



Community • Independence • Empowerment

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Chief Executive Officer

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Administrative Services:
610 South Burdick Street
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24-HOUR CRISIS HOTLINE or NON-EMERGENCY CLINICAL SERVICES: (269) 373-6000

AGENDA

February 24, 2025

Name: INTEGRATED Services of Kalamazoo Board of Directors
Location: 610 South Burdick St/Kalamazoo, MI., /2nd Fl – ISK Boardroom #220
Commencement Time: 4:00PM

Guest Presenter:

Alan Bolter

Legislative Update

Associate Director

Community Mental Health Association of Michigan

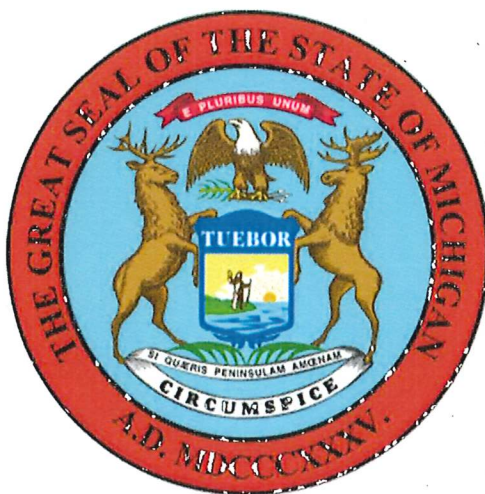
- I. CALL TO ORDER – CITY & COUNTY DECLARATION
- II. AGENDA
- III. CITIZEN TIME
- IV. RECIPIENT RIGHTS
 - a. Recipient Rights Monthly Report
- V. PROGRAM SERVICE REPORT
 - a. *Kathy Lentz*, Senior Executive/IDDA/Supported Employment
 - b. *Beth Ann Mcints*, Administrator of Clinical Services/CCBHC Report **VERBAL**
- VI. CONSENT CALENDAR **VERBAL MOTION**
 - a. Minutes *February 3, 2025*
 - b. Quality Management (Policy)
 - c. Investment (Policy)
 - d. Collaboration (Report)
- VII. MONITORING REPORTS
 - a. Board Travel (Policy)
- VIII. FINANCIAL REPORTS
 - a. Financial Condition Report
 - b. Utilization Report
 - c. *January 2025* Disbursement **MOTION**
- IX. ACTION ITEMS - NEW or REVISITED
- X. CHIEF EXECUTIVE OFFICER VERBAL REPORT
 - a. CEO Report
- XI. CITIZEN TIME
- XII. BOARD MEMBER TIME
 - a. SWMBH (Southwest Michigan Behavioral Health) Updates *Michael Seals*
- XIII. ADJOURNMENT



Alan Bolter
Associate Director
Community Mental Health Association
of Michigan

Legislative Presentation

February 24, 2025





FY26 Executive Budget Proposal

Specific Mental Health/Substance Abuse Services Line items

	<u>FY'24 (Final)</u>	<u>FY'25 (Final)</u>	<u>FY'26(Exec Rec)</u>
-CMH Non-Medicaid services	\$125,578,200	\$125,578,200	\$125,578,200
-Medicaid Mental Health Services	\$3,160,958,400	\$3,387,066,600	\$3,422,415,900
-Medicaid Substance Abuse services	\$95,264,000	\$95,650,100	\$98,752,100
-State disability assistance program	\$2,018,800	\$2,018,800	\$2,018,800
-Community substance abuse (Prevention, education, and treatment programs)	\$79,599,700	\$79,626,200	\$80,207,900
-Health Homes Program	\$53,400,100	\$53,418,500	\$53,239,800
-Autism services	\$279,257,100	\$329,620,000	\$458,715,500
-Healthy MI Plan (Behavioral health)	\$590,860,800	\$527,784,600	\$535,508,300
-CCBHC	\$386,381,700	\$525,913,900	\$916,062,700
-Total Local Dollars	\$10,190,500	\$10,190,500	\$9,943,600

Other Highlights of the FY26 Executive Budget:

Proposed FY26 Investments The FY26 Executive Budget provides \$62 million (\$15.2 million general fund) in new supports to address the opioid epidemic and provide behavioral health services for those in need. Proposed funding includes:

- \$15.2 million to begin operating the new state psychiatric hospital in Northville, bringing 264 new beds online and increasing capacity by 54 beds (32 adult beds and 22 pediatric beds). This investment includes operational support and hiring staff to provide services at the new facility.

- \$46.8 million of Michigan Opioid Healing and Recovery Fund dollars for prevention, treatment, harm reduction, recovery, and data collection for those affected by the opioid epidemic. This additional allocation will expand services to reduce the number of opioid users and overdoses.
 - \$15 million one-time to invest in new programs to reduce opioid usage and overdoses.
 - \$31.8 million ongoing to continue existing, successful programs, including efforts to address the racial disparities in overdose deaths statewide. This brings the total annual ongoing funding to \$55 million per year, supported by incoming settlement dollars.
 - The department's three-year plan will drive the use of these resources. The plan represents a comprehensive, multifaceted, data-driven approach intended to strategically leverage available resources and take full advantage of this generational opportunity in the most impactful yet sustainable way possible. The plan includes:
 - Increasing the age of first opioid use through new and expanded programs. The department will partner with nonprofits, youth engagement organizations, and existing partners to expand prevention programming in schools. They will also conduct public awareness campaigns.
 - Reducing overdose deaths and addressing racial and geographical disparities. Those disparities are demonstrated in the chart below. DHHS will use resources to award multi-year grants to organizations working in underserved or under resourced communities. DHHS will also provide annual grants or contracts with organizations addressing racial disparities in opioid deaths and continue distributing naloxone in areas that need it most.
 - Growing the behavioral health workforce through scholarships to prospective students, paid internships, and loan repayment.
 - Prioritizing work to increase recovery beds and access to affordable housing. This will include reimbursing the cost of stay of residents and expansion of recovery housing. It also includes permanent affordable housing and investing in wraparound support programs like transportation and employment that enable people to stay in stable housing.
 - Investing in administrative infrastructure to gather data to track success and provide technical assistance to local governments. This ensures these funds are being utilized for maximum impact and allows the department to partner with local governments to collaborate on ways to address opioid usage
- \$96.4 million to expand Medicaid eligibility (\$33.1 million general fund) with a new income disregard that will allow more people to gain access to coverage.
 - Currently Medicaid requires elderly and disabled enrollees with income above 100% of federal poverty limits (FPL) to spend the majority of their income on health care costs each month – until their remaining income is less than 40% FPL – to access Medicaid. This proposal would shift this level to 100% FPL, broadening access to Medicaid supports and preventing excessive spend down to help keep more seniors in their homes and prevent individuals from spending down into poverty.
- Certified Community Behavioral Health Clinics (CCBHC)
 - Adds \$39.3 million Gross (\$6.3 million GF/GP) for utilization and cost adjustments for the CCBHC demonstration program. Also includes a net \$0 transfer of \$350.8 million Gross (\$75.7 million GF/GP) of base CCBHC payments currently within the Medicaid Mental Health and Healthy Michigan Plan – Behavioral Health lines into the supplemental payments CCBHC line.

- \$400,000 to explore the feasibility of expanding Medicaid eligibility for children aged 0 - 6 years (\$200,000 general fund).
 - This will allow DHHS to prepare a feasibility study to determine long-term costs, benefits, potential barriers and any associated nuances of implementing continuous eligibility for Medicaid beneficiaries aged 0-6.
- \$40 million for the community reentry of incarcerated individuals (\$20 million general fund) to provide coverage starting 90 days before an individual's scheduled release.
 - This will allow for health screenings and other services prior to reentry to identify key health needs and social determinants to facilitate a successful transition. Investing in these transition services will help improve health outcomes and access to community services, all of which will reduce recidivism.
- \$2.5 million for access to mental health services (general fund, one-time) to support behavioral health resources for first responders and public safety staff.
- \$258 million to support the mental and emotional wellbeing of 1.4 million students through continuation of mental health and safety grants to school districts.
- \$5 million to support the MiABLE program expansion.

Behavioral Health Boilerplate Changes from FY 25 → FY 26

REMOVED: Sec. 902. (1) From the funds appropriated in part 1, the department shall make a final authorization to a CMHSP or PIHP on the execution of a contract between the department and the CMHSP or PIHP. The contract must contain an approved plan and budget and any policy and procedure governing the obligations and responsibilities of each party to the contract.

REMOVED: Sec. 912. The department shall contract directly with the Salvation Army Harbor Light program, at an amount not less than the amount provided during the fiscal year ending September 30, 2020, to provide non-Medicaid substance use disorder services if the local coordinating agency or the department confirms the Salvation Army Harbor Light program meets the standard of care. The standard of care shall include, but is not limited to, utilization of the medication assisted treatment option.

