



## Understanding Specialty Public Mental Health Services Assistance Not Offered by Private Medicaid Health Plans

### Case Management

**Description:** Case managers coordinate community-based services for individuals, customizing their public mental health care based on a Person Centered Plan and medical necessity. In addition to traditional mental health services, case managers may also assist people with primary health care, housing, transportation, employment, social relationships, and community participation.

**Community Value:** Case management seeks to reduce hospitalizations and support an individual's recovery through a holistic approach that considers each person's overall mental health and physical needs.

### Community Living Supports (CLS)

**Description:** CLS hours assist individuals in learning how to become as independent as possible with activities of daily living.

**Community Value:** The more independent a person becomes at a young age, the fewer resources they will use throughout the rest of their life.

### Criminal Justice Services

**Description:** Valuable public mental health services ensure that jails do not replace institutions of the past as an acceptable option for non-violent offenders with a mental illness. One example is the Pre-booking Jail Diversion Program which offers community treatment instead of criminal charges for a non-violent misdemeanor.

**Community Value:** When alternatives to incarceration are made available to people, repeat experiences in the criminal justice system are avoided and paths to recovery are created, aligning with many State and Federal initiatives. The cost of these important community-based services is significantly less than funding required for individuals sentenced to local jails.

### Employment Supports

**Description:** Adults with behavioral health disorders, intellectual/developmental disabilities, and substance use disorders prepare for, locate, and retain meaningful jobs. These goals are attained through robust employment supports that promote job readiness, interests, and skills.



**Community Value:** Across the country, employers are realizing the value that people with disabilities bring to the workforce when given the opportunity and appropriate support services. The outcomes include lower utilization of services and a positive impact on the economy as these individuals support local businesses with their income.

## Housing

**Description:** For people with disabilities, there are often barriers and challenges to obtain the goal of home ownership or long-term, safe housing. Public mental health housing services assist them in achieving their aspirations of independent living.

**Community Value:** The creation of stable and safe, long-term housing for people with disabilities is one solution that addresses the homelessness crisis in Michigan and throughout the country. Additionally, fair and reasonable community-based housing produces better health and recovery outcomes for people than institutional settings.

## Peer Mentor/Peer Supports

**Description:** Peer public mental health services are delivered by individuals with an intellectual/developmental disability and/or in recovery from a mental illness or substance use disorder. Their life experiences provide expertise that professional training alone cannot replicate.

**Community Value:** Individuals who receive peer-based services benefit greatly from the role model and partnership of a peer, as they strive to achieve personal goals, including increased community participation, independence, and productivity.

## Respite

**Description:** Mental health respite services provide intermittent relief for family caregivers from meeting the daily, needs of their loved one.

**Community Value:** Respite is a valuable resource that enables dedicated family caregivers to maintain their own health and prevent weariness that may lead to home placement requests at a much greater emotional or financial expense.



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## Community Inclusion

### • Program Initiative: Alliance for Housing

**Community Value:** The Alliance for Housing is a nonprofit organization committed to end homelessness in Oakland County. It serves as the continuum of care for Oakland County in which funding for homeless grants and services will start to pass through. This is a community collaboration of both public and private members including: schools, hospitals, sheriff's department, homeless shelters, and the health department.

### • Program Initiative: Community Housing Network

**Community Value:** CHN is a nonprofit organization established by OCHN in 2001 as a housing resource center. The agency offers an array of services and programs that work together to provide a comprehensive approach to working with those in a housing crisis or at risk of homelessness. Community programs include the Housing Resource Center, housing counseling, Getting My Own Address (GMOA), future housing planning, community outreach and street outreach (PATH), and Shelter Plus Care designed to house and provide supportive services in the home for those vulnerable individuals.

### • Program Initiative: Individual Placement & Supported Employment

**Community Value:** Individual Placement and Supported Employment (IPS) is an evidenced based model that helps people who have been diagnosed with a serious mental illness find work. IPS Supported Employment distinguishes itself from standard supported employment by using specific fidelity measures to achieve high employment outcomes. This model helps people gain employment in community based, integrated employment settings that pay minimum wage or above.

### • Program Initiative: Freedom Road Transportation

**Community Value:** OCHN helped establish Freedom Road Transportation (FRT) to fill the public transportation gap for the underserved; giving individuals the freedom to avoid social isolation, attain employment, access medical services, shopping and other activities. FRT supplies resource information about available transportation, identifies people who are homebound or living in isolation; and provide monetary incentives for volunteer drivers to assist eligible persons in receiving needed transportation when they do not have any other form of transportation available or are unable to use other forms of transportation.



