


AGENDA

June 22, 2026

Name: INTEGRATED Services of Kalamazoo Board of Directors
Location: 610 South Burdick Street/Kalamazoo, MI., 2nd 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. PROGRAM SERVICE REPORT
 - a. *Raeana Donaldson*, Director of IDDA, **Intellectual & Developmental Disabilities Adult Report**
 - b. *Beth Ann Meints*, Administrator of Clinical Services, **CCBHC Report**
- VI. CONSENT CALENDAR/VERBAL MOTION
 - a. Minutes *April 27, 2026 & May 26, 2026*
 - b. Board Member Responsibilities (II.12)(Policy)
 - c. Input From Stakeholders (II.13)(Policy & Report)
 - d. Accessibility (II.15)(Policy)
- VII. FINANCIAL REPORTS
 - a. Financial Condition Report
 - b. Utilization Report
 - c. April & May 2026 Disbursement/**MOTION**
- VIII. CHIEF EXECUTIVE OFFICER VERBAL REPORT
 - a. **Happy 90th Birthday Marilyn J. Schlack and in honor of Jeff's last board meeting!** 
Reflecting on my career, I am grateful for the opportunity to work alongside dedicated professionals and community partners. Together, we forged strong partnerships, implemented innovative best practices, and made a lasting impact in the fields of mental health and substance use treatment. The accomplishments we achieved collectively will remain among the most rewarding aspects of my professional journey. Jeff-
- IX. CITIZEN TIME
- X. ACKNOWLEDGEMENT of MERITORIOUS STATUS
 - a. *Mr. Tyrone Thrash*, Retired from ISK after 17 years of service!
- XI. BOARD MEMBER TIME
 - a. SWMBH (Southwest Michigan Behavioral Health) Updates/**Michael Seals**
 - b. Board Election Report/**Michael Schlack & Karen Longanecker**
- XII. ADJOURNMENT

IV.a.

Office of Recipient Rights
Report to the Mental Health Board
On Complaints/Allegations
Closed in: May 2026

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

	May 2026	FY 25-26	May 2025	FY 24-25
Total # of Complaints Closed	35	302	41	200
Total # of Allegations Closed	47	413	51	437
Total # of Allegations Substantiated	17	153	19	135

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

ALLEGATIONS	May 2026		May 2025	
Category	TOTAL	SUBSTANTIATED	TOTAL	SUBSTANTIATED
Consumer Safety	4	0	3	1
Dignity/Respect of Consumer	7	3	9	4
Treatment Issues/Suitable Services (Including Person Centered Planning)	10	1	9	4
Abuse I	0	0	2	0
Abuse II	3	2	4	1
Abuse III	5	3	2	0
Neglect I	0	0	1	1
Neglect II	0	0	0	0
Neglect III	7	7	12	8
	36	16	42	19

APPEALS	May 2026	FY 25-26	May 2025	FY 24-25
Uphold Investigative Findings & Plan of Action	0	4	0	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

June 2026

Re: May 2026 Abuse/Neglect Violations

May

Abuse Violations

- There were two substantiated Abuse II violations in May 2026.
 - The remedial actions for these violations were Employment Termination (2).

The two violations occurred at different agencies.

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

Two of the 3 violations occurred at the same agency and program site.

Neglect Violations

- There were seven substantiated Neglect III violations in May 2026. Two were Failure to Report.
 - The remedial actions for these violations were Employee Termination (3), Employee Left Agency (1), Verbal Counseling (5), Written Counseling (1), Contract Action (1), and Training (8). Of the 7 violations there were five staff involved in one violation.

Three of the 7 violations occurred at the same agency, but different program sites.

Program Service Report

Services for Adults with Intellectual and Developmental Disabilities (IDDA)

Program Overview

The Intellectual and Developmental Disabilities for Adults (IDDA) Department serves approximately **665 individuals at any given time** and approximately **775 individuals annually**.

A developmental disability is attributable to a mental or physical impairment, or a combination of both, that occurs before age 22 and results in substantial functional limitations in multiple major life areas.

Common diagnoses include:

- Intellectual Disability
- Autism Spectrum Disorder
- Cerebral Palsy
- Seizure Disorders
- Rare genetic conditions and syndromes

Program Service Report

Department Staffing

The IDDA Department is comprised of **34 team members**, including:

- Director
- 3 Clinical Supervisors
- 19 Case Managers
- Self-Determination Supervisor
- Office Manager
- Program Specialists
- Registered Nurse
- Behavioral Specialist
- Peer Mentor
- Family Support Partner

Mission and Approach

The mission of the IDDA Department is to support and empower individuals to create and achieve a life of their choosing within their community.

The department utilizes a **Person-Centered Planning** approach, which focuses on identifying each individual's strengths, goals, preferences, dreams, and aspirations. Services and supports are then designed collaboratively to help individuals achieve meaningful outcomes and live as independently as possible.



Program Service Report

Core Services and Responsibilities

IDDA staff work closely with individuals and their support networks to:

- Develop supportive, trusting, and therapeutic relationships.
- Assist individuals in building the life they choose.
- Utilize Person-Centered Planning principles to identify personal goals and desired outcomes.
- Provide coaching, guidance, and hands-on support to promote achievement of goals.
- Monitor progress and address barriers to success or areas of regression.
- Help prevent crises through proactive planning and intervention.
- Respond effectively to urgent and emergency situations when needed.
- Advocate for individuals and promote community inclusion.
- Coordinate and monitor services to ensure quality and effectiveness.

