

Oakland Community Health Network



Fiscal Year (FY) 2022
Annual Plan & Budget

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FISCAL YEAR 2022 (FY22) ANNUAL PLAN AND BUDGET PROCESS

Oakland Community Health Network (OCHN) is committed to a consistent strategic planning cycle. Due to extenuating circumstances resulting from the COVID-19 pandemic, the OCHN Board approved a one-year extension of the FY19 - FY21 Strategic Plan, which was originally approved in August 2018. These strategic priority areas serve as the basis for OCHN to develop an annual plan that guides operational focus throughout the year. As always, input from people served, family members, advocates, providers, agency staff, and community organizations is sought throughout the year. The information they share is included in the strategic planning and annual planning process.

The FY22 Annual Plan is the fourth and final year of the extended FY19 – FY22 Strategic Plan. Identified goals are accomplished through the development of specific objectives and are expected to be completed within 12-months. The FY19, 20, and 21 Annual Plans focused on new and emerging initiatives and addressed ongoing needs in the areas of criminal justice, evidence-based practices, employment, healthcare, housing, and transportation. OCHN remains committed to these important life outcomes. The FY22 Annual Plan and Budget reflects OCHN’s continued work to improve access and equity for the Oakland County community, including the approximately 23,000 people who are annually served 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.

As OCHN and the provider network continue to work through the impact of the COVID-19 pandemic, some providers have remained on cost reimbursed contracts due to risks and limitations in capacity to allow the previously implemented service models to provide their intended funding. OCHN is reviewing with the provider network each quarter to determine when funding can return to service models.

OCHN continues to address threats to the public behavioral health system. These attacks continue to threaten the services and lives of those served by OCHN. OCHN remains committed to advocating for the public system while continuing to work on areas for improvement as noted below.

To better understand the FY22 Annual Plan, a Glossary of Terms is located at the end of this document.

MISSION, VISION AND VALUES

Mission

OCHN’s Mission is to “Inspire Hope - Empower People - Strengthen Communities.”

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 intellectual/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.

Core 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 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 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.

PRINCIPLES AND PRACTICES

OCHN believes in the following principles and practices when working with individuals served and their families:

- Individual plan development through Person-Centered/Family-Centered Planning processes;
- Prevention, treatment, and wellness across the life span, from infancy to older adults;
- Recovery-oriented care and recovery support systems that help people with mental health and / or substance use disorders to successfully manage their conditions and lives;
- Self-Determination, which provides greater control over choice of providers, and the use of an individual budget to purchase supports and services identified in the Person-Centered Plan.
- A resilient family perspective that supports keeping families together;
- Trauma-informed systems that are aware of the impact of trauma in people's lives;
- Zero Suicide Initiative, which is a commitment to the prevention of suicide and improvement in care for those who seek help;
- Peer delivered supports and services, where people with similar experiences provide hope and guidance toward Self-Determination and Recovery;
- A Culture of Gentleness, where supports and services build upon the strengths of individuals served;
- Cultural sensitivity and competency that honors diversity, equity, and inclusion and assures equitable access to services for all who are eligible;
- Service provision that advances community participation and belonging;
- Community engagement and collaboration, which involves partnerships and coalitions that mobilize resources and influence systems on behalf of people served; and
- Fiscal responsibility and efficiency, so that people served benefit from the wise use of public funds.

FY22 ANNUAL PLAN AND BUDGET GOALS

FY22 Annual Plan Priorities, Goals, and Objectives

The FY22 Annual Plan activities are derived from the Strategic Priorities identified in the FY19 – FY22 Strategic Plan. The priorities are listed in alphabetical order and do not represent a ranking by importance. 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 enhance 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 that set the compass for the FY22 Annual Plan and Budget include:

- Administration and Operations
 - Complete Compensation Study to Recruit and retain talent
 - Organization Accreditation
- Advocacy, Education, and Empowerment
 - Champion for the support of a publicly funded, public behavioral healthcare system
 - Increase OCHN's community awareness and presence
 - Cultivate relationships with the faith-based community
- Budget and Finance
 - Utilize revenue to stabilize provider network through the pandemic
 - Invest in Direct Care Professionals (DSP) wages and pilot higher wages
 - Invest in clinical staff wages to remain competitive in the market
 - Contribute to Medicaid Internal Services Fund
- Healthcare and Wellness
 - Develop integrated behavioral and physical health urgent care
- Supports and Services
 - Establish Children's Crisis Unit
 - Increase access to services with behavioral health urgent care and additional hours & locations for access
 - Increase Direct Service Professional wages by at least \$1
 - Increase market rates for clinical staff where market analysis demonstrates the need
- **Technology and Innovation**
 - Technologies to Promote Independence
 - Health Information & Data Exchange.
 - Public Transparency and Outcomes Data

Administration and Operations

This priority focuses on business strategies that ensure the effective and efficient management of the strategic priorities and other day-to-day activities. These strategies include operations, staff development, employee engagement, workplace culture, resource investment, policy implementation, data analytics, information technology, communications, and financial management.

