

HEALTHWEST
FULL BOARD MINUTES

February 27, 2026

8:00 a.m.

**376 E. Apple Ave.
Muskegon, MI 49442**

CALL TO ORDER

The meeting of the Full Board was called to order by Chair Thomas at 8:00 a.m.

ROLL CALL

Members Present: Janet Thomas, Cheryl Natte, Janice Hilleary, Jeff Fortenbacher, John Weerstra, Thomas Hardy, Chris McGuigan, Charles Nash, Tamara Madison, Mary Vazquez

Members Absent: Michelle Hazekamp, Remington Sprague, M.D.

Others Present: Rich Francisco, Holly Brink, Gina Maniaci, Brandy Carlson, Christy LaDronka, Kristi Chittenden, Carly Hysell, Gary Ridley, Jackie Farrar, Helen Dobb, Linda Anthony, Casey Olson, Mickey Wallace, Jennifer Hoeker, Pam Kimble, Kim Davis, Natalie Walthers, Amber Berndt, Tasha Kuklewski, Latrice Williams, Kelly Betts, Michelle Lyons, Gina Kim, Suzanne Beckeman, Devan Peterso, Brittani Duff

Guests Present: Angela Gasiewski, Joe Comella, Mark Eisenbarth, Stephanie VanDerKooi

MINUTES

HWB 60-B - It was moved by Mr. Hardy, seconded by Commissioner Nash, to approve the minutes of the January 23, 2026, Full Board meeting as written.

MOTION CARRIED

COMMITTEE REPORTS

Program Personnel Committee

HWB 48-P - It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the minutes of the December 5, 2025, meeting as written.

MOTION CARRIED

HWB 49-P - It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the HealthWest policy and procedural for Provider Dispute Resolution effective March 1, 2026

MOTION CARRIED

HWB 50-P - It was moved by Ms. Vazquez, seconded by Mr. Hardy, to approve the HealthWest Use of Artificial Intelligence Policy.

MOTION CARRIED

Recipient Rights Committee

HWB 51-R - It was moved by Ms. Natte, seconded by Ms. Thomas, to approve the minutes of the December 5, 2025, meeting as written.

MOTION CARRIED

HWB 52-R - It was moved by Ms. Thomas, seconded by Ms. Natte to approve the Recipient Rights Reports for December 2025 / January 2026.

MOTION CARRIED

Finance Committee

HWB 53-F - It was moved by Mr. Hardy, seconded by Ms. Thomas, to approve expenditures for the month of December 2025, in the total amount of \$8,770,764.64.

MOTION CARRIED

HWB 54-F - It was moved by Mr. Hardy, seconded by Ms. Thomas, to authorize the HealthWest Executive Director to sign a contract with Advanced Therapeutic Solutions, LLC., effective March 1, 2026, through September 30, 2027, to provide Recreation, Music and Art Therapies to eligible HealthWest consumers. The funding is within the approved HealthWest Outpatient Budget of \$9,500,000.00.

MOTION CARRIED

HWB 55-F - It was moved by Mr. Hardy, seconded by Ms. Thomas, to authorize the HealthWest Executive Director to continue contracting with Peter Chang Enterprises, Inc. (PCE), to provide Electronic Health Records (EHR) services to HealthWest, for an approximate cost of \$360,000.00 annually.

It was moved by Ms. Thomas, seconded by Mr. Hardy, amend the motion – to authorize the HealthWest Executive Director to continue contracting with Peter Chang Enterprises, Inc. (PCE), to provide Electronic Health Records (HER) services to HealthWest, for an approximate cost of \$380,000.00 annually for three years ending March 31, 2029.

MOTION CARRIED

HWB 56-F - It was moved by Mr. Hardy, seconded by Ms. Thomas, to authorize the HealthWest Executive Director / Executive Team to implement the FY2026 provider network fee schedule increases and differential adjustments for Outpatient and Specialized Residential service providers as administratively determined by the outlined criteria.

MOTION CARRIED

HWB 57-F - It was moved by Mr. Hardy, seconded by Ms. Thomas, to authorize the HealthWest Executive Director to sign a contract with Doctor Jessica Janelle Bright, M.D., with a total not to exceed \$143,500.00 effective March 1, 2026, through September 30, 2027.

MOTION CARRIED

HWB 58-F - It was moved by Mr. Hardy, seconded by Ms. Thomas, to authorize the HealthWest Executive Director to sign a contract with Kleck AFC effective March 1, 2026, through September 30, 2027, to provide specialized residential services to eligible HealthWest consumers. The funding is within the HealthWest AFC Specialized Residential Budget of \$24,900,000.00.

MOTION CARRIED

HWB 59-F - It was moved by Mr. Hardy, seconded by Commissioner Nash, to authorize the HealthWest Executive Director to sign a contract with The Shoreline Center effective March 1, 2026, through September 30, 2027, to provide Applied Behavior Analysis Therapy to HealthWest consumers. The funding is within the approved HealthWest Autism Budget of \$2,908,811.00.

MOTION CARRIED

ITEMS FOR CONSIDERATION

HWB 61-B – It was moved by Mr. Hardy, seconded by Ms. Natte, to approve Michelle Ferris as a recommendation for the Executive Board Member for the LRE (Lakeshore Regional Entity), and authorizes the HealthWest Board Chair, Janet Thomas, to recommend her on behalf of the HealthWest Board of Directors.

MOTION CARRIED

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATION

Gary Ridley, Training and Communications Manager, presented the Strategic Plan Project Guide.

DIRECTOR'S COMMENTS

Mr. Francisco, Executive Director, presented his Formal Director's report.

MDHHS Updates:

- PIHP Procurement: Since Judge Yates's ruling and MDHHS withdrawing the RFP, updates have been minimal. MDHHS has not provided any further information. There are suspicions from the field and CMHA that MDHHS is drafting another proposal but is not confirmed.

LRE Level Updates:

- Attended the LRE Board meeting (2/25/2026) and some of the updates from the LRE are the following:
 - The PIHP Lawsuit against MDHHS by 4/5 PIHPs who signed the PIHP contract with modification in FY25 is now taken up by Judge Patel and my understanding is that a hearing will be scheduled soon to hear their arguments.
 - A board member representative from Ottawa requested review the current funding model for the LRE and our region. The proposal was to look at a need-based funding model. As I updated the board on this, prior to 2014 and as the LRE region formed, this was the model in place at that time. In December 2019, before the pandemic, the region voted to go to a PE/PM model which paid revenues to the CMHSPs based on Medicaid eligible individuals. Some partners in our region believe there is a revenue distribution problem based on PE/PM and does not fully consider need of individuals. Before the LRE board decides on this, there will be other efforts to find out how much this will cost to see if it is worth exploring. Some members of the LRE board do argue that it would be good to do the analysis now. LRE is also exploring additional analysis to see where cost outliers are in terms of the CMHSPs such as a review of Autism, Inpatient and CLS outliers. Overall, HW may lose revenue if the region goes to a "needs based" funding model. One other region, Region 10, has a need-based funding model.
- The LRE scheduled three presentations: QAPIP updates, SUD Prevention and Treatment updates from the Strategic Plan, and a Residential Framework presentation (moved to March) on standardizing rates for specialized residential services.
- HW also would like to fill the vacant position for LRE board member. I met with Michelle Ferris, current Chief of Behavioral Health Services at Hackley Community Care. She is a native of Muskegon and went to work in Maine for a long time at a CCBHC. Her expertise and her passion for Muskegon will make her a great representative for the county on the LRE board.

