Meeting Agenda

CMHOC Performance and Quality Improvement Committee

Board Room – 12265 James Street, Holland, MI 49424

Monday, September 08, 2025 – 3:00 pm

Join Zoom Meeting

Meeting ID: 824 2149 1715 Passcode: 830706 Dial: 1 (301) 715-8592

1. CALL TO ORDER – Chair

2. CMHOC MISSION AND VISION STATEMENT

   Mission Statement: *Community Mental Health of Ottawa County partners with people with mental illness, intellectual/developmental disabilities and substance use disorders and the broader community to improve lives and be a premier mental health agency in Michigan.*

   Vision: *Community Mental Health of Ottawa County strives to enhance quality-of-life for all residents.*

3. APPROVAL OF AGENDA

   Suggested Motion: To approve the Agenda for the September 08, 2025, CMHOC Performance and Quality Improvement Committee.

4. CONSENT ITEMS

   Suggested Motion: To approve by consent the following items:

   a. Minutes for the July 14, 2025, CMHOC Performance and Quality Improvement Committee

5. PRESENTATION

   CMH Distinctive Program: Dialectical Behavior Therapy (DBT) and MiFast Review – Keith Morley and Leah McConnell

6. OLD BUSINESS

7. NEW BUSINESS

   Access and Crisis Utilization Report *(Attachment A)* – Dr. Michael Brashears

   Update on MDHHS Procurement Process – Dr. Michael Brashears

   Review of Social Recreation Programs Quarterly Data – Dr. Michael Brashears and Chelsea Clark

   CCBHC Bonus Payment Update *(Attachment B)* – Chelsea Clark

   CCBHC Services Description & Audit Exit Interview Findings *(Attachment C)* – Chelsea Clark

BTRC Report *(Attachment D)* - Amy Avery

8. PUBLIC COMMENT

9. ADJOURN

Meeting Minutes (proposed)

CMHOC Performance and Quality Improvement Committee

Board Room – 12265 James Street, Holland, MI 49424

Monday, July 14, 2025 – 3:00 pm

Join Zoom Meeting

Meeting ID: 865 6953 6264 Passcode: 830706 Dial: 1 (301) 715-8592

In Attendance: Tom Bird, Peggy Fakler, Paul Duff, Robert Davis, Vonnie Vanderzwaag

Absent:

Staff: Anna Bednarek, Dr. Michael Brashears, Chelsea Clark, Bill Phelps, Amanda Westrate

Guests:

CALL TO ORDER

Tom Bird, CMHOC Board Chair, called the CMHOC Performance and Quality Improvement Committee to order on July 14, 2025 at 3:00 pm.

CMHOC MISSION AND VISION STATEMENT

Tom Bird noted the CMHOC Mission and Vision Statements.

NEW BUSINESS

Selection of the Committee Chair – Tom Bird

Mr. Davis was elected to serve as Committee Chair and Ms. Fakler to serve as Vice Chair for a one-year term.
MOTION CARRIED.

Frequency of Committee Meetings – Committee Chair

Dr. Brashears' Recommendation: It is recommended that the PQI committee meet every other month until determined if an alternative meeting frequency is needed.
PQICM 25-001 Motion: To accept the recommendation to start meetings at every other month at this particular time.
Moved by: Vanderzwaag
Support: Fakler
MOTION CARRIED
-Discussed specifying member parameters and meeting frequency for thorough review and oversight of new programs. Dr. Brashears will write a formal committee charge outlining the committee's scope and member roles. The committee meetings will be held every other month.

Provider Scorecards – Bill Phelps
-Provider Scorecards have been developed to help guide contract renewals and improve oversight by incorporating provider feedback and aligning with accreditation requirements.

CONSENT ITEMS
PQICM 25-002 Motion: To approve by consent the following items:

a. Agenda for the July 14, 2025, CMHOC Performance and Quality Improvement Committee.

Moved by: Vanderzwaag
Support: Fakler
MOTION CARRIED

PRESENTATION
-The committee will begin receiving detailed updates on specific sub-elements of programs, while the full board will continue to receive broader program overviews.

