



Jeffrey W. Patton  
Chief Executive Officer

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Administrative Services  
610 South Burdick Street  
Kalamazoo, MI 49007

Community • Independence • Empowerment

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

## AGENDA

May 26, 2026

Name: INTEGRATED Services of Kalamazoo Board of Directors  
Location: 610 South Burdick Street/Kalamazoo, MI., 2<sup>nd</sup> Floor  
[ISK Boardroom #220](#)  
Commencement Time: 4:30PM

- I. CALL TO ORDER – CITY & COUNTY DECLARATION
- II. AGENDA
- III. CITIZEN TIME
- IV. RECIPIENT RIGHTS
  - a. Recipient Rights Monthly Report
- V. CONSENT CALENDAR/VERBAL MOTION
  - a. Minutes April 27, 2026
  - b. Board Member Responsibilities (II.12)(Policy)
  - c. Input From Stakeholders (II.13)(Policy & Report)
  - d. Accessibility (II.15)(Policy)
- VI. PROGRAM SERVICE REPORT
  - a. Beth Ann Meints, Administrator of Clinical Services, CCBHC Report
- VII. FINANCIAL REPORTS
  - a. Financial Condition Report
  - b. Utilization Report
  - c. April 2026 Disbursement/**MOTION**
- VIII. CHIEF EXECUTIVE OFFICER VERBAL REPORT
- IX. CITIZEN TIME
- X. ACKNOWLEDGEMENT of MERITORIOUS STATUS
- 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: April 2026

**Office of Recipient Rights Report to the Mental Health Board**  
**Complaints/Allegations Closed in April 2026**

	April 2026	FY 25-26	April 2025	FY 24-25
<b>Total # of Complaints Closed</b>	<b>25</b>	<b>266</b>	<b>38</b>	<b>239</b>
<b>Total # of Allegations Closed</b>	<b>39</b>	<b>362</b>	<b>57</b>	<b>386</b>
<b>Total # of Allegations Substantiated</b>	<b>8</b>	<b>135</b>	<b>17</b>	<b>116</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>	April 2026		April 2025	
<b>Category</b>	<b>TOTAL</b>	<b>SUBSTANTIATED</b>	<b>TOTAL</b>	<b>SUBSTANTIATED</b>
Consumer Safety	4	1	5	1
Dignity/Respect of Consumer	8	1	13	2
Treatment Issues/Suitable Services (Including Person Centered Planning)	8	1	10	4
Abuse I	1	0	0	0
Abuse II	2	0	4	2
Abuse III	5	2	4	1
Neglect I	0	0	0	0
Neglect II	2	1	2	1
Neglect III	3	2	10	6
	<b>33</b>	<b>8</b>	<b>48</b>	<b>17</b>

<b>APPEALS</b>	April 2026	FY 25-26	April 2025	FY 24-25
Uphold Investigative Findings & Plan of Action	0	4	1	2
Return Investigation to ORR; Reopen or Reinvestigate	0	0	0	1
Uphold Investigative Findings but Recommend Respondent Take Additional or Different Action to Remedy the Violation	0	0	0	1
Request an External Investigation by the State ORR	0	0	0	0

**ABUSE AND NEGLECT DEFINITIONS – SUMMARIZED**

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

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

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

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

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

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

# ORR ADDENDUM TO MH BOARD REPORT

## May 2026

### Re: April 2026 Abuse/Neglect Violations

#### Neglect Violations

- There was one substantiated Neglect II violation in April 2026.
  - The remedial action for this violation was a written reprimand.
- There were two substantiated Neglect III violations in April 2026. One of which was Neglect III/Failure to report. Both of these occurred at different program sites.
  - The remedial actions for these violations were suspension, contract action, training and written warning.



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

April 27, 2026

V.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	
Catherine Huynh	X	Kalamazoo/Kalamazoo	
Patrick Dolly	X	Kalamazoo/Kalamazoo	
Pat Guenther	X	Kalamazoo/Kalamazoo	
Ramona Lumpkin			X
Michael Raphelson	X	Kalamazoo/Kalamazoo	
Melissa Woosley			X
Abigail Wheeler, <i>COMMISSIONER</i>	X	Kalamazoo/Kalamazoo	

ISK - Staff Present:

Jeff Patton, *CEO*  
 Ashley Esterline  
 Warwick Barlow  
 Charlotte Bowser  
 Wanda Brown  
 Chantel Graham  
 Nancy McDonald  
 Amy Rottman  
 Ed Sova  
 Lisa Smith  
 Michael Schlack, *Corporate Counsel*  
 Alecia Pollard  
 Demeta Wallace, *Board Liaison*

Guests Present:

Shenetta Coleman, *CEO/ROI*  
 Sean Harris, *CEO/Recovery Institute*  
 Diane Marquess, *CEO/FCS*  
 Fiorella Spalvieri, *CEO/CLO*

Call to Order

The Board of Directors (Integrated Services of Kalamazoo) held their meeting on Monday, April 27, 2026. It began @ 4:30PM and was presided over by the Chair, *Karen Longanecker*.