CMH Level Updates:

- Spoke to CEO of Ottawa this morning (2/26/2026) and Ottawa County Board approved CMH of Ottawa County to be an authority. Their work to transition away from the county begins soon
- We are digging into our HMP costs and services. We are seeing some significant increase in Inpatient Utilization, MAT Services, and Residential Treatment and services cost. These are mostly related to contractual services. While this is only one funding source for HW, it could pose a risk to our other Medicaid funds. Some follow up questions we need to answer are:
 - Are we seeing whole lot of new consumers or is there increased utilization from our current consumer base in these services?
 - Are SUD grant funding decreases from federal level impacting an increase to the CMH system. I have reached out to the LRE to see if they can run regional numbers to verify that what we are seeing is indeed a trend regionally.
 - Are our costs per unit of service going up? (Not likely because we are seeing more units rather than cost increases).
 - For other areas of funding such as Autism and MH Medicaid, we are underspent and in CCBHC we are doing very well.

“**Total volume & spend:** 81,118 total units; \$6,254,224.51 total net expenditures; weighted composite unit cost = \$104.43. **We are already at 54% of the units for last year and 39% of cost.** While our composite cost is down, which is great, we should be at less than 25% right now. “- compared to last year.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 8:46 a.m.

Respectfully,

Janet Thomas
Board Chair

/hb

PRELIMINARY MINUTES
To be approved at the Full Board Meeting on
March 27, 2026



TO: HealthWest Board Members
FROM: Janet Thomas, Board Chair, via Rich Francisco, Executive Director
SUBJECT: Full Board Meeting
February 27, 2026
376 E. Apple Ave., Muskegon, MI 49442
<https://healthwest.zoom.us/j/94259223301?pwd=1jL64lYh445eFUkwvH4v06Q4ahLLjl.1>
Webinar ID: 942 5922 3301 Passcode: 997543

AGENDA

- | | | |
|----|--|-------------|
| 1) | Call to Order | Action |
| 2) | Approval of Agenda | Action |
| 3) | Approval of Minutes | |
| | A) Approval of the Full Board Minutes of January 23, 2026
(Attachment #1 – pg. 1-4) | Action |
| 4) | Public Comment (on an agenda item) | |
| 5) | Committee Reports | |
| | A) Program Personnel Committee
(Attachment #2 – pg. 5-8) | Action |
| | B) Recipient Rights Committee
(Attachment #3 – pg. 9-11) | Action |
| | C) Finance Committee
(Attachment #4 – pg. 12-16) | Action |
| 6) | Items for Consideration | |
| | A) Approval of Lakeshore Regional Entity (LRE) Executive Board Recommendation
(Attachment #5 – pg. 17-20) | Action |
| 7) | Old Business | |
| 8) | New Business | |
| 9) | Communication | |
| | A) Strategic Plan Project Guide: Gary Ridley, Training & Communication Manager
(Attachment #6 pg. 21-35) | Information |
| | B) Consumer Advisory Committee Update: Thomas Hardy
(Attachment #7 pg. 36) | Information |
| | C) Employee Kudos
(Attachment #8 pg. 37) | Information |
| | D) Board & Committee Nomination Memo
(Attachment #9 pg. 38) | Information |
| | E) March Meeting Notice
(Attachment #10 – pg. 39) | Information |

- | | | |
|-----|--|-------------|
| | F) Director's Report
(Attachment #11 – pg. 40-41) | Information |
| 10) | Public Comment | |
| 11) | Adjournment | Action |

/hb

HEALTHWEST
FULL BOARD MINUTES

January 23, 2026

8:00 a.m.

**376 E. Apple Ave.
Muskegon, MI 49442**

CALL TO ORDER

The meeting of the Full Board was called to order by Chair Thomas at 8:00 a.m.

ROLL CALL

Members Present: Janet Thomas, Janice Hilleary, Jeff Fortenbacher, John Weerstra, Remington Sprague, M.D., Thomas Hardy, Chris McGuigan, Charles Nash, Tamara Madison, Michelle Hazekamp

Members Online: Mary Vazquez

Members Absent: Cheryl Natte

Others Present: Rich Francisco, Holly Brink, Gina Maniaci, Brandy Carlson, Christy LaDronks, Kristi Chittenden, Carly Hysell, Melina Barrett, Jackie Farrar, Helen Dobb, Linda Anthony, Casey Olson, Linda Wagner, Mickey Wallace, Jennifer Hoeker, Pam Kimble, Kim Davis, Natalie Walthers, Amber Berndt

Guests Present: Angela Gasiewski, Joe Comella, Stephanie VanDerKooi

MINUTES

HWB 43-B - It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve the minutes of the December 19, 2025 Full Board meeting as written.

MOTION CARRIED

HWB 44-B - It was moved by Commissioner Nash, seconded by Mr. Hardy, to approve the minutes of the December 12, 2025 Finance Committee meeting as written.

ITEMS FOR CONSIDERATION

HWB 45-B – It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve expenditures for the month of November 2025, in the total amount of \$5,558,358.37.

MOTION CARRIED

Monthly Report from the Chief Financial Officer

Ms. Carlson, Chief Financial Officer, presented the November report, noting an overall cash balance of \$11,639,867.99 as of November 30, 2025.

Finance Update Memorandum

Ms. Carlson, Chief Financial Officer, presented the Finance Update Memorandum for the Board review.

HWB 46-B – It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve the HealthWest Executive Director to sign a contract with the Lakeshore Regional Entity effective October 1, 2025, through September 30, 2026 to provide State Fair Hearing Services.

MOTION CARRIED

HWB 47-B – It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the HealthWest Executive Director to approve the above landlord for the HUD grant funding for Fiscal Year 2026.

MOTION CARRIED

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATION

There was no communication.

DIRECTOR'S COMMENTS

Mr. Francisco, Executive Director, presented his Formal Director's report.

MDHHS Updates:

- **PIHP Procurement:** January 8, 2026 – Hon. Judge Yates finally offered a ruling and order on the case between CMHSPs/PIHPs versus MDHHS/DTMB on the PIHP procurement issue. The court declared that the RFP, as drafted, conflicts with Michigan Law in several respects. The court denied the State's motion for summary disposition and granted in part, the plaintiff's request for summary disposition. The court also did not issue an injunction but required the State to revise the RFP to comply with Michigan law, particularly regarding the CMHSPs' ability to contract and fulfill managed care duties. The ruling reinforces the central statutory role of CMHSPs in Michigan's public mental health system.

The conflicts identified in the ruling include:

- RFP's prohibition on PIHPs delegating managed care functions to CMHSPs via financial contracts and conflicts with Mental Health Code.
- The RFP does not ensure that CMHSPs receive sufficient Medicaid funding to fulfill their statutory obligations.

- The RFP's structure could prevent CMHSPs from Maintaining provider networks, conducting investigations, and enforcing Recipient Rights, coordinating care for individuals in crisis or with complex needs, and could prevent them from providing mandated services such as preadmission screening, crisis stabilization and wrap around services.

The State must determine how to bring the RFP into compliance whether to do a notice of deficiency, amendment, or withdrawal of the RFP. In addition, the Court retains authority and may issue further relief if the State fails to address the identified legal conflicts. I have reached out to other directors and am not hearing any word or any updates. The defendants, MDHHS/DTMB, have 30 days to respond and so we will hear something by the first week of February.

- **CCBHC direct payment:** LRE/HW State Fair Hearing Agreement. We would like LRE to continue to provide State Fair Hearing representation for CCBHC-related cases that escalate to the State level and to MDHHS. Since CCBHC oversight has been removed from PIHP this responsibility has shifted to the CMHSP. HW in the meantime will contract with LRE to provide this as they have the resources to do this well. LRE will continue and represent HW in non-CCBHC state fair hearing services as they have always done. We have developed an agreement with LRE to continue using their State Fair Hearing expertise for CCBHC services.

