



Community • Independence • Empowerment

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

February 3, 2025

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
Nkenge Bergan	X	Kalamazoo/Kalamazoo	
Sarah Carmany	X	Kalamazoo/Kalamazoo	
Patrick Dolly	X	Kalamazoo/Kalamazoo	
Pat Guenther	X	Kalamazoo/Kalamazoo	
Ramona Lumpkin	X	Kalamazoo/Kalamazoo	
Michael Raphelson			X
Sharon Spears	X	Kalamazoo/Kalamazoo	
Erik Krogh			X
Melissa Woosley	X	Kalamazoo/Kalamazoo	
John Taylor, <i>COMMISSIONER</i>	X	Kalamazoo/Kalamazoo	

ISK - Staff Present:

Jeff Patton, *CHIEF EXECUTIVE OFFICER*  
 Sheila Hibbs  
 Beth Ann Meints  
 Charlotte Bowser  
 Wanda Brown  
 Nancy McDonald  
 Lindsey Cady  
 Christine Clark  
 Amy Rottman  
 Dianne Shaffer  
 Lisa Smith  
 Ed Sova  
 Alecia Pollard  
 Demeta Wallace, *BOARD LIAISON*

Providers/Guests:

*Latrevia Boston*  
 Executive Director  
 ASK Family  
 Services  
*Fi Spalvieri*  
 Chief Executive  
 Officer  
 CLO  
*Diane Marquess*  
 Chief Executive  
 Officer  
 Family &  
 Children Services

ISK - Staff Absent:

Lisa Brannan  
 Chantel Graham  
 Michael Schlack

Call to Order

The Board of Directors (Integrated Services of Kalamazoo) held their meeting on [Monday, February 3, 2025](#). It began @ [4:00PM](#) and was presided over by Chair, *Karen Longanecker*.

AgendaMOTION

Member Guenther,

“I move to approve the agenda for the meeting.” Supported by Member Spears and carried without dissent.

MOTION PASSED.

Citizen Time No citizens came forth.

Recipient Rights

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

NovemberAbuse Violations

- There was one substantiated Abuse II violation in November 2024.
  - The remedial action for this violation was Employment Termination (1).
- There were two substantiated Abuse III violations in November 2024.
  - The remedial actions for these violations were Employee left agency but substantiated (1), Verbal Counseling (1), Written Reprimand (1), and Training (1).  
The 2 violations occurred at different agencies.

Neglect Violations

- There were five substantiated Neglect III violations in November 2024.
  - The remedial actions for these violations were Employment Termination (1), Employee left agency but substantiated (2), Written Reprimand (2), Written Counseling (3), Training (6), and Policy Revision/Development (3).  
Three violations occurred at the same agency but different program sites. There were 3 staff involved in one violation.

DecemberAbuse Violations

- There were two substantiated Abuse III violations in December 2024.
  - The remedial actions for these violations were Written Reprimand (2), and Training (1).  
The 2 violations occurred at different agencies.

### Neglect Violations

- There was one substantiated Neglect I violation in December 2024, and it was a Failure to Report.
  - The remedial action for this violation was Written Counseling (1).
- There was one substantiated Neglect II violation in December 2024, and it was a Failure to Report.
  - The remedial action for this violation was Written Reprimand (1).
- There were seven substantiated Neglect III violations in December 2024.
  - The remedial actions for these violations were Written Counseling (2), Written Reprimand (5), Suspension (1), Training (6), and Pending (2).

**The 7 violations occurred at the 5 different agencies. Two different agencies each had 2 violations but at different program sites. Two of the five agencies had 2 staff members cited.**

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

### Recipient Rights Annual Report:

Lisa Smith, ISK, Director, Office of Recipient Rights, presented the Michigan Department Health and Human Services – ORR Annual Report from October 1, 2023 through September 30, 2024.

This report reflects resolved allegations of rights violations through investigation and interventions, when appropriate, the recommendation of remedial actions, education of consumers about their rights and training for employees.

