



Community • Independence • Empowerment

**Jeffrey W. Patton**  
Chief Executive Officer

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

Administrative Services:  
610 South Burdick Street  
Kalamazoo, MI 49007

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, October 28, 2024, BEGINNING @ 4:00PM via *Microsoft TEAMS* or in-person at 610 South Burdick Street/Kalamazoo, MI., / 2<sup>nd</sup> Floor – ISK Boardroom #220.

- I. CALL TO ORDER – CITY & COUNTY DECLARATION
- II. AGENDA
- III. CITIZEN TIME
- IV. RECIPIENT RIGHTS
  - a. Recipient Rights Monthly Report
  - b. Appointments to the ORR Appeals Committee MOTION
- V. PROGRAM SERVICE REPORT
  - a. *Wanda Brown*, Senior Executive, Integrated Health Services Clinic/Psychiatric Services
  - b. *Beth Ann Meints*, Administrator of Clinical Services/CCBHC Report VERBAL
- VI. CONSENT CALENDAR VERBAL MOTION
  - a. Minutes September 23, 2024
  - b. Board Purpose and Business Description (Policy)
  - c. Treatment of Persons Served w/Substantiated Complaints (Policy & Report)
  - d. Guidelines for Mission/Bylaws & Appointments (Policy)
  - e. Customer Services (Report)
  - f. Customer Advisory Council Annual (Report)
- VII. FINANCIAL REPORTS
  - a. Financial Condition Report
  - b. Utilization Report
  - c. Investment Report
  - d. *September 2024* Disbursement MOTION
- VIII. ACTION ITEMS - NEW or REVISITED
  - a. Amendment of ISK Board Bylaws MOTION
  - b. FSAC (Family Support Advisory Council) Appointments MOTION
  - c. 2025 Medical Plan Coverage Year MOTION
- IX. CHIEF EXECUTIVE OFFICER VERBAL REPORT
  - a. CEO Report
- X. CITIZEN TIME
- XI. BOARD MEMBER TIME
  - a. SWMBH (Southwest Michigan Behavioral Health) Updates Erik Krogh
    - ◆ Proposed ENDS based on Feedback from Ownership Linkage Activity
- XII. ADJOURNMENT

IV.a.

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

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

	September 2024	FY 23-24	September 2023	FY 22-23
<b>Total # of Complaints Closed</b>	<b>28</b>	<b>391</b>	<b>18</b>	<b>374</b>
<b>Total # of Allegations Closed</b>	<b>43</b>	<b>684</b>	<b>29</b>	<b>634</b>
<b>Total # of Allegations Substantiated</b>	<b>12</b>	<b>185</b>	<b>15</b>	<b>197</b>

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

<b>ALLEGATIONS</b>	<b>September 2024</b>		<b>September 2023</b>	
<b>Category</b>	<b>TOTAL</b>	<b>SUBSTANTIATED</b>	<b>TOTAL</b>	<b>SUBSTANTIATED</b>
Consumer Safety	5	2	4	2
Dignity/Respect of Consumer	7	1	3	1
Treatment Issues/Suitable Services (Including Person Centered Planning)	7	0	5	1
Abuse I	0	0	0	0
Abuse II	2	0	2	2
Abuse III	1	0	1	1
Neglect I	0	0	0	0
Neglect II	1	1	2	2
Neglect III	10	7	5	5
	<b>33</b>	<b>11</b>	<b>22</b>	<b>14</b>

<b>APPEALS</b>	<b>September 2024</b>	<b>FY 23-24</b>	<b>September 2023</b>	<b>FY 22-23</b>
Uphold Investigative Findings & Plan of Action	0	6	0	3
Return Investigation to ORR; Reopen or Reinvestigate	0	0	0	0
Uphold Investigative Findings but Recommend Respondent Take Additional or Different Action to Remedy the Violation	0	0	0	0
Request an External Investigation by the State ORR	0	0	0	0

**ABUSE AND NEGLECT DEFINITIONS – SUMMARIZED**

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

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

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

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

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

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

# ORR ADDENDUM TO MH BOARD REPORT

## October 2024

### Re: September 2024 Abuse/Neglect Violations

#### September

- There were two substantiated Abuse II violations in September 2024.
  - The remedial actions for these violations were Written Reprimand (3), Training (3), and Plan of Service Revision (1). There were two staff involved in one citation.

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

- There was one substantiated Abuse III violation in September 2024.
  - The remedial actions for this violation was Written Reprimand (2), and Training (2).

#### Neglect Violations

- There were two substantiated Neglect II violations in September 2024. One was a Failure to Report.
  - The remedial actions for these violations were Written Reprimand (3), and Training (3). There was one staff involved in one citation and two staff involved in the second citation.

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

- There were five substantiated Neglect III violations in September 2024. One was a Failure to Report.
  - The remedial actions for these violations were Employee Termination (1), Written Reprimand (4), Training (4), and Policy Revision/Development (1).

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

# Integrated Services of Kalamazoo

**Recommended Motion:**

“I MOVE TO APPOINT THE FOLLOWING INDIVIDUAL TO THE RECIPIENT RIGHTS APPEALS COMMITTEE: MELISSA WOOSLEY FOR A ONE YEAR TERM (BEGINNING OCTOBER 28, 2024-OCTOBER 28, 2025).”

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Date of Board  
Consideration: October 28, 2024

## Program Service Report

Oct 28, 2024

### Integrated Health Services Clinic Psychiatric Services

The Integrated Health Services Clinic at ISK continues to strive for excellence in delivering quality care to members of our community. Our goal is to create an atmosphere where everyone that we serve has an exceptional experience at every encounter. We are committed to providing equitable health care for all. We continue to look for ways to improve the way we deliver care for our clients/patients. We have made many changes since last year. A few noted changes/improvements are listed below.

- **Practice Support Assistant (PSA)** positions are fully occupied; this talented team is often the first point of contact when individuals present or call (telephone) for an appointment for services at the IHSC. Their duties include greeting all, check in, check out process and scheduling of appointments.
- **Nurse Care Manager (NCM)** this dynamic duo continues to lead the Medication Assistance Program (MAP), which was implemented in the 2<sup>nd</sup> quarter of 2024, the program has been successful and renewed for the current fiscal year. This program provides financial assistance to individuals who meet criteria and are having financial difficulties obtaining their prescribed medications. This team also collaborates with the ISK quality and compliance team to make certain that staff are complying to the metrics and regulations that are required by local, state, and federal entities.
- **IHSC Triage and Clinic Nurses**, these diverse team members wear many hats including but not limited to; linking the patients and their concerns to their assigned behavioral health medical team member, there has been a sharp increase in the number of prior authorization requests that are processed by this team due to health insurance companies' requirements than in the past. The nursing team has also played a pivotal role in the development of the IHSC Reconnect Clinic Hours more to come on this.
- **ISK/WMU Department of Psychiatry research collaboration** currently has six research studies in progress. This collaboration is progressing well. A summary or description of the studies is included in this report.
- **The IHSC Reconnect Clinic** has been developed to ensure all individuals in need of behavioral health/psychiatric services can receive safe, quality, and timely healthcare services. Over the past year the number of no-show appointments and cases of showing up more than ten minutes after the appointment start time has increased and available appointments or accessibility to appointments has decreased. This results in a longer wait time to be seen and receive services in the

clinic. When an individual is experiencing a crisis, it is imperative and best practice for patients to receive a timely appointment. There have been many occasions when the wait time exceeds six weeks before an individual can receive an appointment with one of the behavioral health/psychiatric services health team members. The development of this clinic has also identified the need to develop policies, procedures and guidelines that improve wait times for appointments. A thorough data search revealed that there have been many occasions when there were over 500 no show appointments per month; resulting patient and staff dissatisfaction and not being able to provide the highest level of quality care to the members of our community.

In February 2024, an ISK collaborative team started meeting to discuss improvement processes to improve the clinic workflow, improve accessibility, patient, and staff customer service. A timeline has been established which includes introductions, explanations, implementation, and continuous evaluation.

- **September 9, 2024**, a letter was also mailed to over 4,600 individuals that are currently receiving services at the clinic. The letter addressed changes to the IHSC Policies and Procedures; Arrival Time, No Show/Cancelled Appointments, Reconnect Clinic. The letter was scanned into the patient record. A tracking tool is used to keep a count of returned letters. As of October 18, 2024, approximately 225 letters have been returned. The scheduling team monitors and tracks the attendance; the individuals will be contacted in writing and by the case manager, and or nursing team member.
- **September 10, 2024**, a similar letter was sent via email to the ISK Staff and External Providers, addressing the same topics; Arrival Time, No Show/Cancelled Appointments, Reconnect Clinic.
- **October 1, 2024**, beginning of monitoring and tracking of attendance and late arrivals for individuals with scheduled Evaluation and Management appointments at the IHSC.
- **Later in October 2024**, a second letter will be sent to the ISK Staff and External Providers, providing more information and explanations of the upcoming changes.
- **November and December 2024**, continue to share the upcoming changes with staff, internal and external customers, providing explanations of the changes and providing clarification by adding the announcement to the ISK website and social media platforms.

**January 15, 2025**, is the tentative date of the official kick off for the IHSC Reconnect Clinic and compliance with the updated and newly implemented policies, procedures and processes of the ISK Integrated Health Services Clinic.

Wanda Brown, MSN, RN  
Senior Executive  
Integrated Services of Kalamazoo  
Integrated Health Services Clinic



October 21, 2024

**Research studies currently in progress at ISK**

Western Michigan University,

Dr. Homer Stryker, M. D.

School of Medicine

Department of Psychiatry

Eric Achtyes, M.D.

Professor and Chair

Lead Investigator

Dr. Valrie Honabue – Associate Investigator

Dr. Richard Myers – Associate Investigator

**-Behavioral Health Research Registry**, funded by a WMed grant – a brief interview to gain contact information and a brief summary of their current mental health symptoms to see if they qualify for any of our current studies. This registry also allows us to then contact the participants in the future to let them know about any future studies that they may qualify for.