REMOVED: Sec. 8-913. (1) From the funds appropriated in part 1 for behavioral health program 8 administration, the department shall allocate \$1,025,000.00, for the autism navigator program. The department shall require any contractor receiving funds under this section to comply with performance-related metrics to maintain eligibility for funding. (EXCERPT)

EDITED: Sec. 8-917. (1) From the funds appropriated in part 1 for opioid response activities, the department shall allocate \$55,000,000.00 from the Michigan opioid healing and recovery fund created under section 3 of the Michigan trust fund act, 2000 PA 489, MCL 12.253, to create or supplement opioid-related programs and services in a manner consistent with the opioid judgment, settlement, or compromise of claims pertaining to violations, or alleged 16 violations, of law related to the manufacture, marketing, distribution, dispensing, or sale of opioids.

REMOVED: Sec. 920. As part of the Medicaid rate-setting process for behavioral health services, the department shall work with PIHP network providers and actuaries to include, as part of the Medicaid rate, state and federal

wage and compensation increases that directly impact staff who provide Medicaid-funded community living supports, personal care services, respite services, skill-building services, and other supports and services that the department determines are similar.

REMOVED: Sec. 924. From the funds appropriated in part 1, for the purposes of actuarially sound rate certification and approval for Medicaid behavioral health managed care programs, the department shall maintain a fee schedule for autism services reimbursement rates for direct services. Expenditures used for rate setting shall not exceed those identified in the fee schedule. The rates for behavioral technicians shall not be less than \$53.20 per hour and not more than \$58.20 per hour

EDITED: Sec. 929. From the funds appropriated in part 1 for Michigan Clinical Consultation and Care, the department shall allocate at least \$325,000.00 to address needs in a city in which a declaration of emergency was issued because of drinking water contamination.

REMOVED: Sec. 964. By October 1 of the current fiscal year, the department shall provide the house and senate appropriations subcommittees on the department budget, the house and senate fiscal agencies, the house and senate policy offices, and the state budget office with the standardized fee schedule for Medicaid behavioral health services and supports. The report shall also include the adequacy standards to be used in all contracts with PIHPs and CMHSPs. In the development of the standardized fee schedule for Medicaid behavioral health services and supports during the current fiscal year, the department must prioritize and support essential service providers and must develop a standardized fee schedule for revenue code 0204.

EDITED: Sec. 1001. Not later than May 15 of the current fiscal year, each CMHSP shall submit a report to the department that identifies populations being served by the CMHSP broken down by program eligibility category. The report must also include the percentage of the operational budget that is related to program eligibility enrollment. Not later than February 15 of the current fiscal year, the department shall submit the reports described in this section to the standard report recipients.

REMOVED: Sec. 8-1002. The department shall expand the certified community behavioral health clinic demonstration to include organizations that meet the following criteria: (a) The organization must be a current CMHSP or an eligible organization as defined in section 223 (a)(2)(F) of the protecting access to Medicare act, Public Law 113-93, with a CCBHC grant from the federal substance abuse and mental health services administration for at least one year; (b) The organization must achieve CCBHC certification by meeting all state and federal requirements by September 1, 2024, unless otherwise specified in the CCBHC 29 Demonstration Handbook; and (c) The organization must have implemented the following evidence-based practices by July 1, 2024: (i) Air Traffic Control Crisis Model with the Michigan Crisis and Access Line; (ii) Assertive Community Treatment; (iii) Cognitive Behavioral Therapy; (iv) Trauma-Focused Cognitive Behavioral Therapy; (v) Medication Assisted Treatment; and (vi) Motivational Interviewing.

REMOVED: Sec. 1003. The department shall notify the Community Mental Health Association of Michigan when developing a policy or procedure that will impact a PIHP or CMHSP.

REMOVED: Sec. 1004. The department shall submit a report to the report recipients required in section 246 of this part on any rebased formula changes to either Medicaid behavioral health services or non-Medicaid mental health services 90 days before implementation. The notification shall include a table showing the changes in funding allocation by PIHP for Medicaid behavioral health services or by CMHSP for non-Medicaid mental health services.

EDITED: Sec. 1006. From the funds appropriated in part 1 for certified community behavioral health clinics, not later than May 1 of the current fiscal year the department shall submit to the standard report recipients an

outcomes report for CCBHCs during the previous fiscal year that includes both statewide and CCBHC site-specific information on all of the following

EDITED: Sec. 8-1014. (1) From the funds appropriated in part 1 to agencies providing physical and behavioral health services to multicultural populations, the department shall award grants in accordance with the requirements of subsection (2). This state is not liable for any spending above the contract amount. The department shall not release funds until reporting requirements under section 1014 of article 6 of 2022 PA 166 are satisfied. (2) The department shall require each contractor described in subsection (1) that receives greater than \$1,000,000.00 in state grant funding to comply with performance-related metrics to maintain their eligibility for funding. (3) The department shall require an annual report from the contractors described in subsection (2). The annual report, due 60 days following the end of the contract period, must include specific information on services and programs provided, the client base to which the services and programs were provided, information on any wraparound services provided, and the expenditures for those services. By February 1 of the current fiscal year, the department must submit the annual reports to the report recipients required in section 246 of this part.

REMOVED: Sec. 1051. The department shall continue a revenue recapture project to generate additional revenues from third parties related to cases that have been closed or are inactive. A portion of revenues collected through the project's efforts may be used for departmental costs and contractual fees associated with retroactive collections under the project and to improve ongoing departmental reimbursement management functions.

REMOVED: Sec. 1062. Not later than March 1 of the current fiscal year, the department shall provide an update on their 5-year plan from the fiscal year ending September 30, 2022 to address the need for adult and children's inpatient psychiatric beds to the standard report recipients. The report must include updated recommendations for utilizing both public and private partnership beds, including the following information:

REMOVED: Sec. 1929. CCBHC Study – Sec. 1929. (1) From the funds appropriated in part 1 for certified community behavioral health clinics study, the department shall allocate \$250,000.00 to complete a comprehensive quantitative spatial analysis to evaluate cannibalization effects on existing enrolled locations of community behavioral health clinics. The purpose of this evaluation is to provide actionable insights into the extent of cannibalization and inform strategic decision-making processes related to site selection, network optimization, and future certified community behavioral health clinic expansion. The comprehensive quantitative spatial analysis shall include, but not be limited to, the following:



Potential Medicaid Reductions

Shifting to block grants

- This would lower federal funding for states to operate the program while giving states more discretion over how to spend
- Currently, gov't matches a certain percentage each year with no cap

Per Capita Caps

- Means the government sets a limit on how much money it will give each state per person enrolled in Medicaid
 - States would be assigned an initial per capita cap based on their current or historical spending
 - The cap would increase each year at a rate below the growth in health care costs
 - States would be responsible for any costs that exceed the cap

Reducing Medicaid Expansion Match Rate

- Currently, gov't pays 90% of cost for those who are covered in Medicaid expansion.
- GOP trying to lower that funding to 60% or to align with traditional Medicaid

Equalize Medicaid Payments for Able Bodied Adults

- Aims to align their reimbursement rates with those of traditional Medicaid enrollees, such as individuals with disabilities and low-income children.
 - By equalizing these payments, the goal is to ensure fair treatment across different groups within the Medicaid program.

Lower FMAP Floor

- Means the federal government would reduce minimum percentage of Medicaid costs it covers for states
 - By lowering this floor, this could force states to either cut Medicaid services, reduce eligibility, or spend more of their own money to maintain current coverage

Limit Medicaid Provider Taxes

- Means the government would close or reduce this loophole stopping states from inflating Medicaid costs to get extra federal dollars
- Right now, some states use a loophole called “Medicaid provider taxes” to get more federal funding. Tax hospitals and healthcare providers, then use that money to make Medicaid look more expensive, which results in more federal funding.

Placing enrollment hurdles

- Seek to appeal waivers that allow state to grant multi year continuous eligibility, resulting in requiring people to reapply for coverage annually

Medicaid Work Requirements

- Medicaid work requirements mean that certain adults on Medicaid would have to work, look for a job, or do job training to keep their health coverage.
 - Supporters argue it encourages self-sufficiency, while critics say it could cause people who genuinely need healthcare—like those with unstable jobs or caregiving responsibilities—to lose coverage.

Talking Points: Defending Medicaid

Nursing Care & Loved Ones

- “Medicaid is health insurance for seniors in nursing homes, low-income children and parents, pregnant women, and people with disabilities”
- “We can’t get to \$2.5 trillion in cuts to Medicaid without taking healthcare away from the very people the program was intended to protect: seniors, children and people with disabilities”

Cost of Uncompensated Care

- Millions of Americans losing their health care coverage. Fewer insured = higher costs because of uncompensated care
 - Fewer people with insurance ultimately drives up costs in local county jail and hospital emergency departments (far more costly settings for providing care).
- Cuts do not improve healthcare or lower costs

State government Responsibility

- Block grants would only be cutting federal spending, leaving the financial burden on the states
 - A number of the proposed reductions would cost the State of Michigan several billion dollars in lost revenue
- Shifting costs to states forces them to either raise taxes or make deep cuts in education, law enforcement, and infrastructure

Reduce Private Insurance Profits on Medicaid

- If the goal is to cut wasteful spending and reduce costs, limit or cap the amount of profits private health insurance companies are able to make in their managed care roles.
 - Annually private health insurance companies bring in hundreds of billions of dollars in profits off the Medicaid program.
- “We need to improve healthcare and make it more affordable. Right now, greedy corporations are running our system and driving up prices to make more profit. Cutting seniors and children from healthcare programs will not make healthcare more affordable and will just raise costs for everyone”

IV.a.