AgendaMOTION

Vice Chair Seals,

“I move to approve the agenda by having the following items placed at the start of the agenda due to their time sensitivity, decision-making priority, or strategic importance.” Supported by Member Bergan and carried without dissent.

- ✚ Consent Calendar Reports
- ✚ Financial Reports

CONSENT CALENDARVERBAL 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 *March 23, 2026*
- b. Board Committee Principles (II.05)(Policy)
- c. Chairperson’s Role (II.04)(Policy)
- d. Net Position Management (VI.05)(Policy)
- e. Annual Leave Reserve (VI.01) (Policy & Report)
- f. Treatment of Persons Served w/Substantiated Complaints (Report)
- g. Customer Services (Report)

Vice Chair Seals, “I MOVE TO ACCEPT THE CONSENT AGENDA [CALENDAR] AS PRESENTED.” Supported by Member Guenther.

MOTION PASSED.Financial Reports/Financial Condition Reports

[Amy Rottman](#), ISK, Chief Financial Officer, presented the Financial Condition Reports for March 31, 2026.

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

Utilization Reports

[Charlotte Bowser](#), ISK, Director of Finance, presented the Utilization Report for the period ending March 31, 2026.

- Autism Services is at (88) clients and is favorable at \$1,214,373.
- Youth Community Inpatient Services is at (50) days and is favorable at \$47,747.
- MI Adult Community Inpatient Services is at (120) days and is favorable at \$286,317. Community Living Supports, Personal Care, and Crisis Residential are favorable at \$629,483.

Quarterly Cash & Investments Report  
Quarter Ending March 31st, 2026

Investment Report

Charlotte Bowser, ISK, Director of Finance, presented the Investment Report for the period ending March 31, 2026.

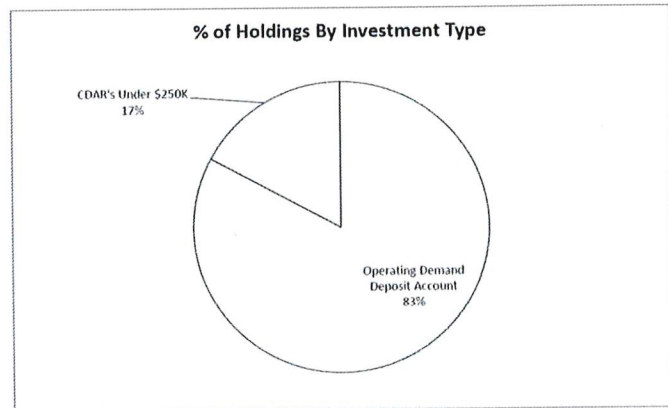
PNC  
Total Cash Accounts:  
\$22,922,925

Investments  
CDAR's  
Total Investments  
\$4,285,800

Total Cash & Investments  
\$27,208,725

Financial Institution	Type of Investment	Cost Basis	Maturity Date	% Yield
<b>CASH</b>				
PNC	Operating Demand Deposit Account	\$20,765,286	NA	0.03%
	Payroll Account	\$5,000		
	Accrued Leave Reserve	\$2,078,724		
	Pretax Reimbursement Account	\$73,135		
	Various Petty Cash Funds	\$780		
	<b>Total Cash Accounts</b>	<b>\$22,922,925</b>		
<b>INVESTMENTS</b>				
CDAR's (via Independent Bank)	CD's Issued Under FDIC Limit of \$250,000	\$4,285,800		3.16%
	<b>Total CDAR's</b>	<b>\$4,285,800</b>		
	<b>Total Investments</b>	<b>\$4,285,800</b>		
<b>TOTAL CASH AND INVESTMENTS</b>		<b>\$27,208,725</b>		

% of Holdings By Institution		% of Holdings By Investment Type	
PNC - Cash	84.25%	Cash	84.25%
CDAR's (via Independent Bank)	15.75%	CDAR's	15.75%
	100.00%		100.00%



March Disbursements

MOTION

Member Guenther, "BASED ON THE BOARD FINANCE MEETING REVIEW, I move that ISK approve the March 2026 vendor disbursements of \$12,792,204.43." Supported by Vice Chair Seals.

