

Consumer Advisory Committee Agenda

DATE **April 8, 2026**

LOCATION **MHC West Staff Conference 1 (note : room change)**

ZOOM MEETING <https://healthwest.zoom.us/j/92354472971> Meeting ID: 923 5447 2971

COMMITTEE MEMBER PARTICIPANTS: Cindy Devries, Cowboy Thomas Hardy, Angie Kartes, Tamara Madison, Demario Phillips, David Scholtens, Craig Franklin, Shawnee Tate, Chris Ware, Elizabeth Londo

HEALTHWEST STAFF: Kelly Betts, Gary Ridley, Jennifer Hoeker, Amber Pickard, Lea Streblow

Additional Guest: _____

Time	Initiative	Lead	Action Required/Notes:
1:00 pm	REFLECTION: "Be the change you wish to see in the world". - Mahatma Gandhi		
1:00 pm	Review of prior meeting minutes	Cowboy	Motion: Approved:
1:05 pm	Review of Meeting agenda	Cowboy	Motion: Approved:
1:07 pm	<p>New Business:</p> <ul style="list-style-type: none"> a. Review of New Member application (attached in packet) <ul style="list-style-type: none"> a. Primary Member (MI) b. Liz L has informed via email she has to step down <ul style="list-style-type: none"> a. Primary Member (MI) <p>Old Business:</p> <ul style="list-style-type: none"> a. Annual paperwork is due. (Attached in Packet) <ul style="list-style-type: none"> a. Confidentiality Form b. Photo Release 	Gary	<p>New Business</p> <ul style="list-style-type: none"> a. Action : Discussion needed to approve moving this to full board to be appointed in April Full Board. Motion : Approved: <p>New Business</p> <ul style="list-style-type: none"> b. Action : Discussion needed to approve moving this to full board. Motion : Approved: <p>Old Business:</p> <ul style="list-style-type: none"> a.
1:15 pm	<p>Committee Updates:</p> <ul style="list-style-type: none"> a. Performance Improvement Committee b. Trauma Informed Committee c. Special Projects committee d. Nominations committee 		<ul style="list-style-type: none"> a. (David) - Updates: b. (Angie) - Updates c.. - No updates d. No Updates:

Time	Initiative	Lead	Action Required/Notes:
1:30 pm – 2:45 pm	Communications/Advocacy Update: Strategic Planning	Gary/ Jennifer	
2:00 pm	No Special Guests		
2:40 pm	Regional Advisory Committee: a. Contact Mari at 1-800-897-3301 to join	Angie Tamara Demario Shawnee	
2:40 pm	State Advisory Committee: CMHA Meeting is reorganizing. No longer meeting as a separate State Advisory Committee.	Information	
2:45 pm	Public Participation	Open forum for Guests	
2:50 pm	Good News / Discussion / Round Table a. Agenda suggestions for future meetings b. Guest Suggestions for future meetings	Cowboy/De mario	a. Boundaries training for the June meeting b.
3:00 pm	ADJOURN – Next meeting –June 10, 2026 1-3pm	Cowboy	Adjourn:

Consumer Advisory Committee Minutes

DATE **February 11, 2026**

LOCATION **MHC West Staff Conference 3**

ZOOM MEETING <https://healthwest.zoom.us/j/92354472971> Meeting ID: 923 5447 2971

COMMITTEE MEMBER PARTICIPANTS: **Cowboy Thomas Hardy, Angie Kartes, Tamara Madison, Demario Phillips, David Scholtens, Craig Franklin**

HEALTHWEST STAFF: **Kelly Betts, Jennifer Hoeker**

Additional Guest:

Time	Initiative	Lead	Action Required/Notes:
1:00 pm	REFLECTION: "Be the change you wish to see in the world". - Mahatma Gandhi		
1:00 pm	Review of prior meeting minutes	Cowboy	Motion: Demario Approved: Craig
1:07 pm	Review of Meeting agenda	Cowboy	Motion: Demario Approved: Craig
1:07 pm	<p>New Business:</p> <ul style="list-style-type: none"> a. Consumer Advisory Committee-Policy Change (Attachment 1)- The Consumer Advisory page is on the Healthwest website where an informational packet can be found about the committee. (Attachment 2-Full board packet) b. Annual paperwork due at April Meeting (Attachment 8) c. Customer Service Updates (Kelly) d. Voices in Action Day (April 15, 2026) (Attachment 3) e. Save the Date: Walk a Mile- September 23, 2026 (Attachment 4) f. New agenda item added by Cowboy- Discuss during a future meeting what the next steps would be once the committee has reached the maximum number of members, while also having a waiting list of other interested consumers. <p>Old Business:</p> <ul style="list-style-type: none"> a. Nominations were discussed at the December meeting- All positions will remain the same for this year. 	Cowboy	<p>New Business</p> <ul style="list-style-type: none"> a. Action: approve changes Motion: Demario Approved: Craig Kelly to send request to change to Helen Dobb b. Information: Photo, Audio, and Video Release. Confidentiality Statement due at the next meeting. c. Information: CCBHC funded consumers will receive multiple notices informing them of the services they are being provided or notifying them of the results of a change of worker request. This is due to a recent change in the appeal process. A change of worker request is not limited to a grievance any longer. The process depends on the reasoning as to why a client wants a change of worker. The client's choice is Healthwest's number one priority. A client may want to change a worker for a reason that is not a complaint, but more so due to a client's preference. Such as wanting to see a provider that is in-person instead of online. If a client's request is denied the first time, it is 99% more likely to get approved the second time, and the client could choose his or her own worker. d. This day is for individuals with intellectual and developmental disorders. This is the fourth year for this event. e. The special projects committee will help with planning in July. f. Action: Table the discussion to next year's April Meeting

