



Community • Independence • Empowerment

Jeffrey W. Patton  
Chief Executive Officer  
Administrative Services:  
610 South Burdick Street  
Kalamazoo, MI 49007  
[www.iskzoo.org](http://www.iskzoo.org)  
(269) 553-8000

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

## AGENDA

September 22, 2025

Name: INTEGRATED Services of Kalamazoo Board of Directors  
Location: 610 South Burdick St/Kalamazoo, MI., /2<sup>nd</sup> 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
- V. PROGRAM SERVICE REPORT
  - a. *Beth Ann Meints*, Administrator of Clinical Services - CCBHC Report **VERBAL**
- VI. CONSENT CALENDAR **VERBAL MOTION**
  - a. Minutes *June 23, 2025*
  - b. Staff Treatment V.02 (Policy & Report)
  - c. Compensation & Benefits V.08 (Policy & Report)
- VII. MONITORING REPORTS
- VIII. FINANCIAL REPORTS
  - a. Financial Condition Report
  - b. Utilization Report
  - c. August 2025 Disbursement **MOTION**
- IX. CHIEF EXECUTIVE OFFICER VERBAL REPORT
  - a. CEO Report
- X. CITIZEN TIME
- XI. BOARD MEMBER TIME
  - a. Appointment of CEO Search & Transition Committee *Karen Longanecker*
  - b. SWMBH (Southwest Michigan Behavioral Health) Updates *Michael Seals*
- XII. ADJOURNMENT

## IV.a.

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

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

	August 2025	FY 24-25	August 2024	FY 23-24
<b>Total # of Complaints Closed</b>	<b>51</b>	<b>401</b>	<b>45</b>	<b>363</b>
<b>Total # of Allegations Closed</b>	<b>73</b>	<b>607</b>	<b>88</b>	<b>641</b>
<b>Total # of Allegations Substantiated</b>	<b>19</b>	<b>201</b>	<b>10</b>	<b>173</b>

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

<b>ALLEGATIONS</b>	<b>August 2025</b>		<b>August 2024</b>	
<b>Category</b>	<b>TOTAL</b>	<b>SUBSTANTIATED</b>	<b>TOTAL</b>	<b>SUBSTANTIATED</b>
Consumer Safety	4	0	3	0
Dignity/Respect of Consumer	16	5	18	2
Treatment Issues/Suitable Services (Including Person Centered Planning)	16	2	12	1
Abuse I	0	0	0	0
Abuse II	4	2	5	0
Abuse III	7	1	5	1
Neglect I	0	0	0	0
Neglect II	3	2	0	0
Neglect III	9	5	6	3
	<b>59</b>	<b>17</b>	<b>49</b>	<b>7</b>

<b>APPEALS</b>	<b>August 2025</b>	<b>FY 24-25</b>	<b>August 2024</b>	<b>FY 23-24</b>
Uphold Investigative Findings & Plan of Action	0	2	3	6
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**

## **September 2025**

### **Re: August 2025 Abuse/Neglect Violations**

#### **August**

#### **Abuse Violations**

- There were two substantiated Abuse II violations in August 2025.
  - The remedial actions for these violations were Employment Termination (2), Written Counseling (1), Policy Revision/Development (1), Training (1) and Other (1).

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

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

#### **Neglect Violations**

- There were two substantiated Neglect II violations in August 2025. One was a Neglect II Failure to Report.
  - The remedial actions for these violations were Written Reprimand (1), Training (1), Other (1), and Pending (1).

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

- There were five substantiated Neglect III violations in August 2025.
  - The remedial actions for these violations were Written Counseling (3), Written Reprimand (3), Policy Revision/Development (1), and Training (2).

**Two of the 5 violations were at the same agency but occurred at different program sites. There were 2 staff involved in two different violations.**





Community • Independence • Empowerment

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

August 25, 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	
Vacancy			
Patrick Dolly			X
Catherine Huynh			X
Pat Guenther	X	Kalamazoo/Kalamazoo	
Ramona Lumpkin	X	Kalamazoo/Kalamazoo	
Michael Raphelson	X	Kalamazoo/Kalamazoo	
Sharon Spears	X	Kalamazoo/Kalamazoo	
Melissa Woosley			X
John Taylor, <i>COMMISSIONER</i>			X

ISK - Staff Present:

Jeff Patton, *CHIEF EXECUTIVE OFFICER*  
Demeta Wallace  
Alecia Pollard  
Sheila Hibbs  
Wanda Brown  
Beth Ann Meints  
Amy Rottman  
Lisa Smith  
Michael Schlack, *CORPORATE COUNSEL*  
Dianne Shaffer  
Ed Sova  
Kathy Wait

ISK - Staff Absent:

Charlotte Bowser  
Willa Burns  
Kathy Lentz  
Chantel Graham

Providers & Guests:

Fi Spalvieri  
Chief Executive  
Officer  
CLO - Community  
Living Options

Latrieva Boston  
Executive Director  
ASK Family Services

Diane Marquess  
Chief Executive  
Officer  
Family & Children  
Services

Dr. Sean Harris  
Chief Executive  
Officer  
Recovery Institute

Call to Order

The Board of Directors (Integrated Services of Kalamazoo) held their meeting on Monday, August 25, 2025. It began @ 4:00PM and was presided over by Chair, *Karen Longanecker*.

AgendaMOTION

Member Seals,

“I move to approve the agenda as presented.” Supported by Member Guenther 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 July 2025.

Abuse Violations

- There were three substantiated Abuse II violations in July 2025.
  - The remedial actions for these violations are Employee Termination (1), Written Counseling (1), Written Reprimand (1), Training (2), Other (1).

The 3 violations occurred at different agencies.

- There were two substantiated Abuse III violations in July 2025.
  - The remedial actions for these violations are Employee Termination (1), Written Reprimand (1), and Training (2).

The 2 violations occurred at different agencies.

Neglect Violations

- There was one substantiated Neglect II violation in July 2025. It was a Failure to Report.
  - The remedial action for this violation was Written Counseling (1).
- There were six substantiated Neglect III violations in July 2025.
  - The remedial actions for these violations are Employee Termination (1), Written Counseling (1), Written Reprimand (2), Policy Revision/Development (1), Training (2), and Pending (2).

One of the violations had 2 staff involved. Two of the six violations occurred at the same agency but different program sites.

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 SEMI-ANNUAL Report

Lisa Smith, ISK, Director of ORR, presented the Recipient Rights SEMI-ANNUAL Report covering [October 1, 2024, through March 31, 2025](#).

This comprehensive report details the activities throughout the preceding year. Its purpose is to provide users, such as our ISK Board of Directors, with information about the operations of the Office of Recipient Rights about Abuse, Neglect, Dignity, Respect and other key indicators.