MOTION PASSED.

Citizen Time No citizens came forth.

Recipient Rights

Lisa Smith ISK, Director of ORR, presented the complaints/allegations closed in March 2026.

March

Abuse Violations

- There were two substantiated Abuse II violations in March 2026.
  - The remedial actions for these violations were Contract Action (1), Written Reprimand (1), and Training (1).

- There were two substantiated Abuse III violations in March 2026.
  - The remedial actions for these violations were Employment Termination (1), Written Reprimand (1), and Training (1).

### Neglect Violations

- There were three substantiated Neglect II violations in March 2026.
  - The remedial actions for these violations were Employment Termination (2), Written Reprimand (3), and Training (2).

There were 2 staff involved in 2 of the violations. Two of the 3 violations occurred at the same agency and program site. One of which was a Failure to Report violation.

- There were four substantiated Neglect III violations in March 2026.
  - The remedial actions for these violations were Employee left agency (1), Written Reprimand (3), Training (3) and Policy/Revision Development.

The 4 violations occurred at the different agencies.

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).

### Monitoring Reports

Warwick Barlow, ISK, Senior IT Project Manager, presented the ISK Year-End Summary from October 1, 2024-September 30, 2025. The year-end report is a comprehensive summary of the organization's activities, performance and ISK's community impact over the past year.

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

### Compliance & Risk: BOARD TRAINING & STATUS Reports

Ashley Esterline, ISK, Director of Network Compliance & Corporate Compliance Officer, presented the board training and status reports about compliance and risk.

This training is essential because it ensures that the board members understand the laws, regulations, and policies that they oversee, and it helps to reduce personal or organizational liabilities. Training each board member, appropriately, will hopefully find risks early and ensure that mitigating strategies are in place.

To review the Compliance & Risk: BOARD TRAINING & STATUS Reports, please use the following link: <https://iskzoo.org/about-us/board/>

Chief Executive Officer Report

CLOSED SESSION

MOTION

Vice Chair Seals, “PURSUANT TO A REQUEST BY JEFF PATTON, I MOVE THAT THE ISK BOARD OF DIRECTORS GO IN TO CLOSED SESSION PURSUANT TO Section 8(1)(a) OF THE OPEN MEETINGS ACT TO CONDUCT A PERSONNEL EVALUATION PRIOR TO JEFF PATTON’S RETIREMENT.” Supported by Member Raphelson.

<u>ROLL-CALL:</u>	<u>Yes</u>	<u>No</u>
Karen Longanecker	x	_____
Michael Seals	x	_____
Nkenge Bergan	x	_____
Patrick Dolly	x	_____
Catherine Huynh	x	_____
Patricia Guenther	x	_____
Ramona Lumpkin	_____	_____
Melissa Woosley	_____	_____
Michael Raphelson	x	_____
Abigail Wheeler	x	_____

MOTION PASSED.

END CLOSED SESSION

MOTION

Vice Chair Seals, “At 5:33pm, the Board voted to come out of closed session and reconvene the open session. Supported by Member Bergan.

MOTION PASSED.

Approval to combine the Annual & Budget Public Hearings in September 2026

MOTION

Member Raphelson, “I MOVE TO COMBINE THE ANNUAL & BUDGET PUBLIC HEARING IN SEPTEMBER 2026.” Supported by Member Guenther.

MOTION PASSED.

That concludes my report.

Citizen Time No citizens came forth.

**ACKNOWLEDGEMENT of MERITORIOUS STATUS**

*Integrated Services of Kalamazoo*  
 BOARD OF DIRECTORS RESOLUTION  
 MERITORIOUS STATUS  
 FOR  
*Charles Thomas*


**WHEREAS**, Charles Thomas, has fittingly served as Program Coordinator in the Quality & Contracts departments for Integrated Services of Kalamazoo for 26 years, with proven unwavering dedication, professionalism, and excellence; and

**WHEREAS**, Charles has been instrumental in strengthening team collaboration, supporting organizational growth, and advancing best practices that align with the mission and values of ISK; and

**WHEREAS**, his integrity, compassion, and attention to detail have earned the respect and admiration of colleagues, community partners, and leadership alike; and

**WHEREAS**, Charles' contributions have left a lasting impact on the organization, staff, community and the individuals and families served. He has remained a steady and trusted presence. His work is not merely measured in reports or outcomes, but in the lives that he has touched, empowered, and made better; and

**NOW, THEREFORE, BE IT RESOLVED**, that the Integrated Services of Kalamazoo Board of Directors hereby expresses its deepest gratitude and appreciate to Charles for his years of dedicated service is pleased to grant **MERITORIOUS STATUS** to Mr. Charles Thomas with all the rights and privileges appertaining thereto. We congratulate Charles on his well-earned retirement and extend our sincere wishes for continued health, happiness and new adventures in this next chapter of life.