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## Crisis Intervention/Service Access

### **Program Initiative: Recovery, Information, Support, and Education (RISE) Center**

**Community Value:** The R.I.S.E. Center provides adjunct services needed to further promote recovery and is centralized in one location; making services more accessible. The center, which is open to the entire community, provide services that aid people with sustaining recovery and offering early intervention for those at risk of relapse. Assistance available at R.I.S.E. includes connecting people to resources for: dental, education, employment, housing, legal support, mental health services, and transportation. Services are provided by a credentialed case manager and certified recovery coach.

- **Program Initiative: Resource & Crisis Center/Access**

**Community Value:** The Resource & Crisis Center, addresses the community need for increased public resources for individuals who have an intellectual/developmental disability, mental illness, substance use disorder, and children with serious emotional disturbance. Services offered include : Oakland Assessment and Crisis Intervention Services (OACIS), Oakland Crisis Intervention and Recovery (OCIRT), 24-Hour Crisis and Resource Helpline (800-231-1127), RISE center, and the Sober Support unit. Also, located at the RCC, the OCHN Access team is responsible for non-emergent access to public mental health services, including substance use treatment and prevention services (248-464-6363). OCHN has partnered with New Oakland Family Centers to establish the Oakland County Youth Mobile Crisis Team. The Youth Mobile Crisis Services are available to help teens, young adults, and children who are experiencing a mental health crisis. To access services, call 877.800.1650.

- **Program Initiative: Hospital Liaison Position**

**Community Value:** The Community Hospital Liaison identifies improvements needed for persons seeking/requiring acute psychiatric care. This full-time position focuses on improving the process and flow from community Emergency Departments to either our crisis services (Common Ground), or to inpatient care. The hospital contracts for inpatient psychiatric care are held directly with OCHN. The liaison works to establish a relationship with our contracted hospital partners and provides contract management.



- **Program Initiative: Youth Mobile Crisis Team**

**Community Value:** The Youth Mobile Crisis Team is funded by OCHN with services provided by New Oakland Family Centers. The service is available for children, youth, and young adults in crisis. The team travels throughout Oakland County to meet youth at their home, park, or other public gatherings. The unit is for youth 0 - 21 who need help dealing with a crisis like social isolation, loss of coping skills, suicidal thoughts, self-harm or aggression, and property destruction.

- **Program Initiative: Suicide Prevention**

**Community Value:** In 2014, OCHN was awarded a grant of \$200,000 annually for five years to support suicide prevention efforts throughout the county. Although the grant funding has ended, OCHN continues to partner with the Oakland County Health Division to address suicide prevention & continues to provide training, community awareness events, and resource tools for the community.

- **Program Initiative: Youth and Family Care Connection (YFCC)**

**Community Value:** The YFCC is an innovative behavioral health service program designed to meet the mental health needs of youth 17 and younger. Services include triage for a behavioral health crisis, resources, and care coordination. Youth can receive services on the unit for up to 72 hours as determined by a mental health screening and based on capacity. OCHN contracted with New Oakland Family Centers (NOFC) to manage and operate the YFCC, providing comprehensive, evidence-based behavioral health support for youth and families in Oakland County.





## Healthcare Integration

- **Program Initiative: OCHN Community Behavioral Health Clinicians – Southfield and Pontiac**

**Community Value:** OCHN has partnered with Honor Community Health (Pontiac) and the Oakland County Health Department (Southfield) to offer access to OCHN Behavioral Health Clinicians (BHC) for individuals who attend their walk-in clinics for physical health needs that may benefit from and are seeking mental health services. BHC's help individuals by completing Access screenings for mental health and SUD services, linking individuals with community resources and providing brief talk therapy as needed. OCHN is committed to the success of these positions and looks forward to these new collaborative positions with Honor Community Health and the Oakland County Health Department.

- **Program Initiative: Honor Community Health**

**Community Value:** Honor Community Health is a nonprofit, 501(c)(3) community health center established by OCHN in 2012. The Federally Qualified Healthcare Center (FQHC) offers complete, coordinated, high quality primary, mental and dental health care throughout Oakland County. Services are open to all, regardless of insurance or residence. Last year alone more than 22,000 people received services from Honor Community Health. Additionally, OCHN recently finalized a contract with Honor Community Health to provide psychiatric services for individuals who are exiting the OCHN public system or who may not be found eligible for services. OCHN also funded a full-time healthcare coordinator who is embedded in the Honor Community Health clinics to support uninsured and underinsured individuals who cannot be served by the public system. Since 2012, OCHN has committed \$8.4 million to Honor Community Health success, and is presenting a request to its Board to proposal for an additional \$900,000 in 2017.

