

October 2024



Oakland Community  
Health Network

*Developmental Disabilities • Mental Health • Substance Recovery*

***Annual Plan & Budget  
Fiscal Year 2025***

**Inspire Hope, Empower People, & Strengthen Communities**

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Oakland County residents can learn more about public behavioral health eligibility requirements and non-emergency service options by calling OCHN's Access line at 248-464-6363 or by visiting [www.oaklandchn.org](http://www.oaklandchn.org). For immediate assistance, call or text the Suicide & Crisis Lifeline 24/7 at 988.

## Overview: Fiscal Year 2025 Annual Plan & Budget

Oakland Community Health Network (OCHN) is committed to a three (3) year strategic planning cycle. In August 2022, the OCHN Board approved the Fiscal Year (FY) 2023- 2025 Strategic Plan. The plan identifies strategic priorities that impact the future of OCHN. These strategic priority areas serve as the basis for OCHN to develop an annual plan that guides operational focus throughout the year. Input from people served, family members, advocates, providers, agency staff, and community organizations was obtained through a needs assessment survey and will be sought continually throughout the year. The information they shared is included in the strategic planning and annual planning process.

The FY25 Annual Plan and Budget is the third and final year of the FY23 – FY25 Strategic Plan. Identified goals are accomplished through the development of specific objectives and are expected to be completed within 12 months. In FY25, OCHN remains committed to increasing behavioral health access and equity for the Oakland County community, including the approximately 29,000 people served annually by OCHN. Additionally, OCHN collaborates and contracts with multiple community stakeholders, including Oakland County courts, law enforcement, local hospitals, the Oakland County Health Division, and Oakland County schools.

OCHN is ahead of the curve when addressing broader trends and best practices in healthcare integration, quality and value in behavioral health service delivery. The FY25 Annual Plan focuses on opportunities to expand and enhance this already strong foundation by focusing on new and emerging initiatives to expand direct services, developing the crisis continuum of care in Oakland County, increasing points of access to services in the community, and stabilizing operations and the provider network in the post-Public Health Emergency (PHE) era.

To better understand the FY25 Annual Plan, a Glossary of Terms is at the end of this document.



## Mission, Vision, and Values

### Mission

Inspire Hope, Empower People, and Strengthen Communities.

### Vision

OCHN will be a champion for the empowerment of persons seeking quality integration of physical and mental health supports and services. This includes youth and adults with developmental or intellectual disabilities, mental health concerns, and/or substance use disorders. We listen and respond to our community's needs, providing support and opportunities for people to lead independent and self-directed lives.

### Values

These values are expected from all OCHN and provider network staff in their day-to-day work:

- We promote equality and personal choice leading toward 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 served 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.



## FY25 Strategic Priorities & Goals

The FY25 Annual Plan activities are derived from the Strategic Priorities identified in the FY23 – FY25 Strategic Plan. The intent of the following priorities, goals, and objectives is to positively impact, significantly enhance the lives of people in Oakland County, and continue to strengthen the service delivery system in Oakland County. They support the mission, vision, and values of OCHN, and represent the previously noted principles and practices. While extensive, the goals and objectives do not reflect all activities occurring on behalf of people served. OCHN’s general budget provides finances for the noted objectives, with funds earmarked for specific initiatives.

### Strategic Priorities

OCHN’s Strategic Priorities set the compass for the annual plan:

#### Administration & Service Delivery

- Continue to expand value-based contracting for service delivery
- Evaluate and implement administrative efficiencies to increase ease of access to services
- Expand technological solutions to improve service delivery and administrative efficiency

#### Integrated Healthcare

- Establish model(s) / proposal for integrated system of care
- Increase care coordination across the OCHN system of care
- Ensure equitable utilization and services by diverse populations
- Improve Social Determinants of Health (SDOH) for individuals receiving services through OCHN

#### Partnerships, Advocacy & Community Outreach

- Improve OCHN’s identity and affiliation branding
- Proactive legislative advocacy to support public system
- Identify / establish strategic partnerships

#### Quality System of Care

- Enhance system of care and strengthen provider network to ensure timely access for all eligible populations in Oakland County
- Improve Healthcare Effectiveness Data and Information Set (HEDIS) measure outcomes for service delivery
- Evaluate, expand, and improve crisis and non-crisis services to meet identified needs

#### Staffing & Retention

- Develop and maintain a qualified behavioral health workforce
- Continue developing a diversity, equity, and inclusion (DEI) based hiring and retention strategy

## Needs Assessment Priorities

The needs assessment survey obtained input from people served, family members, advocates, providers, and community members, as well as OCHN staff and Board members. The survey asked which services OCHN should prioritize in the FY25 annual plan.

From February to April 2024, 837 people responded to the 2024 needs assessment survey, including 371 responses from persons served. While the overall response rate is lower than the past two years, the number of responses collected from individuals receiving services is 47% higher than the 2023 needs assessment. The total group of respondents prioritized mental health treatment (73%), crisis intervention services (67%), and mental and medical health coordination (64%).

Approximately 40% of persons served were concerned about obtaining one or more basic need that impact the SDOH. The biggest concerns were obtaining medical care and medications (38%). Childcare and help for children with schoolwork (7%) were less common concerns.

Additionally, data from Oakland County's Energizing Connections for Healthier Oakland (ECHO) project and OCHN's Member Services Survey point to opportunities to meet the demand for services throughout the county. Although the ECHO survey is not exclusive to OCHN's service populations, and includes people with higher incomes and private insurance, it does provide context for the broader service delivery environment in the County. Mental healthcare ranked as the second top concern in the community, and as a higher priority for the Black community (59%) than White (49%) or Hispanic (47%) respondents.