**-ImpactTD study** 3-year longitudinal registry study funded by Teva – this is an observational real-world study to observe what the course of tardive dyskinesia is like for participants over the course of 3 years.

**-JOURNEY 1 study** 10-week study funded by Neurocrine – This is an investigational study to see if the adjunctive use of valbenazine, compared to placebo, helps reduce residual symptoms of schizophrenia. (Also, this study will most likely close to recruitment this week October 21, 2024).

**-Arise study** 6-week study (KAR-012 is the initial study and KAR-013 is the extension study funded by Karuna now a part of Bristol Myers Squibb – This is also an investigational study to see if the adjunctive use of KAR-XT (xanomeline + trospium), which has just recently been approved by the FDA as Cobenfy, compared to placebo, will help inadequately controlled symptoms of schizophrenia.

**-MSU's VEMP 2 study** funded by an NIMH grant- This study is testing to see if there are differences in how people with chronic schizophrenia vs. newly diagnosed patients experience visual perception by using eye tracking programs, assessments, interviews and optional fMRI's.

**Dartmouth's SWITCH-IT study**, 26-week study funded by a NIDA grant, and we plan to start working on that study in the next few weeks. - To compare the impact of e-cigarette (e-cig) provision with or without behavioral support (SWITCH IT) delivered via telehealth on harm reduction among smokers with serious mental illness who have not been able to quit smoking and are not ready to pursue cessation treatment.

WB/10/2024



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

To: Individuals Served at the ISK Integrated Health Services Clinic (IHSC)  
From: ISK IHSC  
Re: Changes to IHSC Policies and Procedures  
Date: September 9, 2024

Changes are being made at the IHSC. Below is an outline of these changes.

### **Arrival Time**

It is the expectation that all individuals receiving services at the IHSC arrive at least fifteen (15) minutes before their scheduled appointment.

Arriving more than ten (10) minutes late or cancelling an appointment with less than twenty-four (24) hours' notice will count as a "No Show."

There will be a grace period of understanding while the IHSC communicates these changes.

### **No Show/Cancelled Appointments**

ISK wants to provide you excellent, quality care. When you cancel an appointment without giving enough notice or do not show up for your scheduled appointment, it prevents other people from being seen. We understand that things come up and appointments cannot be kept. When this happens, we ask for as much notice as possible.

Beginning October 1, 2024, the IHSC Scheduling Team will start checking and tracking your No Show/Cancelled appointments.

Arriving more than ten (10) minutes late or cancelling an appointment with less than twenty-four (24) hours' notice will count as a "No Show." Cancelled appointments are those made by you, your Legal Representative, or your Primary Clinician.

If the IHSC needs to cancel an appointment, they will do their best to give you 24 hours' notice. If ISK cancels an appointment, it will not count against you.

### **Reconnect Clinic**

The IHSC is developing a Reconnect Clinic. We want to make sure you can get safe, quality, and timely services. More information about the Reconnect Clinic will be communicated soon.

ISK wants to be flexible and support you in your recovery. We want you to lead successful, independent lives. We appreciate your support with these upcoming changes.

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610 South Burdick Street,  
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To: ISK Staff and External Providers  
From: ISK Integrated Health Services Clinic (IHSC)  
Re: Changes to IHSC Policies and Procedures  
Date: September 11, 2024

The IHSC will be making changes regarding medical standards of care that will increase accessibility and better quality of care for those we serve.

### **Arrival Time**

To demonstrate respect toward adhering to scheduled appointment times, Providers' schedules, and reducing delays in seeing Providers, it is the expectation that individuals arrive at least fifteen (15) minutes prior to their scheduled appointment.

Arriving more than ten (10) minutes late or cancelling an appointment with less than twenty-four (24) hours' notice will count as a "No Show."

There will be a grace period of understanding while the IHSC communicates these changes to individuals served.

### **No Show/Late Cancelled Appointments**

ISK is committed to providing our individuals with excellent quality care. When an individual/family cancels an appointment without providing enough notice, or does not present for their scheduled appointment, it prevents other people from being seen.

Beginning October 1, 2024, the IHSC Scheduling Team will start monitoring and tracking the attendance of individuals with scheduled appointments at the IHSC in the following manner:

Individuals who have:

1. Greater than two (2) no shows\* within a six (6) month period
2. Greater than two (2) late cancelled\*\* appointments within a six (6) month period; or
3. A combination of greater than two (2) no shows and/or (2) late cancelled appointments

\*Arriving more than ten (10) minutes late counts as a No Show;

\*\*Cancelled appointments are those made by an individual, their Legal Representative, or a Primary Clinician. Cancelling an appointment with less than twenty-four (24) hours' notice will count as a "No Show"/Late Cancelled Appointment.

If the IHSC needs to cancel an appointment, they will do their best to give 24 hours' notice. If ISK cancels a scheduled appointment with an individual served, it will not count against them.

### **Reconnect Clinic**

The IHSC is developing a Reconnect Clinic to ensure all individuals in need of behavioral health/psychiatric services can receive safe, quality, and timely healthcare services.

ISK strives to be flexible and support individuals served in their recovery and to empower them to lead successful, independent lives.

You are encouraged to discuss these upcoming changes to policies and procedures at the IHSC with individuals served. More information is forthcoming regarding the Reconnect Clinic and how it will impact and assist those we serve.

We appreciate your support with the updated policies, procedures, and the implementation of these changes. If you have any questions or concerns, please contact Wanda Brown ([WBrown@iskzoo.org](mailto:WBrown@iskzoo.org)), Senior Executive for the IHSC.

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



Community • Independence • Empowerment

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

September 23, 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	Kalamazoo/Kalamazoo	
Michael Raphelson	X	Kalamazoo/Kalamazoo	
Sharon Spears			X
Erik Krogh	X	Kalamazoo/Kalamazoo	
Melissa Woosley			X
John Taylor, <i>COMMISSIONER</i>			X

ISK - Staff Present:

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

Providers/Guests:

Latrevia Boston  
Executive Director  
ASK Family  
Services  
Shenetta Coleman  
Chief Executive  
Officer  
ROI  
Fi Spalvieri  
Chief Executive  
Officer  
CLO



Call to Order

The Board of Directors (Integrated Services of Kalamazoo) held their meeting on Monday, September 23, 2024. It began @ 4:01PM and was presided over by Chair, *Karen Longanecker*.

## Agenda

### MOTION

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

Citizen Time No citizens came forth.

### Budget Public Hearing FY2024-2025/MOTION & ROLL

Chair (Karen Longanecker): "The Public Hearing on the *Integrated Services of Kalamazoo* Proposed FY24/25 Budget is now open."

The Chief Executive Officer (Jeff Patton): "Act 43 of the 1963 Public Acts, as amended, requires the Authority to hold a public hearing on its proposed FY24/25 budget prior to its final adoption."

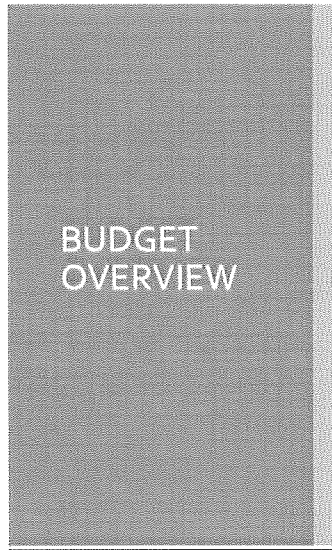
"In accordance with the statutes, notice of this public hearing was published in the Kalamazoo Gazette, a newspaper of general circulation within the community on September 13, 2024, and copies of the proposed budget have been available at the Administrative Offices and County Board of Commissioners Office for inspection by the public. Copies of the proposed budget are now available for any persons present who want to have a copy."

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

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

### Executive Summary FY24/25 Budget

<p>EXECUTIVE SUMMARY – BUDGET FY 24/25</p>	<ul style="list-style-type: none"> <li>• <b>State of the System – Current year funding</b> <ul style="list-style-type: none"> <li>• Significant Medicaid/HMP overspend in FY 2024: <ul style="list-style-type: none"> <li>• Medicaid enrollees dropped more than projected</li> <li>• State-wide, system is getting approximately \$80 million less than expected</li> <li>• SWMBH has a FY2024 deficit of approximately \$25M that will deplete the risk reserve and require MDHHS contribution</li> <li>• Expenditures in the region have grown faster than the state-wide average since 2022.</li> </ul> </li> <li>• CCBHC Funding is expected to increase, but so are the expenses based on additional state requirements.</li> </ul> </li> <li>• <b>State of the System – MDHHS Statewide Systemic Changes</b> <ul style="list-style-type: none"> <li>• On-going reenrollment challenges</li> <li>• CCBHC Demonstration expansion</li> <li>• MDHHS Consideration of 2024 rate adjustments (again). May have an impact on 2025 rate setting.</li> </ul> </li> </ul>
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- Direct Care wage enhancement continued
- 3% increases for most providers and Designated Collaborating Organizations
- 3% increase for ISK staff
- Increase in Medicaid & HMP funding due to projected increase in rates (based on draft rates).
- CCBHC revenues at an increased PPS-1 rate - \$369 (based on 2023 cost report). CCBHC expense have increased by \$3.5M due to new requirements.

To review the proposed FY24/25 budget, please use the following link: <https://iskzoo.org/about-us/board/>

### ISK FY2024/2025 Budget

#### MOTION

Member Krogh, “I MOVE APPROVAL OF THE INTEGRATES SERVICES OF KALAMAZOO FY2024/2025 BUDGET IN THE AMOUNT OF \$146,703,345.” Supported by Member Raphelson.

#### ROLL CALL VOTE:

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

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

#### MOTION PASSED.

The Annual Budget Public Hearing was closed at 4:55pm. Approved without dissent.

Financial Reports/Financial Condition Reports

Amy Rottman, ISK, Chief Financial Officer, presented the Financial Condition Reports for August 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 August 31, 2024.