- **Program Initiative: Healthcare Coordination - \$350,000 (grant funded / local dollars)**

**Community Value:** This initiative is the result of several smaller initiatives that blend together to coordinate all healthcare needs and services of the individuals served by OCHN. This is accomplished using data analysis to determine the most common chronic healthcare conditions experienced by individuals in the public system, ensure that each individual has access to and sees a primary healthcare provider, and by identifying and problem solving any barriers that are experienced. In addition, software is used to provide real time notifications of medical hospitalizations to providers and formal agreements with the Medicaid Health Plans assure that individuals receive all their entitlements while reducing duplicative services.

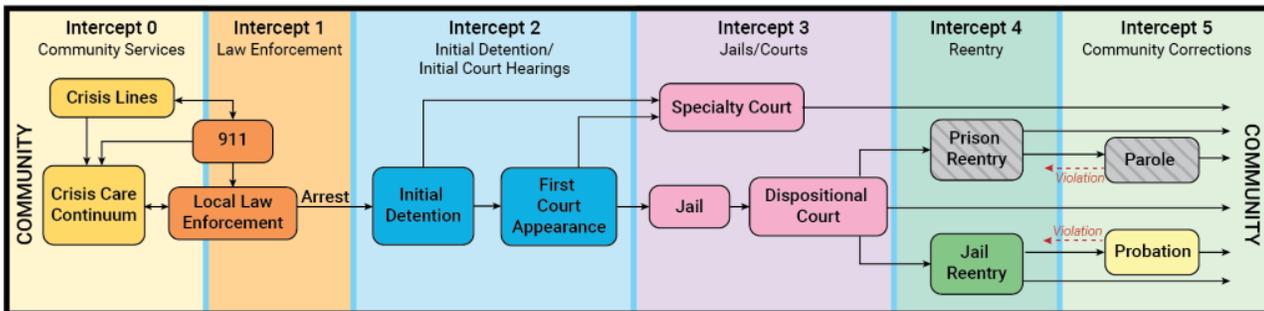


# OAKLAND COMMUNITY HEALTH NETWORK

## JUSTICE SYSTEM

### Justice System

OCHN offers a wide variety of preventive and intervention services and supports that address the needs of people prior, during, and after an encounter with law enforcement, courts, or jail. OCHN employs the **Sequential Intercept Model** to identify opportunities to implement strategies to divert individuals with mental health and substance use disorders. OCHN is consistently working to fill the gaps through collaborative agreements with community partners to build sustainable efforts. The **Sequential Intercept Model** was developed by the SAMHSA GAINS Center to formalize intercept points along the criminal justice continuum.



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### INTERCEPT 0: COMMUNITY SERVICES

**Co-Responder Initiative:** In partnership with law enforcement, OCHN Clinicians co-respond with local law enforcement to calls that are identified as requiring mental health/substance use related support. The Clinician offers crisis intervention to de-escalate and/or stabilize children / adults to prevent further justice involvement, when possible. In addition, individuals are provided with service coordination, and referral/linkage to resources, including mental health and/or substance use services.

Current Law Enforcement partners with embedded Co-Responder Clinicians include the following agencies:

- Auburn Hills
- Birmingham
- Bloomfield Township
- Ferndale
- Hazel Park
- Madison Heights
- Oakland County Sheriff's Office - Pontiac
- Rochester
- Royal Oak
- Troy
- Waterford

Since August 2021, 4,578 referrals (10/10/2024) were sent to the Co-responder clinicians from partnering law enforcement agencies.

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**Behavioral Threat Assessment and Management (BTAM)** is a fact-based, systematic process designed to identify, assess, and manage potentially dangerous or violent situations. The primary goal of BTAM is to evaluate the difference between making a threat and posing a threat to a community. Research and best practice guidelines indicate that a collaborative, multidisciplinary approach to behavioral threat assessment and management can identify effective interventions and supports, build a management plan that mitigates a potential threat and supports the safety of the entire community, while also helping the person(s) toward a more positive pathway (NASP, 2021).

The Community Behavioral Threat Assessment & Management Program hopes to prevent targeted acts of violence in the community through the implementation and management of intervention strategies. The Community BTAM will:

- Identify and assess concerning behaviors,
- Implement and manage intervention strategies, and
- Prevent targeted acts of violence in our community.

### INTERCEPT 1: LAW ENFORCEMENT

**Pre-Booking Diversion:** Pre-Booking Diversion services offer persons diagnosed with a developmental disability, mental illness, or substance use disorder the opportunity to receive treatment within the community instead being charged with a criminal offense for a non-violent misdemeanor. Diversion is accomplished through a comprehensive, county-wide partnership between law enforcement, the public mental health system, advocates, and other stakeholders.

