



Community • Independence • Empowerment

Jeffrey W. Patton
Chief Executive Officer

www.iskzoo.org
(269) 553-8000

Administrative Services:
610 South Burdick Street
Kalamazoo, MI 49007

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

AGENDA

October 27, 2025

Name: INTEGRATED Services of Kalamazoo Board of Directors
Location: 610 South Burdick Street/Kalamazoo, MI., /2nd Floor – 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
 - b. *Dusty Jepkema*, Youth & Families, Program Supervisor & *Jon Klok*, MIA, Manager of Programs - Community Health Workers
- VI. CONSENT CALENDAR **VERBAL MOTION**
 - a. Minutes - September 22nd & 25th, 2025
 - b. Board Purpose and Business Description (II.01)(Policy)
 - c. Guidelines for Board Member Appointments (I.03) (Policy)
 - d. Treatment of Persons Served (V.01) - Substantiated Complaints (Policy & Report)
 - e. Customer Services (Report)
 - f. Customer Advisory Council Annual (Report)
 - g. Family Support Advisory Council Annual (Report)
- VII. ACTION ITEMS - NEW or REVISITED **NONE**
- VIII. FINANCIAL REPORTS
 - a. Financial Condition Report
 - b. Utilization Report
 - c. Investment Report
 - d. September 2025 Disbursement **MOTION**
- IX. CHIEF EXECUTIVE OFFICER **VERBAL REPORT**
 - a. CEO Report
- X. CITIZEN TIME
- XI. BOARD MEMBER TIME
 - a. 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: September 2025

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

	September 2025	FY 24-25	September 2024	FY 24-25
Total # of Complaints Closed	50	451	28	391
Total # of Allegations Closed	76	683	43	684
Total # of Allegations Substantiated	21	222	12	185

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	September 2025		September 2024	
Category	TOTAL	SUBSTANTIATED	TOTAL	SUBSTANTIATED
Consumer Safety	3	0	5	2
Dignity/Respect of Consumer	14	2	7	1
Treatment Issues/Suitable Services (Including Person Centered Planning)	17	3	7	0
Abuse I	1	0	0	0
Abuse II	8	2	2	0
Abuse III	11	5	1	0
Neglect I	0	0	0	0
Neglect II	3	3	1	1
Neglect III	7	5	10	7
	64	20	33	11

APPEALS	September 2025	FY 24-25	September 2024	FY 23-24
Uphold Investigative Findings & Plan of Action	0	4	0	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	0	0	0
Request an External Investigation by the State ORR	0	0	0	0

ABUSE AND NEGLECT DEFINITIONS – SUMMARIZED

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

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

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

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

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

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

ORR ADDENDUM TO MH BOARD REPORT

October 2025

Re: September 2025 Abuse/Neglect Violations

September

- There were two substantiated Abuse II violations in September 2025.
 - The remedial actions for these violations were Employment Termination (1), and Training (2). There were two staff involved in one citation.
- There were five substantiated Abuse III violations in September 2025.
 - The remedial actions for these violations were Employment Termination (4), Training (2), Policy Revision/Development (1), and Pending (1).

The 5 violations occurred at different agencies.

Neglect Violations

- There were three substantiated Neglect II violations in September 2025. One was a Failure to Report.
 - The remedial actions for these violations were Employment Termination (1), Written Counseling (1), and Training (1). There were three staff involved in one citation.

The 3 violations occurred at different agencies.

- There were five substantiated Neglect III violations in September 2025. One was a Failure to Report.
 - The remedial actions for these violations were Employee Termination (1), Employee left agency but substantiated (1), Written Reprimand (4), and Training (4). There were two staff involved in one citation.

The 5 violations occurred at 3 different agencies. Two agencies had 2 violations. Both agencies had the violations occur at different program sites.



OVERVIEW OF CHW PROGRAM



PARTNERSHIPS, EVENTS, SERVICE ELIGIBILITY, FUNCTIONS, ETC.



OUTCOMES & OUTLOOK

Integrated Services of Kalamazoo | CHW Program | Est. 2019 - CCBHC



COMMUNITY HEALTH WORKERS

PROGRAMS | STAFFING

- OUTREACH CHW TEAMS:
 - YOUTH & FAMILY (3)
 - ADULTS (4)
- JUSTICE SERVICES (2)
- URGENT CARE & ACCESS CENTER (7)

ADDRESSING SOCIAL DETERMINANTS OF HEALTH (SDOH)

FREE SERVICE TO THE COMMUNITY | AVAILABLE TO ANYONE | QUICK TO RESPOND

• HEALTH INSURANCE • EMPLOYMENT SUPPORT • HOUSING SUPPORT • CHILD & FAMILY NEEDS • MENTAL HEALTH RESOURCES • APPLYING FOR BENEFITS • CLOTHING • FOOD • GENERAL ADVOCACY • HEALTH CARE • HEALTH/WELLNESS • AND MUCH MORE!

CHWs provide flexible support that may range from a brief intervention to ongoing engagement over several months. They meet individuals at designated ISK locations, partner sites, elsewhere in public settings or the person's residence —ensuring care is accessible and community-based.

CHWs help integrate individuals with resources & supports available

Development of CHW Program

ISK was awarded a CCBHC grant prior to becoming an official demonstration site in 2021. We initially launched our CHW program in mid-2019 with six Community Health Workers—four serving adults and two supporting youth and families. Since then, the program has expanded to include CHWs working alongside Emergency Services/Same Day Access, Justice Services, and overseeing operations at the UCAC, which provides support 24/7, 365 days a year. ISK currently employs sixteen fulltime CHWs and two contingent CHWs and is overseen by multiple supervisors with clinical support and program development involving all parties.

Events & Networking

CHWs continuously represent ISK at countless community events to promote services and build connections.

What makes a great CHW?

When building our workforce, we value Community Health Workers (CHWs) who have personal experience navigating local resources and support systems. It is important that CHWs become familiar with all areas of Kalamazoo County. They often integrate well within our diverse community and bring varying levels of expertise, whether they hold a high school diploma, GED, or bachelor's degree. We are looking for passionate, solution-oriented individuals who align closely with ISK's core values.

Eligibility & Access

We can see anyone and does not require ISK services history at no cost as a free service. There is no wrong door with our services and offer: drop-in sites, intake line, community referral networks, and self-referral.

Growth & Outlook:

- Data systems and tracking built in to monitor staff-performance, efficacy, and consumer outcomes.
- Community resources hub with continued community organization engagement
- Planning and development to shift towards billable encounters when applicable.

CHWs help promote assistance through evidenced-based screening, education, and navigation, with ongoing support - while also promoting autonomy in those we serve.

EFFICIENT | EFFECTIVE | AFFORDABLE
CHWs expand our organization's reach by supporting the public with needs that may fall outside traditional clinical care. This lets our licensed providers focus on treatment, helps prevent potential escalation to higher levels of care, and offers ongoing support for those stepping down and/or in lesser intensive services —ultimately improving both access and efficiency.

Challenges / Barriers CHWs Encounter

- Limited Resources: Availability and eligibility of community resources can be restrictive.
- Broad Scope of Needs: CHWs face a wide range of client issues but cannot be experts in every service or organization.
- Minimal Role Preparation: Many enter the role with limited relevant education, requiring significant on-the-job learning.
- Low Compensation: CHWs often receive lower wages despite high referral volumes from multiple programs.
- Certification Requirements: Full-time CHWs must complete and maintain certification, adding to their workload.

Locations We Staff At:

- Integrated Health Services Clinic (IBHC) – 615
- Urgent Care and Access Center – 440
- Kalamazoo Co. Jail, MDOC, Law Enforcement
- 418 & 610 – Sites for Outreach Team Offices
- 2030 Portage St. (Alcott)
- Recovery Institute
- OutFront
- Helping Hands Wellness Center



Do you or someone you know need help? If so, get connected to a
COMMUNITY HEALTH WORKER (CHW)

We provide information and referrals to local organizations and can assist you in getting connected with the help you need!

