

# Oakland Community Health Network (OCHN) FY23-25 Strategic Plan

## I. INTRODUCTION

Oakland Community Health Network (OCHN) leads a provider service network that assists approximately 23,000 Oakland County citizens at more than 300 service sites across the county. OCHN also manages a \$300 million budget funded in part by the Michigan Department of Health Human Services, General Fund, grants, and Oakland County.

People who receive public mental health services through OCHN's provider network include those who have an intellectual or developmental disability, mental health challenge, or substance use disorder. Most of these individuals have Medicaid insurance coverage. OCHN's goal is to ensure these individuals are aware of and have access to services and supports that will improve their health and quality of life, as well as ensure their engagement in full community participation.

### A. Need for a Strategic Plan

Every three years, OCHN develops a Strategic Plan as part of the organization's accountability to the public and to the people served through OCHN's provider network. A Strategic Plan provides the opportunity for OCHN to develop and communicate the organization's top priorities in the coming years. The planning process also allows the public and OCHN's Board of Directors to provide feedback about these priorities and to hold OCHN accountable for achieving these goals. Internally, a Strategic Plan helps OCHN leadership plan the resources and timeline that will be needed to achieve these priorities. Finally, a Strategic Plan acts as a framework for OCHN's Annual Plan and Budget, which is developed for each year of the three-year plan. Annual goals, based on strategic priorities, are accomplished through the implementation of specific objectives and timeframes. Throughout the year, Plan progress is reported to the Board, people served, providers, community partners, and the public.

### B. How the Plan was Developed

Development of the Strategic Plan began with a comprehensive Needs Assessment. The assessment captured feedback from individuals served, their family and friends, OCHN's network providers, the Board of Directors, OCHN staff, legislators, and other community stakeholders. The final Needs Assessment Report, which was presented during a public Board meeting, summarized the findings, and provided the basis for development of the Strategic Plan.

OCHN leadership and Department Directors developed the strategic goals by drawing on their clinical and professional expertise and using the Needs Assessment results and other environmental data about behavioral healthcare trends. The draft outline was presented to the Board of Directors during a public monthly meeting for additional feedback and provided the structure for the final Strategic Plan. OCHN shared the draft with the public for comment before the Board and leadership approved the final version.

### C. Scope of Plan

By addressing current and emerging challenges, OCHN strategically plans for and adopts policies and practices that both advance its mission and respond to an evolving service delivery system. The FY23-FY25 Strategic Plan is intended to guide OCHN as it:

- Sets policy and budget priorities
- Manages funding sources, grants, staff resources, and contracts
- Engages public and private partners
- Provides data and information about its progress



## II. THE ENVIRONMENTAL SCAN

### A. Organizational Overview

#### 1. Mission, Vision, and Values

##### *Our Mission*

Inspire hope, empower people, and strengthen communities.

##### *Our Vision*

OCHN will be a national leader in the delivery of quality integrated physical and mental health supports and services to children and adults with developmental disabilities, mental illnesses, and substance use disorders. We respond to our community's needs and empower people to achieve the lives that are important to them.


##### *Our Values*

- We promote equality and personal choice leading towards self-directed lives.
- We use language that promotes dignity and respect for all people.
- We are guided by the goals, needs, and desires of the people we serve.
- We promote and protect the rights of people we serve as they seek to achieve their personal life outcomes.
- We lead with integrity, accountability, and transparency.
- We strengthen our community by identifying needs and implementing innovative solutions.
- We collaborate in shared purpose with individuals served, families, staff, service providers, and the community.

#### 2. Scope of Activities and Services

OCHN's entire provider network consists of 197 contracted service providers. OCHN's network includes core provider agencies (CPAs), specialty providers, direct service providers, certified community behavioral health clinics, and behavioral health home providers.

- Approximately 660 staff provide Supports Coordination/Case Management, In-Home Supports or Assertive Community Treatment (ACT) to people served. Their role is to ensure the development, implementation, and monitoring of Individual Plans of Service, so that people served achieve their life dreams and goals. Nearly 130 therapists provide a variety of services, such as counseling, family therapy, occupational therapy, speech therapy, ABA, and numerous Evidence-Based Practices (EBP).
- OCHN contracts with Common Ground and New Oakland Family Centers to provide 24-hour crisis services, including the Crisis Telephone Line, crisis intervention and inpatient admission emergency screening, crisis residential services, and mobile crisis services.
- OCHN contracts with twenty-three (23) SUD prevention and treatment providers who are reimbursed via fee for service contracts. Additionally, the Sober Support Unit provides crisis support for SUD treatment located at the Resource and Crisis Center (RCC). This service is administered by Common Ground. The SUD Strategic Plan goals align with the goals of OCHN's broader Strategic Plan.
- OCHN contracts with eleven (11) vocational and skill building providers.