- **Audit & Accreditation:** Continue to meet all ongoing requirements to successfully maintain compliance with National Committee for Quality Assurance (NCQA) accreditation standards, and all other external audits conducted by the Michigan Department of Health and Human Services (MDHHS), the Center for Medicare & Medicaid Services (CMS), or other entities.
- **Ongoing Network Stability:** Monitor needs based on pandemic response and adjust operations, contracts, and budget for the provider network, people we serve, and staff as needed.
- **Culture and Employee Engagement:** Cultivate a workplace culture that allows employees to do their best work and grow their own talents, building on their individual strengths, in a supportive environment that fosters a sense of equity, inclusivity, belonging, and pride.
- **Disaster Recover & Business Continuity Planning:** Develop a Disaster Recovery Plan which outlines the course of action OCHN leadership follows in case of emergencies.
- **Meet MDHHS Contract Requirements:** Ensure readiness and full implementation of service delivery, programmatic, and process changes as required by MDHHS contracts.
- **Value-Based Contracting:** Utilize data to continue the evolution of outcomes-based contracting, including completing service models for all networks.
- **Performance-Based Contracting:** Utilize specific and measurable metrics to evaluate provider network performance, including its compliance with contractual requirements to ensure timely access to quality services while enabling OCHN to identify risks or opportunities to further support and respond to a need within the provider network.

Advocacy, Education, and Empowerment

This priority focuses on the education of community members, including families with children, about how, where, and when to access public mental healthcare services. Further, it advances OCHN's brand recognition as the behavioral healthcare lead in Oakland County.

- **Community Education:** Secure ongoing media coverage and cultivate collaborative community partnerships that inform Oakland County residents about how and when to access crisis and non-emergent services from the public behavioral health system.
- **Community Collaboration:** Cultivate collaborative relationships with faith-based organizations through advertisements, co-sponsored events, and workgroup participation.
- **Diversity, Equity, and Inclusion:** Use best practices to implement recommendations from OCHN's organizational assessment and committees on diversity, equity, and inclusion to ensure OCHN and its provider network are accountable to be a safe, equitable, inclusive, and supportive environment for everyone.
- **System Redesign:** Champion for the support of a public behavioral healthcare system and proactively position OCHN to be a leader in any system redesign efforts. OCHN will continue to evaluate internal operations as a managed care entity in alignment with MDHHS' priorities, as well as secure its position as an engaged partner in all system redesign efforts.

- **Training:** Offer quality, cost-effective training and education designed to increase individual, provider, and network productivity and knowledge. Continue to evaluate the needs and effectiveness of training and education using processes with specific, measurable outcomes. Trainings include contractual, required trainings, licensure requirements, Crisis Intervention Team (CIT) training, individual served and peer training, and additional training and education to enrich and enhance the network.

Budget and Finance

This priority changes from year to year based on the system funding and persons served needs. Revenue is expected to be sufficient to cover expenses FY22. In addition, several new initiatives are planned to enhance network stability and service delivery:

- **Utilize Revenue to Stabilize Provider Network through the Pandemic:** OCHN is committed to supporting the network through the pandemic by moving to cost reimbursed contracts and stability payments. As of the end of FY21, all adult service providers have moved back to outcome-based funding models. Other networks, such as kids with Serious Emotional Disabilities (SED), autism, vocational, and residential, remain on cost reimbursed contracts. This action ensures provider stability during the pandemic, as well as addresses the behavioral health system staffing crisis exacerbated by COVID-19.
- **Invest in Direct Care Professionals Wages and Pilot Higher Wages:** OCHN is committing a \$1 Direct Care Professional increase. OCHN is hopeful legislature will make the current \$2.25 increase permanent but intends to move forward with an Oakland specific increase regardless. OCHN is also piloting with the provider network a \$15+ wage pilot to determine the impact on outcomes, staffing, and costs.
- **Invest in Clinical Staff Wages to Remain Competitive in the Market:** OCHN is adjusting rates for master's level staffing as needed in services populations where market rates have driven wages to a level requiring adjustment.
- **Certified Peer Supports Review:** OCHN will conduct a comprehensive analysis of certified peer supports delivered within its provider network, including staffing needs and wage compensation that align with MDHHS priorities and contractual requirements.
- **Contribute to the Medicaid Internal Services Fund:** OCHN has a shared risk contract with MDHHS. In any given year, OCHN is responsible for the first 7.5% of expenses not covered by current year revenue. This shared risk agreement allows OCHN to hold that 7.5% in an internal services fund (ISF). OCHN used \$25 million of its reserves in FY18 and FY19 to support services to people. Reserves are used by OCHN to ensure ongoing services and support for people.

Healthcare and Wellness

This priority reflects OCHN's response to changes in healthcare reform, 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. It supports the 'quadruple aim' of healthcare reform – enhanced patient (member) experience, improve population health, reduce costs, and improve the work life of healthcare providers including employees.

- **Behavioral Health Homes:** Collaborate with MDHHS, the Michigan Health Endowment Fund, and other identified stakeholders to design and implement at least one Behavioral Health Home (BHH) in Oakland County.
- **Certified Community Behavioral Healthcare Clinics:** Collaborate with MDHHS, local Certified Community Behavioral Healthcare Clinics (CCBHC) designated organizations, and other

stakeholders to design and implement the CCBHC demonstration project as defined by the Center for Medicaid and Medicare Services (CMS).

- **Emergency Department and Hospital Visits:** Address the unnecessary use of emergency departments and barriers to inpatient hospital services.
- **Opioid Health Homes:** Collaborate with MDHHS and the Office of Recovery Oriented Systems of Care, OCHN's provider network, and other identified stakeholders to design and implement at least one Opioid Health Home (OHH) in Oakland County to enhance access to care.
- **Integrated Care Coordination:** Collaboration with Medicaid Health Plans to coordinate care between Physical and Behavioral Health, to include Peer Navigators Services and Health care Coordinator co-located at HONOR (Federally Qualified Health Center –FQHC).

