Meeting Agenda

CMHOC Performance and Quality Improvement Committee

Board Room – 12265 James Street, Holland, MI 49424

Monday, March 09, 2026 – 3:00 pm

Join Zoom Meeting

Meeting ID: 828 1687 3172 Passcode: 171555 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 March 09, 2026 CMHOC Performance and Quality Improvement Committee.

4. CONSENT ITEMS

   Suggested Motion: To approve by consent the following item:

   a. Minutes for the January 12, 2026, CMHOC Performance and Quality Improvement Committee

5. PRESENTATION

   Service Review Committee – IDD Adult – Dr. Michael Brashears and Stacie Hamstra

6. OLD BUSINESS

7. NEW BUSINESS

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

   Authority Transition Update – Dr. Michael Brashears

   Millage Data and Funding Update – Chelsea Clark and Dr. Michael Brashears

   Updating Board Policies and Bylaws Discussion – Dr. Michael Brashears

8. PUBLIC COMMENT

9. ADJOURN

Meeting Minutes (proposed)
CMHOC Performance and Quality Improvement Committee
Board Room – 12265 James Street, Holland, MI 49424
Monday, January 12, 2026 – 3:00 pm

Join Zoom Meeting
Meeting ID: 828 1687 3172 Passcode: 171555 Dial: 1 (301) 715-8592

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

Absent:

Staff: Anna Bednarek, Kelly Boeve, Dr. Michael Brashears, Joel Ebbers, Myra Ocasio, Amanda Westrate

Guests:

CALL TO ORDER
Bob Davis, CMHOC Committee Chair, called the CMHOC Performance and Quality Improvement Committee to order on January 12, 2026 at 3:00 pm.

CMHOC MISSION AND VISION STATEMENT
Bob Davis noted the CMHOC Mission and Vision Statements.

APPROVAL OF AGENDA
PQICM 26-001 Motion: To approve the Agenda for the January 12, 2026 CMHOC Performance and Quality Improvement Committee.
Moved by: Fakler
Support: VanderZwaag
MOTION CARRIED

CONSENT ITEMS
PQICM 26-002 Motion: To approve by consent the following item:
a. Minutes for the November 10, 2025, CMHOC Performance and Quality Improvement Committee
Moved by: Bird
Support: Fakler
MOTION CARRIED

PRESENTATION
Comprehensive Opioid, Stimulant, and Substance Use Site-based Program (COSSUP) (*Attachment A*) – Joel Ebbers and Kelly Boeve
- COSSUP is a grant-funded initiative designed to screen, assess, and coordinate treatment for individuals with substance use disorders in the jail system, including post-release support. Using tools like the K6 screener and

the ASAM Continuum, COSSUP identifies individuals in need of mental health and SUD services, coordinates therapy and recovery planning, and works to link clients to care after release. The program has expanded to include medication-assisted treatment (MAT) recommendations, therapy groups, case management, and recovery coaching, while also developing dashboards and data integration with Otto to track outcomes and improve services.

OLD BUSINESS

NEW BUSINESS

Access and Crisis Utilization Report – Dr. Michael Brashears
- This report will be postponed and presented at the upcoming Board Meeting.

Ottawa County Community Mental Health Authority Report – Dr. Michael Brashears
- The Ottawa County Community Mental Health Authority Report, prepared by the county Administrator, Corporate Council, Fiscal Services and Dr. Brashears, will be presented at tomorrow's Board of Commissioners meeting. The Board of Commissioners will vote on whether to proceed with three public hearings before deciding if CMH will become an authority; a "no" vote would stop the process, while a "yes" vote would continue to move forward with the hearings.

CMH Authority Status Departmental Impact Analysis – Dr. Michael Brashears
- The analysis focuses on evaluating how CMH becoming an authority could affect staff, services, and operations, using a SWOT analysis and staff questionnaire, while noting that the final decision rests solely with the Board of Commissioners. Key considerations include maintaining staff benefits, potential risks and advantages for providers, and developing a three-year transition plan modeled after other CMHs. Michael plans to participate in upcoming public hearings, engage legal counsel, and ensure staff and board are informed, while also preparing contingency plans if the Board of Commissioners vote not to move forward.

Utilization Management for Community Living Supports – Dr. Michael Brashears
- The Utilization Management review for CLS highlights inconsistencies in services for I/DD Adults due to highly individualized, person-centered planning. Ottawa County's costs are higher than other counties, partly due to some families relocating for services, as well as a significant rise in clients on Behavioral Treatment Plans. The analysis separates Self-Directed and non–Self-Directed clients and identifies the need for regional and state guidance to standardize service provision.

PUBLIC COMMENT

ADJOURN

Bob Davis adjourned the January 12, 2026, CMHOC Performance and Quality Improvement Committee at 04:46 pm.

Beth VanHoven, Secretary

Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP)

Screening and Assessments in Ottawa County Jail

January 12, 2026

Kelly Boeve, MA LLP CAADC
Joel Ebbers, LMSW CAADC CCS

SUBSTANCE USE AND INCARCERATION

FINDINGS FROM THE 2021 NATIONAL SURVEY ON DRUG USE AND HEALTH

- In the United States, among people aged 12 and older, 61.2 million people (21.9% of the population) used illicit drugs in the past year.

- 9.2 million people aged 12 and over misused opioids (2.7% of the population)

- 46.3 million people aged 12 and older (16.5% of the population) met the applicable DSM-5 criteria for having a substance use disorder (SUD) in the past year.