### Appointments to the ORR Recipient Rights Advisory Committee

#### MOTION

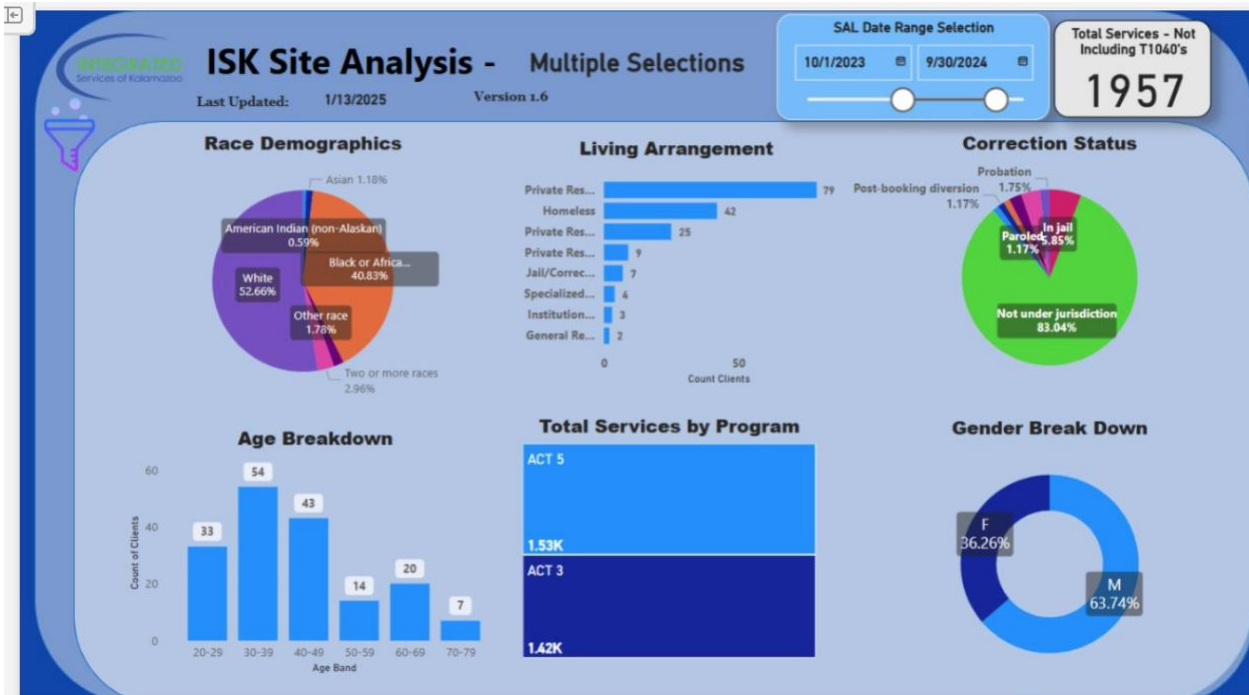
Member Spears,

“I MOVE TO APPOINT THE FOLLOWING INDIVIDUAL TO THE RECIPIENT RIGHTS ADVISORY COMMITTEE (RRAC): [Robert E. Gray](#) FOR A TWO-YEAR TERM (BEGINNING JANUARY 27, 2025 – JANUARY 27, 2027).” Supported by Member Guenther.

#### MOTION PASSED.

### Program Services Report

Nancy McDonald, ISK, Senior Executive, Lindsey Cady, ISK, Supervisor Programs & Christine Clark, ISK, Supervisor Programs presented the Program Services Report on ASSERTIVE COMMUNITY TREATMENT at ISK.



The Assertive Community Treatment (ACT) program offers treatment, rehabilitation, and support services using a person-centered, recovery-based approach to individuals who have been diagnosed with severe and persistent mental illness. Individuals receive ACT services, including assertive outreach, mental health treatment, health, vocational, integrated dual disorder treatment, family education, wellness skills, community linkages, and peer support. These services are all provided by a mobile, multidisciplinary team in community settings.

ACT was first developed in the 1970s, pioneered in Wisconsin. ACT was first brought to Michigan in 1992 and implemented in Grand Rapids.

Integrated Services of Kalamazoo has been direct operating 2 ACT teams since the closure of InterAct in 2021 (ACT team 3 and ACT team 5). Dr. Valrie Honablue is the ACT medical director, Margot Chadwick is her nurse practitioner. Our ACT teams have 2 supervisors: Christine Clark (team 3) and Lindsey Cady (team 5). Both teams are interdisciplinary and have a mix of masters and bachelor's level clinicians. Each team has their own RN (although they work closely together) and their own peer/recovery coach staff.

In FY 24, our ACT programs provided services to 180 individuals. Of the 180 people served, the most common diagnosis was Schizophrenia (80). The next most common diagnosis was schizoaffective disorder (42). 108 of the 180 ACT clients were listed as having a co-occurring substance use disorder. 61 current ACT clients are also on Assisted Outpatient Treatment court orders (AOTs).