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

### Program Services Report

[Wanda Brown](#), ISK, Senior Executive, Jeffrey Wilson Patton Bronson Healthy Living, Integrated Health Services Clinic, presented the August program services report.

The Integrated Health Services Clinic (IHSC) continues to strive for excellence and deliver exceptional experiences for each individual/patient we serve at every interaction. Integrated Services of Kalamazoo (ISK) is committed to health equity for all. We continue to find quality improvement initiatives that will enhance the services offered at the IHSC.

The partnership between Integrated Services of Kalamazoo (ISK) and the Western Michigan University Homer Stryker M.D. School of Medicine, Department of Psychiatry, continues to advance successfully. Since the last update to the board, engagement in the various research studies has grown significantly. The research team now occupies two dedicated offices within the Integrated Health Services Center (IHSC), enhancing their accessibility during regular business hours, Monday through Friday, 8:00 a.m. to 5:00 p.m. Additionally, the research team has proactively communicated key details—including the purpose, scope, timeline, and participants—of the collaboration to other departments and teams across ISK. This outreach has fostered a clearer understanding of the research process and highlighted opportunities for staff involvement across the organization.

The collaboration with the WMU Psychiatry Department continues to extend clinical learning opportunities to medical students and 3<sup>rd</sup> year psychiatry residents. The psychiatry residents attend clinic every Friday afternoon, from 1p-5p under the supervision of Dr. Richard Myers.

Dr. Valrie Honablue continues to provide evidence-based lectures and peer review sessions to the clinical team. Since joining ISK in 2023, Dr. Honablue has reported more than 12 patients under her care have returned to local colleges and universities to continue pursuing their educational degrees. One individual has received a certificate as a chef and is currently working as a junior chef at one of the most prestigious restaurants in Kalamazoo. Three patients have established their own business. She has referred one patient to Tech Town Detroit for funding, they are extremely interested in his project.



Tech Town is a business development service in Detroit, Michigan, that is a resource for startup and entrepreneurs with coworking spaces, meeting rooms and local food options; this is located on the campus of Wayne State University.

On June 26, 2025, the renaming ceremony took place at the 615 E. Crosstown Parkway location. The new name is Jeffrey Wilson Patton Bronson Healthy Living Integrated Health Services Clinic. It was a beautiful ceremony honoring Jeff; letting him know how much the staff at ISK and residents of the Kalamazoo community thank and appreciate him for the years of dedicated service he has given to our organization, community, and the Community Mental Health System locally and on a national level.

The Reconnect Clinic hours were established on January 15, 2025, with the intent of increasing accessibility and better quality of care for those served. The IHSC commits to all individuals in need of behavioral health/psychiatric services receiving safe, quality, and prompt healthcare services. This process improvement initiative also provides guidance related to arrival times and no-show/cancelled appointment thresholds.

The expectations of the Reconnect clinic include:

- Decrease in no show rates and last-minute cancellations.
- Increased availability of appointments for new and existing patients.
- Improve medication safety through better follow up practices.
- Improve communication and trust between patients and clinical team.
- Higher staff satisfaction due to more consistent workloads.

A collaborative team of IHSC leaders, nurse practitioners, physician assistant, leadership from administration, quality department staff and marketing team staff was formed and charged with the tasks of creating, implementing, and re-evaluating all processes and the effectiveness of the Reconnect clinic hours. This initiative is very comprehensive and has implications that extend across the agency, direct care operated agencies (DCOs), and the community as well. There was an extensive amount of time dedicated to identifying the issues and developing solutions. We have dedicated team members that are responsible for tracking and reporting the data to ensure the guidelines are followed.

The Reconnect Clinic Hours have been in place for seven months and we are receiving feedback and suggestions from prescribers, clinical staff, clinicians, and others. Recently the original committee met with Jeff and Dr. Bedi to discuss concerns related to Reconnect Clinic Hours. We are observing enhanced accessibility and reduced wait times for Evaluation and Management appointments. The data, gathered through Power BI, reflects ongoing progress. This initiative is still active, and we will continue to keep the board informed with regular updates.

To review the program services report, please use the following link: <https://iskzoo/about-us/board/>

That concludes my report.

### CCBHC Board Update

*Beth Ann McInts*, ISK, Administrator of Clinical Services, presented the CCBHC Board Update.



As we reported previously, MDHHS will move forward with transitioning to a direct payment method for CCBHC Demonstration sites, effective October 1, 2025. Under the new model, payments will be made directly from MDHHS to CCBHC sites, and all oversight responsibilities will shift to MDHHS.

We have been having transition meetings and discussion with MDHHS and we expect a mid-year meeting to discuss the FY25 rates. Any new updates will be shared with the board as they become available.

That concludes my report.

### Consent Calendar

#### MOTION

Chair Longanecker, "Is there anything that is on the Consent Calendar that anyone wants pulled out?" No materials were requested to be removed.

- a. Minutes July 28, 2025
- b. FINANCE V.04 (Policy)
- c. ASSET PROTECTION V.07 (Policy & Report)

Member Raphelson, "I MOVE TO ACCEPT THE CONSENT CALENDAR AS PRESENTED."  
Supported by Member Spears. MOTION PASSED.

### Monitoring Reports

#### Monitoring Executive Performance III.04 (Policy)

#### Proposed change

#### POLICY

#### II.

The Board Chairperson will collect and compile the information obtained throughout the year with respect to achievement of ends and limitations policies by the CEO. The Board Chairperson will utilize the Board approved standardized template and will disperse the draft evaluation to Board members for review, feedback, and approval. The Board will conduct a formal review of the CEO in November or as otherwise scheduled (Refer to Exhibit A) with the ISK Chief Human Resources Officer or designee.

#### Budgeting V.03 (Policy)

#### Proposed change

#### POLICY

#### I.C.

"Plans the expenditure in any fiscal year of more funds than are conservatively projected to be received in that period, plus unrestricted net position. Net position should be managed as required by the Net Position Management policy."

Supported by Member Raphelson and carried without dissent.

### Financial Reports/Financial Condition Reports

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

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

### Utilization Reports

[Kathy Wait](#), ISK, Accounting Manager, presented the Utilization Report for the period ending July 31, 2025.

- Autism Services is at (197) clients and is unfavorable at \$764,907.
- Youth Community Inpatient Services is at (47) days and is favorable at \$41,349.
- MI Adult Community Inpatient Services is at (795) days and is favorable at \$470,777.
- Community Living Supports, Personal Care, and Crisis Residential is unfavorable at \$190,079.

