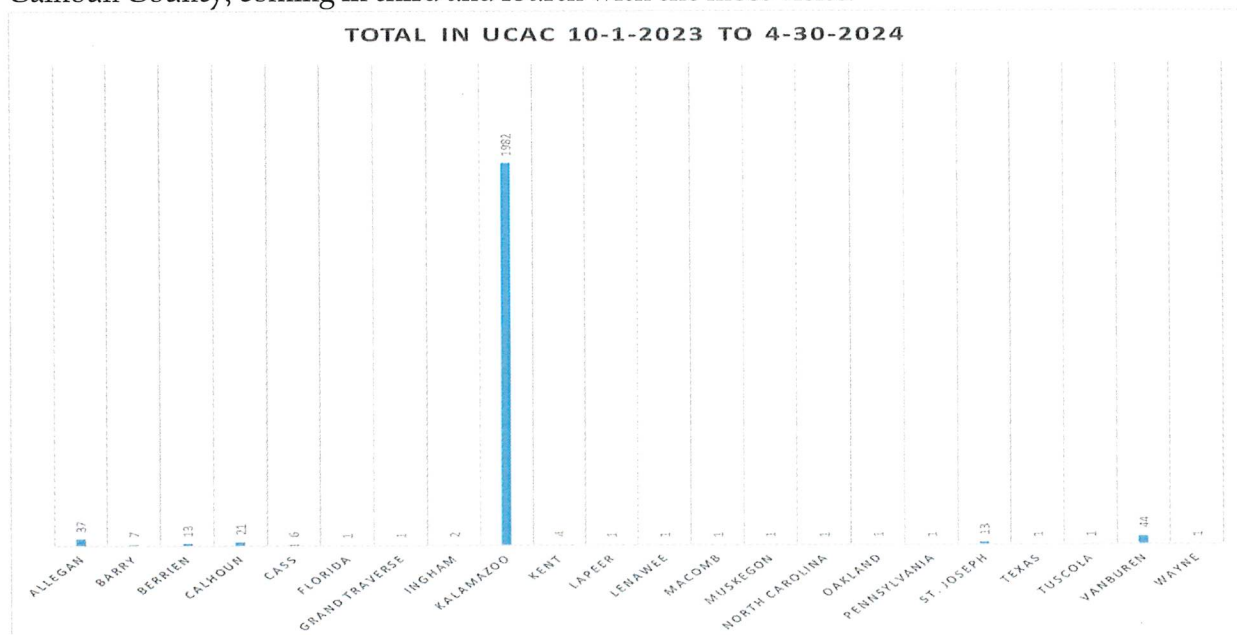
- *JEFF GETTING
- *JENNIFER LEIGH
- *DENISE MARTINEAU
- *LINDA REESER

FOR A TWO-YEAR TERM (BEGINNING JUNE 1, 2024-JUNE 1, 2026).” Supported by Vice Chair Seals.

MOTION PASSED.

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

In the chart below, you will see that the majority of the walk-ins coming into the UCAC, are from Kalamazoo County. The second highest is VanBuren County with 44 visits. Then, Berrien and Calhoun County, coming in third and fourth with the most visits.



That concludes my report.

Consent Calendar

MOTION

Chair Longanecker, “Are there any materials that the ISK Board would like to have removed from the Consent Calendar before we proceed with the verbal motion?” No materials were requested to be removed.

- a. Minutes April 22, 2024

- b. Board Member Responsibilities (Policy)
- c. Input from Stakeholders (Policy & Report)
- d. Accessibility (Policy)
- e. Customer Services (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 Reports

None

Financial Reports/Financial Condition Reports

Amy Rottman, ISK, Chief Financial Officer, presented the Financial Condition Reports for April 30, 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 April 30, 2024.

- Autism Services is at (81) days and is unfavorable at \$1,530,134
- Youth Community Inpatient Services is at (162) days and is unfavorable at \$173,089
- MI Adult Community Inpatient Services is at (351) days and is favorable at \$565,844
- Community Living Supports, Personal Care, and Crisis Residential is unfavorable at \$1,499,373

April Disbursements/MOTION

Member Spears, “BASED ON THE BOARD FINANCE MEETING REVIEW, I MOVE THAT ISK APPROVE THE April 2024 VENDOR DISBURSEMENTS OF \$10,456,650.55” Supported by Member Krogh. MOTION PASSED.

ACTION ITEMS - NEW or REVISITED/MOTION

None

Chief Executive Officer Report

We clearly understand that under Michigan’s §1915(i) Medicaid State Plan amendment, federal regulations require service planning for Medicaid beneficiaries obtaining Home and Community Based Services (HCBS) to be “conflict-free.” Federal rules require states to assure the independence of persons performing evaluations, assessments, and plans of care. We further understand that conflict of interest standards ensures, at minimum, that persons performing these functions are not:

- Related by blood or marriage to the individual, or any paid caregiver of the individual.
- Financially responsible for the individual.
- Empowered to make financial or health-related decisions on behalf of the individual.

- Providers of State plan Home and Community Based Services (HCBS) for the individual, or those who have interest in or are employed by the provider of State plan (HCBS); except, at the option of the state, when providers are given responsibility to perform assessments and plans of care because such individuals are the only willing and qualified entity in a geographic area, and the state devises conflict of interest protections.

The Department has indicated that Conflict-free rules “generally mean that a Community Mental Health Services Program (CMHSP) or CMHSP-contracted provider cannot conduct both HCBS service planning and service delivery for the same individual, with some exceptions.” It is important to mention here that we agree with the Department’s decision to limit the Conflict-Free rules to only five (5) HCBS authorized by the following waiver authorities and State Plan Amendment (SPA):

- 1915(c) Children Waiver Program
- 1915(c) Children with Serious Emotional Disturbances Waiver
- 1915(c) Habilitation Support Waiver
- 1915(i) State Plan Amendment (SPA)

It is also our understanding that the CFAP requirements are not extended to the larger Medicaid Managed Specialty Supports and Services Program and Healthy Michigan federal waiver authorities. We have no disagreement about federal Conflict-Free standards and rules but believe appropriate mitigation “firewalls” can be put in place in each Community Mental Health Services Program (CMHSP) to separate conflicting functions as required by the federal standards, rather than implementing the more radical approach that prohibits PIHP delegation of utilization management functions to participating CMHSPs. This appears to be a specific requirement for only Regional Entity PIHPs. It is unknown whether this same requirement will apply for the three remaining “Hub and Spoke” PIHPs in Oakland, Macomb and Wayne Counties. We will return to this question later.