OLD BUSINESS

REGULAR COMMITTEE BUSINESS
Access and Crisis Utilization Report – Dr. Michael Brashears

Health and Safety Report – Anna Bednarek
-The Health and Safety Report focuses on staffing levels, facilities, and vehicle safety. The report supports CARF compliance and reflects ongoing monitoring and recent inspections.

Compliance Report – Anna Bednarek
- The semiannual Compliance Report emphasizes the importance of compliance with service delivery and accurate billing, along with highlighting improvements through expanded committee membership and new capabilities in the PCE system.

Millage: What's in the Works – Chelsea Clark
- An update on millage-funded programs highlighted efforts to improve data tracking and communication, with a new quarterly report coming soon to show community impact ahead of the 2026 renewal.

-The next Performance and Quality Improvement Committee will be held September 8, 2025.

PUBLIC COMMENT

ADJOURN
Bob Davis adjourned the July 14, 2025, CMHOC Board of Directors meeting at 04:36 pm.

_____
Beth VanHoven, Secretary

Dashboard Date Range:
Use the drop down to select one or more months (hold the ctrl key and multi-select).

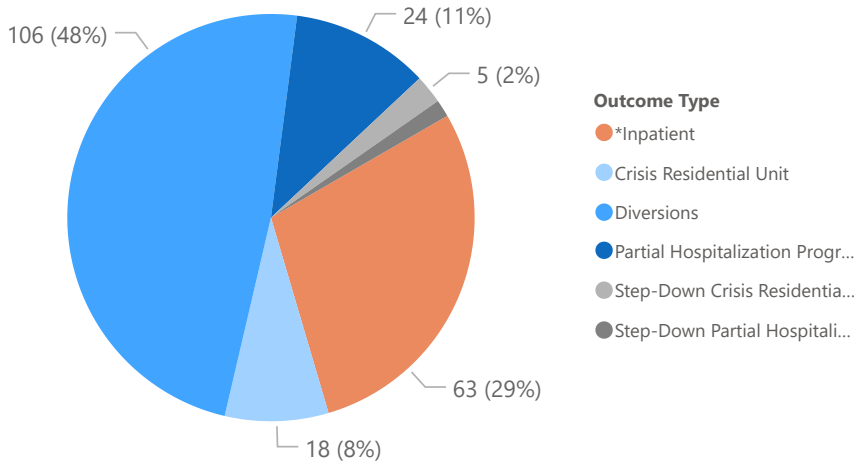
Multiple selections

219
Crisis Contacts

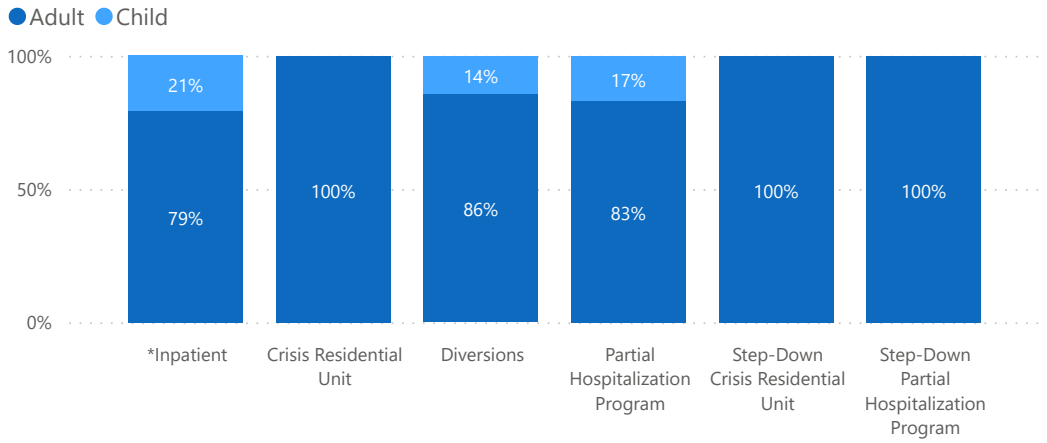
71%
Did Not Result in Inpatient Stays

29%
Did Result in Inpatient Stays

Crisis Contacts by Outcome



Crisis Contacts: Percent Adult Versus Child by Outcome



Outcome	Adult	Child
*Inpatient	50	13
Crisis Residential Unit	18	0
Diversions	91	15
Partial Hospitalization Program	20	4
Step-Down Crisis Residential Unit	5	0
Step-Down Partial Hospitalization Program	3	0
Total	**187**	**32**

Refreshed: 9/02/2025

Access and Crisis Utilization: July and August 2025

Dashboard Date Range:
Use the drop down to select one or more months (hold the ctrl key and multi-select).