- Autism Services is at (175) clients and is unfavorable at \$640,048
- Youth Community Inpatient Services is at (501) days and is unfavorable at \$407,507
- MI Adult Community Inpatient Services is at (653) days and is favorable at \$981,756
- Community Living Supports, Personal Care, and Crisis Residential is unfavorable at \$835,482

August DisbursementsMOTION

Member Guenther, "BASED ON THE BOARD FINANCE MEETING REVIEW, I move that ISK approve the August 2024 vendor disbursements of \$13,874,462.64." Supported by Vice Chair Seals. MOTION PASSED.

Recipient Rights

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

Abuse Violations

- There was one substantiated Abuse III violation in August 2024.
  - The remedial actions for this violation were Suspension (1), and Other (1).

Neglect Violations

- There were three substantiated Neglect III violations in August 2024.
  - The remedial actions for these violations were Employee left agency (1), Written Reprimand (2), and Training (3).

None of the violations occurred at the same agency.

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).

MOTION

Member Krogh, "I MOVE TO APPOINT THE FOLLOWING INDIVIDUAL TO THE RECIPIENT RIGHTS ADVISORY COMMITTEE (RRAC): COREY DEAN FOR A TWO-YEAR TERM (BEGINNING OCTOBER 22, 2024 – OCTOBER 22, 2026)." Supported by Vice Chair Seals.

MOTION PASSED.

Consent CalendarMOTION

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

- a. Minutes July 22, 2024
- b. Staff Treatment (Policy & Report)
- c. Compensation & Benefits (Policy & Report)
- d. Monitoring Executive Performance (Policy)

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

ACTION ITEMS - NEW or REVISITEDMOTION

- a. Board Nominating Committee
  - i. Board Nominating Committee Report

At its August 26, 2024 meeting, the ISK Board constituted the Nominating Committee consisting of Sharon Spears, Erik Krogh, Nkenge Bergan, and Patricia Guenther. The committee held its first meeting on August 26, 2024. Corporate Counsel Michael Schlack also attended the meeting.

At that meeting, discussion included a desire to make the nominating process more transparent and the committee decided to request ISK Board members contact the committee to express any interest in being nominated for Board chair/vice-chair. That was accomplished by an email from Michael Schlack on behalf of the Committee on August 27, 2024, which requested an expression of interest to Sharon Spears not later than September 10, 2024. An explanation of the chairperson's role as stated in ISK's Bylaws and Rules of Procedure was also provided. The Committee made plans to confer via telephone and/or email after September 10 to determine its next steps and finalize a report to the ISK Board.

Sharon Spears reported as of September 10 there was no expression of interest by any board members, other than those previously expressed by Karen Longanecker (chair) and Michael Seals (vice-chair). Thereafter, on September 11, 2024, the committee members unanimously agreed to recommend to the Board the following slate of officers:

- ✦ Karen Longanecker – Chair
- ✦ Michael Seals – Vice-chair

Respectfully given by ISK Board Nominating Committee  
Nkenge Bergan, Erik Krogh, Patricia Guenther & Sharon Spears



ii. Election of Officers

Member Guenther, "I MOVE TO APPROVE THE ELECTION RESULTS OF KAREN LONGANECKER AS THE CHAIR AND MICHAEL SEALS AS THE VICE CHAIR."

Supported by Member Krogh.

MOTION PASSED.

RESOLUTION – Renaming of 615 after Jeff Patton, CEO, ISK to *Jeffrey Wilson Patton*, Bronson Healthy Living, Integrated Health Services Clinic read by Michael Seals

Board Resolution Regarding ISK Building at 615 E Crosstown Parkway

September 23, 2024

WHEREAS Integrated Services of Kalamazoo's Mission, Vision and Values statement reflects our belief that every person served by our organization is an individual and has value, and that every human being has value; and

WHEREAS a well-run organization relies on its executive leadership to provide the foundational basis necessary to act in furtherance of the organization's mission, vision and values; and

WHEREAS the Board of Integrated Services of Kalamazoo recognizes and wishes to acknowledge that this organization is well-run, and further, that this organization is well-run due in large measure to the leadership and vision of Jeff Patton, its Chief Executive Officer; and

WHEREAS Jeff Patton has led Integrated Services of Kalamazoo as its chief executive since 2001; and

WHEREAS due to Jeff Patton's commitment to individuals served by Integrated Services of Kalamazoo as well as his commitment to Michigan's model of community mental health services, Integrated Services of Kalamazoo is recognized throughout the State of Michigan as a leader among Community Mental Health Services Providers (CMHSPs); and

WHEREAS among many examples, one example of Jeff Patton's leadership and vision for Integrated Services of Kalamazoo and the wider Kalamazoo area is the collaboration among Integrated Services of Kalamazoo, Kalamazoo Valley Community College and Bronson Healthcare Group that resulted in construction of the Bronson Healthy Living Campus, including an Integrated Health Services Clinic operated by Integrated Services of Kalamazoo, and a Culinary and Allied Health Building and Food Innovation Center operated by Kalamazoo Valley Community College; and

WHEREAS the Board of Integrated Services of Kalamazoo wishes to honor Jeff Patton's leadership and vision for this organization:

Now Therefore Be It Resolved as Follows:

Integrated Services of Kalamazoo's building located at 615 East Crosstown Parkway will be named the *Jeffrey Wilson Patton, Bronson Healthy Living*, Integrated Health Services Clinic.

Resolved by board motion on the 23rd day of September 2024.

Xx Karen Longenecker  
Karen Longenecker/CHAIR

Supported by Member Krogh.

RESOLUTION PASSED.

Appointment of Melissa Woosley to the ISK Board Representative to the UNHOUSED MOTION

Vice Chair Seals, “I move that the ISK Board appoint Melissa Woosley as the Board’s representative for services to people that are unhoused. I further move that the ISK board recognize the value of including the perspectives of unhoused individuals as part of ISK’s services by amending Article III, Section 1 of ISK’s Bylaws and Rules of Procedure to include a statement that at least one member of the ISK Board will have personal experience with homelessness.” Supported by Member Krogh.

Summary of Request

There were deficiencies noted in ISK’s recent HUD audit report regarding requirements in HUD’s policy manual ensuring representation and input by an individual who has personal experience being unhoused. This appointment and amendment to the Bylaws will be in lieu of creating a separate Advisory Council and will address the audit deficiencies.

MOTION PASSED.

Chief Executive Officer Report

I would like to commend, Amy Rottman, Charlotte Bowser and the entire Finance staff for the excellent work shown in preparation for the FY24/25 Annual Budget Public Hearing. I’m grateful for the financial support and position that ISK is working within. The majority of the CMHSPs are presently experiencing deficits, but we are still hopeful that there will be increases to the Medicaid Rate. That information has not been released yet about the increases, but we will definitely keep the board informed as new information becomes available.

I’m extremely humbled by the resolution and the board bestowing such an honor upon me to have 615 renamed. Thank you for your kindness.

That concludes my report.

Citizen Time

Fi Spalvieri

Chief Executive Officer/CLO

I would like to express my gratitude to Jeff and the ISK Board of Directors for approving the increase to the provider agencies in the FY24/25 Budget. These are uncertain times and budgets are very tight, so again, I thank you for approving this increase and the continued support from ISK.

SWMBH (Southwest Michigan Behavioral Health) Updates/Erik Krogh

SWMBH has implemented a Finance Committee similar to ISK’s committee & procedures to meet about the finances prior to the board meetings. It is projected, but a final decision has not been shared that the Medicaid Rate increase may be 8%. When new details are released, I will report it at our next meeting.

That concludes my report.

Meeting ended at 5:34PM.

Demeta J. Wallace

*Administrative Coordinator & Board Liaison*

Integrated Services of Kalamazoo Board of Directors



Community • Integration • Change • Progress • End

# INTEGRATED SERVICES OF KALAMAZOO

## BOARD POLICY II.01

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

### PURPOSE/EXPLANATION

To identify the purpose and business description of the Board.

### POLICY

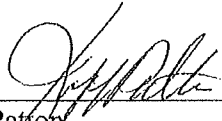
The purpose of governance is that the Board, on behalf of the citizens of Kalamazoo County, guarantees the accountability of Integrated Services of Kalamazoo (ISK) by assuring that it (a) achieves appropriate results for the appropriate persons at an appropriate cost and (b) avoids unacceptable activities,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

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

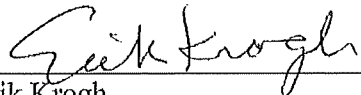
- A. The link between the organization and the citizens of Kalamazoo County.
- B. Written governing policies which, at the broadest levels, address:
  1. *Ends*  
The outcomes, impacts, benefits of services provided for the persons served and their relative worth (what good for which needs and within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

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

**CHIEF EXECUTIVE OFFICER:**

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

**APPROVED:**

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

## INTEGRATED SERVICES OF KALAMAZOO

## BOARD POLICY V.01

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

**PURPOSE/EXPLANATION**

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

**POLICY**


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

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

## REFERENCES

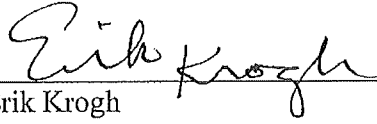
- Public Act 258 of 1974 (Mental Health Code) supplemented through Act 152 of 1996: Sec. 232
- Person-Centered Planning Practice Guideline Attachment P3.4.1.1 to MDHHS contract PIHP's (most current published version)
- MDHHS, Behavioral Health and Developmental Disabilities Administration, TREATMENT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

**CHIEF EXECUTIVE OFFICER**



Jeff Patton  
Chief Executive Officer

**BOARD CHAIR**



Erik Krogh  
Board Chair





Community • Independence • Empowerment

## ***TREATMENT OF PERSONS SERVED***

*October 2024*

*FY24 Data April 1, 2024 – September 30, 2024*

**Integrated Services of Kalamazoo  
Treatment of Persons Served Report  
October 2024**

**EXECUTIVE LIMITATION POLICY:**

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

**ACCORDINGLY, THE CHIEF EXECUTIVE OFFICER MAY NOT:**

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

*Response:*

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

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

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

*Response:*

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

*ISK is compliant with this requirement.*

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

*Response:*

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

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

*ISK is compliant with this requirement.*

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

*Response:*

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

*ISK is compliant with this requirement.*

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

*Response:*

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

*ISK is compliant with this requirement.*

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

*Response:*

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

*ISK is compliant with this requirement.*

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

Response

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

*ISK is compliant with these requirements.*

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

Response

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

*ISK is compliant with this requirement.*

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

Response

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

*ISK is compliant with these requirements.*

- J. Fail to administer a Person-centered Process for persons receiving mental health services**