**Crisis Intervention Team (CIT) Training:** CIT is a nationally recognized community program that establishes a partnership between law enforcement and mental health professionals. It is strategically designed to promote positive outcomes during crisis situations that require police assistance. Officers receive 40 hours of comprehensive mental health training, which includes information about mental illness and developmental disabilities, opportunities to speak with advocates, individuals with mental illness and their families, and participation in role-playing scenarios.

Since 2015, 1,203 (10/1/24) law enforcement officers in Oakland County have received training, including additional training to hone skills in interacting with youth (CIT-Youth) and in corrections. More information on CIT can be found at [www.oaklandchn.org/CIT](http://www.oaklandchn.org/CIT).

### INTERCEPT 2: INITIAL DETENTION AND INITIAL COURT HEARING

**Prosecutor's Office – Pre-Sentencing Alternative:** Mental Health and / or Substance Use resources are provided through an on-site Liaison by screening, linking, and referring youth / adults to service providers, while advocating for and assisting with potential diversion from formal adjudication and into appropriate intervention, whenever possible.



### INTERCEPT 3: JAILS AND COURTS

**Treatment Courts:** In partnership with select Oakland County courts, embedded OCHN Liaison's support the courts' goals to give individuals an opportunity to seek treatment, utilize services and resources, while reducing the likelihood of returning to the criminal justice system. The OCHN Liaisons work in tandem with the courts to provide assessment services, connect to treatment providers, community resources, and to assist individuals in improving quality of life.

Current partners with embedded Liaisons include:

- 45<sup>th</sup> District Court – Behavioral Health and Wellness Court
- 52nd District Court – Mental Health Court
- 6<sup>th</sup> Circuit Court – Adult Treatment Court

**Assisted Outpatient Treatment:** Assisted Outpatient Treatment (AOT) in Michigan refers to a legal mechanism that provides court-ordered mental health treatment for individuals with severe mental illness, whose non-engagement in treatment places them at risk for negative outcomes.

The goal of AOT is to support individuals in managing their mental health conditions effectively in the community, reducing the need for more intensive interventions like hospitalization, and improving overall quality of life. The OCHN AOT Team provides support by:

- Assisting with obtaining or renewing an AOT Order
- Connecting individuals to the right treatment provider after being placed on an AOT Order
- Overseeing all AOT Orders in Oakland County
- Providing case management for individuals who meet certain criteria
- Providing education and support to the community and treatment providers

**Jail - Based Services:** OCHN and the Oakland County Jail have partnered to provide crucial mental health and substance use services for individuals who are incarcerated.

- **Mental Health Services:** Early screening and identification, psychiatric services funded through OCHN, Medication, Care Coordination and Re-Entry planning are services provided by an embedded multi-disciplinary team.
- **Medication Assisted Treatment (MAT):** Recognizing that medication is an adjunct to treatment to aid in a person's recovery while incarcerated, the MAT program combines individualized treatment planning, recovery coaches, and therapeutic services to address a person's opiate use disorder and the high rate of overdose upon release from incarceration.
- **Jail Alliance with Support (JAWS):** A post-booking Jail Diversion program that encourages individuals to engage in mental health treatment and Moral Resonation Therapy groups, funded through OCHN and implemented by a contracted mental health provider.

### INTERCEPT 4: RE-ENTRY

To assist individuals with their transition from the Oakland County Jail into the community, OCHN addresses person's needs on an individual basis through a team of embedded Liaisons. For assistance, email [reentrysupport@oaklandchn.org](mailto:reentrysupport@oaklandchn.org)

**Rapid Engagement and Access to Community Health (REACH):** Prior to a person's discharge from the Oakland County Jail, the REACH Coordinator screens individuals for community - based OCHN mental health services, offers support and care coordination, while connecting them to a service provider. The REACH Coordinator remains in contact with the individual until the first appointment with a provider and assists with removing potential barriers, such as transportation, unstable housing/homelessness.

**Discharge Planning:** The Criminal Justice Resource Coordinator offers individual and group discharge planning with a focus on follow-up appointments / linkage to community - based mental health services and resources, including housing, transportation, and shelter. Communication and information sharing with OCHN Providers allows for coordination of on-going services and access to prescriptions at the time of jail discharge.

Since October 2020, over 1,680 individuals (10/10/2024) have been assisted through discharge planning.