It is important to mention that federal Conflict of Interest standards were put in place to guard against organizations that were financially profiting when restricting the amount, scope and duration of Medicaid HCBS. Michigan’s Medicaid Managed Specialty Supports and Services program is unique and specifically designed to require a “*shared financial risk arrangement*” between the public community mental health system’s Prepaid Inpatient Health Plans and MDHHS. Unlike the current arrangement between the Department and private Medicaid Health Plans (MHPs), this unique “sole-source” contractual arrangement *prevents* the public community mental health system from generating financial profits by limiting or restricting services to Medicaid beneficiaries enrolled in Home and Community-Based Services (HCBS) federal waiver programs. Medicaid prepaid capitation payments are provided to PIHPs by the Department. However, PIHPs can retain only a small percentage of savings realized in any given state fiscal year and a limited amount of earnings to contribute to its Internal Services Fund (ISF) reserves for the purpose of covering cost overruns. Excess funds that exceed permissible savings and percentage reserve limits are required to be returned to the state. We should note here that these are carefully monitored by the Department as well as utilization of services. In contrast, private sector Medicaid Health Plans have full financial risk contractual arrangements with the Department which place no limits on profits generated from Medicaid payments. In other words, Medicaid payments to Medicaid Health Plans “lose their identity” as public funds and can be used to not only cover the costs of services but invested in other private sector business operations and ventures.

We strongly disagree with the Department's recent announcement and Fiscal Year 2025 PIHP contract requirement that PIHPs conduct utilization management for services and no longer delegate this function its Participating CMHSPs. Not only is this unnecessary but militates against the very notion of preventing Conflict of Interests that the Department is trying to prevent. This is mainly because PIHPs serve as the "payor" of Medicaid specialty services to Participating CMHSPs. Mandating PIHPs to discontinue delegating utilization management functions to CMHSPs presents greater conflict of interest concerns, particularly when these managed care entities are financially struggling to manage within lower than adequate Medicaid capitation rates, declining risk reserves and unexpected downward fluctuations in Medicaid enrollments. These alone provide enormous incentives for PIHPs to pressure Participating CMHSPs to reduce service utilization to balance budgets. Participating CMHSPs do not have what may be regarded as "structural financial incentives" to limit and reduce medically necessary service utilization.

Returning to the question about the three remaining "Hub and Spoke" CMHSP/PIHPs in Oakland, Macomb and Wayne counties, we are watching very carefully whether the Department will allow these entities to maintain utilization management functions for Home and Community Based Services (HCBS) or require them to establish separate contracts with independent entities to perform this managed care function. Clearly, we strongly oppose disparate treatment between the three "Hub and Spoke" CMHSP/PIHPs and the seven Regional Entity PIHPs. It is important to mention that the "Hub and Spoke" CMHSP/PIHPs may encounter an additional problem that may prohibit their continued practice of utilization management of Home and Community Based Services (HCBS). It is our understanding that some or maybe all of the "Hub and Spoke" CMHSP/PIHPs have or are planning to be designated as Certified Community Behavioral Health Clinics (CCBHCs).

The Michigan's Mental Health Code requires all CMHSPs to provide utilization management functions such as:

- Establishing 24/7 preadmission screening units for preadmission screenings for psychiatric hospital admissions;¹
- Planning, linking, coordinating, follow-up, and monitoring to assist the recipient in gaining access to services;² and
- Person-centered planning.³

Utilization management is also a federal requirement for all CCBHCs. It is our understanding that some or possibly all "Hub and Spoke" CMHSP/PIHPs that are or planning to be designated as CCBHCs will be required to directly provide the nine (9) core services. PIHP Regional Entities are not permitted to directly provide services. This creates an unfair playing field between the two PIHP entities. It is our understanding that the Department is seeking guidance from CMS and SAMHSA regarding whether CCBHCs are exempt from this requirement. Will these or all CCBHCs in Michigan

¹ Michigan Mental Health Code, Chapter 4, Section 330.1409. Sec. 409 (1)

² Ibid, Chapter 2, Section 330.1206, (1)(c).

³ Ibid, Chapter 7, Section 330.1700, Sec. 700 (g).

be allowed to maintain utilization functions for Home and Community Based Services (HCBS)? Or will they be required to establish separate contracts for this particular purpose?

We firmly oppose both arrangements and propose two plausible alternatives to the Department's instruction for PIHPs that prohibits the delegation of utilization managed care functions to Participating CMHSPs. The first and possibly the most viable option is for the Department to assume utilization management functions for the five (5) Home and Community Based Services (HCBS). This would fairly apply to both "Hub and Spoke" CMHSP/PIHPs and Regional Entity PIHPs. It would also be less costly and disruptive for services to people served. The other option is for the Regional Entity PIHPs to continue delegating managed care utilization functions for Home and Community Based Services (HCBS) to Participating CMHSPs and provide targeted oversight and monitoring of required and approved "firewalls" within Participating CMHSPs that are established to militate against the occurrence of Home and Community Based Services (HCBS) conflict of interest and comply with federal Conflict of interest rules. Regional Entity PIHPs are more than capable to carry out these functions and can create policies and procedures for required firewalls among its Participating CMHSPs.

Unfortunately, this does not address Home and Community Based Services (HCBS) conflict of interest concerns for "Hub and Spoke" CMHSP/PIHPs that directly provide Home and Community Based Services. To address this problem, the most practical, cost-effective and less disruptive remedy is for the Department to assume utilization management and oversight for "Hub and Spoke" CMHSP/PIHPs that directly provide Home and Community Based Services (HCBS), rather than require them to execute contacts with external organizations may perform this specialized function. The unanswered question is whether any of the three "Hub and Spoke" CMHSP/PIHPs directly provide Home and Community Based Services.

We are asking SWMBH, as our Regional Entity PIHP, to join us in opposing the direction that the Department is taking in establishing and enforcing Conflict-Free Access and Planning requirements that create additional barriers for people seeking services from Michigan's public community mental health system. As an additional part of this request, we are asking SWMBH to oppose the Department's instruction to discontinue delegating utilization management functions to the Region 4 Participating CMHSPs. We firmly believe that the Department's enforcement of its current plan for Conflict-Free Access and Planning will create additional barriers for individuals seeking services and increase administrative burdens on Michigan's public community mental health system. Because of the unique Medicaid shared financial risk sole source contractual arrangement between the State of Michigan and the public community mental health system, the Department can still pursue and obtain state exemptions from the federal Conflict-Free Access and Planning requirements.

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, was held at the Bay Pointe Inn in Shelbyville, MI. It was a great event and the verbal exchanges and getting to know others from our region was beneficial and rewarding. Great dialogues and discussions.

That concludes my report.

Meeting ended at 5:28PM.

