



Oakland Community
Health Network

Developmental Disabilities • Mental Health • Substance Recovery

***Annual Plan & Budget
Fiscal Year 2026***

Inspire Hope, Empower People, & Strengthen Communities

Table of Contents

Overview: FY26 Annual Plan & Budget	2
Mission, Vision & Values	3
FY26 Strategic Priorities & Goals	4-9
Provider Network	9-10
FY26 Budget	11-12
Glossary of Terms	13-16



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. For immediate assistance, call or text the Suicide & Crisis Lifeline 24/7 at 988.

Overview: Fiscal Year 2026 Annual Plan & Budget

Oakland Community Health Network (OCHN) follows a three (3) year strategic planning cycle. On September 16, 2025, the OCHN Board approved the Fiscal Year (FY) 2026-2028 Strategic Plan, which identifies strategic priorities that will guide the organization's direction over the next three (3) years. These strategic priority areas form the foundation for OCHN's annual plan, which provides a clear operational focus for each fiscal year.

Input from people served, family members, advocates, providers, and community members was obtained through our annual comprehensive needs assessment survey and will continue to be gathered throughout the year. This feedback is a critical component of both the strategic and annual planning processes.

The FY2025-2026 (FY26) Annual Plan marks the first year of the FY26-28 Strategic Plan. Identified goals will be pursued through the development of specific, measurable objectives to be achieved within 12 months. In FY26, OCHN will continue to prioritize increasing behavioral health access and equity for Oakland County residents, including the approximately 30,000 people served through our network annually. OCHN will also maintain and strengthen collaborations with key community stakeholders, including Oakland County courts, law enforcement agencies, local hospitals, the Oakland County Health Division, school districts, and more.

Building on its reputation for being ahead of the curve in healthcare integration and behavioral health service delivery, OCHN will use FY26 to launch new initiatives and advance existing efforts. OCHN's FY26 Plan charts a path forward through four (4) priorities tied to excellence in administration and operations, advocacy, partnerships, and outreach, crisis continuum of care, and comprehensive systems of care.

To better understand the FY26 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.



FY26 Strategic Priorities & Goals

The FY26 Annual Plan activities are derived from the Strategic Priorities identified in the FY26-28 Strategic Plan. The intent of the following priorities, goals, and objectives is to positively impact and significantly enhance the lives of people in Oakland County while continuing to strengthen the service delivery system. These priorities support the mission, vision, and values of OCHN and reflect the organization's guiding principles and practices. While comprehensive, the goals and objectives do not encompass all activities carried out on behalf of the people served. OCHN's general budget funds the outlined objectives, with specific allocations designated for key initiatives.

Strategic Priorities at a Glance

OCHN's four (4) Strategic Priorities set the compass for the annual plan:

Managed Care Administration & Operations

- Ensure sustainable infrastructure, integrate systems and sound financial governance that support a resilient and person-center behavioral health organization.
- Deliver efficient, coordinated, person-centered, and evidence-based behavioral health services that optimize processes, workforce effectiveness, and integrate service delivery networks.

Advocacy, Partnerships & Outreach

- Strengthen state and local partnerships to increase collaborative, community-driven efforts that enhance access to behavioral health services, address emerging needs, and promote overall community well-being.
- Strengthen provider partnerships and promote public behavioral health services through collaborative engagement strategies, while advancing advocacy efforts that mobilize community stakeholders in legislative action.

Comprehensive System of Care

- Improve access to clinically appropriate, person-centered behavioral health services.

Crisis Continuum of Care

- Expand the organization's role and responsibility in managing crisis services to improve access and quality of care.
- Establish a walk-in Behavioral Health Urgent Care to provide same-day or walk-in access to behavioral health services including outpatient assessments, crisis counseling, medication management, care coordination, and bridge services until an individual is connected with appropriate ongoing care.

Priorities Derived from Community Need

The FY26 needs assessment survey gathered input from people served, family members, advocates, providers, direct support professionals, community members, OCHN staff, Board members, and more. The survey asked which services OCHN should prioritize in both the FY26 Annual Plan and the FY26-28 Strategic Plan.