**TEAM 3 data:**

In FY 24, ACT 3 served 96 individuals. During the last fiscal year, ACT team 3 helped 3 clients who were unhoused find permanent housing. 7 individuals successfully completed the ACT program and were stepped down to case management services.

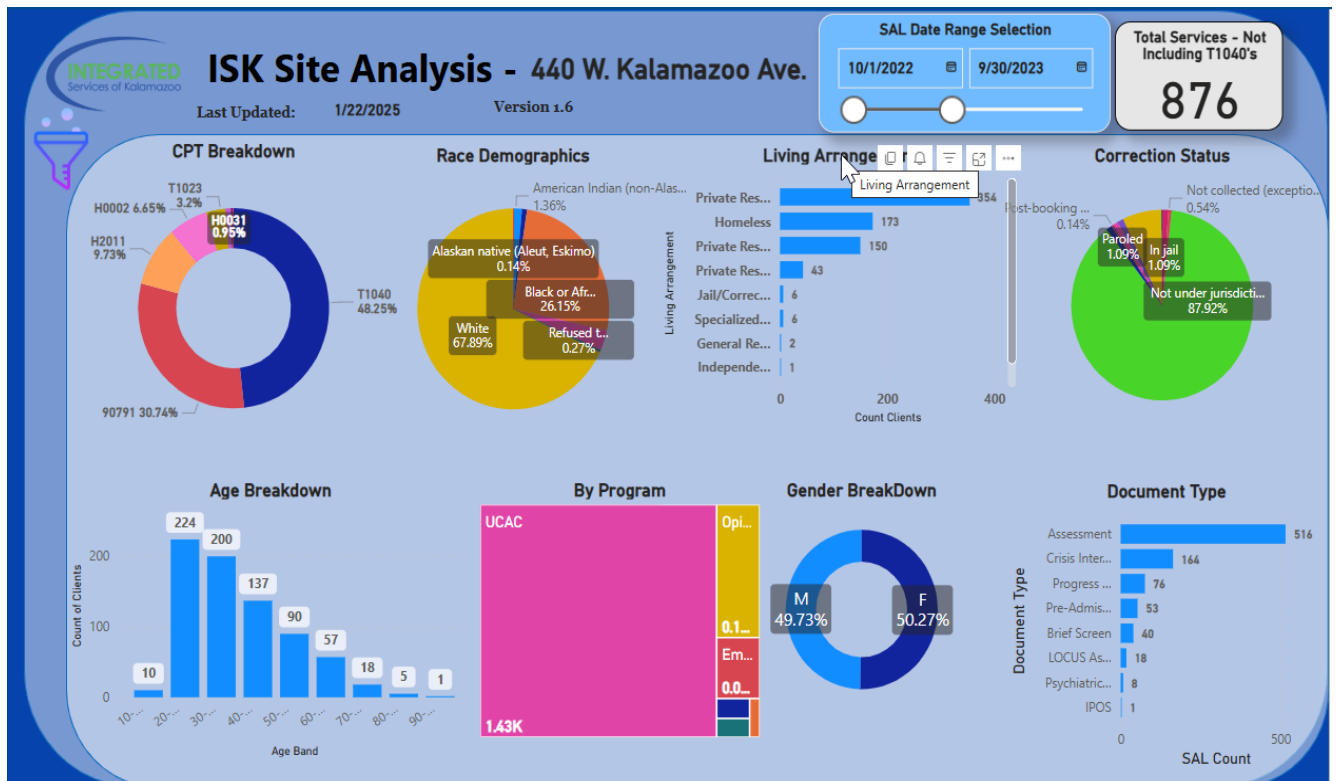
**TEAM 5 data:**

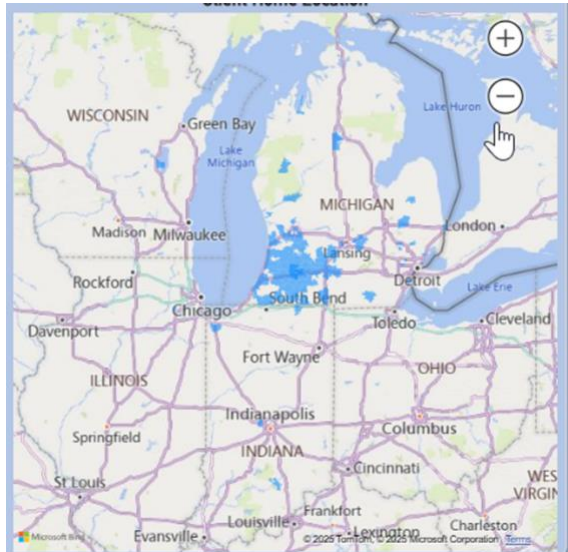
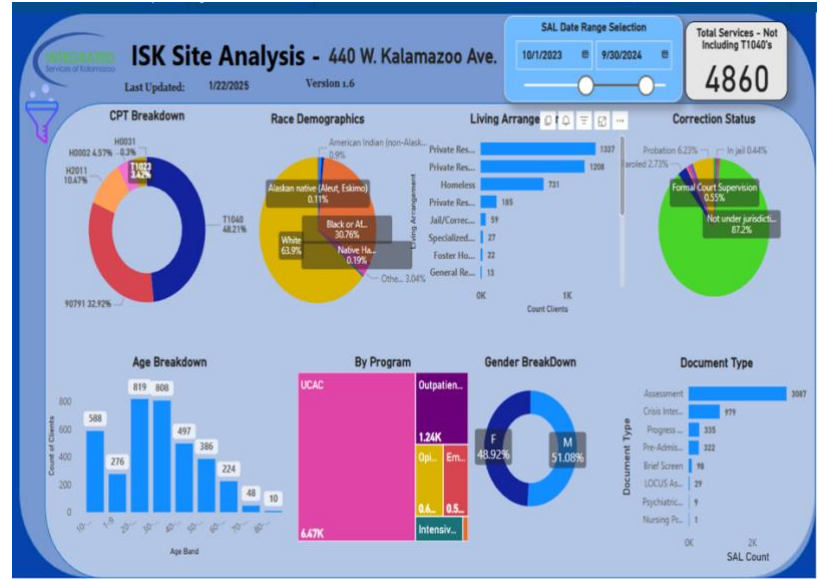
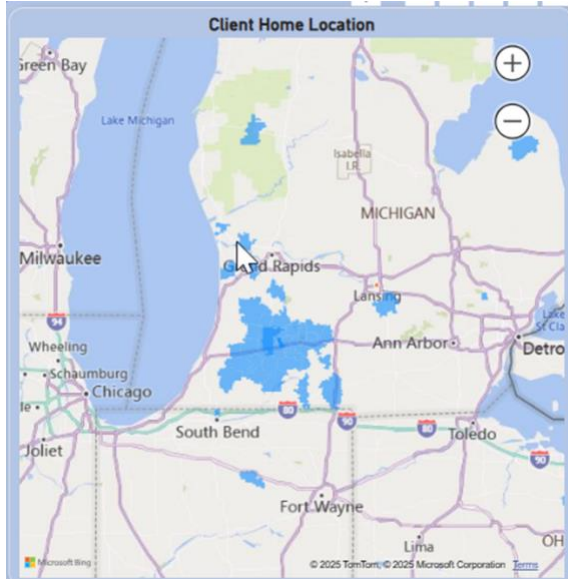
In FY 24, ACT 5 served 84 clients. During the last fiscal year, ACT team 5 helped 9 clients who were unhoused find permanent housing. They were able to help 4 individuals move into specialized residential placements that met their needs. 6 individuals successfully completed the ACT program and were stepped down to case management services.

**CCBHC Report**

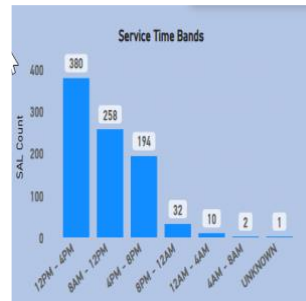
Beth Ann Meints, ISK, Administrator of Clinical Services, presented the November CCBHC Report. The below report shows the access and increase in numbers for patient visits. Please keep in mind that the data does not reflect a full year. This data below started in July FY23 which still shows an increase in contacts. The data also reveals that reaching out and engaging with black and brown individuals in need of MH supports has also seen an increase. This is also one of the grant goals.

**FY23 UCAC DATA (July 2023)**

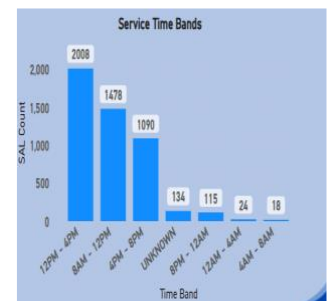




FY23 Time Bands



FY24 Time Bands



That concludes my report.