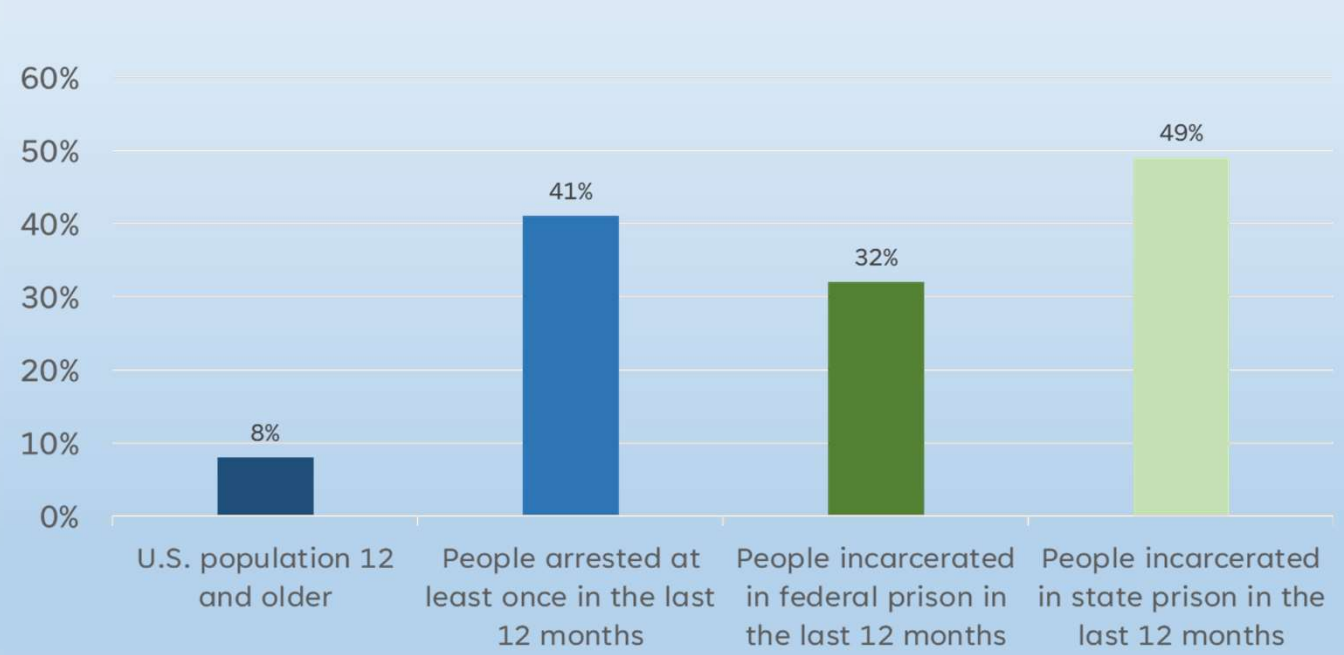
Key Substance Use and Mental Health Indicators in the United States: Results from the 2021 National Survey on Drug Use and Health. (2022). Substance Abuse and Mental Health Services Administration

RESEARCH SHOWS THAT NEARLY TWO-THIRDS OF THE UNITED STATES PRISON POPULATION HAS A HISTORY OF SUBSTANCE USE DISORDER(SUD).

ANOTHER 20% DO NOT MEET DIAGNOSTIC CRITERIA FOR SUD BUT WERE UNDER THE INFLUENCE OF DRUGS OR ALCOHOL AT THE TIME OF THEIR ARREST.

Columbia Univ, New York, NY Center on Addiction and Substance Abuse. (2010). *Behind Bars II: Substance Abuse and America's Prison Population*. National Center on Addiction and Substance Abuse at Columbia University.

2016 RATES OF INCARCERATED INDIVIDUALS WHO MEET DIAGNOSTIC CRITERIA FOR A SUBSTANCE USE DISORDER



Key Substance Use and Mental Health Indicators in the United States: Results from the 2021 National Survey on Drug Use and Health. (2022). Substance Abuse and Mental Health Services Administration

IN 2019, ONLY 6 IN 10 LOCAL JAILS CONDUCTED OPIOID USE DISORDER SCREENINGS AT INTAKE.

FEWER THAN 2 IN 10 INITIATED MEDICATION-ASSISTED TREATMENT FOR INMATES WITH OPIOID USE DISORDER.

Marushak, L.M., Minton, T.D., Zeng, Z (2023) Opioid Use Disorder Screening and Treatment in Local Jails, 2019. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, NCJ 305179

AMERICANS WITH DISABILITIES ACT (ADA)

- Drug addiction is a physical or mental impairment under the ADA. The ADA protects individuals in recovery who are limited in a major life activity in the absence of treatment.

- Under the ADA, an individual's use of prescription medication, such as that used to treat OUD under the supervision of a licensed health care professional is not "an illegal use of drugs."

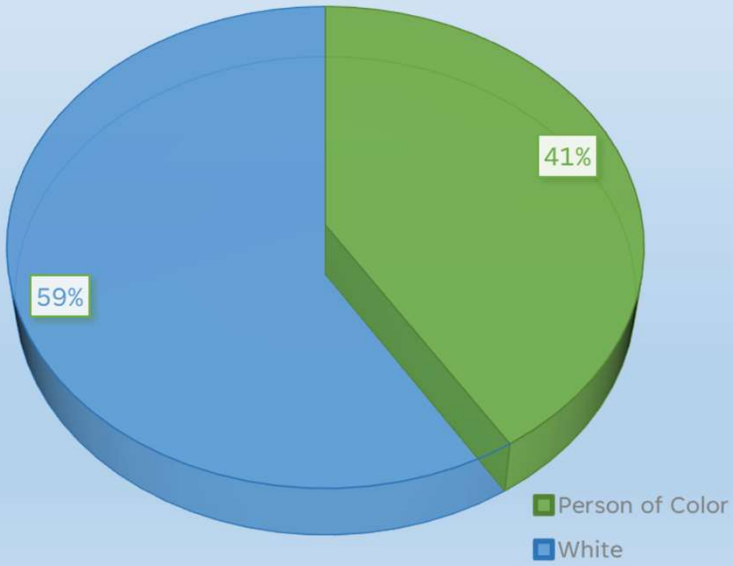
- A jail policy preventing an incoming inmate from continuing to take MOUD prescribed before their detention violates ADA.

