



Jeffrey W. Patton
Chief Executive Officer

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Administrative Services:
610 South Burdick Street
Kalamazoo, MI 49007

Community • Independence • Empowerment

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

AGENDA

June 23, 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

- I. CALL TO ORDER - CITY & COUNTY DECLARATION
- II. AGENDA
- III. CITIZEN TIME
- IV. RECIPIENT RIGHTS
 - a. Recipient Rights Monthly Report (April & May 2025)
- V. PROGRAM SERVICE REPORT
 - a. *Beth Ann Meints*, Administrator of Clinical Services - CCBHC Report **VERBAL**
- VI. CONSENT CALENDAR **VERBAL MOTION**
 - a. Minutes April 28, 2025
 - b. Board Member Responsibility 11.12 (Policy)
 - c. Input from Stakeholders 11.13 (Policy and Report)
 - d. Accessibility 11.15 (Policy)
- VII. MONITORING REPORTS
- VIII. FINANCIAL REPORTS
 - a. Financial Condition Report
 - b. Utilization Report
 - c. April & May 2025 Disbursement **MOTION**
- IX. ACTION ITEM
 - a. Nomination Committee Report *Nkenge Bergan* **MOTION - Corporate Counsel, Michael D. Schlack**
- X. CHIEF EXECUTIVE OFFICER **VERBAL REPORT**
 - a. CLOSED SESSION **ROLL CALL - Corporate Counsel, Michael D. Schlack**
 - b. CEO Report
- XI. CITIZEN TIME
- XII. BOARD MEMBER TIME
 - a. SWMBH (Southwest Michigan Behavioral Health) Updates *Michael Seals*
- XIII. ADJOURNMENT

V.a.

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

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

	April 2025	FY 24-25	April 2024	FY 23-24
Total # of Complaints Closed	38	239	29	216
Total # of Allegations Closed	57	386	51	392
Total # of Allegations Substantiated	17	116	18	110

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

ALLEGATIONS	April 2025		April 2024	
Category	TOTAL	SUBSTANTIATED	TOTAL	SUBSTANTIATED
Consumer Safety	5	1	4	0
Dignity/Respect of Consumer	13	2	8	1
Treatment Issues/Suitable Services (Including Person Centered Planning)	10	4	7	2
Abuse I	0	0	0	0
Abuse II	4	2	4	1
Abuse III	4	1	4	4
Neglect I	0	0	1	0
Neglect II	2	1	0	0
Neglect III	10	6	10	9
	48	17	38	17

APPEALS	April 2025	FY 24-25	April 2024	FY 23-24
Uphold Investigative Findings & Plan of Action	1	2	0	2
Return Investigation to ORR; Reopen or Reinvestigate	0	1	0	0
Uphold Investigative Findings but Recommend Respondent Take Additional or Different Action to Remedy the Violation	0	1	0	0
Request an External Investigation by the State ORR	0	0	0	0

ABUSE AND NEGLECT DEFINITIONS – SUMMARIZED

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

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

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

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

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

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

ORR ADDENDUM TO MH BOARD REPORT

May 2025

Re: April 2025 Abuse/Neglect Violations

April

Abuse Violations

- There were two substantiated Abuse II violation in April 2025.
 - The remedial actions for these violations were Written Reprimand (2), and Training (2).

The 2 violations occurred at 2 different agencies.

- There was one substantiated Abuse III violation in April 2025.
 - The remedial action for this violation were Written Reprimand (1), and Training (1).

Neglect Violations

- There was one substantiated Neglect II violation in April 2025. It was a Neglect II, Failure to Report violation.
 - The remedial action for this violation were Written Reprimand (1), and Training (1).
- There were six substantiated Neglect III violations in April 2025. Three were Neglect III, Failure to Report violations. There were 3 staff involved in one violation, and 2 staff involved in 2 other violations.
 - The remedial actions for these violations were Employment Termination (1), Written Reprimand 9), Training (2), and Policy Revision/Development (1).

The 6 violations occurred at 4 different agencies. One agency had 2 violations occurring at the same program site, 1 of which was a Failure to Report violation. A second agency had 2 violations occurring at the same program site and 1 of those violations was a Failure to Report.

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

	May 2025	FY 24-25	May 2024	FY 23-24
Total # of Complaints Closed	41	200	34	250
Total # of Allegations Closed	51	437	54	446
Total # of Allegations Substantiated	19	135	26	136

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

ALLEGATIONS	May 2025		May 2024	
Category	TOTAL	SUBSTANTIATED	TOTAL	SUBSTANTIATED
Consumer Safety	3	1	1	1
Dignity/Respect of Consumer	9	4	11	4
Treatment Issues/Suitable Services (Including Person Centered Planning)	9	4	6	1
Abuse I	2	0	1	1
Abuse II	4	1	8	6
Abuse III	2	0	3	2
Neglect I	1	1	0	0
Neglect II	0	0	2	2
Neglect III	12	8	10	8
	42	19	42	25

APPEALS	May 2025	FY 24-25	May 2024	FY 23-24
Uphold Investigative Findings & Plan of Action	0	2	0	2
Return Investigation to ORR; Reopen or Reinvestigate	0	1	0	0
Uphold Investigative Findings but Recommend Respondent Take Additional or Different Action to Remedy the Violation	0	1	0	0
Request an External Investigation by the State ORR	0	0	0	0

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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.