Demeta J. Wallace

Administrative Coordinator & Board Liaison

Integrated Services of Kalamazoo Board of Directors



BOARD POLICY III.03

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

PURPOSE/EXPLANATION

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

POLICY

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

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

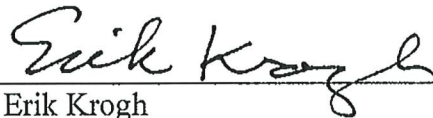
- A. Organizational accomplishment of the provisions of Board policies on Ends.
- B. Organization operation within the boundaries of prudence and ethics established in Board policies on Executive Limitations.

CHIEF EXECUTIVE OFFICER



Jeff Patton
Chief Executive Officer

APPROVED



Erik Krogh
Board Chair

BOARD POLICY III.01

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

PURPOSE/EXPLANATION

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

POLICY

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

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

CHIEF EXECUTIVE OFFICER



Jeff Patton
Chief Executive Officer

APPROVED



Erik Krogh
Board Chair

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY III.02

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

PURPOSE/EXPLANATION

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

POLICY

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

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

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

CHIEF EXECUTIVE OFFICER



Jeff Patton
Chief Executive Officer

APPROVED



Karen Longanecker
Board Chair

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY II.10

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

PURPOSE/EXPLANATION

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

POLICY


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

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

REFERENCES

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

**CHIEF EXECUTIVE
OFFICER**



Jeff Patton
Chief Executive Officer

BOARD CHAIR



Karen Longanecker
Board Chair

INSURANCE OVERVIEW FOR ASSET PROTECTION REPORT

July 22, 2024

- Our liability/property insurance is through the Michigan Municipal Risk Management Authority (“MMRMA”). MMRMA was created under the authority of the Michigan statutes to provide risk management and risk financing services to local governmental entities such as ISK.
- Liability coverage through MMRMA totals \$15,000,000 per occurrence.
- ISK board members are covered by MMRMA for their official duties performed on behalf of ISK.
- MMRMA pays for the costs of defending certain claims against ISK as well as any damages assessed.
- Workers compensation insurance is purchased through Accident Fund Co of America. We have limits of \$500,000 per accident and \$500,000 per disease claim.
- Our long term and short-term disability coverage is purchased through The Hartford Group. For long term coverage (LTD), employees will receive 60% of their income up to \$200,000 after a 180-day waiting period (maximum benefit of \$10,000 per month). For short-term disability (STD), employees will receive 60% of their covered salary up to \$200,000 beginning on the 15th day after the accident or 15th day after an illness that causes them to be off work (maximum benefit of \$2,400 per week). Maximum duration for STD is 23 weeks or the beginning of LTD benefits, whichever is earlier.
- Group life insurance is through The Hartford Group. Employees receive 0.5 times their salary rounded to the next higher \$1,000 subject to a minimum of \$10,000 and a maximum \$100,000.
- Group accidental death and dismemberment insurance is through The Hartford Group.
- Health care professional liability insurance is through Pro Assurance Casualty Company. Limits are \$3,000,000 per claim and \$3,000,000 aggregate. Our employed prescribers are covered.
- Medical insurance/prescriptions coverage is purchased through Blue Cross Blue Shield of Michigan for employees working at least 30 hours per week.
- Dental insurance is purchased through ADN for employees working at least 30 hours per week.
- Vision insurance is purchased through Blue Cross Blue Shield using the VSP network for employees working at least 30 hours per week.
- Employees working at least 20 and up to 29 hours per week may purchase ISK’s medical insurance/prescriptions coverage, dental insurance, or vision insurance at the full premium cost.

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY V.04

AREA:	Governance	
SECTION:	Executive Limitations	PAGE: 1 of 2
SUBJECT:	FINANCE	SUPERSEDS: 08/22/2011 REVISED: 09/27/2021

PURPOSE/EXPLANATION

To establish limitations of means regarding the financial condition of the agency.

POLICY

- I. With respect to the actual, ongoing condition of the organization's financial health, the Chief Executive Officer (CEO) may not cause or allow the development of fiscal jeopardy or a material deviation of actual expenditures from Board priorities established in Ends policies. Accordingly, the CEO may not:
 - Expend more funds than have been received in the fiscal year to date, unless the debt guideline (below) is met.
 - A. Expenditures can not be authorized that exceed the amount appropriated within the budget. ~~n excess of the available funds as that action creates a debt.~~
 - B. ~~Indebt the organization.~~
 - C. Use any Long-Term Reserves, aside from their intended use, without Board approval.
 - D. Fail to settle payroll and debts in a timely manner.
 - E. Allow tax payments or other government-ordered payments or filings to be overdue or inaccurately filed.
 - F. Acquire, encumber or dispose of real property without Board approval.
 - G. Operate without a set of administrative purchasing and procurement guidelines and procedures consistent with current law.
 - H. Fail to adhere to generally accepted accounting principles (GAAP) in all accounting activities unless more restrictive requirements exist.
 - I. Fail to use a legally defined procurement process to promote effective and equitable purchasing practices.

II. This policy will be monitored through internal mechanisms annually.

CHIEF EXECUTIVE OFFICER



Jeff Patton
Chief Executive Officer

APPROVED



Erik Krogh
Board Chair

INTEGRATED
SERVICES OF
KALAMAZOO



Period Ended
June 30, 2024

Monthly Finance
Report

INTEGRATED SERVICES OF KALAMAZOO

Statement of Net Position

June 30, 2024

	June 2023 (unaudited)	June 2024
Assets		
Current assets		
Cash and investments	\$ 27,223,340	\$ 28,207,891
Accounts receivable	4,260,183	10,509,820
Due from other governments	8,082,388	0
Prepaid items	888,667	1,048,960
Total current assets	<u>40,454,578</u>	<u>39,766,671</u>
Non-current assets		
Capital assets, net of accumulated depreciation	12,610,545	13,420,285
Net pension asset, net of deferred outflows	7,339,625	7,214,053
Total non-current assets	<u>19,950,170</u>	<u>20,634,339</u>
Total assets	<u>\$ 60,404,748</u>	<u>\$ 60,401,010</u>
Liabilities		
Current liabilities		
Accounts payable	\$ 9,769,971	\$ 10,805,179
Due to other governments	2,326,806	1,156,158
Due to providers	32,813	193,772
Accrued payroll and payroll taxes	1,653,148	1,978,786
Unearned revenue	609,205	52,023
Total current liabilities	<u>14,391,943</u>	<u>14,185,917</u>
Net position		
Designated	8,671,891	8,654,636
Undesignated	28,194,833	22,342,389
Investment in fixed assets	9,471,053	17,276,260
Previous year close	-	-
Net gain (loss) for period	(324,972)	(2,058,193)
Net position	<u>\$ 46,012,805</u>	<u>\$ 46,215,092</u>

INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2023 through June 30, 2024