- K. Fail to include families in the planning and delivery of services.**

Response

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

*ISK is compliant with these requirements.*

**OFFICE OF RECIPIENT RIGHTS**  
**SUBSTANTIATED COMPLAINTS - DATA**  
**April 1, 2024-September 30, 2024**

**TOTAL FOR ALL CATEGORIES: 292**

<b>CATEGORY:</b>	<b>#</b>	<b>CATEGORY</b>	<b>#</b>
<u><b>Abuse/Neglect</b></u>		<u><b>Personal Property</b></u>	
Abuse I	1	Possession and Use	3
Abuse II	16		
Abuse III	29		
Neglect I	1		
Neglect II	1		
Neglect III	46		
Sexual Abuse	2		
<u><b>Admission/Discharge</b></u>		<u><b>Photographs, Fingerprints,</b></u>	0
Second Opinion/denial of	0	Audiotapes, One-Way Glass	0
Hospitalization		Prior Consent	0
<u><b>Communications/Visits</b></u>		<u><b>Rights Protection System</b></u>	
Access to Phone	1	Access to Rights System	0
Visitation	1	Comp. Investigation Process	1
Uncensored mail	0	Failure to Report	3
		Retaliation/harassment	6
<u><b>Confidentiality</b></u>		<u><b>Suitable Services</b></u>	
Disclosure of Confidential Info.	7	MH Services Suited to Condition	63
Withholding of Information	1	Informed Consent	0
Privileged Communication	0	Services of MH Professional	0
Correction of Record	1		
<u><b>Family Rights</b></u>		<u><b>Treatment Environment</b></u>	
	18	Safe Environment/Sanitary/Humane Environment	25
		Dignity/Respect	60
		Assessment of Needs	0
<u><b>Financial</b></u>		<u><b>Treatment Planning</b></u>	
Safeguarding money	0	Person-Centered Planning	1
Ability to use or spend as desired	0	Timely Development of Plan	0
Labor and Compensation	0	Treatment Planning: Other	0
Easy Access to Money in Account	0		
<u><b>Freedom of Movement</b></u>	2	<u><b>Civil Rights</b></u>	
Seclusion	0	Religion Practice	0
Restrictions/Limitations	0	Discrimination	1
Restraint	0		
Least Restrictive Setting	2		

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

# INTEGRATED SERVICES OF KALAMAZOO

## BOARD POLICY I.03

AREA:	Governance	
SECTION:	Mission/Vision/Values & Bylaws	PAGE: 1 of 3
SUBJECT:	<b>GUIDELINES FOR BOARD MEMBER APPOINTMENTS</b>	SUPERSEDES: 10/31/2019 REVISED: 10/28/2019

### PURPOSE/EXPLANATION

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

### POLICY

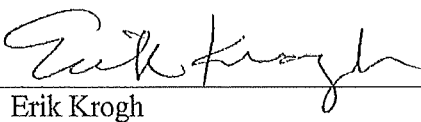
- I. ISK desires broad community representation on its Board and it shall be the policy of this organization to actively seek members who will represent the individuals being served by ISK, in terms of geographic area (within Kalamazoo County), race, ethnicity, sex, gender identity, disability, age,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

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

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

**REFERENCE**

- Michigan Mental Health Code (MCL 330.1222)

**CHIEF EXECUTIVE OFFICER**  
\_\_\_\_\_  
Jeff Patton  
Chief Executive Officer**APPROVED**  
\_\_\_\_\_  
Erik Krogh  
Board Chair



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

VI.e.

*Covering Activities April 1, through September 30, 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 preparation– ISK implemented our planned updates to orientation process. We have modified a few of the documents we are using to track the passing of information to individuals served at “intake” and “annual planning”. We have also increased access to information through the “patient portal” area within our medical record system. Preparation activities have started for our next accreditation survey anticipated in spring 2025.

Root Cause Analyses for Sentinel Events: For this fiscal year, individuals served by ISK were involved in 16 unfortunate sentinel events. The use of illicit drugs continues to be of concern for individuals connected with ISK. There are 3 cases still under review that were reported at the end of the fy – each was reported to ISK as death by suicide.

ISK Endowment Fund. In wrap up of 2023-2024 fiscal year, ISK awarded out a total of \$87,779.41. For the new 2024-2025 year just underway, we have made available 13 awards and \$90,000.00 so far.

Suicide Prevention Planning Team: CS Manager continues membership on the planning committee. For this fiscal year in total, CS Manager has co-taught in 8 MHFA classes (2 for adults supporting youth). As well as co-facilitating 2 safeTALK classes for this year.

Supporting Customer Grievances and Appeals: See *ISK FY 23-24 YTD Grievance and Appeal data summary as an attachment to this report*. CS Manager and Health Information/Risk Oversight Manager have hired new individual for the shared Program Specialist position and this individual is engaged in creating and sending Notice of Adverse Benefit Determination documentation to individuals served by ISK.

State-wide meetings/committees:

Committee	Activity
Customer Services	<ul style="list-style-type: none"> <li>Continued to participate in participate in meetings and peer collaboration.</li> <li>Advocate for enhancements to the PCE electronic health record system through state-wide work group. ISK's version is called KARE internally.</li> </ul>

Questions about this report can be sent to Teresa Lewis, LBSW at 553-7000 or [tlewis@iskzoo.org](mailto:tlewis@iskzoo.org).

## Data Review and Recommendations

**Type of Data:** Customer Grievances and Appeals and SWMBH survey feedback

**Time Period of data reviewed:** FY 23-24 data will be part of the December 2024 meeting agenda.

**Summary of findings:** unable to determine at this time.

**Recommendations for Board:** Board will be updated if there are recommendations from CAC data review. Members are interested in how they can encourage and influence positive changes at ISK.

## Consultations and Feedback

**Topic:** ISK CCBHC Implementation

**Requesting Department:** CCBHC Project Management

**Recommendations/Discussion Points of CAC:**

- Key this year, members continued to provide input and suggestions into services and programming within ISK's CCBHC framework. Specific topics included the re-structure of the ISK Integrated Clinic, and the plans for crisis stabilization services. Members are looking forward to a preview tour of the crisis stabilization unit as it is developed. They were able to tour the UCAC and provided constructive feedback prior to official opening.

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

**Topic:** ISK Suicide Prevention Grants/Projects

**Requesting Department:** MIA/Zero Suicide Grant/Youth Grants

**Recommendations/Discussion Points of CAC:**

- Staff training continues to be a key interest for CAC members. One specific ask this year has been about how ISK can make use of "caring contact" notes and calls when individuals served are facing adversity.

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

**Topic:** ISK Supporting Integrated Services – Occupational Therapy

**Requesting Department:** CCBHC

**Recommendations/Discussion Points of CAC:**

- Members provided input for how they have personally benefited from OT supports and how OT could be coordinated with mental health supports.

**Topic:** ISK Community Health Workers

**Requesting Department:** CAC

**Recommendations/Discussion Points of CAC:**

- Members asked for session to review and learn more about the services and supports available from the Community Health Workers of ISK.

**Topic:** ISK utilizing photo identification as part of customer records

**Requesting Department:** Information Technology

**Recommendations/Discussion Points of CAC:**

- Members were asked for their feedback about adding photos to their case records. Overall, the use of photos was supported as a means to enhance security of information. Members did ask for signed permission be granted first and ability to revoke that permission later.
- Feedback was provided to IT to take under advisement.

## Project Plans

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

**Status Update:** The CAC updated a previous work to encourage individuals to be advocates for themselves at doctor appointments.

## Community Resources

Members requested session regarding the services available from community libraries. Librarian staff member from Portage Public Library reviewed benefits of library cards and the array of services Libraries can offer in addition to the traditional books that are most commonly known.

Members also requested session with Gryphon Place to learn more about all of the services available from Gryphon. Susanne Rickman provided the information to members.

## Community Activities

On September 17, 2024 CAC members (as well as others who participate in services from ISK) again participate in the Walk-A-Mile In-My-Shoes advocacy rally at the state capital. ISK once again funded transportation and boxed lunches. We continue to partner with the Recovery Institute and ASK Services for Kids to make the event happen. This year, we were supported by Cardinal Bus Charters and Jimmy Johns of Downtown Kalamazoo to make the day complete. CAC members crafted the Walk-A-Mile statement for Kalamazoo County of: *Recovery means I am empowered to do what I need to do to take care of myself.*

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

## Other

During the year, our membership has increased by 3 new participants. We continue to take advantage of the space at the Burdick building to utilize technology and continue to offer members opportunity to participate in meetings via audio and video means. Burdick was confirmed as the preferred meeting location of the ISK building sites.

The CAC Charter was also reviewed and updated with members this year.