 Dated this 17<sup>th</sup> of April 2026

*Karen Longanecker*  
 Karen Longanecker  
 ISK Board Chair

*Jeff Patton*  
 Jeff Patton  
 ISK Chief Executive Officer

*Integrated Services of Kalamazoo*  
 BOARD OF DIRECTORS RESOLUTION  
 MERITORIOUS STATUS  
 FOR  
*James "Jim" Jump*

**WHEREAS**, Jim has faithfully served as Supervisor of Adult with Mental Illness Programs for 14 years, dedicating his career to improving the lives of our persons served; and

**WHEREAS**, through his compassionate leadership, clinical insight, and advocacy, Jim has been instrumental in helping to ensure that adults in our community receive care rooted in dignity, respect, and hope; and

**WHEREAS**, Jim has guided his team to lead with wisdom and steadiness, while implementing a culture of accountability, collaboration, and excellence in service delivery; and

**WHEREAS**, during times of changes or challenges, Jim prioritized the well-being of our persons served with ethical practices and program integrity. Jim has exemplified the very spirit of public service, showing leadership without ego, and dedication without compromise; and

**NOW, THEREFORE, BE IT RESOLVED**, that the Integrated Services of Kalamazoo Board of Directors hereby expresses its deepest gratitude and appreciate to Jim for his years of dedicated service is pleased to grant **MERITORIOUS STATUS** to Mr. James Jump with all the rights and privileges appertaining thereto. We congratulate Jim on his well-earned retirement and extend our sincere wishes for continued health, happiness, and new adventures in this next chapter of life.

 Dated this 30<sup>th</sup> of April 2026

*Karen Longanecker*  
 Karen Longanecker  
 ISK Board Chair

*Jeff Patton*  
 Jeff Patton  
 ISK Chief Executive Officer

**MOTION**

Member Raphelson, “I MOVE TO APPROVE MERITORIOUS STATUS FOR Charles Thomas and James Jump, in recognition of their distinguished service, dedication, and contribution to Integrated Services of Kalamazoo.” Supported by Member Bergan.

**MOTION PASSED.**

**BOARD MEMBER TIME**

**Appointment of Nominating Committee for ISK Board Officers/Karen Longanecker**

The Board Chair, Karen Longanecker, hereby appoints the following members to serve on the Election Committee:

- Nkenge Bergan
- Patrick Dolly
- Pat Guenther
- Michael Raphelson, M.D.

The committee will oversee the election process and report its recommendations to the Board.

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

Operations continue to move in the right direction for SWMBH and Mila is proving to be an excellent fit for her new position.

**That concludes my report.**

Meeting adjourned by voice vote at **6:10PM.**

**MOTION PASSED**

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

[6]



## INTEGRATED SERVICES OF KALAMAZOO

## BOARD POLICY II.12

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

**PURPOSE/EXPLANATION**

To outline responsibilities of each Board member.

**POLICY**


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

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

**CHIEF EXECUTIVE OFFICER**

**APPROVED**

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

  
\_\_\_\_\_  
Erik Krogh  
Board Chair

## INTEGRATED SERVICES OF KALAMAZOO

## BOARD POLICY II.13

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

**PURPOSE/EXPLANATION**

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

**DEFINITIONS****Input**

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

**Stakeholder**

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

**POLICY**

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

**III. ADVISORY COUNCIL INPUT**

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

**IV. PUBLIC INPUT**

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

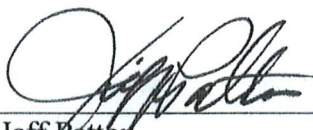
- B. The person(s) wishing to address the Board will be asked to provide name and address, and may indicate the organization which they represent, if any.
- C. Each presentation will be limited to four (4) minutes.
- D. Written statements may be given to the ISK staff to be provided to the members of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

#### REFERENCES

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

**CHIEF EXECUTIVE OFFICER**

**APPROVED**



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Jeff Patton  
Chief Executive Officer



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Karen Longanecker  
Board Chair