Consent Calendar

MOTION

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

- a. Minutes November 25, 2024
- b. MISSION/VISION/VALUE STATEMENT (Policy)
- c. BYLAWS and RULES OF PROCEDURE (Policy)
- d. Annual Leave Reserve (Policy & Report)

- e. Annual Board Planning Cycle (Report)
- f. ENDS Developmental Process (Policy)
- g. ENDS for Individuals Served (Policy)

Member Bergan, “I MOVE TO ACCEPT THE CONSENT CALENDAR MONITORING REPORTS BOTH “AS-IS” OR WITH PROPOSED RECOMMENDED CHANGES.” Supported by Member Dolly. **MOTION PASSED.**

### **Monitoring Reports**

#### **MOTION**

Sheila Hibbs, ISK, Administrator of Operations, presented the Quality Improvement Plan and Performance Measurement/Management Plan report FY24/25.

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

Member Spears, “I MOVE APPROVAL OF THE ISK QUALITY IMPROVEMENT PLAN and ISK PERFORMANCE MEASUREMENT/MANAGEMENT PLAN FOR FISCAL YEAR 2024/2025.” Supported by Member Dolly. **MOTION PASSED.**

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

### **Financial Reports/Financial Condition Reports**

[Amy Rottman](#), ISK, Chief Financial Officer, presented the Financial Condition Reports for **December 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 **December 31, 2024.**

- Autism Services is at (181) clients and is unfavorable at \$33,630.
- Youth Community Inpatient Services is at (50) days and is favorable at \$54,082.
- MI Adult Community Inpatient Services is at (49) days and is unfavorable at \$43,215.
- Community Living Supports, Personal Care, and Crisis Residential is favorable at \$2,559.

### **November & December Disbursements**

#### **MOTION**

Member Guenther, “Based on the Board Finance meeting review, I move that ISK approve the November 2024 vendor disbursements of **\$10,126,460.03** and the December 2024 vendor disbursements of **\$11,355,323.39.**” Supported by Member Carmany. **MOTION PASSED.**

Action Items - New or RevisitedMOTIONMichael Seals - Board Conflict of Interest Waiver

Member Guenther,

“I move to grant a waiver regarding any actual, potential or perceived conflict of interest for the appointment of Michael Seals as a member of the Southwest Michigan Behavioral Health board (Region 4). I further move that ISK determines that ISK is not, with reasonable efforts, able to obtain a more advantageous arrangement from a person other than Michael Seals and that there is no conflict of interest disclosed on Michael Seals’ conflict of interest policy disclosure statement which is substantially likely to affect the integrity of services which ISK may expect from Michael Seals.

To avoid a delay in Michael Seals’ participation on the SWMBH board, I further move that this motion be given immediate effect by signature of ISK’s board chair.”

January 27, 2025

Xx *Karen Longanecker*  
 Karen Longanecker, ISK Board Chair

Supported by Member Taylor. MOTION PASSED.

Chief Executive Officer Report

The Southwest Michigan Behavioral Health Board estimates that there was \$24M in revenues and \$23.5M in expenses, Administration cost of \$2.6M and a \$2.1M deficit, with a projected \$25.8M year-end deficit. The remaining ISF as of now is \$1.283M.

SWMBH is weekly reproducing Milliman’s data to see if the geographical factors are correct and will provide a future analysis to the SWMBH region. It was once projected that revenues would be \$36M. However, SWMBH will also be taking a thorough look into what caused the usage of those projected revenues.

As we begin this process, I believe the greatest impact of our revenues is the low Medicaid rates.

The SWMBH CEOs have decided to do a deep dive and a thorough analysis in to why these increases are occurring by looking at DQA data, use patterns and psychiatric services. I applaud SWMBH Ops Committee for their efforts to begin sharing monthly progress reports. The SWMBH CEOs approved the letter of agreement to contract with Rehmann Accounting Analysis to assess Medicaid rates, loss revenues, eligibility categories and encounter data.

That concludes my report.

Citizen Time No citizens came forth.

SWMBH (Southwest Michigan Behavioral Health) Updates/Michael Seals

No report was given due to Member Seals’ absence.



That concludes my report.

MOTION PASSED.

Meeting adjourned by voice vote @ [5:38PM](#).

Demeta J. Wallace  
*Administrative Coordinator & Board Liaison*  
Integrated Services of Kalamazoo Board of Directors