ECHO survey results reflect the behavioral health areas with the most room for improvement. Approximately one-third of respondents reported that it is difficult for them to obtain either mental health services or substance use treatment, regardless of race. Based on the most recent Health Professional Shortage Area (HPSA) score, as reported by the federal Health Resources and Services Administration (HRSA), Southfield and Pontiac have the greatest shortage of mental health providers in Oakland County. Additionally, the public found that sufficient public transportation is a significant barrier in the County (68%), followed by affordable housing (50%).



Based on OCHN encounter data, public data sources, and input from individuals served, there is a crucial need for enhanced services. Additionally, individuals who live in the northwest quadrant of Oakland County have limited access to care due to the more rural environment. Public transportation is limited and there are few providers located in this area.



## 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. These 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.

- ***FY25 Goal: Increase efficiency of payment structures and processes***

OCHN will implement several key objectives to support the administration and service delivery priority and FY25 goal to increase the efficiency of payment structures and processes. First, OCHN will standardize rates and implement a claims adjudication process. Next, in support of the efforts to improve managed care operations, OCHN will streamline utilization and medical necessity monitoring. Additionally, to protect individual choice, OCHN will implement the State of Michigan's conflict-free case management requirements. Finally, to mitigate the impacts of Medicaid redetermination and the public health emergency, and to protect the network against future risks, OCHN will prioritize restoring the ISF to prior levels.

## 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.

- ***FY25 Goal: Expand crisis continuum of care***

OCHN will implement several key objectives to support the integrated healthcare priority and FY25 goal to expand the crisis continuum of care. First, OCHN will continue to develop its partnership with Honor Community Health at the Pontiac Walk-In Center by increasing behavioral healthcare referrals for individuals who are seeking attention for immediate physical healthcare needs and present with additional behavioral health concerns. Next, OCHN will continue expanding direct crisis services in the community through its justice programs by providing effective crisis de-escalation in crisis situations and diverting individuals from the justice system to supports and services when appropriate. Finally, OCHN will continue efforts to implement community violence prevention and intervention strategies in the community through its grant with the State of Michigan and partnerships with grassroots organizations.



## 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. Key strategic partnerships in the community help OCHN advance advocacy efforts promoting civil rights and the service and support needs of people served.

- ***FY25 Goal: Strengthen strategic partnerships with Oakland County officials, community leaders, educational institutions, law enforcement, and other health care entities***

OCHN will implement several key objectives to support the partnerships, advocacy, and community outreach priority and FY25 goal to strengthen strategic partnerships with Oakland County officials, community leaders, educational institutions, law enforcement, and other health care entities. First, OCHN will host or participate in a minimum of 20 community events each month to enhance OCHN service awareness and branding. Next, OCHN will host legislative forums for Oakland County legislators, meet individually with elected officials, and provide quarterly updates to the Oakland County Board of Commissioners. Finally, OCHN will provide a minimum of 15 training and educational opportunities each month for OCHN staff network staff, peers, community, and individuals served based on OCHN values, mission, and vision.



## Quality System of Care

This priority promotes a high-quality, comprehensive system of care for all populations and services across the Provider Network, including crisis and non-crisis services, access, and children's services. It ensures a quality service delivery system, with a competitive provider network that meets the choices and needs of people served.

- ***FY25 Goal: Improve system of care by expanding direct service options for adults and children***

OCHN will implement several key objectives to support the quality system of care priority and FY25 goal to improve system of care by expanding direct service options for adults and children. First, OCHN is committed to expanding and increasing in-person Access points throughout Oakland County to bridge gaps and reach persons served. As part of this effort, OCHN will continue to increase school engagements, number of families served, and number of screenings completed over the next year through the Mental Health School Navigator program. Next, OCHN will directly manage transportation contracts, reviewing the data for service gaps and opportunities for improvement. Next, OCHN will expand Women's Specialty Services to include Medication Assistance Treatment (MAT) providers. Also, to confirm adherence to the Assertive Community Treatment (ACT) Team requirements in the Medicaid Provider Manual, OCHN will complete an audit of each ACT Team in the network. Finally, OCHN will explore plans to become a Certified Community Behavioral Health Center (CCBHC) in order to expand mental health and substance disorder treatment services to underserved populations throughout Oakland County.

## Staffing and Retention

This priority focuses on strategies to address worker shortages in Oakland County to meet the needs in the community by implementing strategies address worker shortages and identify opportunities to retain current staff. All OCHN's plans and goals are dependent on maintaining a workforce that is sufficient to meet the community needs.

- ***FY25 Goal: Cultivate positive work environment that promotes staff recruitment and retainment***

OCHN will implement several key objectives to support the staffing and retention priority and FY25 goal to cultivate a positive work environment that promotes staff recruitment and retainment. First, OCHN will expand and enhance the Inclusion, Diversity, Equity, and Accessibility (IDEA) committees to stay on track with diversity and inclusion best practices. This effort includes offering training, updating policies and procedures, and fostering a culture of belonging, inclusion, and accessibility. Next, OCHN's apprenticeship program will continue to grow to include opportunities in clinical, specialty, and administrative areas. Finally, OCHN conducts annual workplace surveys to gauge employee satisfaction and will implement new recommendations to improve staff engagement and morale.

## Provider Network

OCHN's entire provider network consists of approximately 162 contracted service providers operating at more than 320 service sites. OCHN's network includes core provider agencies (CPAs), specialty providers, direct service providers, certified community behavioral health clinics, substance use treatment providers, and behavioral health home providers.