### INTERCEPT 5: COMMUNITY CORRECTIONS

**Probation and Mental Health System Navigation:** A Liaison provides case consultation, troubleshooting, and direct assistance to individuals on probation or parole through the Oakland County Michigan Department of Corrections or the Oakland County District Courts. The Liaison's services extend to other entities, such as judges, court staff, attorneys, family members, and community partners. OCHN's service providers benefit from the Liaison offering justice system navigation, including the facilitation of information-sharing between the mental health system and the justice partners in Oakland County. This initiative has assisted over 1,000 individuals and partners since its inception in 2019.

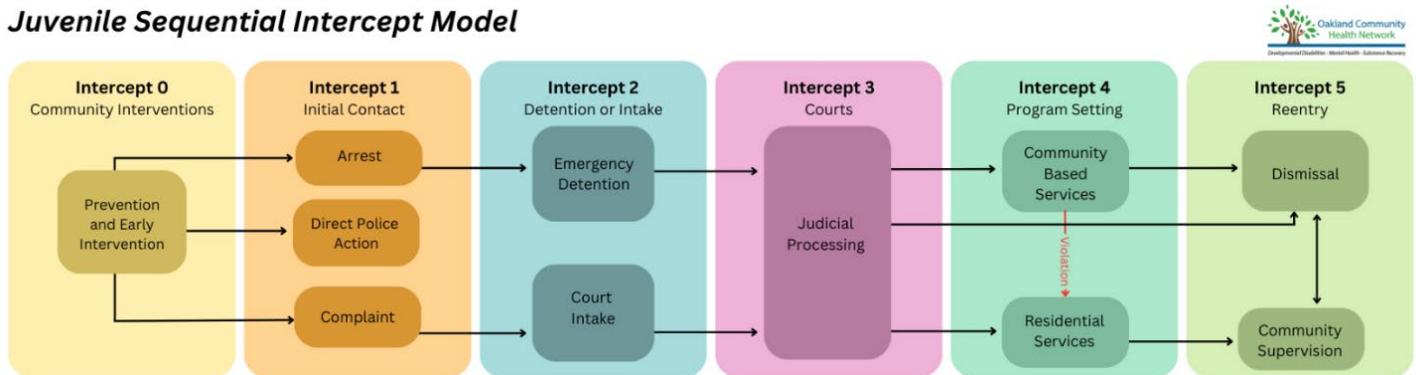
**Behavioral Health System - Michigan Department of Corrections (MDOC):** OCHN provides a web-based referral system that allows Oakland County MDOC Agents to submit referrals for individuals on parole / probation to be screened for Higher Level of Care Substance Use Disorder (SUD) services. A Liaison provides direct assistance to MDOC Agents and individuals served throughout the referral process, while assisting with removing barriers to treatment.

**Community Corrections:** OCHN Access Department has maintained continued partnership with Oakland County Community Corrections with supporting their Alternatives to Incarceration, Step Forward and Adult Treatment Court programs. This includes coordination between the Oakland County court system, misdemeanor and felony probation departments, and community corrections with OCHN ACCESS and the Justice Initiatives Team to support person's served mental health and substance use treatment needs.

### OCHN YOUTH SPECIFIC JUSTICE INITIATIVES

Many OCHN Justice Initiatives, such as the Co-Responder Initiative, Pre-Booking Diversion, and Pre-Sentencing Alternative provide services to adults and youth. To improve diversion, evaluate local resources, and identify barriers and gaps in services in Oakland County, OCHN created the Juvenile Sequential Intercept Model in 2017.

#### Juvenile Sequential Intercept Model



#### INTERCEPT 0: COMMUNITY INTERVENTIONS

**Mental Health Access and Juvenile Justice Diversion:** Through a Michigan Department of Health and Human Services grant a Mental Health and Juvenile Justice Coordinator assists with early identification of mental health needs in at-risk youth (age 6 -17). This position works directly with youth and families by administering age-appropriate screening tools and connecting the individual with resources based on the results. Follow-up services are provided to ensure that the individual was able to connect with the referrals and that all needs have been met. Current partners include Oakland Schools Truancy Department, Oakland County Circuit Court - Family Division, and several Oakland County schools.

For questions, email [youthmentalhealth@oaklandchn.org](mailto:youthmentalhealth@oaklandchn.org)

#### INTERCEPT 3: COURTS

**Treatment Courts:** In partnership with select Oakland County courts, embedded OCHN Liaison's support the courts' goals to give individuals an opportunity to seek treatment, utilize services and resources, while reducing the likelihood of returning to the criminal justice system. The OCHN Liaisons work in tandem with the courts to provide assessment services, connect to treatment providers, community resources, and to assist individuals in improving quality of life.