# INTEGRATED SERVICES OF KALAMAZOO

## Input from Stakeholders Report

May 26, 2026

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

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

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

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

## INTEGRATED SERVICES OF KALAMAZOO

## BOARD POLICY II.15

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

**PURPOSE/EXPLANATION**


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

**POLICY**

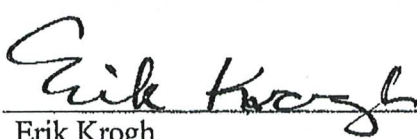
The Board will:

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

**CHIEF EXECUTIVE OFFICER**

  
 Jeff Patton  
 Chief Executive Officer

**APPROVED**

  
 Erik Krogh  
 Board Chair



Community • Independence • Empowerment

**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

VI.a.

CCBHC Report  
Official Announcement  
Beth Ann Meints  
*Administrator of Clinical Services*  
*New Chief Executive Officer*  
May 26, 2026



I am pleased to announce that Ms. Dianne Shaffer has accepted the position of the NEW Chief Clinical Operator. With a strong background in clinical leadership, the public mental health system and a remarkable career dedicated to supporting the youth and family services, Dianne brings valuable experience and vision to this important role.

Dianne has been instrumental in securing more than \$10M in grant funding resources that reflect the organization's continued dedication to excellence in clinical services, innovation, and compassionate care with evidence-based practices.

I look forward to working together throughout this transition process and am confident that Dianne will help strengthen our mission and clinical operations.

Please join me in welcoming and supporting Dianne in her new role.

A graphic of a white rectangular card with a gold border, set against a background of soft pink and teal watercolor washes. The word "Congratulations" is written in a large, elegant, gold cursive font. Below it, the words "ON YOUR PROMOTION" are written in a smaller, gold, all-caps sans-serif font.

*Congratulations*  
ON YOUR PROMOTION

INTEGRATED  
SERVICES OF  
KALAMAZOO



Period Ended  
April 30, 2026

Monthly Finance  
Report

# INTEGRATED SERVICES OF KALAMAZOO

## Statement of Net Position

April 30, 2026

	April 2025 (unaudited)	April 2026
<b>Assets</b>		
<b>Current assets</b>		
Cash and investments	\$ 17,626,671	\$ 30,533,602
Accounts receivable	4,859,682	4,824,327
Due from other governments	17,436,336	12,722,181
Prepaid items	1,380,166	1,544,454
<b>Total current assets</b>	<u>41,302,855</u>	<u>49,624,564</u>
<b>Non-current assets</b>		
Capital assets, net of accumulated depreciation	14,980,469	14,456,250
Net pension asset, net of deferred outflows	8,442,339	8,070,705
<b>Total non-current assets</b>	<u>23,422,808</u>	<u>22,526,955</u>
<b>Total assets</b>	<u>\$ 64,725,663</u>	<u>\$ 72,151,519</u>
<b>Liabilities</b>		
<b>Current liabilities</b>		
Accounts payable	\$ 10,503,481	\$ 11,140,937
Due to other governments	194,844	5,490,204
Due to providers	346,942	-
Accrued payroll and payroll taxes	3,118,918	2,643,637
Unearned revenue	130,381	120,101
<b>Total current liabilities</b>	<u>14,294,566</u>	<u>19,394,879</u>
<b>Net position</b>		
Designated	8,654,636	8,722,022
Undesignated	24,523,412	31,389,003
Investment in fixed assets	13,277,168	14,125,075
Net gain (loss) for period	3,975,881	(1,479,459)
<b>Net position</b>	<u>\$ 50,431,097</u>	<u>\$ 52,756,641</u>