Staff provide Supports Coordination/Case Management, Home-based services, ACT, or other therapies 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. Provider therapists provide a variety of services, such as counseling, family therapy, occupational therapy, speech therapy, Applied Behavioral Analysis (ABA), and numerous Evidence-Based Practices (EBP).

### Core Provider Agencies

- OCHN partners with a network of six (6) core provider agencies responsible for delivering a comprehensive set of services and supports through performance-based contracts.
- Eight (8) Core Provider Agencies provide supports and services to children and youth with Serious Emotional Disturbances and their families: CNS Healthcare (CNSH), Easterseals MORC, Hegira, Judson Center, Oakland Family Services (OFS), and Training and Treatment Innovations (TTI).
- Three (3) Core Provider Agencies support Adults with Mental Illness: CNSH, Easterseals Michigan MORC, and TTI.
- Two (2) Core Provider Agencies are available to Children and Adults with Intellectual / Developmental Disabilities: Community Living Services – Oakland County (CLS-OC) and Easterseals MORC.

### Crisis Services

OCHN contracts with Common Ground to provide 24-hour crisis services to adults throughout Oakland County, including crisis intervention, inpatient admission emergency screening, and crisis residential services. OCHN contracts New Oakland Family Centers to provide 24-hour crisis services to children throughout Oakland County, including crisis intervention, inpatient admission emergency screening, and crisis residential services. Both Common Ground and New Oakland Family Centers provide mobile crisis team services. Additionally, OCHN and the provider network are actively promoting the nationwide Suicide and Crisis Lifeline, 988, and the corresponding statewide 988 call center MiCAL.



## Substance Use Disorder (SUD)

OCHN directly contracts with Substance Use Disorder (SUD) prevention and treatment providers who are reimbursed via fee for service contracts. The SUD Strategic Plan goals align with the goals of OCHN's broader Strategic Plan.

- OCHN contracts with twenty-four (24) SUD prevention and treatment providers. Treatment providers are reimbursed via fee for service contracts. And prevention providers are reimbursed via staffing models using measurements by objectives (MBO's).
- The Sober Support Unit (SSU) provides immediate access to, or crisis support for SUD treatment located at the Resource and Crisis Center (RCC). This service is administered by Common Ground.
- The Recovery, Information, Support, and Education (RISE) Center, also located at the RCC, is managed by OCHN, which provides resource information and assistance to people who need services.



## Direct Service Providers and Resources

- Twelve (12) vocational and skill building providers.
- More than one hundred (100) Specialized Residential and Community Living Supports (CLS) providers.
- Twenty (20) providers for Applied Behavioral Analysis (ABA) services.
- Seven (7) Behavioral Health Home providers.
- Two (2) Certified Community Behavioral Healthcare Clinics (CCBHCs).

## Additional Network Partnerships

- Other specialized providers who support the entire Network include: America's Community Council (ACC), Community Housing Network (CHN), community hospitals, Freedom Road Transportation Authority (FRTA), Honor Community Health, Michigan Consumer Evaluation Team (MCET), Neighborhood Service Organization (NSO), and state facilities.
- OCHN is committed to serving as a relevant and effective resource to Oakland County's diverse community. OCHN has successfully partnered with the following organizations to enrich the lives of the people it serves: Affirmations; American Indian Health and Family Services, Change Matrix, Deaf Community Advocacy Network, Centro Multicultural la Familia, and faith-based groups.
- Additional partners include the National Council for Behavioral Health, University of Michigan School of Public Health, Oakland County Health Division, Oakland County Housing Alliance, Oakland Schools, Oakland University, the Oakland County Sheriff's Office, Anti-Defamation League, Michigan Diversity Council, and the Veteran's and National Guard Associations, to name a few. OCHN also continues to partner regionally with Detroit Wayne Integrated Health Network (DWIHN) and Macomb County Community Mental Health Network (MCCMH) on Diversity, Equity, and Inclusion (DEI) initiatives.

## FY25 Provider Agency Contracts

The FY25 provider contracts reflect OCHN's contract obligations to the Michigan Department of Health and Human Services (MDHHS). OCHN continues to evaluate and monitor its contractual obligations with MDHHS to ensure compliance, reported outcomes, and the delivery of quality services among its provider network. Performance-based contracts continue to be developed in FY25, to include outcomes, measures, performance levels, incentives, and performance evaluations.

## FY25 Budget

OCHN leads a provider service network that assists approximately 29,000 Oakland County citizens at more than 400 service sites across the county. The majority of the individuals OCHN serves have Medicaid insurance coverage.

OCHN is entering FY25 with revenue expected to exceed expenses based on the rates provided by MDHHS. The projected budget surplus in FY25 is \$2,571,707. Medicaid revenue comprises approximately 92% of OCHN’s total revenue.