Current partner with embedded Liaison includes:

- 6<sup>th</sup> Circuit Court – Juvenile Mental Health Court
- 6<sup>th</sup> Circuit Court – Juvenile Drug Court



### INTERCEPT 2, 3 AND 5: DETENTION, INITIAL INTAKE, COURTS AND RE-ENTRY

**Juvenile Justice Coordination:** In partnership with the 6<sup>th</sup> Circuit Court, a Liaison provides eligibility screenings, crisis intervention services, case consultation, and system navigation to youth, who are at risk of adjudication or already adjudicated. Referrals can be initiated by the youth and their families, community partners, such as Youth Assistance, the court, MDHHS, or Children's Village.

### CROSS-SYSTEM COLLABORATION

**Stepping Up** is a national collaboration designed to reduce the number of people with a mental illness in jail through appropriate treatment and prevention services.

The Oakland County Board of Commissioners (BOC) partnered with OCHN and local members of the criminal justice system in support of the nationally recognized Stepping Up Initiative. An Oakland County Stepping Up resolution in support of this effort was passed with a unanimous vote on January 20, 2016.

**The Behavioral Health Justice Collaborative (BHJC)**, facilitated by OCHN, is a quarterly group that meets to share information on the justice initiatives at critical community sectors and OCHN. Community partners with a stake in justice outcomes for individuals with mental illness as well as the OCHN Providers attend the meeting.



## Substance Use Disorders

### •Program Initiative: Alliance of Coalitions for Healthy Communities (ACHC)

**Community Value:** The Alliance is the umbrella organization funded by OCHN to ensure sustainability and to build capacity of the 21 existing community prevention coalitions. The coalition's presently serve fifty-five + local communities in Oakland County. The goal of the ACHC is to assist in establishing a coalition presence in every community in Oakland County, bringing sectors together to address local as well as region-wide problems that result from substance use. The Alliance also provides community Narcan trainings and distribution of naloxone, as well as several recovery support groups for people and/or families impacted by substance use disorders.

### •Program Initiative: Do Your Part: Be the Solution

**Community Value:** Oakland Community Health Network and The Alliance of Coalitions for Healthy Communities collaborate to promote and create awareness for the State's Do Your Part: Be the Solution initiative to prevent the misuse of prescription drugs and alcohol. The awareness campaign includes the use of billboards, bus ads, social media engagement, and community education presentations throughout Oakland County.

### •Program Initiative: myStrength

**Community Value:** myStrength is a unique online emotional wellness program. Like a virtual gym for the mind, myStrength provides personalized online and mobile resources proven to promote ongoing emotional well-being. myStrength's safe and secure platform delivers stress management tools, inspirational videos, articles, and quotes, as well as step-by-step eLearning modules to help individuals feel better and stay better. This resource has been made available by Oakland Community Health Network to all Oakland County residents.



### •Program Initiative: Recovery, Information, Support, and Education (RISE) Center

**Community Value:** The R.I.S.E. Center provides adjunct services needed to further promote recovery and is centralized in one location; making services more accessible. The center, which is open to the entire community, provide services that aid people with sustaining recovery and offering early intervention for those at risk of relapse. Assistance available at R.I.S.E. includes connecting people to resources for: dental, education, employment, housing, legal support, mental health services, and transportation. Services are provided by a credentialed case manager and certified recovery coach.





### •Program Initiative: Sober Support Unit

**Community Value:** The Sober Support Unit (SSU) assists with immediate substance use needs of the community to enhance jail diversion efforts and reduce non-emergency visits to the hospital. This is the first step towards treatment for individuals who come to the unit and are willing to participate in a mental health/substance use assessment. The goal of the sobering and monitoring program is to provide a supportive environment for people experiencing side effects of drug and alcohol use. The program will accommodate ten individuals at any given time, twenty-four hours a day, seven days a week.

### •Program Initiative: Data Supports Substance Use Initiatives

**Community Value:** In combination with a variety of community initiatives to address the opioid epidemic, OCHN partners with the Oakland County Medical Examiner's Office to monitor overdose deaths and implement various programming to address this rising concerns. These initiatives include programs listed above such as, coalition interventions, public education and awareness media campaigns, Law Enforcement Respond with Naloxone, RISE Center, Sober Support Unit, among other treatment supports.

### •Program Initiative: SUD Health Home

**Community Value:** The SUD Health Home (SUDHH) provides integrated, person-centered, and comprehensive care to successfully address the complexity of comorbid physical and behavioral health conditions. The SUDHH consists of six core services: Comprehensive Case Management, Care Coordination, Health Promotion, Comprehensive Transitional Care, Individual and Family Support and Referral to Community and Social Supports.

