INTEGRATED Services of Kalamazoo
Community • Independence • Empowerment

Beth Ann Meints
Chief Executive Officer
www.iskzoo.org
(269) 553-8000
Administrative Services
610 South Burdick Street
Kalamazoo, MI 49007

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

AGENDA

July 27, 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
- b. Recipient Rights Semi-Annual Report

V. PROGRAM SERVICE REPORT
- a. *David Anderson*, Director of Housing & Facilities', Housing Report
  Tammie Natho, Housing Supervisor
  Rosalind Adams, Shelter Supervisor

VI. CONSENT CALENDAR/VERBAL MOTION
- a. Minutes *June 22, 2026*
- b. Chief Executive Officer Performance (III.03)(Policy)
- c. Monitoring Executive Performance (III.04)(Policy)
- d. Chief Executive Officer Role (III.01)(Policy)
- e. Delegation to the Chief Executive Officer (III.02)(Policy)
- f. Board Finance Committee (II.10)(Policy & Report)

VII. MONITORING REPORTS/ VERBAL MOTION
- a. ENDS: All Populations(Report)
- b. Strategic Plan(Report)
- c. Conflict of Interest (II.11)(Attachment – Board Member Disclosure Statement)

VIII. FINANCIAL REPORTS
- a. Financial Condition Report
- b. Utilization Report
- c. Investment Report
- d. June 2026 Disbursement/MOTION

IX. CHIEF EXECUTIVE OFFICER VERBAL REPORT
- a. Welcome to our NEW/CEO, *Beth Ann Meints!*

X. CITIZEN TIME

XI. ACKNOWLEDGEMENT of MERITORIOUS STATUS
- a. Mr. Jeffrey Wilson Patton, Retired from ISK after 25 years of service!

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XII. BOARD MEMBER TIME

a. SWMBH (Southwest Michigan Behavioral Health) Updates/Michael Seals

XIII. ADJOURNMENT

IV.a.

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

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

	June 2026	FY 25-26	June 2025	FY 24-25
Total # of Complaints Closed	**48**	**350**	**38**	**318**
Total # of Allegations Closed	**61**	**474**	**55**	**492**
Total # of Allegations Substantiated	**15**	**168**	**29**	**164**

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	June 2026		June 2025	
Category	**TOTAL**	**SUBSTANTIATED**	**TOTAL**	**SUBSTANTIATED**
Consumer Safety	1	0	4	4
Dignity/Respect of Consumer	14	4	14	6
Treatment Issues/Suitable Services (Including Person Centered Planning)	13	3	9	3
Abuse I	1	0	0	0
Abuse II	5	1	4	1
Abuse III	6	2	3	2
Neglect I	0	0	1	1
Neglect II	3	1	5	5
Neglect III	4	3	8	6
	47	**14**	**58**	**28**

APPEALS	June 2026	FY 25-26	June 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
July 2026

Re: June 2026 Abuse/Neglect Violations

June

Abuse Violations

- There was one substantiated Abuse II violation in June 2026.
    - The remedial action for this violation was Written Reprimand (1), and Training (1).

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

The 2 violations occurred at different agencies.

Neglect Violations

- There was one substantiated Neglect II violation in June 2026. It was a Neglect II Failure to Report Violation.
    - The remedial actions for these violations were Written Reprimand (1), and Training (1).

- There were three substantiated Neglect III violations in June 2026.
    - The remedial actions for these violations were Written Reprimand (3), Training (1), and Pending (1).

The three violations occurred at different agencies.

All of the ORR case information is forwarded 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).

IV.b.

Office of Recipient Rights
Report to the Mental Health Board
On Semi-Annual Report
Closed in: June 2026

Data Summary

Demographic Information	
Reporting CMH/LPH	Integrated Services of Kalamazoo
Recipient Rights Office Director Name	Lisa Smith
Reporting Period	October 1, 2025 through March 31, 2026

Complaint Data Summary	
Type	***Received***
All Allegations Received	332
Allegations Received Subject to Investigation/Intervention	303
Allegations Received with No Right Involved or Outside Jurisdiction	29
Investigations Completed	262
Interventions Completed	41
Allegations Substantiated	107
Percent of All Allegations Substantiated	35%

Highlighted Complaint Categories	***Received***	***Substantiated***
Abuse I, II, III	61	20
Neglect I, II, III	50	35
Dignity and Respect	65	24
MH Services Suited to Condition	80	16
Individual Written Plan of Service	0	0
Disclosure of Confidential Information	3	2

Complaint Remediation	
Remediation Type	***Total***
Verbal Counseling	9
Written Counseling	16
Verbal Reprimand	0
Written Reprimand	34
Suspension	1
Demotion	0
Staff Transfer	2
Training	52
Employment Termination	10
Employee Resigned	7
Contract Action	6
Policy Revision/Development	6
Environmental Repair/Enhancement	1
Plan of Service Revision	1
Recipient Transfer to Another Provider/Site	0
Other	3
None	0

Summary of Complaint Data by Category

Code	Category	Total Received	Investigation	Intervention	Substantiated
7221	Abuse Class I	2	2		0
7224	Abuse Class I Sexual Abuse	1	1		0
72221	Abuse Class II Nonaccidental Act	4	4		0
72222	Abuse Class II Unreasonable Force	9	9		5
72223	Abuse Class II Emotional Harm	1	1		0
72224	Abuse Class II Treating as Incompetent	0	0		0
72225	Abuse Class II Exploitation	13	13		3
7223	Abuse Class III	31	31		12
72251	Neglect Class I	0	0		0
72252	Neglect Class I Failure to Report	0	0		0
72261	Neglect Class II	5	5		3
72262	Neglect Class II Failure to Report	3	3		3
72271	Neglect Class III	36	36		24
72272	Neglect Class III Failure to Report	6	6		5
7040	Civil Rights	0	0	0	0
7044	Religious Practice	0	0	0	0
7045	Voting	0	0	0	0
7081	Mental Health Services Suited to Condition	80	64	16	16
7082	Safe Sanitary and Humane Treatment Environment	18	10	8	3
7083	Least Restrictive Setting	0	0	0	0
7084	Dignity and Respect	65	54	11	24
7100	Physical and Mental Exams	0	0	0	0
7110	Family Rights	8	7	1	2
7120	Individual Written Plan of Service	0	0	0	0
7130	Choice of Physician or Mental Health Professional	0	0	0	0

Code	Category	Total Received	Investigation	Intervention	Substantiated
7140	Notice of Clinical Status and Progress	0	0	0	0
7150	Services of a Mental Health Professional	0	0	0	0
7160	Surgery	0	0	0	0
7170	Electroconvulsive Therapy	0	0	0	0
7180	Psychotropic Drugs	1	1	0	1
7190	Medication Side Effects	0	0	0	0
7240	Fingerprints Photographs Recordings	0	0	0	0
7249	Video Surveillance	0	0	0	0
7261	Visits	0	0	0	0
7262	Telephone	2	0	2	0
7263	Mail	1	1	0	0
7281	Possession and Use of Personal Property	7	5	2	2
7286	Limitations on Personal Property	0	0	0	0
7300	Safeguarding Money (State Hospitals Only)	0	0	0	0
7360	Labor and Compensation	0	0	0	0
7440	Freedom of Movement	3	3	0	1
7400	Restraint	0	0	0	0
7420	Seclusion	1	1	0	0
7460	Complete Record	2	2	0	1
7480	Disclosure of Confidential Information	3	2	1	2
7481	Access Denial to Confidential Information	0	0	0	0
7490	Correction of Record	1	1	0	0
7500	Privileged Communication	0	0	0	0
0000	No Right Involved	15			
0001	Outside ORR Jurisdiction	14			

Substantiated Rights Violations and Remedial Action Taken

Complaint Category	Service Provider Type	Remedial Action	Remedial Action 2
Abuse Class II Exploitation	Contracted Provider	Contract Action	
Abuse Class II Exploitation	Contracted Provider	Written Reprimand	Training
Abuse Class II Exploitation	Contracted Provider	Employment Termination	
Abuse Class II Unreasonable Force	Contracted Provider	Written Reprimand	Training
Abuse Class II Unreasonable Force	Contracted Provider	Written Reprimand	Training
Abuse Class II Unreasonable Force	Contracted Provider	Written Counseling	Training
Abuse Class II Unreasonable Force	Contracted Provider	Employment Termination	Written Reprimand
Abuse Class II Unreasonable Force	Direct Hire	Written Reprimand	Training
Abuse Class III	Direct Hire	Verbal Counseling	Training
Abuse Class III	Direct Hire	Contract Action	Training
Abuse Class III	Contracted Provider	Written Counseling	
Abuse Class III	Contracted Provider	Employment Termination	
Abuse Class III	Contracted Provider	Written Reprimand	Training
Abuse Class III	Contracted Provider	Employment Termination	
Abuse Class III	Contracted Provider	Written Reprimand	Training
Abuse Class III	Contracted Provider	Written Reprimand	Other
Abuse Class III	Contracted Provider	Employment Termination	Training

Complaint Category	Service Provider Type	Remedial Action	Remedial Action 2
Abuse Class III	Contracted Provider	Employment Termination	Training
Abuse Class III	Contracted Provider	Employment Termination	
Abuse Class III	Contracted Provider	Employment Termination	
Complete Record	Direct Hire	Policy Revision/Development	
Dignity and Respect	Direct Hire	Employee Resigned	Written Counseling
Dignity and Respect	Direct Hire	Training	
Dignity and Respect	Contracted Provider	Verbal Counseling	
Dignity and Respect	Direct Hire	Training	
Dignity and Respect	Direct Hire	Verbal Counseling	Training
Dignity and Respect	Direct Hire	Contract Action	Training
Dignity and Respect	Direct Hire	Pending	
Dignity and Respect	Contracted Provider	Written Reprimand	Training
Dignity and Respect	Contracted Provider	Written Counseling	Policy Revision/Development
Dignity and Respect	Contracted Provider	Written Counseling	Training
Dignity and Respect	Direct Hire	Policy Revision/Development	
Dignity and Respect	Contracted Provider	Verbal Counseling	
Dignity and Respect	Contracted Provider	Written Counseling	
Dignity and Respect	Contracted Provider	Written Reprimand	