Percent of Year is 75.00%

	Original 2024 BUDGET	YTD Totals 6/30/24	Remaining Budget	Percent of Budget - YTD
Operating revenue				
Medicaid:				
Traditional Capitation	\$ 59,535,085	\$ 60,065,261	\$ (530,176)	100.89%
Healthy Michigan Capitation	12,302,122	6,492,519	5,809,603	52.78%
Settlement	5,287,379	6,726,456	(1,439,077)	0.00%
State General Fund:				
Formula Fundings	3,705,491	2,925,387	780,104	78.95%
CCBHC Demonstration	27,297,101	7,887,521	19,409,580	0.00%
CCBHC Accrual	-	(165,677)	165,677	0.00%
County Allocation	1,550,400	1,162,800	387,600	75.00%
Client Fees	357,483	558,324	(200,841)	156.18%
SUD Block Grant	-	83,968	(83,968)	0.00%
Other grant revenue	7,071,254	7,078,677	(7,423)	100.10%
Other earned contracts	2,752,649	2,124,562	628,087	77.18%
COFR	-	391	(391)	0.00%
Interest	1,000	135,743	(134,743)	0.00%
Local revenue	10,000	796,922	(786,922)	0.00%
Total operating revenue	\$ 119,869,964	\$ 95,872,853	\$ 23,997,112	79.98%
Operating expenses				
Salaries and wages	27,984,525	20,227,492	\$ 7,757,033	72.28%
Employee benefits	10,070,805	6,516,587	3,554,217	64.71%
Staff development	280,317	137,887	142,430	49.19%
Payments to providers	76,194,079	61,809,719	14,384,360	81.12%
Administrative contracts	7,781,913	7,103,358	678,555	91.28%
IT software and equipment	692,972	505,247	187,725	72.91%
Client transportation	41,100	23,253	17,847	56.58%
Staff travel	322,767	199,371	123,396	61.77%
Office expenses	515,667	326,242	189,425	63.27%
Insurance expense	128,035	127,543	492	99.62%
Depreciation expense	589,832	458,994	130,838	77.82%
Utilities	374,796	233,717	141,079	62.36%
Facilities	-	32,805	(32,805)	0.00%
Local match	617,788	228,831	388,957	0.00%
Total operating expenses	\$ 125,594,595	\$ 97,931,045	\$ 27,663,550	77.97%
Change in net position	(5,724,631)	(2,058,193)	\$ (3,666,438)	
Beginning net position	48,273,285	48,273,285		
Ending net position	\$ 42,548,654	\$ 46,215,092		

INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position
 October 1, 2023 through June 30, 2024
 Percent of Year is 75.00%

	Specialty Services		Healthy Michigan		SUD Block Grant		Totals		
	Budget	YTD Totals 6/30/24	YTD Budget	YTD Totals 6/30/24	YTD Budget	YTD Totals 6/30/24	YTD Budget	YTD Totals 6/30/24	Variance
Operating revenue									
Medicaid:									
Traditional Capitation	\$ 44,651,314	\$ 60,065,261	\$ -	\$ -	\$ -	\$ 83,968	\$ 44,651,314	\$ 60,149,229	\$ 15,497,915
Healthy Michigan Capitation	-	-	9,226,592	6,492,519	-	-	9,226,592	6,492,519	(2,734,072)
CCBHC Base Payment	-	(9,968,457)	-	(2,423,791)	-	-	-	(12,392,248)	(12,392,248)
Settlement Estimate	8,876,271	7,082,675	(5,351,351)	(272,251)	-	(83,968)	3,524,920	6,726,456	3,201,536
Client Fees	-	2,443	-	74	-	-	-	2,517	2,517
Total operating revenue	\$ 53,527,585	\$ 57,181,922	\$ 3,875,241	\$ 3,796,551	\$ -	\$ 0	\$ 57,402,825	\$ 60,978,473	\$ 3,575,647
Operating expenses									
Internal services	\$ 2,797,477	\$ 1,565,805	\$ 194,728	\$ 73,586	\$ -	\$ -	\$ 2,992,205	\$ 1,639,391	(1,352,814)
External services	48,347,597	51,017,196	2,806,667	3,417,623	-	-	51,154,264	54,434,819	3,280,555
Delegated managed care	3,492,044	4,598,921	204,927	305,342	-	-	3,696,972	4,904,263	1,207,291
Total operating expenses	\$ 54,637,118	\$ 57,181,922	\$ 3,206,321	\$ 3,796,551	\$ -	\$ -	\$ 57,843,441	\$ 60,978,473	\$ 3,135,032
Change in net position	(1,109,534)	(0)	668,919	(0)	-	0	(440,615)	(0)	

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

INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position
 October 1, 2023 through June 30, 2024
 Percent of Year is 75.00%

	State General Fund		CCBHC		Other Funding Sources		Totals		Variance
	YTD Budget	YTD Totals 6/30/24	YTD Budget	YTD Totals 6/30/24	YTD Budget	YTD Totals 6/30/24	YTD Budget	YTD Totals 6/30/24	
Operating revenue									
General Fund	\$ 2,779,118	\$ 2,925,387	\$ -	\$ -	\$ -	\$ -	\$ 2,779,118	\$ 2,925,387	\$ 146,269
Projected GF Carryforward	-	-	-	-	-	-	-	-	-
CCBHC Demonstration	-	-	20,472,826	21,497,187	-	-	20,472,826	21,497,187	1,024,362
Other Federal and State Grants	-	-	-	-	5,376,015	6,251,109	5,376,015	6,251,109	875,094
Earned Revenue	-	-	-	-	1,979,312	1,296,994	1,979,312	1,296,994	(682,319)
COFR Revenue	-	-	-	-	12,600	391	12,600	391	(12,210)
Interest	-	-	-	-	750	135,743	750	135,743	134,993
County Allocation	-	-	-	-	1,162,800	1,162,800	1,162,800	1,162,800	-
Local Revenue	-	280	-	-	7,500	888,681	7,500	888,961	881,461
Transfer from GF	-	-	-	780,011	1,581,777	-	1,581,777	780,011	(801,766)
Settlement Revenue (Expense)	-	-	-	-	-	-	-	-	-
Total operating revenue	\$ 2,779,118	\$ 2,925,667	\$ 20,472,826	\$ 22,277,198	\$ 10,120,754	\$ 9,735,717	\$ 33,372,699	\$ 34,938,582	\$ 1,565,883
Operating expenses									
Internal Programs	247,927	\$ 596,626	\$ 24,184,537	\$ 17,837,323	\$ 75,962	\$ -	\$ 24,508,426	\$ 18,433,949	\$ (6,074,477)
External Programs	872,888	1,381,181	-	5,063,562	-	541,714	872,888	6,986,457	6,113,569
Other Federal and State Grants	-	-	-	-	8,268,283	9,100,473	8,268,283	9,100,473	832,190
HUD Grants	-	-	-	-	959,868	931,415	959,868	931,415	(28,453)
Managed Care Administration	76,526	167,850	-	-	5,187	-	81,713	167,850	86,137
Homeless Shelter	-	-	-	-	396,844	313,508	396,844	313,508	(83,336)
Transfer from GF	1,581,777	780,011	-	-	-	-	1,581,777	780,011	(801,766)
Local match expense	-	-	-	-	978,450	228,831	978,450	228,831	(749,619)
Non-DCH Activity Expenditures	-	-	-	-	105,442	54,280	105,442	54,280	(51,161)
Total operating expenses	\$ 2,779,118	\$ 2,925,667	\$ 24,184,537	\$ 22,900,885	\$ 10,790,036	\$ 11,170,221	\$ 37,753,691	\$ 36,996,774	(756,917)
Change in net position	0	(0)	(3,711,711)	(623,687)	(669,282)	(1,434,505)	\$ (4,380,992)	(2,058,192)	2,322,800