From January to March 2025, 823 people responded to the needs assessment survey, including 374 individuals receiving services. While the overall response count is slightly lower than the prior year, participation from persons served remains strong, up 1% from last FY24, and responses from law enforcement increased by 183% compared to last year. Efforts to increase participation included survey translations, in-person outreach at 16 provider sites, and multiple distribution formats (digital, paper, and community events).

The community's top service priorities for FY26 are mental health treatment (83%), crisis intervention (77%), services for children and families (74%), integrated healthcare (71%), support for caregivers (62%), and substance use disorder treatment (62%). Respondents also reported concerns related to social determinants of health, with the most common being access to medical care or medications (25%), transportation (25%), housing (24%), and food (22%). Satisfaction with behavioral health services remained high among persons served, particularly for veterans' services (95%), integrated/crisis care (94%), and case management and substance use treatment (93%). Respondents also expressed strong appreciation for Direct Support Professionals (DSPs) and community engagement services.

Additionally, findings from Oakland County's Energizing Connections for Healthier Oakland (ECHO) 2024 Strategic Issue Brief highlighted broader community needs and disparities. Nearly half of ECHO respondents identified mental health as a major issue, with even higher concern reported by Black and LGBTQ+ respondents. One in three people who sought mental health or substance use disorder services experienced difficulty accessing services. Transportation continues to be a significant barrier, with over two-thirds of respondents indicating that public transportation in the county is insufficient. Housing affordability remains a critical challenge, with 32% of respondents reporting clean and healthy housing is a big issue.





Geographic disparities persist across Oakland County, particularly in the Health Equity Zones identified in the 2024 ECHO Strategic Issue Brief, which include Hazel Park, Madison Heights, Oak Park, Pontiac, Royal Oak Township, Southfield, Walled Lake, and Wixom. Residents in these areas are more likely to view their communities as less healthy, report difficulty accessing healthy foods, and face greater challenges with housing affordability, transportation, and access to care. Limited public transportation and fewer local behavioral health providers in certain parts of the county, especially rural areas in the northwest quadrant, further compound these barriers.

Together, the FY26 needs assessment and ECHO findings reinforce the urgent need to improve access to behavioral health services, address social determinants of health, and reduce barriers to care across Oakland County. Additional information, including an environmental scan, local trends, Oakland County Census data, etc. can be found in OCHN's FY26-28 Strategic Plan, which is available at OCHN's public website www.oaklandchn.org.

Managed Care Administration and Operations

This priority focuses on strategies that increase efficiency and strengthen administrative and operational services. By investing in the growth, retention, and succession of a diverse network and workforce, OCHN continually raises the bar for operational excellence to empower people, strengthen our communities, and set the standard for individual and population behavioral healthcare. All OCHN's plans and goals are dependent on maintaining a workforce and network that is sufficient to meet the community's needs.

- ***FY26 Goal: Ensure sustainable infrastructure, integrated systems, and sound financial governance that support a resilient and person-center behavioral health organization.***

OCHN will implement several key objectives to support this goal, including establishing operational, administrative, and financial separation between the Prepaid Inpatient Health Plan (PIHP) and Community Mental Health Services Program (CMHSP), maintaining a positive Internal Service Fund (ISF) balance while operating within Medicaid funding, and transitioning remaining delegated functions from the network to internal operations to ensure compliance and service continuity.

- ***FY26 Goal: Deliver efficient, coordinated, person-centered, and evidence-based behavioral health services that optimize processes, workforce effectiveness, and integrate service delivery networks.***

OCHN will implement several key objectives to support this goal, including managing all non-Medicaid funding within approved budgets, increasing recruitment and retention of qualified staff through targeted outreach and inclusive hiring practices, and implementing a CMHSP delivery system with evidence-based treatment protocols, a fully functional claims submission process, and adequate clinical and administrative staffing.



Advocacy, Partnerships, and Outreach

Under the focus areas of Advocacy, Partnerships, and Outreach, our strong, trust-based partnerships power a responsive and inclusive behavioral health system. Through meaningful engagement with community organizations and network providers, we will build a unified network committed to advancing equity, access, and whole-person care for every individual we serve.