## For more information

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

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

**KALAMAZOO OVERALL TOTALS**

Activity	Outcome	Q1	Q2	Q3	Q4	Total Events:
<b>Local Appeals</b> Including: Termination Reduction Suspension of current services and Denial of additional services	Withdrawn					0
	Decision Upheld/Affirmed	2	2	2		6
	Decision Overturned	1		1	1	3
	Settled/Resolved	1				1
<b>Access 2<sup>nd</sup> Opinions</b>	Withdrawn					0
	Decision Upheld/Affirmed					0
	Decision Overturned					0
	Settled/Resolved					0
<b>Hospital 2<sup>nd</sup> Opinions</b>	Withdrawn					0
	Decision Upheld/Affirmed					0
	Decision Overturned					0
	Settled/Resolved					0
<b>State-level Appeal intervention</b>	Withdrawn		1	1		2
	Decision Affirmed					0
	Decision Overturned					0
	Split Resolution					0
	Settled/Resolved					0
<b>Grievances</b>	Withdrawn				1	1
	Information only		1			1
	Settled/Resolved	4		2	2	8
	Recipient Rights Referral	1				1
<b>TOTAL events:</b>		<b>9</b>	<b>4</b>	<b>6</b>	<b>4</b>	<b>23</b>

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

	Q1	Q2	Q3	Q4	FY
Assisted to return to Access/Services	1	10	8	6	25
Provide info on Advance Directives					0
Provided Community Outreach/Referral Information	1	3	5		9
Assisted to file Recipient Rights Complaint	2			2	4
Linked to Financial Determination		3		1	4
Grievance filed		1	1		2
Appeal filed		2			2
Situation Resolved with Customer Services	28	14	40	33	115
Other:	8	7			15

*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*

*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.*

*Quarter3: 54 total customers had issues addressed through customer services interventions. Contact requests/outcomes included - contact with primary clinician, UCAC referral, provider changes, information/materials request*

*Quarter 4: 42 total individuals had contact with customer service office for issues that were not directly grievances or appeals. CS continues to listen and provide support and information as requested. Other frequent outcomes include connecting callers to primary clinician, and UCAC.*

<b>OVERALL</b>	<b>40</b>	<b>40</b>	<b>54</b>	<b>42</b>	<b>176</b>
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**INTEGRATED  
SERVICES OF  
KALAMAZOO**



**Period Ended  
September 30,  
2024**

**Monthly Finance  
Report**

# INTEGRATED SERVICES OF KALAMAZOO

## Statement of Net Position

September 30, 2024

	September 2023 (unaudited)	September 2024
<b>Assets</b>		
<b>Current assets</b>		
Cash and investments	\$ 33,555,119	\$ 23,298,560
Accounts receivable	3,737,499	900,705
Due from other governments	22,768	11,035,862
Prepaid items	920,922	1,046,930
<b>Total current assets</b>	<u>38,236,308</u>	<u>36,282,058</u>
<b>Non-current assets</b>		
Capital assets, net of accumulated depreciation	13,462,972	13,511,614
Net pension asset, net of deferred outflows	7,339,625	7,214,053
<b>Total non-current assets</b>	<u>20,802,597</u>	<u>20,725,667</u>
<b>Total assets</b>	<u>\$ 59,038,905</u>	<u>\$ 57,007,725</u>
<b>Liabilities</b>		
<b>Current liabilities</b>		
Accounts payable	\$ 8,272,025	\$ 10,315,727
Due to other governments	1,821,806	79,216
Due to providers	-	-
Accrued payroll and payroll taxes	2,376,335	2,015,216
Unearned revenue	158,854	14,567
<b>Total current liabilities</b>	<u>12,629,020</u>	<u>12,424,727</u>
<b>Net position</b>		
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	72,108	(3,690,287)
<b>Net position</b>	<u>\$ 46,409,885</u>	<u>\$ 44,582,998</u>

## INTEGRATED SERVICES OF KALAMAZOO

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

October 1, 2023 through September 30, 2024

Percent of Year is 100.00%

	Original 2024 Budget	Amended 2024 Budget	YTD Totals 9/30/24	Remaining Budget	Percent of Budget - YTD
<b>Operating revenue</b>					
Medicaid:					
Traditional Capitation	\$ 59,535,085	\$ 66,795,738	65,989,163	\$ 806,575	98.79%
Healthy Michigan Capitation	12,302,122	5,424,971	4,369,428	1,055,543	80.54%
Settlement	-	6,091,209	11,036,029	(4,944,820)	181.18%
State General Fund:					
Formula Fundings	3,705,491	3,705,491	3,900,517	(195,026)	105.26%
CCBHC Demonstration	27,297,101	27,297,101	28,082,883	(785,782)	102.88%
CCBHC Quality Bonus	-	-	1,005,491	(1,005,491)	0.00%
CCBHC Accrual	-	-	(586,969)	586,969	0.00%
County Allocation	1,550,400	1,550,400	1,550,400	-	100.00%
Client Fees	357,483	744,432	852,826	(108,394)	114.56%
SUD Block Grant	-	-	111,957	(111,957)	0.00%
Other grant revenue	7,071,254	8,674,664	8,764,273	(89,609)	101.03%
Other earned contracts	2,752,649	3,327,003	1,401,246	1,925,757	42.12%
COFR	-	-	391	(391)	0.00%
Interest	1,000	181,991	182,141	(150)	100.08%
Local revenue	10,000	796,920	808,817	(11,897)	101.49%
<b>Total operating revenue</b>	<b>\$ 114,582,585</b>	<b>\$ 124,589,921</b>	<b>\$ 127,468,592</b>	<b>\$ (2,878,672)</b>	<b>102.31%</b>
<b>Operating expenses</b>					
Salaries and wages	\$ 27,984,525	\$ 28,582,297	\$ 27,051,881	1,530,415	94.65%
Employee benefits	10,070,805	10,283,254	8,664,948	1,618,305	84.26%
Staff development	280,317	299,757	213,995	85,762	71.39%
Payments to providers	76,194,079	82,605,878	83,101,246	(495,368)	100.60%
Administrative contracts	7,781,913	8,453,610	9,203,916	(750,306)	108.88%
IT software and equipment	692,972	700,623	675,173	25,450	96.37%
Client transportation	41,100	42,600	34,808	7,792	81.71%
Staff travel	322,767	357,718	294,982	62,736	82.46%
Office expenses	515,667	527,139	460,073	67,066	87.28%
Insurance expense	128,035	128,035	132,907	(4,872)	103.81%
Depreciation expense	589,832	589,610	632,873	(43,263)	107.34%
Utilities	374,796	389,838	345,653	44,185	88.67%
Facilities	-	-	41,315	(41,315)	0.00%
Local match	617,788	305,108	305,108	-	100.00%
<b>Total operating expenses</b>	<b>\$ 125,594,595</b>	<b>\$ 133,265,466</b>	<b>\$ 131,158,879</b>	<b>\$ 2,106,588</b>	<b>98.42%</b>
<b>Change in net position</b>	<b>(11,012,010)</b>	<b>(8,675,546)</b>	<b>(3,690,287)</b>	<b>\$ (4,985,259)</b>	
<b>Beginning net position</b>	<b>48,273,285</b>	<b>48,273,285</b>	<b>48,273,285</b>		
<b>Ending net position</b>	<b>\$ 37,261,275</b>	<b>\$ 39,597,739</b>	<b>\$ 44,582,998</b>		



## INTEGRATED SERVICES OF KALAMAZOO

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

October 1, 2023 through September 30, 2024

Percent of Year is 100.00%

	Specialty Services		Healthy Michigan		SUD Block Grant		Totals		
	Budget	YTD Totals 9/30/24	YTD Budget	YTD Totals 9/30/24	YTD Budget	YTD Totals 9/30/24	YTD Budget	YTD Totals 9/30/24	Variance
<b>Operating revenue</b>									
Medicaid:									
Traditional Capitation	\$ 66,795,738	\$ 79,368,008	\$ -	\$ -	\$ -	\$ 111,957	\$ 66,795,738	\$ 79,479,965	\$ 12,684,227
Healthy Michigan Capitation	-	-	5,424,971	7,724,676	-	-	5,424,971	7,724,676	2,299,705
CCBHC Base Payment	-	(13,378,845)	-	(3,355,248)	-	-	-	(16,734,093)	(16,734,093)
Settlement Estimate	11,024,634	10,451,979	(149,876)	696,007	-	(111,957)	10,874,758	11,036,029	161,271
Client Fees	-	6,527	-	220	-	-	-	6,747	6,747
<b>Total operating revenue</b>	<b>\$ 77,820,372</b>	<b>\$ 76,447,669</b>	<b>\$ 5,275,095</b>	<b>\$ 5,065,655</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 83,095,467</b>	<b>\$ 81,513,324</b>	<b>\$ (1,582,143)</b>
<b>Operating expenses</b>									
Internal services	\$ 3,729,970	\$ 2,085,004	\$ 259,637	\$ 17,198	\$ -	\$ -	\$ 3,989,607	\$ 2,102,202	(1,887,404)
External services	67,934,344	68,366,958	4,542,222	4,651,163	-	-	72,476,566	73,018,121	541,555
Delegated managed care	6,156,059	5,995,707	473,236	397,294	-	-	6,629,294	6,393,001	(236,293)
<b>Total operating expenses</b>	<b>\$ 77,820,372</b>	<b>\$ 76,447,669</b>	<b>\$ 5,275,095</b>	<b>\$ 5,065,655</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 83,095,467</b>	<b>\$ 81,513,325</b>	<b>\$ (1,582,143)</b>
<b>Change in net position</b>	(0)	(0)	(0)	(0)	-	-	(0)	(1)	