Multiple selections

339
Access Center Service Inquiry Contacts

598
Other Contacts

937
Total Contacts

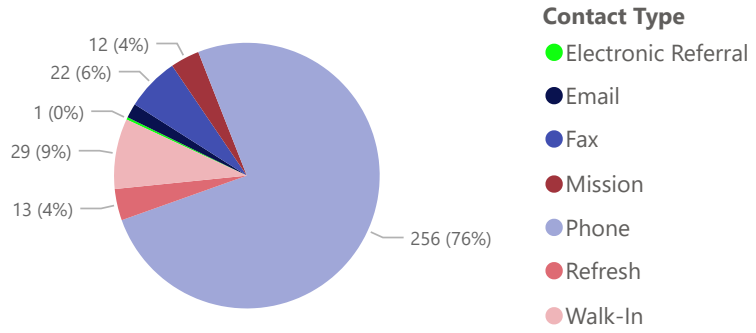
Access Center: Service Inquiry Contacts

Result of the Service Inquiry	Number of Contacts
Referred to Initial Access Screening	148
Referred to Community Resource	103
Pending/Need More Information	26
Referred to Contracted SUD Provider	20
Non-Resident	17
No Service Needed; Seeking Information Only	16
Incomplete Call/Call Discontinued	4
Referred to Crisis Services Team/Emergency Services	3
Referred to Navigator Program	1
Referred to Senior Reach Program	1
Total	**339**

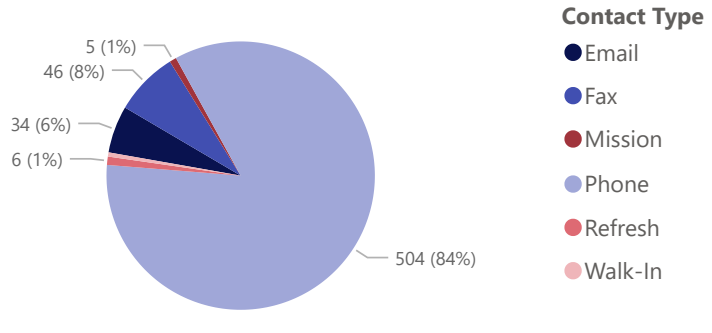
Access Center: Other Contacts

Result/Reason of the Contact	Number of Contacts
Engagement/Outreach Attempt	249
Information Only	167
Referred to Access Team	71
Referred to Community Resource	50
Referred to Primary Treatment Team	37
Incomplete Call/Call Disconnected	13
Referred to Crisis Service Team/Emergency Services	11
Total	**598**

Service Inquiry: Contact Types



Other Contacts: Contact Types



Access and Crisis Utilization: July and August 2025

Dashboard Date Range:
Use the drop down to select one or more months (hold the ctrl key and multi-select).