Office of Recipient Rights
Report to the Mental Health Board
On Complaints/Allegations
Closed in: January 2025

Office of Recipient Rights Report to the Mental Health Board
Complaints/Allegations Closed in January 2025

	January 2025	FY 24-25	January 2024	FY 23-24
Total # of Complaints Closed	28	134	38	130
Total # of Allegations Closed	50	230	65	239
Total # of Allegations Substantiated	13	69	14	55

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

ALLEGATIONS	January 2025		January 2024	
Category	TOTAL	SUBSTANTIATED	TOTAL	SUBSTANTIATED
Consumer Safety	4	0	7	1
Dignity/Respect of Consumer	8	2	13	4
Treatment Issues/Suitable Services (Including Person Centered Planning)	6	1	12	4
Abuse I	0	0	0	0
Abuse II	0	0	2	0
Abuse III	2	0	6	3
Neglect I	0	0	0	0
Neglect II	1	1	2	0
Neglect III	6	4	7	2
	27	8	49	14

APPEALS	January 2025	FY 24-25	January 2024	FY 23-24
Uphold Investigative Findings & Plan of Action	0	0	1	1
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

February 2025

Re: January 2025 Abuse/Neglect Violations

January

Neglect Violations

- There was one substantiated Neglect II violation in January 2025.
 - The remedial actions for this violation were Written Reprimand (1), and Training (1).
- There were four substantiated Neglect III violations in January 2025.
 - The remedial actions for these violations were Written Reprimand (3), Training (2) and Pending (1). One violation was a Failure to Report.

The four violations occurred at different agencies.

**Program Service Report—
Services for Adults with Intellectual/Developmental Disabilities**

The Intellectual/Developmentally Disabled Adults (IDDA) Department serves approximately 600 individuals at any one time, approximately 750 during a year. Developmental Disability is attributable to a mental or physical impairment or a combination of mental and physical impairments. The most common diagnoses for Developmental Disability are Intellectual Disability, Seizure Disorder, Cerebral Palsy and Autism as well as rarer genetic abnormalities. The Developmental Disability must occur before age 22 and must result in substantial functional limitations in multiple life domains.

The IDDA Department has 37 team members, including a Senior Executive, a Program Manager, three Clinical Supervisors, 19 Case Managers, a Self-Determination Supervisor, an Office Manager, Program Specialists, Registered Nurse, Behavioral Specialist, Peer Mentor, Family Support Partner.

The goal of the IDDA Department is to support and empower individuals to create and realize a life of their choosing in their community. Person-Centered Planning is used to identify the dreams, wishes, desires of the individual and put plans in place to accomplish these. Daily activities in the Department include:

- Develop supportive, trusting and therapeutic relationship with the individual.
- Support the individual to build the life of their choosing.
- Use Person-Centered Planning principles and models to guide the individual in identifying their “best life”, their goals and dreams.
- Actively support the individual to achieve the chosen goals and objectives. Do activities with the individual to role model, reinforce and promote goal attainment.
- Partner with individual to prevent crises and to smoothly address urgent or emergency situations.
- Track and monitor progress, addressing any lack of progress or regression with the individual.
- Develop supportive, trusting and therapeutic relationship with the individual.
- Support the individual to build the life of their choosing.
- Use Person-Centered Planning principles and models to guide the individual in identifying their “best life”, their goals and dreams.
- Actively support the individual to achieve the chosen goals and objectives. Do activities with the individual to role model, reinforce and promote goal attainment.
- Partner with individual to prevent crises and to smoothly address urgent or emergency situations.
- Track and monitor progress, addressing any lack of progress or regression with the individual.

- Coordinate and Monitor Services including but not limited to; Community Living Support, Respite, Skill building, Specialized Residential and Supported Employment.

Self Determination

Self Determination is not a service but rather a philosophy and approach to delivering services. Self Determination believes that everyone is entitled to have the freedom to choose how to live their life, have control over their life and support to obtain the life of their choosing. Individuals may choose to use a Self-Directed arrangement in which the individual and/or their legally designated representative directly hires employees to support them to achieve their life goals.

Self Determination is not limited to the IDDA population, it is utilized across populations and providers.

IDDA Success Story--Andrea

Andrea has worked diligently the last few years to improve her life. She continues to build relationships, attend health appointments, and remain safe in the community. She moved into her current home in December of 2022 and now calls it her "home". Prior to this, Andrea experienced multiple moves between AFC's and family, resulting no place that "feels like home".

She has fought many battles in her lifetime; traumatic instances and loss throughout childhood and adolescence. She was living in a broken state and expressed feelings of abandonment and hurt from her family and community. Extreme behaviors and self-harm put her and others at increased risk for injury, compromising living at home/relationships with family.

She has experienced rejection from her father, the death of her grandparents, mother, and beloved sisters, as well as a nephew. Andrea has undergone several hospitalizations due to a medical condition. She has been evicted from prior placements, dismissed from healthcare practices and providers, and lost community connections due to aggressive behaviors.

Historically, Andrea has been involved with the legal system due to her threats of harm to themselves or others, and extreme negative behaviors that included harm to self and/or others. Andrea has assaulted individuals in the community. Andrea has received the highest intensity level of services in a variety of settings since 2009. In the past years, Andrea and her team have been able to put together the supports and people that help her feel and be successful. She now feels safe.

Andrea has persevered and prospered with assistance from her ISK case management team, psychiatric services, Behavior Support services and Beacon Specialized Residential team. She has made significant improvement overall in her ability to stay emotionally regulated, reduction in self-harm, zero psychiatric hospitalizations, building and maintaining relationships, adhering to medication and healthcare practices, and maintaining secure housing without eviction. She enjoys shopping, exploring her community, hobbies, spending time with housemates. Andrea reports being happier than ever and feeling good about herself.

Action Employment Services

Action Employment Services (AES) provides Supported Employment services under CCBHC and Medicaid. Action Employment Services employs including 12 Employment Training Specialists, including two part-time Benefits Counselors. Employment services are delivered using the Evidence-Based Individual Placement and Supports model. This model focuses on immediate job seeking (no readiness tests), zero exclusions, competitive, integrated jobs only. Benefits Counselors are certified at the state and national level to provide comprehensive benefits counseling and planning to ISK clients who are interested in or engaged in employment activities (regardless of enrollment in AES or similar employment programs) and concerned about the impact on their benefits.

AES Update – FY24 Summary

Individuals Served: 360

Individuals who obtained jobs: 269

New job starts: 213

Retention Rate 90 days or more in job: 91%

Individuals reaching 90 days of Employment: 93

Individuals reaching 6 months of Employment: 63

Individuals reaching 1 year of Employment: 11

Individuals who received Benefits Counseling: 155

Average Wage earned: \$15.00

Supported Education Individuals: 23

Successful Graduations from AES: 55

Success Story: Linda

I currently work as a piano and voice teacher at Kalamazoo Music Schools part time. I found this position while job searching with my Employment Specialist, and after realizing how much it fit my past work history and my love of music, I decided to apply. At first, I was working as a substitute teacher, and it added so much purpose to my life. After a few months, I was invited to apply and interview for a permanent part-time position, and I got the job! It has been exhilarating and a privilege to work at the Kalamazoo Music School. It is the most unique school that I have worked at with a diverse array of programs. I also enjoy that I work with students within a wide age and interest range. I am always researching and learning something new every day I am at work. This job has given me hope in life and has been a literal Godsend. I never thought that I would be at the age of retirement and still want to keep working! But I am, and I still want to continue in this position, which many people have described as a perfect fit for me. Without the encouragement and patience from my Employment Specialist, I might not have found this niche role. I feel that I had an advantage over other job seekers. Action Employment Services helped me to achieve a life goal and dream: to share my musical knowledge and talents with others.

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY V.09

AREA: Governance	
SECTION: System Governance	PAGE: 1 of 1
SUBJECT: QUALITY MANAGEMENT	SUPERSEDES: 02/24/2014 REVISED: 02/22/2016

PURPOSE/EXPLANATION

To establish limitations of means regarding the management of organizational quality.

POLICY


- I. With respect to quality management, the Chief Executive Officer (CEO) may not deviate from accepted standards of practice, stifle improvement efforts, nor promote the dissemination of inaccurate or misleading information. Accordingly, they may not:
 - A. Promote practices that are inconsistent with applicable accreditation, state, and federal quality standards.
 - B. Fail to implement the PIHP Quality Assessment Performance Improvement Program as indicated through Southwest Michigan Behavioral Health (SWMBH) and the development and implementation of the ISK Quality Improvement Plan and Performance Measurement Plans which meet both accreditation standards and the Michigan Department of Health and Human Services (MDHHS) requirements.
- II. This policy will be monitored through internal mechanisms on a semi-annual basis. One report will focus on the review compliance with elements of this policy. The second will be a year-end summary of results of the ISK Quality Improvement Plan. A summary of the results of external quality reviews will be in the semi-annual reports.

