Meeting Agenda

CMHOC Performance and Quality Improvement Committee

Board Room – 12265 James Street, Holland, MI 49424

Wednesday, May 13, 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 May 13, 2026 CMHOC Performance and Quality Improvement Committee.

4. CONSENT ITEMS

   Suggested Motion: To approve by consent the following item:

   a. Minutes for the March 09, 2026, CMHOC Performance and Quality Improvement Committee

5. PRESENTATION

   Review of the Customer Satisfaction Surveys – Chelsea Clark

6. STANDING UPDATES

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

   Authority Transition Update – Dr. Michael Brashears

7. OLD BUSINESS

8. NEW BUSINESS

   Board Access to Utilization Management and Quality Dashboard – Dr. Michael Brashears

   New Inpatient Hospitalization Dashboard *(Attachment B)* – Dr. Michael Brashears

   UM Board Report (*Attachment C*) – Dr. Michael Brashears

Mental Health Millage Update – Dr. Michael Brashears
-Website
-Contract Extensions

9. PUBLIC COMMENT

10. ADJOURN

Meeting Minutes (proposed)
CMHOC Performance and Quality Improvement Committee
Board Room – 12265 James Street, Holland, MI 49424
Monday, March 9, 2026 – 3:00 pm

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

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

Absent:

Staff: Dr. Michael Brashears, Chelsea Clark, Amanda Westrate

Guests:

CALL TO ORDER
Bob Davis, CMHOC Committee Chair, called the CMHOC Performance and Quality Improvement Committee to order on March 9, 2026 at 3:00 pm.

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

APPROVAL OF AGENDA
PQICM 25-003 Motion: To approve the Agenda for the March 9, 2026 CMHOC Performance and Quality Improvement Committee.
Moved by: Fakler
Support: VanderZwaag
ROLL CALL VOTE:
MOTION CARRIED

CONSENT ITEMS
PQICM 25-004 Motion: To approve by consent the following item:
a. Minutes for the January 12, 2026 CMHOC Performance and Quality Improvement Committee
Moved by: Fakler
Support: VanderZwaag
MOTION CARRIED

PRESENTATION
Service Review Committee – IDD Adult – Dr. Michael Brashears and Stacie Hamstra
- Dr. Brashears will be driving a region-wide, uniform Utilization Management (UM) framework for high-cost services, CLS, Autism, Self-Directed Care, and Specialized Residential, targeted for delivery within 60–90 days, with a preference to centralize UM at the LRE to improve consistency, uphold medical necessity, and stabilize

costs. Ottawa will align with the regional effort first, but will proceed independently with its own UM guidelines and a residential rate calculator if regional consensus or adoption fails, given current deficits and Medicaid/CCBHC funding pressures.

OLD BUSINESS

NEW BUSINESS

Access and Crisis Utilization Report – Dr. Michael Brashears
- The report shows strong performance with 72% of crisis contacts avoiding inpatient admission, though the 28% admission rate is slightly above the 25% goal. Screening and eligibility data continue to improve with the new EMR, but more clarity is needed on clinical denial reasons and what happens after individuals are found ineligible. The team is enhancing dashboards to track inpatient trends, facility differences, and recidivism more effectively.

Authority Transition Update – Dr. Michael Brashears
- Leadership as completed a domain-by-domain review for the Authority Transition and built a clear responsibility matrix to guide the process. Preparations are on track for a potential 10/01/26 launch, with early steps such as a name change and hiring an independent CFO to support financial separation without increasing costs. Legal, communications, and governance workstreams are being aligned to ensure a smooth and transparent transition.

Millage Data and Funding Update (*Attachment A)* – Chelsea Clark and Dr. Michael Brashears
- Millage-funded programs continue to show strong outcomes, with very low crisis and inpatient utilization, growing participation, improved access (including removal of waitlists at Beacon of Hope), and high satisfaction across quality-of-life surveys. Data collection is improving but still coming in gradually, and the team is preparing both for millage renewal messaging and the possibility of non-renewal through contingency planning with providers. Emphasis remains on transparency, demonstrating impact, and educating the community about available services and the responsible stewardship of millage dollars.

Updating Board Policies and Bylaws Discussion – Dr. Michael Brashears
- The Board must fully update its policies and bylaws, currently based on county policie, to ensure they align with standalone Authority requirements and avoid conflicts. The Board also needs to determine the process for completing this work, including whether the Executive Committee should lead the initial review. All updates should be completed by July to prepare for a potential 10/1 Authority launch and clarify new responsibilities.

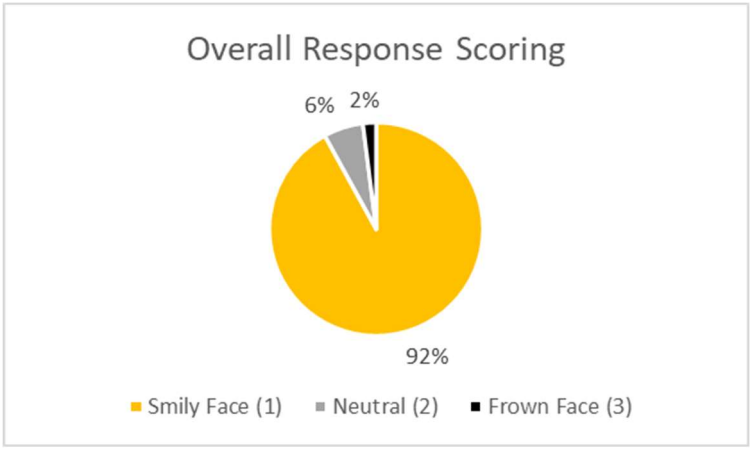
PUBLIC COMMENT
Susan Stone - Holland
Rosalie Austin – city of Holland
Denise Newhouse - Holland township

ADJOURN
Bob Davis adjourned the March 9, 2026, CMHOC Performance and Quality Improvement Committee at 4:32 pm.