LRE Level Updates:

- LRE is developing a SD (Self Directed/Determination) workgroup to work on standardized approach to self-determination in the region. They have asked HW to have representation and from HW we will be sending our Self Determination coordinator along with our Quality Improvement Director, Pam Kimble.
- During a CEO Ops group meeting held on 1/21/2026, the LRE presented the most current FSR ending in November based on the most current revenue projections calculated by LRE. HW is project to have a surplus. CMH CEOs will also be meeting separately to discuss regional strategy surrounding factors and CMH decisions that could impact the regional budget. Discussions will include: CCBHC considerations and how CMHSPs are running their programs, COFR/CCBHC agreements, and other factors such as provider management.
- LRE is also meeting with HW to discuss the special residential framework completed by LRE consultants. HW will review the framework as it relates to special residential rates regionally and evaluate how we will roll this out within our provider network.

CMH Level Updates:

- HW is currently under a MiFast review for our DBT program (Dialectic Behavior Treatment) program (1/22/2026). The reviewers had to switch to a virtual or remote review due to weather. Amie Bakos, Adult Services Director will keep me posted of results from the review.
- Quality Improvement Team is working on our Annual Needs Assessment and putting the data together. This is a contractual requirement for the CMHSPs to complete. The due date is at the end of February.
- HW participated with a group of about 70 individuals from various community providers and law enforcement agencies in the SIM (Sequential Intercept Model) annual planning and meeting.

- Lastly, HealthWest is well into the testing of Clinically AI, we have heard numerous feedback from staff regarding the amount of time saved with clinical documentation, preserving accuracy and retaining clinical subjectivity.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 8:33 a.m.

Respectfully,

Janet Thomas
Board Chair

/hb

PRELIMINARY MINUTES
To be approved at the Full Board Meeting on
February 27, 2026

HEALTHWEST

PROGRAM AND PERSONNEL COMMITTEE REPORT TO THE BOARD

via Cheryl Natte, Committee Chair

1. The Program Personnel Committee met on February 13, 2026.
- * 2. It was recommended, and I move, to approve the minutes of the December 5, 2025, meeting as written.
- * 3. It was recommended, and I move, to approve the HealthWest policy and procedural for Provider Dispute Resolution effective March 1, 2026.
- * 4. It was recommended, and I move, to approve the HealthWest Use of Artificial Intelligence Policy.

/hb

HEALTHWEST

PROGRAM/PERSONNEL MEETING MINUTES

**February 13, 2026
8:00 a.m.**

**376 E. Apple Ave.
Muskegon, MI 49442**

CALL TO ORDER

The regular meeting of the Program/Personnel Committee was called to order by Chair Natte at 8:00 a.m.

ROLL CALL

Members Present: Cheryl Natte, Chris McGuigan, Janet Thomas, John Weerstra, Mary Vazquez, Tamara Madison, Thomas Hardy

Members Absent: Janice Hilleary

Staff Present: Rich Francisco, Holly Brink, Gina Maniaci, Brandy Carlson, Christy LaDronka, Kristi Chittenden, Melina Barrett, Tasha Kuklewski, Kim Davis, Jennifer Hoeker, Casey Olson, Helen Dobb, Anissa Goodno, D Bora Wilson, Joseph Marshak, Patty Mapes, Laura Ritchie, Amber Pickard, Gina Kim, Tony Huston, Rachel Hindman, Amber Berndt, Brandon Baskin, Stephanie Baskin, Amy Adamos, Amie Bakos, Evan Slayton, Michelle Lyons, Lauren Thomas, Sandy Kotecki

MINUTES

It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the minutes of the December 5, 2025 meeting as written.

MOTION CARRIED.

PUBLIC COMMENT (ON AN AGENDA ITEM)

There was no public comment.

ITEMS FOR CONSIDERATION

It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the HealthWest policy and procedural for Provider Dispute Resolution effective March 1, 2026.

MOTION CARRIED.

It was moved by Ms. Vazquez, seconded by Mr. Hardy, to approve the HealthWest Use of Artificial Intelligence Policy.

MOTION CARRIED.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATION

The Intellectual Developmental Disabilities Teams presented program overviews and updates.

DIRECTOR'S COMMENTS

Rich Francisco, Executive Director, provided his Director's Report:

- **CSU Update:**
We are continuing to pursue the feasibility of starting a CSU for Muskegon County. We continue to have ongoing meetings with Trinity Health leadership to evaluate how we can start one. Four of our staff members met with Trinity onsite, at a possible location for a CSU on 125 Southern. The old Hackley location and current location of Trinity Behavioral Health. Initial impression of the location is that it would work well but may need renovations to implement the various requirements of CSU standards per the administrative rules currently in draft form.
- **Legislative Update: CCBHC**
Linda Anthony and I attended a small workgroup (2.12.2026) along with other CCBHCs around the state to discuss legislative language proposal to ensure the CCBHC program is sustainable, improved and maintained. CMHA is working with this workgroup to propose this new language. The group has solicited data from CCBHCs to be used as advocacy material to provide information to Legislators on the efficacy and success of CCBHCs. HW has submitted data for this effort and initiative. There will be a hearing on March 5th regarding CCBHC and this group will be sending a couple individuals from this workgroup to speak and report to legislators.
- **Leadership Training:** HW is committed to training our staff in becoming better leaders. One of the efforts is getting our managers and supervisors through High-Performance Leadership Training. In addition, HW is in the process of getting approval for a "Crucial Conversations" training for staff. This training will allow staff to have the skills to help with difficult conversations and have the skills to resolve conflicts. Susan Plotts, our HR manager, has worked hard to solicit this training. The training model we would like to use is "Train the trainer model," which would allow us to continue to train staff internally on this. To start with we will likely have six to seven staff trained first.
- **Same Day Access:** HW is currently reviewing our process for Same Day Access and Christy LaDronka, our Chief Clinical Officer, presented to HW leadership the need to update our existing system. I wanted to inform the board that these changes are important for HW to continue to align with CCBHC program and external

requirements allowing us to meet certain state-required indicators for access into service.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 8:37 a.m.

Respectfully,

Cheryl Natte
Program/Personnel Committee Chair

CN/hb

PRELIMINARY MINUTES
To be approved at the Program/Personnel Committee Meeting on April 3, 2026.

HEALTHWEST
RECIPIENT RIGHTS ADVISORY COMMITTEE
REPORT TO THE BOARD

via Thomas Hardy, Committee Chair

1. The Recipient Rights Advisory Committee met on February 13, 2026.
- * 2. It was recommended, and I move, to approve the minutes of the December 5, 2025 meeting as written.
- * 3. It was recommended, and I move, to approve the Recipient Rights Reports for December 2025 / January 2026.

/hb

HEALTHWEST

RECIPIENT RIGHTS ADVISORY COMMITTEE MEETING MINUTES

**Friday, February 13, 2026
8:00 a.m.
376 E. Apple Ave., Muskegon, MI 49442**

CALL TO ORDER

The regular meeting of the Recipient Rights Advisory Committee was called to order by Chair Hardy at 8:20 a.m.

ROLL CALL

Members Present: Cheryl Natte, Chris McGuigan, Janet Thomas, John Weerstra, Mary Vazquez, Tamara Madison, Thomas Hardy

Members Absent: Janice Hilleary

Staff Present: Rich Francisco, Holly Brink, Gina Maniaci, Brandy Carlson, Christy LaDronka, Kristi Chittenden, Melina Barrett, Tasha Kuklewski, Kim Davis, Jennifer Hoeker, Casey Olson, Helen Dobb, Anissa Goodno, Gina Kim, Amber Berndt, Brandon Baskin, Amie Bakos, Michelle Lyons

APPROVAL OF MINUTES

It was moved by Ms. Natte, seconded by Ms. Thomas, to approve the minutes of the December 5, 2025 meeting as written.