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

INTEGRATED SERVICES OF KALAMAZOO

CCBHC

October 1, 2023 through June 30, 2024

Percent of Year is 75.00%

	CCBHC Medicaid	CCBHC Healthy MI	CCBHC Non-Medicaid	CCBHC YTD Totals
Operating revenue				
Prepayment	\$ 5,056,250	\$ 2,831,271	\$ -	\$ 7,887,521
CCBHC SAMSHA Grant	-	-	827,568	827,568
CCBHC Base Payment Reclass	9,968,457	2,423,791	-	12,392,248
Remaining CCBHC revenue due	829,376	(995,053)	-	(165,677)
Client fees	281,195	41,907	232,425	555,527
Total CCBHC Revenue (PPS-1 of \$287.35 x encounters)	\$ 16,135,277	\$ 4,301,917	\$ 1,059,993	\$ 21,497,187
Operating expenses				
Internal services	\$ 12,497,693	\$ 3,339,187	\$ 2,000,443	\$ 17,837,323
DCO Contracts	3,486,519	929,560	647,482	5,063,562
Total operating expenses	\$ 15,984,212	\$ 4,268,748	\$ 2,647,925	\$ 22,900,885
Operating change in net position	151,065	33,169	(1,587,932)	(1,403,698)
Reclassification to cover Non-Medicaid	-	-	780,011	780,011
Total change in net position	\$ 151,065	\$ 33,169	\$ (807,921)	\$ (623,687)

CCBHC Cost per daily visit

	2023	Quarter 1	Quarter 2	Quarter 3
Total CCBHC Cost	\$ 27,687,187	\$ 7,369,913	\$ 15,384,690	\$ 22,900,885
Daily Visits	99,802	24,829	52,451	81,551
Cost per daily visit	277.42	296.83	293.32	280.82

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 June 30th, 2024

UTILIZATION COMPARISONS FY 23/24									
MONTH	FY 22/23 Actual		FY 23/24 Budget		FY 23/24 Actual		Clients Served Difference (Unfavorable)	Cost Difference (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	183	\$793,167	(18)	(\$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	182	\$964,823	(17)	(347,473)	(347,473)
MAY	148	\$679,184	165	\$617,350	182	\$973,468	(17)	(356,118)	(356,118)
JUNE	149	\$781,874	165	\$617,350	181	\$919,481	(16)	(302,131)	(302,131)
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	1,598	\$7,744,532	(113)	(\$2,188,383)	
MONTHLY AVERAGES	147		165		178				
GROSS ANNUAL COST		\$7,802,758		574,872		\$7,744,532		(\$2,188,383)	

Favorable/(Unfavorable):

Total (2,188,383)

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

UTILIZATION COMPARISONS FY 23/24										
MONTH	FY 22/23 Actual		FY 23/24 Budget		FY 23/24 Actual		Days Difference (Unfavorable)	Cost Difference (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	16	\$16,275	30	\$31,631	\$31,631	
APRIL	90	\$94,500	46	\$47,906	153	\$160,650	(107)	(\$112,744)	(\$112,744)	
MAY	62	\$65,100	46	\$47,906	50	\$52,500	(4)	(\$4,594)	(\$4,594)	
JUNE	9	\$9,450	46	\$47,906	48	\$50,400	(2)	(\$2,494)	(\$2,494)	
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	590	\$620,120	(177)	(\$188,966)	(\$188,966)	
MONTHLY AVERAGES	53		46		66					
GROSS ANNUAL COST		\$665,675		574,872		\$620,120		(\$188,966)	(\$188,966)	

Favorable/(Unfavorable): Total (188,966)

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

UTILIZATION COMPARISONS FY 23/24										
MONTH	FY 22/23 Actual		FY 23/24 Budget		FY 23/24 Actual		Days Difference (Unfavorable)	Cost Difference (Unfavorable)	Cost YTD Favorable (Unfavorable)	
	Days	Dollars	Days	Dollars	Days	Dollars				
OCTOBER	900	\$905,756	654	\$716,371	249	\$263,934	405	\$452,437	\$452,437	
NOVEMBER	686	\$714,410	654	\$716,371	366	\$386,949	288	\$329,422	\$329,422	
DECEMBER	704	\$732,356	654	\$716,371	681	\$718,270	(27)	(\$1,899)	(\$1,899)	
JANUARY	639	\$663,945	654	\$716,371	636	\$670,884	18	\$45,487	\$45,487	
FEBRUARY	656	\$683,828	654	\$716,371	703	\$741,677	(49)	(\$25,306)	(\$25,306)	
MARCH	635	\$660,537	654	\$716,371	870	\$918,128	(216)	(\$201,756)	(\$201,756)	
APRIL	543	\$565,345	654	\$716,371	595	\$627,756	59	\$88,615	\$88,615	
MAY	796	\$829,300	654	\$716,371	631	\$664,822	23	\$51,549	\$51,549	
JUNE	629	\$655,218	654	\$716,371	615	\$649,446	39	\$66,925	\$66,925	
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	5,346	\$5,641,866	540	\$805,474	\$805,474	
MONTHLY AVERAGES	705		654		594					
GROSS ANNUAL COST		\$8,782,625		8,596,454		\$5,641,866		\$805,474	\$805,474	

Favorable/(Unfavorable): Total 805,474

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

Report Period: October 1st, 2023 through June 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	June	\$283	364	99,331	\$25,996,388	\$28,098,781	(\$2,102,393)
CRISIS RES.	June	\$577	61	722	\$725,315	\$416,635	\$308,680
CLS (SIP)	June	NA	289		\$9,797,738	\$10,101,421	(\$303,684)
Annual Cost							(\$2,097,396)

Personal Care (P.C.)-hands on of daily personal activities such as laundry, feeding, bathing, etc.

Community Living Supports (CLS)-services to increase or maintain personal self-sufficiency with a goal of community inclusion, independence and productivity.