Beth VanHoven, Secretary

Millage Data and Updates

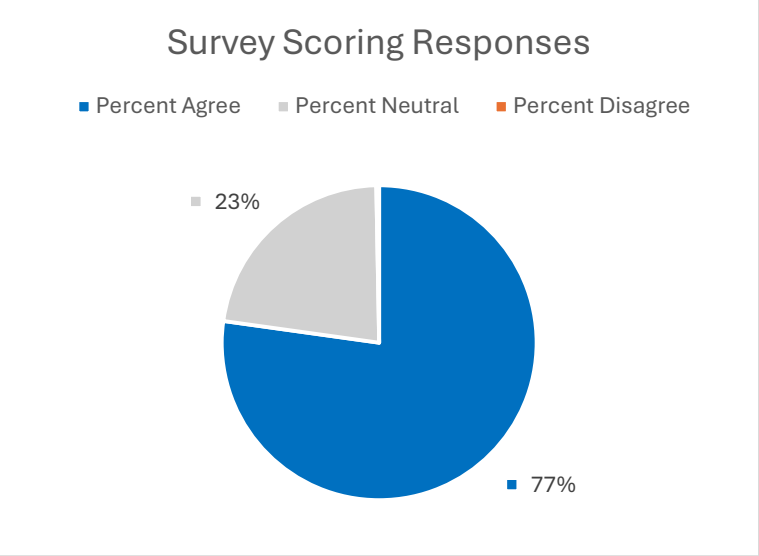
- Social Recreation Updates (Heritage Homes, Extended Grace, Pioneer, REC Connect)
    - Social Recreation unique Individuals served FY25:
        - 943
    - FY25 Crisis Contacts- Names and DOB's from Social Recreation Program
        - 10/1/2024-9/30/2025
        - 1 Inpatient Hospitalization
        - 6 Crisis Contacts
        - Working on updating for FY26
    - 214 Quality of Life surveys have been completed by Social Recreation participants
        - Overall 92% reported "very happy" with the services provided



- One Time Millage Funding Updates of Individuals served (Social Rec & Mental Health Treatment)
    - Beacon of Hope: 372
    - City on A Hill: 75
    - YMCA: 283
    - Mosaic: 120
    - SoBAR: 344
    - Nueva Tierra: 48
- One Time Millage Funding Updates (other programs)
    - Community Access Line of the Lakeshore:
        - Phone Pal: 200 calls with volunteers
        - Lakeshore Hope Connect Portal: Final stages of development, hope to be launched soon.

- 70x7:
  - Successfully able to hire a Director of Recovery Housing to oversee program management and mental health services. Trained staff in trauma informed care.
- Harmony Communities:
  - Successfully able to hire 2 Resident Assistants at both Elmwood Lake and Hudsonville Flats

- One Time Funding Quality of Life Surveys
  - 107 surveys collected
  - Overall 77% responded positively about the specific program



- Other Millage Funded Programs Individuals Served FY25
  - Pathways to Better Health: 404
  - Navigator Programs: 3,183
  - Psychiatric Services at the Jail: 291
  - Holland Drop In Center: 197
  - Senior Reach: 167
  - Clubhouse Scholarships: 17
  - Housing of Urban Development/Permanent Supportive Housing Program: 123
  - Consumer Residential Assistance: 32