CHIEF EXECUTIVE OFFICER:



Jeff Patton
Chief Executive Officer

BOARD CHAIR:



Erik Krogh
Board Chair

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY VI.02

AREA:	Governance		
SECTION:	System Governance	PAGE:	1 of 5
SUBJECT:	INVESTMENT POLICY	SUPERSEDES:	04/15/21
		REVISED:	03/28/2022

PURPOSE/EXPLANATION

It is the policy of Integrated Services of Kalamazoo (ISK) to invest public funds in a manner which will ensure the preservation of principal while providing the highest investment return with maximum security, meeting the daily cash flow requirements of the organization and conforming to all state statutes governing the investment of public funds.

POLICY

I. SCOPE

This policy applies to all financial assets of ISK. These funds shall be accounted for in the Independent Annual Audit Report.

II. OBJECTIVE

The primary investment objectives, in priority order shall be:

A. *Safety*

Safety of principal is the foremost objective in the investment of ISK funds. Investments shall be undertaken in a manner that seeks to ensure the preservation of principal in the overall portfolio. To attain this objective diversification is required in order that potential losses on individual securities do not exceed the income generated from the remainder of the portfolio.

B. *Liquidity*

The investment portfolio shall remain sufficiently liquid to enable ISK to meet all operating requirements that might be reasonably anticipated.

C. *Return on Investments*

The investment portfolio shall be designed with the objective of attaining a rate of return throughout budgetary and economic cycles, commensurate with the investment risk constraints and the cash flow characteristics of the portfolio.

D. Risks

Further objectives of this policy are to minimize credit and concentration risk, interest rate risk, and foreign currency risk.

1. *Credit Risk (Custodial Credit Risk and Concentration Credit Risk):*
ISK will seek to minimize custodial credit risk, which is the risk of loss due to failure of the security issuer or backer, by limiting investments to the types listed in Section V. of this investment policy. ISK will seek to minimize the amount of Concentration Risk, which is the risk of loss attributed to the magnitude of investments in a single issuer, by diversifying the investment portfolio so that the impact of potential losses from any one type of security or issuer will be minimized.
2. *Investment Rate Risk:*
ISK will minimize Interest Rate Risk, which is the risk that the market value of securities in the portfolio will fall due to changes in market rate, by structuring the investment portfolio so that securities mature to meet cash flow requirements for ongoing operations, and investing operating funds primarily in shorter term securities, liquid assets, money market funds, or similar investments pools and limiting the average maturity in an effort to meet cash flow requirements.
3. *Foreign Currency Risk:*
ISK is not authorized and will not hold investments subject to this kind of risk.

III. DIVERSIFICATION

Investments shall be diversified by security type and institution. With the exception of U.S. Treasury securities and authorized investment pools as defined in Public Act 20 of 1943 as amended, no more than 60% of the total investment portfolio will be invested in a single security type or with a single financial institution with the exception of funds held in a Certificate of Deposit Account Registry Service (CDARS) account.

IV. DELEGATION OF AUTHORITY

Management responsibility for the Investment Policy is hereby delegated to the Chief Executive Officer (CEO), Chief Financial Officer (CFO), and the Finance Director (FD).

V. AUTHORIZED INVESTMENTS

The CEO, CFO and FD are authorized to invest in the following types of securities authorized by Public Act 20 of 1943, as amended:

- A. Bonds, securities, and other obligations of the United States or an agency or instrumentality of the United States.
- B. Certificates of deposit, savings accounts, deposit accounts or depository receipts of a financial institution as defined in Public Act 20 of 1943 as amended, no more than 60% of the total investment portfolio will be invested in a single security type or with a single financial institution with the exception of funds held in a CDARS account.
- C. Commercial paper rated at the time of purchase at the highest classification established by not less than 2 standard rating services and that matures not more than 270 days after the date of purchase.
- D. Repurchase agreements consisting of instruments in subdivision V.A.
- E. Banker's acceptances of United States banks.
- F. Obligations of this state or any of its political subdivisions that at the time of purchase are rated as investment grade by not less than 1 standard rating service.
- G. Obligations described in subdivision 6.1 through 6.6 if purchased through an interlocal agreement under the Urban Cooperation Act of 1967. 1967 (Ex Sess) PA 7, MCL 124.501 to 124.512.
- H. Investment pools organized under the Surplus Funds Investment Pool Act, 1982 PA 367, MCL 129.111 to 129.118.
- I. Investment pools organized under the Local Government Investment Pool Act, 1985 PA 121, MCL 129.141 to 129.150.

VI. SAFEKEEPING AND CUSTODY

It shall be the responsibility of the CEO, CFO and FD to determine which securities will be held by a third party custodian. Securities held in safekeeping by a third party custodian shall be evidenced by a safekeeping receipt

VII. PRUDENCE

The standard of prudence to be used by the CEO, CFO and FD shall be the "prudent person" standard and shall be applied in the context of managing an overall portfolio. Investments shall be made with judgement and care, under circumstances then prevailing, which persons of prudence, discretion and intelligence exercise in the management of their own affairs, not for speculation, but for investment, considering the probable safety of their capital as well as the probable income to be derived.

VIII. REPORTING

The CEO, CFO and FD shall provide a timely quarterly report to the ISK Board that provides a clear picture of the status and types of investments of the current investment portfolio. This report shall be prepared in a manner that will allow the Board to ascertain whether investment activities during the reporting period have conformed to the investment policy.

IX. ORDER EXECUTION

Before executing an order to purchase or trade the funds of ISK, a financial intermediary, broker or dealer shall be provided with a copy of ISK Investment policy regarding the buying or selling of securities and acknowledge receipt and agree to comply with the terms contained therein by executing the form attached as Appendix #1.

CHIEF EXECUTIVE OFFICER

Jeff Patton
Chief Executive Officer

APPROVED

Erik Krogh
Board Chair

APPENDIX #1

I have read and fully understand Public Act 20 of 1943 as amended, and the investment policy of Kalamazoo County Community Mental Health Authority d/b/a: Integrated Services of Kalamazoo.

Any investment advice or recommendations on investments given by _____ (name) _____ representing (company) _____ to the Chief Executive Officer (CEO), Chief Financial Officer (CFO) and Finance Director (FD) or his/her designee shall comply with the requirements of Public Act 20 of 1943 as amended, and the Investment Policy of ISK. Any existing investment not conforming to the statute or policy will be disclosed promptly to the CEO, CFO and FD or his/her designee. Further, should a broker/dealer learn of a forthcoming downgrading of commercial paper that has been sold to ISK, I agree to notify the CEO, CFO and FD or his/her designee as soon as possible to determine if there is a need to trade that investment.

By: _____

Printed Name: _____

Title: _____

Name of Financial Company: _____

Date: _____

Please send the original Appendix #1 to:
Integrated Services of Kalamazoo
Attention: Chief Financial Officer
610 South Burdick Street
Kalamazoo MI 49007

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY V.10


AREA: Governance	
SECTION: Executive Limitations	PAGE: 1 of 1
SUBJECT: COLLABORATION	SUPERSEDES: 06/27/2011 REVISED: 03/28/2016

PURPOSE/EXPLANATION

To establish limitations of means regarding the use of collaboration with stakeholders.

POLICY

- I. The Chief Executive Officer (CEO) may not fail to initiate opportunities and/or take advantage of benefits resulting from collaboration in the development and implementation of services and activities of the ISK programs.
- II. This policy will be monitored through internal mechanisms and available external information on an annual basis.

CHIEF EXECUTIVE OFFICER

Jeff Patton
Chief Executive Officer**BOARD CHAIR**

Erik Krogh
Board Chair



Community • Independence • Empowerment

VI.d.

POLICY V.10: COLLABORATION

***Report of Collaboration Activities
To the Board of Directors
~ February 2025 ~***

Collaboration Activity Summary for January 1 - December 31, 2024



Policy Response:

Integrated Services of Kalamazoo (ISK) seeks out opportunities to collaborate within our community. The purposes of collaboration efforts are to take advantage of community expertise in the development and implementation of services for our customers. This report to the ISK Board of Directors is one monitoring tool used to review the key ISK collaborative activities implemented under the leadership of the Chief Executive Officer (CEO). New and continued collaboration efforts during this year may reflect changes in community needs, ISK operations, and/or means of collaboration.