## INTEGRATED SERVICES OF KALAMAZOO

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

October 1, 2025 through April 30, 2026

Percent of Year is 58.33%

	Original 2026 Budget	YTD Totals 4/30/26	Remaining Budget	Percent of Budget - YTD
<b>Operating revenue</b>				
Medicaid:				
Traditional Capitation	\$ 86,641,701	49,204,959	\$ 37,436,742	56.79%
Healthy Michigan Capitation	9,119,193	3,440,198	5,678,995	37.72%
Formula Fundings	3,900,516	2,275,301	1,625,215	58.33%
CCBHC Demonstration	34,258,759	19,560,753	14,698,007	57.10%
CCBHC Quality Bonus	1,326,190	-	1,326,190	0.00%
County Allocation	1,550,400	904,400	646,000	58.33%
Client Fees	1,069,711	471,502	598,209	44.08%
Other grant revenue	6,780,003	3,547,613	3,232,391	52.32%
Other earned contracts	1,958,805	1,348,535	610,270	68.84%
Interest	157,232	90,636	66,596	57.64%
Local revenue	508,606	11,277	497,329	2.22%
<b>Total operating revenue</b>	<b>\$ 147,271,116</b>	<b>\$ 80,855,172</b>	<b>\$ 66,415,944</b>	<b>54.90%</b>
<b>Operating expenses</b>				
Salaries and wages	\$ 32,403,237	17,229,487	15,173,751	53.17%
Employee benefits	12,643,544	6,314,403	6,329,141	49.94%
Staff development	300,933	68,374	232,559	22.72%
Payments to providers	93,008,476	51,535,916	41,472,560	55.41%
Administrative contracts	8,262,621	5,254,006	3,008,615	63.59%
IT software and equipment	928,129	515,613	412,516	55.55%
Client transportation	52,900	27,845	25,055	52.64%
Staff travel	386,676	173,574	213,102	44.89%
Office expenses	685,668	326,571	359,097	47.63%
Insurance expense	168,769	81,610	87,159	48.36%
Depreciation expense	585,704	329,107	256,596	56.19%
Utilities	363,874	229,561	134,313	63.09%
Facilities	36,265	70,585	(34,320)	194.64%
Local match	305,108	177,980	127,128	58.33%
<b>Total operating expenses</b>	<b>\$ 150,131,903</b>	<b>\$ 82,334,631</b>	<b>\$ 67,797,272</b>	<b>54.84%</b>
<b>Change in net position</b>	<b>(2,860,787)</b>	<b>(1,479,459)</b>	<b>\$ (1,381,328)</b>	
<b>Beginning net position</b>	<b>54,236,100</b>	<b>54,236,100</b>		
<b>Ending net position</b>	<b>\$ 51,375,313</b>	<b>\$ 52,756,641</b>		

**INTEGRATED SERVICES OF KALAMAZOO**

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

October 1, 2025 through April 30, 2026

Percent of Year is 58.33%

	Specialty Services		Healthy Michigan		SUD Block Grant		Totals	
	Budget	YTD Totals 4/30/26	YTD Budget	YTD Totals 4/30/26	YTD Budget	YTD Totals 4/30/26	YTD Budget	YTD Totals 4/30/26
<b>Operating revenue</b>								
Medicaid:								
Traditional Capitation	\$ 50,540,992	\$ 53,715,752	\$ -	\$ -	\$ -	\$ 65,309	\$ 50,540,992	\$ 53,781,060
Healthy Michigan Capitation	-	-	5,319,529	4,363,478	-	-	5,319,529	4,363,478
Settlement Estimate	2,582,667	(4,510,793)	(1,790,237)	(923,280)	-	(65,309)	792,430	(5,499,382)
Client Fees	4,241	2,462	48	-	-	-	4,289	2,462
<b>Total operating revenue</b>	<b>\$ 53,127,900</b>	<b>\$ 49,207,421</b>	<b>\$ 3,529,340</b>	<b>\$ 3,440,198</b>	<b>\$ -</b>	<b>(0)</b>	<b>\$ 56,657,240</b>	<b>\$ 52,647,618</b>
<b>Operating expenses</b>								
Internal services	\$ 1,321,590	\$ 1,590,008	\$ 8,141	\$ 5,427	\$ -	\$ -	\$ 1,329,731	\$ 1,595,435
External services	44,476,325	41,992,065	3,034,261	3,041,491	-	-	47,510,586	45,033,556
Delegated managed care	7,329,984	5,625,348	486,938	393,280	-	-	7,816,923	6,018,628
<b>Total operating expenses</b>	<b>\$ 53,127,900</b>	<b>\$ 49,207,421</b>	<b>\$ 3,529,340</b>	<b>\$ 3,440,198</b>	<b>\$ -</b>	<b>-</b>	<b>\$ 56,657,240</b>	<b>\$ 52,647,619</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>(4,009,622)</b>