Access and Crisis Utilization Dashboard: March and April 2026

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

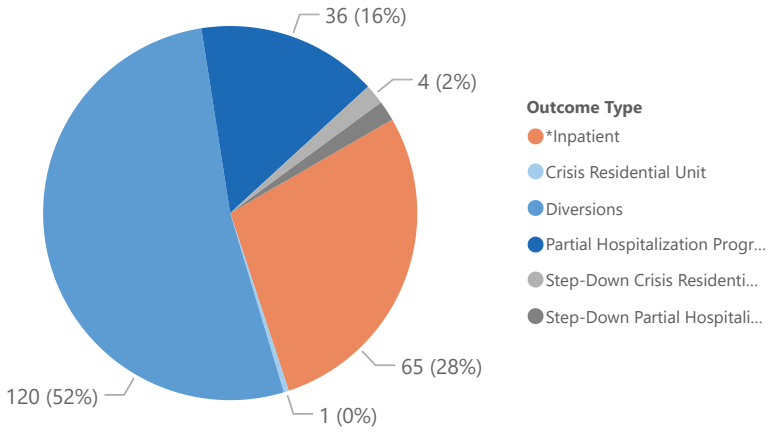
Multiple selections

230
Crisis Contacts

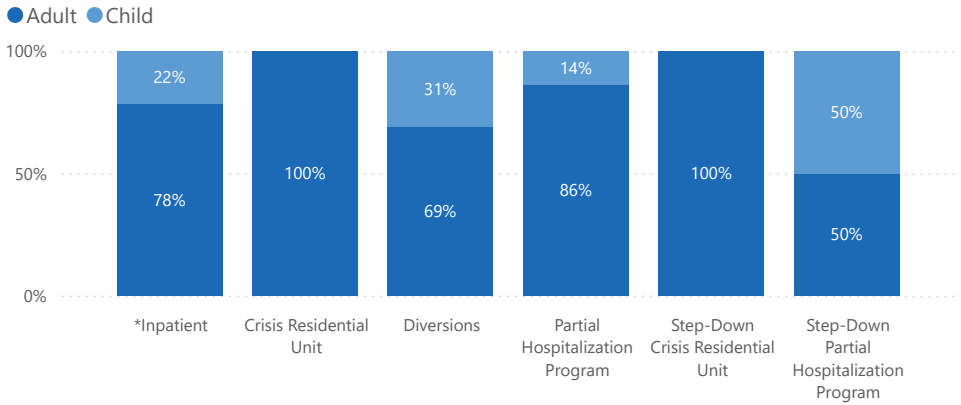
72%
Did Not Result in Inpatient Stays

28%
Did Result in Inpatient Stays

Crisis Contacts by Outcome



Crisis Contacts: Percent Adult Versus Child by Outcome



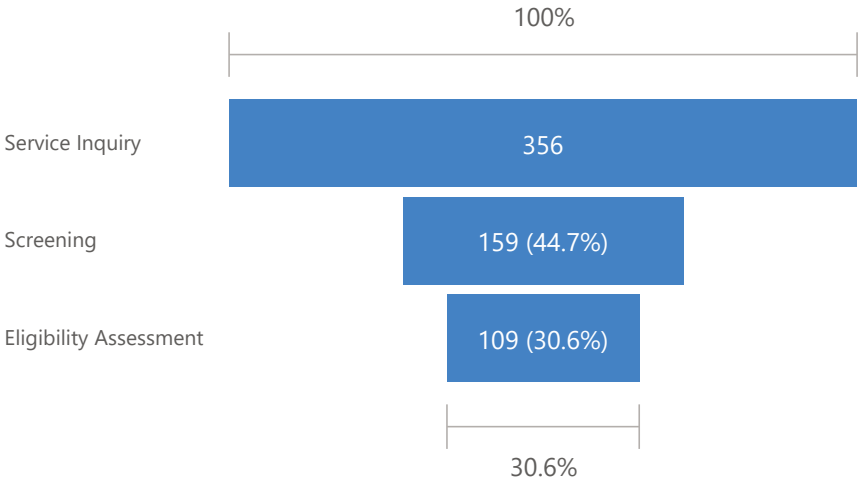
Outcome	Adult	Child
*Inpatient	51	14
Crisis Residential Unit	1	0
Diversions	83	37
Partial Hospitalization Program	31	5
Step-Down Crisis Residential Unit	4	0
Step-Down Partial Hospitalization Program	2	2
Total	**172**	**58**

Refreshed: 5/5/2026

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	154
Referred to Community Resource	106
Pending / Need More Information	33
No Service Needed; Seeking Information Only	24
Non-Resident	16
Referred to Crisis Services Team / Emergency Services	7
Incomplete Call / Call Discontinued	6
Referred to Contracted SUD Provider	6
Referred to Navigator Program	2
Referred to Senior Reach Program	2
Total	**356**

Phase 2: Screening Dispositions

Disposition	Total
Schedule Initial Assessment	147
Re-Admission into Services - Referred to Treatment Team	10
Withdrew/Declined Further Services Offered	2
Total	**159**

Date Filter (Date of Initial Service Inquiry)

- [ ] Select all
- [ ] Jun 2025
- [ ] Jul 2025
- [ ] Aug 2025
- [ ] Sep 2025
- [ ] Oct 2025
- [ ] Nov 2025
- [ ] Dec 2025
- [ ] Jan 2026
- [ ] Feb 2026
- [x] Mar 2026
- [x] Apr 2026