## INTEGRATED SERVICES OF KALAMAZOO

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

October 1, 2023 through September 30, 2024

Percent of Year is 100.00%

	State General Fund		CCBHC		Other Funding Sources		Totals		
	YTD Budget	YTD Totals 9/30/24	YTD Budget	YTD Totals 9/30/24	YTD Budget	YTD Totals 9/30/24	YTD Budget	YTD Totals 9/30/24	Variance
<b>Operating revenue</b>									
General Fund	\$ 3,705,491	\$ 3,900,517	\$ -	\$ -	\$ -	\$ -	\$ 3,705,491	\$ 3,900,517	\$ 195,026
Projected GF Carryforward	-	-	-	-	-	-	-	-	-
CCBHC Demonstration	-	-	27,297,101	30,446,108	-	-	27,297,101	30,446,108	3,149,007
Other Federal and State Grants	-	-	-	-	8,764,939	7,660,849	8,764,939	7,660,849	(1,104,090)
Earned Revenue	-	-	-	-	2,639,083	575,697	2,639,083	575,697	(2,063,386)
COFR Revenue	-	-	-	-	16,800	391	16,800	391	(16,410)
Interest	-	-	-	-	1,000	182,141	1,000	182,141	181,141
County Allocation	-	-	-	-	1,550,400	1,550,400	1,550,400	1,550,400	-
Local Revenue	-	4,801	-	-	10,000	808,738	10,000	813,538	803,538
Transfer from GF	-	-	-	1,021,545	2,109,036	-	2,109,036	1,021,545	(1,087,491)
Settlement Revenue (Expense)	-	-	-	-	-	-	-	-	-
<b>Total operating revenue</b>	<b>\$ 3,705,491</b>	<b>\$ 3,905,318</b>	<b>\$ 27,297,101</b>	<b>\$ 31,467,653</b>	<b>\$ 15,091,258</b>	<b>\$ 10,778,215</b>	<b>\$ 46,093,850</b>	<b>\$ 46,151,185</b>	<b>\$ 57,335</b>
<b>Operating expenses</b>									
Internal Programs	330,569	\$ 604,832	\$ 32,246,049	\$ 24,817,088	\$ 101,283	\$ 73,320	\$ 32,677,901	\$ 25,495,240	\$ (7,182,662)
External Programs	1,163,851	2,052,770	-	6,960,698	-	658,844	1,163,851	9,672,312	8,508,461
Other Federal and State Grants	-	-	-	-	10,372,571	10,955,732	10,372,571	10,955,732	583,161
HUD Grants	-	-	-	-	1,279,824	1,611,577	1,279,824	1,611,577	331,753
Managed Care Administration	102,035	226,171	-	-	6,915	-	108,950	226,171	117,221
Homeless Shelter	-	-	-	-	529,126	474,415	529,126	474,415	(54,710)
Transfer from GF	2,109,036	1,021,545	-	-	-	-	2,109,036	1,021,545	(1,087,491)
Local match expense	-	-	-	-	1,304,600	305,108	1,304,600	305,108	(999,492)
Non-DCH Activity Expenditures	-	-	-	-	140,589	79,372	140,589	79,372	(61,217)
<b>Total operating expenses</b>	<b>\$ 3,705,491</b>	<b>\$ 3,905,318</b>	<b>\$ 32,246,049</b>	<b>\$ 31,777,786</b>	<b>\$ 13,734,908</b>	<b>\$ 14,158,368</b>	<b>\$ 49,686,447</b>	<b>\$ 49,841,472</b>	<b>155,025</b>
<b>Change in net position</b>	<b>0</b>	<b>0</b>	<b>(4,948,948)</b>	<b>(310,133)</b>	<b>1,356,351</b>	<b>(3,380,154)</b>	<b>\$ (3,592,597)</b>	<b>(3,690,287)</b>	<b>(97,690)</b>

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 September 30, 2024

Percent of Year is 100.00%

	CCBHC Medicaid	CCBHC Healthy MI	CCBHC Non-Medicaid	CCBHC YTD Totals
<b>Operating revenue</b>				
Prepayment	\$ 7,490,226	\$ 3,524,315	\$ 334,248	\$ 11,348,789
CCBHC SAMSHA Grant	-	-	1,103,424	1,103,424
CCBHC QBP	-	-	1,005,491	1,005,491
CCBHC Base Payment Reclass	13,378,845	3,355,248	-	16,734,093
Remaining CCBHC revenue due	398,842	(985,811)	-	(586,969)
Client fees	394,828	62,152	384,298	841,278
<b>Total CCBHC Revenue (PPS-1 of \$287.35 x encounters)</b>	<b>\$ 21,662,742</b>	<b>\$ 5,955,903</b>	<b>\$ 2,827,461</b>	<b>\$ 30,446,106</b>
<b>Operating expenses</b>				
Internal services	\$ 15,793,410	\$ 6,056,473	\$ 2,967,204	\$ 24,817,088
DCO Contracts	4,756,387	1,307,710	896,602	6,960,698
<b>Total operating expenses</b>	<b>\$ 20,549,797</b>	<b>\$ 7,364,183</b>	<b>\$ 3,863,806</b>	<b>\$ 31,777,786</b>
<b>Operating change in net position</b>	<b>1,112,945</b>	<b>(1,408,280)</b>	<b>(1,036,345)</b>	<b>(1,331,680)</b>
Reclassification to cover Non-Medicaid	-	-	1,021,545	1,021,545
<b>Total change in net position</b>	<b>\$ 1,112,945</b>	<b>\$ (1,408,280)</b>	<b>\$ (14,800)</b>	<b>\$ (310,135)</b>

### CCBHC Cost per daily visit

	2023	Quarter 1	Quarter 2	FY 2024
Total CCBHC Cost	\$ 27,687,187	\$ 7,369,913	\$ 15,384,690	\$ 31,777,786
Daily Visits	99,802	24,829	52,451	110,326
Cost per daily visit	277.42	296.83	293.32	288.04

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

UTILIZATION COMPARISONS FY 23/24										
MONTH	FY 22/23 Actual		FY 23/24 Budget		FY 23/24 Actual		Clients Served Difference	Cost Difference	Cost YTD	
	Clients Served	Dollars	Clients Served	Dollars	Clients Served	Dollars				
OCTOBER	131	\$608,106	175	\$828,374	167	\$789,944	8	\$38,430	\$38,430	
NOVEMBER	143	\$608,105	175	\$828,374	167	\$785,423	8	\$42,951	\$42,951	
DECEMBER	137	\$607,986	175	\$828,374	172	\$882,947	3	(\$54,573)	(\$54,573)	
JANUARY	150	\$208,540	175	\$828,374	183	\$793,167	(8)	\$35,207	\$35,207	
FEBRUARY	151	\$577,102	175	\$828,374	182	\$832,410	(7)	(\$4,036)	(\$4,036)	
MARCH	149	\$646,448	175	\$828,374	182	\$802,870	(7)	\$25,504	\$25,504	
APRIL	146	\$651,950	175	\$828,374	182	\$964,823	(7)	(136,449)	(136,449)	
MAY	148	\$679,184	175	\$828,374	182	\$973,468	(7)	(145,094)	(145,094)	
JUNE	149	\$781,874	175	\$828,374	181	\$919,481	(6)	(91,107)	(91,107)	
JULY	150	\$712,098	175	\$828,374	180	\$1,020,346	(5)	(191,972)	(191,972)	
AUGUST	156	\$734,675	175	\$828,374	180	\$987,283	(5)	(158,909)	(158,909)	
SEPTEMBER	158	\$986,689	175	\$828,374	179	\$943,423	(4)	(115,049)	(115,049)	
TOTALS	1,768	\$7,802,758	2,100	\$9,940,488	2,137	\$10,695,585	(37)	(\$755,097)		
MONTHLY AVERAGES	147		175		178					
GROSS ANNUAL COST		\$7,802,758		\$9,940,488		\$10,695,585		(\$755,097)		

Favorable/(Unfavorable):

Total (755,097)

**YOUTH COMMUNITY INPATIENT SERVICES**  
**Report Period: October 1st, 2023 through September 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	92	\$85,808	(46)	(\$37,902)		(\$37,902)
NOVEMBER	63	\$66,150	46	\$47,906	78	\$72,462	(32)	(\$24,556)		(\$24,556)
DECEMBER	37	\$38,735	46	\$47,906	139	\$129,020	(93)	(\$81,114)		(\$81,114)
JANUARY	53	\$55,661	46	\$47,906	73	\$67,966	(27)	(\$20,060)		(\$20,060)
FEBRUARY	55	\$57,939	46	\$47,906	101	\$93,755	(55)	(\$45,849)		(\$45,849)
MARCH	78	\$81,900	46	\$47,906	16	\$14,400	30	\$33,507		\$33,507
APRIL	90	\$94,500	46	\$47,906	170	\$157,466	(124)	(\$109,560)		(\$109,560)
MAY	62	\$65,100	46	\$47,906	50	\$46,450	(4)	\$1,456		\$1,456
JUNE	9	\$9,450	46	\$47,906	69	\$64,101	(23)	(\$16,195)		(\$16,195)
JULY	41	\$43,050	46	\$47,906	143	\$132,763	(97)	(\$84,857)		(\$84,857)
AUGUST	23	\$24,087	46	\$47,906	76	\$70,558	(30)	(\$22,652)		(\$22,652)
SEPTEMBER	54	\$56,312	46	\$47,906	120	\$111,452	(74)	(\$63,546)		(\$63,546)
TOTALS	635	\$665,675	549	\$574,872	1,126	\$1,046,199	(575)	(\$471,328)		
MONTHLY AVERAGES	53		46		94					
GROSS ANNUAL COST		\$665,675		\$574,872		\$1,046,199		(\$471,328)		

Favorable/(Unfavorable): Total (471,328)

# COMMUNITY INPATIENT SERVICES

Report Period: October 1st, 2023 through September 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	33	\$35,799	621	\$680,572	\$680,572	
NOVEMBER	686	\$714,410	654	\$716,371	352	\$373,018	302	\$343,353	\$343,353	
DECEMBER	704	\$732,356	654	\$716,371	601	\$633,797	53	\$82,575	\$82,575	
JANUARY	639	\$663,945	654	\$716,371	583	\$615,285	71	\$101,086	\$101,086	
FEBRUARY	656	\$683,828	654	\$716,371	681	\$718,593	(27)	(\$2,222)	(\$2,222)	
MARCH	635	\$660,537	654	\$716,371	815	\$860,902	(161)	(\$144,530)	(\$144,530)	
APRIL	543	\$565,345	654	\$716,371	616	\$649,551	38	\$66,820	\$66,820	
MAY	796	\$829,300	654	\$716,371	612	\$644,976	42	\$71,395	\$71,395	
JUNE	629	\$655,218	654	\$716,371	645	\$680,946	9	\$35,425	\$35,425	
JULY	757	\$789,744	654	\$716,371	709	\$746,405	(55)	(\$30,034)	(\$30,034)	
AUGUST	820	\$854,847	654	\$716,371	596	\$626,317	58	\$90,054	\$90,054	
SEPTEMBER	698	\$727,339	654	\$716,371	654	\$687,522	0	\$28,849	\$28,849	
TOTALS	8,463	\$8,782,625	7,848	\$8,596,454	6,896	\$7,273,111	951	\$1,323,343		
MONTHLY AVERAGES	705		654		575					
GROSS ANNUAL COST		\$8,782,625		8,596,454		\$7,273,111		\$1,323,343		