### July Disbursements

#### MOTION

Member Guenther, “BASED ON THE BOARD FINANCE MEETING REVIEW, I move that ISK approve the July 2025 vendor disbursements of \$11,601,322.75.” Supported by Member Spears.

#### MOTION PASSED.

### Budget Update Reported on 8/20/2025 (Verbal)

[Amy Rottman](#), ISK, Chief Financial Officer, presented the Budget Update to the board.

Revenue projections for FY26 Behavioral Health Capitation Rates seem promising, and it appears that more revenue will be sent to SWMBH. Based on these adjustments, I felt it necessary to update the preliminary budget that we are working on for approval at the September 22, 2025, ISK Board of Directors meeting. Therefore, revenues have been increased by \$15 million. This then brings our projected loss from almost \$17M as we discussed previously down to about \$2M.

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

### Chief Executive Officer Report

#### ISK Board of Directors to enter into CLOSED SESSION (Litigation)

Quorum was not met; therefore, no official business was conducted. A very informal discussion took place, and this agenda item will be brought back to the September 22, 2025, meeting.

### CMHA Special Assessment Request/MOTION

Member Guenther, “I MOVE TO APPROVE THE PAYMENT OF \$27,407 TO THE CMHA ADVOCACY AND EDUCATION FUND.” Supported by Member Spears.

### Summary of Request:

You may remember that several years ago, when faced with privatization, CMHA levied a special assessment of its CMHSP and PIHP members. That special assessment provided a significantly increased level of funding for CMHA's advocacy work – an increase designed to match the level of threats and opportunities faced, at that time, by the state's CMHSPs and PIHPs and those whom we serve. The funds raised by this special assessment were key to the success of our collective efforts in thwarting that threat. Only \$15,093 remains in the CMHA Advocacy and Education Fund – the fund created with the revenues collected through that previous special assessment.

CMHA is again issuing a voluntary special assessment. The purpose of this special assessment is to provide a significantly increased level of funding for CMHA's advocacy work – an increase designed to match the level of threats and opportunities faced by the state's CMHs and PIHPs and those whom we serve – in the face of the current threat posed by the recently issued RFP for the state's PIHP contracts. The funds raised by this Special Assessment will be added to the balance remaining in the CMHA Education and Advocacy Fund, from the previous Special Assessment. Additionally, CMHA will draw \$100,000 from its fund balance and contribute those dollars to this fund.

To build this fund in a way that is roughly proportional to the size of the budgets of CMHA member organizations, CMHA is suggesting that the voluntary special assessment be at the level of the annual CMHA dues and fees paid by the state's CMHSPs and PIHPs.

ISK's 2025 Dues are \$27,407. Management requests that a payment of \$27,407 to the CMHA Advocacy and Education Fund, using ISK's local funds.

### MOTION PASSED.

### That concludes my report.

### Citizen Time

No citizens came forth.

### Appointment of CEO Search & Transition Committee/Karen Longanecker

The ISK Board of Directors without dissent, agreed to review and complete this task at the September 22, 2025, meeting.

### SWMBH (Southwest Michigan Behavioral Health) Updates/Michael Seals

Amy's preliminary budget and news on the projected rate adjustments seem promising. However, I will continue to watch closely the deficit in the SWMBH budget and report back to the ISK board.

### That concludes my report.

Meeting adjourned by voice vote @ 5:38PM.

Demeta J. Wallace

*Administrative Coordinator & Board Liaison*

Integrated Services of Kalamazoo Board of Directors





## INTEGRATED SERVICES OF KALAMAZOO

## BOARD POLICY V.02

AREA:	Governance	
SECTION:	Executive Limitations	PAGE: 1 of 2
SUBJECT:	STAFF TREATMENT	SUPERSEDES: 09/24/2012 REVISED: 09/27/2021

**PURPOSE/EXPLANATION**

To define limitations of means regarding the treatment of staff.

**POLICY**

- I. With respect to treatment of paid and volunteer staff, the Chief Executive Officer (CEO) may not cause or allow conditions which are unfair and undignified. Accordingly, he/she may not:
  - A. Operate without written personnel related policies and procedures that:
    1. Clarify personnel rules for staff.
    2. Provide guidance in the case of an emergency or disaster.
    3. Outline clear expectations that employees and candidates for employment may not be judged on other than their own job-relevant qualifications and/or job performance.
    4. Protect the right to ethical job-related dissent of employees and provide for effective handling of grievances.
    5. Protect against wrongful conditions.
    6. Protect health and safety.
  - B. Fail to:
    1. Acquaint staff with personnel related policy and procedure, and their rights under this policy.
    2. Promote the recruitment and retention of personnel who reflect the cultural/ethnic diversity of the community/population served.
    3. Provide recognition of personnel, promote employee satisfaction and demonstrate employee involvement in organizational decision making.
    4. Ensure training and continuing development of all personnel to enhance individual and organizational performance.
- II. This policy will be monitored through internal mechanisms on an annual basis.



**CHIEF EXECUTIVE OFFICER**

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

**APPROVED**

  
\_\_\_\_\_  
Karen Longanecker  
Board Chair

## INTEGRATED SERVICES OF KALAMAZOO

### Staff Treatment Report

September 22, 2025

#### Executive Limitation Policy:

With respect to treatment of paid and volunteer staff, the Chief Executive Officer may not cause or allow conditions which are unfair and undignified.

#### Accordingly, the Chief Executive Officer may not:

- A. Operate without written personnel related policies and procedures that:
  - 1. Clarify personnel rules for staff.
  - 2. Provide guidance in the case of an emergency or disaster.
  - 3. Outline clear expectations that employees and candidates for employment may not be judged on other than their own job-relevant qualifications and/or job performance.
  - 4. Protect the right to ethical job-related dissent of employees and provide for effective handling of grievances.
  - 5. Protect against wrongful conditions.
  - 6. Protect health and safety.