Service Coordination and Monitoring

The department coordinates and monitors a wide range of Medicaid and community-based services, including:

- Community Living Supports
- Respite Services
- Skill Building Supports
- Specialized Residential Services
- Supported Employment Services
- Behavioral and Clinical Supports
- Nursing and Health-Related Services



Program Service Report

Self Determination

Self-Determination is not a specific service but rather a philosophy and service delivery model that emphasizes personal choice, control, and independence.

Under a Self-Directed arrangement, individuals—and when appropriate, their legally authorized representatives—have greater authority over how supports are provided. This may include directly hiring, training, and managing employees who assist them in achieving their personal goals and desired quality of life.

Key principles of Self-Determination include:

- Freedom to make choices
- Authority over supports and services
- Responsibility in directing one's life
- Support to achieve personally meaningful outcomes

While Self-Determination is widely utilized within the IDDA population, it is also available across multiple service populations and provider networks.

Program Impact

Through person-centered support, service coordination, advocacy, and self-determination practices, the IDDA Department helps hundreds of individuals each year increase independence, strengthen community connections, achieve personal goals, and improve overall quality of life.

Program Service Report

Funding Sources

Services provided through the IDDA Department are funded through two primary Medicaid waiver programs:

- **HSW (Habilitation Supports Waiver)** – 42% of individuals served
- **iSpa (1915(i) State Plan Amendment)** – 58% of individuals served

These funding sources enable individuals with intellectual and developmental disabilities to access a wide range of community-based supports, including service coordination, community living supports, skill-building services, employment supports, respite services, residential supports, and other person-centered services designed to promote independence and community inclusion.

IDDA Success Story

After years of housing instability, this client has maintained her own apartment for the past year without eviction. Her home is well kept, food is consistently available, and she manages her resources responsibly while taking accountability when challenges arise. She has also made significant progress in her health and family life. After experiencing a miscarriage and limited prenatal care in the past, she successfully carried her pregnancy to term, and she and her son are thriving. She remains current with her primary care and dental appointments and has consistently engaged in supportive services for the past 18 months including: Case Management, Maternal Infant Health, Healthy Babies Healthy Start, RX Kids, and Social Care Elite CLS services. She has also developed natural supports through involvement with a local church. Throughout this time, she has demonstrated strong motivation and increasing independence, requiring less support from her case manager. Over the past year, she completed 4 of her 6 IPOS goals and has made steady progress toward the remaining goals.

2026 Hill Day Legislation Update

The National Council For Mental Health Wellbeing shared updates on ensuring the “Excellence In Mental Health Act.”

The Ensuring Excellence in Mental Health Act, (S.3402/H.R.8487) will expand CCBHCs further nationwide.

CCBHCs are proven to improve access to high-quality mental health and substance use care. Making it possible for more communities to establish a CCBHC will ensure more people can access lifesaving care, including crisis care, when and where they need it.

CCBHCs were established by Congress in 2014 and launched through a demonstration program in 2017, later expanded by two states in 2020. The 2022 Bipartisan Safer Communities Act expanded the demonstration program to add 10 new states every two years until 2032. Let’s continue to build upon this momentum and set this innovative model up for the future to help more communities access high-quality mental health and substance use care.

Summary of Key Changes

The **Ensuring Excellence in Mental Health Act** (introduced in both the House and Senate in 2025–2026) is a bipartisan effort to strengthen and expand the **Certified Community Behavioral Health Clinic (CCBHC)** model, ensuring more Americans have access to high-quality mental health and substance use care [National Council for Mental Wellbeing](#).

Core Objectives

- **Expand access** to comprehensive mental health and substance use disorder services nationwide.
- **Strengthen the CCBHC model** as a sustainable, evidence-based care delivery system.
- **Reduce pressure** on emergency rooms and local law enforcement by providing timely, integrated care [National Council for Mental Wellbeing](#).

Major Changes and Provisions

1. **Prospective Payment System for CCBHCs**
 - Establishes the CCBHC prospective payment system as a **sustainable option** for states using the Medicaid state option to implement the model.
 - Allows states to **expand evidence-based services**, grow the provider workforce, and integrate with other community providers [National Council for Mental Wellbeing](#).
2. **Care Integration**
 - Enables CCBHCs to provide **additional services**, including **primary care**, improving whole-person care [National Council for Mental Wellbeing](#).
3. **Medicare Provider Type Status**
 - Recognizes CCBHCs as a **Medicare provider type** with prospective payment, strengthening their ability to serve older adults [National Council for Mental Wellbeing](#).
4. **Workforce Development**
 - Supports recruitment, training, and retention of mental health professionals to meet growing demand [National Council for Mental Wellbeing](#).
5. **Community Impact**
 - Over **500 CCBHCs** currently serve about **3 million people** across the U.S., offering wellness programs, lifestyle coaching, and integrated care [National Council for Mental Wellbeing](#).



Community • Independence • Empowerment

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

April 27, 2026

VI.a.

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

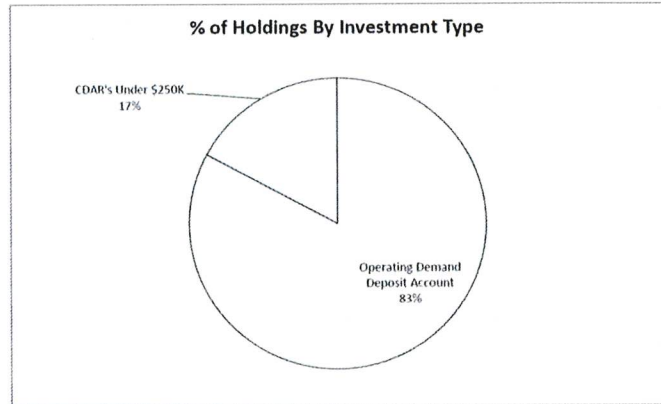
Charlotte Bowser, ISK, Director of Finance, presented the Investment Report for the period ending March 31, 2026.