# INTEGRATED SERVICES OF KALAMAZOO

## CCBHC

October 1, 2025 through April 30, 2026

Percent of Year is 58.33%

	CCBHC Medicaid	CCBHC Healthy MI	CCBHC Non-Medicaid	CCBHC YTD Totals
<b>Operating revenue</b>				
CCBHC revenue	\$ 14,724,837	\$ 4,835,915	\$ -	\$ 19,560,753
FFS Revenue	238,217	40,069	190,383	468,670
CCBHC SAMSHA Grant	-	-	391,020	391,020
<b>Total CCBHC Revenue (PPS-1 of \$304.05 x encounters)</b>	<b>\$ 14,963,055</b>	<b>\$ 4,875,985</b>	<b>\$ 581,403</b>	<b>\$ 20,420,443</b>
<b>Operating expenses</b>				
Internal services	\$ 11,571,038	\$ 3,537,949	\$ 2,171,350	\$ 17,280,338
DCO Contracts	3,439,928	1,172,247	721,310	5,333,485
<b>Total operating expenses</b>	<b>\$ 15,010,966</b>	<b>\$ 4,710,196</b>	<b>\$ 2,892,660</b>	<b>\$ 22,613,822</b>
<b>Operating change in net position</b>	<b>(47,911)</b>	<b>165,788</b>	<b>(2,311,257)</b>	<b>(2,193,380)</b>
Reclassification to cover Non-Medicaid	-	-	684,112	684,112
<b>Total change in net position</b>	<b>\$ (47,911)</b>	<b>\$ 165,788</b>	<b>\$ (1,627,145)</b>	<b>\$ (1,509,268)</b>

## CCBHC Cost per daily visit

	2023	FY 2024	FY 2025	4/30/26
Total CCBHC Cost	\$ 27,687,187	\$ 31,777,786	\$ 35,393,270	\$ 22,613,822
Daily Visits	99,802	110,326	125,458	74,137
Cost per daily visit	277.42	288.04	282.11	305.03

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

**AUTISM SERVICES**

Report Period: October 1st, 2025 through April 30th, 2026

UTILIZATION COMPARISONS FY 25/26									
	FY 24/25 Actual		FY 25/26 Budget		FY 25/26 Actual		Clients Served Difference (Unfavorable)	Cost Difference Favorable (Unfavorable)	Cost YTD Favorable (Unfavorable)
		Dollars	Clients Served	Dollars	Clients Served				
OCTOBER	187	\$944,462	194	\$1,098,509	168	\$979,255	26	\$119,254	\$119,254
NOVEMBER	175	\$899,151	194	\$1,098,509	169	\$794,516	25	\$303,993	\$303,993
DECEMBER	170	\$801,707	194	\$1,098,509	187	793,941	7	\$304,568	\$304,568
JANUARY	190	\$943,870	194	\$1,098,509	194	762,474	0	\$336,035	\$336,035
FEBRUARY	197	\$898,764	194	\$1,098,509	184	1,080,095	10	\$18,414	\$18,414
MARCH	193	\$1,054,656	194	\$1,098,509	174	966,400	20	\$132,109	\$132,109
APRIL	189	\$1,160,440	194	\$1,098,509	163	925,806	31	\$172,703	\$172,703
MAY	188	\$1,027,319	194	\$1,098,509	-	-			
JUNE	192	\$1,048,980	194	\$1,098,509	-	-			
JULY	184	\$1,018,918	194	\$1,098,509	-	-			
AUGUST	187	\$934,104	194	\$1,098,509	-	-			
SEPTEMBER	187	\$1,120,200	194	\$1,098,509	-	-			
<b>TOTALS</b>	<b>2,239</b>	<b>\$11,852,571</b>	<b>2,328</b>	<b>\$13,182,110</b>	<b>1,239</b>	<b>\$6,302,487</b>	<b>119</b>	<b>\$1,387,076</b>	
<b>MONTHLY AVERAGES</b>	<b>187</b>		<b>194</b>		<b>177</b>				
<b>GROSS ANNUAL COST</b>		<b>\$11,852,571</b>		<b>\$13,182,110</b>		<b>\$6,302,487</b>		<b>\$1,387,076</b>	

Favorable/(Unfavorable):