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

ORR ADDENDUM TO MH BOARD REPORT

June 2025

Re: May 2025 Abuse/Neglect Violations

May

Abuse Violations

- There was one substantiated Abuse II violation in May 2025.
 - The remedial actions for this violation were Written Reprimand (1) and Training (1). There were two staff involved.

Neglect Violations

- There was one substantiated Neglect I violation in May 2025. The violation was a Failure to Report.
 - The remedial action for this violation is Pending (1). There were three staff involved in one violation.
- There were eight substantiated Neglect III violations in May 2025.
 - The remedial actions for these violations were Employee Left Agency (2), Written Counseling (2), Written Reprimand (4), Policy Revision/Development (1) and Training (5). Of the 8 violations there were two staff involved in two violations.

All 8 violations occurred at different agencies.



Community • Independence • Empowerment

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

April 28, 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	Kalamazoo/Kalamazoo	
Nkenge Bergan	X	Kalamazoo/Kalamazoo	
Sarah Carmany			X
Patrick Dolly	X	Kalamazoo/Kalamazoo	
Pat Guenther	X	Kalamazoo/Kalamazoo	
Ramona Lumpkin	X	Kalamazoo/Kalamazoo	
Michael Raphelson	X	Kalamazoo/Kalamazoo	
Sharon Spears	X	Kalamazoo/Kalamazoo	
Melissa Woosley	X	Kalamazoo/Kalamazoo	
John Taylor, <i>COMMISSIONER</i>			X

ISK - Staff Present:

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

ISK - Staff Absent:

Chantel Graham

Providers & Guests:

Fi Spalvieri
 Chief Executive
 Officer
 CLO

Dianne Marquess
 Chief Executive
 Officer
 Family & Children
 Services

Rhasheda Shepherd
 Executive Director
 The Arc Community
 Advocates

Shenetta Coleman
 Chief Executive
 Officer
 ROI

Jason Kelly
 Senior Government
 Auditor
 BDO

Call to Order

The Board of Directors (Integrated Services of Kalamazoo) held their meeting on Monday, April 28, 2025. It began @ 4:01PM and was presided over by Chair, *Karen Longanecker*.

Financial Statement and Single Audit Act Compliance/YEAR ENDING September 30, 2024,**MOTION**

Jason Kelly/CPA/BDO

There were no findings related to the financial statements that must be reported, in accordance with generally accepted auditing standards.

There were no findings and questioned costs for federal awards (as defined in 2 CFR 200.516 (a)) that are required reporting.

Financial Statement and Single Audit Act Compliance/YEAR ENDING September 30, 2024, - **MOTION**

Member Spears, "I move to accept and file the FY 2024 Financial Statements and Single Audit Act Compliance Report." Supported by Member Guenther.

Summary of Request:

- ✚ The independent audit of fiscal year 2024 was completed by BDO.
- ✚ The independent audit report is unmodified, or "clean".
- ✚ There are no reported material weaknesses in internal controls.
- ✚ No findings related to the financial statements which are required to be reported.
- ✚ No findings or questioned costs for federal awards which are required to be reported.
- ✚ Net position changed from \$47.8 million in FY 2023 to \$46.5 million in 2024.

MOTION PASSED.

To review the Financial Statement and Single Audit Act Compliance Report, please use the following link: <https://iskzoo.org/about-us/board/>

Agenda**MOTION**

Member Guenther,

"I move to approve the agenda for the meeting." Supported by Member Raphelson 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 March 2025.

Abuse Violations

- There were two substantiated Abuse III violations in March 2025.
 - The remedial actions for these violations were Employee left agency (1), Employment Termination (1), and Training (1).

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

Neglect Violations

- There were four substantiated Neglect III violations in March 2025. One of the violations was a Neglect III, Failure to Report violation.
 - The remedial actions for these violations were Employee left agency (2), Written Reprimand (5), and Training (2). There were 3 staff involved in 1 violation.

The 4 violations occurred at the same agency, but at 3 different program sites. One program site had 2 violations one of which was the Failure to Report violation.

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

Recipient Rights Advisory Committee Reappointment **MOTION**

Member Guenther, "I MOVE TO RE-APPOINT THE FOLLOWING INDIVIDUALS TO THE RECIPIENT RIGHTS ADVISORY COMMITTEE (RRAC): KAREN LONGANECKER, DIANE BORNEMAN, BECKY LOPEZ, AND ELIZABETH SCHLOTT FOR A TWO-YEAR TERM (BEGINNING JUNE 1, 2025-JUNE 1, 2027)." Supported by Member Spears.

MOTION PASSED.

Program Services Report

Teresa Moser, ISK, Clinical Director of Emergency Services, presented the April Program Services Report.