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
CASH				
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		
	Total Cash Accounts	\$22,922,925		
INVESTMENTS				
CDAR's (via Independent Bank)	CD's Issued Under FDIC Limit of \$250,000	\$4,285,800		3.16%
	Total CDAR's	\$4,285,800		
	Total Investments	\$4,285,800		
TOTAL CASH AND INVESTMENTS		\$27,208,725		
% of Holdings By Institution				
PNC - Cash		84.25%		
CDAR's (via Independent Bank)		15.75%		
		100.00%		
% of Holdings By Investment Type				
	Cash	84.25%		
	CDAR's	15.75%		
		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 appreciation 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 17th 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 appreciation 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 30th 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 [6]
 Administrative Coordinator & Board Liaison
 Office of the CEO
 Integrated Services of Kalamazoo Board of Directors





Community • Independence • Empowerment

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

May 26, 2026

VI.a.

<u>ISK Board Member</u>	<u>Board Members PRESENT</u>	<u>Declaration of Location City/County</u>	<u>Board Members ABSENT</u>
Karen Longanecker, <i>CHAIR</i>	X	Kalamazoo/Kalamazoo	
Michael Seals, <i>VICE CHAIR</i>	X	Kalamazoo/Kalamazoo	
Nkenge Bergan			X
Patrick Dolly			X
Pat Guenther			X
Ramona Lumpkin	X	Kalamazoo/Kalamazoo	
Michael Raphelson			X
Melissa Woosley	X	Kalamazoo/Kalamazoo	
Abigail Wheeler, <i>COMMISSIONER</i>			X

ISK - Staff Present:

Jeff Patton, *CEO*
 Alecia Pollard
 Willa Burns
 Michael Schlack, *Corporate Counsel*
 Amy Rottman
 Ed Sova
 Beth Ann Meints
 Sheila Hibbs
 Dianne Shaffer

Guests Present:

Tammy Niedzielski, *Community Member*
 Fiorella Spalvieri, *CEO/CLO*
 Sean Harris, *CEO/Recovery Institute*
 Diane Marquess, *CEO/FCS*
 Latrevia Boston, *Executive Director ASK Family Services*

Call to Order

The Board of Directors (Integrated Services of Kalamazoo) held their meeting on Tuesday, May 26, 2026. It began @ 4:30PM and was presided over by the Chair, *Karen Longanecker*.

Citizen Time

Tammy Niedzielski, a former Kalamazoo County Environmental Health Compliance Inspector (specializing in lakes, streams and rivers) who was forced to leave work in 2005 due to a traumatic brain injury, appeared to the Board as a representative of a citizen of the community, her partner and a recipient of services through ISK, whom she claims has disappeared from Kalamazoo County. She desperately wants to find him and came to this meeting to see if ISK could help find him. She said that she has tried speaking with several people at ISK and has received many written responses. She believes that they were all coming to the conclusion that her partner was asking for help cleaning his home, which Tammy emphatically denies. Due to one of the letters she received from ISK being signed by Jeff Patton, likely the response to her recipient rights complaint, she decided to appeal to the board

and Jeff directly, which is why she came to tonight's meeting. She proceeded to give details of what led to his disappearance and the misconduct she believes is also occurring.

Ms. Niedzielski claims that her partner, Dennis Vankruiningen, was taken from his home by force and institutionalized in another county for the period of one year but was mentally and physically fine before he was forcefully removed. She claimed that the physical and mental change she observed in him upon seeing him was extremely drastic and he was in obvious distress the last time she saw him, which was April 17, 2024. She showed a photo to the group of what Dennis looked like prior to being institutionalized. She alleges that on Friday, January 27, 2023, Dennis decided to take his dying dog back to the farmhouse at 7912 East U Avenue, in order to care for her during her last days, which Ms. Niedzielski asserts was a huge mistake. On Saturday, January 28, 2023, while at the farmhouse, his estranged daughter, Susan McCoy, who had not been in contact with her father for so long she didn't know the basic layout of the farmhouse, took him to Hastings with nothing, no packed clothes, no personal items, nothing, and had him institutionalized by force and Robert Brothers became his attorney.

Prior to being taken to Hasting, the couple resided together at Ms. Niedzielski's residence at 609 Adams Street, along with her foreign exchange student. Dennis wanted to hide from his sister due to his belief that his sister was going to try to get him institutionalized in order to gain possession of their father's land after their father passed away.

Tammy claims that it was insinuated that Dennis' living conditions at the farmhouse were so bad that he needed to be institutionalized for a year. They were under the impression that there was an order from the county out on him, which they found upon investigation, was not true. There was no such order. At some point, Dennis' case worker thought he was seeking assistance with improving his living conditions at the farmhouse and they were expecting a home visit. According to Ms. Niedzielski, her and Dennis were attempting to tidy up his home to prepare for a Friday, January 27, 2023, home visit from his ISK caseworker, Anna Pascoe, who never showed up for the appointment. She was going to set up a portal for Dennis.

Tammy also alleges that Dennis' land is being stolen. She broke down a timeline of events that led to this happening. On Wednesday, January 25, 2023, they met with attorneys, Mr. Dombos and Robert Brothers, to stop Jeff Fisher, the power of attorney for Dennis' brother, from allegedly changing the legal document numbers on the title in order to steal Dennis and his family's land. Thursday, January 26, 2023, Tammy and Dennis went to the farmhouse to prepare for the home visit from Anna Pascoe.