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

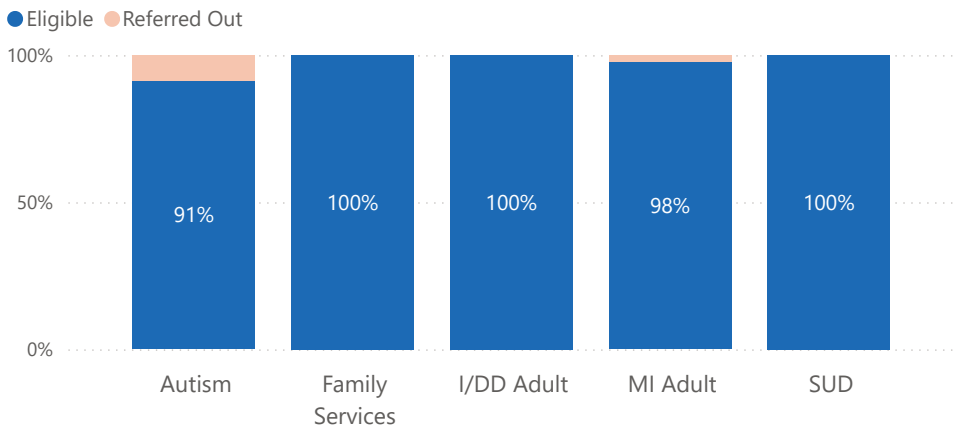
Multiple selections

150
Eligibility Assessments

98%
Eligible for CMHOC Services

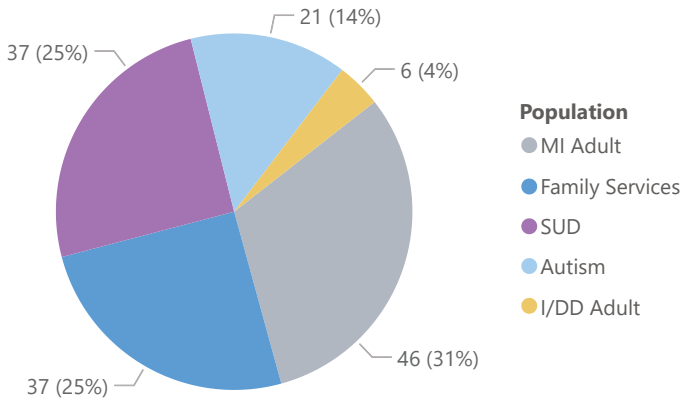
2%
Referred to Other Services

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



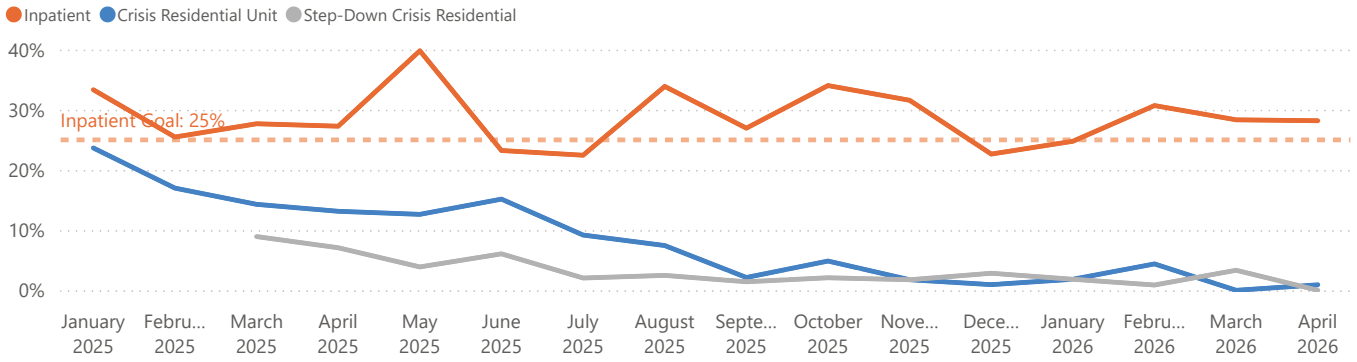
Population	Eligible	Referred Out
Autism	21	2
Family Services	37	0
I/DD Adult	6	0
MI Adult	46	1
SUD	37	0
Total	**147**	**3**

Consumers Eligible for CMHOC Service by Population



Access and Crisis Utilization Historic Trends

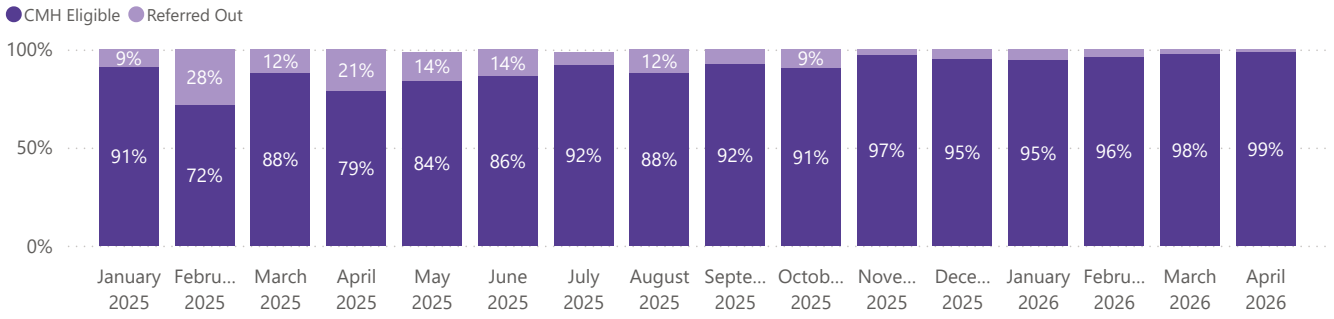
Crisis Contacts: Percent Crisis Residential Unit and Inpatient



Crisis Contacts

Year	Total
⊞ **2025**	**1336**
⊟ **2026**	**453**
⊞ January	109
⊞ February	114
⊞ March	120
⊞ April	110
Total	**1789**

Eligibility Assessments: Percent Eligible Versus Referred Out



Eligibility Assessments

Year	Total	Eligible	Referred Out
⊞ **2025**	**694**	**617**	**75**
⊟ **2026**	**297**	**287**	**10**
January	73	69	4
February	74	71	3
March	83	81	2
April	67	66	1
Total	**991**	**904**	**85**

Date Filter

1/1/2025 4/1/2026

Local Psychiatric Inpatient Hospitalizations

Purpose: Monitor utilization of local psychiatric inpatient hospitalizations.

About the Dashboard

This dashboard monitors local psychiatric inpatient hospitalizations Community Mental Health of Ottawa County (CMHOC) pays at least a portion towards.

These include:

- Active CMHOC consumers (*i.e.*, they have an active agency admission or receiving CMHOC contracted SUD services).
- Non-CMHOC consumers.
- Inpatient stays CMHOC oversaw (*i.e.*, screened for, authorized, admitted, and oversaw the stay).
- Inpatient stays CMHOC paid the Medicaid co-pay but did not oversee the admission or stay itself.

About the Data

All tabs except "MA Trends" and "All Trends" use Otto data only (6/1/2025 and on) with all associated calculations based only on Otto data.

Inpatient hospitalization stays are extracted from encounter reported claims (code: 0100X) for local psychiatric hospitals.

Multiple claims can be submitted for one continuous inpatient stay, so claims were aggregated into one stay if claim service dates occurred within one day of each other.

Date filters include any inpatient stay admitted during the selected month(s).

Note: Interpret the most recent months with caution as it depends on claim submission and processing timelines.

Definitions

CMHOC Oversaw Stay?
Yes = CMHOC screened for, authorized, admitted, and oversaw the inpatient stay.
No = CMHOC did not oversee the inpatient stay but provided the Medicaid co-pay.

Active Consumer = The individual had an active CMHOC agency admission or was receiving CMHOC contracted SUD services during the inpatient stay.

ALOS = Average Length of Stay
Monthly ALOS = includes the average length of stay for all inpatient hospitalizations admitted during the selected month(s).

LOS = Length of Stay. Based on total days of service on the claim. *Note*: this does not take into account hours of a day admitted. For example, if an individual was discharged in the morning, that would still be counted as one day.

12 Month 30-Day Readmit Rate = The percentage of hospital visits where patients returned to the hospital within 30 days, calculated using data from the most recent 12 months and updated each month. *Note*: only includes Otto data since 6/1/2025.

Case = A complete inpatient stay.