Complaint Category	Service Provider Type	Remedial Action	Remedial Action 2
Dignity and Respect	Contracted Provider	Verbal Counseling	Training
Dignity and Respect	Contracted Provider	Written Reprimand	Training
Dignity and Respect	Contracted Provider	Written Reprimand	Training
Dignity and Respect	Direct Hire	Training	
Dignity and Respect	Contracted Provider	Environmental Repair/Enhancement	
Dignity and Respect	Contracted Provider	Written Reprimand	Staff Transfer
Dignity and Respect	Direct Hire	Verbal Counseling	Staff Transfer
Dignity and Respect	Contracted Provider	Training	
Dignity and Respect	Contracted Provider	Training	
Disclosure of Confidential Information	Contracted Provider	Other	
Disclosure of Confidential Information	Contracted Provider	Training	
Family Rights	Direct Hire	Employee Resigned	Written Counseling
Family Rights	Contracted Provider	Policy Revision/Development	
Freedom of Movement	Direct Hire	Contract Action	Training
Mental Health Services Suited to Condition	Contracted Provider	Written Reprimand	Training
Mental Health Services Suited to Condition	Direct Hire	Employee Resigned	Written Counseling
Mental Health Services Suited to Condition	Direct Hire	Plan of Service Revision	Training
Mental Health Services Suited to Condition	Contracted Provider	Employee Resigned	Training

Complaint Category	Service Provider Type	Remedial Action	Remedial Action 2
Mental Health Services Suited to Condition	Contracted Provider	Verbal Counseling	
Mental Health Services Suited to Condition	Direct Hire	Pending	
Mental Health Services Suited to Condition	Contracted Provider	Verbal Counseling	Written Reprimand
Mental Health Services Suited to Condition	Contracted Provider	Policy Revision/Development	
Mental Health Services Suited to Condition	Contracted Provider	Training	
Mental Health Services Suited to Condition	Contracted Provider	Employment Termination	
Mental Health Services Suited to Condition	Direct Hire	Policy Revision/Development	
Mental Health Services Suited to Condition	Contracted Provider	Training	
Mental Health Services Suited to Condition	Direct Hire	Pending	
Mental Health Services Suited to Condition	Contracted Provider	Pending	
Mental Health Services Suited to Condition	Contracted Provider	Pending	
Mental Health Services Suited to Condition	Contracted Provider	Pending	
Neglect Class II	Contracted Provider	Employment Termination	
Neglect Class II	Contracted Provider	Written Reprimand	Other
Neglect Class II	Contracted Provider	Employment Termination	Written Counseling
Neglect Class II Failure to Report	Contracted Provider	Written Reprimand	
Neglect Class II Failure to Report	Contracted Provider	Written Reprimand	Training
Neglect Class II Failure to Report	Contracted Provider	Written Reprimand	Training

Complaint Category	Service Provider Type	Remedial Action	Remedial Action 2
Neglect Class II Failure to Report	Contracted Provider	Written Reprimand	Training
Neglect Class III	Direct Hire	Written Counseling	
Neglect Class III	Contracted Provider	Written Reprimand	
Neglect Class III	Contracted Provider	Written Reprimand	
Neglect Class III	Contracted Provider	Written Reprimand	Training
Neglect Class III	Contracted Provider	Written Reprimand	Training
Neglect Class III	Contracted Provider	Written Counseling	Training
Neglect Class III	Contracted Provider	Employment Termination	Written Counseling
Neglect Class III	Contracted Provider	Employment Termination	Written Counseling
Neglect Class III	Contracted Provider	Written Reprimand	Training
Neglect Class III	Contracted Provider	Written Reprimand	Training
Neglect Class III	Contracted Provider	Written Reprimand	Training
Neglect Class III	Direct Hire	Employee Resigned	Training
Neglect Class III	Contracted Provider	Employee Resigned	Training
Neglect Class III	Contracted Provider	Written Reprimand	Training
Neglect Class III	Direct Hire	Written Reprimand	
Neglect Class III	Contracted Provider	Contract Action	Suspension
Neglect Class III	Contracted Provider	Written Reprimand	

Complaint Category	Service Provider Type	Remedial Action	Remedial Action 2
Neglect Class III	Contracted Provider	Written Counseling	Training
Neglect Class III	Contracted Provider	Employment Termination	Training
Neglect Class III	Contracted Provider	Written Reprimand	Training
Neglect Class III	Contracted Provider	Contract Action	Training
Neglect Class III	Contracted Provider	Written Reprimand	
Neglect Class III	Contracted Provider	Employee Resigned	
Neglect Class III	Contracted Provider	Pending	
Neglect Class III	Contracted Provider	Employment Termination	
Neglect Class III Failure to Report	Contracted Provider	Written Counseling	Training
Neglect Class III Failure to Report	Contracted Provider	Written Counseling	Training
Neglect Class III Failure to Report	Contracted Provider	Employment Termination	Written Reprimand
Neglect Class III Failure to Report	Contracted Provider	Employment Termination	
Neglect Class III Failure to Report	Contracted Provider	Written Reprimand	Training
Possession and Use of Personal Property	Contracted Provider	Employment Termination	
Possession and Use of Personal Property	Contracted Provider	Training	
Psychotropic Drugs	Direct Hire	Verbal Counseling	Training
Safe Sanitary and Humane Treatment Environment	Contracted Provider	Pending	
Safe Sanitary and Humane Treatment Environment	Contracted Provider	Employment Termination	

Complaint Category	Service Provider Type	Remedial Action	Remedial Action 2
Safe Sanitary and Humane Treatment Environment	Contracted Provider	Training	

ISK Housing Recovery Center Updates

ISK Housing Recovery Center has encountered many changes this year including the addition of new programs, ending programs, and current program updates. Through it all our team has remained determined to help Southwest Michigan's unhoused by providing them with housing and with services that help them remain housed.

Keystone Veterans Shelter

- Retirement of Tyrone Thrash

Oakland House

- Success Stories

Medical Respite Shelter

- New Program Updates

Step-Up Family Shelter

- Salvation Army/MDHHS Transition
- Master leased units

Housing Support Team

- Program Conclusion

Permanent Supportive Housing

- HUD Changes
- New Application

Rise to Success

- Success Stories

School Based

- Success Stories

Street Outreach

- New Application
- Success Stories

INTEGRATED Services of Kalamazoo

Community • Independence • Empowerment

INTEGRATED Services of Kalamazoo (*ISK*) Board of Director's Meeting

INTEGRATED Services of Kalamazoo
610 South Burdick Street
Kalamazoo MI 49007

June 22, 2026 VI.a.

ISK Board Member	Board Members PRESENT	Declaration of Location City/County	Board Members ABSENT
Karen Longanecker, *CHAIR*	X	Kalamazoo/Kalamazoo	
Michael Seals, *VICE CHAIR*	X	Kalamazoo/Kalamazoo	
Nkenge Bergan			X
Patrick Dolly			X
Ramona Lumpkin	X	Kalamazoo/Kalamazoo	
Michael Raphelson	X	Kalamazoo/Kalamazoo	
Caelynn Uhlmann			X
Melissa Woosley	X	Kalamazoo/Kalamazoo	
Abigail Wheeler, *COMMISSIONER*			X

ISK - Staff Present:
Jeff Patton, *CEO*
Beth Ann Meints
Raeana Donaldson
Sheila Hibbs
Charlotte Bowser
Wanda Brown
Chantel Graham
Amy Rottman
Dianne Shaffer
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
Latrevia Boston, Executive Director/ASK Family Services

Call to Order
The Board of Directors (Integrated Services of Kalamazoo) held their meeting on Monday, June 22, 2026. It began @ 4:30PM and was presided over by the Chair, *Karen Longanecker.*

Agenda
MOTION
Vice Chair Seals,
"I move to approve the agenda as presented." Supported by Member Raphelson. MOTION PASSED.

CITIZEN TIME
Unknown Citizen
This individual gave testimony but refused to reveal his name prior to his testimony. He raised concerns about his financial issues affecting his ability to cover the cost of his care. Jeff Patton met with this gentleman after the board meeting in an effort to resolve his concerns.

Fiorella Spalvieri, CEO/CLO
Diane Marquess, CEO/FCS
Shenetta Coleman, CEO/ROI
The three executives took the opportunity to express their gratitude and appreciation to Jeff Patton for his outstanding leadership and unwavering support and commitment to mental health, the wellbeing of our persons-served and the community providers. *Congratulations* on your retirement!

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

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.

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).

PROGRAM SERVICES REPORT

Raeana Donaldson, Director of IDDA, presented Intellectual & Developmental Disabilities Adult Report.

This report provides a comprehensive overview of the Intellectual & Developmental Disabilities Adult department, highlighting key achievements, service outcomes, and priorities that support quality, person-centered care.

To review this report, please use the following link: https://iskzoo.org/about-us/board/

CCBHC REPORT

Beth Ann Meints, NEW/Chief Executive Officer, presented the CCBHC Report.

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.

CONSENT CALENDAR
VERBAL 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 *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)

Member Raphelson, "I MOVE TO ACCEPT THE CONSENT AGENDA [CALENDAR] AS PRESENTED." Supported by Vice Chair Seals. MOTION PASSED.

Financial Reports/Financial Condition Reports
Amy Rottman, ISK, Chief Financial Officer, presented the Financial Condition Reports for May 31, 2026.

To review this report, 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 May 31, 2026.

- Autism Services has (144) clients and is favorable at $1,396,150.
- Youth Community Inpatient Services is (150) days and is favorable at $147,473.
- MI Adult Community Inpatient Services is at (370) days and is favorable at $611,082. Community Living Supports, Personal Care, and Crisis Residential are favorable at $427,776.

2025 Audit Report Update

Amy Rottman, Chief Financial Officer, shared that an error was identified in the audit report completed by DBO. Specifically, Footnote #10 had a number discrepancy that has been noted and corrected. New Audit report will be shared with the necessary entities and stakeholders once received.