OTTAWA COUNTY, MICHIGAN

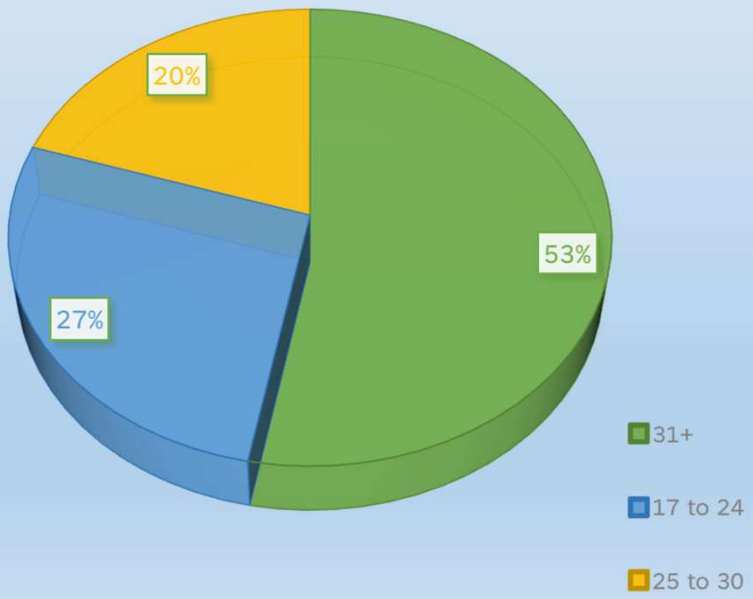
OTTAWA COUNTY JAIL DEMOGRAPHICS

DATA SOURCE: OTTAWA COUNTY K6 DATA COLLECTION 2021 (N=224)

- Race



- Age



SUBSTANCE USE DISORDER (SUD) SCREENING AND ASSESSMENT IN OTTAWA COUNTY JAIL

- Public Act 511

In 1988 Michigan State lawmakers enacted Public Act 511 (PA 511). The purpose of PA 511 was to divert non-violent felons from prison by providing local units of government with funding to develop local sentencing options in lieu of prison. As a result, new commitments to prison declined from 34.7% in 1989 to 12% in 2021.

Pretrial defendants and felony probation violators are assessed while in jail

- Offender Assessment and Referral (OAR)

The OAR program began in 2013 when Ottawa County's Community Corrections and Community Mental Health collaborated to develop an assessment and referral program for non-violent offenders.

SUD assessments completed by a clinician in the jail result in a referral to a recommended level of care using American Society of Addiction Medicine (ASAM) criteria.

OAR REPORT FORM – WHERE IT STARTED

Diagnoses:				
Mental Health:				
Relevant History:				
Treatment History:				
Supports:				
Barriers:				
ASAM Criteria	**OP**	**IOP**	**RES**	**Risk/Rationale**
1: Intoxication/Withdrawal	☐	☐	☐	
2: Biomedical	☐	☐	☐	
3: Behavioral/Cognitive	☐	☐	☐	
4: Readiness to Change	☐	☐	☐	
5: Relapse Potential	☐	☐	☐	
6: Recovery Environment	☐	☐	☐	
LOC Requested:		**LOC Recommended:**		**MAT:** ☐
Discrepancy/Placement Notes:				

IN 2019 COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY (CMHOC) APPLIED FOR OUR FIRST COSSUP GRANT.

- CMHOC is the publicly funded mental health and substance abuse treatment provider for Ottawa County.

- For our first application, we established three goals;
  1. Post-booking substance use clinical assessments for all eligible inmates in Ottawa County Jail (OCJ).
  2. Individual and group-based substance use treatment programming for inmates identified as having a SUD.
  3. Coordinated community reentry strategy for post sentence release.

A COLLABORATIVE EFFORT FROM THE OTTAWA COUNTY SHERIFF'S OFFICE, OTTAWA COUNTY COMMUNITY MENTAL HEALTH, AND WAYNE STATE UNIVERSITY (WSU).

- In 2021, we started working with the Stepping Up Initiative and WSU with goals:
  1. To develop baseline data
  2. To use data to improve identification, referral and services within the OCJ.
  3. To implement standardized mental health and substance use screening.
  4. To develop systems to track data/progress
  5. To create a Crisis Response and Diversion Council.

- In Q1 of 2023 the COSSUP program started in the facility with suboxone induction for eligible individuals.
- In Q3 of 2024 we started offering methadone continuation.

SCREENING STARTS AT BOOKING

What is the Kessler-6 (K6)?

The K6 is a behavioral health screening instrument that has been empirically validated for use in jail settings as a reliable, standardized assessment of behavioral health concerns including mental illness, substance misuse and treatment history; as well as relevant demographic information such as housing insecurity and recidivism.

Kessler, R. C., et al. (2010). Screening for serious mental illness in the general population with the K6 screening scale: results from the WHO World Mental Health (WMH) survey initiative. *International Journal of Methods in Psychiatric Research*, *19*(S1), 4–22.

WHAT WAS THE PURPOSE OF IMPLEMENTING THE K6?

- Efficiently connect individuals to resources they need through automated referrals to treatment/services providers in jail.
- Collect data to help leadership inform decisions regarding services in the jail, resource and funding allocations, policy, etc.
- Promote transparency through evidence-based assessment of both progress and needs.
- Strengthen collaboration between the Ottawa County Sheriff's Office and community partners.

Kessler-6 Mental Health Screen (K6)

WSU ID: 05001 Booking Number:_____

Date: _____ (MM/DD/YY) Last Name:_____ First Name:_____

Date of Birth: _____ (MM/DD/YY) Sex: ○ Male ○ Female Last 4 Digits of SSN: _____

Thank you for completing this survey. For the first six questions about how you have been feeling over the four weeks, please select an answer from "None of the Time" to "All of the Time". (NOTE: IF ASSISTANCE IS BEING PROVIDED, PLEASE USE CUE CARD TO HELP INDIVIDUAL SELECT THE APPROPRIATE ANSWER.)