Specialized Residential (S.R.)-Licensed setting where Personal Care and Community Living Supports occur.

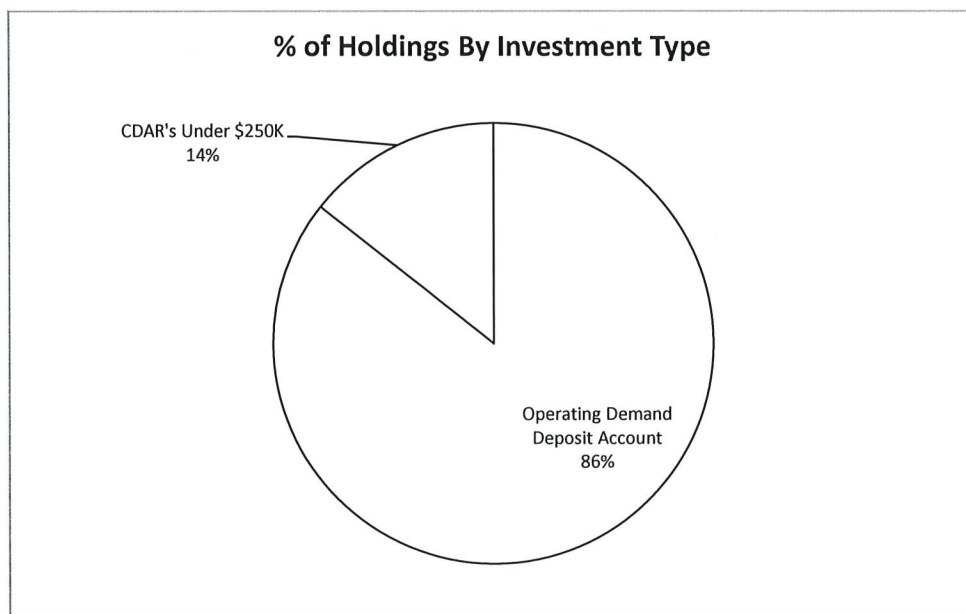
Supported Independent Program (SIP)-more independent setting where Personal Care and Community Living Supports occur.

Quarterly Cash & Investments Report
Quarter Ending June 30th, 2024

Financial Institution	Type of Investment	Cost Basis	Maturity Date	% Yield
CASH				
PNC	Operating Demand Deposit Account	\$23,992,506	NA	0.03%
	Payroll Account	\$9,407		
	Accrued Leave Reserve	\$120,852		
	Pretax Reimbursement Account	\$66,645		
	Various Petty Cash Funds	\$780		
	Total Cash Accounts		\$24,190,189	
INVESTMENTS				
CDAR's (via Independent Bank)	CD's Issued Under FDIC Limit of \$250,000	\$4,017,702		4.55%
Total CDAR's		\$4,017,702		
	Total Investments	\$4,017,702		
TOTAL CASH AND INVESTMENTS		\$28,207,891		

% of Holdings By Institution	
PNC - Cash	85.76%
CDAR's (via Independent Bank)	14.24%
	<u>100.00%</u>

% of Holdings By Investment Type	
Cash	85.76%
CDAR's	14.24%
	<u>100.00%</u>





Community • Independence • Empowerment

Integrated Services of Kalamazoo MOTION

Subject:	<u>May and June 2024 Disbursements</u>	
Meeting Date:	July 22, 2024	Approval Date:
Prepared by:	Charlotte Bowser	<u>July 22, 2024</u>

Recommended Motion:

“Based on the Board Finance meeting review, I move that ISK approve the May 2024 vendor disbursements of \$11,315,364.92 and the June, 2024 vendor disbursements of \$9,678,430.95.”

Summary of Request:

As per the May 2024 Vendor Check Register Report dated 06/11/2024 that includes checks issued from 05/01/2024 to 05/31/2024 and the June 2024 Vendor Check Register Report dated 07/10/2024 that includes checks issued from 06/01/2024 to 06/30/2024.

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: **July 22, 2024**

**RESOLUTION OF THE
KALAMAZOO COUNTY COMMUNITY MENTAL HEALTH AUTHORITY (KCCMHA)
d/b/a INTEGRATED SERVICES OF KALAMAZOO
OPPOSING THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS)
DECISIONS TO IMPLEMENT
CONFLICT FREE ACCESS AND PLANNING IN MICHIGAN**

WHEREAS (KCCMHSA) is a Participating Public Community Mental Health Services Program Authority of the Southwest Michigan Behavioral Health (SWMBH) Prepaid Inpatient Health Plan (PIHP) Region 4 Regional Entity comprised of eight counties.

WHEREAS MDHHS has announced its decision to require public Community Mental Health Services Programs (CMHSPs) to separate service assessment and planning from service delivery, requiring Medicaid beneficiaries to receive the assessment and planning services from one entity and ongoing direct services from another, separate entity effective October 1, 2024.

WHEREAS the interruption or loss of services for the 7,952 residents of Kalamazoo County with Serious Mental Illnesses, Serious Emotional Disturbances, co-occurring substance use disorders, and intellectual or developmental disabilities to whom KCCMHA d/b/a Integrated Services of Kalamazoo (ISK) provided services during the State Fiscal Year 2023 would be disastrous to many individuals that currently receive service assessments, planning, and service delivery from ISK.

WHEREAS after careful review the conclusions of the ISK Board of Directors are that the current MDHHS decision:

- Is in conflict with the statutory responsibilities of CMHSPs under Michigan law.
- Erroneously implies profit driven or undue enrichment motives on the part of governmental entities (i.e., CMHSPs and PIHPs) instead of recognizing what is actually a formal transfer of governmental responsibility from the State of Michigan to the counties for the delivery of public community mental health specialty supports and services.
- Ignores the unique Michigan Medicaid Managed Specialty Supports and Services shared risk based prepaid capitation financing system arrangement between PIHPs and MDHHS which militates against conflict-of-interest concerns.
- Is in conflict with the Certified Community Behavioral Health Clinic (CCBHC) state demonstration model currently implemented and expanded in the State of Michigan.
- Ignores, at best, and disregards, at worst, input from persons with lived experience that have consistently stated that the available procedural safeguards, including statutorily

required recipient rights protections, are preferable to systemic and structural upheaval inherent in the MDHHS announced decisions regarding implementation of Conflict Free Access and Planning federal requirements.

THEREFORE, BE IT UNANIMOUSLY RESOLVED THAT, **in the strongest possible terms**, and for the reasons stated herein, the KCCMHA Board of Directors **opposes the MDHHS announced structural strategies** for compliance with the federal Conflict Free Access and Planning rules.

BE IT FURTHER UNANIMOUSLY RESOLVED THAT, the KCCMHSA Board of Directors requests that MDHHS reconsider its current decisions and honor the federal Centers for Medicare and Medicaid Services (CMS) waiver approval of procedural mitigation of conflict-of-interest concerns and pursue CMS approval of strengthened procedural safeguards against conflict-of-interest concerns in Michigan.