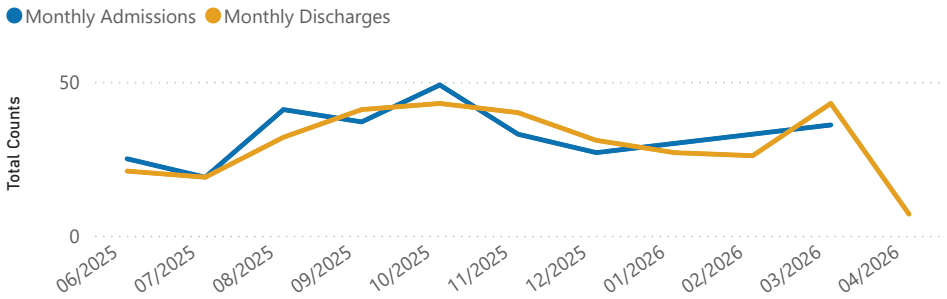
Bed Days = The sum of all LOS days. Note: if someone was discharged and someone else admitted to that bed on the same day, it would count as two bed days.

Paid Amount = The amount CMHOC paid for the service.

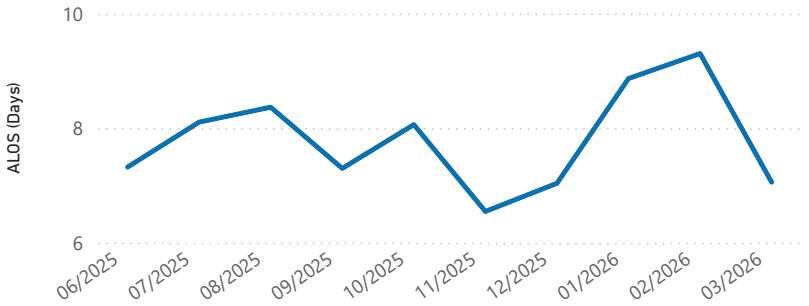
Local Psych Inpatient Overview: Quick Stats

330	2,578	$2,633,243.19	$7,979.52	$1,021.43	7.81	3.64%
Total Cases	Total Bed Days	Total Paid	Average Cost per Stay	Average Cost per Bed Day	Average Length of Stay	12M 30-Day Readmit Rate

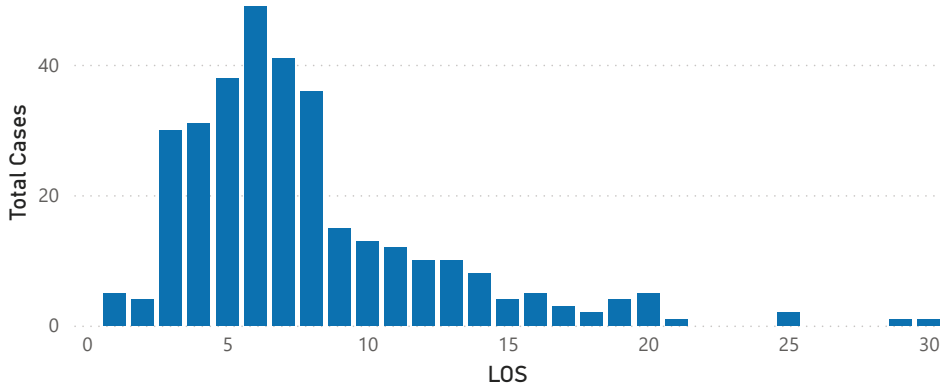
Monthly Admissions and Discharges



Monthly Average Length of Stay (ALOS) Based on Admission Month



Total Cases by Length of Stay (LOS)



CMHOC Oversaw Stay?
- [ ] No
- [x] Yes

Active Consumer?
- [ ] No
- [ ] Yes

Admit FY Quarter
- [ ] Select all
- [ ] FY25Q3
- [ ] FY25Q4
- [ ] FY26Q1
- [ ] FY26Q2
- [ ] FY26Q3

Adult vs. C...
- [ ] Adult
- [ ] Child

Fund Source
- [ ] Select all
- [ ] Dual - Medicare + Medicaid
- [ ] General Fund
- [ ] Healthy Michigan Plan
- [ ] Medicaid

Provider
- [ ] Select all
- [ ] BCA Stonecrest
- [ ] Brightwell Behavioral Health
- [ ] Cedar Creek
- [ ] Corewell
- [ ] Forest View