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- OCHN has more than one hundred (100) Specialized Residential and Community Living Supports (CLS) providers in the network.
  - OCHN has contracts with twenty-three (23) providers for Applied Behavioral Analysis (ABA) services.
  - OCHN contracts with seven (7) Behavioral Health Home providers.

### **3. Management and Governance**

OCHN is governed by an appointed Board of Directors who have many talents with diverse education and backgrounds. The Board of Directors holds monthly meetings to ensure sound oversight and the continuity of the Agency, maintaining a healthy, well-organized governing body that helps the Agency achieve its mission. Major duties include approving the annual financial budget, assisting with developing strategic and annual plans, and supporting the annual needs assessment. OCHN's CEO and Executive Director holds years of expertise and experience and works with a team of highly professional executive leadership staff.

#### **B. Environmental Scan**

The environmental scan included both an internal and external analysis of key trends in behavioral health and the local service landscape. The internal analysis included qualitative and quantitative indicators identified in the Needs Assessment and Population Health Analysis. The external analysis included demographic and healthcare data for Oakland County, policy and other trends in healthcare delivery, and the labor force. These trends in the internal and external environment could impact OCHN's success and so are useful in shaping goals and strategies.


##### **1. National Situation and Trends**

- **Impacts of Covid-19**

As a regional coordinating agency and the safety net provider for Oakland County, OCHN has played a critical role in providing a frontline crisis response. Since the Covid-19 pandemic began, OCHN has provided an “all-hands-on-deck” approach to address the crisis and to offer support to individuals served and the provider network. As the COVID-19 pandemic continued impacting operations globally, OCHN focused on ensuring network stability and maximizing administrative efficiencies. Although the crisis phase of the pandemic is now over, OCHN must continue to play a leadership role in distributing resources, such as tests or vaccines, and in continuing efforts to maintain network stability. Additionally, there is a significant amount of funding coming to the States and Local Governments through the Federal Government to mitigate the impacts of Covid-19, providing opportunities to support the provider network.

- **Health Homes and other integrated health models**

The Centers for Medicare and Medicaid Services (CMS) notes that the 2010 Affordable Care Act created an optional Medicaid State Plan benefit for states to establish Health Homes to coordinate care for people with Medicaid who have chronic conditions. The Health Homes prioritize a “whole-person” philosophy, paving the way for integration of physical and behavioral health services. The six core health home services include Comprehensive Care Management, Care Coordination, Health Promotion, Comprehensive Transitional Care / Follow-Up, Patient and Family Support, and Referral to Community and Social Support Services. The State of Michigan has prioritized the Health Home model in its healthcare integration efforts.



In October 2020, OCHN launched the Behavioral Health Home (BHH) model. By the close of the fiscal year, OCHN had seven (7) partners in the model and led the state in enrollment with a total of 728 individuals of all ages. In April 2021, OCHN engaged three (3) providers to launch a Substance Use Disorder Health Home (SUDHH). Plans to launch an Opioid Health Home (OHH) in FY23 are pending.

Other national and statewide trends in healthcare integration include the Certified Community Behavioral Health Clinic (CCBHC) demonstration. In 2016, the State of Michigan applied to become part of the demonstration, and the demonstration launched in October 2021 at 13 sites throughout the State, including Oakland County and the OCHN network. CCBHCs are designed to provide comprehensive mental health and substance use disorder services to persons in need, regardless of their ability to pay or their residence. The demonstration will last for two years.

- **Value-based contracting and quality service delivery**

In the 2010, passage of the Affordable Care Act also launched healthcare's transition from a purely fee-for-service system to one that prioritizes quality in services over quantity. The Health Care Payment Learning & Action Network notes that more than a third of national reimbursement contracts are now value-based and that this percentage has trended upward every year since 2015.

OCHN is ahead of the curve in Michigan, having prioritized value-based contracting and the creation of service models to address services for autism and other specialized services. OCHN is committed to continuing efforts to promote quality over quantity in services.

Attention to quality measures and outcomes is also part of the broader healthcare trends. OCHN received the National Committee for Quality Assurance (NCQA) Managed Behavioral Healthcare Organization Accreditation, which "demonstrates to health plans, employers, regulators and consumers an organization's commitment to follow evidence-based practices to provide high-quality care," according to NCQA.