- Health Insurance
- Employment Support
- Housing Support
- Child & Family Needs
- Mental Health Resources
- Applying for Benefits
- Clothing
- Food
- General Advocacy
- Health Care
- Health/Wellness
- And Much More!

We're here to assist Kalamazoo County residents any way we can!
Services are available to all community members (not just clients of Integrated Services of Kalamazoo).

Find out how we can help:

Call Integrated Services of Kalamazoo
(269) 373-6000

(Ask to speak with a Community Health Worker)

If you are a provider wanting to make a referral for a client, please
email us at CHW@iskzoo.org



Community • Independence • Empowerment

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

September 22, 2025

VI.a.

<u>ISK Board Member</u>	<u>Board Members PRESENT</u>	<u>Declaration of Location City/County</u>	<u>Board Members ABSENT</u>
Karen Longanecker, <i>CHAIR</i>	X	Kalamazoo/Kalamazoo	
Michael Seals, <i>VICE CHAIR</i>			X
Nkenge Bergan	X	Kalamazoo/Kalamazoo	
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	Kalamazoo/Kalamazoo	
John Taylor, <i>COMMISSIONER</i>			X

ISK - Staff Present:

Jeff Patton, *CHIEF EXECUTIVE OFFICER*
Demeta Wallace
Alecia Pollard
Sheila Hibbs
Charlotte Bowser
Willa Burns
Beth Ann Meints
Amy Rottman
Michael Schlack, *CORPORATE COUNSEL*
Dianne Shaffer
Ed Sova

ISK - Staff Absent:

Chantel Graham
Lisa Smith
Wanda Brown
Kathy Lentz

Providers & Guests:

Fi Spalvieri
Chief Executive
Officer
CLO - Community
Living Options

Diane Marquess
Chief Executive
Officer
Family & Children
Services

Dr. Shenetta Coleman
Chief Executive
Officer
ROI

Community Members:
Sarah Ringo
Dani Gritten
Asha Patel

Call to Order

The Board of Directors (Integrated Services of Kalamazoo) held their meeting on Monday, September 22, 2025. It began @ 4:00PM and was presided over by Chair, *Karen Longanecker*.

Agenda/MOTION

Member Guenther,

"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

Jeff Patton, CEO, ISK, presented the complaints/allegations closed in August 2025.

Lisa Smith, ISK, Director of ORR, was absent.

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.

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).

CCBHC Board Update

[Beth Ann Meints](#), 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 discussions 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 [June 23, 2025](#)
- b. Staff Treatment V.02 (Policy & Report)
- c. Compensation & Benefits V.08 (Policy & Report)

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

Monitoring Reports/NONE

Financial Reports/Financial Condition Reports

[Amy Rottman](#), ISK, Chief Financial Officer, presented the Financial Condition Reports for August 31, 2025.

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

2026 Medical Plan Coverage Year

MOTION

Due to the lack of a quorum, no official business was conducted. The motion will be revisited at a Special Called ISK Board of Directors meeting on Thursday, September 25, 2025.

Utilization Reports

[Charlotte Bowser](#), ISK, Director of Finance, presented the Utilization Report for the period ending August 31, 2025.

- Autism Services is at (193) clients and is unfavorable at \$1,055,121.
- Youth Community Inpatient Services is at (50) days and is favorable at \$88,865.
- MI Adult Community Inpatient Services is at (662) days and is favorable at \$460,766.
- Community Living Supports, Personal Care, and Crisis Residential is unfavorable at \$164,168.

August DisbursementsMOTION

Member Guenther, “BASED ON THE BOARD FINANCE MEETING REVIEW, I move that ISK approve the August 2025 vendor disbursements of \$11,948,988.85.” Supported by Member Spears.

MOTION PASSED.Chief Executive Officer Report

Jeff asked, Michael D. Schlack, ISK, Corporate Counsel, to give an update on the Litigation lawsuit against the MDHHS Procurement RFP.

Michael shared, there is an Evidentiary Hearing scheduled for October 9, 2025. I am confident of the work being done by Miller Johnson’s, Neil J. Marchand, Attorney at Law.

A Judge has been assigned to our case and our response brief in opposition to state’s RFP has been sent. The state will have an opportunity to respond to our brief by Friday, September 26, 2025.

There is also a concern that other entities are trying to create regions, so they can have the opportunity to submit a bid on the state’s procurement. However, the only entity that can create a region is a CMHSP. There is a concern that base Medicaid dollars are being pulled from the budgets of the state’s CMHSPs to directly fund private CCBHCs is a privatization of the funding that is intended, by law, to fund the state’s CMHSPs. It was noted that the CMHSPs need to keep their role in financing the service network.

Stay tuned for more updates as they become available.

CARF Survey

Sheila Hibbs, ISK, Administrator of Programs, reported that although the final report will not be sent to us until sometime in October, the organization truly did a remarkable job during the survey process. We were surveyed against approximately 2,500 standards and received no recommendations in our service delivery. There will be a few minor recommendations in the administrative area.

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 appoint the following members to the CEO Search & Transition Committee:

- *Dr. Michael Raphelson*
- *Nkenge Bergan*
- *Pat Guenther*
- *Karen Longanecker*

SWMBH (Southwest Michigan Behavioral Health) Updates/Michael Seals

Michael Seals was absent and unable to give an updated report. Jeff did share that since the leadership change and participation from the state there has been some stabilization.

That concludes my report.

Meeting adjourned by voice vote @ [4:49PM](#).



Demeta J. Wallace

Administrative Coordinator & Board Liaison
Integrated Services of Kalamazoo Board of Directors

Annual Public HearingCall to Order

The Board of Directors (Integrated Services of Kalamazoo) held their Annual Public Hearing on Monday, September 22, 2025. It began @ [5:00PM](#) and was presided over by Chair, Karen Longanecker.

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

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.

PUBLIC HEARING OPEN FOR COMMENTS/TESTIMONIALS

Diane Marquess
Chief Executive Officer
Family and Children Services

“There has been a valuable and true partnership between Integrated Services of Kalamazoo and Family and Children Services over the years. Along with a bonus relationship with the PIHP Southwest Michigan Behavioral Health (SWMBH).

Understanding that we are in complex and challenging budget times, it is our desire that these partnerships stay intact and productive.

An example of the outcome from these partnerships is the new Children Treatment Family Care Homes. These homes supply a safe atmosphere where children can work through their challenges while their parents learn strategies to support them when they return home. The stay in these homes can last for 6-9 months and helps to strengthen the family structure by equipping them for success that last long-term.”

Fiorella “Fi” Spalvieri
Chief Executive Officer
Community Living Options

“Community Living Options (CLO) provides group homes and services for seniors and adults with disabilities and mental illness. We have been a long-time provider for over 40 years within the Integrated Services of Kalamazoo Provider Network.

We as a CMH community have been through challenging times in the past. However, it is rare that we see budget situations like it is today. The days are often filled with anxiety, staff shortages, reduced rates and no increases for providers. No doubt, again, these are extremely challenging times.

We are still committed and dedicated to quality care for our persons-served and this community.

I have a great appreciation for ISK and their CEO, Jeff Patton. The Provider Network meetings and consistent communication coming from Jeff’s office is necessary and often very helpful in helping us to plan our next steps.

CLO is grateful also for this partnership and the work being done by ISK.”

CLOSE PUBLIC HEARING/VERBAL MOTION

Member Guenther, “I MOVE TO CLOSE THE PUBLIC HEARING.” Supported by Member Spears.

MOTION PASSED.

Meeting adjourned by voice vote @ [5:20PM](#).

Annual BUDGET Public Hearing

Call to Order

The Board of Directors (Integrated Services of Kalamazoo) held their [Annual BUDGET Public Hearing](#) on [Monday, September 22, 2025](#). It began @ [5:20PM](#) and was presided over by Chair, Karen Longanecker.

- a) Chair (Karen Longanecker): “The Public Hearing on the *Integrated Services of Kalamazoo*, Proposed FY25/26 Budget is now open.” Call on Chief Executive Officer, Jeff Patton.
- b) The Chief Executive Officer (Jeff Patton): “Act 43 of the 1963 Public Acts, as amended, requires the Authority to hold a public hearing on its proposed FY25/26 budget prior to its final adoption.”