Favorable/(Unfavorable):

Total 1,323,343

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

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

SERVICE	FY 23/24 Budget				FY 23/24 Actual	
	Month	Avg. Daily Rate	No. Served	Days of Service	Dollars	Favorable / (Unfavorable)
PC/CLS	Sept	\$282	402	133,462	\$37,612,150	\$137,530
CRISIS RES.	Sept	\$575	68	830	\$477,594	\$489,493
CLS (SIP)	Sept	NA	386		\$13,520,978	\$190,318
Annual Cost						\$817,341

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

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

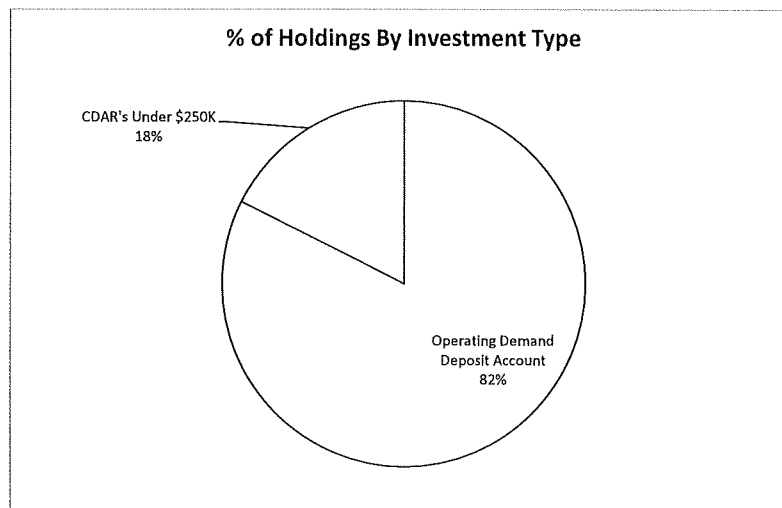
**Specialized Residential (S.R.)**-Licensed setting where Personal Care and Community Living Supports occur.

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

**Quarterly Cash & Investments Report**  
**Quarter Ending September 30th, 2024**

Financial Institution	Type of Investment	Cost Basis	Maturity Date	% Yield
<b>CASH</b>				
PNC	Operating Demand Deposit Account	\$19,008,413	NA	0.03%
	Payroll Account	\$3,719		
	Accrued Leave Reserve	\$121,258		
	Pretax Reimbursement Account	\$100,698		
	Various Petty Cash Funds	\$780		
	<b>Total Cash Accounts</b>	<b>\$19,234,868</b>		
<b>INVESTMENTS</b>				
CDAR's (via Independent Bank)	CD's Issued Under FDIC Limit of \$250,000	\$4,063,693		4.15%
Total CDAR's		\$4,063,693		
	<b>Total Investments</b>	<b><u>\$4,063,693</u></b>		
<b>TOTAL CASH AND INVESTMENTS</b>		<b><u><u>\$23,298,561</u></u></b>		

% of Holdings By Institution		% of Holdings By Investment Type	
PNC - Cash	82.56%	Cash	82.56%
CDAR's (via Independent Bank)	17.44%	CDAR's	17.44%
	100.00%		100.00%







Community • Independence • Empowerment

## Integrated Services of Kalamazoo

### MOTION

<b>Subject:</b>	<u>September 2024 Disbursements</u>	
<b>Meeting Date:</b>	<b>October 28, 2024</b>	<b>Approval Date:</b>
<b>Prepared by:</b>	Charlotte Bowser	<u><b>October 28, 2024</b></u>

#### Recommended Motion:

“Based on the Board Finance meeting review, I move that ISK approve the October 2024 vendor disbursements of \$11,166,791.40.”

#### Summary of Request:

As per the September 2024 Vendor Check Register Report dated 10/07/2024 that includes checks issued from 09/01/2024 to 09/30/2024.

I affirm that all payments identified in the monthly summary above are for previously appropriated amounts.

Staff: **C. Bowser, Director of Finance**

Date of Board

Consideration: **October 28, 2024**



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# Integrated Services of Kalamazoo

## MOTION

Subject: Amendment of Bylaws	Approval Date:
Meeting Date: October 28, 2024	October 28, 2024
Prepared by: Jeff Patton	

### Recommended Motion:

"I move that the ISK Board amend Article III, Section 1 of its Bylaws and rules of Procedure to include a provision that a least one member of the Board will have lived experience with homelessness."

### Summary of Request:

- ✦ At its September 2024 meeting, the Board approved a motion to appoint Melissa Woosley as the Board's representative for services to individuals that are unhoused and amend ISK's Bylaws to state at least one board member will have personal experience with homelessness. This motion is intended to complete the process.
- ✦ The amended section will read as follows, with new language in bold:

### Article III, Section 1:

#### Board Membership

- ✦ The Board shall consist of twelve (12) members who are appointed or removed by the Kalamazoo County Board of Commissioners. Board members shall have their primary place of residence in Kalamazoo County. "The composition of the Board shall be representative of providers of mental health services, agencies and occupations having a working involvement with mental health services, and the general public. At least one-third (1/3) of the membership shall be primary consumers or family members, and of that one-third (1/3) at least two members shall be primary consumers. Not more than four (4) members of the Board may be County Commissioners and not more than one-half (1/2) may be public officials, as defined by the Michigan Mental Health Code. All board members shall be 18 years of age or older." **In addition, at least one board member shall have personal experience with homelessness.**  
Reference: MCLA 330.1222

Budget: FY24-25  
Staff: JP

Date of Board  
Consideration: October 28, 2024

VIII.b.



Community • Independence • Empowerment

## Integrated Services of Kalamazoo Motion

Subject:	Family Support Advisory Council	Approval Date:
Meeting Date:	October 28, 2024	<u>October 28, 2024</u>
Prepared by:	Dianne Shaffer	

### Recommended Motion:

“I move to accept the appointments for the following individuals:

- Shane Riley
- Essie Brown

to the Integrated Services of Kalamazoo Family Support Advisory Council for Families with Youth who have a Serious Emotional Disturbance.”

### Summary of Request:

The ISK Family Support Advisory Council for Parents of Youth with Serious Emotional Disturbances and Substance Use Disorders advises the ISK Board on issues affecting families of youth with severe emotional disturbance and recommends changes that can help families more. FSAC works to improve the System of Care for youth with SED.

The FSAC Advisory Council welcomes parents of youth with severe emotional disturbance, behavioral challenges, or substance abuse disorders.

Budget:	<u>FY24-25</u>
Staff:	<u>Dianne Shaffer</u>
Date of Board Consideration:	<u>October 28, 2024</u>



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## Integrated Services of Kalamazoo

### MOTION

Subject:	2025 Medical Plan Coverage Year	
Meeting Date:	October 28, 2024	Approval Date:
Prepared by:	Chantel Graham	<u>October 28, 2024</u>

#### RECOMMENDED MOTION:

"I move that the ISK BOARD elects to comply with the requirements of 2011 Public Act 152, the Publicly Funded Health Insurance Contribution Act, by adopting the annual Exemption option for the medical benefit plan coverage year January 1, 2025 through December 31, 2025."

#### SUMMARY OF REQUEST:

During Open Enrollment premium co-pays are developed based on PA 152 and staff elect their insurance coverage and agree to pay their share of the premium. For 2025 PA 152 only increased by .2%. In order to keep healthcare coverage affordable for ISK staff we intend to increase the 2025 PA 152 hard cap employer contribution amount by 3% which aligns with the 3% fringe benefit increase for all staff which requires a board exemption from PA 152.

In order to still comply with PA 152, the Board may elect the "Exemption" Option- and exempt itself from the requirements of the Act by an annual 2/3 vote.

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

Date of Board  
Consideration: October 28, 2024



## Proposed Ends based on Feedback From Ownership Linkage Activity

This document presentation is intended to facilitate discussion regarding the document "SWMBH Proposed Ends" version 5.31.2024 included in this packet.

Susan Radwan, Policy Governance Consultant

Bradley P. Casemore, MHSA, LMSW, FACHE  
Chief Executive Officer

Version June 5, 2024

{ 1 }

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## Why we are here

The original Ends were written as though SWMBH was a direct provider, rather than a health benefits manager.

1. Quality of Life: Persons with intellectual & developmental disabilities, serious emotional disturbance, autism spectrum disorders, serious mental illness, and substance use disorders in the SWMBH region see improvements in their quality of life and maximize self-sufficiency, recovery, and family preservation
2. Exceptional Care: Persons and families served are highly satisfied with the services they receive.
3. Improved Health
4. Mission and Value Driven
5. Quality and Efficiency

{ 2 }

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## Ends & Ownership Linkage Definition

### **Ends are policies that define the intended impacts on the beneficiaries of the organization.**

- Ends answer the questions of (1) What good do we exist to create? (2) For whom? (3) At what worth to the organization?
- Ends are NEVER about the organization itself . . . They are about the impact to the beneficiaries of the organization.

There is a broad global End which is an umbrella to lower level ends, these further define impacts contained in the global End language.

The Board's role in policy making is to be  
***the informed voice and agent of the ownership.***

The Board has engaged in ownership linkage to better understand the values held by the ownership entities AND integrate those values into policy.

Ends policies should be a result of discerning those values expressed.

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## Process of Ownership Linkage

Each of the Boards has a unique culture and unique communication style.