- Currently, OCHN has 5 contracted providers offering this program. Sacred Heart Rehabilitation Center, Catholic Charities, Oakland Family Services, Therapeutics, and Easterseals MORC.
- OCHN employees an SUD HH Analyst to provide monitoring and lead quality improvement efforts for health home services.





## Training / Education

### Diversity, Equity, and Inclusion Trainings

#### Implicit Bias in Healthcare

Whether unconscious or implicit, bias complicates healthcare delivery. The racial and ethnic makeup of our population is constantly shifting and becoming more diverse. Productivity, turnover, and quality care are all connected to bias in a number of ways.

This training serves as an avenue for participants to develop skills applicable to develop an understanding of all forms of bias, enhance their public health, health equity, and community capacity building skills, and apply best practices to promote awareness and labeling of bias, and for implementing changes in the delivery of equitable, quality healthcare.

**Target Audience:** Mental Health / Behavioral Health professionals, Provider staff, OCHN staff, anyone interested in learning more about implicit and unconscious bias.

**Credits:** 4 social work / MCBAP-related / Child specific training hours

### Employment Trainings

#### A Future That Includes Employment

Parents, family members, or caregivers of individuals with significant disabilities may be hesitant to envision community-based competitive employment as part of their loved one's future. This workshop shows that work is possible for all people regardless of disability, addresses questions, and shares resources needed to begin considering competitive employment.

This workshop is meant to be an introduction to seeing employment as an option.

**Target Audience:** Parents and caregivers of individuals with significant disabilities

#### Lightening the Way: Helping Families See Possibilities in Competitive Employment

Families of individuals with significant disabilities may be hesitant to envision employment in the community for their loved one. Learn how to establish relationships and build partnerships with families so employment can be a consideration. Work is possible for all people regardless of disability - connect with resources needed to begin advocating for competitive integrated employment.



This session is meant to be an introduction to understanding and partnering with families, and addresses the follow topics:

- Understanding the impact of having a loved one with a significant disability and negative messages about disability
- Reasons families may be apprehensive to explore employment and strategies to work through that apprehension.
- Tips for employment agencies to become more family centered.

**Target Audience:** Anyone working with individuals with significant disabilities.

**Credit:** One (1) Social Work continuing education credit available.

### LEAP

LEAP® (Listen-Empathize-Agree-Partner) is an evidence-based SAMSHA communication tool designed for those working with and caring for individuals with severe and persistent mental illness. LEAP® is for any relationship but has also been shown to increase adherence to mental health treatment, based on the research of Dr. Xavier Amador.

Learn skills to help those with severe and persistent mental illness by learning to find common ground and conveying genuine understanding, empathy, and respect for their point of view.

#### **Target Audience:**

- Family caregivers and friends of persons with severe and persistent mental illness.
- Anyone working with persons who experience psychosis.

**Credit:** Four (4) Social Work continuing education credits available.

### Living Hope Series

#### Catching Hope: Hope Givers, Hope Receivers, & Hope Stealers

In this class, Sherri Rushman tells her Recovery Story from being a desperate hope grabber to becoming a Hope Receiver and then, a Hope Giver. She learned to say NO to Hope Stealers and ignore their Hope Stealing messages.

**Target Audience:** Those receiving services, their families, providers, direct support professionals, and anyone who supports persons with disabilities.

**Credits:** 2 Social work CEUs



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### Defeat Loneliness with Wrap

We all need friends to talk to, pals to share activities with, and people we can depend on. This training is based on Mary Ellen Copeland's The Loneliness Workbook. Explore how to reduce loneliness and next steps to use after the training. A sample WRAP (Wellness Recovery Action Plan) plan on defeating loneliness will be handed out at workshop.

**Target Audience:** Those receiving services, their families, providers, direct support professionals, and anyone who supports persons with disabilities.

**Credits:** 2 Social work CEUs

### The Power of Positive Thinking

Learn helpful strategies to replace negative thoughts with more positive thinking practices. Sherri Rushman shares her experiences on achieving higher levels of wellness, stability, and quality of life through an optimistic outlook. Learn to identify negative thoughts that are impacting your life and take action to improve and enhance your thought patterns.

**Target Audience:** Those receiving services, their families, providers, direct support professionals, and anyone who supports persons with disabilities.

**Credits:** 2 Social work CEUs

### Worry Less with Wrap

Everybody worries from time to time. There is a problem though if worry is taking up too much of your time and energy. The good news is that you can learn to reduce your anxiety and deal with worry more effectively. A sample WRAP (Wellness Recovery Action Plan) plan on worry will be handed out at workshop. This workshop is based on Mary Ellen Copeland's "The Worry Control Workbook."