Below is a summary of key Collaboration Activities by ISK during the year 2024:

ISK Program Services Providers:

Organizations contracting with ISK as a “DCO” (Designated Collaborating Organization) for identified services to support our Certified Community Behavioral Health Clinic (CCBHC) initiatives:

- **ASK Family Services**
 - ✓ Family Support and Training
 - ✓ Peer Delivered Services/Peer Mentoring
- **Community Healing Center – Elizabeth Upjohn Community Healing Center**
 - ✓ Targeted Case Management
 - ✓ Homebased Services
 - ✓ Outpatient Therapy
 - ✓ Family Support and Training
- **Community Living Options**
 - ✓ Skill Building Assistance
 - ✓ Supported Employment
 - ✓ Behavior Treatment Plan Development and Implementation
- **Family & Children’s Services**
 - ✓ Targeted Case Management
 - ✓ Homebased Services
- **Interface Consultation Services d/b/a Passages Behavioral Health**
 - ✓ Skill Building Assistance
- **KPEP**
 - ✓ Outpatient Therapy
- **Milestone Senior Services**
 - ✓ Targeted Case Management
- **MRC Industries**
 - ✓ Targeted Case Management
 - ✓ Skill Building Assistance
 - ✓ Supported Employment
- **Recovery Institute of Southwest Michigan**
 - ✓ Peer Delivered Services
- **Western Michigan University Unified Clinics - Resiliency Center for Assessment and Treatment**
 - ✓ Individual/Family/Group Outpatient Therapy
 - ✓ Psychological Testing and Evaluation Services

Organizations contracting with ISK for the delivery of other community mental health services:

Applied Behavioral Analysis (ABA) Autism Benefit Services	
ABA Pathways	PAVO Behavioral Therapy
Acorn Health of Michigan	Rebound Home and Community Therapy
Autism Spectrum Therapies	ROI Great Lakes Autism Center
Centria Healthcare LLC	Synthesis ABA LLC
VAV Operations d/b/a Lighthouse Autism Center	WMU Kalamazoo Autism Center of Excellence
Specialized Residential Services (A combination of Personal Care and Community Living Support Services)	
Anikare, Inc.	Harmony Enterprises, Inc
Arnold AFC	Hernandez Home, LLC
Beacon Specialized Living	Hope Network Behavioral Health/HN West Mich.
Brookside Care LLC	Hudson's Country Manor
Burrell AFC	Phillips AFC
Care from the Heart	Pine Rest Christian Mental Health Services
CD Mended Hearts	Prader Willi Homes of Oconomowoc
Colemanz AFC	Precious Care Assisted Living
Community Living Options	Residential Opportunities, Inc
Cornerstone AFC	Sakshaug Group Homes
Eden Haven, LLC	South County Home Care
Evergreen Meadow AVC	Turning Leaf AFC
Flatrock Manor, Inc	Warming Hearts AFC
Good Samaritan Specialized Care	Wellspring Lutheran Services
Emergency/Crisis Intervention Service	
Gryphon Place	Pine Rest Christian Mental Health Services
Community Living Supports and/or Skill Building Assistance (offered at home residence, community, program site)	
Advantage Private Nursing, Inc	MOKA Corporation
Battle Buddies Home Healthcare, LLC	Progressive Alternatives
Cornerstone Empowerment Program	Ripple Effects Community Inclusion Center
Social Care Elite	The Center for Growth and Independence
Outpatient Therapy (MH)	
Community Healing Center	
Occupational Therapy	
The Therapy Place	
Respite Services	
Ripple Effects Community Inclusion Center	
Music Therapy	
Edgewater Music Therapy	Advanced Therapeutic Solutions
Financial Intermediary	
Stuart Wilson	
Nursing Home Monitoring, OBRA Screening	
Milestone Senior Services	
Independent Facilitation of Person-Centered Planning	
Allison Hammond, Sheldon Schwitek	

Memorandums of Understanding for Supportive Services:

Augusta Police Department	LISC
Battle Creek VA Medical Center	Maryville University
Ascension Borgess / Borgess Hospital	Michigan Commission for the Blind
Bronson Healthcare Group / Bronson Hospital	Michigan State University
CARES	Ministry with Community
Catholic Charities	MSHDA
Climax Scotts Community Schools	Nottawaseppi Huron Band of the Potawatomi
Comstock Public Schools	Outfront Kalamazoo
Family Health Center	Parchment Public Schools
Galesburg Augusta Schools	Pine Grove Housing Services
Gryphon Place	Portage Police Department
Gull Lake Schools	Portage Public Schools
Helping Hands	Richland Police Department
Hospice Care of SW Michigan	River Church
Kalamazoo County 8t District MH Recovery Court	Schoolcraft Community Schools
Kalamazoo County 9 th District Judicial Court	Schoolcraft Police Department
Kalamazoo County Collaborative	The Salvation Army
Kalamazoo County Fire Chiefs Association	Trestlewood Pediatrics
Kalamazoo County MDHHS: Child Welfare Division	Upjohn Institute
Kalamazoo County Health/Community Services Dpt.	Van Buren CMHSP
Kalamazoo County Sheriff's Department	Vicksburg Community Schools
Kalamazoo Department of Public Safety	Vicksburg Police Department
Kalamazoo Gospel Mission	Victory Clinical Services
Kalamazoo Public Schools	WMU Police Department
Kalamazoo Township Police	WMU School of Medicine including Pediatrics, PC
Kalamazoo Valley Community College	YWCA
KRESA	

ISK Training Department Community Collaborations:

Aside from collaborations with the ISK service network to provide necessary staff training, ISK has been collaborating with a variety of community partners to provide Mental Health First Aid training. For the year 2024, ISK has trained approximately 650 in Adult classes and approximately 50 in Youth classes in these evidenced-based educational programs. Adult and Youth MHFA training were provided free of charge in 2024. We can offer the Adult MHFA program with funding from ISK's Mental Health Awareness Training Grant from SAMSHA.

Some of community partners in MHFA training this year include:

- ❖ Kalamazoo County Court Staff
- ❖ Staff who work with Veteran's
- ❖ Kalamazoo Valley Community College
- ❖ Gull Lake Rotary
- ❖ K College
- ❖ Milestone Senior Services
- ❖ Community Members
- ❖ Bell's

- ❖ Kalamazoo County Fire Departments
- ❖ Life EMS
- ❖ Kalamazoo Public School
- ❖ Charles River Laboratories
- ❖ Western Michigan University, WMU School of Medicine
- ❖ Kellogg Nursing Students
- ❖ KRESA
- ❖ Kellogg's
- ❖ Air National Guard Base

Zero Suicide Grant Activities

Zero Suicide Team and the Training Department collaborated and trained ISK staff, Community Partner Staff and Community members in the following Suicide Prevention Trainings: safeTALK (Suicide Alertness for Everyone), ASIST (Applied Suicide Intervention Skills training), AMSR for Outpatient and Direct Care Staff (Assessing and Managing Suicide Risk). ISK and Gryphon collaborated on several trainings via shared trainers. ZS is in development of the Kalamazoo LOSS Team in partnership with Gryphon Place.

ZS trained roughly 340 individuals in one of the evidence-based trainings.

Trained 75 individuals in specific topic requested trainings.

ZS coordinator trained at a few conferences in 2024.

ZS team provided 70 + days of training specific to suicide safer care and practices.

Collaboration with Western Michigan University School of Medicine:

Integrated Health Services Clinic – IHSC: This collaboration started in fiscal year 2019-2020. Now, almost 5.5 years after inception, ISK and the Western Michigan University Homer Stryker M.D. School of Medicine Department of Psychiatry are working jointly on projects such as: rotations of first- and second-year residents along with medical students providing an opportunity to observe the real-time operations of ISK staff performing their day-to-day tasks in the community setting. Often, they can ride along with the Assertive Community Treatment team (ACT) or observe services in the Integrated Services Health Clinic. The rotations provide an early introduction of the vast number services that are offered from ISK.

Additionally, a W-Med psychiatrist is providing evidenced based lectures and best practice presentations, to the clinical team members in addition to other training opportunities on topics not limited to polypharmacy, quality improvement, best practice, and standards of care.

There is a long-standing collaboration between ISK and the Kalamazoo County Health and Community Services Team; this collaboration provides insight and up to date information on Communicable Disease Surveillance and Infection Control practices for the individuals served and staff of ISK.

Services for Youth and Families: From Autumn 2023 through Autumn 2024, Pediatrics residents from WMED participated in behavioral health mini-rotation, one afternoon a week in divided into four-week rotations, partnering with the Youth and Families teams, such as Targeted Case Management, Homebased, Wraparound, Intake, and Mobile Crisis Response. This collaboration assisted with sharing knowledge about the mental health field overall and services for youth and families in the community to WMED residents and nursing students.

Kalamazoo Protect and Connect

Founded in October 2021, Kalamazoo Protect and Connect (KPAC) advances collaboration between law enforcement, first responders, and mental health professionals in Kalamazoo County. In 2024, KPAC focused on enhancing crisis response efforts and reducing police involvement in non-criminal, crisis-related situations. Using the Behavioral Health (BH) Code, KPAC analyzes behavioral health-related calls to guide staffing decisions and target high-need areas. Integrated Services of Kalamazoo (ISK) employs two clinicians who co-respond with law enforcement, with two more clinicians joining in 2024 to strengthen Mobile Crisis Response in Kalamazoo. ISK is also developing a 24/7 Mobile Crisis Response team to handle crises independently or with law enforcement, depending on the situation. This year, KPAC advanced Crisis Intervention Team (CIT) training through multiple weeklong trainings and recruited additional coordinators to improve planning and delivery. Members also attended the CIT International Conference to adopt best practices. Looking forward, KPAC will expand crisis response programs, enhance CIT training, and strengthen partnerships to address behavioral health challenges and improve community well-being.