- ***FY26 Goal: Strengthen state and local partnerships to increase collaborative, community-driven efforts that enhance access to behavioral health services, address emerging needs, and promote overall community well-being.***

OCHN will implement several key objectives to support this goal, including key behavioral health policy or funding issues for state-level advocacy, hosting community focus groups, distributing educational materials, publishing targeted social media content, and launching a mobile application with behavioral health resources.

- ***FY26 Goal: Strengthen provider partnerships and promote public behavioral health services through collaborative engagement strategies, while advancing advocacy efforts that mobilize community stakeholders in legislative action.***

OCHN will implement several key objectives to support this goal, including re-establishing a county-wide advocacy workgroup, increasing social media engagement, and engaging state and local elected officials or their representatives through coordinated outreach, meetings, and forums.



Comprehensive System of Care

This priority demonstrates OCHN's commitment to establishing and reaching key milestones to ensure optimal whole-health outcomes for individuals receiving services. Person/family-centered planning, care coordination, and data-informed service delivery are the cornerstones of a comprehensive system of care that continually measures outcomes to ensure continuous system improvement.

- ***FY26 Goal: Improve access to clinically appropriate, person-centered behavioral health services.***

OCHN will implement several key objectives to support this goal, beginning with the identification and resolution of top barriers preventing access to behavioral health services through provider and individual served feedback sessions, analysis of service utilization data, and targeted solutions. Using data from The National Committee of quality Assurance (NCQA) population health assessments, Michigan Department of Health and Human Services (MDHHS) needs assessments, and network adequacy reviews, OCHN will identify actionable service capacity gaps and implement strategies to strengthen the provider network. The organization will also expand direct delivery of services in high-need areas with limited provider availability or specialty therapies, aiming to reduce wait times for services such as autism treatment, trauma therapy, and psychiatric care increase capacity as evidenced by increasing the number individuals receiving these services.

Crisis Continuum of Care

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.

- ***FY26 Goal: Expand OCHN's role and responsibility in managing crisis services to improve access and quality of care.***

OCHN will implement several key objectives to support this goal, including developing and initiating a phased implementation plan to assume responsibility for behavioral health crisis services. Bringing crisis services in-house will expand access to crisis services, reduce reliance on intermediaries, and allow OCHN to exercise greater oversight, ultimately improving service quality and responsiveness for individuals in need. This work will be guided by a cross-departmental workgroup with clearly defined roles to ensure collaboration. Current workflows and electronic health record requirements will be documented to inform planned enhancements, and a crisis model of care will be selected to strengthen quality and consistency across services.

- ***FY26 Goal: Establish a walk-in Behavioral Health Urgent Care to provide same-day or walk-in access to behavioral health services including outpatient assessments, crisis counseling, medication management, care coordination, and bridge services until an individual is connected with appropriate ongoing care.***

OCHN will implement several key objectives to support this goal, beginning with securing a physical location for the urgent care center, recruiting and onboarding a full clinical team, and launching operations to provide outpatient assessments, crisis counseling, medication management, care coordination, and bridge services.



Provider Network

OCHN leads a provider service network that assists approximately 30,000 Oakland County residents at more than 400 service sites. The provider network delivers public behavioral health services to individuals with intellectual/developmental disabilities, mental health concerns, and/or substance use disorders, most of whom have Medicaid insurance coverage. OCHN's goal is to ensure these individuals are aware of and have access to the services and supports they need to improve health, enhance quality of life, and fully participate in their communities.



As of the time of this report, OCHN’s provider network includes 197 contracted service providers, ranging from core provider agencies (CPAs) and specialty service providers to certified community behavioral health clinics (CCBHCs), behavioral health home (BHH) providers, and substance use disorder (SUD) prevention and treatment agencies. Through this network, OCHN offers adult and children’s mental health treatment, applied behavioral analysis (ABA), crisis resources, veterans services, jail diversion, skill building, and more.

Crisis services are currently delivered in partnership with Common Ground and New Oakland Family Centers, offering 24/7 telephone support, mobile crisis response, crisis residential programs, and inpatient admission screenings. These services align with promotion of the 988 Suicide and Crisis Lifeline and the Michigan Crisis and Access Line (MiCAL).