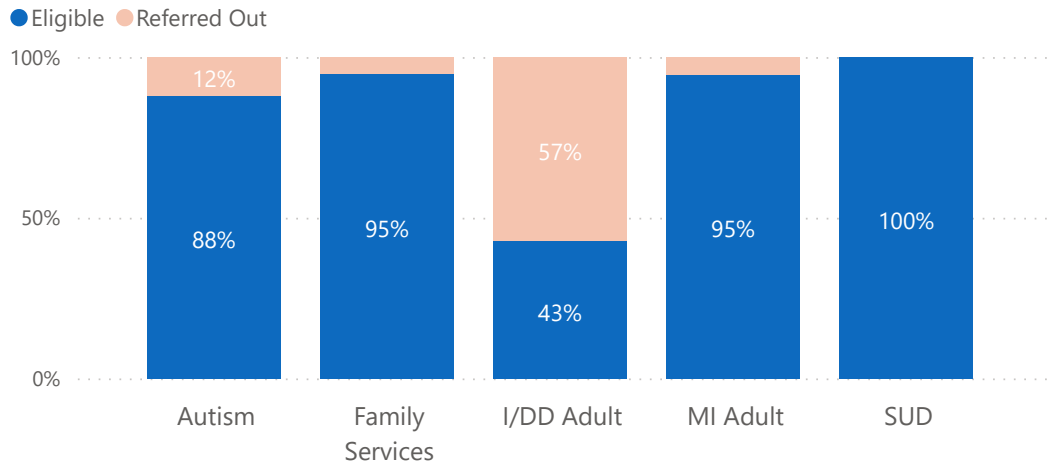
Multiple selections

131
Eligibility Assessments

91%
Eligible for CMHOC Services

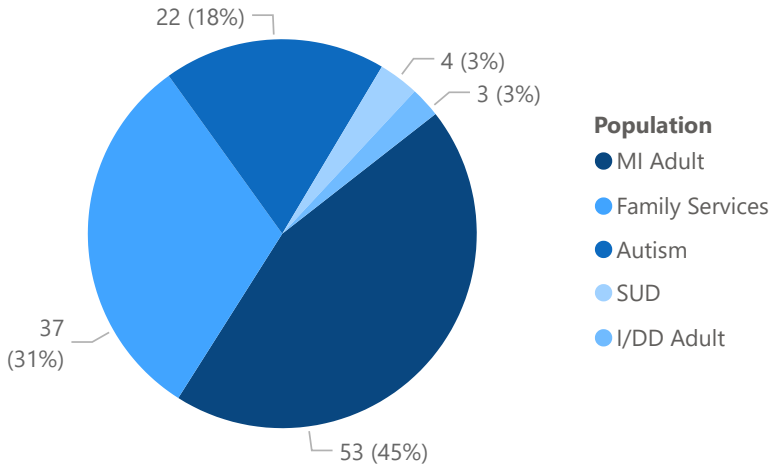
9%
Referred to Other Services

Consumers Eligible for CMHOC Services and Referred to Other Services Among Each Population



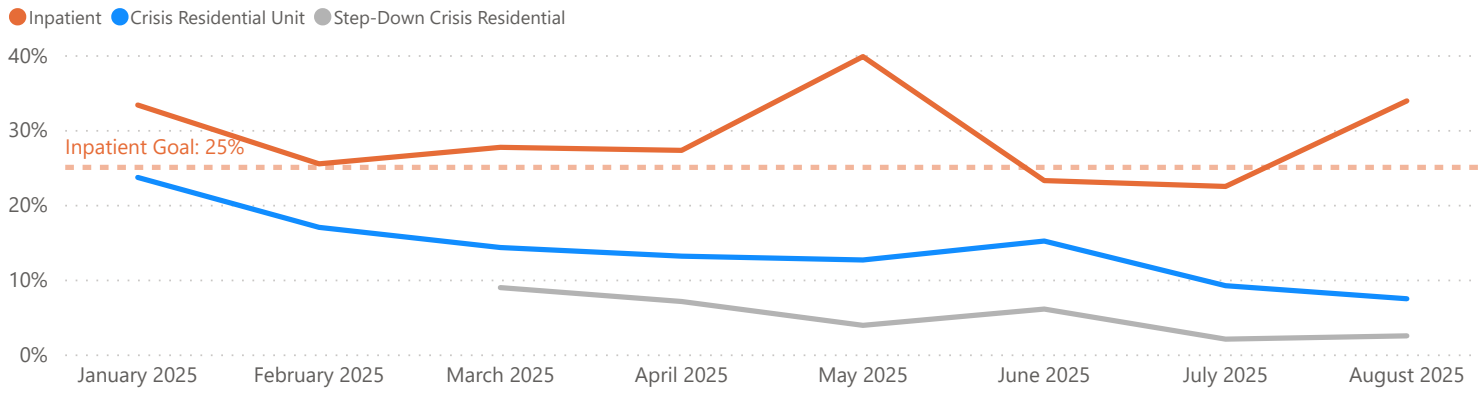
Population	Eligible	Referred Out
Autism	22	3
Family Services	37	2
I/DD Adult	3	4
MI Adult	53	3
SUD	4	0
Total	**119**	**12**