### OCHN FY25 Initial Budget 9.9.2024

| MEDICAID              | Specialty Medicaid - Mental Health | Specialty Medicaid - Substance Use Disorder | Healthy Michigan - Mental Health | Healthy Michigan - Substance Use Disorder | Children's Waiver | SED Waiver | TOTAL       |
|-----------------------|------------------------------------|---|----------------------------------|---|-------------------|------------|-------------|
| Budgeted Revenue      | 331,985,372                        | 5,295,530                                   | 26,689,272                       | 10,687,249                                | 3,596,141         | 1,143,989  | 379,397,553 |
| Budgeted Expenditures | 326,614,853                        | 5,295,530                                   | 32,078,454                       | 10,687,249                                | 3,596,141         | 1,143,989  | 379,416,216 |
| Surplus/ (Deficit)    | 5,370,519                          | -   | (5,389,182)                      | -   | -                 | -          | (18,663)    |

| OTHER MENTAL HEALTH                   | General Fund | Local     | Grants    | Non - MDHHS | BHH       | CCBHC      | TOTAL      |
|---------------------------------------|--------------|-----------|-----------|-------------|-----------|------------|------------|
| Budgeted Revenue                      | 10,765,822   | 7,313,786 | 5,878,015 | 1,127,573   | 2,386,946 | 68,563,300 | 96,035,442 |
| Budgeted Expenditures                 | 11,976,156   | 4,638,552 | 5,878,015 | 1,127,573   | 2,386,946 | 67,877,667 | 93,884,909 |
| Local 10% Match on State Funds        | (750,000)    | 750,000   | -         | -           | -         | -          | -          |
| Net Expenditures                      | 11,226,156   | 5,388,552 | -         | -           | -         | -          | -          |
| Surplus/ (Deficit)                    | (460,334)    | 1,925,234 | -         | -           | -         | 685,633    | 2,150,533  |
| Disposition of Deficit from excess GF | -            | -         | -         | -           | -         | -          | -          |
| from excess local                     | 460,334      | (460,334) | -         | -           | -         | -          | -          |
| Net Surplus/ (Deficit)                | -            | 1,464,900 | -         | -           | -         | 685,633    | 2,150,533  |

| OTHER SUBSTANCE USE DISORDER | PA2         | Community Grant | SOR Grant | SUD Covid-19 Supplement Grant | TOTAL      |
|------------------------------|-------------|-----------------|-----------|-------------------------------|------------|
| Budgeted Revenue             | 4,000,000   | 5,340,535       | 850,000   | 859,377                       | 11,049,912 |
| Budgeted Expenditures        | 2,326,293   | 6,574,405       | 850,000   | 859,377                       | 10,610,075 |
| Surplus/ (Deficit)           | 1,673,707   | (1,233,870)     | -         | -                             | 439,837    |
| from excess local            | (1,233,870) | 1,233,870       | -         | -                             | -          |
| Net Surplus/ (Deficit)       | 439,837     | -               | -         | -                             | 439,837    |

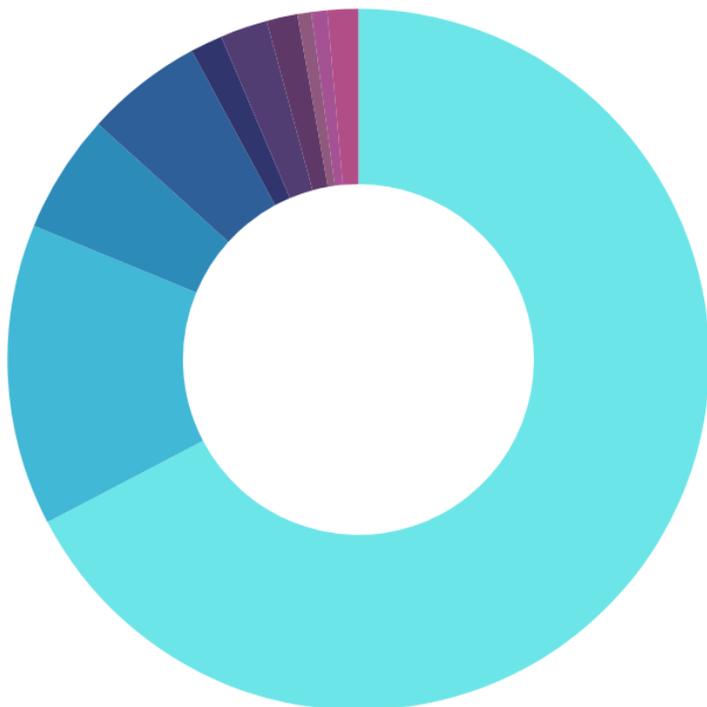
| TOTAL BUDGET          | TOTAL       |
|-----------------------|-------------|
| Budgeted Revenue      | 486,482,907 |
| Budgeted Expenditures | 483,911,200 |
| Surplus/ (Deficit)    | 2,571,707   |

\* Revenues and expenditures in this budget are projected conservatively. Revenue projections are projected base on MDHHS draft rate setting and not finalized. Will amend once we receive the finalized rates.

\*Historical data was used for expense projections related to services and funding models.