Services and Supports

This priority promotes the continuous quality improvement of supports, services, and clinical practices offered by OCHN and the Provider Network. Some have been identified by people served and families as most important for improvements in their lives. Generally, there are four major dimensions that support quality of life – health, home, purpose, and community.

- **Children, Youth, and Families:** Continue to address the support needs of children, youth, and families as they strive to maintain enduring, stable family and community relationships, including school transition planning, crisis intervention services, and mental health awareness.
- **Justice Initiatives:** Improve the well-being and recovery of individuals who are at risk of encountering the criminal and juvenile justice systems by advancing diversion interventions, reducing sentences, supporting reentry after incarceration, reducing recidivism, coordinating with community-based providers and justice partners, providing training, and impacting policy at the local, state, and federal levels.
- **Peer and Therapy Services:** Increase the number of peer and therapy supports by at least 25% for Adults with Mental Illness enrolled in Targeted Case Management and Specialized Residential Services.
- **Person/Family Centered Planning:** Continue to improve Person and Family Centered planning processes and outcomes.
- **Social Determinants of Health:** Address factors that influence the health of individuals, specifically access to safe, stable, affordable housing and transportation.
- **Substance Use Prevention and Treatment:** Implement all goals and objectives for FY22 indicated in the SUD three-year strategic plan. These include substance use disorder prevention; treatment and recovery; opioid use prevention; Medication Assisted Treatment (MAT); trauma informed therapies, recovery housing; health care coordination; and use of recovery coaches in emergency departments.
- **Veterans and Military Family Services:** Conduct various military and cultural competency trainings to present to the OCHN Provider Network, Crisis Intervention Team (CIT), and Statewide Conferences. Strengthen relationships with the faith-based community, as well as implement a female Veteran support group.
- **Suicide Prevention:** Collaboration with local and state workgroups to implement “Zero Suicide” practices such as the Clinical Pathway for Suicide Care. OCHN staff also serve on local and state level suicide prevention task forces.

Technology and Innovation

This priority focuses on the strategic role that data analytics and technology plays to promote independence and advance the health and well-being of people served, including the use of data informed, personalized treatment options, effective coordination across service systems, and the measurement of service outcomes.

- **Technologies to Promote Independence and Wellbeing:** Explore the use of technologies to increase independence, choice, and wellbeing for persons served.
- **Health Information & Data Exchange:** Collaborate with MDHHS, MiHIN, and other pilot PIHPs on the development and implementation of an eConsent Management System that allows substance use disorder data to be shared.
- **Public Transparency and Outcomes Data:** Publish OCHN dashboards and information including, but not limited to service model outcomes, service utilization, reports, and the redesign of a more user-friendly OCHN website.
- **Residential Care Experience:** Improve the residential care experience and service delivery through technology and standardization of forms and processes.

FY22 PROGRAM AND BUDGET PLAN

Fiscal Year October 1, 2021 through September 30, 2022

Budget Narrative

Overview

OCHN is entering its FY22 with revenue expected to exceed expenses based on the rates provided by MDHHS and the eligibility trend is expected to flatten and/or start to decrease for FY22.

Fund Source Background

Medicaid

OCHN's Medicaid revenue is dependent on actuarial rate methodology and the number of persons eligible for Medicaid in Oakland County. OCHN saw significant increases in revenue in FY21 due to the sharp incline in the number of individuals eligible for Medicaid during the pandemic. This led to a surplus of Medicaid revenue in FY21 to begin to replenish the Medicaid Internal Services Fund that was used to support the system in FY18 and FY19.

OCHN continues to prioritize support, services, and treatment for people served as long term efficiencies that promote outcomes are implemented. At the same time, OCHN's Financial Risk Plan calls for the rebuilding of its Medicaid ISF. This fund is needed to address future revenue fluctuations and unforeseen expenditures.

Healthy Michigan Program (HMP)

The HMP began on April 1, 2014, to cover uninsured adults whose annual income is up to 138% of the Federal poverty level. OCHN continues to see an increase in the HMP revenue due to increases in eligibility; and expects a surplus in FY22.

General Fund (GF)

OCHN will receive \$11.7 million in GF for FY21. There was a MDHHS statewide workgroup that made recommendations about redistributing GF across the 46 Community Mental Health Specialty Programs (CMHSP). New logic for distribution was developed, with plans to begin the five-year implementation in FY19. FY22 is the third year OCHN has seen a reduction related to this change in methodology as FY19 CMHs were held harmless.

Substance Use Disorder (SUD)

In addition to Medicaid and Healthy Michigan funding for individuals with SUD, OCHN receives Substance Abuse Prevention and Treatment (SAPT) Block Grant, PA2 funding (Liquor Tax), and State Disability Assistance. The SUD funding is projected to have a surplus due to the PA2 funding received each year. OCHN continues to work to responsibly use all revenue to meet its mission, vision, and values.

Local

Local revenue is from Oakland County to meet OCHN's 10% local match obligations, local share of State Facility expenses, and other community benefits. The amount has remained constant at \$9,620,616.