**ON BEHALF OF THE KALAMAZOO COUNTY COMMUNITY MENTAL HEALTH SERVICES
AUTHORITY
d/b/a INTEGRATED SERVICES OF KALAMAZOO BOARD OF DIRECTORS**

Xx _____
Karen Longanecker
KCCMHA Board of Directors, CHAIR

July 22, 2024
Board Resolution 2024-1

X.a.

Chief Executive Officer Report Jeff Patton

“Conflict-Free Access & Planning”

Integrated Services of Kalamazoo Board of Directors Meeting

July 22, 2024

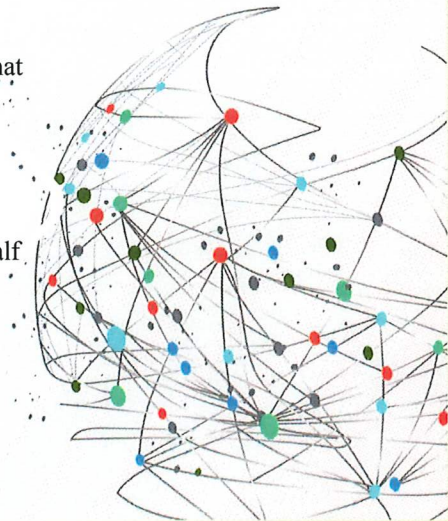
@

3:00PM

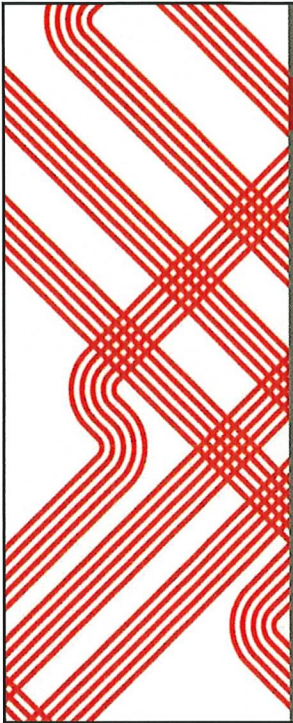
1

Conflict-Free Access and Planning

- Federal rules require states to assure the independence of persons performing evaluations, assessments, and plans of care. We further understand that conflict of interest standards ensures, at minimum, that persons performing these functions are not:
 - Related by blood or marriage to the individual, or any paid caregiver of the individual.
 - Financially responsible for the individual.
 - Empowered to make financial or health-related decisions on behalf of the individual.
 - Providers of State plan Home and Community Based Services (HCBS) for the individual, or those who have interest in or are employed by the provider of State plan (HCBS); except, at the option of the state, when providers are given responsibility to perform assessments and plans of care



2




Conflict-Free Access and Planning

- The Department has indicated that Conflict-free rules “generally mean that a Community Mental Health Services Program (CMHSP) or CMHSP-contracted provider CANNOT conduct both HCBS service planning and service delivery for the same individual, with some exceptions.”
- It is important to mention here that we agree with the Department’s decision to limit the Conflict-Free rules to only five (5) HCBS authorized by the following waiver authorities and State Plan Amendment (SPA):
 - 1915(c) Children Waiver Program
 - 1915(c) Children with Serious Emotional Disturbances Waiver
 - 1915(c) Habilitation Support Waiver
 - 1915(i) State Plan Amendment (SPA)

3

Conflict-Free Access and Planning

- It is also our understanding that the CFAP requirements are not extended to the larger Medicaid Managed Specialty Supports and Services Program and Healthy Michigan federal waiver authorities.
- We have no disagreement about federal Conflict-Free standards and rules but believe appropriate mitigation “firewalls” can be put in place in each Community Mental Health Services Program (CMHSP) to separate conflicting functions as required by the federal standards, rather than implementing the more radical approach that prohibits PIHP delegation of utilization management functions to participating CMHSPs.



4

Conflict-Free Access and Planning

- One of the major concerns for us is that the Department is prohibiting PIHPs from delegating managed care utilization management functions to participating CMHSPs for the five Medicaid Home and Community-Based federal Waiver Services listed earlier.
- This prohibition takes effect on October 1, 2024 via PIHP contracts with MDHHS



5

Conflict-Free Access and Planning Board Resolution

6

**RESOLUTION OF THE
KALAMAZOO COUNTY COMMUNITY MENTAL HEALTH AUTHORITY (KCCMHA)
d/b/a INTEGRATED SERVICES OF KALAMAZOO
OPPOSING THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS) DECISIONS TO IMPLEMENT
CONFLICT FREE ACCESS AND PLANNING IN MICHIGAN**

WHEREAS (KCCMHA) is a Participating Public Community Mental Health Services Program Authority of the Southwest Michigan Behavioral Health (SWMBH) Prepaid Inpatient Health Plan (PIHP) Region 4 Regional Entity comprised of eight counties.

WHEREAS MDHHS has announced its decision to require public Community Mental Health Services Programs (CMHSPs) to separate service assessment and planning from service delivery, requiring Medicaid beneficiaries to receive the assessment and planning services from one entity and ongoing direct services from another, separate entity effective October 1, 2024.

WHEREAS the interruption or loss of services for the 7,952 residents of Kalamazoo County with Serious Mental Illnesses, Serious Emotional Disturbances, co-occurring substance use disorders, and intellectual or developmental disabilities to whom KCCMHA d/b/a Integrated Services of Kalamazoo (ISK) provided services during the State Fiscal Year 2023 would be disastrous to many individuals that currently receive service assessments, planning, and service delivery from ISK.

WHEREAS after careful review the conclusions of the ISK Board of Directors are that the current MDHHS decision:

Is in conflict with the statutory responsibilities of CMHSPs under Michigan law. Erroneously implies profit driven or undue enrichment motives on the part of governmental entities (i.e., CMHSPs and PIHPs) instead of recognizing what is actually a formal transfer of governmental responsibility from the State of Michigan to the counties for the delivery of public community mental health specialty supports and services. Ignores the unique Michigan Medicaid Managed Specialty Supports and Services shared risk based prepaid capitation financing system arrangement between PIHPs and MDHHS which militates against conflict-of-interest concerns.

Is in conflict with the Certified Community Behavioral Health Clinic (CCBHC) state demonstration model currently implemented and expanded in the State of Michigan. Ignores, at best, and disregards, at worst, input from persons with lived experience that have consistently stated that the available procedural safeguards, including statutorily required recipient rights protections, are preferable to systemic and structural upheaval inherent in the MDHHS announced decisions regarding implementation of Conflict Free Access and Planning federal requirements.