Emergency Services and Same Day Access

Emergency Services and Same Day Access is part of our Urgent Care and Access Center (UCAC) Department at Integrated Services of Kalamazoo, providing assessment and crisis intervention for adults, youth, and families. We consist of clinicians, both Master's level and Bachelor's level, patient navigators who have lived experience in the mental health treatment world and a community health worker. All of our teams are cross trained (or in the process of cross training) to be able to assist each other's teams when needed however each team has its designated duties and responsibilities.

- **Same Day Access Services:** Our Same Day Access (SDA) Team consists of Master's level clinicians who provide a full bio-psycho-social assessment at our UCAC in order to determine an individual's appropriate level of care and referral to ongoing services. Individuals are encouraged to walk in to the UCAC M-F 8am-8pm and Saturdays 9am-2pm however appointments are available upon request. Our Same Day Access team's assessment is treated as a therapeutic intervention with the goal for the individual to not only leave the UCAC with their next scheduled appointment for ongoing services, but also with some relief following speaking with the clinician.
- **Emergency Mental Health (EMH):** Our Same Day Access clinicians are also trained to provide emergency mental health treatment for individuals experiencing a mental health crisis. By having our Same Day Access Clinicians provide a dual role of both assessor for ongoing services and crisis intervention specialist for mental health crisis, we ensure that there is no wrong door or path when individuals walk in to our UCAC. Emergency Mental Health Clinicians provide crisis intervention, safety planning and screening for psychiatric hospitalization at the UCAC 24/7. They also provide 24/7 pre-admission screening at the local hospitals for individuals who have Medicaid only or no insurance. Full time staff provide this coverage from 8pm on Sunday until 8am on Saturday. Weekends and holiday coverage is provided by a pool of contingent on-call staff.
- **Mobile Crisis Response (MCR):** Our Mobile Crisis Response program is currently in the process of expanding with the intention of providing 24/7 coverage beginning May 12th. Mobile Crisis Response provides community-based crisis interventions to adults, youth, and families. This team consists of clinicians (both Master's level and bachelors level) and patient navigators who respond to anywhere in the Kalamazoo County community to provide crisis intervention and safety planning services. This includes people's homes, shelters, professional offices parking lots and street corners. We are called by individuals themselves, community professionals and police to assist in crisis situations. When responding in the community, we have both a clinician and patient navigator respond, as both can provide different yet effective outcomes related to training and lived experience.
- **Intensive Crisis Stabilization (ICS):** Our Intensive Crisis Stabilization program is a hospital diversion program which provides intensive and assertive outreach and crisis intervention to adults, youth and families who are at risk of psychiatric hospitalization. Primary clinicians and emergency services programs can refer individuals to the ICS team if the individual meets criteria for psychiatric admission but is able to be treated outpatient with active outreach in the community. ICS works with individuals for approximately 30 days, often seeing them daily to start and slowly tapering as the 30 days progress. Our goal is often to reduce the symptoms that led to their need for psychiatric intervention and teach and encourage the use of various coping skills. We work to ensure that individuals are connected with appropriate ongoing services by the end of their time working with ICS. ICS clinicians consist of Master's level and BSW clinicians as well as Family Support Partners who accompany us to appropriate contacts. ICS sees individuals between 8am and 8pm 365 days a year and is available 24/7 for phone coaching calls.

That concludes my report.

CCBHC Report

Beth Ann Meints, ISK, Administrator of Clinical Services, presented the February CCBHC Report.

The ISK Site Analysis for April 28, 2025, revealed the following numbers for persons-served: At the 440 location - 2,366, at 615 - 9,890 and at Various Sites - 6,854.

To review the ISK Site Analysis, please use the following link: <https://iskzoo.org/about-us/board/>

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 March 24, 2025
- b. Board Committee Principles 11.05 (Policy)
- c. Chairperson's Role 11.04 (Policy)
- d. Treatment of Persons Served Substantiated Complaints (Report)
- e. Customer Services (Report)

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

Monitoring Reports

Reserves Management VI.05

Member Raphelson recommended that other wording be added to the Reserves Management Policy/SECTION III, that "*defines when the board could dedicate resources beyond the existing percentages*".

Amy Rottman will incorporate that proposed language and bring the policy back to the board at their July meeting for final review and approval.

Compliance & Risk (Board Training & Status Report)

Ashley Esterline, ISK, Director of Network Compliance, presented the Compliance & Risk (Board Training & Status Report).

Compliance refers to the process of ensuring that ISK staff & board members follows all relevant laws, regulations, standards and internal policies.

Compliance typically includes training, monitoring, audits and reporting mechanisms. Non-compliance can lead to fines, legal penalties, reputational damage, or loss of licenses.

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

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

Financial Reports/Financial Condition Reports

Amy Rottman, ISK, Chief Financial Officer, presented the Financial Condition Reports for March 31, 2025.

To review the financial reports, please use the following link: <https://iskzoo.org/about-us/board/>

Utilization Reports

Charlotte Bowser, ISK, Director of Finance, presented the Utilization Report for the period ending March 31, 2025.