Tammy believes Dennis may be in Remus, near Grand Rapids. Jeff offered to have Dianne Shaffer meet with Tammy immediately to gather all the information she had and see if we can help. Dianne and Tammy left the meeting. Tammy was very grateful for the board's ear and help.

Karen opened the floor for any other citizen to come forth and speak. No other citizens came forward.

Recipient Rights

Lisa Smith ISK, Director of ORR, was not present at this meeting so Jeff Patton, CEO, presented the complaints/allegations closed in April 2026. Jeff began by reporting that there are fewer allegations this year than in April of 2025, 48 in April of 2025 versus 33 in April of 2026. He also reported that there were not many changes in the numbers between this time last year and currently.

April 2026

Neglect Violations

- There was one substantiated Neglect II violations in April 2026.
 - The remedial action for this violation was 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.

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).

Agenda

MOTION

The board did not have a quorum so they could not move on approval of the agenda.

PROGRAM SERVICES

Beth Ann Meints, Administrator of Clinical Services, presented the Program Services report.

She announced her replacement for her current position once she moves into the CEO position. She announced that Dianne Shaffer has been offered and accepted the position of Chief Clinical Officer.

 *Congratulations, Dianne!* 

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. She will be taking over as the lead in our CCBHC and working with all of the team members.

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

CONSENT CALENDARVERBAL MOTION

The board did not have a quorum so they could not move on approval of the Consent Calendar.

Monitoring Reports

There were no Monitoring Reports for April 2026.

Financial Reports/Financial Condition Reports

Amy Rottman, ISK, Chief Financial Officer, presented the Financial Condition Reports for April 30, 2026.

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

Utilization Reports

Amy Rottman, ISK, Chief Financial Officer, presented the Utilization Report for the period ending April 30, 2026.

- Autism Services is at (119) clients and is favorable at \$1,387,076.
- Youth Community Inpatient Services is at (113) days and is favorable at \$110, 610.
- MI Adult Community Inpatient Services is at (59) days and is favorable at \$246,986. Community Living Supports, Personal Care, and Crisis Residential are favorable at \$420, 709.

Investment Report

There was no investment report for the period of April 2026.

April Disbursements

Member Seals read the motion for the April 2026 Disbursements, "BASED ON THE BOARD FINANCE MEETING REVIEW, I move that ISK approve the March 2026 vendor disbursements of \$13, 348, 492.03." Supported by Vice Chair Seals.

The board did not have a quorum so they could not move on with approval of the April Disbursements and will bring it back next month.

Citizen Time No citizens came forth.

Chief Executive Officer Report

Jeff Patton, CEO, gave his verbal report at this time.

He gave an update on litigation. On May 12th, our attorneys filed an appeal with the Michigan Court of Claims regarding Judge's Yates ruling that the department had the right to determine PIHP Regions and maps. However, according to our attorneys there remains a lingering issue of whether the Department can force CMHs into regions of their choosing rather than regions established by the

counties that created them. The Department indicated that they would create and issue another RFP. Depending on what is in the RFP, there may be more court action. Jeff will update the board once more information becomes available.

He also gave another brief update regarding another lawsuit that was filed with the Michigan Court of Claims involving NorthCare, Northern Michigan, Southeast Michigan and Region 10 PIHPs. They were given a filed ruling by another court of claims and the court ruled that there was no contract in place that required this department to honor it. The PIHPs claimed that they had signed a contract, they had redlined a contract, and the Department did not accept that. The court ruled that that contract was going to expire, that there was no existing contract. Those PIHPs are on extension for the end of this fiscal year, and the Department will have to reissue contracts. Beth Ann will report back to the Board with updates when she gets them.

Jeff also wanted to bring to the attention of the Board House Bill 6022 that was just introduced by Curtis VanderWall (District 102), Douglas Wozniak (District 59), John Roth (District 104), Luke Meerman (District 89), Will Snyder (District 87), Tullio Liberati (District 2). To view House Bill 6022, follow this link: [House Bill 6022 of 2026 - Michigan Legislature](#)

Lastly, Jeff handed over his time to Karen to speak about the candidate applications from the County. She asked the group if there were any other members that wanted to review applications. The group decided they would get back with her.

That concludes my report.

Citizen Time No citizens came forth.

ACKNOWLEDGEMENT of MERITORIOUS STATUS

Jeff once again acknowledged Dianne's new CCO position and let everyone know

He also announced the upcoming retirement of Tyrone Thrash.

BOARD MEMBER TIME

The Board Chair announced Board Member Time. She asked Michael Seals for his SWMBH update.

SWMBH (Southwest Michigan Behavioral Health) Updates/Michael Seals

Michael Seals, Vice Chair, said he had no updates other than the SWMBH Board had a planning session at The Vineyards where they worked out some plans for the future and talked about their financial situation. They worked on a plan to pay the seven CMHs if the state says no, they will try to figure out how to get them that money anyway. They are trying to figure out where SWMBH is going to be throughout the new RFP process should it come out. The seven counties are owed money bar one who is living on the advancements they get from SWMBH, who tries to pay them as they go in order to keep them open. Michael added that things are looking pretty good as far as planning with Mila in charge. He said he was amazed with her strategic planning, she was right on target with everything and she was ready to talk about anything. He mentioned that she listens, and she responds and the morale of the board has improved greatly.

That concludes my report.