THEREFORE, BE IT UNANIMOUSLY RESOLVED THAT, in the strongest possible terms, and for the reasons stated herein, the KCCMHA Board of Directors opposes the MDHHS announced structural strategies for compliance with the federal Conflict Free Access and Planning rules.

BE IT FURTHER UNANIMOUSLY RESOLVED THAT, the KCCMHA Board of Directors requests that MDHHS reconsider its current decisions and honor the federal Centers for Medicare and Medicaid Services (CMS) waiver approval of procedural mitigation of conflict-of-interest concerns and pursue CMS approval of strengthened procedural safeguards against conflict-of-interest concerns in Michigan.

**ON BEHALF OF THE KALAMAZOO COUNTY COMMUNITY MENTAL HEALTH SERVICES AUTHORITY
d/b/a INTEGRATED SERVICES OF KALAMAZOO BOARD OF DIRECTORS**

Xx
Karen Longanecker/KCCMHA Board of Directors, CHAIR

July 22, 2024-Board Resolution 2024-1

6

7

SWMBH Fiscal Year 2023/2024
Preliminary Year-End Financial Condition

Fiscal Year 2023/2024	Amount
Medicaid Revenues	\$312,531,936
Projected Year-End Expenses	\$338,364,804
Projected Year-End Deficit	(\$25,832,868)

7

8

SWMBH Fiscal Year 2023/2024
Preliminary Year-End Financial Condition

Fiscal Year 2023/2024	Amount
Projected Year-End Deficit	(\$25,832,868)
SWMBH Full Responsibility	\$15,626,597
Remaining Amount	\$10,206,271

8

9

SWMBH Fiscal Year 2023/2024
Preliminary Year-End Financial Condition

MDHHS/PIHP Contract Shared Financial Risk Arrangement
Band #1 (100-105%) Band #2 (105-110%)

9

10

SWMBH Fiscal Year 2023/2024
Preliminary Year-End Financial Condition

Fiscal Year 2023/2024	Amount
Total Deficit Amount	(\$25,832,868)
SWMBH Financial Obligation	\$20,729,733
MDHHS Financial Obligation	\$5,103,135

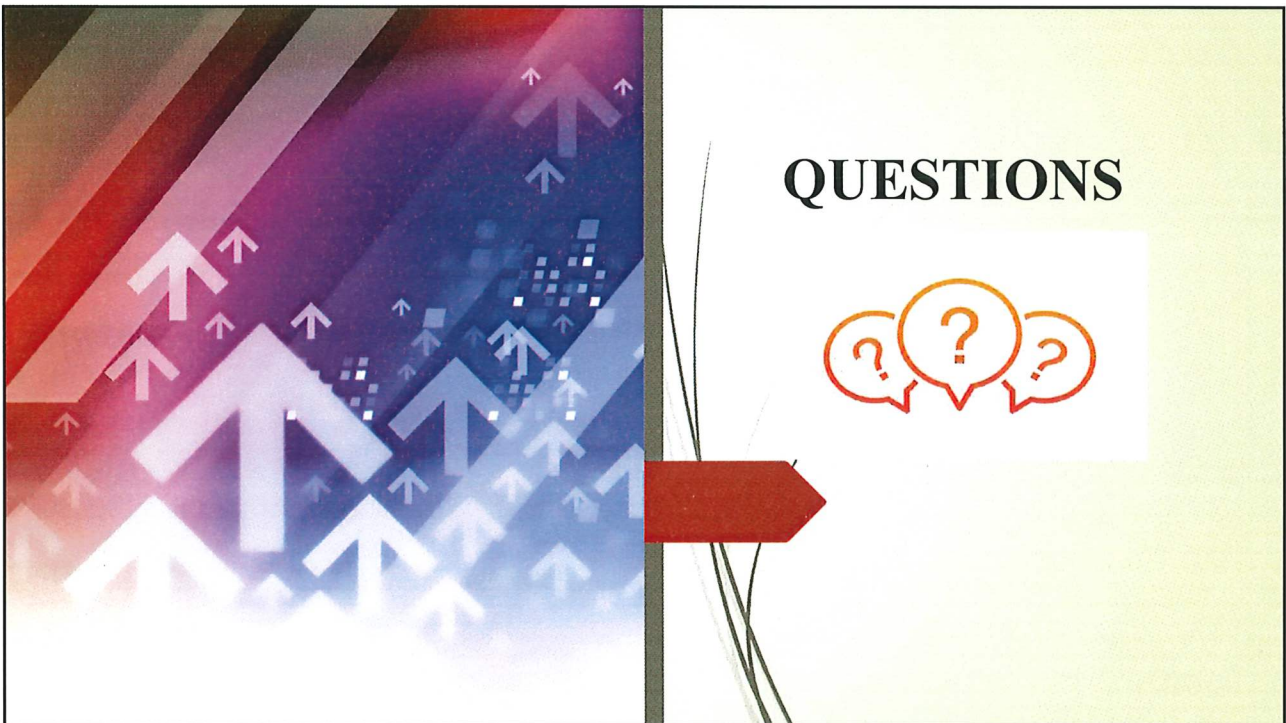
10

11


SWMBH Fiscal Year 2023/2024 Preliminary Year-End Financial Condition

Fiscal Year 2023/2024	Amount
SWMBH Internal Services Fund (ISF)	\$22,890,463
SWMBH Shared Financial Risk Obligation	\$20,729,733
Total SWMBH Remaining ISF at Year-End	\$2,160,730

11



QUESTIONS



12



Community • Independence • Empowerment

“ANNUAL PUBLIC HEARING”



Integrated Services of Kalamazoo (ISK) is holding its annual public hearing to gather input from individuals served, their families, advocates and community members on how to improve the delivery of services for individuals with mental illnesses, intellectual developmental disabilities, co-occurring disorders, and/or youth with serious emotional disorders and individuals with substance use disorders.

THOSE WHO ARE UNABLE TO ATTEND MAY SUBMIT WRITTEN TESTIMONY BY [JUNE 24, 2024](#)

TO:
Demeta J. Wallace
610 S. Burdick Street
Kalamazoo Michigan 49007
dwallace@iskzoo.org

THE PUBLIC IS WELCOME TO ATTEND!
Jeffrey W. Patton
Chief Executive Officer

July 22, 2024

Marilyn J. Schlack
Culinary and Allied
Health Building
KVCC
418 E. Walnut Street
Kalamazoo MI
49007
Room: CAH #223

3:00pm-4:00pm
ISK Board of Directors
July Meeting

4:00pm-5:30pm
ISK Board of Directors
RETREAT

5:30pm-7:00pm
ISK Board of Directors
Annual Public Hearing

*Integrated Services of
Kalamazoo*
610 S. Burdick Street
Kalamazoo MI 49007
269-553-8000
www.iskzoo.org