10. Net Position

Net Investment in Capital Assets

The Authority's net investment in capital assets is comprised of the following:

September 30, 2025		
Invested in capital assets:		
Capital assets not being depreciated	$	186,216
Capital assets being depreciated, net		9,271,390
Investment in Capital Assets		9,457,606
Lease liability		(2,978,224)
Subscription liabilities		(17,919)
Total Net Investment in Capital Assets	$	6,461,463

The final draft and accurate footnote should show:

10. Net Position

Net Investment in Capital Assets

The Authority's net investment in capital assets is comprised of the following:

September 30, 2025		
Invested in capital assets:		
Capital assets not being depreciated	$	840,568
Capital assets being depreciated, net		16,716,468
Investment in Capital Assets		17,557,036
Lease liability		(2,935,298)
Subscription liabilities		(496,663)
Total Net Investment in Capital Assets	$	14,125,075

April & May Disbursements
MOTION
Vice Chair Seals, "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." Supported by Member Lumpkin.

MOTION PASSED.

Citizen Time No citizens came forth.

Chief Executive Officer Report
To commemorate the final Board meeting of our former CEO (Jeff Patton), we will also be serving cupcakes in honor of what would have been Marilyn J. Schlack's 90th birthday. Marilyn will forever share in the history and success of ISK for her phenomenal partnership and leadership with the Bronson Healthy Living Campus initiative. This partnership built our 615 E. Crosstown Parkway location.

Two key items that Jeff encouraged everyone to stay organized to challenge:
- The Mental Health Framework implemented October 1, 2026
- RFP (DTMB Vendor Opportunity Dashboard) for a PIHP RFP release date of August 2026

Governor Whitmer announced the resignation of former MDHHS Director, Elizabeth Hertel for the end of June 2026.

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

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.

INTEGRATED

Dated this 26th of June 2026

Karen Longanecker
Karen Longanecker
ISK Board Chair

Jeff Patton
Jeffrey W Patton
ISK Chief Executive Officer

[6]

MOTION

Member Raphelson, "I MOVE TO APPROVE MERITORIOUS STATUS FOR Tyrone Thrash and James Jump, in recognition of their distinguished service, dedication, and contribution to Integrated Services of Kalamazoo." Supported by Member Lumpkin.

MOTION PASSED.

BOARD MEMBER TIME

Board Nominating Committee Report

The ISK Board nominating committee for 2026 consists of Nkenge Bergan, Chair, Michael Raphelson, Patrick Dolly and Pat Guenther. The committee requested expressions of interest in being nominated for officer positions. Karen Longanecker expressed interest in continuing her role as chair. Michael Seals expressed interest in continuing his role as vice chair.

The committee agreed to recommend to the Board the following slate of officers:

- Chair, Karen Longanecker
- Vice Chair, Michael Seals.

Member Raphelson, "I MOVE THAT THE BOARD APPROVE AND ACCEPT THE ELECTION RESULTS AS PRESENTED BY THE ELECTION COMMITTEE." Supported by Member Woolsey.

MOTION PASSED.

SWMBH (Southwest Michigan Behavioral Health) Updates/Michael Seals

According to Vice Chair Seals, the SWMBH DABS report is declining with no indications of increasing. The conversations continue about revenue from the state to make SWMBH whole.

Mila Todd has received her contract from the SWMBH Board for her new position of Executive Officer. We are awaiting her signature on the contract and then we will continue forward.

That concludes my report.

Meeting adjourned by voice vote at 6:15PM.

MOTION PASSED

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

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY III.03

AREA:	Governance		
SECTION:	Board – Executive Relationship	PAGE:	1 of 1
SUBJECT:	**CHIEF EXECUTIVE OFFICER PERFORMANCE**	SUPERSEDES:	07/26/2010
		REVISED:	07/25/2011

PURPOSE/EXPLANATION

To define the job contribution of the Chief Executive Officer (CEO).

POLICY

As the Board's single official link to the operating organization, the CEO's performance will be considered to be synonymous with organization performance.

Consequently, the CEO's job contributions can be stated as performance in only two ways:

A. Organizational accomplishment of the provisions of Board policies on Ends.

B. Organization operation within the boundaries of prudence and ethics established in Board policies on Executive Limitations.

CHIEF EXECUTIVE OFFICER

Jeff Patton
Chief Executive Officer

APPROVED

Erik Krogh
Board Chair

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY III.04

AREA:	Governance		
SECTION:	Board – Executive Relationship	PAGE:	1 of 2
SUBJECT:	**MONITORING EXECUTIVE PERFORMANCE**	SUPERSEDES:	06/22/2019
		REVISED:	08/25/2025

PURPOSE/EXPLANATION

To establish the mechanisms for monitoring the performance of the Chief Executive Officer (CEO).

POLICY

I. The Board's chief evaluation interest is whether the organization achieves the Board's ends and operates within the Board's executive limitations. The evaluation of the CEO's performance consists of comparing performance data against a reasonable interpretation of the degree to which the Board Ends and Executive Limitation policies are carried out.

A. The monitoring of executive performance will take place throughout the year during board meetings through the monitoring reports of the Board Ends and Executive Limitation policies and other mechanism established by the Board. A routine schedule and format will be utilized, requiring a minimum of Board time so that discussion will focus on the future rather than reviewing the past.

B. At the discretion of the Board, any ends and limitations policy may also be monitored by any of the following methods at any time:

1. *Internal Report*
   Periodic reports to the Board demonstrating compliance with Board Ends and Executive Limitation policies.
2. *External Report*
   Receipt and review of information having an impact on the Board Ends and Executive Limitation policies from federal, state or local regulatory bodies. Additionally, an external report may be received from an impartial third party selected by the Board to review a particular Board policy or set of circumstances.
3. *Direct Inspection*
   a. Monitoring executive performance may also be done through the complaint process (exhibits B & C)
   b. When other information is brought to the Board's attention causing the Board to question the implementation of a policy, the Board may appoint a

member or committee to conduct a policy compliance review. The results shall be reported back to the Board.

4. *Performance Objectives*
   The Board and Chief Executive Officer may establish performance objectives that aim to achieve specific targets for a Board Ends or Executive Limitation policy within a time frame and with available resources.
5. At the discretion of the Board, the results obtained through internal and external reports, direct inspection, or performance objectives may also be included in the CEO's annual evaluation.

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

EXHIBITS

A. Process for Conducting Executive Evaluation

B. Handling Complaints About the Chief Executive Officer's Non-Compliance with Board Policy

C. Chief Executive Officer Board Policy Non-Compliance Complaint Form

D. CEO Annual Evaluation

E. CEO Monthly Board Monitoring Activities

CHIEF EXECUTIVE OFFICER:

Jeff Patton
Chief Executive Officer

APPROVED:

Karen Longanecker
Board Chair

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY III.01

AREA:	Governance		
SECTION:	Board-Executive Relationship	PAGE:	1 of 1
SUBJECT:	**CHIEF EXECUTIVE OFFICER ROLE**	SUPERSEDES:	07/26/2010
		EFFECTIVE:	07/25/2011

PURPOSE/EXPLANATION

To define the role of the Chief Executive Officer (CEO) and the relationship of the position to the Board.

POLICY

The CEO is accountable to the Board. The Board will instruct the CEO through Board policies and the CEO's contract, delegating to him/her interpretation and implementation of those policies.

The CEO will provide an orientation of new Board members that addresses the mission, philosophy, scope and service array; legal framework, history and future trends; service development, monitoring and management; and financial management. This will be coordinated when there is new Board membership.

CHIEF EXECUTIVE OFFICER

Jeff Patton
Chief Executive Officer

APPROVED

Erik Krogh
Board Chair

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY III.02

AREA:	Governance		
SECTION:	Board – Executive Relationship	PAGE:	1 of 2
SUBJECT:	**DELEGATION TO THE CHIEF EXECUTIVE OFFICER**	SUPERSEDS:	07/25/2011
		REVISED:	09/26/2016

PURPOSE/EXPLANATION

To define the authority of the Chief Executive Officer (CEO) and methodology for the modification of that authority.

POLICY

All Board Authority related to staff is delegated through the CEO.

A. The Board will direct the CEO to achieve specified results, for specified persons served, at a specified cost through the establishment of *Ends* policies. The Board will limit the latitude the CEO may exercise in practices, methods, conduct and other "means" to the ends through establishment of *Executive Limitations* policies.

B. As long as the CEO uses any reasonable interpretation of the Board's *Ends* and *Executive Limitations* policies, he/she is authorized to establish all further policies, make all decisions, take all actions, establish all practices and develop all activities.

C. This authorization shall include entering into contracts with funders, service providers, professional services and administrative services such as maintenance contracts and printing contracts that are consistent with organizational goals and within the approved budget. For contracts that were not included in the approved budget, the CEO will notify the Board of all contracts that are less than $300,000 and bring to the Board for their approval all contracts of $300,000 or more. In order to provide for efficient and timely payment of the Authority's obligations, the Board delegates to the CEO the authority to approve and pay budgeted purchases up to $300,000 without further advance approval by the Board. The Board retains authority to approve unbudgeted purchases or purchases in excess of $300,000 in advance of issuance. The CEO will, however, provide the Board (through its Finance Committee) with a detailed listing of all disbursement approved by the CEO in accordance with this policy each month.

D. Purchase or sale of all real estate must be approved by the Board.

E. The Board may change its *Ends* and *Executive Limitations* policies, thereby shifting the boundary between Board and CEO domains. By so doing, the Board changes the latitude of choice given to the CEO. But so long as any particular delegation is in place, the Board and its members will respect and support the CEO's choices. This does not prevent the Board from obtaining information in the delegated areas except requesting identifiable information on persons served.

F. Only decisions of the Board are binding upon the CEO.

1. Decisions or instructions of individual Board members, officers or committees are not binding on the CEO except in rare instances when the Board has specifically authorized such exercise of authority.
2. In the case of individual Board member(s) requesting information or assistance without Board authorization, the CEO can refuse such requests that require, in the CEO's judgment, a material amount of staff time or funds, or is disruptive.

CHIEF EXECUTIVE OFFICER

Jeff Patton
Chief Executive Officer

APPROVED

Karen Longanecker
Board Chair

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY II.10

AREA:	Governance		
SECTION:	Board Governance Process	PAGE:	1 of 2
SUBJECT:	**BOARD FINANCE AND COMPLIANCE COMMITTEE**	SUPERSEDES:	03/27/2017
		REVISED:	07/23/2018

PURPOSE/EXPLANATION

To define the role of the Board Finance and Compliance Committee.