MOTION CARRIED.

ITEMS FOR CONSIDERATION

A. Motion to Accept Recipient Rights Reports for December 2025 / January 2026

It was moved by Ms. Thomas, seconded by Ms. Natte to approve the Recipient Rights Reports for December 2025 / January 2026.

MOTION CARRIED.

For the months of December 2025 / January 2026, there were 67 HealthWest and 55 provider employees trained:

Rights Updates HealthWest	47
Rights Updates Provider	0
New Employee Training HealthWest/Contracted	13
New Employee Training Provider	55
SUD Orientation HealthWest	7

For the months of December 2025 / January 2026 there were 524 incident reports and 28 rights allegations.

Statistical data showing type and code was provided in the enclosed report.

There were a total of 6 deaths reported in December 2025 / January 2026.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATIONS

Recipient Rights Advisor, Tasha Kuklewski, provided training on Policy 04-020 Reporting Abuse and Neglect; Policy 04-022 Recipient Rights Complaint Process and Appeals; and Policy 04-026 Recipient Rights for Substance Abuse Programs.

DIRECTOR'S COMMENTS

There was no Director's Comments.

AUDIENCE PARTICIPATION / PUBLIC COMMENT

There was no audience participation.

ADJOURNMENT

There being no further business to come before the committee, the meeting adjourned at 8:57 a.m.

Respectfully,

Thomas Hardy
HealthWest Rights Advisory Committee Chair

TH/hb

***PRELIMINARY MINUTES
To be approved at the Rights Advisory Committee Meeting April 3, 2026.***

HEALTHWEST**FINANCE COMMITTEE REPORT TO THE BOARD****via Jeff Fortenbacher, Committee Chair**

1. The Finance Committee met on February 20, 2026.
- *2. It was recommended, and I move to approve to approve expenditures for the month of December 2025, in the total amount of \$8,770,764.64.
- *3. It was recommended, and I move to approve the HealthWest Executive Director to sign a contract with Advanced Therapeutic Solutions, LLC., effective March 1, 2026, through September 30, 2027, to provide Recreation, Music and Art Therapies to eligible HealthWest consumers. The funding is within the approved HealthWest Outpatient Budget of \$9,500,000.00.
- *4. It was recommended, and I move to approve the HealthWest Executive Director to continue contracting with Peter Chang Enterprises, Inc. (PCE), to provide Electronic Health Records (HER) services to HealthWest, for an approximate cost of \$380,000.00 annually for three years ending March 31, 2029.
- *5. It was recommended, and I move to approve the HealthWest Executive Director / Executive Team to implement the FY2026 provider network fee schedule increases and differential adjustments for Outpatient and Specialized Residential service providers as administratively determined by the outlined criteria.
- *6. It was recommended, and I move to approve the HealthWest Executive Director to sign a contract with Doctor Jessica Janelle Bright, M.D. with a total not to exceed \$143,500.00 effective March 1, 2026, through September 30, 2027.
- *7. It was recommended, and I move to approve the HealthWest Executive Director to sign a contract with Kleck AFC effective March 1, 2026, through September 30, 2027, to provide specialized residential services to eligible HealthWest consumers. The funding is within the HealthWest AFC Specialized Residential Budget of \$24,900,000.00.
- *8. It was recommended, and I move to approve the HealthWest Executive Director to sign a contract The Shoreline Center effective March 1, 2026, through September 30, 2027, to provide Applied Behavior Analysis Therapy to HealthWest consumers. The funding is within the approved HealthWest Autism Budget of \$2,908,811.00.

/hb

HEALTHWEST

FINANCE COMMITTEE MEETING MINUTES

February 20, 2026

8:00 a.m.

CALL TO ORDER

The regular meeting of the Finance Committee was called to order by Committee Chair Fortenbacher at 8:00 a.m.

ROLL CALL

Committee Members Present: Charles Nash, Janet Thomas, Jeff Fortenbacher, Thomas Hardy

Committee Members Absent: John Weerstra, Remington Sprague, M.D.

Also Present: Rich Francisco, Holly Brink, Gina Manaici, Kristi Chittenden, Jackie Farrar, Linda Anthony, Carly Hysell, Casey Olson, Anissa Goodno, Melina Barrett, Kim Davis, Helen Dobb, Brittani Duff, Chris Yeager, Tasha Kuklewski, Dr. Greg Green, Jason Bates, Suzanne Beckeman, Kelly Betts, Amber Picard, Gina Kim

Guests Present: Angie Gasiewski

ITEMS FOR CONSIDERATION

A. Approval of Expenditures for December 2025

It was moved by Mr. Hardy, seconded by Ms. Thomas, to approve expenditures for the month of December 2025, in the total amount of \$8,770,764.64.

MOTION CARRIED

B. Monthly Report from the Chief Financial Officer

Ms. Hysell, Finance Director, presented the December report, noting an overall cash balance of \$12,140,796.30 as of December 31, 2025.

C. Finance Update Memorandum

Ms. Hysell, Finance Director, presented the Finance Update Memorandum for the Board review.

D. Approval to Contract with Advanced Therapeutic Solutions, LLC

It was moved by Mr. Hardy, seconded by Ms. Thomas, to authorize the HealthWest Executive Director to sign a contract with Advanced Therapeutic Solutions, LLC., effective March 1, 2026, through September 30, 2027, to provide Recreation, Music and Art Therapies to eligible HealthWest consumers. The funding is within the approved HealthWest Outpatient Budget of \$9,500,000.00.

MOTION CARRIED

E. Approval to Continue Contracting with Peter Chang Enterprises, Inc.

It was moved by Mr. Hardy, seconded by Ms. Thomas, to authorize the HealthWest Executive Director to continue contracting with Peter Chang Enterprises, Inc. (PCE), to provide Electronic Health Records (EHR) services to HealthWest, for an approximate cost of \$360,000.00 annually.

It was moved by Ms. Thomas, seconded by Mr. Hardy, amend the motion – to authorize the HealthWest Executive Director to continue contracting with Peter Chang Enterprises, Inc. (PCE), to provide Electronic Health Records (HER) services to HealthWest, for an approximate cost of \$380,000.00 annually for three years ending March 31, 2029.

MOTION CARRIED

F. Approval to Increase Provider Network Fee Schedules

It was moved by Mr. Hardy, seconded by Ms. Thomas, to authorize the HealthWest Executive Director / Executive Team to implement the FY2026 provider network fee schedule increases and differential adjustments for Outpatient and Specialized Residential service providers as administratively determined by the outlined criteria.

MOTION CARRIED

G. Approval to Contract with Doctor Jessica Janelle Bright M.D.

It was moved by Mr. Hardy, seconded by Ms. Thomas, to authorize the HealthWest Executive Director to sign a contract with Doctor Jessica Janelle Bright, M.D. with a total not to exceed \$143,500.00 effective March 1, 2026, through September 30, 2027.

MOTION CARRIED

H. Approval to Contract with Kleck AFC

It was moved by Mr. Hardy, seconded by Ms. Thomas, to authorize the HealthWest Executive Director to sign a contract with Kleck AFC effective March 1, 2026, through September 30, 2027, to provide specialized residential services to eligible HealthWest consumers. The funding is within the HealthWest AFC Specialized Residential Budget of \$24,900,000.00.