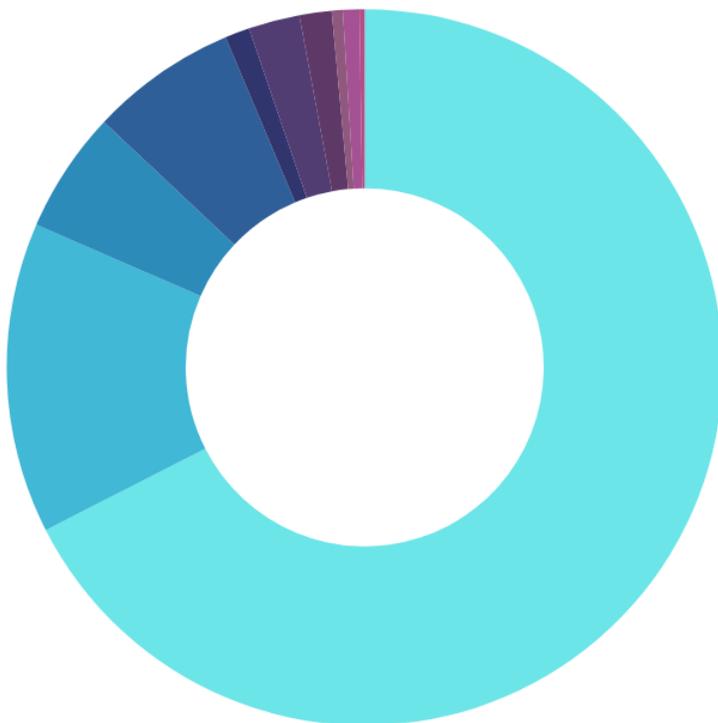
### BUDGETED REVENUES FY25



Total Budgeted Revenue: \$486,482,907

- SPECIALITY MEDICAID; MENTAL HEALTH**  
\$331,985,372 (68%)
- CERTIFIED COMMUNITY BEHAVIORAL HEALTH HOME**  
\$68,563,300 (14%)
- OTHER SUD (PA2, HM, GRANTS)**  
\$27,032,691 (6%)
- HEALTHY MICHIGAN; MENTAL HEALTH**  
\$26,689,272 (5%)
- LOCAL**  
\$7,313,786 (2%)
- GENERAL FUND**  
\$10,765,822 (2%)
- GRANTS**  
\$7,005,588 (1%)
- BEHAVIORAL HEALTH HOME**  
\$2,386,946 (1%)
- CHILDRENS WAIVER**  
\$3,596,141 (1%)
- SERIOUS EMOTIONAL DISTURBANCE WAIVER**  
\$1,143,989 (>1%)

### BUDGETED EXPENSES FY25



Total Budgeted Expenses: \$483,911,200

- SPECIALITY MEDICAID; MENTAL HEALTH**  
\$326,614,853 (68%)
- CERTIFIED COMMUNITY BEHAVIORAL HEALTH HOME**  
\$67,877,667 (14%)
- OTHER SUD (PA2, HM, GRANTS)**  
\$26,592,854 (6%)
- HEALTHY MICHIGAN; MENTAL HEALTH**  
\$32,078,454 (7%)
- LOCAL**  
\$5,388,552 (1%)
- GENERAL FUND**  
\$11,226,156 (2%)
- GRANTS**  
\$7,005,588 (1%)
- BEHAVIORAL HEALTH HOME**  
\$2,386,946 (>1%)
- CHILDRENS WAIVER**  
\$3,596,141 (1%)
- SERIOUS EMOTIONAL DISTURBANCE WAIVER**  
\$1,143,989 (>1%)

## Glossary of Terms

**Applied Behavioral Analysis (ABA):** ABA is a behavioral-based treatment that can bring positive changes in communication, social interaction, and repetitive behaviors that are typical of someone with autism. ABA focuses on how learning takes place. It identifies which learning techniques increase

**Complex Case Management:** Complex Case Management is a service to connect people who have complex health care and social needs to providers and track their care over time. If successful, complex case management programs hold the potential for reducing visits to emergency rooms and hospital stays and increasing positive outcomes by making sure that people get good treatment in the community.

**Cost Reimbursed Contract:** A cost-reimbursement contract refers to a contract under which reasonable and allowable costs incurred by a contractor in the performance of a contract are reimbursed in accordance with the terms of the contract.

**Certified Community Behavioral Healthcare Clinic (CCBHC):** Certified Community Behavioral Healthcare Clinics (CCBHC) are facilities specifically designed to provide a community with an all-inclusive range of substance use and mental health disorder services, especially for individuals who have the most complex needs.

**Crisis Stabilization Unit (CSU):** Crisis Stabilization Units are facilities or a portion of a facility providing short-term crisis intervention services, and which has been designed to assess, diagnose, and treat individuals experiencing an acute crisis without the use of long-term hospitalization.

**Disabled, Aged and Blind (DAB):** This revenue is based on the number of people identified each month by the State to be in Oakland County that meet specific eligibility criteria of income, age, and disability, etc. These are primarily persons who qualified for Supplemental Security Income (SSI) or Social Security – Disabled (SSD), as well as Medicaid persons over the age of 65 years. OCHN is paid each month on a per enrolled / eligible persons amount computed through a rate, age/gender/ geographic region matrix, which is established by the state actuary each year. The rate matrix is approved by the Centers for Medicare and Medicaid Services (CMS) as part of the waiver approval.

**Diversity:** Diversity is expressed in many forms, including race and ethnicity, gender and gender identity, sexual orientation, socioeconomic status, language, culture, national origin, religious commitments, age, (dis)ability status and political perspective. Diversity means understanding that each individual is unique, as well as recognizing and celebrating our individual differences.

**Empowerment of People Served:** The participation of people served by OCHN in organizational planning, decision-making, program development and evaluation, access to resources, and opportunities to develop and run services, all of which maintain and enhance personal dignity and integrity.

**Equity:** This term is often confused with equality. Equality is typically defined as treating everyone the same and giving everyone access to the same opportunities. Equity refers to proportional representation (by race, class, gender, etc.) in those same opportunities, for example, distributing resources based on the needs of the individuals instead of giving everyone the same.