FY22 Revenues

Medicaid & Healthy Michigan revenue are projected to increase by 4.6% overall based on a sustained increase in eligibility for a total of roughly \$15.2 million in additional Medicaid & Healthy Michigan revenue compared with the FY21 amended budget. These figures do not include the MDHHS hazard pay increases for direct care staff which were implemented in FY20 and extended through the end of FY21.

- General fund revenue is expected to remain consistent with the FY21 budget.
- Grant revenue is expected to decrease by roughly \$1 million with the expiration of several grants.
- SUD Other revenue is projected to increase by roughly \$130,000 due to an expected increase to the Michigan State Opioid Response (SOR) grant.
- The implementation of Behavioral Health Homes brings \$85,000 in additional revenue.
- Tenant revenue is projected to increase by \$300,000 based on actual signed leases if additional leases are added the revenue will be amended.
- The implementation of the Certified Community Behavioral Health Clinics (CCBHC) is expected to be budget neutral, as a portion of Mental Health and SUD State Plan funds will be re-allocated to fund CCBHC.
- The overall change to revenue is a net increase of nearly \$15.2 million.

FY22 Expenses

Administration expense is expected to go up due to additional positions needed to focus on the identified priorities and new initiatives to meet contractual obligations and MDHHS expectations.

Program & Other expenses have been adjusted based on FY21 experience and adjustments planned for FY22 including DSP increase, clinical staff market adjustment, children's crisis unit, integrated urgent care, CCBHC, and other initiatives identified earlier. OCHN has went back to service model

payments for some of the network. We will continue to monitor the remaining services on a quarterly basis in FY22.

Total change in net assets is projected to be a surplus of just under \$XX million.

Use of Reserves and Savings

OCHN does not intend to utilize reserves in FY22.

OCHN FY22 Annual Budget

REVENUES	FY22 Initial Budget
Medicaid	
Medicaid Specialty MC	\$292,577,256
Medicaid Waiver	5,460,230
Healthy Michigan	48,056,375
Covid Premium Pay	19,212,167
Total Medicaid	365,306,027
State	
General Fund	11,755,683
Categorical	10,000
Total State	11,765,683
County Match	9,620,616
Other	
OBRA Reimbursement	742,500
Revenue -Grants	2,502,102
Income from Investments	230,000
Miscellaneous	372,763
Resource and Crisis Ctr.	947,512
SUD Other	12,627,898
BHH Case Rate	661,994
Tenant Income - Administrative Offset	441,032
CCBHC	9,186,662
Total Other	27,712,463
Total Revenues	414,404,790
EXPENSES	
Administration	
System Administration	25,762,217
Total Administration	25,762,217
Program & Other Expenses	
ABA	11,752,582
Core Provider- Adults	124,453,393
Crisis and Acute Care Services	39,225,465
Core Provider Kids	18,524,558
State Facilities	2,561,381
Housing Services	4,604,036
Substance Use	20,505,591
Grants	2,502,102
Purchase of Services - Other	1,168,500
Claims/Use Tax	2,670,224
Local Match Drawdown Expense	1,897,048
Resource & Crisis Center	2,346,338
Board Designated Honor	1,100,000
Vocational/Non-Vocational	19,925,730
Residential/CLS	108,252,543
BHH Case Rate	661,994
CCBHC	9,186,662
Provider Training	1,825,000
Total Program & Other Expenses	373,163,147
Total Expenses	398,925,365
Change In Net Assets From Operations *	\$15,479,425

* Revenues and expenditures in this budget are projected conservatively. Rates from MDHHS are preliminary at this time.

FY22 Annual Revenue by Funding Source Summary

OCHN

FY22 Initial Budget Revised 9.3.2021

MEDICAID	Specialty Medicaid - Substance			Healthy Michigan - Substance			Children's Waiver	SED Waiver	TOTAL
	Mental Health	Use Disorder	Autism	Mental Health	Use Disorder				
Budgeted Revenue	\$294,121,583	4,659,765	12,152,220	38,206,184	10,725,252	4,801,930	1,148,086	365,815,020	
Budgeted Expenditures	283,547,924	3,812,985	14,208,603	34,634,166	9,101,920	7,374,197	1,805,914	354,485,708	
Surplus/ (Deficit)	10,573,658	846,780	(2,056,382)	3,572,018	1,623,332	(2,572,267)	(657,828)	11,329,311	

OTHER MENTAL HEALTH	General Fund	Local	Grants	Non -MDHHS	BHH	CCBHC	TOTAL
Budgeted Revenue	11,777,723	11,040,891	3,244,602	-	661,994	9,186,662	35,911,872
Budgeted Expenditures	14,264,552	5,379,109	3,242,102	1,100,000	661,994	9,186,662	35,781,649
Local 10% Match on State Funds	(750,000)	750,000					
Net Expenditures	13,514,552	6,129,109					
Surplus/ (Deficit)	(1,736,829)	4,911,782	2,500	(1,100,000)	-	-	130,223
Disposition of Deficit							
from excess GF			-	-			-
from excess local	1,736,829	-	(2,500)	1,100,000			-
Net Surplus/ (Deficit)	-	2,077,453	-	-	-	-	2,077,453

OTHER SUBSTANCE USE DISORDER	SUD Covid-19				TOTAL
	PA2	Block Grant	SOR Grant	Supplement Grant	
Budgeted Revenue	4,901,379	4,604,657	3,171,862	1,931,683	14,609,581
Budgeted Expenditures	1,113,713	6,319,662	3,171,862	1,931,683	12,536,920
Surplus/ (Deficit)	3,787,666	(1,715,005)	-	-	2,072,661