MOTION CARRIED

I. Approval to Contract with The Shoreline Center

It was moved by Mr. Hardy, seconded by Commissioner Nash, to authorize the HealthWest Executive Director to sign a contract The Shoreline Center effective March 1, 2026, through September 30, 2027, to provide Applied Behavior Analysis Therapy to HealthWest consumers. The funding is within the approved HealthWest Autism Budget of \$2,908,811.00.

MOTION CARRIED

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATIONS

There was no communication.

DIRECTOR'S COMMENTS

Rich Francisco, Executive Director provided an update:

➤ LRE Updates:

- The CEO group met on 2/18/2026, to discuss philosophical concerns regarding funding in the region. The meeting brought up some concerns regarding the current funding model at the LRE utilizing the PE/PM (per member/eligible per month) model. Some members felt that we need to move closer to a “Needs” Based funding model which was in place when the region was formed in 2014. Some years later, the region decided to switch to the funding model (via vote) which is currently the PE/PM. Most CMHSPs/PIHPs fund with the PE/PM model with a few using a hybrid model or combination of both. The rationale for the move to PE/PM in the region was that MDHHS/Milliman was already starting to incorporate the needs elements in the rate and was already looking at BHTEDS and other sources of utilization to adjust the rate. Over the years our region has had increases in rates because of this. In addition, Milliman has recently been focusing more on specific regional geographic factors to determine rates (more PIHP based versus statewide focus). This has also increased revenue for our region. However, because of the continued deficit in the last several years there continues to be overspending. There will be a discussion at the LRE board meeting next week to discuss this further. Moving to a Needs based funding model may hurt HW and two other CMHSPs (as was the case in 2014). If the funding model changes, there will be winners and losers. In addition, the LRE will also begin reviewing data on a regional basis to determine where the biggest expenses are causing the deficits in the region. There will be review of Autism, CLS services and Inpatient. The goal is for the region to have data to discuss how we can address these areas that contribute largely to the regional deficits.
- I am currently reviewing the current FSR report with the finance team. I want to emphasize that we have swung to the negative in our projections of about \$4M. This is due to our internal Capitated expense projections going up in the area of HMP (Health Michigan) funding bucket. Our actual may not currently reflect this because our actual is currently \$1.8M in the positive. Now is the time to review this closely and make adjustments if needed. In the FSR, we do have to give an explanation when our variance is 5% or more in this case it is 5.39%.
- LRE also shared the PBIP (performance-based incentive payment) report to the LRE Ops. Just as a background, PBIP are MDHHS withheld amounts of funding (\$3.14M) for the region 3. The region must meet certain metrics to earn that \$3.14M back. However, this year, 9/10 PIHPs did not do well on a set of new measures related to IET (Initiation and Engagement of Alcohol and other drug abuse or dependence Treatment) measures and this is going to cost a regional lost of about \$800k out of that \$3.14M. The remaining amount is then divided out to the CMHSPs.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the committee, the meeting adjourned at 8:39 a.m.

Respectfully,

Jeff Fortenbacher
Committee Chair

/hb

PRELIMINARY MINUTES
To be approved at the Finance Meeting on
March 17, 2026

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Full Board	BUDGETED	NON-BUDGETED X	PARTIALLY BUDGETED
REQUESTING DIVISION HealthWest Board	REQUEST DATE February 27, 2026		REQUESTOR SIGNATURE Janet Thomas, Board Chair
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>HealthWest board authorization is requested to recommend Michelle Ferris, CMHO (Chief Mental Health Officer) of Hackley Community Care, as representative for the LRE (Lakeshore Regional Entity) Executive Board of Directors. Michelle has leadership over Hackley Community Care and knows the importance and support needed for Mental Health Services here in Muskegon County. Her role in healthcare will help build a collaborative relationship on behalf of HealthWest, as a representative for our consumers and our community. This recommendation is effective February 27, 2026, filling the immediate vacancy of Linda Dunmore, previous representative.</p>			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
<p>The HealthWest Board moves to approve Michelle Ferris as a recommendation for the Executive Board Member for the LRE (Lakeshore Regional Entity), and authorizes the HealthWest Board Chair, Janet Thomas, to recommend her on behalf of the HealthWest Board of Directors.</p>			
COMMITTEE DATE	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE February 27, 2026	BOARD APPROVAL _____ Yes _____ No _____ Other		

HWB 61-B

Michelle Ferris, LCSW

Professional Social Work Experience

Hackley Community Care, Clinical Social Worker

Chief Mental Health Officer

Muskegon, MI

October 2025-Present

- Oversee all mental health and substance use disorder programming.
- Determine strategy for growth and expansion of programming in the integrated clinic and school based health settings.
- Manage relationships with key stakeholders within HCC and the community.

Aroostook Mental Health Center (AMHC), Clinical Social Worker

Chief Operations Officer

Presque Isle, ME

February 2022-September 2025

- Provide leadership to ensure the integrity of operations, policy and procedures, and achievement of organizational service goals and objectives.
- Oversee Program Directors, Quality Assurance Department, and Outpatient Office Managers.
- Lead expansion activities such as program development, enhancement, and acquisitions.
- Develop organizational and state CCBHC programming design.
- Manage relationships with key stakeholders internally and externally to AMHC.
- Designated Corporate Compliance Officer and Privacy Officer.

Director of Crisis Services

Presque Isle, ME

April 2019-February 2022

- Provide administrative and clinical program oversight for crisis services across three counties.
- Ensure integrity of service delivery, policy and procedures, and risk management.
- Gained contract & project management experience through development and expansion of services.
- Work collaboratively across internal systems (i.e. IT, HR, QD, Finance, and Operations) and external systems (i.e. Behavioral Health Organizations, Hospitals, Law Enforcement, and DHHS).
- Monitor budgets; implement strategies to maintain sustainability and fiscal responsibility of services.
- Manage and participate in on-call rotations.

Therapist-Consultant, Crisis Supervisor

Presque Isle, ME

June 2006- March 2019

Mobile Crisis, HELPLine, Adult and Children Crisis Stabilization Units, and Outpatient Services

- Provide clinical oversight and consultation for Mobile ESS, CSU, and HELPLine staff.
- Supervisor for Mobile ESS in Aroostook 2015-2019.
- Administer suicide and trauma recovery interventions for individuals, groups and families in crisis utilizing Emergency Services. Models used include CBT, MBCT, DBT, CAMS and SFBT.
- Consult on emergency services being provided in Aroostook, Hancock, and Washington Counties.
- Complete diagnostic assessments and quality assurance reviews for ES documentation.
- Actively participate in community meetings, advocate for community collaboration, and encourage crisis plan development to ensure continuity of care between services and organizations.
- Debriefing lead for critical incidents within AMHC and the community.
- Master Trainer through ME Crisis Network for MHRT – Crisis Services Provider (CSP)
- Provide training for emergency services throughout AMHC and Aroostook Sexual Assault Services.
- Develop and implement Crisis Intervention Team training for Aroostook County law enforcement.
- Participate in ME Crisis Network, Contract meetings, and collaborative meetings with crisis partners.
- Partner with supervisors to complete documentation and assist with individual support plans.
- AMHC representative on the BSW Advisory Board for the University of Maine at Presque Isle.
- Electronic Health record development and implementation 2010.
- Outpatient therapist from June 2006 through October 2008.

University of Maine at Presque Isle, Adjunct Faculty

Presque Isle, Me

December 2009-2022

- Instructor for Bachelor of Social Work coursework, including Crisis Intervention and Policy.

Michelle Ferris, LCSW

University of New England, Adjunct Faculty **Presque Isle, ME** **September 2007-2018**
MSW Program Field Instructor

- Mentor MSW students in their first-year internships. Provide professional guidance and weekly supervision for two semesters in the social work field.