Time	Initiative	Lead	Action Required/Notes:
			Motion: Cowboy Approval: Demario
1:30 pm	Committee Updates: a. Performance Improvement Committee b. Trauma Informed Committee c. Special Projects committee d. Nominations Committee	Dave/ Angie	a. (David)- Updates: David was unable to attend the most recent meeting. b. (Angie)- Updates: Angie needs assistance to be reconnected to the meeting. She has not been able to attend any meetings so far. c. No updates d. No updates
1:45 pm	Communications/Advocacy Update: -PIHP RFP Rebid Cancellation (Attachment 5) -CMHA plans to work with partners to figure out how the CMH system could be strengthened. -Rising Stars coming up on March 10th	Jennifer	
2:00 pm	No Special Guest		
2:40 pm	Regional Advisory Committee: Packet attached for December Meeting (Attachment 6) a. Contact Mari at 1-800-897-3301	Angie Tamara Demario	
2:40 pm	State Advisory Committee: CMHA Attachment 7 Anyone can join, Next meeting April 15, 2026 1:00-2:30pm Join Zoom Meeting http://us02web.zoom.us/j/89146609326?pwd=8m8F4Y3WYohGSpBQMFnDaLV4HGJvSp.1 Meeting ID: 891 4660 9326 Passcode: 088598	Information	
2:45 pm	Public Participation	Open forum for Guests	
2:50 pm	Good News / Discussion / Round Table a. Agenda suggestions for future meetings b. Guest Suggestions for future meetings		
3:00 pm	ADJOURN – Next meeting	Cowboy	

HEALTHWEST

CONFIDENTIALITY STATEMENT

Maintaining confidentiality is required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Mental Health Code of the State of Michigan. Since the HealthWest Board operates on the assurance of said confidentiality to all individuals receiving services, it has adopted detailed policies that speak to this issue (see Policy and Procedure 04-001 and 04-002 enclosed with this form).

Confidentiality is important to those who seek services from HealthWest. All individuals served at HealthWest are assured that their protected health information (PHI) will remain confidential.

The phrase "maintaining confidentiality" is very broad and inclusive. In effect, it means a representative of HealthWest is not permitted to divulge the names of consumers or other PHI. Such disclosure is only appropriate when it is in a work-related situation that requires such information to be given and then only to authorized personnel and agencies.

This form has been developed to ensure that HealthWest employees, interns, volunteers, and student observers are informed of the importance of maintaining confidentiality. After you have read this form, HealthWest Policy and Procedure 04-001 and 04-002, and your supervisor has discussed them with you, please sign your name on the line indicated below acknowledging that you have read and understand the confidentiality requirements of HealthWest.

Name (Printed): _____ **Date:** _____

Signature: _____ **Date:** _____

- I am a
- | | |
|---|--|
| <input type="checkbox"/> Job Shadow Student | <input type="checkbox"/> Clinical Rotation Student |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Intern |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Consumer Advisory Committee |



HealthWest Application for Consumer Advisory Committee

The HealthWest Board appoints individuals who are served by its services to advise the organization on matters related to legislation, advocacy and consumer engagement.

Contact Information

Name	EDNA M [REDACTED]
Street Address	[REDACTED]
City ST ZIP Code	[REDACTED]
Cell Phone	[REDACTED]
Home Phone	
Work Phone	
E-Mail Address	

Regional Representation

In which area do you reside?

- | | |
|--|--|
| <input type="checkbox"/> Allegan County (served by Allegan CMH) | <input type="checkbox"/> Lake County (served by West Michigan CMH) |
| <input type="checkbox"/> Kent County (served by Network180) | <input type="checkbox"/> Oceana County (served by West Michigan CMH) |
| <input checked="" type="checkbox"/> Muskegon County (served by HealthWest) | <input type="checkbox"/> Mason County (served by West Michigan CMH) |
| <input type="checkbox"/> Ottawa County (served by Ottawa CMH) | |

Interest in Serving

HealthWest seeks individuals with lived experience who are willing to serve. Please share your areas of expertise, checking all that apply:

- I am: a Primary or Secondary Consumer HealthWest Board Member
 Service Provider (agency) Community Member/Representative

Consumer Population Relationship:

- Services for persons with Developmental or Intellectual Disabilities
 Services for persons with Mental Illness
 Services for persons with Serious Emotional Disturbance (children)
 Services for persons with Substance Use Disorders
 Other services (describe):

Time Commitment

The CAC meet a minimum of 4 time per year. We request that you commit to attending at least 4 meetings. Can you make this commitment? Please note that attendance by tele-conference and virtual platforms is also available.

- Yes
 Yes, with accommodation
 No

Special Skills or Qualifications

Summarize special skills, qualifications, or interests you have acquired from employment, previous volunteer work, or through other activities.

empathy, time management, problem solving,
Self motivated, etc

Previous Board/Committee Experience

Please tell us about your previous experiences serving on boards or committees.

N/A

How Did You Hear About Us?

- From a current Member (Their name: Chelsea Ponder)
 - Call Center/ Customer Services
 - CMH Website
 - Other: _____
- Social Media LRE Website ↑

Person to Notify in Case of Emergency (optional)

Name	[REDACTED]
Street Address	[REDACTED]
City ST ZIP Code	[REDACTED]
Home Phone	[REDACTED]
Work Phone	[REDACTED]
E-Mail Address	[REDACTED]

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a CAC member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	Edna [REDACTED]
Signature	<i>Edna</i> [REDACTED]
Date	3/24/26

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

When finished – please return form to customer.services@healthwest.net.