TOTAL BUDGET	TOTAL
Budgeted Revenue	416,336,473
Budgeted Expenditures	400,857,048
Surplus/ (Deficit)	\$15,479,425

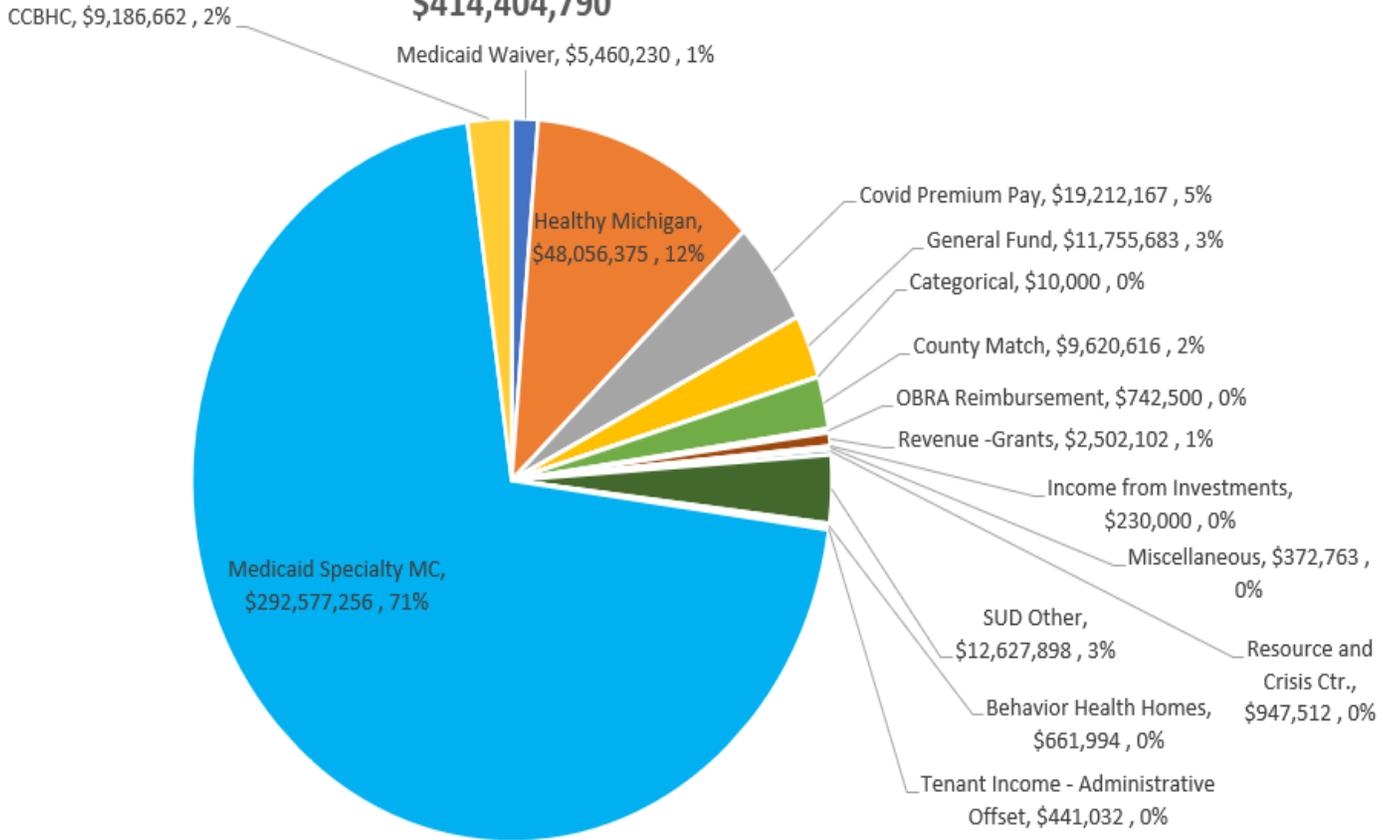
* Revenues and expenditures in this budget are projected conservatively.
 Historical data was used for expense projections related to services and funding models.

OCHN FY22 Total Revenue \$414,404,790

<i>REVENUES</i>	<i>OCHN FY22 Total Revenue</i>
Medicaid Waiver	\$5,460,230
Healthy Michigan	\$48,056,375
Covid Premium Pay	\$19,212,167
General Fund	\$11,755,683
Categorical	\$10,000
<i>County Match</i>	\$9,620,616
OBRA Reimbursement	\$742,500
Revenue -Grants	\$2,502,102
Income from Investments	\$230,000
Miscellaneous	\$372,763
Resource and Crisis Ctr.	\$947,512
SUD Other	\$12,627,898
Behavior Health Homes	\$661,994
Tenant Income - Administrative Offset	\$441,032
Medicaid Specialty MC	\$292,577,256
CCBHC	\$9,186,662
	\$ 414,404,790