OCHN’s SUD network includes 23 prevention and treatment providers, with services ranging from outpatient programs to community-based recovery supports. The Sober Support Unit (SSU) at the Resource and Crisis Center (RCC) offers immediate crisis support for individuals seeking treatment, while the Recovery, Information, Support, and Education (RISE) Center connects individuals with resources to support long-term recovery.

The network also includes over 100 specialized residential and community living supports providers, 11 vocational and skill-building agencies, 19 ABA providers, seven (7) behavioral health home providers, and 14 contracted hospitals for psychiatric care. Partnerships with organizations such as Community Housing Network, Honor Community Health, Oakland County Health Division, Oakland Schools, Oakland University, local law enforcement, etc. enhance OCHN’s ability to address social determinants of health and improve access to care.

In FY26, OCHN will continue to strengthen its network through fee for service contracting and targeted initiatives to expand crisis response capacity, improve network adequacy, and develop integrated service models that promote whole-person care throughout Oakland County. FY26 provider contracts reflect OCHN’s contract obligations to 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.

FY26 Budget

Overview

OCHN leads a provider service network that assists approximately 30,000 Oakland County citizens at more than 400 service sites across the county. People who receive public behavioral health services through OCHN's provider network include those who have an intellectual or developmental disability, mental health challenge, and/or substance use disorder. The majority 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. OCHN also manages a budget funded in part by the Michigan Department of Health Human Services, General Fund, grants, and Oakland County.

OCHN FY26 Annual Budget

OCHN is entering FY26 with an operating revenue that is expected to be \$437,965,911. OCHN's operating revenue is comprised of General Medicaid, Healthy Michigan, Behavioral Health Home (BHH), General Funds, county appropriations, general grants, performance based incentives, and PA2 grant funds. Medicaid revenue accounts for approximately 91% (General Medicaid (79%), Healthy Michigan (11%), and BHH (1%)) of OCHN's total expected revenue.

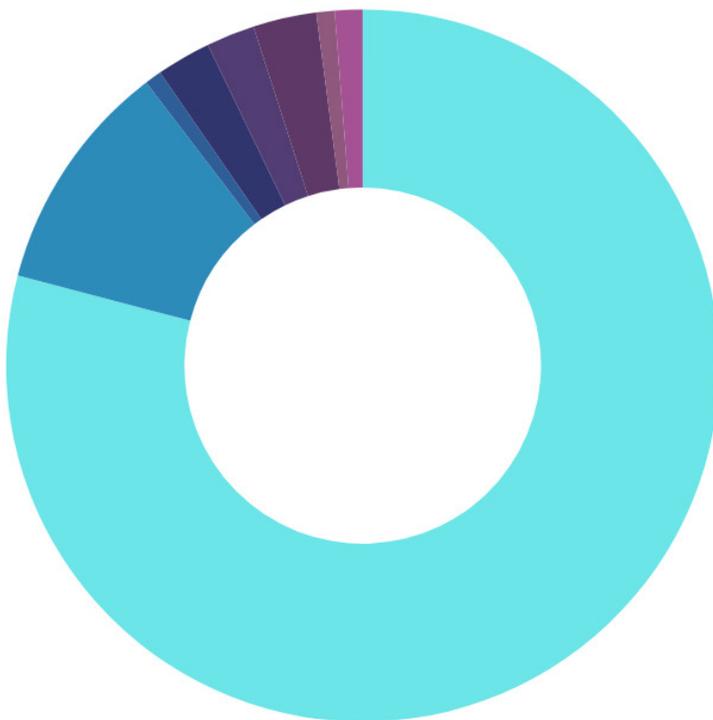
Total operating expenses for FY26 are expected to be \$432,326,704. OCHN's operating expenses are comprised of general administration (salaries, fringes, facilities, etc.), internal services (salaries, fringes, etc.), provider network services (hospital, mental health, SUD, PA2), insurance provider assessment, and grant expenses. The majority of expenses are attributed to mental health services (77%). As revenue is expected to exceed expenses in FY26, OCHN is expecting a net surplus of \$5,639,207.