- **Nationwide workforce shortages**

Health and behavioral health organizations, including hospitals, have been experiencing worker shortages across the State and nationwide for some time. While the workforce challenges existed prior to the Covid-19 pandemic, the pandemic has only exacerbated these challenges. As part of OCHN's planning and ongoing response to these challenges, OCHN continues to implement improvements to impact employee retention rates and to actively recruit new hires for vacant positions.

## **2. Local Situation and Trends**

- **Results of OCHN Needs Assessment Survey**

Another major component of the environmental scan is obtaining input from people served, family members, advocates, providers, and community members, as well as OCHN staff and Board members. More than 866 people completed the FY23 Needs Assessment Survey. This included more than 240 responses from persons served, the largest group of respondents. OCHN made a concerted effort to reach persons served and allies, as well as members of the faith-based community, hospitals, and other community partners, local and county elected officials, parents, schools, and the OCHN network and staff. The top six (6) priorities were: mental health treatment, healthcare integration, transportation, case management, recipient rights and advocacy, and community living supports. Out of 242 persons served, 37



reported having a mental health crisis in the past year. 51% of persons served reported being very satisfied with the transportation services provided by OCHN service provider (24% said this did not apply). 89% of family members reported that school mental health supports are very important and 22% are very satisfied with the supports in their school. Most Direct Support Professionals (DSPs) prioritized pay and benefits over tuition reimbursement opportunities. The Needs Assessment helped OCHN to identify the organization's strengths, identify areas for improvement, and determine the priorities that should be included in OCHN's FY23-25 Strategic Plan.

- **Outcomes from OCHN population health analysis**

OCHN's Clinical Team conducts an annual population health analysis. Three (3) key findings informed the most recent report. 1) OCHN and its provider network need more therapists to meet the demand for therapy. 2) OCHN and its provider network need more Peer Specialists so that there is not a waiting list for services. 3) OCHN should investigate opportunities to support or expand special interests and activities such as yoga and nutrition classes.

- **Energizing Connections for Healthier Oakland (ECHO) county data**

Oakland County's Energizing Connections for Healthier Oakland (ECHO) project brings together physical and mental health leaders in the community to improve healthcare outcomes for people in Oakland County. As part of this work, ECHO tracks Healthy People 2030 targets and community health outcome data for the county. Each Health Indicator includes a five-color "Filter by Priority" index, showing how the county is doing in comparison to the other counties in its filtered group: Green is Excellent; light green is Good; yellow is Average; orange is Poor; and Red is Very Poor. Some highlights of Oakland County's relevant green, orange, and red outcomes follow:

- i. **Green (Excellent):**

1. Diabetes prevalence
2. Prevalence of food insecurity
3. Access to other primary care providers (such as NPs, PAs, or clinical nurse specialists)
4. Uninsured children
5. Rates of poor mental or physical health or stressors
6. Violent crime rates
7. Poverty rates
8. Unemployment rates

- ii. **Orange (Poor):**

1. Access to mental health providers (ratio of providers to population)
2. Preventable hospital stays
3. Excessive drinking
4. Residential segregation black/white

- iii. **Red (Very Poor):**

1. Access to primary care physicians (ratio of physicians to population)
2. Health care costs
3. Alcohol consumption in past month
4. Public transportation



- **Oakland County census data**

While parts of Oakland County are rich in resources, there are also significant pockets of poverty and health inequities across the county, with a 21-year life expectancy difference between Oakland County residents living only 12 miles apart. Pontiac is designated by the U.S. Department of Health and Human Services as a Medically Underserved Area (MUA), having too few primary care providers, high infant mortality, and high poverty. Based on OCHN encounter data, public data sources, and input from individuals served, there is a significant need for enhanced crisis response capacity for children and youth in this county.

Behavioral health has been consistently rated as one of the top concerns in Oakland County Community Health Needs Assessments, with a suicide rate of 12.8 persons per 100,000, and 1 in 5 children experiencing a serious mental disorder in their life. There are more than 51,000 veterans in the county.

2021 Census estimates show Oakland County has a population of about 1,270,000. African American and Hispanic people appear to be disproportionately represented in behavioral health crises in Oakland County. While census data indicates 13.9% of the population identifying as Black or African American and 4.7% as Hispanic, individuals who identified as Black or African American comprised 30% of OCHN's crisis contacts during 2020 and 10% identified as Hispanic. Additionally, 7.6% of people under the age of 65 have a disability.