*Response: Policies and procedures exist and guide all formal personnel action processes. Department heads, supervisors and employees are aware of these policies. The Human Resource staff provides orientation for new employees, offers training on specific issues and meets with various staff groups. Personnel policies and procedures have been reviewed throughout the year and several have been revised where needed.*

*The agency experienced power outages in 2014 during which the Chief Executive Officer provided guidance and which led to additional disaster planning/preparedness within the organization. The agency's Organizational Continuity Plan was reviewed and revised by the Senior Executive Team in the fall of 2016. The plan was reviewed again in the spring of 2019. The Organizational Continuity Plan was again reviewed by senior Executive Team in summer of 2022.*

*With the transition of payroll and HR systems to UKG, ISK now uses the UKG performance appraisal tool which was modeled after the SilkRoad tool previously used. We have retained a core competency and value-based evaluation system in this transition.*

*The Employee Code of Ethics (formerly Ethical Code of Conduct) policy and procedure was originally approved in April 2000 and has been updated in March 2003, May 2004, March 2006, June 2006, January 2007, June 2007, April 2008, May 2010, November 2011, August 2012, November 2014, April 2016, June 2016, December 2018, November 2019, July 2021, December 2022 and July 2024 upholding employee dignity and allowing employees to express an ethical dissent. There have been no requests for ethical dissent over the past year.*

*There were no grievances submitted against the Chief Executive Officer this reporting period.*

- B. Fail to:
  - 1. Acquaint staff with personnel related policy and procedure and their rights under this policy.
  - 2. Promote the recruitment and retention of personnel who reflect the cultural/ethnic diversity of the community/population served.
  - 3. Provide recognition of personnel, promote employee satisfaction, and demonstrate employee involvement in organizational decision making.
  - 4. Ensure training and continuing development of all personnel to enhance individual and organizational performance.



*Response: New employees receive orientation, which includes covering information on the personnel policies and procedures. Also, all personnel policies and procedures are provided to staff via the computer network (on-line) and updated as revisions are made. All employees are required to sign a document verifying that they are aware of these policies and procedures and have had an opportunity to read them. Annually employees review the Employee Code of Ethics policy and sign off that they have done so.*

*Language in job postings to encourage culturally diverse candidates to apply was revised in 2011 based on recommendations from the Manager of Cultural and Linguistic Competency. During the summer of 2016, we began running a regular ad in the New Opinion newspaper directing those interested in employment with ISK to view our current offerings on our application website ensuring that ISK would have continuous exposure in this publication. Language to encourage culturally diverse candidates to apply was also reviewed and revised in 2016. Job posting language was again reviewed and revised to attract a more diverse applicant pool in 2019. Historical and current demographic data is reviewed annually with ISK leadership.*

*The organization offers opportunities for not only employee recognition and satisfaction but also training and development. ISK established a Morale Leadership Team and a staff recognition program ("You Make a Difference" cards) in 2005. The staff recognition program has continued, and the Committee has morphed into a Boosting All Agency Morale (BAAM) Committee. Employee surveys have been completed annually since 2006, within these surveys employee satisfaction is garnered along with recommendations for improvement. In 2020 it was decided to begin conducting the employee surveys bi-annually rather than annually, the next survey was completed in 2021. In relation to training and development, a Competency & Training Needs assessment was conducted in November 2010. From the results of this data a training matrix was developed to identify various resources offered to staff to improve competency. In addition, the Regional Workforce Training Committee that was established in January 2012 has become an ISK focused Workforce Training Committee continuing to look at the most cost-effective as well as efficient ways to offer opportunities to staff. In April 2015 an employee development program was approved. The employee development program consists of two parts – beginning in June 2015 employees took the DiSC assessment and are encouraged to complete Comparison Reports with co-workers and department training on interpreting and using the results has been ongoing. The second phase is training staff in Crucial Conversations. Two ISK employees were trained as trainers and began to offer classes to agency employees beginning in December 2015. Crucial Conversations has been offered quarterly since its inception through 2019. With Covid, Crucial Conversation classes were put on hiatus, however, they started up again in spring 2022. There were two Leadership training opportunities offered throughout 2023, TBD Solutions held 3 classes for ISK Supervisors and Managers in the winter/spring and in April 2023 Clark Hill, ISK's legal counsel, presented a half day program on the legalities of hiring/supervising. In October and December 2024 leadership training was again offered through TBD Solutions. Two additional ISK employees were trained on facilitating Crucial Conversations, classes will resume November of 2025. From March-May 2025 we conducted an Employee Satisfaction Survey in which senior leaders facilitated 30-minute Listening Sessions available for all staff designed to gather candid feedback on various aspects of the employee experience, including communication, environment and culture, opportunities for engagement and perspective sharing, and overall sense of belonging at ISK.*

*This policy will be monitored through internal and external mechanisms on an annual basis.*

*Response: The organization follows specific personnel policies pertaining to the treatment of staff. Through the employee survey and exit interviews conducted when an employee resigns, the organization is able to monitor staff opinion regarding their treatment.*

## INTEGRATED SERVICES OF KALAMAZOO

## BOARD POLICY V.08

AREA:	Governance		
SECTION:	Executive Limitations	PAGE:	1 of 1
SUBJECT:	COMPENSATION AND BENEFITS	SUPERSEDES:	09/24/2012
		REVISED:	09/27/2021

## PURPOSE/EXPLANATION

To establish limitations of means regarding compensation and benefits.

## POLICY


- I. With respect to employment, compensation and benefits to employees, consultant, contract workers and volunteers, the Chief Executive Officer may not cause or allow jeopardy to fiscal integrity or public image. Accordingly:
  - A. He/she may not:
    1. Change his or her own compensation and benefits.
    2. Promise or imply permanent or guaranteed employment.
    3. Establish current compensation and benefits which deviate materially from the geographic or professional market for the skills employed.
    4. Establish or change pension benefits.
  - B. He/she may not fail to:
 

Ensure education is offered to all staff at least every five (5) years on the pros and cons of opting out of Social Security and conducting a Straw Vote after the completion of the education sessions. If the Straw Vote is greater than 50% to opt back into Social Security then an actual vote must be conducted.
- II. This policy will be monitored through internal and/or external mechanisms on an annual basis.

CHIEF EXECUTIVE OFFICER

  
 Jeff Patton  
 Chief Executive Officer

APPROVED

  
 Erik Krogh  
 Board Chair



**INTEGRATED SERVICES OF KALAMAZOO**  
**Compensation & Benefit Report**  
**September 22, 2025**

**Executive Limitation Policy:**

With respect to employment, compensation and benefits to employees, consultant, contract workers and volunteers, the Chief Executive Officer may not cause or allow jeopardy to fiscal integrity or public image.

**Accordingly, the Chief Executive Officer may not:**

- A. Change his or her own compensation and benefits.

*Response: The Chief Executive Officer is compensated according to his negotiated contract with the Board. Further, he receives the same benefits as other employees of ISK. No change in the Executive Director's compensation outside of Board approval has occurred, nor has any benefit been changed except any that may have involved changes to all employees.*

- B. Promise or imply permanent or guaranteed employment.

*Response: Specific personnel policies and procedures have been implemented to ensure that all employees are treated equally. The policies clearly set forth the conditions of employment; these include initial offers of employment and continued employment. Supervisors, the Chief Executive Officer and the Human Resource Department all work together to enforce these policies. There have been no promises or implications of permanent or guaranteed employment.*

- C. Establish current compensation and benefits that deviate materially from the geographic or professional market for the skills employed.