Consumers Eligible for CMHOC Service by Population



Access and Crisis Utilization Historic Trends

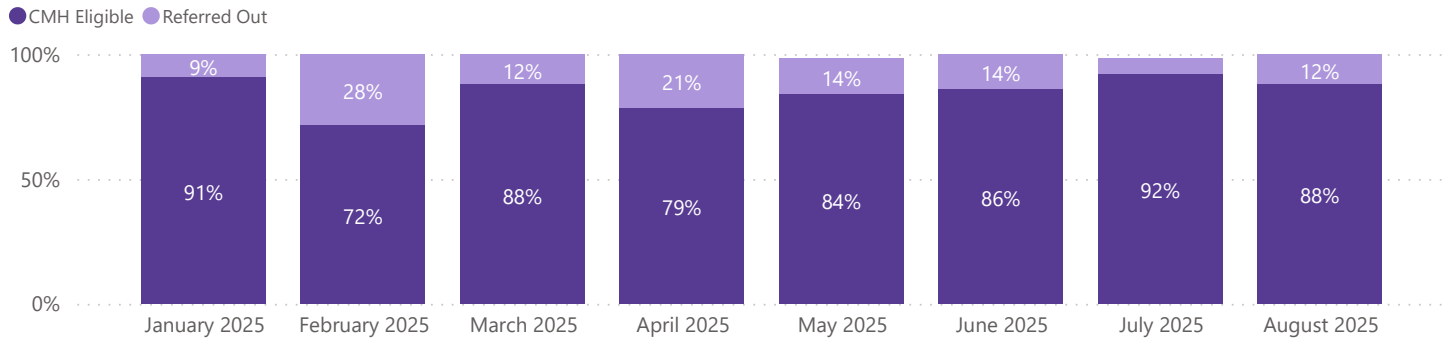
Crisis Contacts: Percent Crisis Residential Unit and Inpatient



Crisis Contacts

Year	Total
2025	**831**
January	93
February	106
March	112
April	99
May	103
June	99
July	98
August	121
Total	**831**

Eligibility Assessments: Percent Eligible Versus Referred Out



Date Filter

1/1/2025 8/31/2025

Eligibility Assessments

Year	Total	Eligible	Referred Out
2025	**426**	**365**	**59**
January	44	40	4
February	39	28	11
March	50	44	6
April	47	37	10
May	63	53	9
June	51	44	7
July	64	59	4
August	68	60	8
Total	**426**	**365**	**59**

CMHOC CCBHC FY24 QUALITY BONUS PAYMENT 10/1/23-9/30/24

Quality Measure tied to QBP	Description
Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	Percentage of consumer visits or those consumers aged 6 through 17 years with a diagnosis of Major Depressive Disorder (MDD) with an assessment for suicide risk. (Medicaid Only)
Suicide Risk Assessment-Adult (SRA-A)	Percentage of consumers aged 18 years and older with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified. (Medicaid Only)
Follow Up After Hospitalization within 30 days (Adult) FUH-30AD	Percentage of discharges for consumers age 18 and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner who had a follow-up within 30 days.
Follow Up After Hospitalization within 30 days (Child) FUH-30CH	Percentage of discharges for consumers age 6-17 who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner who had a follow-up within 30 days.
Adherence to Antipsychotic Medications for Individuals with Schizophrenia-SAA	Percentage of enrollees ages 19 to 64 with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment- IET 14 TOT	The percentage of consumers age 13 and older with a new episode of alcohol or other drug (AOD) dependence who Initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.