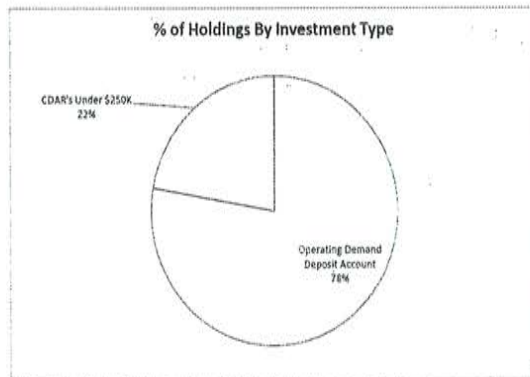
- Autism Services is at (184) clients and is unfavorable at \$133,424.
- Youth Community Inpatient Services is at (77) days and is unfavorable at \$39,933.
- MI Adult Community Inpatient Services is at (637) days and is favorable at \$76,846.
- Community Living Supports, Personal Care, and Crisis Residential is favorable at \$408,693.

Investment Report

Charlotte Bowser, ISK, Director of Finance, presented the Utilization Report for the period ending March 31, 2025.

Quarterly Cash & Investments Report
Quarter Ending March 31st, 2025

Financial Institution	Type of Investment	Cost Basis	Maturity Date	% Yield
CASH				
PNC	Operating Demand Deposit Account	\$14,451,918	NA	0.03%
	Payroll Account	\$372		
	Accrued Leave Reserve	\$122,678		
	Pretax Reimbursement Account	\$69,856		
	Various Petty Cash Funds	\$760		
	Total Cash Accounts	\$14,645,605		
INVESTMENTS				
CDAR's (via Independent Bank)	CD's Issued Under FDIC Limit of \$250,000	\$4,138,615		3.40%
Total CDAR's		\$4,138,615		
	Total Investments	\$4,138,615		
TOTAL CASH AND INVESTMENTS		\$18,784,220		
% of Holdings By Institution				
PNC - Cash		77.97%		
CDAR's (via Independent Bank)		22.03%		
		100.00%		
% of Holdings By Investment Type				
	Cash	77.97%		
	CDAR's	22.03%		
		100.00%		



March Disbursements

MOTION

Member Guenther, "BASED ON THE BOARD FINANCE MEETING REVIEW, I move that ISK approve the March 2025 vendor disbursements of \$12,312,338.18." Supported by Vice Chair Seals.

MOTION PASSED.

Chief Executive Officer Report

My report this evening will be brief. MDHHS has agreed to a rate adjustment towards the SWMBH deficit. However, the overriding issue stays the same, rates are low and have been the same amount since 2014. We aren't sure how much of an impact the increased rate will have on the overall deficit.

"Through a competitive procurement process, MDHHS will select PIHPs to contract with the state to provide managed care functions for the specialty behavioral health care services.

Michigan's specialty behavioral health care system provides health care coverage to approximately 300,000 Michiganders, including adults with serious mental illness, children with serious emotional disturbance, individuals with substance use disorder and individuals with intellectual and developmental disabilities. MDHHS contracts with regional PIHPs to manage and deliver these Medicaid-covered services in communities across the state.

PIHPs are responsible for making sure people receive the behavioral health care services and support they need and manage the network of behavioral health care providers including Community Mental Health Service Providers. They play a vital role in helping the department achieve its mission to improve the health, safety and prosperity of residents."

That concludes my report.

Citizen Time

No citizens came forth.

SWMBH (Southwest Michigan Behavioral Health) Updates/Michael Seals

This report is in full support of the information just shared by Jeff Patton, who also attended the SWMBH meeting.

Appointment of Nominating Committee for Board Officers [Karen Longanecker](#)

Chair Longanecker, appointed the following individuals to serve as the nominating committee: Nkenge Bergan, Michael Raphelson, Melissa Woolsey and Ramona Lumpkin.

That concludes my report.

Meeting adjourned by voice vote @ [5:45PM](#).

Demeta J. Wallace

Administrative Coordinator & Board Liaison

Integrated Services of Kalamazoo Board of Directors



INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY II.12

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

PURPOSE/EXPLANATION

To outline responsibilities of each Board member.

POLICY

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

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

CHIEF EXECUTIVE OFFICER



Jeff Patton
Chief Executive Officer

APPROVED



Erik Krogh
Board Chair

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY II.13

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

PURPOSE/EXPLANATION

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

DEFINITIONS

Input

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

Stakeholder

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

POLICY

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

III. ADVISORY COUNCIL INPUT

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

IV. PUBLIC INPUT

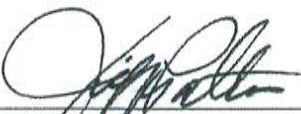
- A. At each Board meeting there will be an opportunity for the public to offer comment. This time will be announced by the chair towards the beginning and end of the meeting.

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

REFERENCES

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

CHIEF EXECUTIVE OFFICER



Jeff Patton

Chief Executive Officer

APPROVED



Karen Longanecker
Board Chair

INTEGRATED SERVICES OF KALAMAZOO

Input from Stakeholders Report

June 23, 2025

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

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

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

Board Meeting Minutes	Quality Management Reports	Customer Services Board Reports
CEO Monthly Report to the Board	Collaboration Report to the Board annually	ISK Committee Meeting Minutes

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY II.15

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

PURPOSE/EXPLANATION

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

POLICY

The Board will:

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

CHIEF EXECUTIVE OFFICER

APPROVED


 Jeff Patton
 Chief Executive Officer


 Erik Krogh
 Board Chair

VIIIa.