Local Psych Inpatient Provider Details

CMHOC Oversaw Stay?
- [ ] No
- [x] Yes

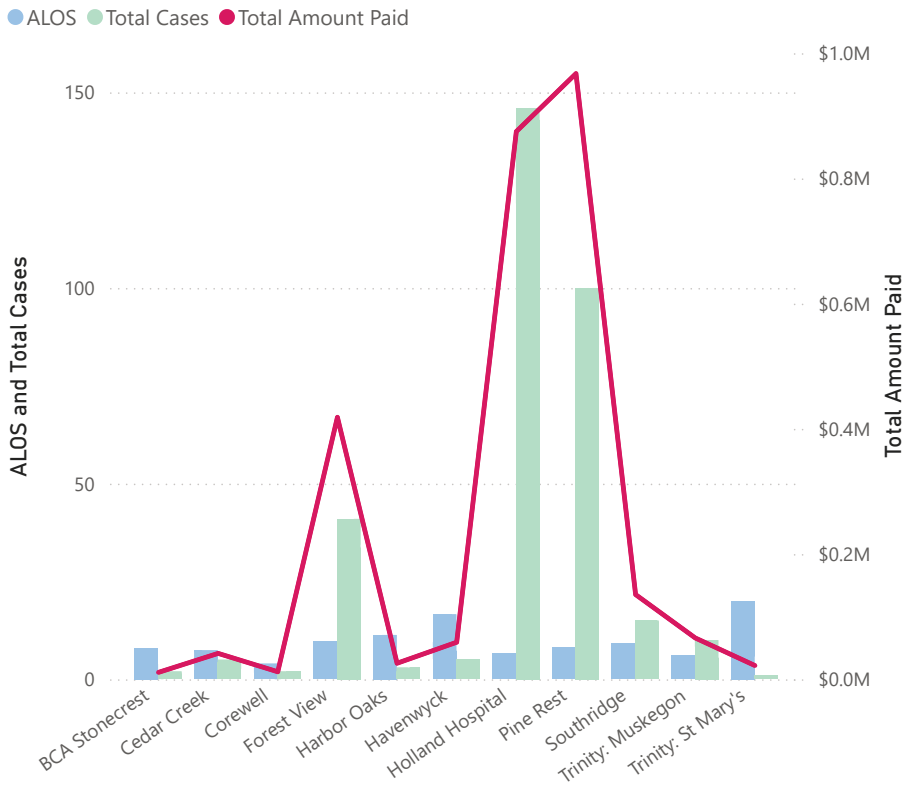
Active Consumer?
- [ ] No
- [ ] Yes

Fund Source
- [ ] Select all
- [ ] Dual - Medicare + Medicaid
- [ ] General Fund
- [ ] Healthy Michigan Plan
- [ ] Medicaid

Admit FY Quarter
- [ ] Select all
- [ ] FY25Q3
- [ ] FY25Q4
- [ ] FY26Q1
- [ ] FY26Q2

Adult vs. Child
- [ ] Adult
- [ ] Child

Total CMHOC Amount Paid, ALOS (Days), and Cases by Provider



Provider Details (Click on Arrows for Fund Source Break Down)

Provider	Total Cases	Total Bed Days	ALOS	Total Amount Paid
⊞ BCA Stonecrest	2	16	8.00	$11,043.50
⊞ Cedar Creek	5	37	7.40	$41,366.00
⊞ Corewell	2	8	4.00	$12,000.00
⊞ Forest View	41	397	9.68	$418,433.48
⊞ Harbor Oaks	3	34	11.33	$25,600.00
⊞ Havenwyck	5	83	16.60	$59,160.00
⊞ Holland Hospital	146	970	6.64	$874,910.25
⊞ Pine Rest	100	815	8.15	$967,448.96
⊞ Southridge	15	137	9.13	$135,300.00
⊞ Trinity: Muskegon	10	61	6.10	$66,021.00
⊞ Trinity: St Mary's	1	20	20.00	$21,960.00
Total	**330**	**2,578**	**7.81**	**$2,633,243.19**

Local Psych Inpatient Fund Source Details

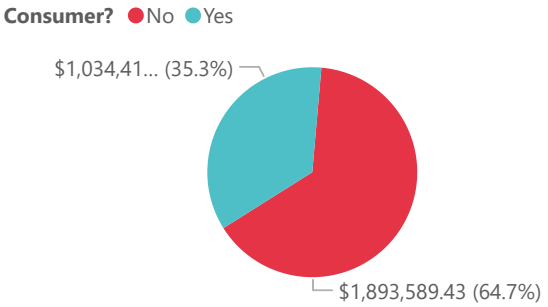
CMHOC Oversaw Stay?
- No
- Yes

Admit FY Quarter
- Select all
- FY25Q3
- FY25Q4
- FY26Q1

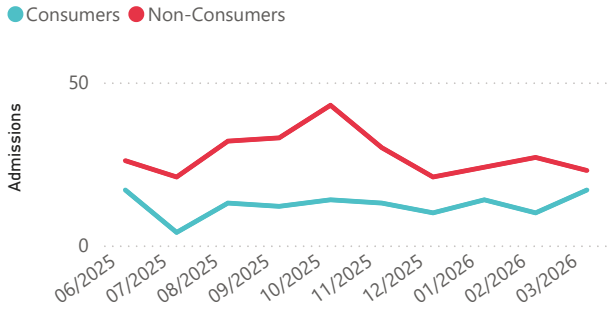
Fund Source
- Select all
- Dual - Medicare + Medicaid
- General Fund
- Healthy Michigan Plan
- Medicaid

Adult vs. Child
- Adult
- Child

Total Amount Paid for Consumers vs Non-Consumers



Monthly Admissions

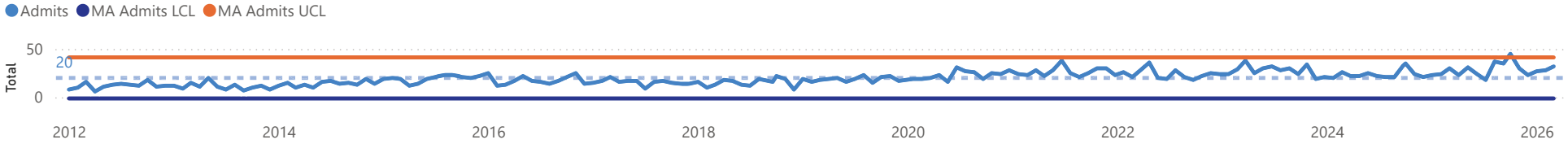


Fund Source Details (Click on Arrows for Monthly Break Down)

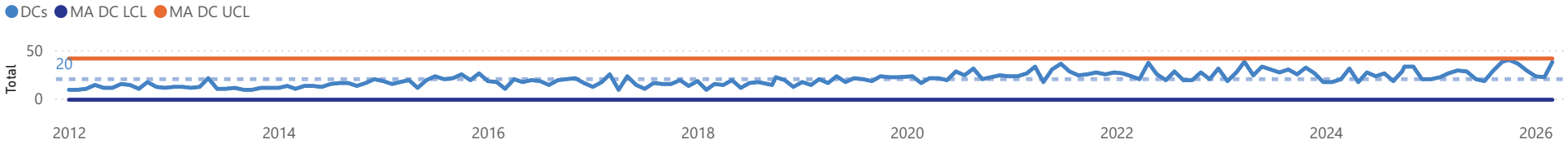
Fund Source	Amount Paid (Consumer)	Total Cases (Consumer)	Amount Paid (Non-Consumer)	Total Cases (Non-Consumer)	Amount Paid (Overall)	Total Cases (Overall)
Dual - Medicare + Medicaid	**$48,876.40**	**7**	**$893.89**	**1**	**$49,770.29**	**8**
General Fund	**$38,916.00**	**6**	**$215,171.86**	**41**	**$254,087.86**	**47**
Healthy Michigan Plan	**$454,190.98**	**54**	**$942,292.60**	**133**	**$1,396,483.58**	**187**
Medicaid	**$492,434.85**	**60**	**$735,231.08**	**113**	**$1,227,665.93**	**173**
Total	**$1,034,418.23**	**124**	**$1,893,589.43**	**280**	**$2,928,007.66**	**404**