*Response: In September 2016, a market survey was conducted in conjunction with a consultant which resulted in market adjustments for positions that were identified as greater than 10% below market as well as a 10% increase to the lower bands of the salary schedule and a 5% increase to the higher bands of the salary schedule and staff salaries were adjusted accordingly as needed. Also in 2016 a bonus program was developed for agency prescribers (Psychiatrists, Physician Assistants, Nurse Practitioners) and implemented in 2017. In 2017 ITS salaries were all reviewed and adjusted according to recommendations from a consultant. In FY 2018 identified positions were reviewed and resulting recommendations for salary adjustments were made for positions such as Registered Nurse and Supports Coordinator Assistant. In FY 2019 we evaluated Master's level clinician's in salary band C1, Clinical Supervisors and Contingent Direct Care Specialists. While we had some positions slated to be reviewed in FY 2020, the uncertainty that came with COVID-19 usurped that. The salary schedule was increased by 1% at the beginning of FY 2021. Salary ranges were again increased by 1% at the beginning of FY2022. In May 2021 Master's level clinicians and clinical supervisors received a 9-10% market increase to make our wages more competitive. Agency Peer Family Support Partners and Direct Care Specialists moved up one salary band as well. For FY 2023, we focused on getting salaries more competitive. For retention purposes, we implemented the FY 2023 changes in August, 2022. We were able to provide staff with an 11% increase and increased the salary schedule by 10%. In addition, we moved the following positions up one salary grade: Med Clinic Receptionist, Supports Coordinator Assistants, Community Health Worker, Employment Specialist, Housing Coordinator,*

*Nurse, clinical supervisors, some clinical and non-clinical managers and senior executives, Recipient Rights staff and some IT staff. For recruitment and retention, on January 1, 2023 we implemented additional pay for prescribers who see all ages (15% increase) or children aged 13 and above (7% increase). In February 2023, noting a need to address turnover and recruitment due to rapid market growth for Masters level clinicians, we gave a 7 – 10% increase to Masters level Clinicians doing face to face work and the supervisors and managers overseeing those clinical programs. During May through August 2023 a market survey was conducted in conjunction with a consultant which resulted in a new salary schedule and some positions being moved to a higher salary grade such as: Direct Care Specialists, Peer positions and Bachelors level clinical staff. Increases for FY 2024 were based on a 3% budgeted increase and will be allocated based on pay grade movement with some positions not being eligible for an increase due to the mid-year increases. FY 2025 an across the board increase of 3% was given to eligible staff in October 2024; we did not adjust the pay grades this year. For FY 2026, no annual increases will be given in October 2025 due to budget constraints. Pay grades were not increased and a wage compression analysis was completed with minor adjustments given to identified staff in August/September 2025.*

D. Establish or change pension benefits.

*Response: We participate in the Kalamazoo County Retirement System and as such are bound by its terms and conditions. Quarterly meetings are held with the County to discuss and review the retirement system. Our belief is that the current retirement system is financially very strong and of great benefit to our employees. In FY 2025 the ISK Board approved a motion to implement the Rule of 80 effective January 1, 2025 consistent with Kalamazoo County.*

**The Chief Executive Officer may not fail to:**

A. Ensure education is offered to all staff at least every five (5) years on the pros and cons of opting out of Social Security and conducting a Straw vote after the completion of the education sessions. If the Straw Vote is greater than 50% to opt back into Social Security then an actual vote must be conducted.

*Response: A Straw Vote was conducted on August 17, 2011. Only 17% of the eligible voters voted to go back into Social Security. Therefore, a sanctioned vote did not take place. A Straw Vote was conducted on August 11, 2016. Again, only 17% of the eligible voters voted to go back into Social Security. Therefore, a sanctioned vote did not take place. A Straw Vote was held on September 21, 2021. Only 6% of the eligible voters voted to go back into Social Security. Therefore, a sanctioned vote did not take place.*

This policy will be monitored through internal and external mechanisms on an annual basis.

*Response: The organization follows specific personnel policies pertaining to the status of employment and salary/benefit administration. Through annual bid solicitations on benefits and conducting periodic salary surveys, the organization strives to maintain a fair and competitive overall compensation and benefit package for all employees.*



INTEGRATED  
SERVICES OF  
KALAMAZOO



Period Ended  
August 31, 2025

Monthly Finance  
Report

# INTEGRATED SERVICES OF KALAMAZOO

## Statement of Net Position

August 31, 2025

	August 2024 (unaudited)	August 2025
<b>Assets</b>		
<b>Current assets</b>		
Cash and investments	\$ 23,782,849	\$ 26,532,006
Accounts receivable	3,440,723	7,593,170
Due from other governments	9,021,824	8,550,587
Prepaid items	1,059,153	1,406,859
<b>Total current assets</b>	<u>37,304,549</u>	<u>44,082,622</u>
<b>Non-current assets</b>		
Capital assets, net of accumulated depreciation	13,451,064	14,948,537
Net pension asset, net of deferred outflows	7,214,053	8,442,339
<b>Total non-current assets</b>	<u>20,665,117</u>	<u>23,390,876</u>
<b>Total assets</b>	<u>\$ 57,969,666</u>	<u>\$ 67,473,498</u>
<b>Liabilities</b>		
<b>Current liabilities</b>		
Accounts payable	\$ 8,535,857	\$ 9,155,758
Due to other governments	884,178	172,944
Due to providers	195,222	63,722
Accrued payroll and payroll taxes	1,999,220	3,119,070
Unearned revenue	19,737	156,278
<b>Total current liabilities</b>	<u>11,634,214</u>	<u>12,667,772</u>
<b>Net position</b>		
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	(1,937,833)	8,350,510
<b>Net position</b>	<u>\$ 46,335,452</u>	<u>\$ 54,805,726</u>