POLICY

The Finance and Compliance Committee is a standing committee of the ISK Board and consists of up to four (4) Board members and the chairperson of the Board. The ISK Board appoints the members to the Finance and Compliance Committee. The Finance Committee chair is selected by the Finance and Compliance Committee members. The chairperson of the Board shall not also be designated as the Finance and Compliance Committee chair.

A. The Finance and Compliance Committee exists to support the work of the Board in protecting and managing the financial assets and risks of ISK. The committee will at least annually:
   1. Review and recommend financial and compliance policies to the Board
   2. Review and recommend the budget to the Board
   3. Review the Financial Audit
   4. Review insurance coverage
   5. Review risk

B. The Committee will:
   1. Review monthly financial reports from the Chief Executive Officer (CEO)
   2. Review the previous month's vendor disbursements and make a recommendation to the ISK Board for approval
   3. Make recommendation on such other issues as delegated to/by the Board
   4. Review compliance activities (including goals, objectives, Risk Assessment) to develop the annual Compliance Plan.

C. The Finance and Compliance Committee is authorized to create subcommittees and engage in activities that contribute to the fulfillment of its purpose.

D. The Finance and Compliance Committee is accountable to the full ISK Board.

REFERENCES

- ISK Board Policy II.5 Board Committee Principles
- 42 CFR 438.608 (Program Integrity Requirements under the contract)

CHIEF EXECUTIVE OFFICER

Jeff Patton
Chief Executive Officer

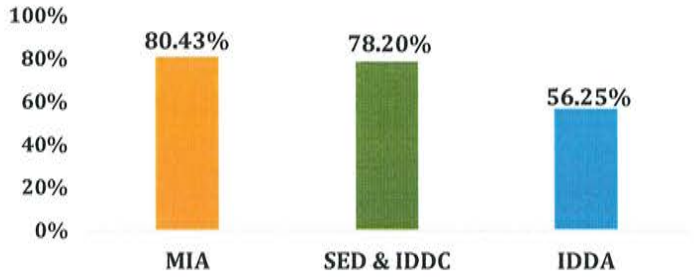
BOARD CHAIR

Karen Longanecker
Board Chair

Integrated Services of Kalamazoo
FY 2025/26 Mid-Year Dashboard Report

1. Timely Access to Services - Request to Assessment (within 14 days)

2. Timely Access to Services - Assessment to Ongoing Services (within 14 days)



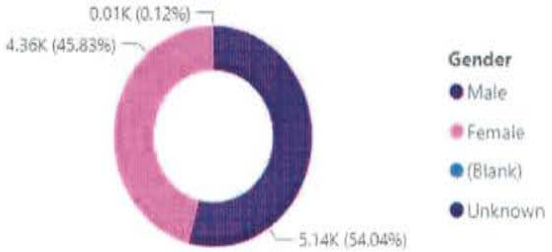
Number of Dependents
8762

Average Age of Clients
35.20

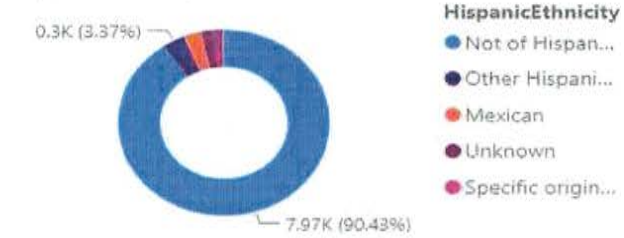
Total No of Clients
9518

No of Diagnosis Entries
5698

Gender Distribution

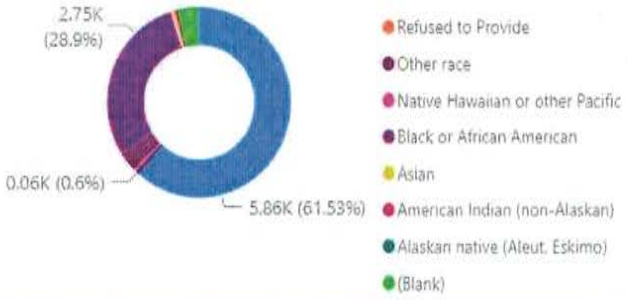


Hispanic Ethnicity



Age Distribution

Primary Race



Current Demonstration Year DY5
(01/01/2026 through 12/31/2026)

CCBHC QBP Performance Scorecard

Year: 2026

SRA-A ON TRACK — 10% weight
96.94%
benchmark 76% or higher
▲ 0.91% vs last ...
98.30% 97.30% 96.94% 96.95% 97.02%
Leading Monthly Trend

SRA-BH-C ON TRACK — 10% weight
68.71%
benchmark 60% or higher
▼ 4.11% vs last ...
79.83% 70.45% 68.71% 66.77% 66.80%
Leading Monthly Trend

DEP-REM-6 — 5% weight
0.00%
benchmark not yet issued
0.00% 0.00% 0.00% 0.15% 0.53%
Leading Monthly Trend

I-SERV(1) ON TRACK — 5% weight
0.11 Days
benchmark 14.8 days or lower
▼ 0.39 days vs last qtr
0.07 0.06 0.11 0.11 0.17
Leading Monthly Trend

I-SERV(2) ON TRACK — 5% weight
6.11 Days
benchmark 25.5 days or lower
▼ 5.56 days vs last qtr
5.20 5.64 6.11 6.59 7.06
Leading Monthly Trend

I-SERV(3) ON TRACK — 5% weight
0.27 Hours
benchmark 1.3 hrs or lower
▼ 0.06 days vs last qtr
0.29 0.30 0.27 0.31 0.30
Leading Monthly Trend

Integrated Services of Kalamazoo
FY2025-FY2027 Stategic Plan Monitoring Report

STATUS LEGEND
Objective met: ★ Not Started: ◎
Progressing: ➡ On Hold: ▲
Discontinued: ⊘

		Target Due Date	Y2 Status Update	
Value: Integrity Recovery Self-Determination Effectiveness			* **63%** of Strategic Plan Objectives are **MET (29)** * **24%** of Strategic Plan Objectives are in **PROCESS (11)** * **9%** of Stategic Plan Objectives have **NOT STARTED (4)** * **2%** of Strategic Plan Objectives are **ON HOLD (1)** * **2%** of Stategic Plan Objectives are **DISCONTINUED (1)**	
WE ARE: Financially innovative and adept, sustainable, adaptable, and cost effective . Engaging systems and monitoring data and outcomes to ensure effective services. Monitored via data.				
Goal 1:	**We will: Strive to build sustainable financial operations to support the delivery of CCBHC and specialty CMH supports and services.**			
Objective 1:	1. Review revenue (grants, capitation, local, CCBHC) to maximize benefit and mitigate risk while benefiting the community.			
	1a. Collective review of grant programs. Implementation of changes in the 2025 fiscal year and beyond.	9/30/2025	Completed through the ISK budget process and monitored ongoing	★ ➡
	1b. Align capitation expenses with reported data and advocate for necessary revenue.	Ongoing	Ongoing and reported to ISK leadership and Board throughout the year through financial reports and analysis	★ ➡
	1c. Compare costs with independent rate model (Milliman) to determine if advocacy for rate adjustment is warranted.	Ongoing	Ongoing and reported to ISK leadership and Board throughout the year through financial reports and analysis	★ ➡
Objective 2:	Strengthen community safety net through revenue enhancement using investments, grants and other sources			
	2. Develop an investment strategy for planned community safety net expenditures.	9/30/2025	Not yet started. Target due date extended to 9/30/26	◎
Objective 3:	Achieve maximum CCBHC Quality bonus payments through targeted monitoring of indicators and targeted action plans.			
	3. Increase percentage of CCBHC Quality Bonus metrics met each year (increasing opportunity for bonus payments).	Ongoing	Systems for ongoing monitoring through ISK Analytics and the Data Integrity Monitoring Team to ensure that interventions are put into place as able. CCBHC's experience barriers in access to state level measures at this time while the Michigan Department of Health & Human Services is working to allow access through CareConnect 360. It is anticipated that access will be provided to the CCBHCs in Fall 2026. Quality Bonus Payments for Calendar Year 25 is anticipated to be received by September 2026.	➡
		Target Due Date	**Y2 Status Update**	
Objective 4:	Identify and reduce uncompensated care without negatively impacting clinically necessary services.			
	4. Ensure PPS1 rate combined with daily visits meets cost of service.	Ongoing	Monitored through a PowerBi report and financials. Status is reported to ISK leadership and Board ongoing throughout the year.	➡

	Objective 4a:	Develop a clinical pathway for a commercial benefit for serving the commercially insured individual.			
		4a. Ensure PPS1 rate combined with daily visits meets cost of service	Ongoing	Ongoing monitoring and analysis is completed	
		4a. Implement clinical pathways for individuals covered by commercial insurance only.	3/31/2025	ISK is currenlty collaborating with other CCBHCs to assess options of care pathways and levels of care for individuals presenting for service that are not covered under Medicaid. This project has recently began and is in process.	
	Objective 4b:	Maximize collection from commercially insured population.			
		4b. Decreased uncompensated services to the commercial insurance population.	9/30/2025	The Finance and Billing Department continue to establish procedures to ensure the capture and coordination of benefits to decrease uncompensated service delivery. This is an ongoing and evolving process that is revised and improved as necessary.	
Goal 2:	**Deliver clinically necessary services in the most cost effective manner.**				
Objective 1:	Analyze and establish service delivery expectations and cost for each service delivery area.				
	1. Service delivery expectations are established with established pathways for identifying and addressing outliers.		9/30/2026	Service deliverable benchmarks are established and service data is monitored by ISK clinical directors on an ongoing basis.	
Objective 2:	Determine clinical pathways by level of care.				
	2. Clinical Pathways are developed for all service areas.		9/30/2026	This is completed and monitoring processes are ongoing	
			Target Due Date	**Y2 Status Update**	
Objective 3:	Use Community Needs Assessment to develop model for predicting future service demand and needs.				
	3. Model for predicting future service needs and demand (cost) is developed, tested and implemented.		9/30/2026	Department Insights report has been developed to identify service utilizaton by service area and areas that need increased engagement. Increased outreach to communities and individuals experiencing barriers to increasing access to services has occurred through the Engagement Team and Care Coordination.	
Objective 4:	Establish our staffing teams based on clinical need and service delivery expectations.				
	4. Strategy developed and implemented to address current and future staffing needs, both ISK and provider network.		9/30/2027	Strategies have been developed and are re-assessed ongoing to meet the needs of individuals served, ISK, and the provider network	
Value: Trust					
WE ARE: Excellent and transparent communicators, both internally and externally, providing timely, proactive, and transparent communication. (Incorporate objectives to persons served.)					