Karen continued the Board Member Time by letting everyone know about the addition of an item 'b' under Board Member Time Nominating Committee but since they couldn't vote on anything the item wasn't continued.

Michale Schlack, ISK Legal Counsel, stepped in to let Karen know that out of the Board Member she had in front of her at this moment, two agreed to continue and Michael thanked them. He continued by letting the group know that no one else did and that the committee is recommending that Karen and Michael Seals keep their current positions, which can't be done today due to lack of a quorum, but it will be officially voted on at the June meeting.

Melissa Woosley shared some numbers from the Housing Department. The H.E.R. shelter has two women and six men, The Oakland House has three women and seven men, the Veteran's Shelter has one woman and five men, and the Family Shelter has five families. These numbers were supplied by Tammie Natho.

She continued to share some personal news that her son was selected to attend a Leadership Summit at KVCC. They chose one student out of ten from each school and he was selected. She was proud and wanted Nkenge to know.

Ramona gave an update about her experience in the graduate program at Western and her progress.

Michael Seals reminded the group about the testimony during Citizen's Time this meeting. He is concerned by the entire situation and the drugs portion of it specifically.

Karen talked about the most recent staff increase. She admitted that she assumed that the providers would get it and they didn't. She went on to express her feelings that the providers are the lifeline of this organization. They take care of and provide support to everyone that we receive Medicaid funding for, and they didn't get an increase, and she wanted to share that she was unhappy about it. She admits that she doesn't know what the increase was. Jeff let her know that it was a 3% midyear increase. She said they talked about a midyear increase but said it never came forward as a midyear increase in the financial reports, which she states that she also didn't like. She continues to say that she expects that there will be a rate increase for providers next year.

Jeff spoke on the subject, stating that it is very complicated, to which Karen agreed. He continued that they were hoping to at least give a midyear increase to providers, but the Region said no to that. He shared that he did learn that the CMHs in the Region, except for one, gave full year staff increases. Karen interjected and said that we gave a full year staff increase and Jeff said that they didn't, they gave a midyear only. She then said, "so you did not do it retro?" to which Jeff answered no, they did not. He further suggested that there should be thorough discussion with the Finance Committee due to the complexity. When they look at increases for Providers, they have to look at increases for all providers, not just this one or that one. We have about 59 distinct providers, some of which are hospitals. Those rates are negotiated by SWMBH not by ISK or the CMH despite the fact that we

hold and pay out the contracts. So, when we look at provider increases, we look at the ones that are very close to us, basically those that are in Kalamazoo County, but we have some that we share throughout the Region. This makes it very complicated when you are looking at those increases, you have to provide the increases for everyone when they consider that. Jeff said he brought this to the SWMBH Operations Committee, he didn't know at the time that CMHs, including SWMBH, provided full year increases to their staff. Karen expressed that she felt that was unacceptable. We did not provide those, so he immediately recommended that we do at least a midyear increase for our staff to help take at least some of the burden off of them. Since SWMBH was adamant about not going against the agreement and issuing increases to the providers, Jeff decided not to defy their decision.

Karen asked why we didn't go against SWMBH's decision. Jeff responded that he didn't go against the decision because some of those rates are negotiated by SWMBH and because some of the providers did in fact get a rate increase. Karen jumped back in saying but we are talking about residential providers who are struggling. Jeff added that there are providers that are shared throughout the Region. Karen continued by comparing the numbers for the amount of ISK employees versus the number of providers, Jeff said the two can't be compared. Karen ensured that she sees the budget for providers, and she also sees the budget for staffing. Jeff let her know that the staffing budget is a small fraction of what we have to pay for providers. They will discuss further at the next Finance Committee meeting.

Meeting adjourned by Michael Seals at 6:00PM.

MOTION PASSED

Alecia M. Pollard
Program Specialist
Office of the CEO
Integrated Services of Kalamazoo Board of Directors



INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY II.12

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

PURPOSE/EXPLANATION

To outline responsibilities of each Board member.

POLICY

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


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

CHIEF EXECUTIVE OFFICER

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: INPUT FROM STAKEHOLDERS	SUPERSEDES: 05/23/2022 REVISED: 05/22/2023

PURPOSE/EXPLANATION

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

DEFINITIONS**Input**

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

Stakeholder

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

POLICY

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

III. ADVISORY COUNCIL INPUT

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

IV. PUBLIC INPUT

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

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

REFERENCES

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

CHIEF EXECUTIVE OFFICER



Jeff Patton
Chief Executive Officer

APPROVED



Karen Longanecker
Board Chair

INTEGRATED SERVICES OF KALAMAZOO

Input from Stakeholders Report

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

PURPOSE/EXPLANATION

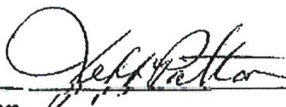
To promote accessibility and the removal of barriers for the participation at Board meetings of persons served and other citizens.