Collaborations continuing into 2025:

- ISK's Substance Use Disorder Teams; partnering with the Family Health Center and Victory Clinic to provide improved care coordination for mutual clients receiving medication assisted treatment for opiate use disorders.
- And SUD Teams are partnering with Bronson hospital on their "Emergency Department Medications for Opioid Use Disorder (ED-MOUD) Work Group".
- Mobile Crisis Response (MCR) team is partnering with Gryphon Place to expand MCR services to more individuals throughout Kalamazoo County into 2025.

Community education/resources partnerships:

- Community Advocates
- Aradia Pharmacy – housed at the Integrated Services Health Clinic

ISK staff members participate on a variety of Boards, Coalitions and Groups:

ISK is a Member Organization of the Community Mental Health Association of Michigan (CMHAM). Staff participate in a variety of conferences and meetings as planners, featured speakers, and participants.

- CEO; Chair of the WMU College of Health and Human Services Dean's Advisory Board
- CEO; Kalamazoo Valley Community College Trustee Representative to the Kalamazoo Valley Community College Foundation Board
- CEO; Member of the Irving S. Gilmore Foundation Board
- CEO; Trustee of Kalamazoo Valley Community College Board
- CEO; Member of Pokagon Band of Potawatomi Health Services Board
- CEO; Member of the Kalamazoo Funders Group
- CEO; Member of Coalition for SPARK CIN
- CEO; Participated in the 9th Annual Regional Healthcare Policy Forum
- CEO; Participated in the Sequential Intercept Mapping Workshop – with Leaders from Law Enforcement, Behavioral Health and Medical Professions
- CEO or designee; continues to be Presenter/Speaker at the Wellness and Recovery Fair Activities
- Chief Human Resources Officer; member of Kalamazoo Human Resource Management Association
- Chief Project Officer; member of Kalamazoo Downtown Rotary
- Chief Project Officer; participant on Governance Board for Cradle Kalamazoo and Steering Team for Southwest Michigan Perinatal Quality Improvement Collaborative, both community initiatives to improve maternal and infant health and end infant mortality with a special focus on the racial disparities
- Chief Project Officer; coordinator with County Medical Director for Kalamazoo County Opioid Coalition
- Chief Project Officer; member of Executive Committee for Great Start Collaborative through KRESA to improve the early childhood system
- Corrections Program Supervisor; member Community Corrections Advisory Board for the Office of Community Corrections.
- ISK's Substance Use Disorder Teams; partnering with Bronson Hospital on their "Emergency Department Medications for Opioid Use Disorder (ED-MOUD)" Work Group
- Integrated Services of Kalamazoo (ISK) continues to partner with Kalamazoo County Law Enforcement agencies to develop and implement a cross system, comprehensive Kalamazoo Police-Mental Health Collaboration (PMHC).
- ZS project coordinator and Chief Project Officer participate on the following community based review boards: CDR, FIRM, OFR, Cradle Kalamazoo.

Community Collaborations of the ISK Human Resources Department:

- Partnered with various universities to offer internships/shadowing/preceptors/residencies for students
- Hosted Bronson Nursing Students for a shadowing experience
- Respecting Differences – collaboration with City of Kalamazoo, City of Portage, Kalamazoo College, Kalamazoo County, Western Michigan University, and Kalamazoo Valley Community College to provide an annual diversity awareness program to our respective employees and to the community as a whole
- Participate on Ministry with Community HR Advisory Committee
- Maintained Bronze Certification as a Veteran friendly employer from Michigan Veterans Affairs Agency
- Participated in WMU Government and Nonprofit 2024 Career Fair
- Maintained membership with NASW and participated in the NASW Career Fair
- Actively participate in a CMH HR networking community, collaborating on topics as necessary
- Membership in West Michigan Hispanic Chamber of Commerce
- Membership in Kalamazoo Human Resources Management Association
- Maintained a broad reach within the community and expanded pool of diverse candidates
- Partnered with local gyms to obtain membership discounts for employees
- Community Theatre volunteerism – collaboration with community members to bring affordable, quality live theatre to all members of Kalamazoo County – volunteers with Kalamazoo Civic Theatre and offers audio description services at Kalamazoo Civic Theatre

INTEGRATED SERVICES OF KALAMAZOO

VII.a.

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BOARD POLICY II.14

AREA:	Governance		
SECTION:	Board Governance Process	PAGE:	1 of 3
SUBJECT:	BOARD TRAVEL	SUPERSEDES:	0203/2428/
			20142022
		REVISED	0302/2824/ 20222025

PURPOSE/EXPLANATION

To provide a uniform method for approval and payment of board member travel.

POLICY

It is the policy of the board to continually support the education of board members in the areas of board governance and evidenced based practices.

The board annually budgets an amount towards that end.

PROCEDURE

I. APPROVAL

- A. Board members are encouraged to participate in the Community Mental Health Association of Michigan (CMHAM) conferences, which cover many topics related to board governance and evidenced-based practices.

Administrative staff will register board members and make hotel arrangements once notified by a board member that they wish to attend. The board member will follow all guidelines on reimbursement following the conference to receive reimbursement for any other travel related expenditures.

- B. Board members may request funding assistance for other conferences or trainings. Below are the procedures a board member must follow to request funding assistance:
1. Provide written description of the relevance of the conference or training to the work of the board.
 2. Completion of a ISK board member's Overnight/Out-of-State Travel Request form detailing the cost.
 3. Funding assistance will be limited to \$500 per conference, per board member, and only be available if funds are available in the board conference budget line.

4. The request will be submitted to the board chair. The board chair will consult with staff as to the relevance of the conference or training. If the board chair determines that the conference or training is relevant to the member's service on the board, the chair will appoint two additional board members who are to review the request with the chair and determine whether to approve the request. The review and determination are to occur within a reasonable period of time. The two additional board members will be selected on a rotating basis in alphabetical order, excluding the member making the request.
5. Once approved, the board member will follow all guidelines on reimbursement following the conference to receive reimbursement.

II. REIMBURSEMENT

- A. All requests for reimbursement must be accompanied with legible, detailed receipts for all items requested for reimbursement. A summary receipt is not sufficient and not subject to reimbursement by ISK. All vendors can provide a detailed receipt, however one may need to be requested from the vendor indicating the date, time, amount and detail where possible.
- B. If receipts are not attached, no reimbursement will be made.
- C. The mileage reimbursement rate shall be the Internal Revenue Service (IRS) standard deductible mileage allowance for the current year.
- D. Mileage and business expense claims should be submitted to the Finance Department within 30 days of travel. A ISK Travel Voucher form must be completed specifying the purpose of the trip, point of origin, destination and the actual number of miles traveled (rounded to the nearest whole number).

III. MEALS

- A. ISK utilizes a blended Meals and Incidental Expenses for all in State travel as computed from the applicable IRS Per Diem Rates. Any travel outside of Michigan shall be determined by utilizing the applicable IRS Per Diem Rate for the specific travel destination. Effective 10/01 of every year the maximum meals reimbursement rate shall be the recomputed based on the applicable IRS Per Diem Rates.
- B. Meals may be reimbursed to board members when ISK business requires a board member to travel out-of-county. The approved rates of reimbursement for meals, including tips, are as follows:

Meal(s)	Travel Time Requirement	Maximum Allowed
Breakfast	Prior to 7:00 a.m. & extends beyond 9:00 a.m.	\$142.00
Lunch	Prior to 12:00 p.m. & extends beyond 2:00 p.m.	\$167.00
Dinner	Prior to 6:30 p.m. & extends beyond 7:00 p.m.	\$379.00
Per Diem	Prior to 7:00 a.m. & extends beyond 7:00 p.m.	\$648.00

Note: ~~All Maximum's Include Tips and Other Incidental Expenses~~
All maximums include tips (not to exceed 15% of the bill) and other incidental expenses.

EXHIBITS

- A. Overnight/Out-of-State Travel Request
- B. ISK Travel Voucher

CHIEF EXECUTIVE OFFICER**APPROVED**

Jeff Patton
Chief Executive Officer

~~Erik Krogh~~ Karen Longanecker
Board Chair

ISK BOARD MEMBER TRAVEL REQUEST

Board Members' Name _____

Conference/Seminar _____

Destination _____

Conference Dates _____ to _____

Date of Departure _____

Date of Return _____

Reason for Early Departure/Late Return _____

REGISTRATION

Attach agenda & registration form

Vendor _____

Address _____

Type of Payment ☐ Credit ☐ Check ☐ Reimb

Amount _____

TRANSPORTATION

Attach transportation information

Vendor _____

Address _____

Type of Transportation ☐ Plane ☐ Car ☐ Other

Type of Payment ☐ Credit ☐ Check ☐ Reimb

Amount _____

CAR RENTAL

Attach rental information

Vendor _____

Address _____

Type of Payment ☐ Credit ☐ Check ☐ Reimb

Amount _____

ACCOMMODATION

Attach hotel rate information

Vendor _____

Address _____

Date of Stay _____ to _____

Confirmation Number _____

Type of Payment ☐ Credit ☐ Check ☐ Reimb

Amount _____

MEALS & MISC.