## INTEGRATED SERVICES OF KALAMAZOO

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

October 1, 2024 through August 31, 2025

Percent of Year is 83.33%

	Original 2025 Budget	YTD Totals 8/31/25	Remaining Budget	Percent of Budget - YTD
<b>Operating revenue</b>				
Medicaid:				
Traditional Capitation	\$ 71,759,922	69,893,281	\$ 1,866,641	97.40%
Healthy Michigan Capitation	13,011,361	4,675,073	8,336,288	35.93%
Settlement	6,448,857	8,640,749	(2,191,892)	133.99%
State General Fund:				
Formula Fundings	3,900,516	3,764,196	136,320	96.51%
CCBHC Demonstration	35,053,525	33,506,737	1,546,788	95.59%
CCBHC Quality Bonus	-	1,326,190	(1,326,190)	0.00%
CCBHC Accrual	-	3,314,614	(3,314,614)	0.00%
County Allocation	1,550,400	1,421,200	129,200	91.67%
Client Fees	620,500	991,122	(370,622)	159.73%
SUD Block Grant	-	12,723	(12,723)	0.00%
Other grant revenue	8,558,938	7,318,071	1,240,867	85.50%
Other earned contracts	3,974,361	2,194,470	1,779,891	55.22%
Interest	181,000	140,581	40,419	77.67%
Local revenue	610,000	566,294	43,706	92.84%
<b>Total operating revenue</b>	<u>\$ 145,669,379</u>	<u>\$ 137,765,301</u>	<u>\$ 7,904,079</u>	<u>94.57%</u>
<b>Operating expenses</b>				
Salaries and wages	\$ 32,439,500	\$ 26,377,953	6,061,547	81.31%
Employee benefits	11,472,088	8,704,953	2,767,135	75.88%
Staff development	301,171	154,025	147,146	51.14%
Payments to providers	88,887,199	82,063,586	6,823,613	92.32%
Administrative contracts	10,183,932	9,161,997	1,021,935	89.97%
IT software and equipment	926,784	795,887	130,897	85.88%
Client transportation	50,280	25,022	25,258	49.76%
Staff travel	389,228	325,017	64,211	83.50%
Office expenses	646,434	482,604	163,830	74.66%
Insurance expense	158,746	149,004	9,742	93.86%
Depreciation expense	535,265	494,399	40,866	92.37%
Utilities	358,571	351,656	6,915	98.07%
Facilities	49,039	49,006	33	99.93%
Local match	305,108	279,682	25,426	91.67%
<b>Total operating expenses</b>	<u>\$ 146,703,345</u>	<u>\$ 129,414,791</u>	<u>\$ 17,288,554</u>	<u>88.22%</u>
<b>Change in net position</b>	(1,033,966)	8,350,510	\$ (9,384,476)	
<b>Beginning net position</b>	<u>46,455,216</u>	<u>46,455,216</u>		
<b>Ending net position</b>	<u>\$ 45,421,250</u>	<u>\$ 54,805,726</u>		

## INTEGRATED SERVICES OF KALAMAZOO

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

October 1, 2024 through August 31, 2025

Percent of Year is 83.33%

	Specialty Services		Healthy Michigan		SUD Block Grant		Totals		
	Budget	YTD Totals 8/31/25	YTD Budget	YTD Totals 8/31/25	YTD Budget	YTD Totals 8/31/25	YTD Budget	YTD Totals 8/31/25	Variance
<b>Operating revenue</b>									
Medicaid:									
Traditional Capitation	\$ 59,799,935	\$ 82,733,243	\$ -	\$ -	\$ -	\$ 93,298	\$ 59,799,935	\$ 82,826,541	\$ 23,026,606
Healthy Michigan Capitation	-	-	10,842,801	8,530,852	-	-	10,842,801	8,530,852	(2,311,949)
Autism Capitation	-	-	-	-	-	-	-	-	-
CCBHC Base Payment	-	(12,839,962)	-	(3,855,779)	-	-	-	(16,695,741)	(16,695,741)
Settlement Estimate	11,473,440	8,177,462	(6,099,393)	463,287	-	(89,905)	5,374,047	8,550,844	3,176,797
Client Fees	-	6,310	-	51	-	-	-	6,360	6,360
<b>Total operating revenue</b>	<b>\$ 71,273,375</b>	<b>\$ 78,077,053</b>	<b>\$ 4,743,408</b>	<b>\$ 5,138,410</b>	<b>\$ -</b>	<b>\$ 3,393</b>	<b>\$ 76,016,783</b>	<b>\$ 83,218,856</b>	<b>\$ 7,202,073</b>
<b>Operating expenses</b>									
Internal services	\$ 1,956,045	\$ 1,829,259	\$ 97,802	\$ 11,500	\$ -	\$ 3,393	\$ 2,053,847	\$ 1,844,152	(209,695)
External services	63,571,449	66,857,862	4,266,622	4,508,940	-	-	67,838,072	71,366,802	3,528,730
Delegated managed care	5,745,881	9,389,932	378,984	617,971	-	-	6,124,865	10,007,902	3,883,038
<b>Total operating expenses</b>	<b>\$ 71,273,375</b>	<b>\$ 78,077,053</b>	<b>\$ 4,743,408</b>	<b>\$ 5,138,410</b>	<b>\$ -</b>	<b>\$ 3,393</b>	<b>\$ 76,016,783</b>	<b>\$ 83,218,856</b>	<b>\$ 7,202,073</b>
<b>Change in net position</b>	<b>-</b>	<b>0</b>	<b>-</b>	<b>(0)</b>	<b>-</b>	<b>0</b>	<b>-</b>	<b>-</b>	<b>-</b>

## INTEGRATED SERVICES OF KALAMAZOO

### Statement of Revenue, Expenses and Change in Net Position October 1, 2024 through August 31, 2025 Percent of Year is 83.33%