POLICY

The Board will:

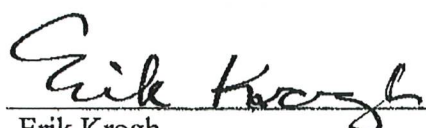
- A. Promote the recruitment of persons with disabilities or their personal representatives as members of the governance authority.
- B. Provide reasonable accommodations and to support equal opportunity for participation by persons with disabilities at Board meetings.
- C. Encourage community information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

CHIEF EXECUTIVE OFFICER



 Jeff Patton
 Chief Executive Officer

APPROVED



 Erik Krogh
 Board Chair

INTEGRATED
SERVICES OF
KALAMAZOO



Period Ended
May 31, 2026

Monthly Finance
Report

INTEGRATED SERVICES OF KALAMAZOO

Statement of Net Position

May 31, 2026

	May 2025 (unaudited)	May 2026
Assets		
Current assets		
Cash and investments	\$ 13,386,262	\$ 28,623,616
Accounts receivable	5,939,051	4,334,619
Due from other governments	19,199,293	12,722,181
Prepaid items	1,420,683	1,606,736
Total current assets	<u>39,945,289</u>	<u>47,287,153</u>
Non-current assets		
Capital assets, net of accumulated depreciation	14,932,084	14,396,405
Net pension asset, net of deferred outflows	8,442,339	8,070,705
Total non-current assets	<u>23,374,423</u>	<u>22,467,110</u>
Total assets	<u>\$ 63,319,712</u>	<u>\$ 69,754,263</u>
Liabilities		
Current liabilities		
Accounts payable	\$ 8,533,938	\$ 9,021,281
Due to other governments	192,888	5,704,093
Due to providers	342,800	-
Accrued payroll and payroll taxes	3,104,485	2,639,446
Unearned revenue	129,016	114,613
Total current liabilities	<u>12,303,127</u>	<u>17,479,433</u>
Net position		
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	4,561,369	(1,961,269)
Net position	<u>\$ 51,016,585</u>	<u>\$ 52,274,830</u>

INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2025 through May 31, 2026

Percent of Year is 66.67%

	Original 2026 Budget	YTD Totals 5/31/26	Remaining Budget	Percent of Budget - YTD
Operating revenue				
Medicaid:				
Traditional Capitation	\$ 86,641,701	57,386,394	\$ 29,255,307	66.23%
Healthy Michigan Capitation	9,119,193	3,105,073	6,014,120	34.05%
State General Fund:				
Formula Fundings	3,900,516	2,600,344	1,300,172	66.67%
CCBHC Demonstration	34,258,759	22,106,999	12,151,761	64.53%
CCBHC Quality Bonus	1,326,190	-	1,326,190	0.00%
County Allocation	1,550,400	1,033,600	516,800	66.67%
Client Fees	1,069,711	531,230	538,481	49.66%
Other grant revenue	6,780,003	3,993,750	2,786,253	58.90%
Other earned contracts	1,958,805	1,624,627	334,178	82.94%
Interest	157,232	102,154	55,078	64.97%
Local revenue	508,606	11,277	497,329	2.22%
Total operating revenue	\$ 147,271,116	\$ 92,495,447	\$ 54,775,670	62.81%
Operating expenses				
Salaries and wages	\$ 32,403,237	19,627,363	12,775,874	60.57%
Employee benefits	12,643,544	7,268,996	5,374,548	57.49%
Staff development	300,933	89,637	211,296	29.79%
Payments to providers	93,008,476	59,240,329	33,768,148	63.69%
Administrative contracts	8,262,621	6,026,066	2,236,554	72.93%
IT software and equipment	928,129	596,837	331,292	64.31%
Client transportation	52,900	31,026	21,874	58.65%
Staff travel	386,676	206,445	180,231	53.39%
Office expenses	685,668	362,007	323,661	52.80%
Insurance expense	168,769	84,161	84,608	49.87%
Depreciation expense	585,704	384,034	201,670	65.57%
Utilities	363,874	262,534	101,341	72.15%
Facilities	36,265	73,877	(37,612)	203.71%
Local match	305,108	203,405	101,703	66.67%
Total operating expenses	\$ 150,131,903	\$ 94,456,716	\$ 55,675,187	62.92%
Change in net position	(2,860,787)	(1,961,269)	\$ (899,518)	
Beginning net position	54,236,100	54,236,100		
Ending net position	\$ 51,375,313	\$ 52,274,830		

INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2025 through May 31, 2026

Percent of Year is 66.67%

	Specialty Services		Healthy Michigan		SUD Block Grant		Totals	
	YTD Totals 5/31/26	YTD Budget	YTD Totals 5/31/26	YTD Budget	YTD Totals 5/31/26	YTD Budget	YTD Totals 5/31/26	Variance
Operating revenue								
Medicaid:								
Traditional Capitation	\$ 57,761,134	\$ -	\$ -	\$ -	\$ 74,638	\$ 57,761,134	\$ 61,206,173	\$ 3,445,039
Healthy Michigan Capitation	-	6,079,462	5,000,021	-	-	6,079,462	5,000,021	(1,079,441)
Settlement Estimate	2,951,619	(2,045,986)	(1,894,948)	-	(74,638)	905,634	(5,714,727)	(6,620,361)
Client Fees	4,847	55	-	-	-	4,902	1,992	(2,909)
Total operating revenue	\$ 60,717,600	\$ 4,033,531	\$ 3,105,073	\$ -	\$ -	\$ 64,751,131	\$ 60,493,459	\$ (4,257,673)
Operating expenses								
Internal services	\$ 1,510,389	\$ 9,304	\$ 3,852	\$ -	\$ -	\$ 1,519,693	\$ 1,811,034	\$ 291,341
External services	50,830,086	3,467,727	2,745,996	-	-	54,297,813	51,761,881	(2,535,932)
Delegated managed care	8,377,125	556,501	355,225	-	-	8,935,626	6,920,543	(2,013,083)
Total operating expenses	\$ 60,717,600	\$ 4,033,531	\$ 3,105,072	\$ -	\$ -	\$ 64,751,131	\$ 60,493,459	\$ (4,257,673)
Change in net position	-	0	0	-	-	-	-	-