In addition to operating revenues and expenses, OCHN expects non-operating revenues and expenses to consist of \$212,970 in interest expenses, \$2,108,534 in depreciation, \$1,599,553 in rental revenue, and \$500,000 in investment income. Adjusted with non-operating revenues and expenses, OCHN's net surplus is expected to be \$5,417,356.



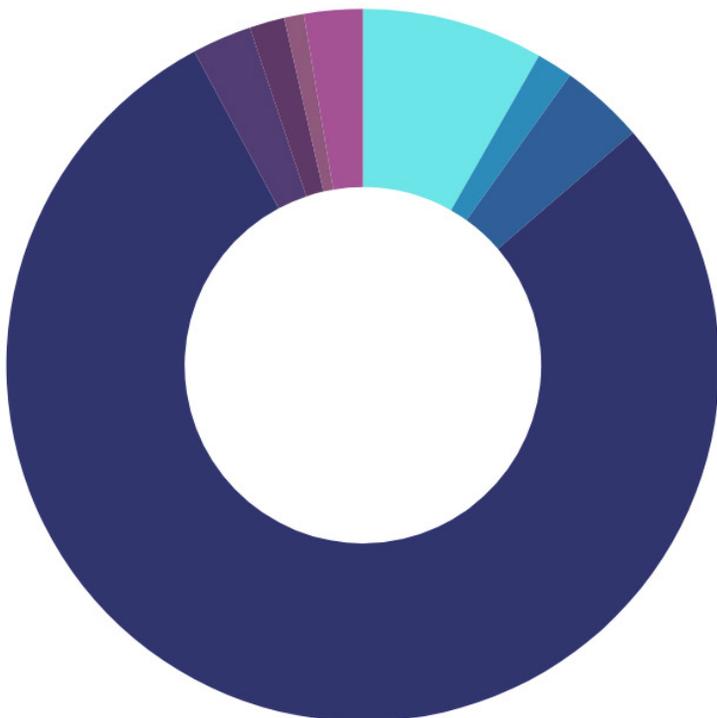
BUDGETED OPERATING REVENUES FY26

- MEDICAID**
\$346,300,603 (79%)
- HEALTHY MICHIGAN**
\$46,181,198 (11%)
- BEHAVIORAL HEALTH HOME**
\$3,344,903 (1%)
- GENERAL FUND**
\$10,809,183 (2%)
- COUNTY APPROPRIATIONS**
\$9,620,616 (2%)
- GRANT REVENUE**
\$12,589,941 (3%)
- PERFORMANCE INCENTIVES**
\$3,618,420 (1%)
- SUD (PA2 GRANT)**
\$5,501,048 (1%)



Total Budgeted Operating Revenue: \$437,965,911

BUDGETED OPERATING EXPENSES FY26



- GENERAL ADMINISTRATION**
\$35,549,823 (8%)
- INTERNAL SERVICES**
\$7,100,361 (2%)
- HOSPITAL SERVICES**
\$16,462,019 (4%)
- MENTAL HEALTH SERVICES**
\$339,321,992 (77%)
- SUD SERVICES**
\$11,677,666 (3%)
- PA2 SERVICE EXPENSE (SUD)**
\$6,863,566 (2%)
- INSURANCE PROVIDER ASSESSMENT**
\$3,873,772 (1%)
- GRANT EXPENSES**
\$11,477,505 (3%)

Provider Network Services

Total Budgeted Operating Expenses: \$432,326,704

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

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.

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.

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.

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.

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.

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.

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.

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.



Oakland Community
Health Network

Developmental Disabilities • Mental Health • Substance Recovery



Services Offered

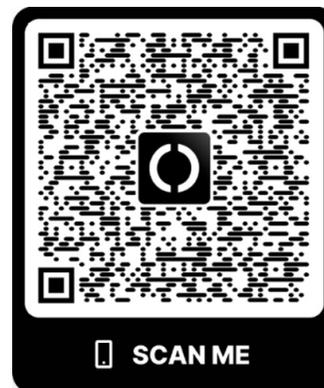
Oakland Community Health Network (OCHN) promotes independence, choice, and community inclusion for adults and children with intellectual/ developmental disabilities, mental health concerns, and substance use disorders.

- 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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