Measure	Numerator	Denominator	Rate	Eligible Award	Benchmark	Benchmark Met	Award
							$354,656.55
FUH-30AD	106	163	0.65	$67,384.74	**0.58**	TRUE	$67,384.74
FUH-30CH	28	33	0.85	$67,384.74	**0.7**	TRUE	$67,384.74
IET14-TOT	44	137	0.32	$67,384.74	**0.25**	TRUE	$67,384.74
SAA-AD	59	86	0.69	$17,732.83	**0.585**	TRUE	$17,732.83
QSRA-BH-C	88	374	0.24	$67,384.74	**0.239**	TRUE	$67,384.74
QSRA-A	39	74	0.53	$67,384.74	**0.125**	TRUE	$67,384.74

QBP Award: $354,657
Redistribution: $158,801
Total: $513,458

CMHOC CCBHC AUDIT FINDINGS

CCBHC Item	Description	Standard Met?
2.A.1 CCBHC Environment	Provide a tour of at least one facility and review self-pay policy.	Met
2.B.1 Timeliness for New Consumers	Random sampling from the intake calendar to evidence Timeliness for New Consumers.	Met
2.B.3 Timely Access to Outpatient Service	Evidence timely access to outpatient services.	Met
2.C.6 Crisis Planning & 4.C.1 Crisis Services	Evidence of crisis planning, crisis services, BHUC, and documentation that supports accessibility of 24/7 mobile crisis for adults and children.	Met
3.C.2 Inpatient Service Coordination & 3.C.3 Community Services Coordination	Provide recent examples of care coordination as it pertains to the following: physical health, mental health, social services, educational system, criminal justice, housing, employment, and end of life care.	Met
3.D.3 Care Coordination by DCOs	Evidence of care coordination by DCO's as well as DCO data reporting.	Met
4.D.1 Screening, Assessment, and Diagnosis Services & 4.d.2 Evaluation Timeframe & 4.D.3 Evaluation Components & 4.D.4 Diagnostic and Treatment Planning Evaluation	Evidence of screening, assessment, diagnosis, and treatment planning.	Met
4.F.1 Outpatient Services	Evidence of providing outpatient Mental Health and Substance Use Disorder services.	Met

4.F.2 Evidence Based Practices	Demonstrate and evidence use of all required Evidence Based Practices (EBP).	Met
4.F.3 Treatment Appropriate for Phase of Life	Evidence through documentation of services being provided across the lifespan.	Met
1.C.3 Training Documentation	Provide sample training documents to ensure that the training plan is accurate.	Not Met
3.C.4 VA Coordination	Provide coordination for VA services.	Not Met
4.K.1 Veterans Services	Provide a Veteran treatment plan and examples of service delivery and coordination.	Not Met

CMHOC's Next Steps:

- 1.C.3 Training Documentation: CMHOC is moving forward with a contract with Relias as our training platform. This partnership will ensure compliance with the older adult training requirement, which was the component identified as missing during the CCBHC audit.
- 3.C.4 VA Coordination & 4.K.1 Veterans Services: CMHOC successfully delivered treatment planning and services to Veterans; however, care coordination with the VA was identified as an area for improvement. To address this, CMHOC has added a referral tracking feature to our electronic medical record system, allowing us to monitor referrals to the Veteran Navigator and strengthen overall care coordination efforts.

BTRC Semi - Annual Report to Leadership Group

January 1, 2025- June 30, 2025

Committee Members: Denise Radakovitz (BTRC Chair), Dr. David Franzblau, Briana Fowler, Matt Vanderhyde, Leah Osterhaven, Teresa LaHaie, and Amy Avery

Intrusive/Restrictiveness:

Performance Indicator 1: Intrusiveness, aversiveness, and restrictiveness of treatment interventions will be continuously diminished.

Performance Indicator 2: Behavior treatment procedures will be improved by assuring that the following items are addressed in all new and revised programs:

1. Has a rationale for the use of any Level II and III procedure.
2. Has a positive intervention component to potentially maintain the desired behavior changes after any restrictive, intrusive, or aversive treatment components are withdrawn.
3. Has a justification (with objective data) for continued use of restrictive, intrusive, or aversive treatment components.
4. Addresses consumer behavior changes in timely manners.
5. Has clear data collection procedures that sufficiently measure progress.
6. Thoroughly addresses all questions or concerns from previous Behavior Treatment Reviews.