“In accordance with the statues, notice of this public hearing was published in the Kalamazoo Gazette, a newspaper of general circulation within the community on September 12, 2025, and copies of the proposed budget have been available at the Administrative Offices and County Board of Commissioners Office for inspection by the public. Copies of the proposed budget are now available for any persons present who want to have a copy.”

- c) Chair (Karen Longanecker): Call on the Chief Financial Officer, Amy Rottman, to present the budget.
- d) The Chief Financial Officer presents the budget. To review the financial reports, please use the following link: <https://iskzoo.org/about-us/board/>
- e) Chair (Karen Longanecker): “Is there anyone present who desires to ask any questions, or to make any comments?”
- f) Chair (Karen Longanecker) comments (if any): “I hereby declare that the Public Hearing for *Integrated Services of Kalamazoo*, Proposed FY25/26 Budget closed.”
- g) Chair (Karen Longanecker) will call for MOTION to approve the FY25/26 Budget.
MOTION
Due to the lack of a quorum, no official business was conducted. The motion will be revisited at a Special Called ISK Board of Directors meeting on [Thursday, September 25, 2025](#).

CLOSED SESSION

MOTION

Due to the lack of a quorum, no official business was conducted.

Meeting adjourned by voice vote @ [5:48PM](#).



Community • Independence • Empowerment

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

September 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
Nkenge Bergan	X	Kalamazoo/Kalamazoo	
Vacancy			
Patrick Dolly	X	Kalamazoo/Kalamazoo	
Catherine Huynh	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*
Demeta Wallace
Charlotte Bowser
Amy Rottman
Michael Schlack, *CORPORATE COUNSEL*

Providers & Guests:

ISK - Staff Absent:

NONE

Call to Order

The Board of Directors (Integrated Services of Kalamazoo) held their meeting on Thursday, September 25, 2025. It began @ 5:00PM and was presided over by Chair, Karen Longanecker.

Agenda/MOTION

Member Guenther,

"I move to approve the agenda as presented." Supported by Member Guenther and carried without dissent.

MOTION PASSED.

Citizen Time No citizens came forth.

2026 Medical Plan Coverage Year**MOTION****RECOMMENDED MOTION**

Member Guenther, "I move that the ISK BOARD elects to comply with the requirements of 2011 Public Act 152, the Publicly Funded Health Insurance Contribution Act, by adopting the annual Exemption option for the medical benefit plan coverage year January 1, 2026, through December 31, 2026." Supported by Member Spears.

SUMMARY OF REQUEST

During Open Enrollment premium cost sharing is determined based on PA 152 and staff elect their insurance coverage and agree to pay their share of the premium. For 2026 PA 152 increased by 2.9%. In order to keep healthcare coverage costs flat for ISK staff we intend to increase the 2026 PA 152 hard cap employer contribution amount by approximately 23% which requires a board exemption from PA 152. This increase ensures that employees who elect the base plan do not experience a pay decrease in January 2026 as a result of ISK not giving staff increases in October 2025.

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

MOTION PASSED.ISK FY2025/FY2026 Budget**MOTION****RECOMMENDED MOTION**

Member Guenther, "I move approval of the Integrated Services of Kalamazoo FY2025/2026 budget which begins October 1, 2025, in the amount of \$150,131,903. Supported by Member Raphelson.

ROLL CALL VOTE:

ISK Board Member	Yes	No
Chair Karen Longanecker	x	
Vice Chair Michael Seals		
Member Nkenge Bergan	x	
Member Patrick Dolly	x	
Member Pat Guenther	x	
Member Catherine Huynh	x	
Member John Taylor		
Member Michael Raphelson	x	
Member Sharon Spears	x	
Member Ramona Lumpkin	x	
Member Melissa Woolsey	x	
MOTION PASSED	X	

Need 7 yes votes (2/3 of currently appointed board) no matter how many members are in attendance.

MOTION PASSED.

Meeting adjourned by voice vote @ 5:20PM.



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

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY II.01

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

PURPOSE/EXPLANATION

To identify the purpose and business description of the Board.

POLICY

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

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

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


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

CHIEF EXECUTIVE OFFICER:



Jeff Patton
Chief Executive Officer

APPROVED:



Erik Krogh
Board Chair

BOARD POLICY I.03

AREA:	Governance		
SECTION:	Mission/Vision/Values & Bylaws	PAGE:	1 of 3
SUBJECT:	GUIDELINES FOR BOARD MEMBER APPOINTMENTS	SUPERSEDES:	10/31/2019
		REVISED:	10/23/2023

PURPOSE/EXPLANATION

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

POLICY

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

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

address, date of birth, Social Security number and other information as necessary to comply with federal or state laws and regulations.

REFERENCE

- Michigan Mental Health Code (MCL 330.1222)

CHIEF EXECUTIVE OFFICER



Jeff Patton
Chief Executive Officer

APPROVED



Karen Longanecker
Board Chair

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY V.01

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

PURPOSE/EXPLANATION

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

POLICY

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

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

REFERENCES

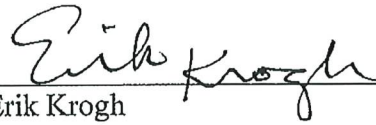
- Public Act 258 of 1974 (Mental Health Code) supplemented through Act 152 of 1996: Sec. 232
- Person-Centered Planning Practice Guideline Attachment P3.4.1.1 to MDHHS contract PIHP's (most current published version)
- MDHHS, Behavioral Health and Developmental Disabilities Administration, TREATMENT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

CHIEF EXECUTIVE OFFICER



Jeff Patton
Chief Executive Officer

BOARD CHAIR



Erik Krogh
Board Chair



Community • Independence • Empowerment

TREATMENT OF PERSONS SERVED

October 2025

FY25 Data April 1, 2025 – September 30, 2025

**Integrated Services of Kalamazoo
Treatment of Persons Served Report
October 2025**

EXECUTIVE LIMITATION POLICY:

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

ACCORDINGLY, THE CHIEF EXECUTIVE OFFICER MAY NOT:

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

Response:

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

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

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

Response:

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

ISK is compliant with this requirement.

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

Response:

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

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

ISK is compliant with this requirement.

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

Response:

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

ISK is compliant with this requirement.

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

Response:

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

ISK is compliant with this requirement.

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

Response:

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

ISK is compliant with this requirement.

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

Response

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

ISK is compliant with these requirements.

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

Response

The Michigan Department of Health and Human Services Office of Recipient Rights found ISK to be in full compliance with recipient rights systems standards in January 2025. ISK is certified through 2027.

ISK is compliant with this requirement.

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

Response

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

ISK is compliant with these requirements.

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

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

Response

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

ISK is compliant with these requirements.

OFFICE OF RECIPIENT RIGHTS

SUBSTANTIATED COMPLAINTS - DATA

April 1, 2025-September 30, 2025

TOTAL FOR ALL CATEGORIES: 131

The below data demonstrates an increase of 32 substantiated complaints within these categories. The areas that demonstrated the largest increase is in Abuse/Neglect and Dignity/Respect.