	State General Fund		CCBHC		Other Funding Sources		Totals		
	YTD Budget	YTD Totals 8/31/25	YTD Budget	YTD Totals 8/31/25	YTD Budget	YTD Totals 8/31/25	YTD Budget	YTD Totals 8/31/25	Variance
<b>Operating revenue</b>									
General Fund	\$ 3,250,430	\$ 3,764,196	\$ -	\$ -	\$ -	\$ -	\$ 3,250,430	\$ 3,764,196	\$ 513,766
Projected GF Carryforward	-	-	-	-	-	-	-	-	-
CCBHC Demonstration	-	-	29,041,994	39,813,109	-	-	29,041,994	39,813,109	10,771,115
Other Federal and State Grants	-	-	-	-	7,132,448	6,638,360	7,132,448	6,638,360	(494,088)
Earned Revenue	-	-	-	-	3,311,967	1,418,846	3,311,967	1,418,846	(1,893,121)
COFR Revenue	-	-	-	-	-	-	-	-	-
Interest	-	-	-	-	150,833	140,581	150,833	140,581	(10,252)
County Allocation	-	-	-	-	1,292,000	1,421,200	1,292,000	1,421,200	129,200
Local Revenue	-	8,234	-	-	343,790	566,294	343,790	574,528	230,738
Transfer from GF	-	-	-	-	-	-	-	-	-
Settlement Revenue (Expense)	-	-	-	-	-	-	-	-	-
<b>Total operating revenue</b>	<b>\$ 3,250,430</b>	<b>\$ 3,772,430</b>	<b>\$ 29,041,994</b>	<b>\$ 39,813,109</b>	<b>\$ 12,231,039</b>	<b>\$ 10,185,281</b>	<b>\$ 44,523,463</b>	<b>\$ 53,770,820</b>	<b>\$ 9,247,357</b>
<b>Operating expenses</b>									
Internal Programs	\$ 745,742	\$ 594,852	\$ 28,582,702	\$ 31,976,373	-	\$ 3,184	\$ 29,328,444	\$ 32,574,409	\$ 3,245,966
External Programs	1,956,045	2,292,691	-	-	500,000	471,488	2,456,045	2,764,179	308,134
Other Federal and State Grants	-	-	-	-	12,022,193	7,544,077	12,022,193	7,544,077	(4,478,116)
HUD Grants	-	-	-	-	1,161,401	1,471,837	1,161,401	1,471,837	310,436
Managed Care Administration	207,830	385,956	-	-	6,051	-	213,881	385,956	172,075
Homeless Shelter	-	-	-	-	391,209	323,067	391,209	323,067	(68,142)
Transfer from GF	340,813	-	-	-	-	-	340,813	-	(340,813)
Local match expense	-	-	-	-	254,257	279,682	254,257	279,682	25,426
Non-DCH Activity Expenditures	-	-	-	-	67,761	77,102	67,761	77,102	9,341
<b>Total operating expenses</b>	<b>\$ 3,250,430</b>	<b>\$ 3,273,499</b>	<b>\$ 28,582,702</b>	<b>\$ 31,976,373</b>	<b>\$ 14,402,873</b>	<b>\$ 10,170,437</b>	<b>\$ 46,236,004</b>	<b>\$ 45,420,310</b>	<b>(815,694)</b>
<b>Change in net position</b>	<b>0</b>	<b>498,931</b>	<b>459,292</b>	<b>7,836,736</b>	<b>(2,171,834)</b>	<b>14,844</b>	<b>\$ (1,712,541)</b>	<b>8,350,510</b>	<b>10,063,052</b>

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## INTEGRATED SERVICES OF KALAMAZOO

### CCBHC

October 1, 2024 through August 31, 2025

Percent of Year is 83.33%

	CCBHC Medicaid	CCBHC Healthy MI	CCBHC Non-Medicaid	CCBHC YTD Totals
<b>Operating revenue</b>				
Prepayment	\$ 10,976,062	\$ 5,566,166	\$ 268,768	\$ 16,810,996
CCBHC SAMSHA Grant	-	-	602,333	602,333
CCBHC QBP	-	-	1,326,190	1,326,190
CCBHC Base Payment Reclass	12,839,962	3,855,779	-	16,695,741
Remaining CCBHC revenue due	3,976,543	(661,782)	-	3,314,761
Client fees	496,113	70,862	496,113	1,063,088
<b>Total CCBHC Revenue (PPS-1 of \$367.50 x encounters)</b>	<b>\$ 28,288,680</b>	<b>\$ 8,831,025</b>	<b>\$ 2,693,404</b>	<b>\$ 39,813,109</b>
<b>Operating expenses</b>				
Internal services	\$ 15,445,032	\$ 5,797,124	\$ 3,401,879	\$ 24,644,034
DCO Contracts	4,917,228	1,535,037	880,075	7,332,339
<b>Total operating expenses</b>	<b>\$ 20,362,259</b>	<b>\$ 7,332,160</b>	<b>\$ 4,281,954</b>	<b>\$ 31,976,373</b>
<b>Operating change in net position</b>	<b>7,926,421</b>	<b>1,498,865</b>	<b>(1,588,550)</b>	<b>7,836,736</b>
Reclassification to cover Non-Medicaid	-	-	-	-
<b>Total change in net position</b>	<b>\$ 7,926,421</b>	<b>\$ 1,498,865</b>	<b>\$ (1,588,550)</b>	<b>\$ 7,836,736</b>

### CCBHC Cost per daily visit

	2023	FY 2024	8/31/25
Total CCBHC Cost	\$ 27,687,187	\$ 31,777,786	\$ 31,976,373
Daily Visits	99,802	110,326	114,783
Cost per daily visit	277.42	288.04	278.58

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**AUTISM SERVICES**  
**Report Period: October 1st, 2024 through August 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
		Dollars	Clients Served	Dollars	Clients Served				
OCTOBER	167	\$789,944	180	\$879,750	187	\$944,673	(7)	(\$64,923)	(\$64,923)
NOVEMBER	167	\$785,423	180	\$879,750	175	\$894,596	5	(\$14,846)	(\$14,846)
DECEMBER	172	\$882,947	180	\$879,750	170	\$798,111	10	\$81,639	\$81,639
JANUARY	183	\$793,167	180	\$879,750	190	\$938,800	(10)	(\$59,050)	(\$59,050)
FEBRUARY	182	\$832,410	180	\$879,750	197	\$893,115	(17)	(\$13,365)	(\$13,365)
MARCH	182	\$802,870	180	\$879,750	193	\$1,048,856	(13)	(\$169,106)	(\$169,106)
APRIL	182	\$964,823	180	\$879,750	189	\$1,151,162	(9)	(\$271,412)	(\$271,412)
MAY	182	\$973,468	180	\$879,750	199	\$977,622	(19)	(\$97,872)	(\$97,872)
JUNE	181	\$919,481	180	\$879,750	197	\$944,581	(17)	(\$64,831)	(\$64,831)
JULY	180	\$1,020,346	180	\$879,750	197	\$970,891	(17)	(\$91,141)	(\$91,141)
AUGUST	180	\$987,283	180	\$879,750	193	\$1,169,964	(13)	(\$290,214)	(\$290,214)
SEPTEMBER	179	\$943,423	180	\$879,750					
TOTALS	2,137	\$10,695,585	2,160	\$10,557,005	2,087	\$10,732,371	(107)	(\$1,055,121)	
MONTHLY AVERAGES	178		180		190				
GROSS ANNUAL COST		\$10,695,585		\$10,557,005		\$10,732,371		(\$1,055,121)	

Favorable/(Unfavorable): Total (1,055,121)



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

UTILIZATION COMPARISONS FY 24/25									
	FY 23/24 Actual		FY 24/25 Budget		FY 24/25 Actual		Days Difference (Unfavorable)	Cost Difference (Unfavorable)	Cost YTD Favorable (Unfavorable)
		Dollars	Days	Dollars	Days				
OCTOBER	92	\$85,808	85	\$81,845	111	\$96,759	(26)	(\$14,914)	(\$14,914)
NOVEMBER	78	\$72,462	85	\$81,845	117	\$114,545	(32)	(\$32,700)	(\$32,700)
DECEMBER	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	42	\$41,160	43	40,685	40,685
JULY	143	\$132,763	85	\$81,845	47	\$46,178	38	35,667	35,667
AUGUST	76	\$70,558	85	\$81,845	35	\$34,329	50	47,516	47,516
SEPTEMBER	120	\$111,452	85	\$81,845					
TOTALS	1,127	\$1,046,201	7,848	\$982,140	840	\$811,430	95	\$88,865	
MONTHLY AVERAGES	94		85		76				
GROSS ANNUAL COST		\$1,046,201		982,140		\$811,430		\$88,865	