Financial Condition Report

INTEGRATED
SERVICES OF
KALAMAZOO



Period Ended
May 31, 2025

Monthly Finance
Report

INTEGRATED SERVICES OF KALAMAZOO

Statement of Net Position

May 31, 2025

	May 2024 (unaudited)	May 2025
Assets		
Current assets		
Cash and investments	\$ 29,946,176	\$ 13,386,261
Accounts receivable	8,004,660	5,939,051
Due from other governments	-	19,199,293
Prepaid items	1,070,573	1,420,683
Total current assets	<u>39,021,409</u>	<u>39,945,289</u>
Non-current assets		
Capital assets, net of accumulated depreciation	13,345,790	14,932,084
Net pension asset, net of deferred outflows	7,214,053	8,442,339
Total non-current assets	<u>20,559,843</u>	<u>23,374,423</u>
Total assets	<u>\$ 59,581,252</u>	<u>\$ 63,319,712</u>
Liabilities		
Current liabilities		
Accounts payable	\$ 9,591,449	\$ 8,533,938
Due to other governments	1,162,030	192,888
Due to providers	463,392	342,800
Accrued payroll and payroll taxes	1,981,272	3,104,485
Unearned revenue	384,296	129,016
Total current liabilities	<u>13,582,439</u>	<u>12,303,127</u>
Net position		
Designated	8,654,636	8,654,636
Undesignated	22,342,389	24,523,412
Investment in fixed assets	17,276,260	13,277,168
Previous year close	-	-
Net gain (loss) for period	(2,274,472)	4,561,369
Net position	<u>\$ 45,998,813</u>	<u>\$ 51,016,585</u>

INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2024 through May 31, 2025

Percent of Year is 66.67%

	Original 2025 Budget	YTD Totals 5/31/25	Remaining Budget	Percent of Budget - YTD
Operating revenue				
Medicaid:				
Traditional Capitation	\$ 71,759,922	48,443,174	\$ 23,316,748	67.51%
Healthy Michigan Capitation	13,011,361	3,211,206	9,800,155	24.68%
Settlement	6,448,857	8,909,073	(2,460,216)	138.15%
State General Fund:				
Formula Fundings	3,900,516	2,600,344	1,300,172	66.67%
CCBHC Demonstration	35,053,525	23,834,233	11,219,291	67.99%
CCBHC Accrual	-	1,658,092	(1,658,092)	0.00%
County Allocation	1,550,400	1,033,600	516,800	66.67%
Client Fees	620,500	685,224	(64,724)	110.43%
Other grant revenue	8,558,938	5,805,222	2,753,716	67.83%
Other earned contracts	3,974,361	1,692,588	2,281,773	42.59%
Interest	181,000	103,530	77,470	57.20%
Local revenue	610,000	509,940	100,060	83.60%
Total operating revenue	\$ 145,669,379	\$ 98,497,701	\$ 47,171,678	67.62%
Operating expenses				
Salaries and wages	\$ 32,439,500	\$ 19,037,049	13,402,451	58.68%
Employee benefits	11,472,088	6,099,419	5,372,669	53.17%
Staff development	301,171	110,858	190,313	36.81%
Payments to providers	88,887,199	59,377,394	29,509,805	66.80%
Administrative contracts	10,183,932	7,232,142	2,951,790	71.02%
IT software and equipment	926,784	572,613	354,171	61.78%
Client transportation	50,280	16,245	34,035	32.31%
Staff travel	389,228	210,721	178,507	54.14%
Office expenses	646,434	359,534	286,900	55.62%
Insurance expense	158,746	80,554	78,192	50.74%
Depreciation expense	535,265	361,506	173,759	67.54%
Utilities	358,571	244,824	113,747	68.28%
Facilities	49,039	30,067	18,972	61.31%
Local match	305,108	203,405	101,703	66.67%
Total operating expenses	\$ 146,703,345	\$ 93,936,332	\$ 52,767,013	64.03%
Change in net position	(1,033,966)	4,561,369	\$ (5,595,335)	
Beginning net position	46,455,216	46,455,216		
Ending net position	\$ 45,421,250	\$ 51,016,585		

INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2024 through May 31, 2025

Percent of Year is 66.67%

	Specialty Services			Healthy Michigan			SUD Block Grant			Totals		
	Budget	YTD Totals 5/31/25	YTD Budget	YTD Budget	YTD Totals 5/31/25	YTD Budget	YTD Budget	YTD Totals 5/31/25	YTD Budget	YTD Totals 5/31/25	Variance	
Operating revenue												
Medicaid:												
Traditional Capitation	\$ 47,839,948	\$ 57,417,226	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 65,309	\$ 47,839,948	\$ 57,482,535	\$ 9,642,587	
Healthy Michigan Capitation	-	-	8,674,241	5,880,101	-	-	-	-	8,674,241	5,880,101	(2,794,140)	
Autism Capitation	-	-	-	-	-	-	-	-	-	-	-	
CCBHC Base Payment	-	(8,974,052)	-	(2,668,895)	-	-	-	-	-	(11,642,947)	(11,642,947)	
Settlement Estimate	9,178,752	8,340,127	(4,879,514)	568,945	(63,164)	-	-	-	4,299,238	8,845,909	4,546,671	
Client Fees	-	4,657	-	53	-	-	-	-	-	4,710	4,710	
Total operating revenue	\$ 57,018,700	\$ 56,787,959	\$ 3,794,727	\$ 3,780,204	\$ 2,145	\$ -	\$ -	\$ 2,145	\$ 60,813,427	\$ 60,570,307	\$ (243,119)	
Operating expenses												
Internal services	\$ 1,564,836	\$ 1,277,928	\$ 78,242	\$ 9,779	\$ 2,145	\$ -	\$ -	\$ 2,145	\$ 1,643,077	\$ 1,289,852	\$ (353,226)	
External services	50,857,160	48,501,467	3,413,298	3,303,886	-	-	-	-	54,270,457	51,805,353	(2,465,104)	
Delegated managed care	4,596,705	7,008,564	303,187	466,539	-	-	-	-	4,899,892	7,475,103	2,575,211	
Total operating expenses	\$ 57,018,700	\$ 56,787,959	\$ 3,794,727	\$ 3,780,204	\$ 2,145	\$ -	\$ -	\$ 2,145	\$ 60,813,427	\$ 60,570,308	\$ (243,119)	
Change in net position	-	-	-	-	(0)	-	-	-	-	-	-	

INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2024 through May 31, 2025

Percent of Year is 66.67%

	State General Fund			CCBHC			Other Funding Sources			Totals		
	YTD	YTD Totals	5/31/25	YTD	YTD Totals	5/31/25	YTD	YTD Totals	5/31/25	YTD	YTD Totals	5/31/25
	Budget	Budget		Budget	Budget		Budget	Budget		Budget	Budget	
Operating revenue												
General Fund	\$ 2,600,344	\$ 2,600,344	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,600,344	\$ 2,600,344	\$ -
Projected GF Carryforward	-	-	-	-	-	-	-	-	-	-	-	-
CCBHC Demonstration	-	-	23,233,595	23,233,595	26,573,271	26,573,271	-	-	-	23,233,595	26,573,271	3,339,676
Other Federal and State Grants	-	-	-	-	-	-	5,705,959	5,400,229	5,400,229	5,705,959	5,400,229	(305,730)
Earned Revenue	-	-	-	-	-	-	2,649,574	1,069,361	1,069,361	2,649,574	1,069,361	(1,580,213)
COFR Revenue	-	-	-	-	-	-	-	-	-	-	-	-
Interest	-	-	-	-	-	-	120,667	103,530	103,530	120,667	103,530	(17,137)
County Allocation	-	-	-	-	-	-	1,033,600	1,033,600	1,033,600	1,033,600	1,033,600	-
Local Revenue	-	4,562	-	-	-	-	275,032	519,270	519,270	275,032	523,833	248,801
Transfer from GF	-	-	-	-	343,644	343,644	-	-	-	-	343,644	343,644
Settlement Revenue (Expense)	-	-	-	-	-	-	-	-	-	-	-	-
Total operating revenue	\$ 2,600,344	\$ 2,604,906	\$ 23,233,595	\$ 23,233,595	\$ 26,916,915	\$ 26,916,915	\$ 9,784,831	\$ 8,125,990	\$ 8,125,990	\$ 35,618,770	\$ 37,647,811	\$ 2,029,041
Operating expenses												
Internal Programs	\$ 596,594	\$ 516,643	\$ 22,866,161	\$ 22,866,161	\$ 22,491,502	\$ 22,491,502	-	1,389	1,389	\$ 23,462,755	\$ 23,009,535	\$ (453,220)
External Programs	1,564,836	1,470,496	-	-	-	-	400,000	323,660	323,660	1,964,836	1,794,156	(170,680)
Other Federal and State Grants	-	-	-	-	-	-	9,617,755	6,071,392	6,071,392	9,617,755	6,071,392	(3,546,362)
HUD Grants	-	-	-	-	-	-	929,121	1,092,619	1,092,619	929,121	1,092,619	163,498
Managed Care Administration	166,264	274,124	-	-	-	-	4,841	-	-	171,105	274,124	103,019
Homeless Shelter	-	-	-	-	-	-	312,967	246,485	246,485	312,967	246,485	(66,483)
Transfer from GF	272,651	343,644	-	-	-	-	-	-	-	272,651	343,644	70,993
Local match expense	-	-	-	-	-	-	203,405	203,518	203,518	203,405	203,518	113
Non-DCH Activity Expenditures	-	-	-	-	-	-	54,209	50,968	50,968	54,209	50,968	(3,241)
Total operating expenses	\$ 2,600,344	\$ 2,604,907	\$ 22,866,161	\$ 22,866,161	\$ 22,491,502	\$ 22,491,502	\$ 11,522,298	\$ 7,990,032	\$ 7,990,032	\$ 36,988,803	\$ 33,086,441	\$ (3,902,362)
Change in net position	0	(0)	367,434	367,434	4,425,412	4,425,412	(1,737,467)	135,958	135,958	\$ (1,370,033)	4,561,370	5,931,403