CATEGORY:	#	CATEGORY	#
<u>Abuse/Neglect</u>		<u>Personal Property</u>	
Abuse I	0	Possession and Use	3
Abuse II	12	Limitations	0
Abuse III	10		
Neglect I	2		
Neglect II	12		
Neglect III	38		
Sexual Abuse	0		
<u>Admission/Discharge</u>		Photographs, Fingerprints,	0
Second Opinion/denial of	0	Audiotapes, One-Way Glass	0
Hospitalization		Prior Consent	0
<u>Communications/Visits</u>		<u>Rights Protection System</u>	
Access to Phone	0	Access to Rights System	0
Visitation	0	Comp. Investigation Process	0
Uncensored mail	0	Failure to Report	0
		Retaliation/harassment	0
<u>Confidentiality</u>		<u>Suitable Services</u>	
Disclosure of Confidential Info.	4	MH Services Suited to Condition	17
Withholding of Information	0	Informed Consent	0
Privileged Communication	0	Services of MH Professional	0
Correction of Record	0		
<u>Family Rights</u>	2	<u>Treatment Environment</u>	
		Safe Environment/Sanitary/Humane	6
		Environment	
		Dignity/Respect	22
		Assessment of Needs	0
<u>Financial</u>		<u>Treatment Planning</u>	
Safeguarding money	0	Person-Centered Planning	1
Ability to use or spend as desired	0	Timely Development of Plan	0
Labor and Compensation		Treatment Planning: Other	0
Easy Access to Money in	0		
Account	0		
Freedom of Movement	2	<u>Civil Rights</u>	
Seclusion	0	Religion Practice	0
Restrictions/Limitations	0	Discrimination	0
Restraint	0		
Least Restrictive Setting	0		

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

Data Review and Recommendations

Type of Data: Customer Satisfaction Survey feedback.

Time Period of data reviewed: FY 3-24 data was reviewed at the February 2025 CAC meeting.

Summary of findings: Related to Grievances and Appeals:

Members supported SWMBH goal targets of:

- ✓ Increasing engagement with individuals that we serve
- ✓ Increasing communication with individuals we serve
- ✓ Increasing customer satisfaction with services

Next steps: December 2025 CAC meeting is anticipated to include review of SWMBH survey data as well as summary of ISK satisfaction survey data from Environmental Scan and Follow-up Survey data.

Consultations and Feedback

Topic: ISK CCBHC Implementation

Requesting Department: CCBHC Project Management

Recommendations/Discussion Points of CAC:

- For Crisis Stabilization Unit – Members are invested in providing feedback about the design of the building as construction comes to completion.
- Members also invested in the idea of full assessments and 24/7 Psychiatrist access

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

Topic: ISK Suicide Prevention Grants/Projects

Requesting Department: MIA/Zero Suicide Grant

Recommendations/Discussion Points of CAC:

- Members were asked and provided feedback on the Caring Contact Cards that are being implemented throughout ISK.
- Member art to use on the cards was also solicited at CAC meetings this year.

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

Topic: ISK JETT Work Plan

Requesting Department: JETT (Justice Equity Trauma Team)

Recommendations/Discussion Points of CAC:

- Members provided input for in areas of the plan that addressed: Access to Services, Equity and Cultural Humility, Organizational Wellness, and Staff Training.

Topic: ISK Integrated Health Services Clinic

Requesting Department: CAC – Members invited Nursing Manager to ask questions

Recommendations/Discussion Points of CAC:

- Check-in practices reviewed and questions answered.
- No-show policy reviewed as was the new Re-Connect Clinic processes. Questions answered.
- Automatic appointment reminders discussed. Members encouraged to keep their phone numbers current if they choose to use this service.
- Nurse Triage processes were discussed and questions answered.
- Also discussed was the options available if a patient has questions about their psychiatric care from ISK. Members encouraged to bring issues to their Caseholder, Nurse Triage, Customer Services.

Topic: ISK Patient Portal

Requesting Department: Information Technology

Recommendations/Discussion Points of CAC:

- Members reviewed their experiences with the Portal/CEHR. One positive shared by members is the ability to send questions/comments directly to their primary caseholder/worker.
- With regard to electronic signatures on documents, most members prefer to sign documents in paper formats.

Resource Access

Members invited ISK CEO to the March meeting. Key issues discussed were the status of federal and state spending on mental health services and other entitlement/benefit programs. At that time, there were no clear answers and members were encouraged to keep in contact with their ISK staff and keep bringing up questions.

Later in the year, members discussed the planned Plan for Procurement from MDHHS. Questions were answered as possible. Members were concerned about negative outcomes from the plan. This topic will continue to be on future CAC agendas.

Gryphon 2-1-1 services were reviewed and members encouraged to reach out if they have resource questions.

At almost every meeting, members share information about community resources for food, transportation, health-care, housing, and utilities.

Community Activities

On September 17, 2025 CAC members (as well as others who participate in services from ISK) again participate in the Walk-A-Mile In-My-Shoes advocacy rally at the state capital. ISK once again funded transportation and boxed lunches. We continue to partner with the Recovery Institute and ASK Services for Kids to make the event happen. This year, we were supported by Cardinal Bus Charters and Jimmy Johns of Downtown Kalamazoo to make the day complete. CAC members crafted the Walk-A-Mile statement for Kalamazoo County of: *ISK statement: Kalamazoo County supports community mental health and client needs. We fight to stop stigma. You are not alone. As long as there is a tomorrow, we have time to change our todays.*

Local events and activities such as the 2025 Mental Health Breakfast, the Wellness and Recovery Fair and Gryphon Place Suicide Awareness/Prevention Walk continue to be events CAC members are invested in.

Other

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

For more information

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

Integrated Services of Kalamazoo (ISK)

Customer Services department - Report to the Board for Fiscal Year 2024-2025 VI.f.

Activity Summary: April 1 through September 30, 2025

Customer Services Duties/Assignments:

CARF Accreditation Preparation: Our survey was held September 17-19. While we do not have the final recommendations yet, we had a positive outcome. Survey Team was impressed with our organization and appreciated our preparation steps. Customer Interviews were very positive about the services we are providing. None of our primary services accredited had any identified improvement recommendations that will require a Plan of Correction. We anticipate a few administrative function recommendations/corrections.

Root Cause Analyses for Sentinel Events: For this fiscal year to date, we have reviewed 15 unfortunate sentinel events. Significant this year, we have lost 5 individuals to suicide. Our Zero Suicide Grant Coordinator has been participating in our Root Cause Analysis meetings to help our teams identify any improvement activities we can engage in. We continue to encourage outreach from our Trauma Coaches for staff who are directly involved in sentinel events.

ISK Endowment Fund: For the 2024-2025 year we made available 13 full-year awards totaling \$90,000.00. Additionally, we awarded funding for 13 contingent awards for a total of just over another \$4000. For the new Fiscal Year, we awarded 12 full-year awards for a total of \$56,000. Based on spending in recent years, any contingent awards that are approved going forward will need to be focused on maintaining housing.

Suicide Prevention Planning Team: CS Manager continues membership on the planning committee. During this fiscal year, CS Manager co-facilitated 4 safeTALK and 7 Mental Health First Aid classes.

Supporting Customer Grievances and Appeals: Please see the attached data reports. Grievances and Appeals are tracked in year to date/cumulative summary reports. Customer Service Office Interventions/Inquiries are reported quarter specific based on volume.

Qualitative/Quarterly Record Review: We have completed the 2nd full year of Customer Services and Medical Records coordination of the quarterly record reviews of our CARF accredited programs. Overall agency data and trends are shared with the Quality Improvement Council. Some of the positive steps noted are coordination of care, sending of IPOS to individuals timely and more detailed planning for service transition and discharge.

Customer Satisfaction: During the year, we were able to fully implement updates to our survey process for individuals who are closed/discharged from services. Internally, we also maintained our "Environmental Scan" at each site to ask for feedback about that day's interaction with ISK. We also participated in the SWMBH customer survey for this year between April and the end of September. Full data summaries are reviewed by the Stakeholder Survey Committee and then shared with IQIC at least 2x each fiscal year.

SWMBH-wide Meetings/Committees and Activities

- Customer Services Committee
- Quality Improvement Committee
- Quarterly reporting of Grievance/Appeal and Authorization Denial data
- Annual coordination of customer survey process and delegation review materials for scope of responsibility.

State-wide Meetings/Committees and Activities

- Continued participation in meetings and peer collaboration.
- Advocating for enhancements to PCE electronic health record system through state-wide work group.
- Participated/presented in all-state customer services focused training on May 7, 2025.

Questions about this report can be sent to Teresa Lewis, LBSW at 553-7000 or tlewis@iskzoo.org.