Over the **last 4 weeks** how often have you felt ...	None of the time	A little of the time	Some of the time	Most of the time	All of the time
a. Nervous?	○	○	○	○	○
b. Hopeless?	○	○	○	○	○
c. Restless or fidgety?	○	○	○	○	○
d. So depressed that nothing could cheer you up?	○	○	○	○	○
e. That everything was an effort?	○	○	○	○	○
f. Worthless?	○	○	○	○	○

	YES	NO
1. Have you received treatment for a **psychiatric or emotional condition**?	○	○
2. Have you received **mental health services** *during the past month?*	○	○
3. Are you currently taking **any medication** for a mental health problem?	○	○
4. Do you have any concerns about **withdrawal** from any drug/alcohol while in jail?	○	○

	None	Alcohol	Opioids	Metham-phetamines	Benzo-diazepines	Heroin/ Fentanyl	Other/ More than one drug
5. Which drug caused the most **serious problem** during the last **12-months** [CHOOSE ONE]	○	○	○	○	○	○	○
If other, please specify: _____							

	Never	Only a few times	1-3 times per month	1-5 times per week	Daily
6. During the last **12-months**, how often did you **inject drugs** with a needle?	○	○	○	○	○

Where did **you live most often** *in the past 30 days* before you came to jail? *Check the **one** answer that **best** describes your situation.*

○ House or apartment that I own/rent
○ Moved around/stayed with a friend or family member
○ Streets, car, homeless shelter, treatment facility or other place like that
○ Other (*please specify*): _____

	YES	NO
Have you been booked in this jail anytime within the past **year**?	○	○
Past **30 days**?	○	○

Which **one** of these **best** describes your race/ethnicity?

○ White
○ Black
○ Latino
○ Native American
○ Other (*please specify*):
_____

KESSLER-6 MENTAL HEALTH SCREEN (K6)

* SERIOUS MENTAL ILLNESS (K6 SMI) IS DEFINED AS A K6 SCORE OF 9 OR HIGHER.

*OTTAWA COUNTY JAIL HAS A K6 SMI RATE OF 29%.

*CO-OCCURRING DISORDER IS DEFINED AS AN INDIVIDUAL WHO IS K6 SMI AND INDICATED SUBSTANCE MISUSE ON THE K6.

*OVER 37% OF INDIVIDUALS IN OTTAWA COUNTY JAIL REPORTED THAT DRUGS OR ALCOHOL HAD CAUSED PROBLEMS IN THE PAST YEAR.

*INDIVIDUALS WHO ARE K6 SMI ARE SIGNIFICANTLY MORE LIKELY TO REPORT DRUGS AND ALCOHOL HAVE BEEN PROBLEMATIC IN THE PAST YEAR (54%) THAN THOSE WHO ARE NON-SMI (32%)

ALCOHOL WAS THE MOST COMMONLY IDENTIFIED SUBSTANCE USED IN OTTAWA COUNTY IN 2021 (16%).