**Federally Qualified Health Center (FQHC):** A FQHC is a type of provider defined by the Medicare and Medicaid statutes. FQHCs include all organizations receiving grants under Section 330 of the Public Health Service Act, certain tribal organizations, and FQHC Look-Alikes. Benefits include: Enhanced Medicare and Medicaid reimbursement; Medical malpractice coverage through the Federal Tort Claims Act; Eligibility to purchase prescription and nonprescription medications for outpatients at reduced cost through the

**General Fund Revenue (GF):** These funds are part of the State’s GF budget appropriation. Amounts are distributed to each Community Mental Health Specialty Program, based on a formula and prior history, along with any adjustments MDHHS determines to be appropriate for revenue reallocation. Historically, OCHN is among the highest in GF and formula average. Payments are made monthly to OCHN and can be adjusted by several factors. One factor influencing the amount paid by the State would be State lease payments agreements (for group) homes, which are transferred to OCHN after the original lease between the State and the landowner is terminated.

**Habilitation – C–Waiver (HAB) Revenue:** OCHN is reimbursed for the number of people served enrolled in the C–Waiver program. The individual must meet specific criteria for need, i.e., meet criteria to be in a State Facility or Intermediate Care Facility for persons with a developmental disability, which has been established by the State in the C-Waiver program and is approved through the Centers for Medicare and Medicaid Services (CMS). OCHN is paid an amount for each enrollee. OCHN currently has 862 HAB waiver certificates. Individuals served must receive a monthly HAB Waiver service and be Medicaid eligible for OCHN to receive payment for that individual in that month.

**Health Homes:** Medicaid “Health Homes” afford states the option to develop innovative, integrative, and sustainable care management/coordination programs for high-need, high-cost Medicaid beneficiaries with chronic health conditions. Health Homes allow states to develop sustained reimbursement mechanisms for services typically not covered, including community health workers and the gamut of resources needed to affect the social determinants of health (e.g., housing, transportation, food assistance, employment assistance, etc.). The goal of Health Homes is to increase outcomes and decrease costs by transcending barriers to care through enhanced access and coordination. OCHN and some providers participate in the Behavioral Health Home (BHH) for serious mental illness/serious emotional disturbance, the Opioid Health Home (OHH) for opioid use disorder, and the Substance Use Disorder Health Home (SUDHH) for SUD treatment.

**HEDIS:** The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90% of America’s health plans to measure performance on important dimensions of care and service. HEDIS consists of 81 measures across 5 domains of care: 1) Effectiveness of Care; 2) Access/Availability of Care; 3) Experience of Care; 4) Utilization and Relative Resource Use; and 5) Health Plan Descriptive Information. HEDIS facilitates a comparison of health plan performance on an “apples-to-apples” basis.

**Home and Community Based (HCBS) Waiver:** Home and community-based services (HCBS) provide opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings.

**Home and Community Based (HCBS) Transition Plan:** The Centers for Medicare & Medicaid Services (CMS) have issued regulations that define the settings in which it is permissible for states to pay for Medicaid Home and Community-Based Services (HCBS), otherwise known as waiver services. These new regulations ensure that individuals receive Medicaid HCBS in integrated settings that support full access to the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree as individuals who do not receive HCBS.

**Inclusion, Diversity, Equity, and Access (IDEA):** IDEA highlights efforts toward underserved communities by addressing structural inequities.

**Inclusion:** Inclusion is involvement and empowerment, where the inherent worth and dignity of all people are recognized. An inclusive environment promotes and sustains a sense of belonging; it values and practices respect for the talents, beliefs, backgrounds, and ways of living of its members. Inclusion builds a culture of belonging by actively inviting the contribution and participation of all people.

**Income from Investments:** OCHN earns interest income from all of its operating cash accounts, as well as its investment accounts. The amounts received and accrued are reported for all general operating accounts and are invested based on the Board approved investment policy.

**Individual Plan of Service (IPOS):** An individualized plan that is developed as a result of a Person Centered/Family-Centered Planning meeting. Goals are identified and strategies are developed to help people achieve their dreams.

**Integrated Health Care:** Integrated care occurs when mental health specialty providers and general medical care providers work together to address both the physical and mental health needs of the person served. Integration improves services in relation to access, quality, user satisfaction, and efficiency. Continuity of care occurs through shared records across systems, joint planning on behalf of the person served, and provider consistency.

**Internal Service Fund (ISF):** Savings of unspent Medicaid revenue to be used at a future date. The unspent funds are restricted for use on Medicaid and Healthy Michigan service to cover higher-than-anticipated costs.

**Medicaid Children's Waiver Revenue:** Fee for service revenue for children with Developmental Disabilities (DD) enrolled in the DD Children's Waiver program. The children must be approved by the State for entry into the program by meeting specific criteria, which the State has established. Children's Waiver services are currently provided by Macomb-Oakland Regional Center (MORC). MORC bills the State for services rendered. OCHN is reimbursed a fee-for-service rate established by the State. OCHN prepays MORC for the costs of providing these services under its provider contract and costs settles with MORC at fiscal year-end.

**Medicaid Savings / Carry Forward:** The PIHP (Prepaid Inpatient Health Plan) may retain unexpended Medicaid Capitation funds up to 7.5% of the Medicaid/Healthy Michigan Plan pre-payment authorization. All Medicaid savings funds reported at fiscal year-end must be expended within one fiscal year following the fiscal year earned for Medicaid services to Medicaid covered consumers. All Healthy Michigan Plan savings funds reported at fiscal year-end must be expended within one fiscal year following the fiscal year earned for Healthy Michigan Plan services to Healthy Michigan Plan covered consumers.