Integrated Services of Kalamazoo

Appeals

Generated 10/13/2025

Report Criteria:

Date Range: Appeals received: 10/01/2024 - 09/30/2025. All Statuses. **35 Appeals total. 3 State Interventions.**

Date	Service	Type	Status	Medicaid	Reason For Appeal	Local Outcome	State Outcome	Local: Decision Date	State: Decision Date
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Quarter 4

9/22/2025	CLS Hours Determination	Local	Closed	Yes	Service Reduction	Denied	N/A	10/13/2025	N/A
9/8/2025	CLS Hours Determination	Local	Closed	Yes	Service Reduction	Denied	N/A	10/06/2025	N/A
9/5/2025	Targeted CM - MIA	Local	Closed	Yes	Service Termination	Approved	N/A	10/01/2025	N/A
9/2/2025	Spec Res Determination	Local	Closed	Yes	Service Denial	Denied	N/A	10/01/2025	N/A
8/18/2025	CLS Hours Determination	Local	Closed	Yes	Service Reduction	Approved	N/A	09/29/2025	N/A
8/8/2025	Homebased - Youth	Local	Closed	Yes	Service Denial	Denied	N/A	09/03/2025	N/A
7/31/2025	ABA	Local	Closed	Yes	Service Termination	Approved	N/A	08/29/2025	N/A
7/23/2025	CLS Hours Determination	Local	Closed	Yes	Service Reduction	Approved	N/A	08/20/2025	N/A
7/22/2025	Homebased - Youth	Local	Closed	No	Service Termination	Approved	N/A	08/13/2025	N/A
7/21/2025	Wraparound - Youth	Local	Closed	Yes	Service Denial	Approved	N/A	08/20/2025	N/A

Quarter 3

6/6/2025	CLS Determination	Local	Closed	Yes	Service Denial	Approved	N/A	07/01/2025	N/A
6/3/2025	CLS Hours Determination	State	Closed	Yes	Service Denial	N/A	No Show	N/A	08/13/2025
5/30/2025	CLS Determination	Local	Closed	Yes	Service Denial	Approved	N/A	06/16/2025	N/A
5/22/2025	Spec Res Determination	State	Closed	No	Service Denial	N/A	Upheld	N/A	06/18/2025
5/9/2025	Spec Res Determination	Local	Closed	Yes	Service Denial	Denied	N/A	06/04/2025	N/A
5/6/2025	Spec Res Determination	Local	Closed	No	Service Denial	Denied	N/A	05/12/2025	N/A
5/2/2025	CLS Determination	Local	Closed	Yes	Service Denial	Approved	N/A	05/30/2025	N/A
5/1/2025	Spec Res Determination	Local	Closed	Yes	Service Denial	Denied	N/A	05/30/2025	N/A
4/24/2025	CLS Hours Determination	Local	Closed	Yes	Service Denial	Denied	N/A	05/19/2025	N/A
4/22/2025	Targeted CM - MIA	Local	Closed	Yes	Service Denial	Denied	N/A	05/20/2025	N/A
4/21/2025	Spec Res Determination	State	Closed	Yes	Service Termination	N/A	Withdrawn	N/A	06/02/2025
4/21/2025	Targeted CM - Milestone	Local	Closed	Yes	Service Termination	Denied	N/A	05/13/2025	N/A
4/11/2025	Skill Building Determination	Local	Closed	Yes	Service Denial	Denied	N/A	04/30/2025	N/A
4/2/2025	Spec Res Determination	Local	Closed	Yes	Service Denial	Denied	N/A	04/30/2025	N/A

Quarter 2

3/27/2025	CLS Determination	Local	Closed	Yes	Service Denial	Denied	N/A	04/23/2025	N/A
3/20/2025	CLS Determination	Local	Closed	Yes	Service Denial	Denied	N/A	04/09/2025	N/A
3/18/2025	CLS Determination	Local	Closed	Yes	Service Denial	Approved	N/A	04/17/2025	N/A
3/14/2025	Spec Res Determination	Local	Closed	Yes	Service Termination	Denied	N/A	04/09/2025	N/A
3/13/2025	Targeted CM - Milestone	Local	Closed	Yes	Service Termination	Denied	N/A	04/07/2025	N/A
2/24/2025	Spec Res Determination	Local	Closed	No	Service Termination	Approved	N/A	02/26/2025	N/A
1/21/2025	CLS Determination	Local	Closed	Yes	Service Denial	Approved	N/A	01/31/2025	N/A

Quarter 1

12/18/2024	Targeted CM - Youth	Local	Closed	Yes	Service Termination	Approved	N/A	01/17/2025	N/A
11/4/2024	CLS Determination	Local	Closed	Yes	Service Denial	Denied	N/A	11/26/2024	N/A
10/4/2024	Music Therapy Determination	Local	Closed	Yes	Service Denial	Approved	N/A	10/14/2024	N/A
10/2/2024	Spec Res Determination	Local	Closed	No	Service Denial	Denied	N/A	10/21/2024	N/A

Integrated Services of Kalamazoo**Grievance Inquiries**

Generated 10/13/2025

Report Criteria:

Date Range: 10/01/2024 - 09/30/2025

Grievance: Yes

Inquiry Date	Provider	Medicaid	Inquiry Category	Outcome / Assistance Provided	Date Closed
8/22/2025	Housing Resource Center	No	Housing Program Policies	Listen/Support. Information sharing	by 10/21/25
5/16/2025	Specialized Residential CM Team	Yes	Change request for LOC/Provider	UM Review. Tx Plan updated.	6/30/2025
11/2/2024	Specialized Residential CM Team	No	Change request for LOC/Provider	UM Review. Tx Plan updated.	12/20/2024
10/29/2024	Homebased - Youth	Yes	Provider Change Request	Provider change	11/18/2024
10/11/2024	ACT 5	No	Change request for LOC/Provider	UM Review. Tx Plan updated.	11/19/2024

Integrated Services of Kalamazoo**Grievance Inquiries**

Generated 10/13/2025

Report Criteria:

Date Range: 07/01/2025 - 09/30/2025

Customer Service/Inquiry: Yes **40 Inquiries this Quarter. 169 total for Fiscal Year.**

Inquiry Date	Inquiry Category	Outcome / Assistance Provided	Date Closed
9/30/2025	Services / Supports		
9/30/2025	Services / Supports		
9/25/2025	Services / Supports	Assistance with making appointments	10/6/2025
9/25/2025	Services / Supports	Assistance with making appointments	10/10/2025
9/25/2025	Services / Supports	Assistance with phone calls	10/10/2025
9/23/2025	Services / Supports	Coordination with Finance Office.	10/13/2025
9/22/2025	Services / Supports	Assistance with phone calls	9/30/2025
9/17/2025	Services / Supports	Assistance with phone calls	10/10/2025
9/17/2025	Services / Supports	Attempting to outreach individual	
9/3/2025	Services / Supports	Coordinated with Treatment Team	10/3/2025
9/3/2025	Services / Supports	Connected to Medical Records	
9/3/2025	Services / Supports	Assistance with phone calls	10/3/2025
9/3/2025	Services / Supports	Coordination with Clinical Team	
8/28/2025	Services / Supports	Assistance with making appointments	10/1/2025
8/27/2025	Services / Supports	Assistance with phone calls	10/3/2025
8/25/2025	Services / Supports	Assistance with phone calls	9/5/2025
8/20/2025	Services / Supports	Problem-solving with Clinical Team	8/29/2025
8/18/2025	Services / Supports	Connected to provider	8/21/2025
8/13/2025	Services / Supports	Assistance with making appointments	8/21/2025
8/13/2025	Services / Supports	Assistance with phone calls	10/1/2025
8/8/2025	Services / Supports	No follow up from Individual	8/21/2025
8/8/2025	Services / Supports	Deferred to address clinical needs	10/3/2025
8/4/2025	Services / Supports	Assistance with phone calls	8/8/2025
8/1/2025	Services / Supports	Assistance with phone calls	8/21/2025
7/30/2025	Services / Supports	Assistance with phone calls	9/4/2025
7/22/2025	Services / Supports	Assistance with making appointments	8/21/2025
7/21/2025	Services / Supports	Listen/Support. Withdrawn concerns	7/23/2025
7/17/2025	Services / Supports	Assistance with making appointments	7/31/2025
7/16/2025	Services / Supports	Problem-solving with Clinical Team	8/28/2025
7/15/2025	Services / Supports	Assistance with making appointments	7/18/2025
7/15/2025	Services / Supports	Assistance with making appointments	7/31/2025
7/14/2025	Services / Supports	Assistance with phone calls	7/23/2025
7/14/2025	Services / Supports	Deferred to address clinical needs	8/8/2025
7/10/2025	Services / Supports	Assistance with making appointments	8/8/2025
7/8/2025	Services / Supports	Assistance with making appointments	7/10/2025
7/3/2025	Policies/Procedures/Practices	Assistance with phone calls	8/8/2025
7/2/2025	Services / Supports	Assistance with making appointments	7/17/2025
7/2/2025	Services / Supports	No follow up from Individual	8/12/2025
7/2/2025	Services / Supports	Assistance with phone calls	7/9/2025
7/2/2025	Services / Supports	Assistance with making appointments	7/16/2025



Community • Independence • Empowerment

Jeffrey W. Patton
Chief Executive Officer

www.iskzoo.org
(269) 553-8000

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

VI.g.