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

INTEGRATED SERVICES OF KALAMAZOO

CCBHC

October 1, 2025 through May 31, 2026

Percent of Year is 66.67%

	CCBHC Medicaid	CCBHC Healthy MI	CCBHC Non-Medicaid	CCBHC YTD Totals
Operating revenue				
CCBHC revenue	\$ 16,634,902	\$ 5,472,096	\$ -	\$ 22,106,999
FFS Revenue	265,109	47,323	215,104	527,536
CCBHC SAMSHA Grant	-	-	446,880	446,880
Total CCBHC Revenue (PPS-1 of \$304.05 x encounters)	\$ 16,900,011	\$ 5,519,420	\$ 661,984	\$ 23,081,415
Operating expenses				
Internal services	\$ 11,999,697	\$ 4,386,395	\$ 3,245,098	\$ 19,631,190
DCO Contracts	4,049,022	1,379,812	849,030	6,277,864
Total operating expenses	\$ 16,048,719	\$ 5,766,207	\$ 4,094,128	\$ 25,909,054
Operating change in net position	851,292	(246,788)	(3,432,144)	(2,827,639)
General Fund Reclassification to cover Non-Medicaid	-	-	865,512	865,512
Total change in net position	\$ 851,292	\$ (246,788)	\$ (2,566,632)	\$ (1,962,127)
CCBHC Cost per daily visit				
	2023	FY 2024	FY 2025	5/31/26
Total CCBHC Cost	\$ 27,687,187	\$ 31,777,786	\$ 35,393,270	\$ 25,909,054
Daily Visits	99,802	110,326	125,458	84,898
Cost per daily visit	277.42	288.04	282.11	305.18

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 May 31st, 2026

UTILIZATION COMPARISONS FY 25/26										
	FY 24/25 Actual		FY 25/26 Budget		FY 25/26 Actual		Clients Served Difference		Cost Difference	
		Dollars	Clients Served	Dollars	Clients Served	Dollars	Clients Served	Favorable (Unfavorable)	Favorable (Unfavorable)	Cost YTD (Unfavorable)
OCTOBER	187	\$944,462	194	\$1,098,509	168	\$979,255	26	\$119,254	\$119,254	\$119,254
NOVEMBER	175	\$899,151	194	\$1,098,509	169	\$794,516	25	\$303,993	\$303,993	\$423,247
DECEMBER	170	\$801,707	194	\$1,098,509	187	793,941	7	\$304,568	\$304,568	\$727,816
JANUARY	190	\$943,870	194	\$1,098,509	194	762,474	0	\$336,035	\$336,035	\$1,063,851
FEBRUARY	197	\$898,764	194	\$1,098,509	184	1,080,095	10	\$18,414	\$18,414	\$1,082,265
MARCH	193	\$1,054,656	194	\$1,098,509	174	966,400	20	\$132,109	\$132,109	\$1,214,374
APRIL	189	\$1,160,440	194	\$1,098,509	163	925,806	31	\$172,703	\$172,703	\$1,387,077
MAY	188	\$1,027,319	194	\$1,098,509	169	1,089,435	25	\$9,074	\$9,074	\$1,396,150
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	-	-				
TOTALS	2,239	\$11,852,571	2,328	\$13,182,110	1,408	\$7,391,922	144	\$1,396,150	\$1,396,150	
MONTHLY AVERAGES	187		194		176					
GROSS ANNUAL COST		\$11,852,571		\$13,182,110		\$7,391,922		\$1,396,150	\$1,396,150	

Favorable/(Unfavorable):

Total 1,396,150

YOUTH COMMUNITY INPATIENT SERVICES
Report Period: October 1st, 2025 through May 31st, 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	48	\$48,000	37	36,863	36,863	
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	530	\$531,431	150	\$147,473	\$147,473	
MONTHLY AVERAGES	74		85		66					
GROSS ANNUAL COST		\$860,038		\$1,018,350		\$531,431		\$147,473	\$147,473	

Favorable/(Unfavorable): 147,473 Total

COMMUNITY INPATIENT SERVICES
Report Period: October 1st, 2025 through May 31st, 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				
OCTOBER	637	\$551,635	608	\$702,343	575	\$638,067	33	\$64,276	\$64,276
NOVEMBER	640	\$702,827	608	\$702,343	674	\$745,310	(66)	(\$42,967)	(\$42,967)
DECEMBER	708	\$777,481	608	\$702,343	603	\$668,071	5	\$34,272	\$34,272
JANUARY	577	\$635,283	608	\$702,343	652	\$732,357	(44)	(\$30,014)	(\$30,014)
FEBRUARY	405	\$447,214	608	\$702,343	462	\$516,211	146	186,132	186,132
MARCH	640	\$706,244	608	\$702,343	550	\$614,768	58	87,575	87,575
APRIL	525	\$577,375	608	\$702,343	510	\$566,743	98	135,600	135,600
MAY	503	\$552,904	608	\$702,343	468	\$526,135	140	176,208	176,208
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					
TOTALS	7,400	\$7,986,405	7,296	\$8,428,119	4,494	\$5,007,662	370	\$611,082	\$611,082
MONTHLY AVERAGES	617		608		562				
GROSS ANNUAL COST		\$7,986,405		\$8,428,119		\$5,007,662		\$611,082	

Favorable/(Unfavorable): Total 611,082

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

Report Period: October 1st, 2025 through May 31st, 2026

SERVICE	YTD				FY 25/26 Actual	
	FY 25/26 Budget				Dollars	Favorable / (Unfavorable)
	Month	Avg. Daily Rate	No. Served	Days of Service		
PC/CLS	May	\$300	399	80,336	\$23,898,993	24,061,528 (\$162,535)
CRISIS RES.		\$603	55	582	\$664,067	\$350,848
CLS (SIP)	May	NA	329		\$8,309,579	8,032,486 \$277,093
Annual Cost						\$427,776

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

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

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

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



Integrated Services of Kalamazoo MOTION

Subject:	April & May 2026 Disbursements	Approval Date:
Meeting Date:	June 22, 2026	June 22, 2026
Prepared by:	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 and the May 2026 vendor disbursements of \$14,105,163.54.”