North Central Bronx Hospital, Social Work Intern **Bronx, NY** **September 2005-May 2006**
Sexual Assault Treatment Program

- Provided individual counseling, completed psychosocial assessments, individualized treatment plans, safety plans, referrals, and case presentations. Collaborated with a multidisciplinary team to ensure continuum of care.
- Responded to sexual abuse cases in the ER as a member of the Sexual Assault Response Team.
- Trained advocates for the Sexual Assault Response Team.

Hospital Social Work Department, Inpatient and Outpatient Units

- Worked with a multidisciplinary team to provide emotional and medical care to patients and families of all ages in the ICU, medical, maternity, and geriatric units, and oncology clinic. Collaborated with the Child Protection Program, Domestic Violence Program, Substance Abuse IOP, and Psychiatric ER. Completed rapid psychosocial assessments, referrals and discharge planning; provided patient advocacy and crisis intervention.

New Beginnings, Social Work Intern **New York, NY** **September 2004-May 2005**

- As part of an alternative high school program for truant, inner-city adolescents ages 15-18, provided individual counseling and advocacy for youth from diverse backgrounds; fostered parental involvement. Facilitated three classroom-based psycho-education groups.

Mooseheart Child City and School, Family Teacher **Mooseheart, IL** **November 2003-July 2004**

- Live-in family teacher at residential education center for youth ages 1-18. Taught family model of care to youth, completed individual youth care plans and progress reports; provided crisis intervention, advocacy, and the overall care of youth in the home, community, and school.

Every Women's Place, Inc., Crisis Aid **Muskegon, MI** **June 2003-October 2003**

- Provided a safe, secure environment with client-centered services for women and children who were victims of domestic violence and sexual assault. Answered 24-hour crisis line; provided crisis intervention, community outreach, and advocacy for shelter residents; completed intake, referrals, case notes, and safety plans. Provided advocacy and support to survivors in the ED. Worked with legal aid and law enforcement authorities.

Education

Columbia University School of Social Work **New York, NY** **May 2006**

- Masters of Science, Social Work
- Concentration: Clinical Social Work Practice and Contemporary Social Issues
 - Emphasis on trauma, substance use, homelessness, and issues within the justice system.

Alma College **Alma, MI** **April 2003**

- Bachelor of Arts, Psychology
- May Term Abroad, England, UK **May 2002**

Affiliations, Recognitions, Certifications and Trainings

John T. Gorman, Fellowship Participant	Portland, ME	August 2024-June 2025
Clinical Supervision Foundations, NE School of Addictions	Virtual	September 2022
The Maine Crisis Network, Facilitator	Statewide, ME	April 2019-2022
Caring About Lives in Maine, Suicide Prevention Award	Augusta, ME	September 2020
Zero Suicide, Partnership with Maine CDC	Augusta, ME	June 2018-2021

Michelle Ferris, LCSW

Inter-partner Violence Training	Caribou, ME	September 2018
First Time Psychosis, Training	Bangor, ME	April 2018
Leadership in Mental Health Award, NAMI Maine	Augusta, ME	April 2017
Suicide Prevention: Core Competencies Training	Brewer, ME	April 2007
Critical Incident Stress Debriefing: Mitchell Model Training	Caribou, ME	January 2007
High Performing Team and Situational Leadership Training	Caribou, ME	January 2007
Sexual Assault Response Team, Advocate Certification	New York, NY	November 2005
Child Abuse & Maltreatment Identification Training	New York, NY	February 2005
MI Coalition Against Domestic Violence, Service Training	Mackinaw City, MI	October 2003



Strategic Plan Project Guide

**FY2027–2029 Strategic Plan
For Leadership & Steering Committee**

Project Facilitator
Gary Ridley
231-670-6938
gary.ridley@healthwest.net

1. Overview of the Strategic Planning Project

HealthWest will develop a unified **three-year strategic plan (FY2027–2029)** that sets clear priorities, aligns staff, and strengthens the agency’s long-term effectiveness in clinical care, crisis response, operations, workforce culture, financial sustainability, and community partnership.

This plan is built through:

1. **A rigorous assessment** of HealthWest’s current state
2. **Broad staff engagement**, including surveys, listening groups, and workgroups
3. **Definition of strategic pillars and goals**
4. **Creation of measurable KPIs** to track progress
5. **A sequenced, feasible roadmap** that outlines what HealthWest will execute over three years

The process runs **March 16 – September 18, 2026**, culminating in **Board approval**.

2. Goals Behind the Strategic Planning Framework

This framework is designed to ensure the final plan is:

✓ Evidence-Based

Built from data, performance indicators, compliance insights, and trend analysis.

✓ Inclusive

Grounded in the lived experiences of staff, people in services, families, and community stakeholders.

✓ Practical & Achievable

Staffing realities, financial constraints, and operational capacity shape the roadmap.

✓ Transparent & Collaborative

Work occurs through clearly defined roles:

- Steering Committee = decision making
- Workgroups = analysis + drafting
- Staff = broad input
- Facilitators = synthesis + support

✓ Measurable

The KPI Scorecard ensures accountability, visibility, and alignment across the agency.

3. Project Governance Structure

3.1 Steering Committee

The Steering Committee:

- Makes all key strategic decisions
- Reviews and approves major deliverables
- Provides organizational alignment
- Sets expectations for divisions
- Ensures the plan reflects HealthWest's values and priorities

Time expectation:

8–10 hours total across the March–September project timeline.

3.2 Workgroups

Workgroups are **domain-specific expert teams** responsible for:

- Identifying key challenges and opportunities
- Drafting goals, KPIs, and initiatives
- Ensuring recommendations are operationally grounded
- Validating content during plan development

Workgroups may include:

1. Clinical Quality & Service Delivery
2. Access & Crisis Response
3. Workforce & Culture
4. Operations, Finance & Business Sustainability
5. Data, Technology & EHR
6. Community Partnerships
7. Equity, Compliance & Risk

Time expectation:

10–14 total hours over the course of the project.

3.3 Lived Experience Workgroup

Provides cross-cutting guidance reflecting the voices of people receiving services. Will leverage the existing Consumer Advisory Committee for this project.

Roles include:

- Reviewing assessment themes
- Validating goals and KPIs
- Ensuring initiatives reflect real-world experience
- Supporting plain-language communication

Time expectation:

2-3 hours total.

4. Project Deliverables

1. Strategic Assessment Summary (May 8)

A comprehensive picture of HealthWest's current performance, strengths, and challenges.

2. Strategic Pillars (May 14–29)

Major areas of focus for the next 3 years (3–6 pillars).

3. Strategic Goals (May 18–29)

Clear statements of what HealthWest must achieve under each pillar.

4. KPI Scorecard & Reporting Framework (June 1–19)

A set of measurable KPIs, baselines, targets, owners, and reporting cadence.

5. Three-Year Strategic Initiative Roadmap (June 22–July 10)

A sequenced, feasible plan of major actions HealthWest will execute.

6. Draft Plan v1 → Final Plan v2 (July 13–Aug 3)

Draft 1 for validation / Draft 2 for approval.

7. Final Recommendation to Executive Leadership & Board (Aug 3–Sept 18)

A polished plan presented to the Executive Team and Board for approval.