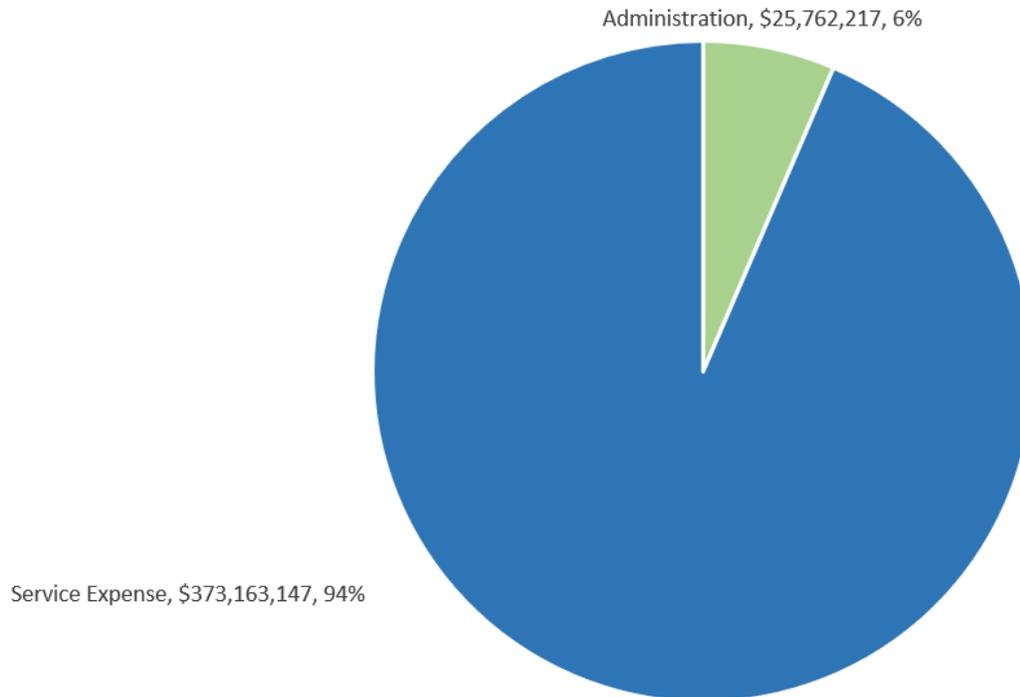
*Revenues and expenditures in this budget are projected conservatively. Rates from MDHHS are preliminary at this time.