### **C. Summary of Strengths, Weaknesses, Opportunities, and Threats (SWOT)**

OCHN is ahead of the curve when it comes to addressing broader trends and best practices in healthcare integration, and quality and value in service delivery. OCHN's value-based contracting and service models promote quality over quantity, offering greater efficiency for use of public funds. OCHN's NCQA accreditation places the organization in the top tier of behavioral health managed care organizations throughout the country.

Within Oakland County, the data indicate a need to take steps to mitigate the broader trends in the region. Some of the significant indicators that must be considered in the broader planning are the impacts of a racially segregated county where healthcare costs, access to care, transportation, and lack of school mental health supports present challenges.


OCHN is positioned to take advantage of some key opportunities to address the greater needs in the region. Through the Health Home models, OCHN can continue to strengthen substance use prevention and treatment options. The organization can also continue to support staffing through salary and benefits, diversity, equity, and inclusion initiatives, and other programs for staffing retention.

Finally, the landscape of service delivery continues to face a degree of uncertainty and instability due to the lingering effects of the Covid-19 pandemic and the ongoing threats of privatization.

## **III. GOALS, PLANNED ACCOMPLISHMENTS, AND STRATEGIES**

### **A. Strategic Focus Areas and Goals**

#### **1. Staffing and Retention**



This priority focuses on strategies to address worker shortages in Oakland County to meet the needs in the community. Without an adequate workforce, providers will not be staffed to operate at full capacity. Workforce shortages are impacting behavioral health service delivery not only in Oakland County but also across the state. All OCHN's plans and goals are dependent on maintaining a workforce that is sufficient to meet the community needs.

- **Develop and maintain a qualified behavioral health workforce.** Focus on strategies to retain essential provider staff and internal OCHN staff. OCHN will increase opportunities such as partnerships with Universities and Colleges, network staff wages, creating efficiencies in onboarding staff, or making OCHN a competitive employer with an appealing work culture.
- **Continue developing a diversity, equity, and inclusion (DEI) based hiring and retention strategy.** Continue to support a diverse, equitable, and inclusive community by recruiting, retaining, and supporting a more diverse workforce; promoting and supporting inclusive policies, procedures, and professional development; and fostering a culture that exemplifies teamwork, embraces innovation, and values diversity, equity, and inclusion to achieve excellence.

## 2. Quality System of Care

Promote a high-quality, comprehensive system of care for all populations and services within the OCHN network. Ensure a quality service delivery system, with a competitive provider network that meets the choices and needs of people served. Goals that focus on the Quality System of Care priority include:

- **Enhance system of care and strengthen provider network to ensure timely access for all eligible populations in Oakland County.** Collaborate with OCHN Network providers and partner with community stakeholders, such as health plans and Oakland County Health Division to identify opportunities to implement care coordination to improve member outcomes and administrative efficiencies.
- **Improve HEDIS measure outcomes for service delivery.** OCHN's efficiency and quality measures have been certified to be consistent with the most rigorous standards in the managed health care industry. The Healthcare Effectiveness Data and Information Set (HEDIS) is the most widely used and comprehensive performance measurement tool in health care. Continue monitoring of HEDIS metrics, identifying barriers for improvement, and implementing interventions to improve performance.
- **Evaluate, expand, and improve crisis and non-crisis services to meet identified needs.** Facilitate efficient access to appropriate levels of care and improve crisis stabilization and treatment services to reduce emergency department use, hospitalization, and incarceration.

## 3. Administration and Service Delivery

This priority focuses on business strategies that ensure the effective and efficient management of the Strategic Priorities and other day to day activities to support adequate and efficient delivery of services. Such strategies include operations, policy implementation, data analytics, information technology, communications, training, and financial management. Sound actions in these areas underpin OCHN's effort to achieve quality services by increasing system wide efficiency, accountability, and innovation. Goals that support the Administration and Operations priority include:

- **Continue to expand value-based contracting for service delivery.** Continue to develop and implement value-based contracting, which is payment based on service outcomes, quality performance measures, incentives, and cost efficiencies.



- **Evaluate and implement administrative efficiencies to increase ease of access to services.** Develop opportunities to centralize managed care functions like access, provider network management, and utilization management to promote consistency in service delivery.
- **Expand technological solutions to improve service delivery and administrative efficiency.** Continue to focus on the strategic role that data analytics and technology plays to promote independence and advance the health and wellbeing of people served, including the use of data informed, personalized treatment options, effective coordination across service systems, and the measurement of service outcomes.