Goal 1:	**Demonstrate an effective, open, and timely communication strategy.**			
Objective 1:	ISK will develop a written communication plan to provide guidance towards consistent and transparent communication.			
	1. A communication plan with expectations and standards, including soliciting and incorporating feedback on strategies, will be established. Communication plan will be monitored at least every 6 months through ISK Interdepartmental Leadership Team.	Ongoing and monitoring	Objective Met	
	1a. Add to agenda by 10/1/2024 for each SET meeting to identify audiences and methods for communicating updates to relevant teams and staff.	Ongoing and monitoring	Objective Met	
Objective 2:	Establish and distribute guides to ISK staff for types and methods for internal and external communication. For example, when to use email vs TEAMS messaging vs posting announcements on the ISK portal.			
	2. A "How to Guide", including ways to differentiate between communication methods and other considerations will be developed. Guide will be updated as needed.	12/31/2024	Objective Met	
		Target Due Date	**Y2 Status Update**	
Goal 2:	**Deliver respectful, accurate, and concise information.**			
Objective 1:	Targeted use of social media and marketing/promotional efforts to provide education, current trends, and opportunities for engagement on social media platforms. Lead staff will involve ISK staff in suggesting topics to communicate to the public and stakeholders.			
	1. Develop and complete a marketing plan that incorporates outreach and engagement.	12/1/2025 - ongoing	On hold due to ISK's current financial condition. Leadership is in the process of re-evaluating this plan.	
Objective 2:	Staff will be educated on and utilize culturally appropriateness and humility throughout all communication.			
	2a. Explore evidence based models for culturally appropriate communication. Completion of training to ISK staff.	Ongoing	ISK remains aware of potential opportunities and models to support culturally appropriate communication. This is ongoing.	
	2b. Consider an addition to the ISK staff third party survey the question - "Do you feel cultural humility was used through your supervision?"	12/31/2025	Employee Recognition software through Nectar has been rolled out and implemented to allow staff to acknoledge and recognize employees.	
Goal 3:	**Make information accessible.**			
Objective 1:	ISK will hold all staff meetings virtually at least quarterly.			
	1. All staff meetings will be held quarterly or as needed based on priorities.	Ongoing	Objective Met	
Objective 2:	ISK will develop a centralized space on the portal for correspondence and newsletters for all staff and providers to access.			
	2. Internal correspondence location on the portal will be identified, developed, and communicated to staff by 12/31/2024.	12/31/2024	Objective Met	
Value: Community Partnerships				
WE ARE: Collaborative, inclusive, effective community partners, engaged in planning, outreach, and engagement with underserved populations - Diversity, Equity, Inclusion, and Belonging				
Goal 1:	**Be active listeners to our diverse community needs.**			
Objective 1:	An Outreach and Engagement workplan will be developed as a part of the developed marketing plan and identifed strategies.			
	1. Work plan will be developed and implemented.	1/30/2025	Objective Met	

		Target Due Date	Y2 Status Update	
Objective 2:	We will complete a Community Needs Assessment and targeted surveys (Annually).			
	2. Complete/update the community needs assessment annually and focus surveys every 3 years.	9/30/2027	Objective Met	
Objective 3:	We will actively collaborate with targeted community/neighborhood associations.			
	3. Attend 5 community groups / neighbordhood association meetings(develop relationships) per year. The groups / association meetings will be determined by the leadership team, including review of the purpose for attendance.	9/30/2026	Objective met with ongoing outreach and representation	
Objective 4:	We will create and participate within targeted focus group (community forums), public listening sessions.			
	4. Explore the establishment of situational response teams within ISK after reviewing the work within the first year.	Ongoing	Objective Met with ongoing monitoring	
Goals 2:	**Be active participants in community initiatives.**			
Objective 1:	To be intentional and actively participate in our community, by attending events and/or co-sponsoring events that align with our vision and mission in accordance with the developed marketing plan.			
	1. Co-sponsor and/or participate in a minimum of 2 events per year.	9/30/2027	Objective Met	
Objective 2:	Allow staff volunteer time per month to partner with local nonprofits and community groups that align with our vision and mission.			
	2. Develop a policy identifying staff's ability to have volunteer time to be active participants within the community for ISK sponsored events and conduct analysis of financial impacts	9/30/2025	Chose not to pursue after further discussion and consideration. Discontinued	

		Target Due Date	Y2 Status Update	
Goal 3:	**Actively involve community partners in change initiatives.**			
Objective 1:	Intentionally inviting or seeking opportunities for community partners to be collaborative in conversations and sessions, regarding change initiatives.			
	1. The community has identified through survey results that they feel heard within the strategic direction aligning with the community needs.	9/30/2027	The next Community Needs Assessment will be completed in 2027. Ongoing opportunities for stakeholder input and feedback are available during the course of treatment, through Kiosks placed at ISK facilities, and through an annual customer satisfaction survey facilitated through Alchemer.	
Objective 2:	Set up town hall (virtual meetings) to promote conversations with our community regarding changes with service delivery or establishment of new services that support and empower individuals to succeed.			
	2. Hold a town hall/virtual meeting 1 time per year.	9/30/2026	Leadership continues to monitor emerging legislative or policy changes that would impact the community and individuals served for a potential town hall hosted by ISK	

Value: Respect				
WE ARE: Hospitable - Supporting persons served and our staff in honorable spaces (trauma informed and welcoming spaces)				
WE ARE: Committed to effective and efficient access to crisis services and follow up care				
Goal 1:	**Ensure that our spaces meet the needs of individuals we serve and staff needed to deliver the services.**			
Objective 1:	Complete trauma focused environmental walk-through assessments.			
	1. Complete a trauma walk through assessment of each site 1 time per year	Ongoing	Objective met	★
		Target Due Date	**Y2 Status Update**	
Objective 2:				
	1. Hold 1 listening session with staff regarding workplan safety and satisfaction with consideration of cultural perspectives	9/30/2027	Objective met	★
Goal 2:	**Expand and grow Mobile Crisis Response (MCR) in partnership with law enformcment, community partners and dispatch.**			
Objective 1:	Build out a dispatch system for MCR teams			
	1. Dispatch system implemented	10/31/2024	Objective met	★
Objective 2:	Expand MCR to serve all populations			
	2. New Staff are hired and trained in the MCR model.	12/31/2024	Objective met	★
Objective 3:	Develop an engagment team that will include individuals with lived experiences.			
	3. New staff are hired and roles/responsibility are developed.	12/31/2024	Objective met	★
Value: Diversity Competency				
WE ARE: Invested in growth (capacity and trainings) and development of our workforce and leaders.				
Goal 1:	**Formalize a succession plan for key positions.**			
Objective 1:	Identify key positions.			
	1. Key positions identified	12/31/2024	Objective met	★
		Target Due Date	**Y2 Status Update**	
Objective 2:	Create succession planning process using an equity lens.			
	2. Succession plan developed	12/31/2025	In 2026, we successfully completed the internal transition of a new CEO and CCO. We are partnering with an external search firm to identify a new CMO and are actively executing a succession plan in preparation for the CIO's retirement in 2027. We continue to assess succession readiness for other critical roles. Revisions to the CEO succession plan policy is in process as a result of a new CEO at ISK.	➡
Goals 2:	**Develop competent, caring, confident supervisors.**			
Objective 1:	Provide training for supervisors in trauma-informed, culturally inclusive supervision.			

	1. Identify at least 1 trauma informed culturally inclusive training by 3/1/25 and implement as budget allows	3/1/2025	We have added 3 additional Crucial Conversation trainers and held additional Classes. We have also offered opportunities for supervisors to attend Practicing Effective Management	
Objective 2:	Offer opportunities and tools for professional development.			
	2a. Turnover rate will decrease	Ongoing	Turnover rates for CY 2024 was 20.04% (17.66% excluding contingent staff) Turnover rates for CY 2025 was 15.94% (13.76% excluding contingent staff)	
		Target Due Date	**Y2 Status Update**	
	2b. Number of opportunities and tools provided	Ongoing	28 Staff were trained in Crucial Conversations 5 Supervisors attended Practicing Effective Management	
Goal 3:	**Establish creative strategies to recruit and retain quality staff.**			
Objective 1:	Implement a third party employee engagement survey biannually			
	1. Third party survey implemented.	5/31/2025	The employee satisfaction survey for 2026 was once again conducted through 1:1 Listening Sessions with leadership staff. HR is in process of exploring potential vendors to complete third party surveys for staff in the future.	
Objective 2:	Intentional outreach to informal networks and community organizations.			
	2. Collect responses about how candidates heard about positions.	Ongoing	New online reward and recognition system implemented July of 2026 for all staff. Objective met	
		Target Due Date	**Y2 Status Update**	
Objective 3:	Develop accountability structure to ensure hiring is performed through an equity lens and according to ISK policy			
	3. Develop accountability structure, train supervisors and implement.	12/31/2025	Supervisor training on recruitment and selections best practices August 2026. Objective met.	
Goal 4:	**Offer opportunities and tools for workforce development and advancement.**			
Objective 1:	Identify paths for employees that build on strengths.			
	1. Formal career paths created.	12/31/2026	Not started	
Objective 2:	Develop a mentorship program for employees seeking out advancement opportunities.			
	2. Formal mentorship program developed and communicated to staff.	12/31/2026	Not started	
Objective 3:	Create a formalized professional development plan. and process			
	3. Professional development plan created.	12/31/2026	Not started	

Goal 5:	**Be an inclusive, equitable, supportive, and trauma-informed workplace for all.**			
Objective 1:	Continue and expand existings efforts such as JETT, Affinity Groups, Wellness Works, equity reviews, etc.			
Objective 2:	Ensure staff behavior supports an inclusive, equitable, supportive, and trauma-informed workplace.			
	1. Trauma-informed care self scoring kit will be implemented and reviewed for gaps and opportunities.	Ongoing	ISK received a Trauma Informed Care MiFAST review and was acknowledged for many strengths with incorporating Trauma Informed Practices throughout the organization. Suggestions for improvement were also shared through the review and the Trauma Informed Care Sub-Committee are reviewing the suggestions for development and implementation where determined appropriate.	
		Target Due Date	**Y2 Status Update**	
	2. Anti-Racist Continuum Scoring will be identified, implemented and reviewed for gaps and opportunities.	Ongoing	Ongoing monitoring and discussion through the JETT committee. Formal work on the continuum scoring is not yet started.	