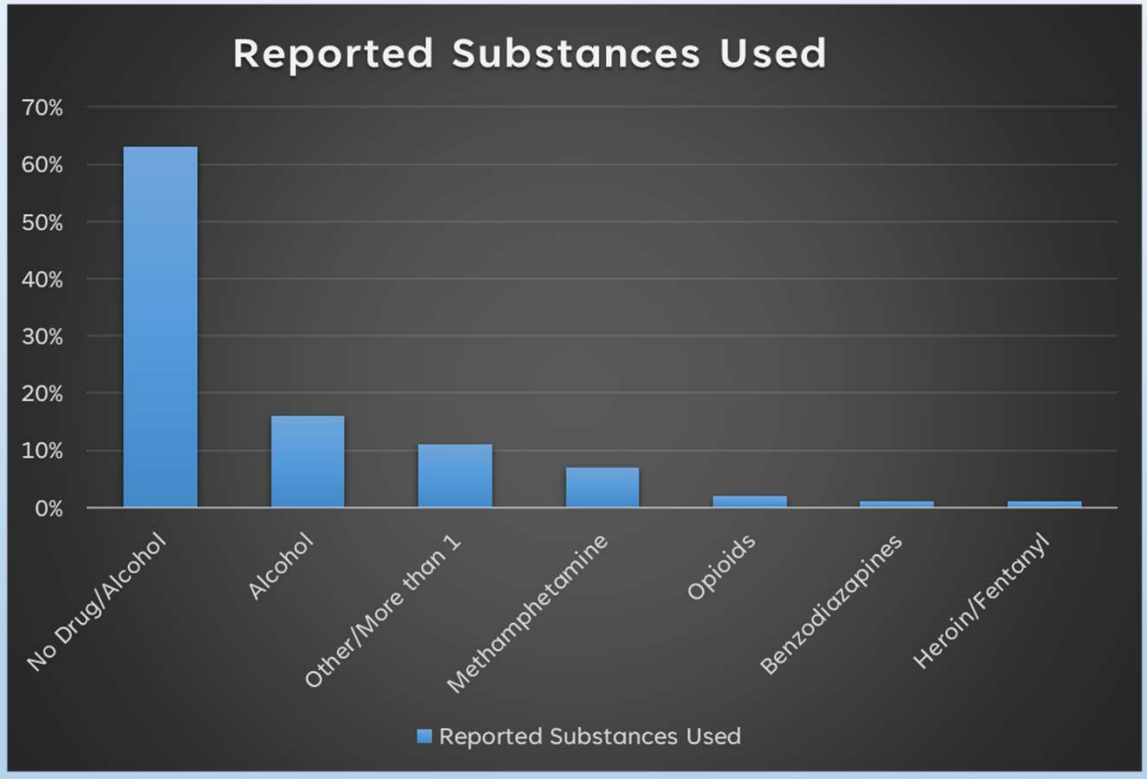
OTHER OR POLYSUBSTANCE: 11%

METHAMPHETAMINES: 7%

OPIOIDS: 2%

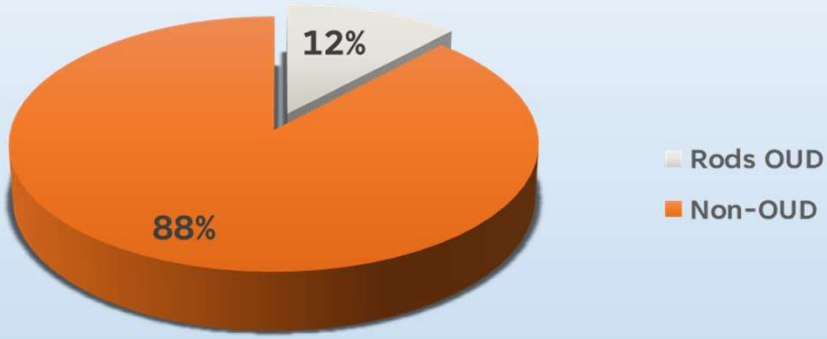
BENZODIAZEPINES: 1%

HEROIN/FENTANYL: 1%



RAPID OPIOID DEPENDENCY SCREEN (RODS) OUD PREVALENCE

RODS OUD refers to those who reported use of heroin; use/misuse of Vicodin, Norco, Oxycodone, Percocet and/or other prescription opioids; and/or past year medications for OUD (MOUD) treatment on the RODS



Ottawa County Jail has a RODS OUD Rate of 12%

- In comparison, the RODS OUD prevalence rate across a sample of four urban and metro jails is 17%
- Of the 12% of individuals who screened positive for OUD, 48% of those individuals were actively receiving MOUD prior to incarceration.

COSSUP NOW AND TOMORROW

FROM BOOKING TO RELEASE

- As individuals are booked into the jail our deputies ask the K6 screening questions during the booking process.

- The K6 has 3 questions (4, 5, & 6), which flag our COSSUP clinicians automatically.

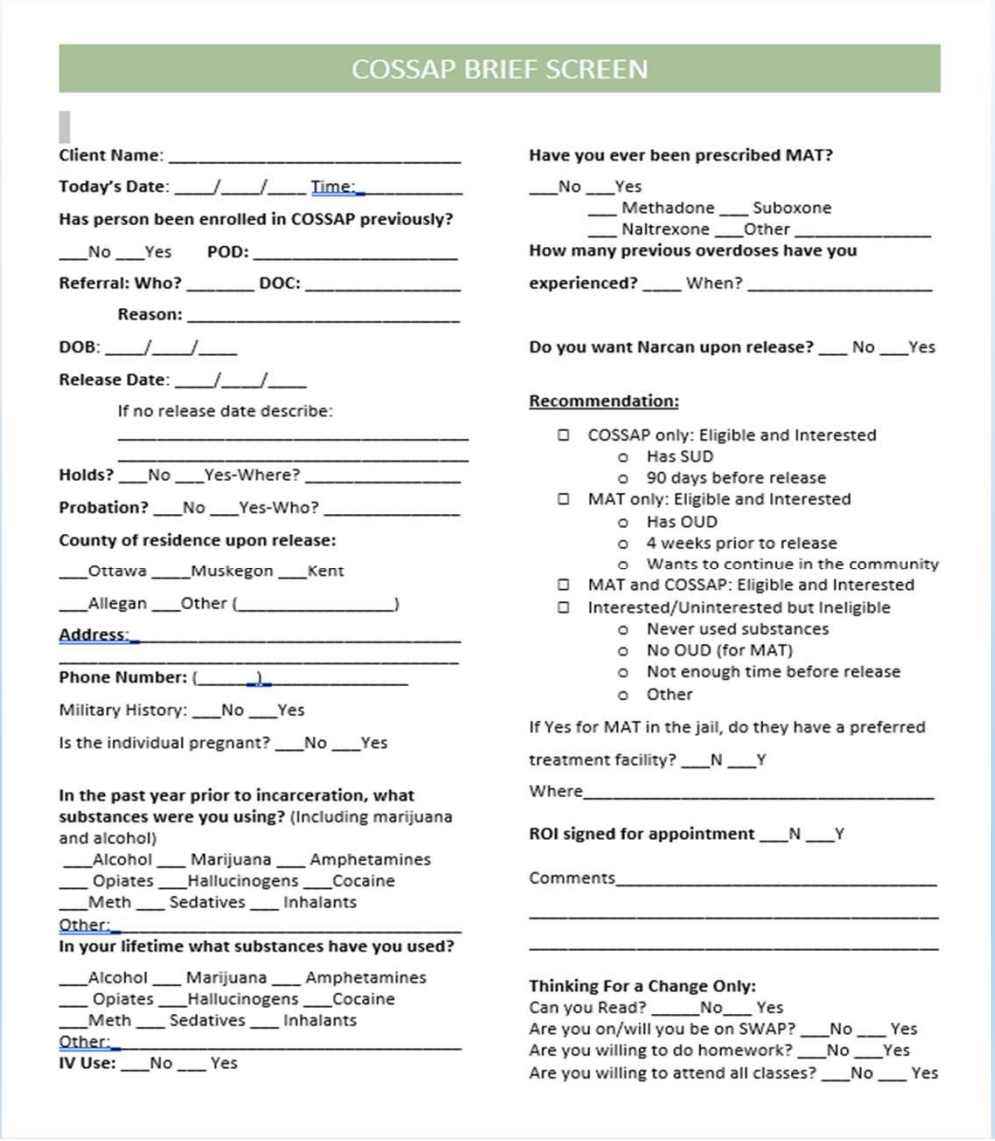
- Within 72 hours of being flagged by the K6, our Case Manager will complete a brief screen and refer to the appropriate person (Medical, Mental Health staff, COSSUP Team).

- Individuals interested in COSSUP services will be fully assessed using the ASAM Continuum by our Clinician with 48 hours of referral.

BRIEF SCREEN

- The Brief Screen asks about previous COSSUP program participation, referral source, incarceration history, pending legal situation, county of residence, substance use history, and interest in COSSUP programming.
- Individuals who are positive for SUD, flagged by medical as going through withdrawal, or who express an interest in COSSUP programming are screened within 72 hours of referral.
- A Recovery Coach administers the Brief Screen, which takes approximately 15-20 minutes to complete.