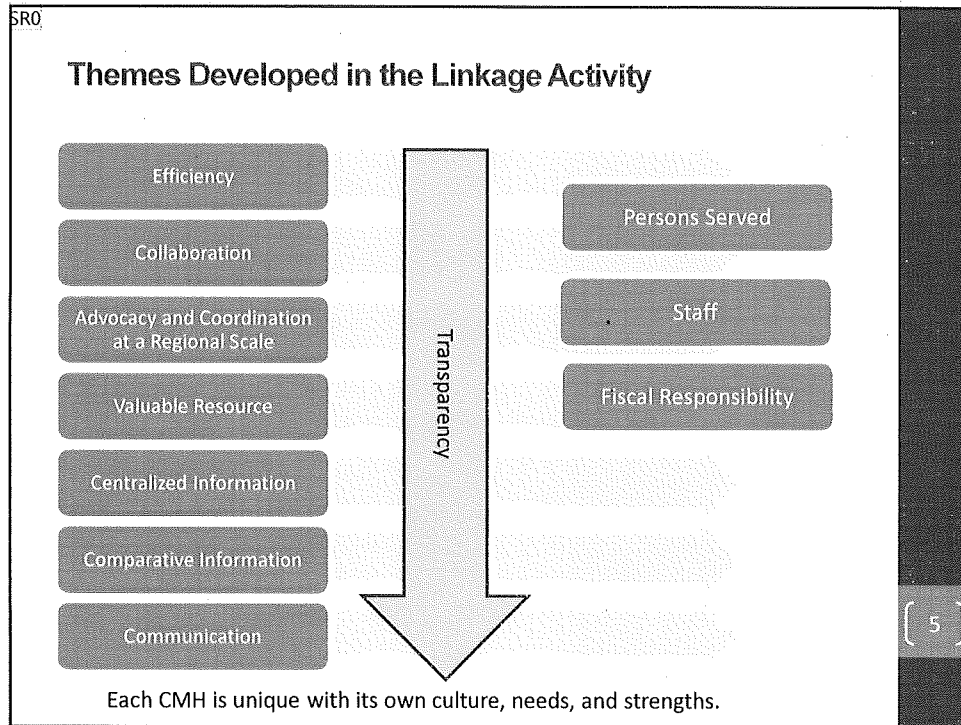
Some Boards provided written responses: ISK, Barry, Van Buren, and Riverwood.

Susan Radwan facilitated live discussions with CMH Boards

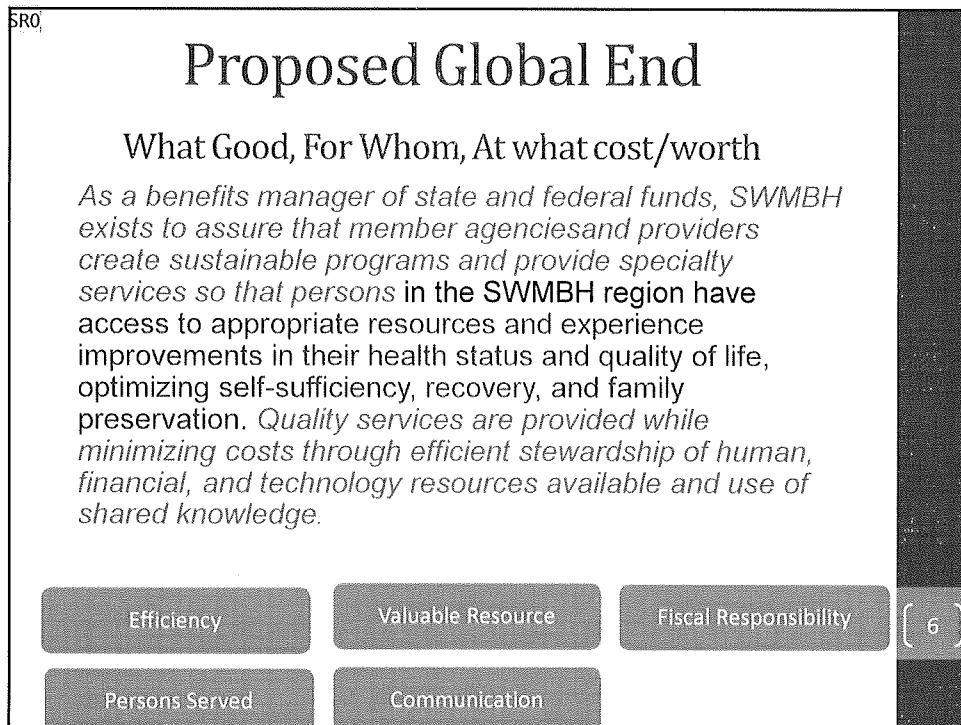
- Pivotal Board Meeting                      October 16, 2023
- Cass Woodlands Board Meeting      October 24, 2023
- ISK Board Meeting                              January 29, 2024
- Barry Board Meeting cancelled due to weather
- Van Buren Board Meeting                  February 12, 2024
- Pines Board Meeting                          February 27, 2024
- Summit Pointe Board Meeting          May 7, 2024
- Riverwood Board Meeting                  May 15, 2024

[ 4 ]

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### Proposed Lower Level Ends

1. Member CMHs benefit from SWMBH's regional and statewide regulatory and public relations advocacy.
  - a. Member CMH boards are aware of environmental disruptors and trends impacting the Mental Health Community.
2. Member CMHs identify the resources needed to address their communities' individualized needs and successfully access appropriate resources.
  - a. Member CMHs and other providers use SWMBH resources to expand services and qualify for participation in demonstrations and pilot projects.
3. Member CMHs and other providers assure and monitor ready access to appropriate programs and services for their consumers.
  - a. Member CMHs and other providers contribute accurate data to create aggregated, comprehensive, and comparative regional results.
  - b. Member CMHs perform managed care functions within contractual parameters.
4. The SWMBH regional partners align with best practice, learning from each other, collaborating, sharing resources, and benefitting from lessons learned.
5. Member CMHs' boards, EOs, and staff value SWMBH as a partner, and experience the relationship as collaborative, transparent, and responsive.

[ 7 ]

7

Member CMHs benefit from SWMBH's regional and statewide regulatory and public relations advocacy.

Member CMH boards are aware of environmental disruptors and trends impacting the Mental Health Community.

Coordination and  
Regional Scale

Comparative Information

Collaboration

Valuable Resource

Communication

[ 8 ]

8



Member CMHs identify the resources needed to address their communities' individualized needs and successfully access appropriate resources.

Member CMHs and other providers use SWMBH resources to expand services and qualify for participation in demonstrations and pilot projects.

Efficiency

Collaboration

Valuable Resource

Centralized Information

Coordination and  
Regional Scale

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Member CMHs and other providers assure and monitor ready access to appropriate programs and services for their consumers.

Member CMHs and other providers contribute accurate data to create aggregated, comprehensive, and comparative regional results.

Member CMHs perform managed care functions within contractual parameters.

Valuable Resource

Comparative Information

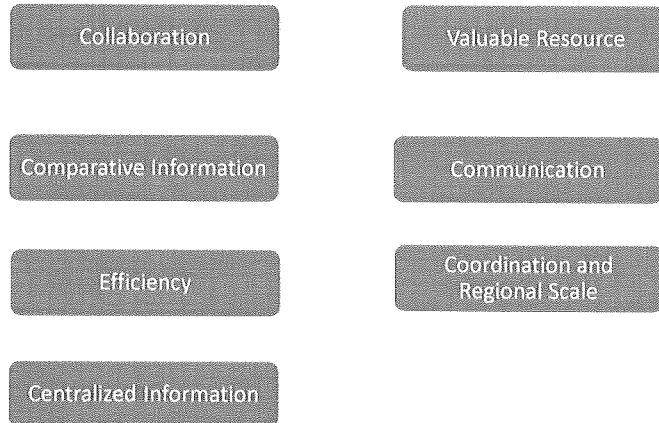
Collaboration

Centralized Information

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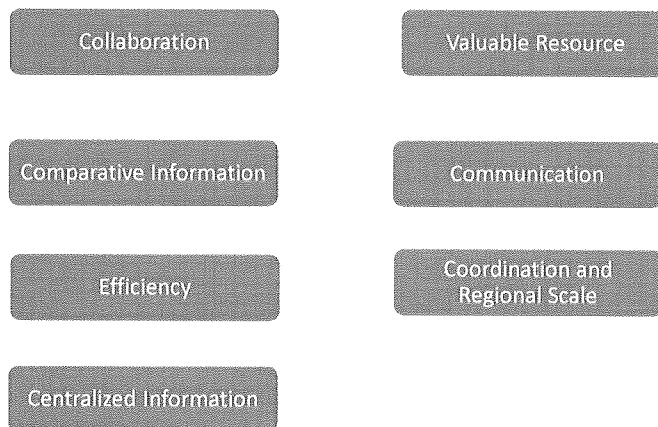
The SWMBH regional partners align with best practice, learning from each other, collaborating, sharing resources, and benefitting from lessons learned.



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Member CMHs' boards, EOs, and staff value SWMBH as a partner, and experience the relationship as collaborative, transparent, and responsive.



[ 12 ]

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## Complete Set of Ends Proposed

*Global: As a benefits manager of state and federal funds, SWMBH exists to assure that member agencies and providers create sustainable programs and provide specialty services so that persons in the SWMBH region have access to appropriate resources and experience improvements in their health status and quality of life, optimizing self-sufficiency, recovery, and family preservation. Quality services are provided while minimizing costs through efficient stewardship of human, financial, and technology resources available and use of shared knowledge.*

1. Member CMHs benefit from SWMBH's regional and statewide regulatory and public relations advocacy.
  - a. Member CMH boards are aware of environmental disruptors and trends impacting the Mental Health Community.
2. Member CMHs identify the resources needed to address their communities' individualized needs and successfully access appropriate resources.
  - a. Member CMHs and other providers use SWMBH resources to expand services and qualify for participation in demonstrations and pilot projects.
3. Member CMHs and other providers assure and monitor ready access to appropriate programs and services for their consumers.
  - a. Member CMHs and other providers contribute accurate data to create aggregated, comprehensive, and comparative regional results.
  - b. Member CMHs perform managed care functions within contractual parameters.
4. The SWMBH regional partners align with best practice, learning from each other, collaborating, sharing resources, and benefitting from lessons learned.
5. Member CMHs' boards, EOs, and staff value SWMBH as a partner, and experience the relationship as collaborative, transparent, and responsive.

( 13 )