Date: October 27, 2025
To: Integrated Services of Kalamazoo (ISK) Board of Directors
From: Family Support Advisory Council (FSAC)
Re: Annual Report to the Board

FSAC respectfully gives the annual report for the period 10/1/2024 to 10/1/2025.

Board Appointees:

- Kathy Hunt – Co-Chair
- Essie Brown – Co-Chair
- Paula Shane
- Emily Curtis
- Jalissa Murray
- Shane Riley
- Joseph Brucato-New Member as of 2025

Activities:

1. FSAC discussed the goals for the next year and how to achieve them.
2. Members from the Parent Advisory Group (PAG) merged with FSAC.
3. **FSAC revised and refined their mission statement:**
Mission Statement: *FSAC's purpose is to connect people to resources, uplift those in the community, provide support in navigating the various support systems, and increase communication across those systems. This will be achieved by using shared lived experiences, community outreach, and utilizing diverse approaches to create efficiency.*
4. FSAC continues to identify strategies to actively gain new members overall to enhance the Youth and Families Department. FSAC members reported that they want to recruit and do outreach to current families that are engaged in current services, diverse populations, and diagnoses, those with various family dynamics-highlighting father's, grandparents parenting, perspectives as well.
5. FSAC members presented at a **Youth and Family Department All-Staff Meeting** to discuss the group and its functions. FSAC members discussed lived experiences and provided supportive ways for staff to engage parents and understand the significance of relationship building.
6. FSAC identified that they would like to enhance school prevention efforts. Members within FSAC have had their own personal challenges with navigating the school system. FSAC members discussed barriers and outlined action steps to begin this process.
7. FSAC began planning a round table discussion with different agencies in the community relating to mental health care within the school system. This is an ongoing agenda item to collaborate and plan for the round table.

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



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8. Morgan Roesler, Senita Reynolds, Sarah Roman from the **School Based Prevention Program** joined to discuss challenges parents and children face within the school system and how to improve those issues.
9. **FSAC receives updates from Director of Youth and Families on state initiatives:** Children's Treatment Foster Care, SED Waiver Case Management, Intensive Care Coordination with Wraparound
10. FSAC attended numerous events with Youth and Families staff to engage with the community and speak with parents about FSAC.
 - **Galilee Baptist Church Family Fun Day**
 - **Family Health Center Back to School Bash**
11. FSAC reviewed proposed updates to the by-laws.
12. **Community Outreach and Network Engagement Manager-Cheryl Nebedum** presented on the importance and outreach and action steps to support community engagement.

Additional Information

Lauren Cooper began as Director of Youth and Families in December of 2025. Lauren began attending FSAC meetings monthly. The group set a goal to reimagine the format and the structure of FSAC to be action focused. **The primary focus is to be goal oriented, recruit new members, and provide family voice to ISK as well as other system partners.**

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

INTEGRATED
SERVICES OF
KALAMAZOO



Period Ended
September 30,
2025

Monthly Finance
Report

INTEGRATED SERVICES OF KALAMAZOO

Statement of Net Position

September 30, 2025

	September 2024 (unaudited)	September 2025
Assets		
Current assets		
Cash and investments	\$ 23,298,560	\$ 27,177,041
Accounts receivable	900,705	7,063,477
Due from other governments	11,035,862	11,762,787
Prepaid items	1,046,930	1,410,452
Total current assets	<u>36,282,057</u>	<u>47,413,757</u>
Non-current assets		
Capital assets, net of accumulated depreciation	13,511,614	14,977,137
Net pension asset, net of deferred outflows	7,214,053	8,442,339
Total non-current assets	<u>20,725,667</u>	<u>23,419,476</u>
Total assets	<u>\$ 57,007,724</u>	<u>\$ 70,833,233</u>
Liabilities		
Current liabilities		
Accounts payable	\$ 10,315,727	\$ 12,358,106
Due to other governments	79,216	160,045
Due to providers	-	62,857
Accrued payroll and payroll taxes	2,015,216	3,120,411
Unearned revenue	14,567	146,771
Total current liabilities	<u>12,424,726</u>	<u>15,848,190</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	(3,690,287)	8,529,827
Net position	<u>\$ 44,582,998</u>	<u>\$ 54,985,043</u>

INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2024 through September 30, 2025

Percent of Year is 100.00%

	Original 2025 Budget	YTD Totals 9/30/25	Remaining Budget	Percent of Budget - YTD
Operating revenue				
Medicaid:				
Traditional Capitation	\$ 71,759,922	66,212,617	\$ 5,547,305	92.27%
Healthy Michigan Capitation	13,011,361	19,007,127	(5,995,766)	146.08%
Settlement	6,448,857	11,872,887	(5,424,030)	184.11%
State General Fund:				
Formula Fundings	3,900,516	4,089,239	(188,723)	104.84%
PY General Fund Carryforward	-	-	-	0.00%
Settlement	-	-	-	0.00%
CCBHC Demonstration	35,053,525	32,042,209	3,011,315	91.41%
CCBHC Quality Bonus	-	1,326,190	(1,326,190)	0.00%
CCBHC Accrual	-	4,018,590	(4,018,590)	0.00%
County Allocation	1,550,400	1,550,400	-	100.00%
Client Fees	620,500	1,125,526	(505,026)	181.39%
SUD Block Grant	-	1,252	(1,252)	0.00%
Other grant revenue	8,558,938	7,829,008	729,930	91.47%
Other earned contracts	3,974,361	2,358,931	1,615,430	59.35%
COFR	-	-	-	0.00%
Interest	181,000	156,143	24,857	86.27%
Local revenue	610,000	569,794	40,206	93.41%
Total operating revenue	\$ 145,669,379	\$ 152,159,915	\$ (6,490,536)	104.46%
Operating expenses				
Salaries and wages	\$ 32,439,500	\$ 28,831,446	3,608,054	88.88%
Employee benefits	11,472,088	9,618,028	1,854,060	83.84%
Staff development	301,171	184,089	117,082	61.12%
Payments to providers	88,887,199	91,749,370	(2,862,171)	103.22%
Administrative contracts	10,183,932	9,951,805	232,127	97.72%
IT software and equipment	926,784	882,946	43,838	95.27%
Client transportation	50,280	29,283	20,997	58.24%
Staff travel	389,228	400,338	(11,110)	102.85%
Office expenses	646,434	557,490	88,944	86.24%
Insurance expense	158,746	151,368	7,378	95.35%
Depreciation expense	535,265	541,357	(6,092)	101.14%
Utilities	358,571	382,802	(24,231)	106.76%
Facilities	49,039	44,658	4,381	91.07%
Local match	305,108	305,108	-	100.00%
Total operating expenses	\$ 146,703,345	\$ 143,630,088	\$ 3,073,257	97.91%
Change in net position	(1,033,966)	8,529,827	\$ (9,563,793)	
Beginning net position	46,455,216	46,455,216		
Ending net position	\$ 45,421,250	\$ 54,985,043		

INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2024 through September 30, 2025

Percent of Year is 100.00%

	Specialty Services		Healthy Michigan		SUD Block Grant		Totals		
	Budget	YTD Totals 9/30/25	YTD Budget	YTD Totals 9/30/25	YTD Budget	YTD Totals 9/30/25	YTD Budget	YTD Totals 9/30/25	Variance
Operating revenue									
Medicaid:									
Traditional Capitation	\$ 71,759,922	\$ 89,992,411	\$ -	\$ -	\$ -	\$ 111,957	\$ 71,759,922	\$ 90,104,369	\$ 18,344,447
Healthy Michigan Capitation	-	-	13,011,361	9,271,329	-	-	13,011,361	9,271,329	(3,740,032)
Autism Capitation	-	-	-	-	-	-	-	-	-
CCBHC Base Payment	-	(14,044,858)	-	(4,208,504)	-	-	-	(18,253,362)	(18,253,362)
Settlement Estimate	13,768,128	10,803,915	(7,319,271)	1,068,972	-	(110,705)	6,448,857	11,762,182	5,313,325
Client Fees	-	7,165	-	57	-	-	-	7,223	7,223
Total operating revenue	\$ 85,528,050	\$ 86,758,634	\$ 5,692,090	\$ 6,131,855	\$ -	\$ 1,252	\$ 91,220,140	\$ 92,891,741	\$ 1,671,601
Operating expenses									
Internal services	\$ 2,347,254	\$ 2,036,119	\$ 117,363	\$ 14,412	\$ -	\$ 1,253	\$ 2,464,616	\$ 2,051,783	(412,833)
External services	76,285,739	74,537,545	5,119,947	5,397,598	-	-	81,405,686	79,935,143	(1,470,543)
Delegated managed care	6,895,057	10,184,970	454,780	719,845	-	-	7,349,838	10,904,815	3,554,977
Total operating expenses	\$ 85,528,050	\$ 86,758,633	\$ 5,692,090	\$ 6,131,855	\$ -	\$ 1,253	\$ 91,220,140	\$ 92,891,741	\$ 1,671,601
Change in net position	-	0	-	(0)	-	(0)	-	-	-

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INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2024 through September 30, 2025

Percent of Year is 100.00%

	State General Fund		CCBHC		Other Funding Sources		Totals		Variance
	YTD Budget	YTD Totals 9/30/25	YTD Budget	YTD Totals 9/30/25	YTD Budget	YTD Totals 9/30/25	YTD Budget	YTD Totals 9/30/25	
Operating revenue									
General Fund	\$ 3,900,516	\$ 4,089,239	\$ -	\$ -	\$ -	\$ -	\$ 3,900,516	\$ 4,089,239	\$ 188,723
Projected GF Carryforward	-	-	-	-	-	-	-	-	-
CCBHC Demonstration	-	-	34,850,393	43,361,537	-	-	34,850,393	43,361,537	8,511,145
Other Federal and State Grants	-	-	-	-	8,558,938	7,172,780	8,558,938	7,172,780	(1,386,158)
Earned Revenue	-	-	-	-	3,974,361	1,539,146	3,974,361	1,539,146	(2,435,215)
COFR Revenue	-	-	-	-	-	-	-	-	-
Interest	-	-	-	-	181,000	156,143	181,000	156,143	(24,857)
County Allocation	-	-	-	-	1,550,400	1,550,400	1,550,400	1,550,400	-
Local Revenue	-	9,350	-	-	412,548	569,794	412,548	579,144	166,596
Transfer from GF	-	-	-	481,690	-	-	-	481,690	481,690
Settlement Revenue (Expense)	-	-	-	-	-	-	-	-	-
Total operating revenue	\$ 3,900,516	\$ 4,098,589	\$ 34,850,393	\$ 43,843,227	\$ 14,677,247	\$ 10,988,262	\$ 53,428,155	\$ 58,930,079	\$ 5,501,923
Operating expenses									
Internal Programs	\$ 894,890	\$ 934,650	\$ 34,299,242	\$ 35,374,016	-	\$ 2,949	\$ 35,194,132	\$ 36,311,615	\$ 1,117,482
External Programs	2,347,254	2,265,120	-	-	600,000	526,482	2,947,254	2,791,602	(155,651)
Other Federal and State Grants	-	-	-	-	14,426,632	8,069,251	14,426,632	8,069,251	(6,357,381)
HUD Grants	-	-	-	-	1,393,682	1,598,600	1,393,682	1,598,600	204,919
Managed Care Administration	249,396	417,129	-	-	7,261	-	256,657	417,129	160,472
Homeless Shelter	-	-	-	-	469,451	347,523	469,451	347,523	(121,928)
Transfer from GF	408,976	481,690	-	-	-	-	408,976	481,690	72,714
Local match expense	-	-	-	-	305,108	305,108	305,108	305,108	-
Non-DCH Activity Expenditures	-	-	-	-	81,313	77,733	81,313	77,733	(3,580)
Total operating expenses	\$ 3,900,516	\$ 4,098,589	\$ 34,299,242	\$ 35,374,016	\$ 17,283,447	\$ 10,927,647	\$ 55,483,205	\$ 50,400,252	(5,082,953)
Change in net position	0	0	551,150	8,469,212	(2,606,200)	60,615	\$ (2,055,049)	8,529,827	10,584,876

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INTEGRATED SERVICES OF KALAMAZOO

CCBHC

October 1, 2024 through September 30, 2025
Percent of Year is 100.00%

	CCBHC Medicaid	CCBHC Healthy MI	CCBHC Non-Medicaid	CCBHC YTD Totals
Operating revenue				
Prepayment	\$ 11,778,094	\$ 5,950,489	\$ 268,768	\$ 17,997,351
CCBHC SAMSHA Grant	-	-	657,090	657,090
CCBHC QBP	-	-	1,326,190	1,326,190
CCBHC Base Payment Reclass	14,044,858	4,208,504	-	18,253,362
Remaining CCBHC revenue due	4,612,283	(593,692)	-	4,018,590
Client fees	563,390	80,472	465,092	1,108,953
Total CCBHC Revenue (PPS-1 of \$367.50 x encounters)	\$ 30,998,625	\$ 9,645,773	\$ 2,717,140	\$ 43,361,537
Operating expenses				
Internal services	\$ 17,370,648	\$ 6,171,650	\$ 3,458,431	\$ 27,000,729
DCO Contracts	5,629,667	1,751,771	991,849	8,373,287
Total operating expenses	\$ 23,000,315	\$ 7,923,421	\$ 4,450,280	\$ 35,374,016
Operating change in net position	7,998,310	1,722,352	(1,733,140)	7,987,522
Reclassification to cover Non-Medicaid	-	-	481,690	481,690
Total change in net position	\$ 7,998,310	\$ 1,722,352	\$ (1,251,450)	\$ 8,469,212

CCBHC Cost per daily visit

	2023	FY 2024	9/30/25
Total CCBHC Cost	\$ 27,687,187	\$ 31,777,786	\$ 35,374,016
Daily Visits	99,802	110,326	125,458
Cost per daily visit	277.42	288.04	281.96

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

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AUTISM SERVICES
Report Period: October 1st, 2024 through September 30th, 2025