#### 4. Integrated Healthcare

This priority reflects OCHN's response to healthcare integration and health and wellness expectations for people served. Integration across physical health and mental health systems addresses the needs of the 'whole' person, and increases access to quality prevention, treatment, and wellness services. Healthcare integration happens at the person level, not at the funder level. Goals identified to respond to integrated healthcare include:


- **Establish model(s) / proposal for integrated system of care.** Develop and implement proposals to expand integrated care models, such as CCBHC, Health Home, Collaborative Care, and urgent care, through co-located services, shared electronic health records, expanded number of locations where individuals can receive consultations, assessments, treatment plan, referrals, and social determinants of health (SDOH) supports. Identify opportunities to establish a long-term funding plan for mild to moderate care needs and non-Medicaid services.
- **Increase Care Coordination across the OCHN system of care.** Collaborate with Core Provider Agencies, Medicaid Health Plans, Federal Qualified Health Centers (FQHCs), physical health providers, and the Oakland County Health Division to identify mutually served individuals and implement care coordination plans to improve health and reduce costs.
- **Ensure equitable utilization and services by diverse populations.** Improve cultural competence throughout the network to support the healthcare needs of marginalized populations and address limitations that result in health disparities among population groups.
- **Improve SDOH for individuals receiving services through OCHN.** Continue to care for the whole person through individualized care plans that address the SDOH, including housing and transportation. Identify populations within Oakland County for whom SDOH are a barrier to optimal health outcomes and utilize data to develop targeted interventions and monitor outcomes using normed and validated instruments.

#### 5. Partnerships, Advocacy, and Community Outreach

This priority focuses on the involvement of people served by OCHN and the Provider Network in the development, implementation, monitoring, and evaluation of the supports and services they receive. Self-advocacy, individual advocacy and systems advocacy are supported by OCHN as a way of advancing choice, self-direction, civil rights, and responsiveness to service and support needs. Goals identified to support the Partnerships, Advocacy, and Community Outreach priority include:

- **Improve OCHN's identity and affiliation branding.** Reinforce OCHN's position as the organization responsible for providing services to persons living with an intellectual or developmental disability, mental illness, or substance use disorder in Oakland County.



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- **Proactive legislative advocacy to support public system.** Engage with legislators, community leaders, persons served, and other stakeholders to promote the important work of the public community mental health system. Engage in opportunities for positive interaction to educate and inform stakeholders outside of crisis situations.
  - **Identify / establish strategic partnerships.** Cultivate strategic partnerships with Oakland County officials, community leaders, educational institutions, law enforcement, and other health care entities. Effective partnerships facilitate opportunities for OCHN to enhance and strengthen the network and to meet the service needs of individuals.

#### IV. MONITORING AND REVIEW

##### A. Monitoring Progress

OCHN has a formal process for monitoring progress toward goals throughout the year that includes departmental oversight, Chief Officer review, Board oversight, and a shared tracking tool. The Chief Officers and Directors meet on a bi-weekly schedule to discuss progress on broader organizational goals and implementation. The Directors also present quarterly reports to the Board of Directors. In addition to mid-year and annual reports, staff write a final strategic report to discuss outcomes and opportunities for improvement in the future.

##### B. Plans for Reviewing and Refining the Plan

Each year, prior to the start of the fiscal year, OCHN staff develop an Annual Plan that aligns with the broader strategic priorities. The annual planning process provides the opportunity for OCHN's leadership team, directors, and Board members to establish measurable and meaningful objectives to fulfill the broader priorities. Additionally, staff provide a mid-year report update and final annual report each year to assess progress on the goals, assess any changes to the timeline or resources needed, and to review any impacts on the provider network and persons served.

#### APPENDIX

##### A. Environmental Scan Data

- Energizing Connections for Healthier Oakland (ECHO) Network of Care website: [ECHO, an Oakland County Michigan Initiative Oakland County Health Division, Michigan \(networkofcare.org\)](https://networkofcare.org)
- U.S. Department of Health and Human Services Healthy People 2030: [Healthy People 2030 | health.gov](https://www.health.gov/healthy-people)
- United States Census Bureau: [U.S. Census Bureau QuickFacts: Oakland County, Michigan](https://www.census.gov/quickfacts/MI000000000)

##### B. Other Supporting Information

- Link to National Committee for Quality Assurance: [Health Care Accreditation, Health Plan Accreditation Organization - NCQA - NCQA](https://www.nca.org/)
- Link to State of Michigan Certified Community Behavioral Health Centers (CCBHC) demonstration: [CCBHC Demonstration \(michigan.gov\)](https://www.michigan.gov/ccbhc)
- Centers for Medicare and Medicaid Services value-based programs website: [CMS' Value-Based Programs | CMS](https://www.cms.gov/medicare/medicaid-support/value-based-programs/)