Per Board travel policy

Meals _____ Misc. _____

Parking _____ Total \$ -

ADVANCE REQUEST

Attach mapquest est.

Meals & Misc. _____ Mileage _____

Advance Pymt \$ -

TOTAL EXPECTED COST \$ -

Board Chair _____ Date _____

Chief Operating Officer _____ Date _____

Financial Analyst _____ Date _____

Account # _____

Integrated Services of Kalamazoo
610 South Burdick Street
Kalamazoo MI 49007
(269) 553-8000, Fax (269) 553-8012



Mileage Rate	0.7
--------------	-----

Travel Voucher

Name _____ Dept _____ From _____ To _____
 Address _____

 _____ Submission Date _____

[illegible]

Board Member Signature _____

Board Chair Signature _____

Travel must be submitted within 60 days from the period being requested for reimbursement. Travel requests older than 60 days may not be subject to reimbursement without an additional explanation signed by their supervisor

INTEGRATED
SERVICES OF
KALAMAZOO



Period Ended
January 31, 2025

Monthly Finance
Report

INTEGRATED SERVICES OF KALAMAZOO

Statement of Net Position

January 31, 2025

	January 2024 (unaudited)	January 2025
Assets		
Current assets		
Cash and investments	\$ 33,978,712	\$ 19,946,072
Accounts receivable	3,334,008	4,003,856
Due from other governments	2,441,740	15,085,985
Prepaid items	1,955,605	1,387,166
Total current assets	41,710,065	40,423,078
Non-current assets		
Capital assets, net of accumulated depreciation	13,214,612	14,541,611
Net pension asset, net of deferred outflows	7,214,053	8,442,339
Total non-current assets	20,428,665	22,983,950
Total assets	\$ 62,138,730	\$ 63,407,028
Liabilities		
Current liabilities		
Accounts payable	\$ 11,004,242	\$ 11,132,091
Due to other governments	1,288,368	169,788
Due to providers	995,498	419,485
Accrued payroll and payroll taxes	1,835,628	3,115,940
Unearned revenue	35,409	78,103
Total current liabilities	15,159,145	14,915,407
Net position		
Designated	9,171,891	9,171,891
Undesignated	25,729,038	24,640,759
Investment in fixed assets	13,470,135	14,541,611
Previous year close	-	-
Net gain (loss) for period	(1,391,479)	137,361
Net position	\$ 46,979,585	\$ 48,491,622

INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2024 through January 31, 2025

Percent of Year is 33.33%

	Original 2025 Budget	YTD Totals 1/31/25	Remaining Budget	Percent of Budget - YTD
Operating revenue				
Medicaid:				
Traditional Capitation	\$ 71,759,922	23,818,956	\$ 47,940,966	33.19%
Healthy Michigan Capitation	13,011,361	1,661,635	11,349,726	12.77%
Settlement	6,448,857	2,911,289	3,537,568	45.14%
State General Fund:				
Formula Fundings	3,900,516	1,300,172	2,600,344	33.33%
CCBHC Demonstration	35,053,525	12,016,993	23,036,532	34.28%
CCBHC Accrual	-	450,759	(450,759)	0.00%
County Allocation	1,550,400	516,800	1,033,600	33.33%
Client Fees	620,500	277,372	343,128	44.70%
SUD Block Grant	-	-	-	0.00%
Other grant revenue	8,558,938	2,130,084	6,428,854	24.89%
Other earned contracts	3,974,361	972,494	3,001,867	24.47%
COFR	-	-	-	0.00%
Interest	181,000	56,372	124,628	31.14%
Local revenue	610,000	1,100	608,900	0.18%
Total operating revenue	\$ 145,669,379	\$ 46,114,026	\$ 99,555,354	31.66%
Operating expenses				
Salaries and wages	\$ 32,677,928	\$ 9,821,988	22,855,940	30.06%
Employee benefits	11,547,844	2,948,995	8,598,849	25.54%
Staff development	301,171	35,464	265,707	11.78%
Payments to providers	88,887,199	29,307,895	59,579,304	32.97%
Administrative contracts	10,183,932	2,821,475	7,362,457	27.71%
IT software and equipment	929,664	283,782	645,882	30.53%
Client transportation	50,280	6,981	43,299	13.88%
Staff travel	389,638	94,662	294,976	24.29%
Office expenses	647,972	162,294	485,678	25.05%
Insurance expense	158,746	74,580	84,166	46.98%
Depreciation expense	535,265	182,628	352,637	34.12%
Utilities	358,571	118,515	240,056	33.05%
Facilities	59,117	15,705	43,412	26.57%
Local match	305,108	101,703	203,405	33.33%
Total operating expenses	\$ 147,032,435	\$ 45,976,665	\$ 101,055,770	31.27%
Change in net position	(1,363,056)	137,361	\$ (1,500,417)	
Beginning net position	48,354,261	48,354,261		
Ending net position	\$ 46,991,205	\$ 48,491,622		

INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2024 through January 31, 2025

Percent of Year is 33.33%

	Specialty Services		Healthy Michigan		SUD Block Grant		Totals		
	Budget	YTD Totals 1/31/25	YTD Budget	YTD Totals 1/31/25	YTD Budget	YTD Totals 1/31/25	YTD Budget	YTD Totals 1/31/25	Variance
Operating revenue									
Medicaid:									
Traditional Capitation	\$ 23,919,974	\$ 28,541,164	\$ -	\$ -	\$ -	\$ 37,319	\$ 23,919,974	\$ 28,578,483	\$ 4,658,509
Healthy Michigan Capitation	-	-	4,337,120	2,920,823	-	-	4,337,120	2,920,823	(1,416,297)
Autism Capitation	-	-	-	-	-	-	-	-	-
CCBHC Base Payment	-	(4,722,208)	-	(1,336,042)	-	-	-	(6,058,250)	(6,058,250)
Settlement Estimate	4,589,376	2,987,035	(2,439,757)	(38,427)	-	(37,319)	2,149,619	2,911,289	761,670
Client Fees	-	1,095	-	48	-	-	-	1,144	1,144
Total operating revenue	\$ 28,509,350	\$ 26,807,087	\$ 1,897,363	\$ 1,546,403	\$ -	\$ -	\$ 30,406,713	\$ 28,353,489	\$ (2,053,224)
Operating expenses									
Internal services	\$ 782,418	\$ 722,360	\$ 39,121	\$ 3,516	\$ -	\$ -	\$ 821,539	\$ 725,876	(95,663)
External services	25,428,580	24,218,886	1,706,649	1,435,254	-	-	27,135,229	25,654,140	(1,481,089)
Delegated managed care	2,298,352	1,865,840	151,593	107,633	-	-	2,449,946	1,973,473	(476,473)
Total operating expenses	\$ 28,509,350	\$ 26,807,086	\$ 1,897,363	\$ 1,546,403	\$ -	\$ -	\$ 30,406,713	\$ 28,353,489	\$ (2,053,224)
Change in net position	-	0	-	(0)	-	-	-	-	-

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INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2024 through January 31, 2025

Percent of Year is 33.33%

	State General Fund		CCBHC		Other Funding Sources		Totals		
	YTD Budget	YTD Totals 1/31/25	YTD Budget	YTD Totals 1/31/25	YTD Budget	YTD Totals 1/31/25	YTD Budget	YTD Totals 1/31/25	Variance
Operating revenue									
General Fund	\$ 1,300,172	\$ 1,300,172	\$ -	\$ -	\$ -	\$ -	\$ 1,300,172	\$ 1,300,172	\$ -
Projected GF Carryforward	-	-	-	-	-	-	-	-	-
CCBHC Demonstration	-	-	11,616,798	12,961,963	-	-	11,616,798	12,961,963	1,345,165
Other Federal and State Grants	-	-	-	-	2,852,979	1,911,054	2,852,979	1,911,054	(941,926)
Earned Revenue	-	-	-	-	1,324,787	856,339	1,324,787	856,339	(468,448)
COFR Revenue	-	-	-	-	-	-	-	-	-
Interest	-	-	-	-	60,333	56,372	60,333	56,372	(3,961)
County Allocation	-	-	-	-	516,800	516,800	516,800	516,800	-
Local Revenue	-	732	-	-	137,516	1,205	137,516	1,937	(135,579)
Transfer from GF	-	-	-	274,189	-	-	-	274,189	274,189
Settlement Revenue (Expense)	-	-	-	-	-	-	-	-	-
Total operating revenue	\$ 1,300,172	\$ 1,300,904	\$ 11,616,798	\$ 13,236,152	\$ 4,892,416	\$ 3,341,770	\$ 17,809,385	\$ 17,878,825	\$ 69,440
Operating expenses									
Internal Programs	\$ 298,297	\$ 204,832	\$ 11,433,081	\$ 12,546,967	-	-	\$ 11,731,377	\$ 12,751,800	\$ 1,020,422
External Programs	782,418	752,133	-	-	200,000	179,100	982,418	931,233	(51,185)
Other Federal and State Grants	-	-	-	-	4,808,877	2,812,926	4,808,877	2,812,926	(1,995,951)
HUD Grants	-	-	-	-	464,561	631,419	464,561	631,419	166,859
Managed Care Administration	83,132	69,749	-	-	2,420	-	85,552	69,749	(15,803)
Homeless Shelter	-	-	-	-	156,484	141,204	156,484	141,204	(15,279)
Transfer from GF	136,325	274,189	-	-	-	-	136,325	274,189	137,864
Local match expense	-	-	-	-	101,703	101,703	101,703	101,703	0
Non-DCH Activity Expenditures	-	-	-	-	27,104	27,241	27,104	27,241	137
Total operating expenses	\$ 1,300,172	\$ 1,300,903	\$ 11,433,081	\$ 12,546,967	\$ 5,761,149	\$ 3,893,593	\$ 18,494,402	\$ 17,741,464	(752,938)
Change in net position	0	0	183,717	689,184	(868,733)	(551,823)	\$ (685,016)	137,361	822,378