INTEGRATED SERVICES OF KALAMAZOO

CCBHC

October 1, 2024 through May 31, 2025

Percent of Year is 66.67%

	CCBHC Medicaid	CCBHC Healthy MI	CCBHC Non-Medicaid	CCBHC YTD Totals
Operating revenue				
Prepayment	\$ 8,071,076	\$ 4,120,210	\$ -	\$ 12,191,286
CCBHC SAMSHA Grant	-	-	404,993	404,993
CCBHC QBP	-	-	-	-
CCBHC Base Payment Reclass	8,974,052	2,668,895	-	11,642,947
Remaining CCBHC revenue due	2,372,542	(714,450)	-	1,658,092
Client fees	337,660	48,262	290,030	675,952
Total CCBHC Revenue (PPS-1 of \$367.50 x encounters)	\$ 19,755,330	\$ 6,122,918	\$ 695,023	\$ 26,573,271
Operating expenses				
Internal services	\$ 11,064,393	\$ 3,766,181	\$ 2,300,218	\$ 17,130,792
DCO Contracts	3,579,133	1,109,308	672,269	5,360,710
Total operating expenses	\$ 14,643,526	\$ 4,875,489	\$ 2,972,487	\$ 22,491,502
Operating change in net position	5,111,804	1,247,428	(2,277,464)	4,081,768
Reclassification to cover Non-Medicaid	-	-	343,644	343,644
Total change in net position	\$ 5,111,804	\$ 1,247,428	\$ (1,933,820)	\$ 4,425,412

CCBHC Cost per daily visit

	2023	FY 2024	5/31/25
Total CCBHC Cost	\$ 27,687,187	\$ 31,777,786	\$ 22,491,502
Daily Visits	99,802	110,326	80,514
Cost per daily visit	277.42	288.04	279.35

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

VIIIb.

Utilization Report

AUTISM SERVICES

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

UTILIZATION COMPARISONS FY 24/25

	FY 23/24 Actual		FY 24/25 Budget		FY 24/25 Actual		Clients Served Difference	Cost Difference	Cost YTD
	395	Dollars	Clients Served	Dollars	Clients Served	Dollars			
							Favorable	Favorable	Favorable
							(Unfavorable)	(Unfavorable)	(Unfavorable)
	325	\$789,944	180	\$879,750	187	\$944,673	(7)	(\$64,923)	(\$64,923)
MBER	167	\$785,423	180	\$879,750	175	\$925,985	5	(\$46,235)	(\$46,235)
MBER	172	\$882,947	180	\$879,750	170	\$829,211	10	\$50,539	\$50,539
RY	183	\$793,167	180	\$879,750	190	\$969,735	(10)	(\$89,985)	(\$89,985)
IARY	182	\$832,410	180	\$879,750	197	\$923,317	(17)	(\$43,567)	(\$43,567)
+	182	\$802,870	180	\$879,750	193	\$956,037	(13)	(\$76,287)	(\$76,287)
	182	\$964,823	180	\$879,750	189	\$1,095,581	(9)	(\$215,831)	(\$215,831)
	182	\$973,468	180	\$879,750	199	\$1,013,827	(19)	(\$134,077)	(\$134,077)
	181	\$919,481	180	\$879,750					
	180	\$1,020,346	180	\$879,750					
ST	180	\$987,283	180	\$879,750					
MBER	179	\$943,423	180	\$879,750					
S	2,295	\$10,695,585	2,160	\$10,557,005	1,500	\$7,658,366	(60)	(\$620,366)	(\$620,366)
ILY AVERAGES	191		180		188				
ANNUAL COST		\$10,695,585		\$10,557,005		\$7,658,366		(\$620,366)	(\$620,366)

Favorable/(Unfavorable):

Total (620,366)

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

UTILIZATION COMPARISONS FY 24/25									
	FY 23/24 Actual		FY 24/25 Budget		FY 24/25 Actual		Days Difference Favorable (Unfavorable)	Cost Difference Favorable (Unfavorable)	Cost YTD Favorable (Unfavorable)
	395	Dollars	Days	Dollars	Days	Dollars			
EMBER	92	\$85,808	85	\$81,845	111	\$96,759	(26)	(\$14,914)	(\$14,914)
EMBER	78	\$72,462	85	\$81,845	117	\$114,545	(32)	(\$32,700)	(\$32,700)
EMBER	139	\$129,020	85	\$81,845	52	\$51,318	33	\$30,527	\$30,527
JANUARY	73	\$67,966	85	\$81,845	97	\$95,247	(12)	(\$13,402)	(\$13,402)
FEBRUARY	101	\$93,755	85	\$81,845	100	\$97,792	(15)	(\$15,947)	(\$15,947)
MARCH	16	\$14,400	85	\$81,845	77	\$75,342	8	6,503	6,503
APRIL	170	\$157,466	85	\$81,845	80	\$78,400	5	3,445	3,445
MAY	50	\$46,450	85	\$81,845	82	\$80,360	3	1,485	1,485
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					
ALL	1,127	\$1,046,201	7,848	\$982,140	716	\$689,763	(36)	(\$35,003)	
MONTHLY AVERAGES	94		85		90				
YTD ANNUAL COST		\$1,046,201		8,464,327		\$689,763		(\$35,003)	