Favorable/(Unfavorable):

Total **88,865**



# COMMUNITY INPATIENT SERVICES

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

UTILIZATION COMPARISONS FY 24/25									
	FY 23/24 Actual		FY 24/25 Budget		FY 24/25 Actual		Days Difference (Unfavorable)	Cost Difference (Unfavorable)	Cost YTD Favorable (Unfavorable)
		Dollars	Days	Dollars	Days				
OCTOBER	33	\$35,799	608	\$705,361	639	\$554,055	(31)	\$151,306	\$151,306
NOVEMBER	352	\$373,018	608	\$705,361	642	\$705,703	(34)	(\$342)	(\$342)
DECEMBER	601	\$633,797	608	\$705,361	709	\$779,181	(101)	(\$73,820)	(\$73,820)
JANUARY	583	\$615,285	608	\$705,361	574	\$632,499	34	\$72,862	\$72,862
FEBRUARY	681	\$718,593	608	\$705,361	441	\$484,358	167	\$221,003	\$221,003
MARCH	815	\$860,902	608	\$705,361	637	\$700,742	(29)	4,619	4,619
APRIL	616	\$649,551	608	\$705,361	527	\$579,255	81	126,106	126,106
MAY	612	\$644,976	608	\$705,361	526	\$577,479	82	127,882	127,882
JUNE	645	\$680,946	608	\$705,361	624	\$685,811	(16)	19,550	19,550
JULY	709	\$746,405	608	\$705,361	795	\$873,545	(187)	(168,184)	(168,184)
AUGUST	596	\$626,317	608	\$705,361	662	\$725,577	(54)	(20,216)	(20,216)
SEPTEMBER	654	\$687,522	608	\$705,361					
TOTALS	6,897	\$7,273,111	7,296	\$8,464,332	6,776	\$7,298,205	(88)	\$460,766	
MONTHLY AVERAGES	575		608		616				
GROSS ANNUAL COST		\$7,273,111		\$8,464,332		\$7,298,205		\$460,766	

Favorable/(Unfavorable):

Total

460,766

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

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

SERVICE	FY 24/25 Budget			FY 24/25 Actual		
	Month	Avg. Daily Rate	No. Served	Days of Service	Dollars	Favorable / (Unfavorable)
PC/CLS	Aug	\$314	401	120,035	37,738,444	(\$913,905)
CRISIS RES.		\$604	54	975	\$588,810	\$324,282
CLS (SIP)	Aug	NA	356		12,632,454	\$425,455
Annual Cost						(\$164,168)

**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

<b>Subject:</b>	<u>August 2025 Disbursements</u>	<b>Approval Date:</b>
<b>Meeting Date:</b>	<b>September 22, 2025</b>	<b><u>September 22, 2025</u></b>
<b>Prepared by:</b>	Charlotte Bowser	

Recommended Motion:

“Based on the Board Finance meeting review, I move that ISK approve the August, 2025 vendor disbursements of \$11,948,988.85.”

Summary of Request:

As per the August 2025 Vendor Check Register Report dated 09/05/2025 that includes checks issued from 08/01/2025 to 08/31/2025.

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: September 22, 2025



## AGENDA

### ANNUAL PUBLIC HEARING

*INTEGRATED Services of Kalamazoo* Board of Directors HAS SCHEDULED ITS (ANNUAL PUBLIC HEARING) MEETING FOR MONDAY, September 22, 2025, BEGINNING @ 5:00PM via *Microsoft TEAMS* or in-person at 610 South Burdick Street/Kalamazoo, MI.,/2<sup>nd</sup> FL ~ ISK Boardroom #220.

- I. CALL TO ORDER
- II. AGENDA
- III. OPENING COMMENTS  
*Karen Longanecker/ISK Board Chair*

#### Welcome All:

🗨️ Thank you for attending this public hearing.

🗨️ Introduce ISK Board of Directors to the audience:

- *Chair Karen Longanecker*
- *Vice Chair Michael Seals*
- Nkenge Bergan
- Patrick Dolly
- Patricia Guenther
- Catherine Huynh
- Ramona Lumpkin
- John Taylor, Kalamazoo County Commissioner
- Michael Raphelson, M.D.
- Sharon Spears
- Melissa Woosley

NEXT PAGE





Jeffrey W. Patton  
Chief Executive Officer

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

Administrative Services:  
610 South Burdick Street  
Kalamazoo, MI 49007

Community • Independence • Empowerment

### Hearing Background:

- Integrated Services of Kalamazoo (ISK) Board of Directors is very interested in hearing the public's assessment of our service delivery system. This public hearing is just one place where we hear from those we serve, their families and our community. Everyone is invited to attend and comment at any of our board meetings, which usually occur on the fourth Monday of each month.
- The Board is committed to providing quality services in response to community need. We are particularly seeking comments on ways to improve service quality and the need for new services.
- Tonight, we are interested in hearing your comments on services for children with serious emotional disturbances, adults with mental illness, children and adults with intellectual and developmental disabilities and individuals with co-occurring disorders.

### Process:

- There will be two sign-up sheets available: One for those in attendance and one for those wishing to speak. Please complete both sheets if you plan on speaking. Make sure to include your full name and complete address with zip code.
- For those wishing to speak, please begin your comments/statements with your full name and address, including zip code.
- Please limit your remarks to 4 minutes.
- The ISK Board of Directors will be listening only this evening and will therefore not be responding to your remarks. Please do not interpret this as a lack of interest. The goal of our public hearing is to allow you to share personally and uninterrupted. A written response will be provided to those who speak, which is why it is so important to make sure we have your full name and address on record.
- If you wish to speak with an ISK Staff Person about your personal situation, someone will be available to talk with you after the meeting.

Thank you for taking time to attend the 2025 ISK Public Hearing. Information gathered this evening will be used as we plan for the FY25/26 ISK Budget.

IV. PUBLIC HEARING OPEN FOR COMMENTS/TESTIMONIALS

V. CLOSE PUBLIC HEARING/VERBAL MOTION

VI. BOARD MEMBER TIME & COMMENTS

VII. ADJOURNMENT

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