Total **1,387,076**

**YOUTH COMMUNITY INPATIENT SERVICES**  
**Report Period: October 1st, 2025 through April 30 th, 2026**

UTILIZATION COMPARISONS FY 25/26									
	FY 24/25 Actual		FY 25/26 Budget		FY 25/26 Actual		Days Difference Favorable (Unfavorable)	Cost Difference Favorable (Unfavorable)	Cost YTD Favorable (Unfavorable)
		Dollars	Clients Served	Dollars	Days	Days			
OCTOBER	111	\$96,759	85	\$84,863	101	\$101,060	(16)	(\$16,197)	(\$16,197)
NOVEMBER	117	\$114,545	85	\$84,863	98	\$98,100	(13)	(\$13,237)	(\$13,237)
DECEMBER	52	\$51,318	85	\$84,863	74	\$74,090	11	\$10,773	\$10,773
JANUARY	97	\$95,247	85	\$84,863	61	\$62,291	24	\$22,572	\$22,572
FEBRUARY	100	\$97,792	85	\$84,863	31	\$31,030	54	53,833	53,833
MARCH	77	\$75,342	85	\$84,863	95	\$94,860	(10)	(9,997)	(9,997)
APRIL	80	\$78,400	85	\$84,863	22	\$22,000	63	62,863	62,863
MAY	82	\$80,360	85	\$84,863					
JUNE	42	\$41,160	85	\$84,863					
JULY	47	\$46,178	85	\$84,863					
AUGUST	35	\$34,329	85	\$84,863					
SEPTEMBER	50	\$48,608	85	\$84,863					
TOTALS	890	\$860,038	1,020	\$1,018,350	482	\$483,431	113	\$110,610	\$110,610
MONTHLY AVERAGES	74		85		69				
GROSS ANNUAL COST		\$860,038		\$1,018,350		\$483,431		\$110,610	\$110,610

Favorable/(Unfavorable): Total 110,610

**COMMUNITY INPATIENT SERVICES**  
**Report Period: October 1st, 2025 through April 30th, 2026**

UTILIZATION COMPARISONS FY 25/26									
	FY 24/25 Actual		FY 25/26 Budget		FY 25/26 Actual		Days Difference Favorable (Unfavorable)	Cost Difference Favorable (Unfavorable)	Cost YTD Favorable (Unfavorable)
		Dollars	Clients Served	Dollars	Days	Days			
OCTOBER	637	\$551,635	608	\$702,343	712	\$788,030	(104)	(\$85,687)	(\$85,687)
NOVEMBER	640	\$702,827	608	\$702,343	704	\$779,060	(96)	(\$76,717)	(\$76,717)
DECEMBER	708	\$777,481	608	\$702,343	619	\$685,509	(11)	\$16,834	\$16,834
JANUARY	577	\$635,283	608	\$702,343	652	\$732,357	(44)	(\$30,014)	(\$30,014)
FEBRUARY	405	\$447,214	608	\$702,343	459	\$512,948	149	189,395	189,395
MARCH	640	\$706,244	608	\$702,343	550	\$614,768	58	87,575	87,575
APRIL	525	\$577,375	608	\$702,343	501	\$556,743	107	145,600	145,600
MAY	503	\$552,904	608	\$702,343					
JUNE	618	\$680,211	608	\$702,343					
JULY	810	\$890,502	608	\$702,343					
AUGUST	662	\$725,577	608	\$702,343					
SEPTEMBER	675	\$739,152	608	\$702,343					
<b>TOTALS</b>	<b>7,400</b>	<b>\$7,986,405</b>	<b>7,296</b>	<b>\$8,428,119</b>	<b>4,197</b>	<b>\$4,669,415</b>	<b>59</b>	<b>\$246,986</b>	<b>\$246,986</b>
<b>MONTHLY AVERAGES</b>	<b>617</b>		<b>608</b>		<b>600</b>				
<b>GROSS ANNUAL COST</b>		<b>\$7,986,405</b>		<b>\$8,428,119</b>		<b>\$4,669,415</b>		<b>\$246,986</b>	

Favorable/(Unfavorable): Total 246,986

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

**Report Period: October 1st, 2025 through April 30th, 2026**

SERVICE	YTD				FY 25/26 Actual		
	FY 25/26 Budget				Dollars	Favorable / (Unfavorable)	
	Month	Avg. Daily Rate	No. Served	Days of Service			Dollars
PC/CLS	Nov	\$300	399	80,336	\$23,898,993	24,061,528	(\$162,535)
CRISIS RES.		\$584	61	471	\$581,058	\$274,907	\$306,151
CLS (SIP)	Nov	NA	329		\$8,309,579	8,032,486	\$277,093
Annual Cost							\$420,709

**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>April 2026</u> Disbursements	<b>Approval Date:</b>
<b>Meeting Date:</b>	<b>May 26, 2026</b>	<b>May 26, 2026</b>
<b>Prepared by:</b>	Charlotte Bowser	

Recommended Motion:

“Based on the Board Finance meeting review, I move that ISK approve the April, 2026 vendor disbursements of \$13,348,492.03.”

Summary of Request:

As per the April 2026 Vendor Check Register Report dated 05/06/2026 that includes checks issued from 04/01/2026 to 04/30/2026.

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

Staff: Charlotte Bowser, Finance Director

Date of Board  
Consideration: May 26, 2026