COSSUP BRIEF SCREEN



COSSAP BRIEF SCREEN

Client Name: _____

Today's Date: ____/____/____ Time:_____

Has person been enrolled in COSSAP previously?

___No ___Yes **POD:** _____

Referral: Who? _____ **DOC:** _____

Reason: _____

DOB: ____/____/____

Release Date: ____/____/____

If no release date describe:

_____

_____

Holds? ___No ___Yes-Where? _____

Probation? ___No ___Yes-Who? _____

County of residence upon release:

___Ottawa ____Muskegon ___Kent

___Allegan ___Other (_____)

Address:_____

_____

Phone Number: (_____)_____

Military History: ___No ___Yes

Is the individual pregnant? ___No ___Yes

In the past year prior to incarceration, what substances were you using? (Including marijuana and alcohol)

___Alcohol ___ Marijuana ___ Amphetamines
___ Opiates ___Hallucinogens ___Cocaine
___Meth ___ Sedatives ___ Inhalants
Other:_____

In your lifetime what substances have you used?

___Alcohol ___ Marijuana ___ Amphetamines
___ Opiates ___Hallucinogens ___Cocaine
___Meth ___ Sedatives ___ Inhalants
Other:_____

IV Use: ___No ___ Yes

Have you ever been prescribed MAT?

___No ___Yes
___ Methadone ___ Suboxone
___ Naltrexone ___Other _____

How many previous overdoses have you experienced? ____ When? _____

Do you want Narcan upon release? ___ No ___Yes

Recommendation:

- ☐ COSSAP only: Eligible and Interested
  - Has SUD
  - 90 days before release
- ☐ MAT only: Eligible and Interested
  - Has OUD
  - 4 weeks prior to release
  - Wants to continue in the community
- ☐ MAT and COSSAP: Eligible and Interested
- ☐ Interested/Uninterested but Ineligible
  - Never used substances
  - No OUD (for MAT)
  - Not enough time before release
  - Other

If Yes for MAT in the jail, do they have a preferred treatment facility? ___N ___Y

Where_____

ROI signed for appointment ___N ___Y

Comments_____

_____

_____

Thinking For a Change Only:
Can you Read? _____No___ Yes
Are you on/will you be on SWAP? ___No ___ Yes
Are you willing to do homework? ___No ___Yes
Are you willing to attend all classes? ___No ___ Yes

FULL ASSESSMENT UTILIZING THE ASAM CONTINUUM

- Michigan Medicaid Managed Specialty Supports and Services Program Treatment Policy #09 indicates the ASAM Level of Care Criteria be utilized to determine the appropriate level of care for all substance use services.

Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY 18 Attachment PII.B.A

WHAT IS THE ASAM CONTINUUM?

- A validated, computer guided, ASAM Criteria assessment for substance use and co-occurring mental health disorders
- Includes a comprehensive biopsychosocial risk and needs assessment across all 6 ASAM Criteria dimensions
- Determines the least intensive, but safe and appropriate ASAM level of care recommendation
- Designed to be appropriate for all members of the clinical care team to administer, including clinicians, counselors and medical staff

- 2024 American Society of Addiction Medicine

ASAM 3RD EDITION

Guides substance use treatment level of care.

Designed to be a point in time assessment, not something done months into a secured environment.

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's Criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

DIMENSION 1

Acute Intoxication and/or Withdrawal Potential

Exploring an individual's past and current experiences of substance use and withdrawal

DIMENSION 2

Biomedical Conditions and Complications

Exploring an individual's health history and current physical health needs

DIMENSION 3

Emotional, Behavioral, or Cognitive Conditions and Complications

Exploring an individual's mental health history and current cognitive and mental health needs

DIMENSION 4

Readiness to Change

Exploring an individual's readiness for and interest in changing

DIMENSION 5

Relapse, Continued Use or Continued Problem Potential

Exploring an individual's unique needs that influence their risk for relapse or continued use

DIMENSION 6

Recovering/Living Environment

Exploring an individual's recovery or living situation, and the people and places that can support or hinder their recovery

INTERVENTION WITHIN OTTAWA COUNTY JAIL

MAT

MAT or Medication Assisted Treatment is available for individuals who use alcohol and or opioids.

Suboxone Continuation or Induction

Sublicaid Injection

Vivitrol Injection

Naltrexone

Methadone Continuation – in partnership with an OTP

THERAPY AND GROUP THERAPY

- Therapy focuses on Motivational Enhancement, Cognitive Behavioral, and Brief Therapy models
- Both individual and group therapy is available
- 679 group and 319 individual therapy sessions provided in one year

CASE MANAGEMENT

- Case management focuses on establishing services and supports for individuals as they return to the community
- Decreases barriers to recovery
- 500 units of case management provided in one year

RECOVERY COACHING

- Recovery Coaching focuses on using lived experience to increase motivation and navigate early recovery
- Focuses on relationship
- 440 units of recovery coaching provided in one year

COSSUP IN THE FUTURE

- Space and movement within the jail slows down activities
- Developing creative ways to follow-up post release
- Building outcome measures – Integrated Dashboard
- Continue to build relationships with multiple agencies

QUESTIONS?