Summary of Request:

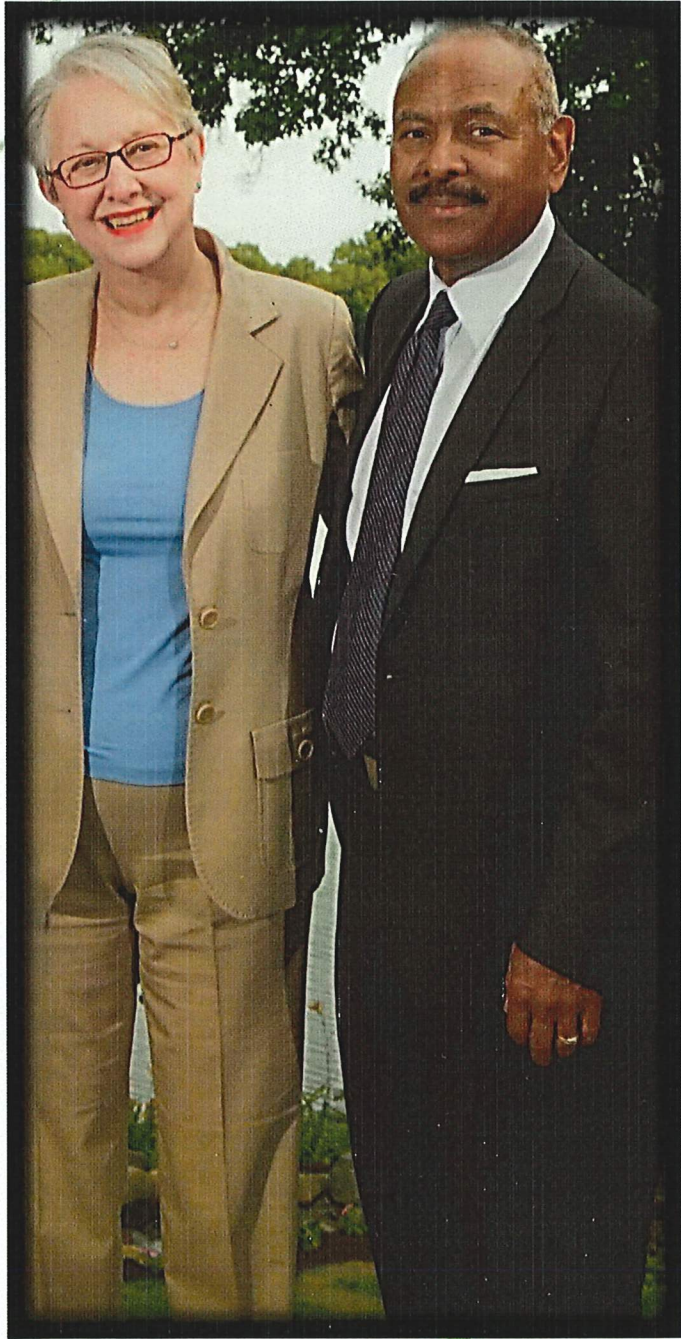
As per the April 2026 Vendor Check Register Report dated 05/06/2026 that includes checks issued from 04/01/2026 to 04/30/2026 and the May 2026 Vendor Check Register Report dated 06/08/2026 that includes checks issued from 05/1/2026 to 05/31/2026.

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

Staff: **C. Bowser, Finance Director**

Date of Board
Consideration: **June 22, 2026**

Happy 90th Birthday!



Integrated Services of Kalamazoo

BOARD OF DIRECTORS RESOLUTION MERITORIOUS STATUS FOR

Tyrone Thrash

WHEREAS, Tyrone is a consummate professional who embodies excellence in his work and commitment to ISK and the community. Tyrone's professionalism as the Housing Coordinator with a specific focus on Veterans Transitional Housing has been outstanding with Integrated Services of Kalamazoo for 17 years beginning in 2009; and

WHEREAS, he has provided high quality housing and veteran services, with kindness and integrity for our persons served, the community and ISK. His service will have a lasting impact on advancing ISK's mission.

WHEREAS, his career in veteran services has been nothing short of exceptional. Throughout the years, he has shown unwavering dedication, compassion, and professionalism in supporting those who have served our nation. His work has affected countless veterans and their families, providing them with guidance, resources and the respect they so greatly deserve.

WHEREAS, his leadership has created pathways of hope for those navigating some of life's most challenging moments. Therefore, as we acknowledge his many achievements, we also honor the impact that he has had on the veteran community. Today, we salute him for a legacy of service, honor, and compassion.

NOW, THEREFORE, BE IT RESOLVED, that in recognition of these many contributions and accomplishments for promoting and modeling housing and shelter care within this organization, Integrated Services of Kalamazoo is pleased to grant **MERITORIOUS STATUS** to **Mr. Tyrone Thrash** with all the rights and privileges appertaining thereto.



Community • Independence • Empowerment

Dated this 26th of June 2026

Karen Longanecker

Karen Longanecker

ISK Board Chair

Jeff Patton

Jeffrey W. Patton

ISK Chief Executive Officer