**Medicaid SED Children's Waiver Revenue:** Fee for service revenue for children with Serious Emotional Disturbance (SED) who are enrolled into the SED Children's Waiver (SEDW) program. The children are referred by MDHHS from out-of-home placements and must be approved by the State for entry into the program by meeting specific, severity criteria that the State has established. The SEDW enables Medicaid to fund necessary home and community-based services for children with serious emotional disturbance who meet the criteria for admission to the state inpatient psychiatric hospital (Hawthorn Center) and/or are at risk of hospitalization without waiver services.

**Medical Necessity:** For individuals served, the determination of a medically necessary support, service or treatment must be:

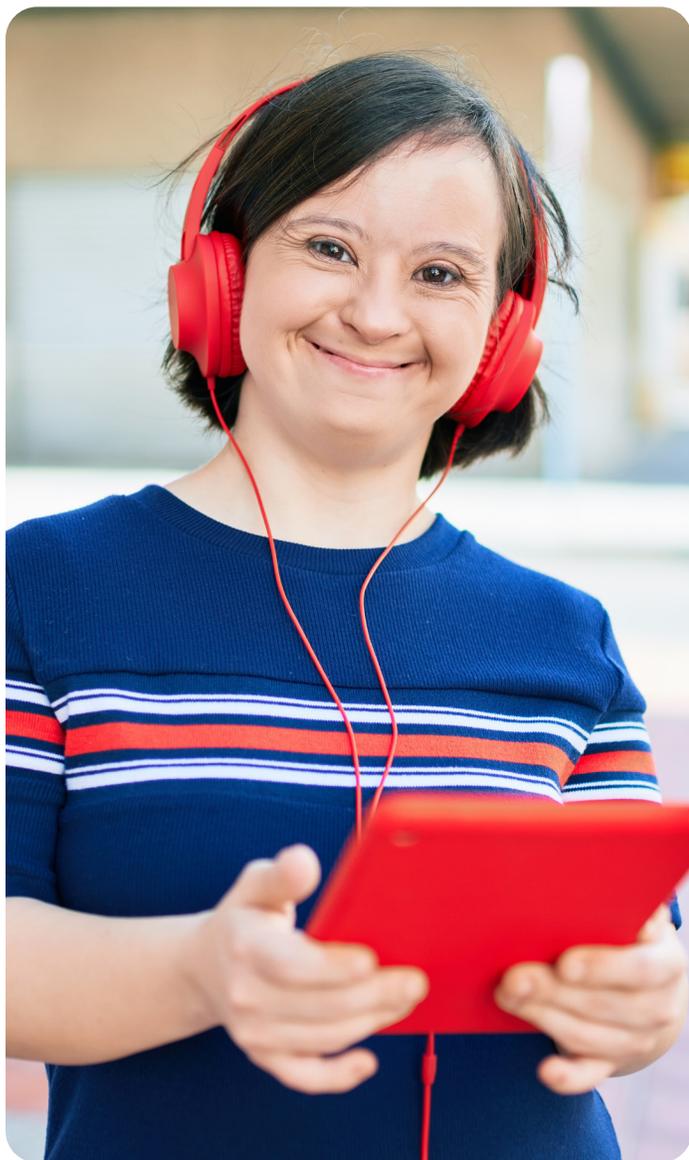
- Based on information provided by the beneficiary, beneficiary's family, and/or other individuals (e.g., friends, personal assistants/aides) who know the beneficiary;
- Based on clinical information from the beneficiary's primary care physician or health care professionals with relevant qualifications who have evaluated the beneficiary;
- For beneficiaries with mental illness or developmental disabilities, based on person-centered planning, and for beneficiaries with substance use disorders, individualized treatment planning;
- Made by appropriately trained mental health, developmental disabilities, or substance abuse professionals with sufficient clinical experience;
- Made within federal and state standards for timeliness;
- Sufficient in amount, scope, and duration of the service(s) to reasonably achieve its/their purpose;
- Documented in the Individual Plan of Service (IPOS).

**MiChild:** The Children’s Health Insurance Program (CHIP) is a federal program administered by the State for children who do not qualify for Medicaid and are between 150% and 200% of the federal poverty level. They are enrolled in the program by the State and are residents of Oakland County. OCHN receives a mental health benefit, capitated amount per enrollee per month for the Federal share.

**Miscellaneous Revenue:** Revenue received which does not fall within any of the other revenue categories. The amounts in the account are generally small, are generally not part of general operations, and are recorded as incurred.

**OBRA Reimbursement:** Fee for service revenue billed to the State for Pre-Admission Screening and Annual Resident Review (PASARR) services, which are nursing home assessments for people with mental illness or developmental disabilities. OCHN bills the State for the cost of the assessment plus administration. OCHN receives the payments from the State and, through a provider contract with Neighborhood Services Organization (NSO), reimburses them a fee for the services provided.

**Person Centered / Family Centered Planning (PCP-FCP):** An ongoing process in which an individual’s/ family’s dreams and goals are discussed and strategies are identified for reaching those goals. This process is rooted in a profound respect for the individual/family, and an expectation that the person served is included in his/her community and has a meaningful quality of life experience.