5. Time Commitment Summary

5.1 Steering Committee Members

- **Live meetings:** 6 meetings across 6 months
- **Async reviews:** 15–20 minutes per deliverable
- **Total time:** 8–10 hours across entire project

5.2 Workgroup Members

- **Live meetings:** Monthly (6 total)
- **Async review:** 30 minutes every 2–3 weeks
- **Total time:** 10–14 hours total

5.3 Facilitators (Project Manager + Communications & Planning Lead)

- **Primary workload:**
 - Synthesizing data
 - Preparing drafts
 - Designing facilitation materials
 - Coordinating SC/WG interactions
 - **Estimated workload:** High intensity Weeks 3–20
-

6. Week-by-Week Summary of Project Goals

PHASE 1 — Launch & Orientation (Weeks 1–2)

- Kickoff meeting
- SC approvals of scope & structure
- Workgroup orientations

PHASE 2 — Assessment (Weeks 3–8)

- Staff survey, partner assessments, focus groups
- Workgroups identify issues, trends, and needs
- SC validates major findings
- Final Strategic Assessment Summary produced

PHASE 3 — Pillars & Goals (Weeks 9–11)

- SC pillar workshop
- Workgroups draft and refine goals
- SC approves final goals

PHASE 4 — KPIs (Weeks 12–14)

- KPI ideation (WGs)
- SC KPI workshop
- KPI Scorecard produced

PHASE 5 — Initiatives (Weeks 15–16)

- Workgroups identify and prioritize initiatives
- SC asynchronous prioritization review

PHASE 6 — Costing & Risk (Week 17)

- Workgroups provide feasibility input
- Facilitators refine financial model and risk register

PHASE 7 — Drafting & Validation (Weeks 18–20)

- Draft Plan v1 produced
- Validation with staff, leadership, and partners
- Revisions → Draft Plan v2

PHASE 8 — Approval & Rollout (Weeks 21–28)

- Executive Review
 - Board approval
 - Rollout to staff
-

7. Surveys and Engagement Activities

7.1 Surveys (Weeks 3–5)

Surveys will be conducted with staff, network providers and other community agencies/partners.

Topics explored will include:

- Barriers to service delivery
- Strengths of programs
- Workforce/culture needs
- Technology or workflow challenges
- Access and consumer experience
- Quality and equity concerns
- Additional needs/barriers

Estimated time commitment: **5–10 minutes per respondent.**

7.2 Listening Sessions / Focus Groups (Weeks 4–7)

Groups include:

- Customer Engagement Team
 - HealthWest Board of Directors
 - Lived Experience through the Consumer Advisory Team
 - And Identified Workgroups
-

7.3 Lived Experience Inputs

Provided through:

- Lived Experience focus group
- Existing Survey and Data Review

Ensures **person-centered, inclusive decision-making.**

8. Additional Relevant Context for Leadership

✓ This plan minimizes disruption to operations

Because staff are already carrying heavy workloads, this model is intentionally **light-touch**:

- Reduced meeting frequency
 - Short asynchronous reviews
 - Consolidated working sessions
 - Facilitators doing the heavy synthesis
-

✓ Work is led by those closest to the issues

Workgroups include:

- Clinical leaders
- Supervisors
- HR/finance/IT/data roles
- Workflows experts
- Peer and Lived Experience participants

This ensures the plan is practical, real, and implementable.

✓ Executive Leadership retains final decision authority

Steering Committee = high-level decisions

Workgroups = analysis and recommendations

Executive Leadership = final approval

✓ This plan positions HealthWest for a more stable 3-year cycle

Once adopted, the strategic plan provides:

- **A clear roadmap**
- **KPIs** tied to performance monitoring
- **Annual updates** instead of major rewrites
- Stronger cross-department alignment

9. Proposed Steering Committee Members

Membership reflects HealthWest’s major programs, support functions, and community-facing services.

Executive Leadership

- Rich Francisco - Executive Director
- Christy LaDronka - Chief Clinical Officer
- Brandy Carlson - Chief Financial Officer
- Kristi Chittenden - Chief Information Officer
- Gregory Green - Medical Director (as needed)

Program Leadership

- Amie Bakos - Director of Adult Clinical Services
- Ann Gatt - Director of Children’s Clinical Services
- Mary McGhee - Director of Access & Crisis Services
- Suzanne Beckeman - Director of Integrated Health
- Jennifer Stewart - Director of SUD Prevention & Treatment

Enabling & Administrative Leadership

- Mickey Wallace - Director of Organizational Development
- Susan Plotts - HR Manager
- Pam Kimble - Director of Quality Assurance
- Linda Anthony - Director of Health Information Services
- Carly Hysell - Director of Finance
- Natalie Walther - Director of Data Architecture & Analytics

Community & Communications

- Gary Ridley - Communications & Training Manager (Project Facilitator)
- Jackie Farrar - Provider Network Manager
- TBA - Lived Experience Representative

Project Infrastructure

- Melina Barrett - Project Manager
-

10. Proposed Workgroup Members

10.1. Clinical Quality & Service Delivery Workgroup

Proposed Workgroup Lead

- Christy LaDronka – Chief Clinical Officer

Core Members (Clinical Programs)

- Amie Bakos – Director of Adult Clinical Services
- Ann Gatt – Director of Children’s Clinical Services
- Suzanne Beckeman – Director of Integrated Health
- Jennifer Stewart – Director of SUD Prevention and Treatment Services
- Mary McGhee – Director of Access Services (strong link to intake/assessment flow)
- Manager/Supervisor from IDD services (e.g., Sandra Kotecki – Clinical Services Manager I, I/DD)

Optional

- Pam Kimble – Director of Quality Assurance (QI, audits, clinical outcomes)
 - Deangelo Williams – EHR & CCBHC Project Coordinator (clinical documentation alignment)
 - Representative Master’s Level Clinicians from Adult, Youth, and IDD programs (1–2 each)
-

10.2 Access & Crisis Response Workgroup

Proposed Workgroup Lead

- Mary McGhee – Director of Access Services

Core Members

- **Access Department supervisors** – e.g.,
 - Taylor Carey – Clinical Services Supervisor II – Access
 - Jessica Higgins – Clinical Services Supervisor II – Access
- **Crisis / CRU leadership**, e.g.:
 - Devan Peterson – Clinical Services Manager I - Crisis Residential
- **Intensive Crisis / Justice-related supervisors**, e.g.:
 - Hannah Drabczyk – Clinical Services Supervisor I – Intensive Crisis Stabilization
 - Stephanie Segar – Clinical Services Manager I (Crisis/Justice programs)

Optional Representative **Access Clinicians II** from Teams 1 and 2

- Representative **Stabilization Specialists**
- **Law enforcement / justice services clinicians** (for interfaces with police, jail, courts) – e.g., Police Clinicians, Jail Diversion Coordinator

10.3 Workforce & Culture Workgroup

Proposed Workgroup Lead

- Susan Plotts – Human Resources Manager

Core Members

- Mickey Wallace – Director of Organizational Development
- Kimberly Huey – Sr. Human Resources Coordinator
- Laurie Evans – Talent Acquisition & Onboarding Coordinator
- Elizabeth Anderson – Staff Support Committee
- Jennifer Hoeker – Communications & Marketing Coordinator (internal communications, HealthWest Way)

Optional

- **Clinical Supervisors/Managers** to represent frontline culture experience (1 Adult, 1 Youth, 1 IDD, 1 Access/Crisis)
- **Lived Experience/Peer Representative** (for culture and inclusivity lens)
- **Organizational Development or Training staff** – e.g., Training Coordinator Gina Schaner, Lead Training Specialist Doug Striker

10.4 Operations, Finance & Business Sustainability Workgroup

Proposed Workgroup Co-Leads

- Brandy Carlson – Chief Financial Officer
- Carly Hysell – Director of Finance

Core Members

- Jason Bates – Administrative Analyst (financial/operational analytics)
- Manager of Patient Financial Services – Brandon Baskin
- Representative(s) from Procurement & Provider Network –
 - Jackie Farrar – Manager of Procurement & Provider Network
- Property/Facilities – Nick Brown, Property Supervisor