KELLY BOEVE, MA, LLP, CAADC

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SOURCES

1. American Society of Addiction Medicine. (n.d.). *Public Policy Statement on Treatment of Opioid Use Disorder in Correctional Settings*. ASAM Link
2. Columbia Univ, New York, NY Center on Addiction and Substance Abuse. (2010). *Behind Bars II: Substance Abuse and America's Prison Population*. National Center on Addiction and Substance Abuse at Columbia University. 633 Third Avenue 19th Floor, New York, NY 10017. Tel: 212-841-5200; Fax: 212-956-8020; Web site: http://www.casacolumbia.org. Behind Bars II
3. *Criminal Justice | National Institute on Drug Abuse*. (2023, March 23). National Institute on Drug Abuse. NIDA Link
4. Department of Justice. (n.d.). The Americans with Disabilities Act and the Opioid Crisis: Combating Discrimination Against People in Treatment or Recovery. In *Department of Justice Guidance Document*. https://archive.ada.gov/opioid_guidance.pdf
5. Initiative, P. P. (2024, January 30). *Addicted to punishment: Jails and prisons punish drug use far more than they treat it*. Prison Policy Initiative. Prison Policy
6. Kessler, R. C., Green, J. G., Gruber, M. J., Sampson, N. A., Bromet, E., Cuitan, M., Furukawa, T. A., Gureje, O., Hinkov, H., Hu, C. Y., Lara, C., Lee, S., Mneimneh, Z. N., Myer, L., Oakley-Browne, M., Posada-Villa, J., Sagar, R., Viana, M. C., & Zaslavsky, A. M. (2010). Screening for serious mental illness in the general population with the K6 screening scale: results from the WHO World Mental Health (WMH) survey initiative. *International Journal of Methods in Psychiatric Research*, *19*(S1), 4–22. K6 Screening Tool
7. *Key Substance Use and Mental Health Indicators in the United States: Results from the 2021 National Survey on Drug Use and Health*. (2022). [Report]. Substance Abuse and Mental Health Services Administration. SAMHSA Link
8. *NCDAS: Substance Abuse and Addiction Statistics [2023]*. (2024, May 2). NCDAS. NCDAS Data
9. *Treatment for opioid use disorder in jail reduces risk of return*. (2022, February 15). National Institutes of Health (NIH). NIH Link

January and February 2026

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

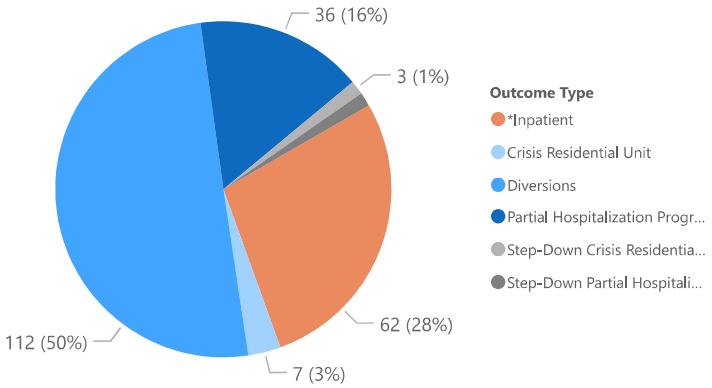
Multiple selections

223
Crisis Contacts

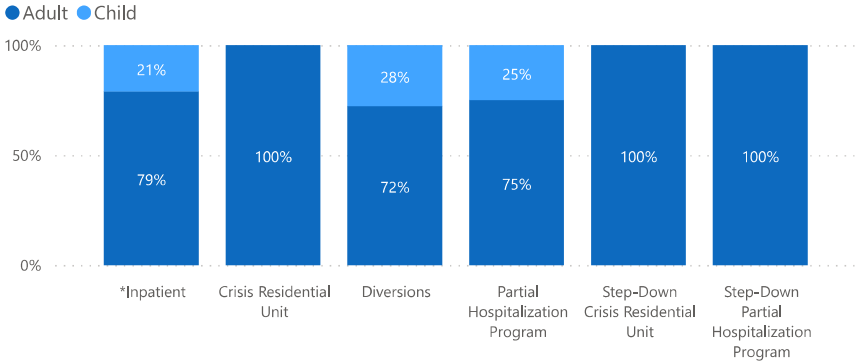
72%
Did Not Result in Inpatient Stays

28%
Did Result in Inpatient Stays

Crisis Contacts by Outcome



Crisis Contacts: Percent Adult Versus Child by Outcome



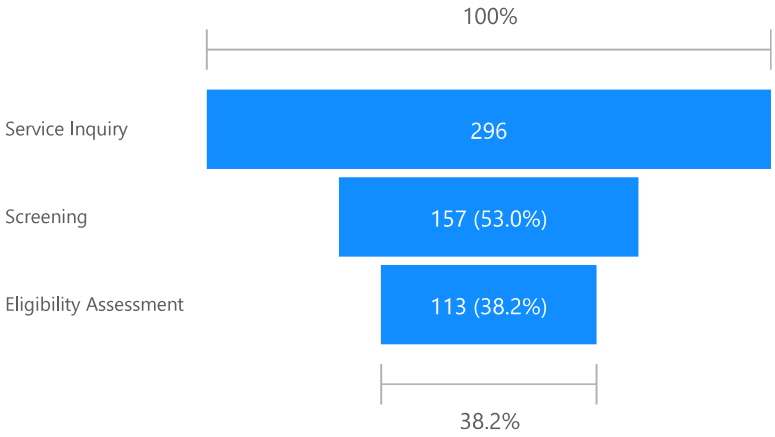
Outcome	Adult	Child
*Inpatient	49	13
Crisis Residential Unit	7	0
Diversions	81	31
Partial Hospitalization Program	27	9
Step-Down Crisis Residential Unit	3	0
Step-Down Partial Hospitalization Program	3	0
Total	**170**	**53**

Refreshed: 3/3/2026

Flow of Individuals Seeking Services Through Initial Screening Phases: Access Center

When individuals seek services, the initial screening process includes up to three phases to identify eligibility or appropriate referral: phase 1) service inquiry, phase 2) screening, and phase 3) initial eligibility assessment.