BOARD MEMBER DISCLOSURE STATEMENT

PURPOSE

The Conflict of Interest Policy adopted by the Board of Directors of ISK requires annual disclosure of certain Interests. It is not uncommon to have these interests, but you are required to make them known to ISK.

Use this questionnaire to disclose where you or your Family Members have affiliations, interests or relationships, and/or have taken part in transactions. Your answers will be reviewed to determine whether a conflict of interest exists according to ISK Policy.

INSTRUCTIONS

1. Please read the Conflict of Interest policy and know the definitions for terms in this form.

2. Answer all questions. Please do not leave any question blank if the correct response is "no".

3. For purposes of this form, the definition of "Family Member" includes spouse, parent, sibling (whole or half-blood), a spouse's parents, children (natural or adopted), grandchildren, great grandchildren, step family members, any person sharing the same living quarters in an intimate, personal relationship and spouses of siblings, children, grandchildren, great grandchildren and all step family members.

4. Where this form refers to "you," it is also referring separately to each Family Member. Your response should indicate whether you are disclosing an interest of you or a Family Member (and, in the case of a Family Member, the nature of your relationship with that Family Member).

5. Disclose all potential Conflicts of Interest that currently exist, even if you previously reported them.

6. Complete the questionnaire, date it and sign the affirmation at the end of the document.

7. Each Board member has a duty to disclose the existence of a Financial Interest or other actual or potential conflict of interest and all related material facts annually to the Board using this form.

You must report any relationship that creates a potential Conflict of Interest that occurs between now and the completion of the next annual Conflict of Interest Annual Disclosure and Acknowledgment form completion. Any potential conflicts of interest that arise after the questionnaire has been completed should be immediately reported to the Compliance Officer.

CAUTION

May contain privileged and confidential information not subject to FOIA.

BOARD MEMBER DISCLOSURE STATEMENT

CONFLICT OF INTEREST DISCLOSURE AND ACKNOWLEDGMENT

Name: _____

I. POSITION (Board Member)

A. I hold the following additional positions(s) and/or have the following relationship(s) with ISK:

II. OUTSIDE INTERESTS

A. Do you or any Family Member hold, directly or indirectly, an ownership or investment interest in any entity that does business with ISK?
☐ No ☒ Yes (explain in Part VI-Page ~~45~~)

B. Do you or any Family Member hold, directly or indirectly, a compensation arrangement with any client, business entity, vendor, provider, contractor or consultant that does business with ISK (*examples: compensation for employment or independent contractor services, consulting fees, board stipends or fees, advisory committee fees, honoraria, etc.)*?
☐ No ☒ Yes (explain in Part VI-Page ~~45~~)

C. Do you or any Family Member hold, directly or indirectly, a director, trustee, officer or board committee position with any other business entity that does business with ISK?
☐ No ☒ Yes (explain in Part VI-Page ~~45~~)

D. Do you or any Family Member have any personal loans, advances or other indebtedness to or from any client, business entity, vendor, provider, contractor or consultant who also does business with ISK? *(Note: you may exclude charge cards and personal or mortgage loans at market rates from financial institutions)*
☐ No ☒ Yes (explain in Part VI-Page ~~45~~)

E. Do you or any Family Member provide managerial, consultative or other services to or on behalf of any other client, business entity, vendor, provider, contractor or consultant that does business with ISK?
☐ No ☒ Yes (explain in Part VI-Page ~~45~~)

F. Do you or any Family Member employ or otherwise retain any ISK personnel for work on non-ISK business done outside of ISK?
☐ No ☒ Yes (explain in Part VI-Page ~~45~~)

G. Have you or any Family Member been a party to any action, lawsuit or proceeding during the past five years that might be deemed material to evaluating your ability, your integrity or your interests with respect to ISK?
☐ No ☒ Yes (explain in Part VI-Page ~~45~~)

H. Do you or any Family Member know of any recent or pending actions, lawsuit or proceeding in which you have an interest adverse to the interests of, or are a party adverse to ISK?
☐ No ☒ Yes (explain in Part VI-Page ~~45~~)

BOARD MEMBER DISCLOSURE STATEMENT

III. INSIDE ACTIVITIES

A. Have you or any Family Member attempted to influence ISK concerning the employment or retention of any immediate family member or other individual with whom you have a business or personal relationship?
☐ No ☒ Yes (explain in Part VI-Page 45)

B. Do you or any Family Member have any personal loans, advances or other indebtedness owed to ISK?
☐ No ☒ Yes (explain in Part VI-Page 45)

C. Is any ISK director, officer, employee, consultant, contractor or business associate a Family Member?
☐ No ☒ Yes
if yes, please specify name and relationship:

D. Are you or a Family Member an employee of any ISK director, officer, employee, consultant, contractor or business associate?
☐ No ☐ Yes
if yes, please specify employer(s)

E. Do you or a Family Member have a written contract with any ISK director, officer, employee, consultant, contractor or business associate?
☐ No ☐ Yes
if yes, please specify name and relationship:

IV. GIFTS, GRATUITIES AND ENTERTAINMENT

A. Have you or any Family Member accepted gifts, gratuities or other favors from any client, business entity, vendor, provider or consultant under circumstances from which a reasonable person might think that such action was intended to influence you in the performance of your duties on behalf ISK? (*Note: this does not prohibit the acceptance of reasonable items of nominal value.)*
☐ No ☒ Yes (explain in Part VI-Page 45)

B. Have you or any Family Member accepted any gifts, gratuities, favors or benefits of higher than nominal value from any client, business entity, vendor, provider or contractor, or consultants of ISK?
☐ No ☒ Yes (explain in Part VI-Page 45)

V. OTHER

Do you or a Family Member have any other interest, activities, investments or involvement that you think might be relevant for full disclosure of all actual, apparent or possible conflicts of interest?
☐ No ☒ Yes (explain in Part VI-Page 45)

BOARD MEMBER DISCLOSURE STATEMENT

VI. IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ON THE CONFLICT OF INTEREST DISCLOSURE FORM, YOU MUST COMPLETE THIS SECTION

List the question number and describe the Conflict of Interest exception(s) in detail. Explain how you intend to manage or resolve the disclosed Conflict of Interest exception(s). Attach additional pages as necessary.

VII. AFFIRMATION

I hereby state that:

1. I have read, understand and will comply with the ISK Board Conflict of Interest policy.
2. I agree to report to the Compliance Officer any change in the responses to each of the foregoing questions that may result from changes in circumstances that may develop before the completion of my next annual Conflict of Interest Disclosure form.
3. I agree to report to the Compliance Officer any further financial interest, situation, activity or conduct that may develop before completion of my next annual Conflict of Interest Disclosure form.
4. The information contained in this Conflict of Interest Disclosure form is true and accurate to the best of my knowledge and belief as of the date below.

Sign: _____ Date: _

Print Name: _____

CONFLICT OF INTEREST

Name: _____

Position: _____

INTERNAL REVIEW (as applicable)

☐ No conflicts reported

Personal conflict: ____

Financial conflict: ____

Board review date: ____

Board review date: ____

Waiver granted by Board - ☐ Yes ☐ No Date: _____

_____

Corporate Counsel Signature Date

_____

Compliance Officer Signature Date

Notes:

VIIIa. Financial Condition Report

INTEGRATED SERVICES OF KALAMAZOO

Period Ended
June 30, 2026

Monthly Finance Report

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

INTEGRATED SERVICES OF KALAMAZOO

Statement of Net Position
June 30, 2026

	June 2025 (unaudited)	June 2026
Assets		
Current assets		
Cash and investments	$ 14,058,103	$ 30,872,760
Accounts receivable	6,843,740	3,392,777
Due from other governments	20,444,341	12,722,181
Prepaid items	1,445,549	1,569,107
Total current assets	42,791,733	48,556,826
Non-current assets		
Capital assets, net of accumulated depreciation	14,920,673	14,331,381
Net pension asset, net of deferred outflows	8,442,339	8,070,705
Total non-current assets	23,363,012	22,402,086
Total assets	$ 66,154,745	$ 70,958,912
Liabilities		
Current liabilities		
Accounts payable	$ 9,074,911	$ 10,119,152
Due to other governments	188,351	6,175,515
Due to providers	192,785	-
Accrued payroll and payroll taxes	3,100,089	2,643,003
Unearned revenue	124,292	128,333
Total current liabilities	12,680,428	19,066,003
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	7,019,101	(2,343,191)
Net position	$ 53,474,317	$ 51,892,909

INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2025 through June 30, 2026
Percent of Year is 75.00%