OCHN FY22 Total Revenue
\$414,404,790



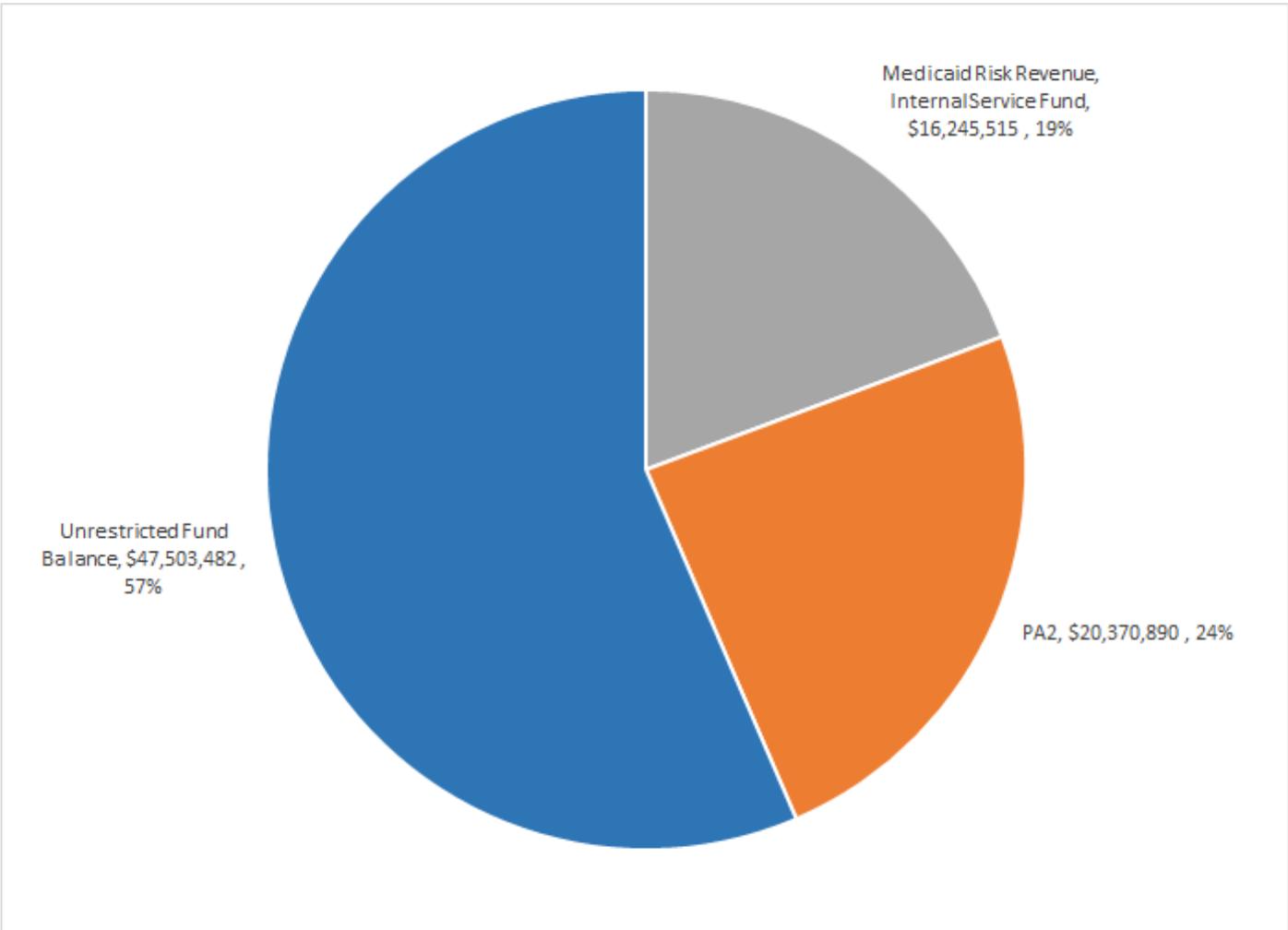
OCHN FY22 Total Expenses

<i>Expense</i>	<i>OCHN FY22 Total Expense</i>
Administration	\$25,762,217
Service Expense	\$373,163,147
Total	\$398,925,365



Reserve Funds as of October 1, 2021

Reserve Funds As of October 1, 2021	OCHN FY22 Reserve funds
Medicaid Risk Revenue, Internal Service Fund	\$16,245,515
PA2	\$20,370,890
Unrestricted Fund Balance	\$47,503,482
Total	\$84,119,887



FY22 Provider Network

OCHN’s entire provider network consists of 188 contracted service providers, with more than 325 service sites. 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). In FY22, OCHN intends to conduct competitive bids for the following services: SED, Transportation, Training, Respite, and SUD Residential Treatment. Throughout FY22, OCHN will continue evaluating provider capacity to address and respond to service demand and choice.

OCHN Provider Network Overview
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 net-cost, service model, performance-based contracts.

- Two (2) Core Provider Agencies provide supports and services to children and youth with Serious Emotional Disturbances and their families: Easterseals Michigan (ESM) and Oakland Family Services (OFS).
- Three (3) Core Provider Agencies support Adults with Mental Illness: CNS Healthcare (CNSH), Easterseals Michigan (ESM), and Training and Treatment Innovations (TTI).
- Two (2) Core Provider Agencies are available to Children and Adults with Intellectual / Developmental Disabilities: Community Living Services – Oakland County (CLS-OC) and Macomb Oakland Regional Center (MORC).

Crisis Services

OCHN contracts with Common Ground to provide 24-hour crisis services to all populations throughout Oakland County, including the Crisis Telephone Line, crisis intervention and inpatient admission emergency screening, and crisis residential services. Both Common Ground and New Oakland Family Centers provide mobile crisis team services. At the end of FY21, OCHN released an RFP for Children's Crisis Stabilization services that will be awarded in FY22 that will expand access children's crisis services.

Substance Use Disorder (SUD)

OCHN directly contracts with SUD prevention and treatment providers who are reimbursed via fee for service contracts.

- SUD prevention needs are met through:
 - Eight (8) prevention providers
 - Twenty-one (21) local substance use prevention community coalitions six Shatter the Stigma support groups exist under the Alliance of Coalition for Healthy Communities (ACHC) umbrella organization.
- Access to SUD treatment is made available through:
 - Thirteen (13) providers at thirty-nine (39) sites.
 - The Sober Support Unit 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 Personalized Nursing Lighthouse (contracted substance use treatment provider) which provides resource information and assistance to people who need services.
- Fourteen (14) vocational and skill building providers.
- More than one hundred (100) Specialized Residential and Community Living Supports (CLS) providers.
- Thirteen (13) providers for Applied Behavioral Analysis (ABA) services.
- Seven (7) Behavioral Health Home providers.

- Two (2) Certified Community Behavioral Healthcare Clinics (CCBHC) As part of a demonstration project with MDHHS, in FY21 OCHN added two CPAs (identified by MDHHS), CNSH and ESM to include providers of Certified Community Behavioral Healthcare Clinics (CCBHC). OCHN expects to contract directly with the CCBHC providers for FY22 as the demonstration continues.

Additional Network Partnerships

Other specialized providers who support the entire Network include: Arab American Chaldean 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.

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 DWIHN and MCCMH on DEI initiatives.

FY22 PROVIDER AGENCY CONTRACTS

The FY22 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 FY22, to include outcomes, measures, performance levels, incentives, and performance evaluations. Due to the pandemic, which creates an unpredictable model of services for many providers, OCHN includes language in provider contracts allowing for a shift between cost-reimbursed and performance-based contracts. This is to ensure an ongoing viable and stable provider network.

FY22 Grants

OCHN continues to pursue and secure grant opportunities to supplement accesses to services, including 10 grants totaling \$4.5 million.

The following grants are approved by the MDHHS:

- **Children’s Intensive Crisis Stabilization Services Expansion:** Provides Intensive Crisis Stabilization Services (ICSS)
- **Clubhouse:** Supports persons who were transitioned out of services due to General Fund reduction and the Medicaid spend-downs.
- **Renewal of Drop-in Center:** Provides funding to advance health and wellness initiatives.
- **Renewal of Hispanic Behavioral Health Services:** Provides supports for the Latinx community.