**Recovery:** A journey of healing and transformation enabling a person with a mental illness to live a meaningful life in a community of his/her choice, while striving to achieve his/her full potential. The ten (10) components of recovery are:

- 1. Self-Direction:** People served lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self-determined life. By definition, the recovery process must be self-directed by the individual, who defines his or her own life goals and designs a unique path towards those goals.
- 2. Individualized and Person-Centered:** There are multiple pathways to recovery based on an individual's unique strengths and resiliencies, as well as his/her needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations. Individuals also identify recovery as being an ongoing journey and an end result, as well as an overall paradigm for achieving wellness and optimal mental health.
- 3. Empowerment:** People served have the authority to choose from a range of options and to participate in all decisions – including the allocation of resources – that affect their lives and are educated and supported in so doing. They have the ability to join with others served to speak for themselves collectively and effectively about their needs, wants, desires, and aspirations. Through empowerment, an individual gains control of his or her own destiny and influences the organizational and societal structures in his or her life.
- 4. Holistic:** Recovery encompasses an individual's whole life, including mind, body, spirit, and community. Recovery embraces all aspects of life, including housing, employment, education, mental health and healthcare treatment and services, complementary and naturalistic services, addictions treatment, spirituality, creativity, social networks, community participation, and family supports as determined by the person. Families, providers, organizations, systems, communities, served to have access to these supports.
- 5. Non-Linear:** Recovery is not a step-by-step process, but one based on continual growth, occasional setbacks, and learning from experience. Recovery begins with an initial stage of awareness in which a person recognizes that positive change is possible. This awareness enables the individual to move on to fully engage in the work of recovery.
- 6. Strengths-Based:** Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals. By building on these strengths, people leave stymied life roles behind and engage in new life roles (e.g., partner, caregiver, friend, student, and employee). The process of recovery moves forward through interaction with others in supportive, trust-based relationships.
- 7. Peer Support:** Mutual support – including the sharing of experiential knowledge and skills and social learning – plays an invaluable role in recovery. People receiving services encourage and engage others served in recovery and provide each other with a sense of belonging, supportive relationships, valued roles, and community.
- 8. Respect:** Community, systems, and societal acceptance and appreciation of people receiving services – including protecting their rights and eliminating discrimination and stigma – are crucial in achieving recovery. Self-acceptance and regaining belief in oneself are particularly vital. Respect ensures the inclusion and full participation of individuals in all aspects of their lives.
- 9. Responsibility:** People have a personal responsibility for their own self-care and journeys of recovery. Taking steps toward their goals may require great courage. Individuals must strive to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness.
- 10. Hope:** Recovery provides the essential and motivating message of a better future; people can and do overcome the barriers and obstacles that confront them. Hope is internalized, but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process. Mental health recovery not only benefits individuals by focusing on their abilities to live, work, learn, and fully participate in our society, but also enriches the texture of American community life.

**Self-Determination:** Through self-determined arrangements, a person served directs an individual budget, which is a fixed amount of funds derived from their Person-Centered Planning process. The five (5) principles of Self-Determination at the core of all service provision are:

1. **Freedom:** People choose supports and services and enjoy the same civil rights that we all employ.
2. **Authority:** People make decisions about their lives, direct their services, and control who is in their lives, where they live, and with whom they live.
3. **Support:** A circle of support is built around the person, which focuses on relationship development and natural and community resources to assist them to make decisions regarding their lives.
4. **Responsibility:** People learn how to manage life from both a personal and fiscal standpoint. Education, training, and mentoring are key in assisting the person to learn to use public dollars wisely and to become as independent and successful as possible.
5. **Confirmation:** People enjoy full citizenship in their community, have relationships, understand clearly that no decisions are made without the person's consent, involvement, and direction.

**Service Model:** A document describing the delivery of supports, services, and treatments to achieve desired outcomes as well as reporting expectations and funding logic.

**Social Determinants of Health (SDOH):** Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH include access to education, transportation, and healthcare, among other factors.

**Soft Landing:** 'Soft landing' is an OCHN financial philosophy and practice that is demonstrated by the use of reserve funds to help offset revenue reductions. It serves as a 'bridge' for budget reduction and transition planning.

**State Facility Revenue:** In FY16, MDHHS assumed management of state facility payments, so OCHN does not receive monthly revenue payments.

**Supports Coordinator/Case Manager:** A person chosen by the individual served who, through PCP, assists them with the design and implementation of strategies for obtaining services and supports.

**System of Care:** A coordinated network of community-based services and supports that are organized to meet the challenges of children and youth with serious mental health needs and their families. Families and youth work in partnership with public and private organizations to design mental health services and supports that are effective, that build on the strengths of individuals, and that address each person's cultural and linguistic needs. A system of care helps children, youth, and families improve at home, in school, in the community, and throughout life.

**Trauma Informed:** Trauma-informed services acknowledge that lived experiences are the basis for therapeutic decision-making. They promote choice and empowerment for successful treatment. This approach is based on the recognition that many behaviors and responses (often seen as symptoms) expressed by people served are directly related to traumatic experiences that often cause mental health, substance use, and physical health concerns. Incorporating trauma-informed values and services is key to improving services and supporting the healing process.



Oakland Community  
Health Network

Developmental Disabilities • Mental Health • Substance Recovery



## Services Offered

Oakland Community Health Network (OCHN) promotes independence, choice, and community inclusion for adults and children with intellectual/ developmental disabilities, mental health concerns, and substance use disorders.

- Adult Mental Health
- Applied Behavioral Analysis
- Crisis Resources
- Children's Mental Health
- Serious Emotional Disturbances
- Employment & Skill Building
- Housing Resources
- Intellectual / Developmental Disabilities
- Jail Diversion / Criminal Justice
- Peer Support
- Substance Use Disorder
- Veteran's Services

### Keep OCHN in Your Contacts!

1. Scan the QR code with a smartphone
2. Select "Save Contact"
3. Scroll down and tap "Create New Contact"

Access: (248) 464-6363  
Suicide & Crisis Lifeline: 988



Oakland Community Health Network  
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**Inspire Hope, Empower People, & Strengthen Communities**