Favorable/(Unfavorable): Total (35,003)

COMMUNITY INPATIENT SERVICES

Report Period: October 1st, 2023 through May 31st, 2025

UTILIZATION COMPARISONS FY 24/25

	FY 23/24 Actual		FY 24/25 Budget		FY 24/25 Actual		Days Difference Favorable (Unfavorable)	Cost Difference Favorable (Unfavorable)	Cost YTD Favorable (Unfavorable)
	395	Dollars	Days	Dollars	Days	Dollars			
OBER	33	\$35,799	608	\$705,361	641	\$704,542	(33)	\$819	\$819
EMBER	352	\$373,018	608	\$705,361	644	\$707,353	(36)	(\$1,992)	(\$1,992)
EMBER	601	\$633,797	608	\$705,361	709	\$779,181	(101)	(\$73,820)	(\$73,820)
JUARY	583	\$615,285	608	\$705,361	610	\$671,314	(2)	\$34,047	\$34,047
JUARY	681	\$718,593	608	\$705,361	465	\$511,473	143	\$193,888	\$193,888
JCH	815	\$860,902	608	\$705,361	637	\$699,742	(29)	5,619	5,619
JIL	616	\$649,551	608	\$705,361	527	\$579,255	81	126,106	126,106
J	612	\$644,976	608	\$705,361	526	\$577,479	82	127,882	127,882
J	645	\$680,946	608	\$705,361					
J	709	\$746,405	608	\$705,361					
JUST	596	\$626,317	608	\$705,361					
JEMBER	654	\$687,522	608	\$705,361					
ALS	6,897	\$7,273,111	7,296	\$8,464,332	4,759	\$5,230,339	105	\$412,549	\$412,549
MONTHLY AVERAGES	575		608		595				
ANNUAL COST		\$7,273,111		\$982,142		\$5,230,339		\$412,549	

Favorable/(Unfavorable):

Total 412,549

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

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

				FY 24/25 Budget		FY 24/25 Actual	
SERVICE	Avg.		Days of Service	Dollars	Dollars	Favorable / (Unfavorable)	
	Month	No. Served					
PC/CLS	May	395	78,553	\$26,781,483	27,307,986.25	(\$526,504)	
CRISIS RES.		55	658	\$664,067	\$420,098	\$243,969	
CLS (SIP)	May	325		\$9,496,661	9,236,529.00	\$187	
Annual Cost						\$170	

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
Prepared Motions

Subject:	<u>April & May 2025</u> Disbursements	
Meeting Date:	June 23, 2025	Approval Date:
Prepared by:	Charlotte Bowser	<u>June 23, 2025</u>

Recommended Motion:

“Based on the Board Finance meeting review, I move that ISK approve the April, 2025 vendor disbursements of \$13,939,361.74 and the May, 2025 vendor disbursements of \$14,017,484.81.”

Summary of Request:

As per the April 2025 Vendor Check Register Report dated 05/12/2025 that includes checks issued from 04/01/2025 to 04/30/2025 and the May 2025 Vendor Check Register Report dated 06/04/2025 that includes checks issued from 05/01/2025 to 05/31/2025.

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

Staff: **Charlotte Bowser, Director of Finance**

Date of Board

Consideration: **June 23, 2025**



Integrated Services of Kalamazoo

MOTION

Subject:	<u>Motion for Board to Enter Closed Session</u>	
Meeting Date:	June 23, 2025	Approval Date:
Prepared by:	Jeff Patton	<u>June 23, 2025</u>

Recommended Motion:

"I move that the ISK Board enter a Closed Session for strategic discussions regarding pending litigation, as allowed under the Michigan Open Meetings Act, MCL 15.268(1)(e)."

Summary of Request

- ✚ The Michigan Open Meetings Act allows the ISK board to enter closed session for strategic discussions.
- ✚ 2/3 of the ISK board must vote to approve a closed session (8 members) and there must be a roll call vote.
- ✚ Once the closed session is completed, the board may conduct a voice vote to return to an open session.

<u>ROLL CALL VOTE:</u>		
ISK Board Member	Yes	No
Chair Karen Longanecker		
Vice Chair Michael Seals		
Member Nkenge Bergan		
Member Sarah Carmany		
Member Patrick Dolly		
Member Pat Guenther		
Member Ramona Lumpkin		
Member Michael Raphelson		
Member Sharon Spears		
Member John Taylor		
Member Melissa Woosley		
MOTION PASSED		
✚ Need <u>8 yes</u> votes (2/3 of currently appointed board) no matter how many members are in attendance.		

Budget: FY2024/2025
Staff: J. Patton

Date of Board
Consideration: June 23, 2025