- **Renewal of Adult Mental Health Block:** Advance integrated healthcare initiatives for individuals served by OCHN and its provider network, as well as uninsured and underinsured adults with mental illness and/or co-occurring substance use disorders.
- **Infant and Early Childhood Mental Health Consultation:** Funds one Full Time Employee (FTE) and is part of the larger Great Start Collaborative initiative to ensure that daycare providers have the necessary tools and assistance to support preschool aged youth.
- **Veteran Navigator:** Funds one FTE at OCHN to create a system that ensures veterans, military members, and their families receive comprehensive behavioral health services including access to other community resources to address their identified needs.
- **Mental Health Juvenile Justice Screening Project:** Funds one FTE at OCHN who is embedded within the juvenile justice system to connect youth to behavioral health and substance use services. OCHN will continue its focus on expanding partnerships in the community to provide the project services to a broader population and at earlier intercepts. An additional focus will be placed on strengthening the relationships with school districts by making screening and referral services available through various means suited to families' needs, as schools continue to navigate the pandemic.
- **Michigan State Opioid Response:** Delivers the following services to further address the opiate epidemic:
 1. Jail Medication Assisted Treatment
 2. Funds to provide incentives for GRPA data
 3. Overdose Education and Naloxone Distribution for the region
 4. Youth/Family Oriented Evidence-Based Programming - Guiding Good Choices and Prime for Life
 5. Individualized Placement and Support – Includes 2 FTE Specialists
- **Federal Non-MDHHS Enhanced Mobility of Seniors and Individuals with Disabilities:** Funds one FTE Transportation Coordinator to gather and analyze transportation data in order to streamline transportation services and reduce costs.

FY22 Glossary of Terms

Behavioral Health Home: Behavioral Health Homes (BHH) provide a comprehensive care management and coordination services to Medicaid beneficiaries with a serious mental illness or serious emotional disturbance.

Carry Forward: OCHN is permitted under the Mental Health Code and its General Fund (GF) contract with the State to carry forward up to 5% of the unspent GF from one year into the next fiscal year. The funds must be used in the subsequent year. The GF revenue is deferred to the next fiscal year to be spent by OCHN. For budget purposes, OCHN recognizes 1/12th of the total deferred per month.

Categorical Revenue: Categorical funding is established by MDHHS for targeted areas of spending.

The funds can only be used for MDHHS specific purposes; unspent funds are lapsed back to MDHHS. At this time, it includes services for multicultural programs. The amounts are established by the State annually. This is received monthly, along with the GF.

Certified Community Behavioral Healthcare Clinic: 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: 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.

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.

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.

Culture of Gentleness: Establishing respectful, nurturing, and safe environments is central to a “Culture of Gentleness.” The goal is to validate each individual’s humanity, while ensuring an environment where the person is supported to build relationships and improve their quality of life. Calmness, personal care, tenderness, and compassion to those served are shown by the actions, words, eyes, and tone of those who support them.

Dashboard: A dashboard is a visual display on a computer screen of the most important information needed to achieve the objectives of an organization, such as financial costs and graphs related to services delivered and Quality of Life outcomes and measures. It aids staff and organizations to evaluate and improve service delivery and the administrative processes that support the service delivery system.

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.

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 340B Drug Pricing Program; Access to National Health Service Corps; Access to the Vaccine for Children program; and Eligibility for various other federal grants and programs.

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 various 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 who are 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.

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 makes it possible to compare the performance of health plans 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. The purpose of these new regulations is to ensure that individuals receive Medicaid HCBS in settings that are integrated and 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: 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 provider's 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 the use of shared records across systems, joint planning on behalf of the person served, and provider consistency.

Internal Service Fund: 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 as a risk reserve.

Medicaid Children's Waiver Revenue: Fee for service revenue for children with Developmental Disabilities (DD) who are 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 that is 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 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 program. The children are referred by the MDHHS 'Department of Human Services' (DHS) 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.

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; and
- 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.

myStrength: myStrength (The health club for your mind™) offers web and mobile self-help resources, empowering people to be active participants in their journey to becoming – *and staying* – mentally and physically healthy.

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.

Opioid Health Home: An Opioid Health Home (OHH) provides comprehensive care management and coordination services to Medicaid beneficiaries with opioid use disorder.

Performance Based / Pay for Performance Contracting: Performance Based Contracting is a results-oriented contracting method that focuses on the outputs, quality, or outcomes that may tie at least a portion of a contractor's payment, contract extensions, or contract renewals to the achievement of specific, measurable performance standards and requirements. These contracts may include both monetary and non-monetary incentives and disincentives.

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,

and society play crucial roles in creating and maintaining meaningful opportunities for individuals 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.

Recovery Oriented System of Care (ROSC): ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug concerns.

Resiliency: An inner capacity that when nurtured, facilitated, and supported by others, empowers individuals and families to successfully meet life's challenges with a sense of self-determination, mastery, and hope.

Self-Determination: Through self-determined arrangements, a person served directs an individual budget, which is a fixed amount of funds that is 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: The conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. The social determinants of health are mostly responsible for health inequities.

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.

Temporary Assistance to Needy Families (TANF): This Medicaid 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, net worth, etc. They are primarily low-income families with children who are on family assistance programs with the MDHHS 'Department of Human Services' (DHS). OCHN is paid an amount each month that is computed through a rate, age/gender/geographic region, matrix calculated each year by the State actuary. The matrix is approved by the Centers for Medicare and Medicaid (CMS) as part of the Waiver approval.

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.

Value-Based Contracting: Value-based contracting involves payment or reimbursement based on indicators of value, such as health outcomes, efficiency, and quality. Value is generally understood to be defined as the result of quality divided by cost, or the health outcomes achieved per dollar spent.