	UTILIZATION COMPARISONS FY 24/25									
	FY 23/24 Actual		FY 24/25 Budget		FY 24/25 Actual			Clients Served	Cost	Cost
								Difference	Difference	YTD
		Dollars	Clients Served	Dollars	Clients Served			Favorable	Favorable	Favorable
								(Unfavorable)	(Unfavorable)	(Unfavorable)
OCTOBER	167	\$789,944	180	\$879,750	187	\$944,462		(7)	(\$64,712)	(\$64,712)
NOVEMBER	167	\$785,423	180	\$879,750	175	\$899,151		5	(\$19,401)	(\$19,401)
DECEMBER	172	\$882,947	180	\$879,750	170	\$801,707		10	\$78,043	\$78,043
JANUARY	183	\$793,167	180	\$879,750	190	\$943,870		(10)	(\$64,120)	(\$64,120)
FEBRUARY	182	\$832,410	180	\$879,750	197	\$898,764		(17)	(\$19,014)	(\$19,014)
MARCH	182	\$802,870	180	\$879,750	193	\$1,054,656		(13)	(\$174,906)	(\$174,906)
APRIL	182	\$964,823	180	\$879,750	189	\$1,160,440		(9)	(\$280,690)	(\$280,690)
MAY	182	\$973,468	180	\$879,750	188	\$1,027,319		(8)	(\$147,569)	(\$147,569)
JUNE	181	\$919,481	180	\$879,750	192	\$1,048,980		(12)	(\$169,230)	(\$169,230)
JULY	180	\$1,020,346	180	\$879,750	184	\$1,018,918		(4)	(\$139,168)	(\$139,168)
AUGUST	180	\$987,283	180	\$879,750	187	\$934,104		(7)	(\$54,354)	(\$54,354)
SEPTEMBER	179	\$943,423	180	\$879,750	187	\$1,120,200		(7)	(\$240,450)	(\$240,450)
TOTALS	2,137	\$10,695,585	2,160	\$10,557,005	2,239	\$11,852,571		(79)	(\$1,295,571)	
MONTHLY AVERAGES	178		180		187					
GROSS ANNUAL COST		\$10,695,585		\$10,557,005		\$11,852,571			(\$1,295,571)	

Favorable/(Unfavorable):

Total (1,295,571)

YOUTH COMMUNITY INPATIENT SERVICES
Report Period: October 1st, 2024 through September 29th, 2025

UTILIZATION COMPARISONS FY 24/25									
	FY 23/24 Actual		FY 24/25 Budget		FY 24/25 Actual		Days Difference	Cost Difference	Cost YTD
		Dollars	Days	Dollars	Days				
							Favorable (Unfavorable)	Favorable (Unfavorable)	Favorable (Unfavorable)
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	50	\$48,608	35	33,237	33,237
TOTALS	1,127	\$1,046,201	7,848	\$982,140	890	\$860,038	130	\$122,102	
MONTHLY AVERAGES	94		85		74				
GROSS ANNUAL COST		\$1,046,201		982,140		\$860,038		\$122,102	

Favorable/(Unfavorable):

Total **122,102**

COMMUNITY INPATIENT SERVICES
Report Period: October 1st, 2023 through September 29th, 2025

	UTILIZATION COMPARISONS FY 24/25									
	FY 23/24 Actual		FY 24/25 Budget		FY 24/25 Actual			Days	Cost	Cost
								Difference	Difference	YTD
		Dollars	Days	Dollars	Days		Favorable (Unfavorable)	Favorable (Unfavorable)	Favorable (Unfavorable)	
OCTOBER	33	\$35,799	608	\$705,361	637	\$551,635	(29)	\$153,726	\$153,726	
NOVEMBER	352	\$373,018	608	\$705,361	640	\$702,827	(32)	\$2,534	\$2,534	
DECEMBER	601	\$633,797	608	\$705,361	708	\$777,481	(100)	(\$72,120)	(\$72,120)	
JANUARY	583	\$615,285	608	\$705,361	577	\$635,283	31	\$70,078	\$70,078	
FEBRUARY	681	\$718,593	560	\$705,361	405	\$447,214	155	\$258,147	\$258,147	
MARCH	815	\$860,902	608	\$705,361	640	\$706,244	(32)	(883)	(883)	
APRIL	616	\$649,551	608	\$705,361	525	\$577,375	83	127,986	127,986	
MAY	612	\$644,976	608	\$705,361	503	\$552,904	105	152,457	152,457	
JUNE	645	\$680,946	608	\$705,361	618	\$680,211	(10)	25,150	25,150	
JULY	709	\$746,405	608	\$705,361	810	\$890,502	(202)	(185,141)	(185,141)	
AUGUST	596	\$626,317	608	\$705,361	662	\$725,577	(54)	(20,216)	(20,216)	
SEPTEMBER	654	\$687,522	608	\$705,361	675	\$739,152	(67)	(33,791)	(33,791)	
TOTALS	6,897	\$7,273,111	7,248	\$8,464,332	7,400	\$7,986,405	(152)	\$477,927		
MONTHLY AVERAGES	575		604		617					
GROSS ANNUAL COST		\$7,273,111		\$8,464,332		\$7,986,405		\$477,927		

Favorable/(Unfavorable):

Total **477,927**

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

Report Period: October 1st, 2024 through September 30th, 2025

					FY 24/25 Budget	FY 24/25 Actual	
SERVICE	Month	Avg. Daily Rate	No. Served	Days of Service	Dollars	Dollars	Favorable / (Unfavorable)
PC/CLS	Aug	\$301	406	136,803	\$40,172,224	41,215,995	(\$1,043,771)
CRISIS RES.		\$603	54	1,076	\$996,100	\$649,255	\$346,845
CLS (SIP)	Aug	NA	366		\$14,244,992	13,816,964	\$428,028
Annual Cost							(\$268,898)

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

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

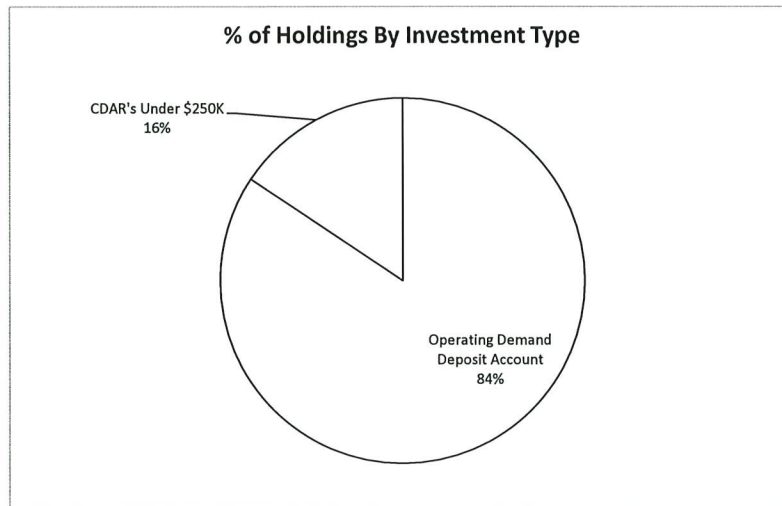
Specialized Residential (S.R.)-Licensed setting where Personal Care and Community Living Supports occur.

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

Quarterly Cash & Investments Report
Quarter Ending September 30th, 2025

Financial Institution	Type of Investment	Cost Basis	Maturity Date	% Yield
CASH				
PNC	Operating Demand Deposit Account	\$22,742,522	NA	0.03%
	Payroll Account	\$4,845		
	Accrued Leave Reserve	\$123,816		
	Pretax Reimbursement Account	\$90,247		
	Various Petty Cash Funds	\$780		
	Total Cash Accounts	\$22,962,210		
INVESTMENTS				
CDAR's (via Independent Bank)	CD's Issued Under FDIC Limit of \$250,000	\$4,214,831		3.40%
Total CDAR's		\$4,214,831		
	Total Investments	\$4,214,831		
TOTAL CASH AND INVESTMENTS		\$27,177,041		

% of Holdings By Institution		% of Holdings By Investment Type	
PNC - Cash	84.49%	Cash	84.49%
CDAR's (via Independent Bank)	15.51%	CDAR's	15.51%
	100.00%		100.00%



VIII.d.



Integrated Services of Kalamazoo

MOTION

Subject:	September 2025 Disbursements	Approval Date:
Meeting Date:	October 27, 2025	October 27, 2025
Prepared by:	Charlotte Bowser	

Recommended Motion:

“Based on the Board Finance meeting review, I move that ISK approve the September, 2025 vendor disbursements of \$11,064,960.46.”

Summary of Request:

As per the September 2025 Vendor Check Register Report dated 10/10/2025 that includes checks issued from 09/01/2025 to 09/30/2025.

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: **October 27, 2025**