Local Psych Inpatient: Medicaid Funded Trends

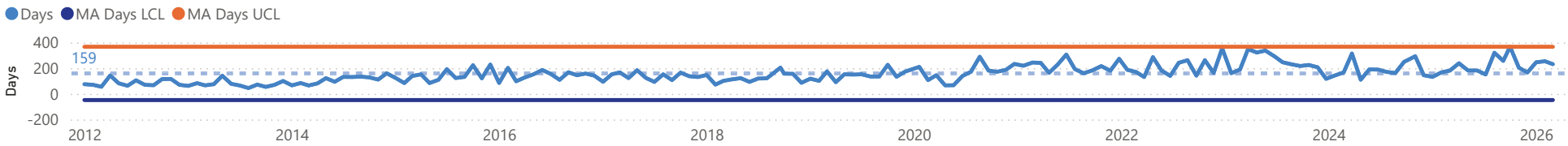
Admits



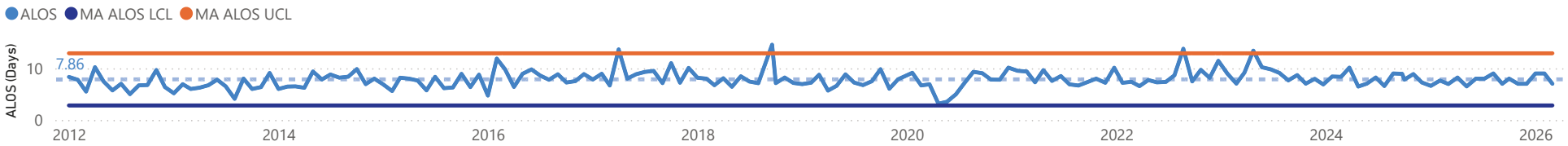
Discharges



Days

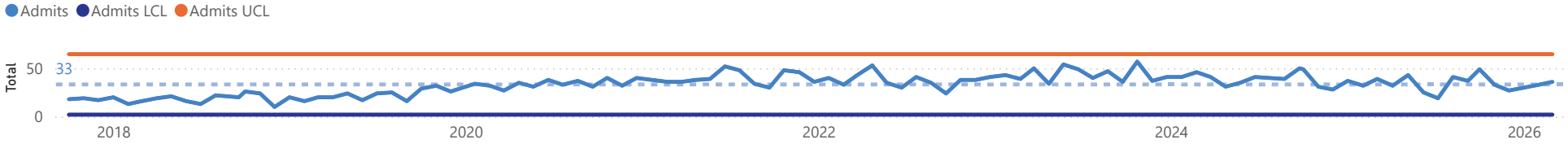


ALOS

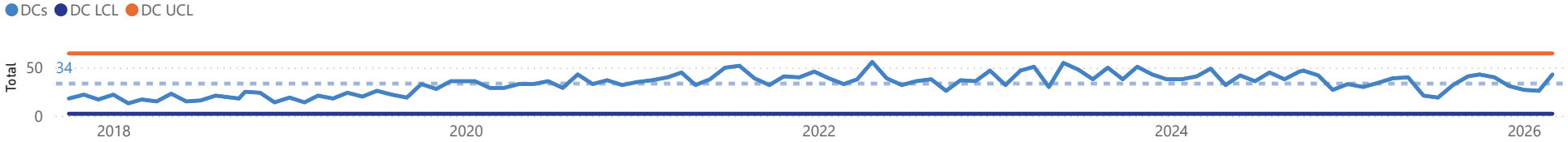


Local Psych Inpatient: All Trends

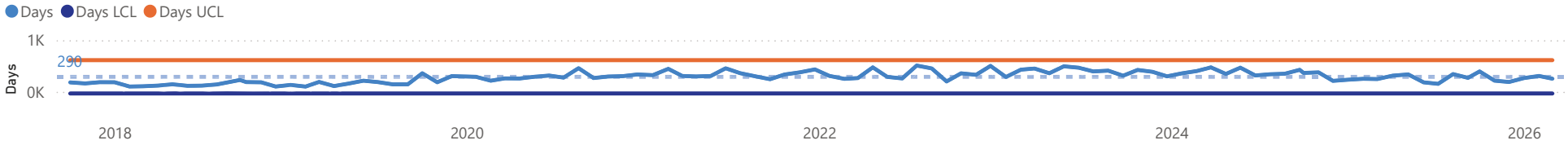
Admits



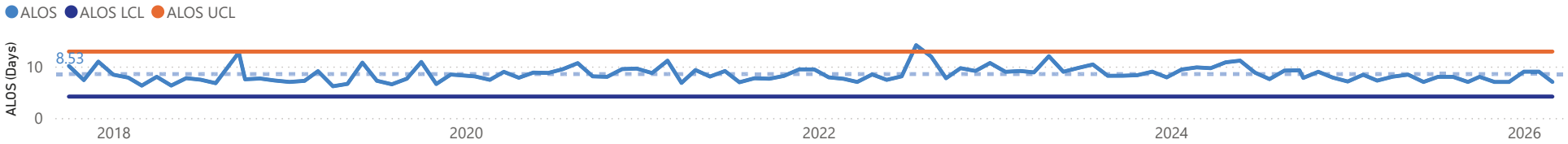
Discharges



Days



ALOS



Utilization Management Bi-Annual Report: April 2026

This snapshot shows just a few areas reviewed by the Community Mental Health of Ottawa County (CMHOC) Utilization Management (UM) Committee. The Committee's goal is to ensure individuals receive timely, high-quality, and cost-effective services in the most appropriate settings, while maintaining an effective system for managing clinical resources.