	Original 2026 Budget	YTD Totals 6/30/26	Remaining Budget	Percent of Budget - YTD
Operating revenue				
Medicaid:				
Traditional Capitation	$ 86,641,701	63,627,350	$ 23,014,351	73.44%
Healthy Michigan Capitation	9,119,193	4,561,570	4,557,624	50.02%
State General Fund:				
Formula Fundings	3,900,516	2,925,387	975,129	75.00%
CCBHC Demonstration	34,258,759	25,302,288	8,956,471	73.86%
CCBHC Quality Bonus	1,326,190	-	1,326,190	0.00%
County Allocation	1,550,400	1,162,800	387,600	75.00%
Client Fees	1,069,711	641,666	428,045	59.98%
Other grant revenue	6,780,003	4,232,640	2,547,363	62.43%
Other earned contracts	1,958,805	1,776,365	182,440	90.69%
Interest	157,232	117,466	39,766	74.71%
Local revenue	508,606	11,277	497,329	2.22%
Total operating revenue	$ 147,271,116	$ 104,358,808	$ 42,912,309	70.86%
Operating expenses				
Salaries and wages	$ 32,403,237	22,139,072	10,264,165	68.32%
Employee benefits	12,643,544	8,057,604	4,585,939	63.73%
Staff development	300,933	108,758	192,175	36.14%
Payments to providers	93,008,476	67,094,264	25,914,212	72.14%
Administrative contracts	8,262,621	6,745,047	1,517,573	81.63%
IT software and equipment	928,129	672,438	255,691	72.45%
Client transportation	52,900	33,939	18,961	64.16%
Staff travel	386,676	243,417	143,259	62.95%
Office expenses	685,668	422,423	263,245	61.61%
Insurance expense	168,769	155,145	13,624	91.93%
Depreciation expense	585,704	433,396	152,308	74.00%
Utilities	363,874	290,631	73,243	79.87%
Facilities	36,265	77,033	(40,768)	212.42%
Local match	305,108	228,831	76,277	75.00%
Total operating expenses	$ 150,131,903	$ 106,701,998	$ 43,429,905	71.07%
Change in net position	(2,860,787)	(2,343,191)	$ (517,596)	
Beginning net position	54,236,100	54,236,100		
Ending net position	$ 51,375,313	$ 51,892,909		

INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2025 through June 30, 2026

Percent of Year is 75.00%

	Specialty Services		Healthy Michigan		SUD Block Grant		Totals		
	Budget	YTD Totals 6/30/26	YTD Budget	YTD Totals 6/30/26	YTD Budget	YTD Totals 6/30/26	YTD Budget	YTD Totals 6/30/26	Variance
Operating revenue									
Medicaid:									
Traditional Capitation	$ 64,981,276	$ 68,678,671	$ -	$ -	$ -	$ 83,968	$ 64,981,276	$ 68,762,639	$ 3,781,363
Healthy Michigan Capitation	-	-	6,839,395	5,614,527	-	-	6,839,395	5,614,527	(1,224,868)
Settlement Estimate	3,320,572	(5,051,321)	(2,301,734)	(1,052,957)	-	(83,968)	1,018,838	(6,188,246)	(7,207,084)
Client Fees	5,452	1,178	62	-	-	-	5,514	1,178	(4,336)
Total operating revenue	$ 68,307,300	$ 63,628,528	$ 4,537,723	$ 4,561,570	$ -	$ 0	$ 72,845,023	$ 68,190,098	$ (4,654,925)
Operating expenses									
Internal services	$ 1,699,188	$ 1,969,282	$ 10,467	$ 5,903	$ -	$ -	$ 1,709,655	$ 1,975,185	265,530
External services	57,183,847	54,330,989	3,901,193	4,030,299	-	-	61,085,039	58,361,288	(2,723,751)
Delegated managed care	9,424,266	7,328,257	626,063	525,367	-	-	10,050,329	7,853,625	(2,196,704)
Total operating expenses	$ 68,307,300	$ 63,628,528	$ 4,537,723	$ 4,561,569	$ -	$ -	$ 72,845,023	$ 68,190,098	$ (4,654,925)
Change in net position	-	(0)	-	0	-	0	-	-	

INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2025 through June 30, 2026

Percent of Year is 75.00%

	State General Fund		CCBHC		Other Funding Sources		Totals		
	YTD Budget	YTD Totals 6/30/26	YTD Budget	YTD Totals 6/30/26	YTD Budget	YTD Totals 6/30/26	YTD Budget	YTD Totals 6/30/26	Variance
Operating revenue									
General Fund	$ 2,925,387	$ 2,925,387	$ -	$ -	$ -	$ -	$ 2,925,387	$ 2,925,387	$ -
CCBHC Demonstration	-	-	27,982,879	25,302,288	-	-	27,982,879	25,302,288	(2,680,591)
Other Federal and State Grants	-	-	-	502,740	4,537,427	4,232,640	4,537,427	4,735,380	197,954
Earned Revenue	-	-	-	-	798,367	378,105	798,367	378,105	(420,263)
COFR Revenue	-	-	-	-	-	-	-	-	-
Interest	-	-	-	-	117,924	117,466	117,924	117,466	(458)
County Allocation	-	-	-	-	1,162,800	1,162,800	1,162,800	1,162,800	-
Local Revenue	5,342	1,344	-	611,400	381,455	39,020	386,797	651,764	264,967
Transfer from GF	-	-	55,424	777,283	-	-	55,424	777,283	721,859
Total operating revenue	$ 2,930,729	$ 2,926,731	$ 28,038,303	$ 27,193,711	$ 6,997,972	$ 5,930,031	$ 37,967,005	$ 36,050,473	$ (1,916,532)
Operating expenses									
Internal Programs	$ 664,895	$ 548,480	$ 28,747,595	$ 29,368,468	$ 2,086	$ 3,350	$ 29,414,576	$ 29,920,298	$ 505,722
External Programs	1,822,503	1,359,893	-	-	492,375	615,971	2,314,878	1,975,864	(339,014)
Other Federal and State Grants	-	-	-	-	5,038,602	3,642,253	5,038,602	3,642,253	(1,396,349)
HUD Grants	-	-	-	-	1,366,402	1,304,656	1,366,402	1,304,656	(61,746)
Managed Care Administration	387,906	241,076	-	-	-	-	387,906	241,076	(146,830)
Homeless Shelter	-	-	-	-	289,137	244,780	289,137	244,780	(44,358)
Transfer from GF	55,424	777,283	-	-	-	-	55,424	777,283	721,859
Local match expense	-	-	-	-	228,831	228,831	228,831	228,831	-
Non-DCH Activity Expenditures	-	-	-	-	42,835	59,943	42,835	58,622	15,787
Total operating expenses	$ 2,930,729	$ 2,926,732	$ 28,747,595	$ 29,368,468	$ 7,460,269	$ 6,099,784	$ 39,138,592	$ 38,393,663	(744,929)
Change in net position	0	(0)	(709,292)	(2,174,758)	(462,296)	(169,753)	$ (1,171,588)	(2,343,190)	(1,171,603)

INTEGRATED SERVICES OF KALAMAZOO

CCBHC

October 1, 2025 through June 30, 2026
Percent of Year is 75.00%

	CCBHC Medicaid	CCBHC Healthy MI	CCBHC Non-Medicaid	CCBHC YTD Totals
Operating revenue				
CCBHC revenue	$ 19,101,068	$ 6,201,220	$ -	$ 25,302,288
FFS Revenue	311,005	52,480	247,915	611,400
CCBHC SAMSHA Grant	-	-	502,740	502,740
Total CCBHC Revenue (PPS-1 of $304.05 x encounters)	$ 19,412,072	$ 6,253,700	$ 750,655	$ 26,416,428
Operating expenses				
Internal services	$ 14,592,918	$ 4,685,017	$ 2,924,316	$ 22,202,252
DCO Contracts	4,621,981	1,575,063	969,172	7,166,216
Total operating expenses	$ 19,214,900	$ 6,260,081	$ 3,893,488	$ 29,368,468
Operating change in net position	197,173	(6,380)	(3,142,833)	(2,952,041)
General Fund Reclassification to cover Non-Medicaid	-	-	777,283	777,283
Total change in net position	$ 197,173	$ (6,380)	$ (2,365,550)	$ (2,174,758)

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	$ 29,368,468
Daily Visits	99,802	110,326	125,458	95,942
Cost per daily visit	277.42	288.04	282.11	306.11

VIIIb. Utilization Report

AUTISM SERVICES
Report Period: October 1st, 2025 through June 30th, 2026

	UTILIZATION COMPARISONS FY 25/26									
	FY 24/25 Actual		FY 25/26 Budget		FY 25/26 Actual			Clients Served Difference	Cost Difference	Cost YTD
		Dollars	Clients Served	Dollars	Clients Served			Favorable (Unfavorable)	Favorable (Unfavorable)	Favorable (Unfavorable)
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	$423,247
DECEMBER	170	$801,707	194	$1,098,509	187	793,941		7	$304,568	$727,816
JANUARY	190	$943,870	194	$1,098,509	194	762,474		0	$336,035	$1,063,851
FEBRUARY	197	$898,764	194	$1,098,509	184	1,080,095		10	$18,414	$1,082,265
MARCH	193	$1,054,656	194	$1,098,509	174	966,400		20	$132,109	$1,214,374
APRIL	189	$1,160,440	194	$1,098,509	163	925,806		31	$172,703	$1,387,077
MAY	188	$1,027,319	194	$1,098,509	169	1,089,435		25	$9,074	$1,396,150
JUNE	192	$1,048,980	194	$1,098,509	167	1,026,531		27	$71,978	$1,348,874
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	1,575	$8,418,453		171	$1,468,128	
MONTHLY AVERAGES	187		194		175					
GROSS ANNUAL COST		$11,852,571		$13,182,110		$8,418,453			$1,468,128	

Favorable/(Unfavorable): Total 1,468,128

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

	UTILIZATION COMPARISONS FY 25/26									
	FY 24/25 Actual		FY 25/26 Budget		FY 25/26 Actual			Days Difference	Cost Difference	Cost YTD
		Dollars	Clients Served	Dollars	Days			Favorable (Unfavorable)	Favorable (Unfavorable)	Favorable (Unfavorable)
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	$48,050		37	36,813	36,813
JUNE	42	$41,160	85	$84,863	92	$92,100		(7)	(7,237)	(7,237)
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	622	$623,581		143	$140,186	$140,186
MONTHLY AVERAGES	74		85		69					
GROSS ANNUAL COST		$860,038		$1,018,350		$623,581			$140,186	

Favorable/(Unfavorable): Total 140,186

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

	UTILIZATION COMPARISONS FY 25/26									
	FY 24/25 Actual		FY 25/26 Budget		FY 25/26 Actual			Days Difference	Cost Difference	Cost YTD
		Dollars	Clients Served	Dollars	Days			Favorable (Unfavorable)	Favorable (Unfavorable)	Favorable (Unfavorable)
OCTOBER	637	$551,635	608	$702,343	566	$597,605		42	$104,738	$104,738
NOVEMBER	640	$702,827	608	$702,343	681	$753,747		(73)	($51,404)	($51,404)
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	483	$539,048		125	163,295	163,295
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	499	$560,235		109	142,108	142,108
JUNE	618	$680,211	608	$702,343	605	$677,142		3	25,201	25,201
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	5,165	$5,727,154		307	$593,933	$593,933
MONTHLY AVERAGES	617		608		574					
GROSS ANNUAL COST		$7,986,405		$8,428,119		$5,727,154			$593,933	

Favorable/(Unfavorable): Total 593,933

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COMMUNITY LIVING SUPPORTS (CLS), PERSONAL CARE (PC) & CRISIS RESIDENTIAL
ALL POPULATIONS
Report Period: October 1st, 2025 through June 30th, 2026

					YTD FY 25/26 Budget	FY 25/26 Actual	
SERVICE	Month	Avg. Daily Rate	No. Served	Days of Service	Dollars	Dollars	Favorable / (Unfavorable)
PC/CLS	June	$299	406	104,329	$30,727,277	31,148,506	($421,230)
CRISIS RES.		$602	55	667	$747,075	$401,674	$345,401
CLS (SIP)	June	NA	365		$10,683,744	10,499,736	$184,008
Annual Cost							$108,180

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.