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INTEGRATED SERVICES OF KALAMAZOO

CCBHC

October 1, 2024 through January 31, 2025

Percent of Year is 33.33%

	CCBHC Medicaid	CCBHC Healthy MI	CCBHC Non-Medicaid	CCBHC YTD Totals
Operating revenue				
Prepayment	\$ 3,941,051	\$ 2,017,692	\$ -	\$ 5,958,743
CCBHC SAMSHA Grant	-	-	219,030	219,030
CCBHC QBP	-	-	-	-
CCBHC Base Payment Reclass	4,722,208	1,336,042	-	6,058,250
Remaining CCBHC revenue due	917,559	(466,800)	-	450,759
Client fees	125,225	20,726	129,230	275,181
Total CCBHC Revenue (PPS-1 of \$367.50 x encounters)	\$ 9,706,043	\$ 2,907,660	\$ 348,260	\$ 12,961,963
Operating expenses				
Internal services	\$ 6,393,839	\$ 2,259,427	\$ 1,396,012	\$ 10,049,277
DCO Contracts	1,657,034	496,401	344,256	2,497,691
Total operating expenses	\$ 8,050,872	\$ 2,755,828	\$ 1,740,268	\$ 12,546,967
Operating change in net position	1,655,170	151,832	(1,392,007)	414,995
Reclassification to cover Non-Medicaid	-	-	274,189	274,189
Total change in net position	\$ 1,655,170	\$ 151,832	\$ (1,117,818)	\$ 689,184

CCBHC Cost per daily visit

	2023	FY 2024	1/31/25
Total CCBHC Cost	\$ 27,687,187	\$ 31,777,786	\$ 12,546,967
Daily Visits	99,802	110,326	39,810
Cost per daily visit	277.42	288.04	315.17

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AUTISM SERVICES
Report Period: October 1st, 2024 through January 31st, 2025

UTILIZATION COMPARISONS FY 24/25									
MONTH	FY 23/24 Actual		FY 24/25 Budget		FY 24/25 Actual		Clients Served Difference Favorable (Unfavorable)	Cost Difference Favorable (Unfavorable)	Cost YTD Favorable (Unfavorable)
	Clients Served	Dollars	Clients Served	Dollars	Clients Served	Dollars			
OCTOBER	167	\$789,944	180	\$879,750	180	\$957,661	0	(\$77,910)	(\$77,910)
NOVEMBER	167	\$785,423	180	\$879,750	175	\$801,494	5	\$78,257	\$78,257
DECEMBER	172	\$882,947	180	\$879,750	181	\$913,727	(1)	(\$33,977)	(\$33,977)
JANUARY	183	\$793,167	180	\$879,750	175	\$801,374	5	\$78,376	\$78,376
FEBRUARY	182	\$832,410	180	\$879,750					
MARCH	182	\$802,870	180	\$879,750					
APRIL	182	\$964,823	180	\$879,750					
MAY	182	\$973,468	180	\$879,750					
JUNE	181	\$919,481	180	\$879,750					
JULY	180	\$1,020,346	180	\$879,750					
AUGUST	180	\$987,283	180	\$879,750					
SEPTEMBER	179	\$943,423	180	\$879,750					
TOTALS	2,137	\$10,695,585	2,160	\$10,557,005	711	\$3,474,256	9	\$44,746	
MONTHLY AVERAGES	178		180		178				
GROSS ANNUAL COST		\$10,695,585		\$10,557,005		\$3,474,256		\$44,746	

Favorable/(Unfavorable):

Total 44,746

YOUTH COMMUNITY INPATIENT SERVICES
Report Period: October 1st, 2023 through January 31st, 2025

UTILIZATION COMPARISONS FY 24/25									
MONTH	FY 23/24 Actual		FY 24/25 Budget		FY 24/25 Actual		Days Difference (Unfavorable)	Cost Difference (Unfavorable)	Cost YTD Favorable (Unfavorable)
	Days	Dollars	Days	Dollars	Days	Dollars			
OCTOBER	92	\$85,808	85	\$81,845	51	\$50,402	34	\$31,443	\$31,443
NOVEMBER	78	\$72,462	85	\$81,845	175	\$106,722	(90)	(\$24,877)	(\$24,877)
DECEMBER	139	\$129,020	85	\$81,845	35	\$34,329	50	\$47,516	\$47,516
JANUARY	73	\$67,966	85	\$81,845	175	\$16,709	(90)	\$65,136	\$65,136
FEBRUARY	101	\$93,755	85	\$81,845					
MARCH	16	\$14,400	85	\$81,845					
APRIL	170	\$157,466	85	\$81,845					
MAY	50	\$46,450	85	\$81,845					
JUNE	69	\$64,101	85	\$81,845					
JULY	143	\$132,763	85	\$81,845					
AUGUST	76	\$70,558	85	\$81,845					
SEPTEMBER	120	\$111,452	85	\$81,845					
TOTALS	1,126	\$1,046,199	1,020	\$982,142	436	\$208,162	(96)	\$119,218	
MONTHLY AVERAGES	94		85		109				
GROSS ANNUAL COST		\$1,046,199		\$982,142		\$208,162		\$119,218	

Favorable/(Unfavorable): Total **119,218**

COMMUNITY INPATIENT SERVICES
Report Period: October 1st, 2024 through January 31st, 2025

UTILIZATION COMPARISONS FY 24/25									
MONTH	FY 23/24 Actual		FY 24/25 Budget		FY 24/25 Actual		Days Difference (Unfavorable)	Cost Difference (Unfavorable)	Cost YTD (Unfavorable)
	Days	Dollars	Days	Dollars	Days	Dollars			
OCTOBER	33	\$35,799	608	\$705,361	703	\$772,742	(95)	(\$67,381)	(\$67,381)
NOVEMBER	352	\$373,018	608	\$705,361	175	\$666,148	433	\$39,213	\$39,213
DECEMBER	601	\$633,797	608	\$705,361	657	\$720,408	(49)	(\$15,047)	(\$15,047)
JANUARY	583	\$615,285	608	\$705,361	175	\$629,172	433	\$76,189	\$76,189
FEBRUARY	681	\$718,593	608	\$705,361					
MARCH	815	\$860,902	608	\$705,361					
APRIL	616	\$649,551	608	\$705,361					
MAY	612	\$644,976	608	\$705,361					
JUNE	645	\$680,946	608	\$705,361					
JULY	709	\$746,405	608	\$705,361					
AUGUST	596	\$626,317	608	\$705,361					
SEPTEMBER	654	\$687,522	608	\$705,361					
TOTALS	6,896	\$7,273,111	7,848	\$8,464,327	1,710	\$2,788,469	722	\$32,974	
MONTHLY AVERAGES	575		608		428				
GROSS ANNUAL COST		\$7,273,111		8,464,327		\$2,788,469		\$32,974	

Favorable/(Unfavorable): Total 32,974

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

Report Period: October 1st, 2024 through January 31st, 2025

SERVICE	FY 24/25 Budget			FY 24/25 Actual		
	Avg. Daily Rate	No. Served	Days of Service	Dollars	Dollars	Favorable / (Unfavorable)
PC/CLS	Jan \$298	377	45,512	\$13,390,741	\$13,553,342	(\$162,601)
CRISIS RES.	Jan \$620	24	355	\$332,033	\$220,081	\$111,952
CLS (SIP)	Jan NA	295		\$4,748,331	\$4,824,255	(\$75,924)
Annual Cost					175	
						(\$126,398)
						175

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.



Integrated Services of Kalamazoo MOTION

Subject:	January 2025 Disbursements	Approval Date:
Meeting Date:	February 24, 2025	February 24, 2025
Prepared by:	Charlotte Bowser	

Recommended Motion:

“Based on the Board Finance meeting review, I move that ISK approve the January 2025 vendor disbursements of \$13,725,936.70.”

Summary of Request:

As per the January 2025 Vendor Check Register Report dated 02/04/2025 that includes checks issued from 01/01/2025 to 01/31/2025.

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

Staff: C. Bowser, Finance Director

Date of Board
Consideration: February 24, 2025