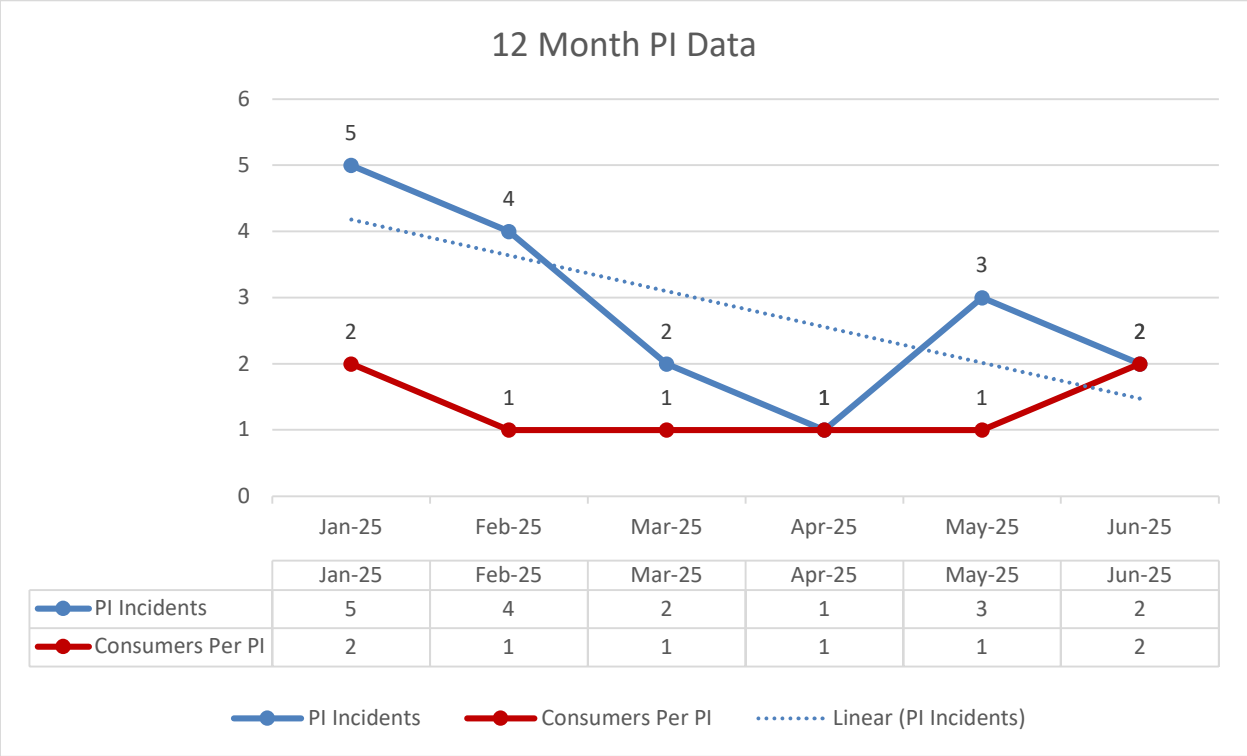
Report Period Summary Data:

CMHOC Program	Number of Consumers on BTRC by Program Type
DD Child	0
DD Child Contractual	0
DD Adult	56
DD Adult Contractual	30
MI Adult	3
MI Adult Contractual	8

Summary	Number of Consumers
Consumers Reviewed	97
Consumers Discharged	I/DD: 4 (1 moved, 3 restrictions are no longer necessary) MI: 1 (Passed away)
New Consumers	I/DD: 13
Health and Safety	I/DD: 2
Consumers Remain the Same	77

Number of Incidents Involving PI:

Performance Indicator 3: The Behavior Treatment and Review Committee will track the use of any physical holds. The Rights Office will provide data from incident reports received.



	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
PI Incidents	5	4	2	1	3	2
Consumers Per PI	2	1	1	1	1	2

The total number of incidences of physical intervention (PI) is averaging around 3.3 a month. It spiked once, in May and saw dips In January, February, March April, and June. There were 17 incidents of PI used during the past 6 months compared to 20 incidents for the previous 6 months.

All of the physical interventions in the past year except for one were from consumers actively being reviewed by BTRC.

We continue to record physical interventions in exact length of time and submit regular PI reports to the LRE along with our quarterly BTRC report. There have been no concerns noted from the LRE regarding either of these reports.