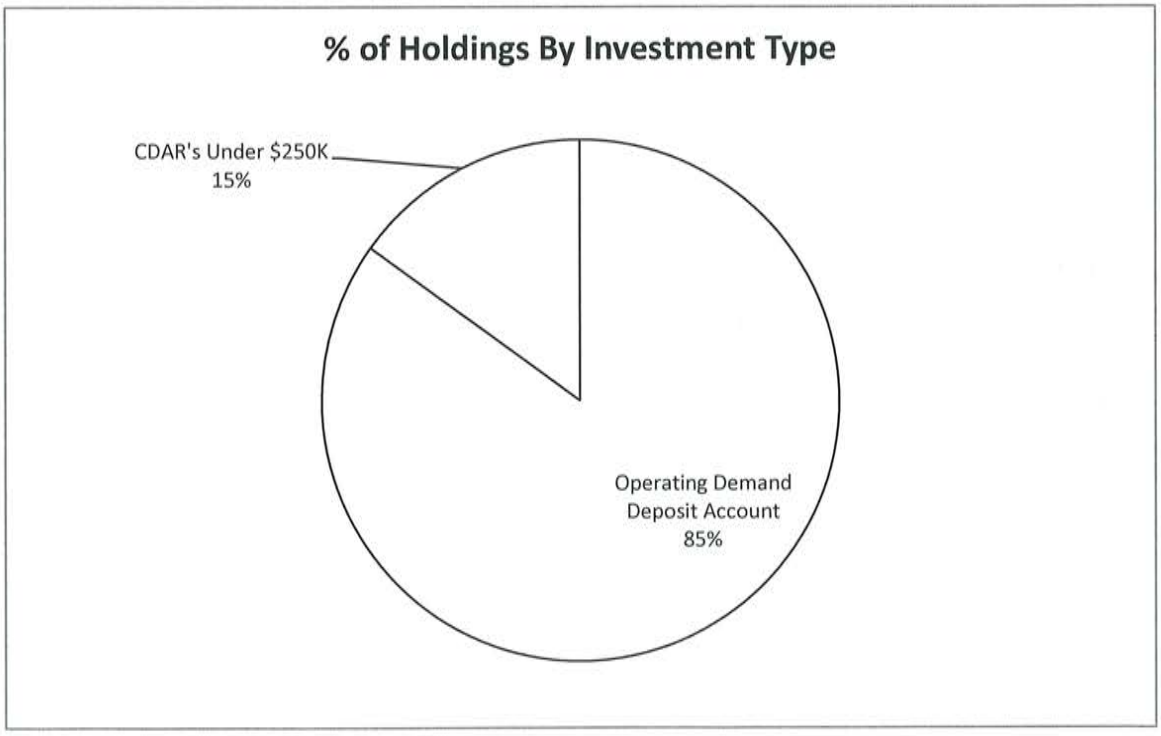
VIIIc. Investment Report

Quarterly Cash & Investments Report
Quarter Ending June 30th, 2026

Financial Institution	Type of Investment	Cost Basis	Maturity Date	% Yield
CASH				
PNC	Operating Demand Deposit Account	$24,387,907	NA	0.03%
	Payroll Account	$5,000		
	Accrued Leave Reserve	$2,088,587		
	Pretax Reimbursement Account	$69,999		
	Various Petty Cash Funds	$780		
	Total Cash Accounts	**$26,552,272**		
INVESTMENTS				
CDAR's (via Independent Bank)	CD's Issued Under FDIC Limit of $250,000	$4,320,488		3.23%
Total CDAR's		$4,320,488		
	Total Investments	**$4,320,488**		
TOTAL CASH AND INVESTMENTS		**$30,872,760**		

% of Holdings By Institution	
PNC - Cash	86.01%
CDAR's (via Independent Bank)	13.99%
	100.00%

% of Holdings By Investment Type	
Cash	86.01%
CDAR's	13.99%
	100.00%



VIIId. June 2026 Disbursement/MOTION

Integrated Services of Kalamazoo
Prepared Motions

Subject:	June 2026 Disbursements	
Meeting Date:	**July 27, 2026**	**Approval Date:**
Prepared by:	Charlotte Bowser	**July 27, 2026**

Recommended Motion:

"Based on the Board Finance meeting review, I move that ISK approve the July, 2026 vendor disbursements of $11,534,273.64."

Summary of Request:

As per the Jun 2026 Vendor Check Register Report dated 07/14/2026 that includes checks issued from 06/01/2026 to 06/30/2026.

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

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

Date of Board Consideration: **July 27, 2026**

CEO REPORT

Beth Ann Meints

July 27, 2026

It is an honor to present my first CEO report. I appreciate the confidence you have placed in me and the opportunity to lead our organization during this important period of transition. I am grateful for the warm welcome I have received from staff, leadership, community partners, and each of you.

Over the next several weeks, I will continue to remain focused on the state and the pending release of the next MDHHS RFP and the state plan for the CCBHC's. Speaking of CCBHC's, I would like to propose to the ISK Board of Directors that we begin reporting updates every quarter starting in January 2027. Dianne Shaffer will handle this update on the agenda in 2027.

The organization continues to monitor revenues and expenditures closely. We remain committed to responsible fiscal stewardship while maintaining high-quality services.

I look forward to working alongside each of you are we continue building an organization that is innovative, accountable, compassionate, and responsive to our community's needs.

One last thing, I would like to extend a special thank you to all the staff who worked diligently on the retirement celebration for our former CEO, Jeff Patton. It was OUTSTANDING!!!!

Respectfully Submitted,

Beth Ann Meints

Chief Executive Officer

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Services of Kalamazoo
Community • Independence • Empowerment

Beth Ann Meints
Chief Executive Officer
www.iskzoo.org
(269) 553-8000
Administration
610 South Burdick Street
Kalamazoo, MI 49007

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

BOARD OF DIRECTORS RESOLUTION
MERITORIOUS STATUS
FOR
Jeffrey Wilson Patton

Honoring the Retirement of the Chief Executive Officer

WHEREAS, *Jeffrey Wilson Patton* has served as Chief Executive Officer of Integrated Services of Kalamazoo (ISK), formerly known as Kalamazoo Community Mental Health and Substance Abuse Services (KCMHSAS), since 2001 with exceptional integrity, dedication, and vision; and

WHEREAS, throughout his distinguished career of 25 years at ISK he has shown exemplary leadership, guiding the organization through growth, change, and achievement while remaining steadfastly committed to ISK's Vision, Mission and Guiding Values; and

WHEREAS, under Jeff's leadership, ISK has experienced significant accomplishments, including, but not limited to working with Kalamazoo Valley Community College and Bronson Healthcare Group (formerly known as Bronson Methodist Hospital) to create the Bronson Healthy Living Campus where the ISK Integrated Health Services Clinic is located, and working alongside Senator Debbie Stabenow, who co-sponsored the "Excellence in Mental Health and Addiction Treatment Act" in 2014, which created a Certified Community Behavioral Health Clinic (CCBHC) pilot program that provides more comprehensive services for individuals across the State of Michigan. ISK received certification from the Substance Abuse and Mental Health Services Administration (SAMHSA) to be a certified CCBHC site directly providing much needed services and allowing the execution of contracts with several Designated Collaborating Organizations (DCOs) for consumer choice and greater capacity. In June 2023, ISK opened the first 24-hour Behavioral Health Access and Urgent Care Clinic in Kalamazoo County; and

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WHEREAS, Jeff has fostered a culture of excellence, accountability and compassion, inspiring staff, engaging stakeholders, and strengthening partnerships at the local, state, and federal levels; and

WHEREAS, Jeff's compassion for persons-served by ISK, and his wisdom and professionalism has left an enduring legacy that will continue to guide and benefit ISK and the community well into the future;

NOW, THEREFORE, BE IT RESOLVED, that the ISK Board of Directors hereby expresses its deepest gratitude and sincere appreciation to Jeffrey Wilson Patton for a stellar and impactful career of service; and

BE IT FURTHER RESOLVED, that the ISK Board of Directors commends Jeff for his outstanding leadership and meaningful contributions that have advanced the organization's mission and strengthened its foundation; and

BE IT FURTHER RESOLVED, that the ISK Board of Directors extends its very best wishes to Jeff for a fulfilling, healthy, and rewarding retirement, with profound thanks for a legacy of leadership that will long be remembered and celebrated. ISK Board of Directors is pleased to grant **MERITORIOUS STATUS** to **Mr. Jeffrey Wilson Patton** with all the rights and privileges appertaining thereto.

ADOPTED this 10th day of July 2026, by the Integrated Services of Kalamazoo Board of Directors.

Karen Longanecker
Karen Longanecker
ISK Board Chair

Beth Ann Meints
Beth Ann Meints
ISK/CEO