Optional

- Payroll representative (for workforce costing, sustainability)
 - Operations leads from key clinical divisions (one or two Clinical Services Managers)
-

10.5 Data, Technology & EHR Workgroup

Proposed Workgroup Lead

- Kristi Chittenden – Chief Information Officer

Core Members

- Randi Bennett – Director of Information Systems
- Natalie Walther – Director of Data Architecture & Analytics
- Dave Eder – Manager of Data Analytics

- **Deangelo Williams – EHR & CCBHC Project Coordinator**
- **Linda Anthony – Director of Health Information Services**
- **IT Operations Manager – Nathan Kennert**
- **Network Security and Systems Manager – Mike Kimble**

Optional

- **Digital Solutions Designer – Christopher Yeager** (application design)
- **Representative from Quality / QI** to link metrics & reporting – e.g., Evaluation & Innovation Specialist Shawna Curran

10.6 Community Partnerships Workgroup

Proposed Workgroup Lead

- **Gary Ridley – Communications & Training Manager** (community messaging, outreach alignment)

Core Members

- **Community Education & Outreach Coordinator – Brea Beckley (effective 3/2/2026)**
- **Veterans Systems Navigator – Rachel Harden** (veteran partnerships)
- Representative from **Juvenile Justice / Legal & Justice Services** – e.g., Stephanie Segar / justice clinicians
- Representative from **School-Based/Youth Peer & Parent Support** – e.g., David Davis or Rebecca St. Clair / Amy Krohn
- **SUD Prevention and Outreach Specialist – Kara Jaekel** (community prevention partnerships)
- **Club Interactions Supervisor – Jerry Parker** (community psychosocial rehab connections)
- **Lived Experience Representative** (for authentic community voice)

10.7 Equity, Compliance & Risk Workgroup

Proposed Workgroup Co-Leads

- **Pam Kimble – Director of Quality Assurance** (CCBHC, performance, QI)
- **Helen Dobb – Compliance Manager**

Core Members

- **Casey Olson – Recipient Rights Officer**
- **Deangelo Williams – EHR & CCBHC Project Coordinator** (compliance with documentation and CCBHC)
- **Evaluation & Innovation Specialist – Shawna Curran** (measure design, equity in outcomes)
- **Accreditation & Performance Improvement Manager – Bennie Chambers**
- Representative from **HR** (for equity in workforce policies) – e.g., HR Manager or HR Specialist

Optional

- **Lived Experience Representative** (equity & justice lens)
- **Program Leads** from areas with high regulatory exposure (e.g., SUD, Integrated Health, Crisis services) for applied risk perspective



Consumer Advisory Committee Update:

- Consumer Advisory Committee met on 2/11/2026.
- New information: The Consumer Advisory Packet for meetings will be placed on the HealthWest Website on the Consumer Advisory Page.
- Advocacy events:
 - April 15 – Voices in Action Day
 - September 23 – Walk a Mile Rally
- Customer Service / Kelly spoke about CCBHC (Certified Community Behavioral Health Clinics) changes as of 10/1/2025.
 - Discussed the opportunity for individuals to take their grievance to a 2nd level through MDHHS (Michigan Department of Health and Human Services). Previously the grievances would stop with the resolution from the CMH.
 - Annual paperwork is due at the April meeting. Paperwork is the confidentiality document and the photo/audio release.
- Community Relations / Jennifer discussed:
 - Reminded the committee of the Rising Stars Ceremony on March 10th.
 - Discussed the cancelation of the RFP rebid.
 - Spoke about plans to work with partners to strengthen the CMH system.



HealthWest Employee Recognition / Feedback from Consumers:

Consumer Phone Call 01/02/2026

RE: Adult MI Community Based Team - I just spoke with a new consumer. He raved about our staff! He said "from the minute I walked in, from the security guard to the front desk, nurses, Dr. Green, everyone was so nice to me. I felt very comfortable there. I would recommend HealthWest to anyone who needs help."

Customer Service Call 01/13/2026

Customer Service received a call from an individual who shared positive feedback from Front Desk Staff, Lisa Blok.

"Lisa goes out of her way to ask, "how are you doing today". Lisa is a very sweet, understanding, caring woman. Lisa has encouraged me to attend groups and even invited me to the sound bathing group."

Team Shout Out 02/06/2026

I just wanted to send a huge shoutout to the urgent care team, especially Alyssa and Dan for supporting a consumer today! The case was very complicated and had many different agency involvement. Alyssa was able to get me in right away and help coordinate a smooth, quick, and flawless contact where the person was able to get his injection and scheduled for ongoing care! It was a team effort, and the urgent care was extremely beneficial as it was the last option available for this consumer today. Stephanie was also extremely helpful with being able to send coordination to urgent care, so they were aware police and I were on our way!

I also want to take this a step further to showcase that because of the team's effort today and the availability of the Urgent Care we were able to successfully divert this individual from the jail and avoid possible charges! Way to go team, this is the pie in the sky!



MEMORANDUM

Date: February 27, 2026
 To: HealthWest Board Members
 From: Janet Thomas, HealthWest Board Chair
 Subject: Board & Committee Nominations

Please note that the Nominating Committee meeting is scheduled for ***Friday, April 17, 2026 at 7:45 a.m. immediately preceding the Finance Committee & Full Board meeting.***

Those selected to be part of the nominating committee will be notified by Holly Brink on behalf of Madam Chair.

Current board officers and positions up for nominations are as follows:

Chair: Janet Thomas
 Vice Chair: Cheryl Natte
 Treasurer: Jeff Fortenbacher
 Secretary: Janice Hilleary

The current committee chair and vice-chair are up for nominations:

Program Personnel Committee Chair: Cheryl Natte
 Program Personnel Committee Vice Chair: Janice Hilleary
 Recipient Rights Committee Chair: Thomas Hardy
 Recipient Rights Committee Vice-Chair: Tamara Madison
 Finance Committee Chair: Jeff Fortenbacher
 Finance Committee Vice-Chair: Janet Thomas

Current 2026 CMH Board Members

Charles Nash
 Cheryl Natte
 Chris McGuigan
 F. Remington Sprague, MD
 Janet Thomas
 Janice Hilleary
 Jeff Fortenbacher
 John Weerstra
 Mary Vazquez
 Michelle Hazekamp
 Tamara Madison
 Thomas Hardy

/hb

Main Office

376 E. Apple Ave. | Muskegon, MI 49442 | P (231) 724-1111 | F (231) 724-3659



February 27, 2026

MEETING NOTICE MARCH 2026

The HealthWest Board will meet in the following sessions during the month of March 2026. Please remember we must have a quorum in person for these meetings. If you participate remotely, your vote will not count. If you have any questions, please let me know.

Finance Committee	Friday, March 20, 2026
Full Board Meeting	Friday, March 27, 2026

The administrative office will contact you via email to remind you of these meetings.

The complete schedule of committee and board meetings for 2026 can be found online at <https://healthwest.net/about-us/healthwest-board-agendas-minutes/2023-board-of-directors-schedule/>

\hb

cc: HealthWest Board Members

Main Office

376 E. Apple Ave. | Muskegon, MI 49442 | P (231) 724-1111 | F (231) 724-3659
[HealthWest.net](https://healthwest.net)



MEMORANDUM

Date: 02/27/2026

To: HealthWest Board of Directors

CC: Mark Eisenbarth, Muskegon County Administrator
Matt Farrar, Muskegon County Deputy Administrator
Angie Gasiewski, Muskegon County Finance Director

From: Rich Francisco, Executive Director

Subject: **Director's Update**

PLACE HOLDER