Michigan's Mission-Based Performance Indicator System (MMBPIS) tracks required state performance measures (see Figure 1). The dotted lines show the target goals. In fiscal year 2025 (October 1, 2024–September 30, 2025), CMHOC met or exceeded three of these goals. These results also allow CMHOC's performance to be compared with other community mental health agencies in Michigan.

Figure 1: Fiscal Year 2025 Michigan's Mission-Based Performance Indicators (MMBPIS)

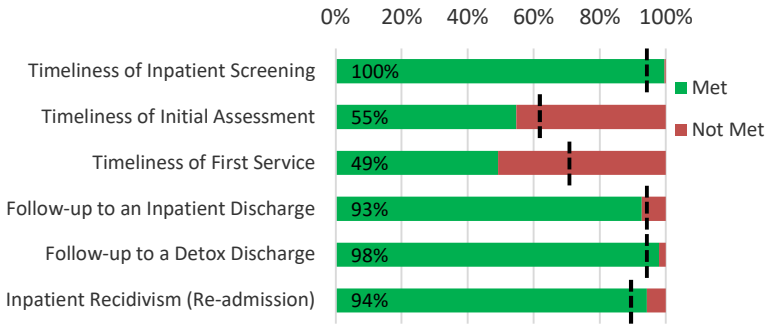


Figure 2: Persons Served Monthly by Population (Children)

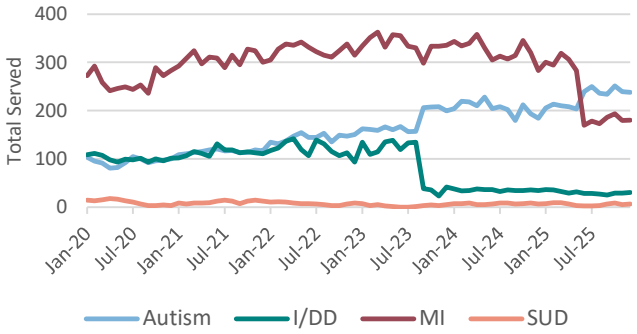
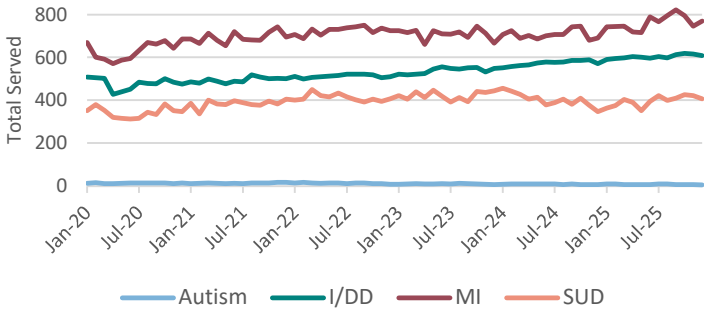


Figure 3: Persons Served Monthly by Population (Adults)



Figures 2 and 3 show how many people CMHOC served in each group: Autism, Mental Illness (MI), Intellectual/Developmental Disability (I/DD), and Substance Use Disorder (SUD). Lower numbers for children in I/DD and MI are due to better tracking. Autism was separated from I/DD in October 2023 and from MI in June 2025. Before June 2025, MI was the largest group for adults and children. After that, Autism became the largest for children. SUD stayed the smallest for children, and Autism stayed the smallest for adults. Overall, CMHOC served an average of 2,189 people each month from January 2020 to December 2025, with an average of 547 children and 1,642 adults per month.

Figure 4: Local Psychiatric Inpatient Hospitalizations Average Length of Stay (ALOS)

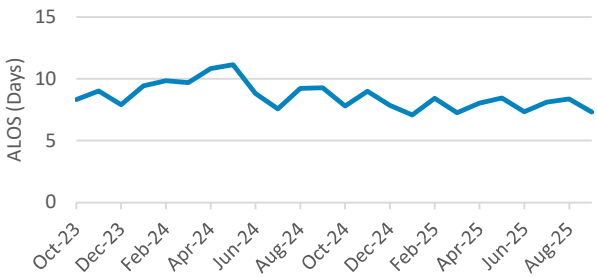
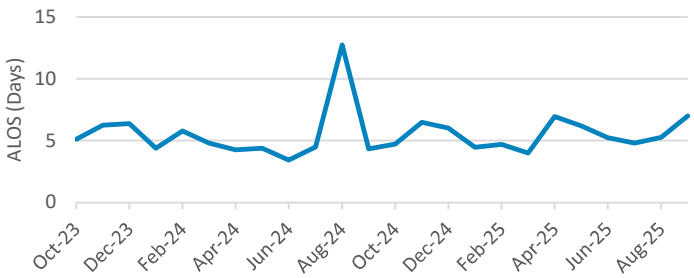


Figure 5: Crisis Residential Average Length of Stay (ALOS)



CMHOC tracks the average length of stay (ALOS) for local psychiatric hospital stays. From October 2023 to September 2025, the average stay was 8.5 days (Figure 4). The 30-day readmission rate was 6%. This shows stays are an appropriate length and care is well managed.

Crisis residential care offers a safe option instead of hospitalization or as a step-down after a hospital stay. From October 2023 to September 2025, the average stay was 5.5 days (Figure 5), usually between 4 and 6 days. This reflects UM oversight and consistent use of crisis residential care.