Flow of Individuals Seeking Services Through Initial Screening Phases



Phase 1: Service Inquiry Dispositions

Disposition	Total
Referred to Initial Assessment	151
Referred to Community Resource	58
Pending / Need More Information	29
No Service Needed; Seeking Information Only	17
Non-Resident	15
Referred to Contracted SUD Provider	10
Referred to Senior Reach Program	8
Referred to Crisis Services Team / Emergency Services	5
Incomplete Call / Call Discontinued	2
Referred to Navigator Program	1
Total	**296**

Phase 2: Screening Dispositions

Disposition	Total
Schedule Initial Assessment	146
Re-Admission into Services - Referred to Treatment Team	10
Withdrew/Declined Further Services Offered	1
Total	**157**

Date Filter (Date of Initial Service Inquiry)

- ☐ Jun 2025
- ☐ Jul 2025
- ☐ Aug 2025
- ☐ Sep 2025
- ☐ Oct 2025
- ☐ Nov 2025
- ■ Dec 2025
- ■ Jan 2026

January and February 2026

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

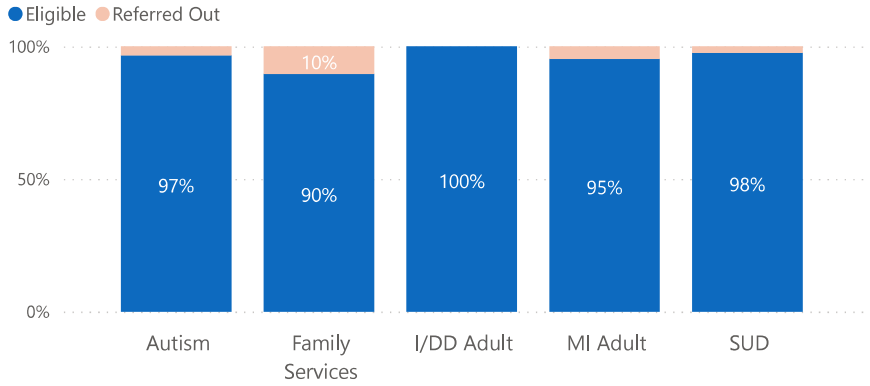
Multiple selections

147
Eligibility Assessments

95%
Eligible for CMHOC Services

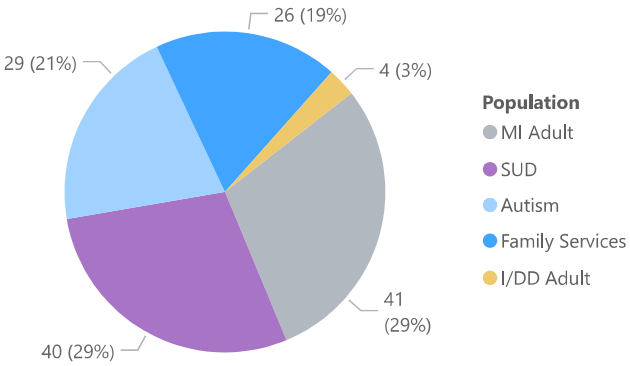
5%
Referred to Other Services

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



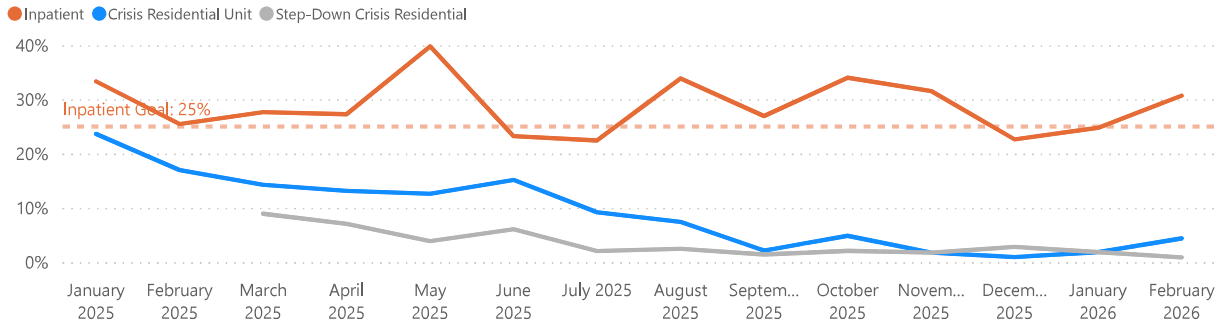
Population	Eligible	Referred Out
Autism	29	1
Family Services	26	3
I/DD Adult	4	0
MI Adult	41	2
SUD	40	1
Total	**140**	**7**

Consumers Eligible for CMHOC Service by Population



Access and Crisis Utilization Historic Trends

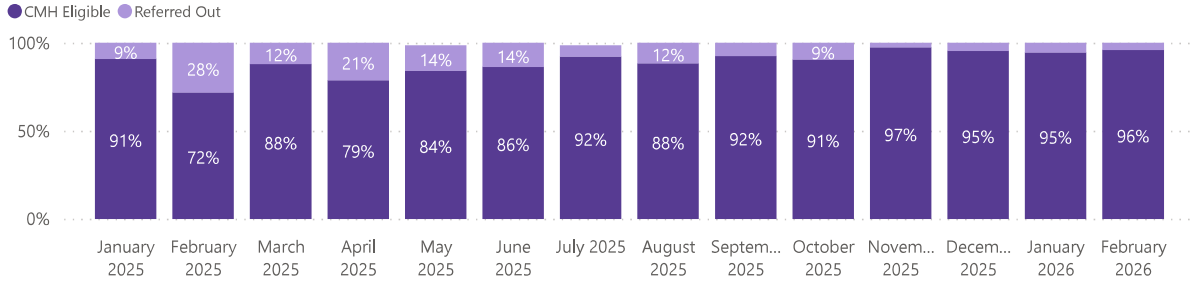
Crisis Contacts: Percent Crisis Residential Unit and Inpatient



Crisis Contacts

Year	Total
⊞ **2025**	**1336**
⊟ **2026**	**223**
⊞ January	109
⊞ February	114
Total	**1559**

Eligibility Assessments: Percent Eligible Versus Referred Out



Eligibility Assessments

Year	Total	Eligible	Referred Out
⊞ **2025**	**694**	**617**	**75**
⊟ **2026**	**147**	**140**	**7**
January	73	69	4
February	74	71	3
Total	**841**	**757**	**82**

Date Filter

1/1/2025 2/28/2026