**Target Audience:** Those receiving services, their families, providers, direct support professionals, and anyone who supports persons with disabilities.

**Credits:** 2 Social work CEUs



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### Tools of Connectivity

#### Topics Covered:

- Tools for Connectivity
- How to Become a Skilled Facilitator
- Signs of a Good Co-Facilitator
- Tips for Visual Aids
- Relaxation Tools
- Brainstorming
- Learning Audience Types

**Target Audience:** Peer Support Specialists, Peer Mentors, Parent Support Partners, Recovery Coaches, Moving Forward Graduates, and Anyone who runs group.

### Mental Health First Aid

Mental Health First Aid teaches you how to identify, understand and respond to signs of mental illnesses and substance use disorders. This training gives you the skills you need to reach out and provide initial support to someone who may be developing a mental health or substance use problem and help connect them with appropriate care.

***There are different Mental Health First Aid trainings available for adults (general population), youth, public safety, and veteran specific populations.***

The training is available in a variety of presentation formats. The Youth curriculum can be offered as a 6.5 hour (content time not including breaks) in person training, or a blended format with 2 hours online at the learners' convenience, and 4.5 hours of live instruction. Other curriculum are 7.5 hours of content with the option of a blended format with 2 hours virtually at the learners' convenience and 5.5 hours live. Learn how to interact with a person in crisis and connect them with help, as well as common signs and symptoms of mental illness and substance use.

### Moving Forward

The "Moving Forward" Peer Support Specialist / Peer Mentor Training is a 17-hour educational program for individuals who are receiving services and want to support others in achieving their personal goals. Training topics include Role of a Peer Support Specialist, Using Your Story as a Tool, Listening, Communication, and Gentle Teaching.

**Target Audience:** Individuals with a mental illness or developmental disability



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### Speechcraft

Speechcraft is an 8-session program designed to develop public speaking ability and increase confidence in overall communication, including written and impromptu speeches, body language, active listening, and critical evaluation.

#### Target Audience:

- Individuals receiving services for mental health, substance use disorder, or intellectual and developmental disabilities.
- Any OCHN or provider network employee who facilitates meetings, speaks in public or gives presentations.
- Anyone wanting to improve their public speaking and communication skills.

### WRAP

#### WRAP 2-day Training

This workshop, teaching how to write a WRAP plan, is the only prerequisite to qualify for the OCHN 5 Day WRAP Facilitator training. Must attend both days and those signing up for the 2 days should also sign up for the 5-day WRAP class.

**Target Audience:** Certified Peer Support Specialists, non-certified Peers, and individuals receiving mental health services.

#### WRAP 3-Day Training

This training guides a person through a process to develop his or her own practical plan to live a happier and healthier life. This training can count towards Peer Mentor Internship.

**Target Audience:** Peer Mentors and individuals receiving mental health services.

#### WRAP 5-Day Training

This class consists of 5 full days learning how to be a WRAP Facilitator. You must attend a 2-Day WRAP with the State or OCHN prior to attending this training. You will be able to teach WRAP with a co-facilitator. You must have a co-facilitator to facilitate WRAP classes.

**Target Audience:** Certified Peer Support Specialists and non-certified Peers



### New Hire Rights Training

The 4-hour New Hire Rights training will allow employees to gain confidence in their knowledge of the Mental Health Code, and the protections for people served as well as to understand the process when a rights violation is reported to the Rights Office and empower them as advocates for the individuals served by the public mental health system. The training is required for contracted providers and employees within the first 30 days of employment per The Michigan Mental Health Code. and Oakland Community Health Network (OCHN) policy.

**Target Audience:** All contracted providers and employees within the OCHN Network, under the Mental Health Code

*\*Contracted providers and employees within the substance use disorder network are required to take a different rights training.*

### Clinical Assessments

#### LOCUS

Level of Care Utilization System (LOCUS) is an assessment tool used to support accurate level of care recommendations.

Training Objectives:

- Describe the steps needed to maintain fidelity to the LOCUS model.
- Utilize LOCUS criteria for adults with psychiatric disturbances.
- Demonstrate knowledge by completing vignettes and scoring.
- Learn a process of gathering assessment information from persons.

**Target Audience:** This training is open to OCHN Core Provider Agency Clinical Staff only.

**Credits:** Six (6) social work CEUs available.

#### DLA-20

The Daily Living Activities – 20 (DLA-20) is an assessment tool that enables clinicians to measure the everyday parts of life impacted by mental illness or disability. It provides a 30-day snapshot of 20 life domains and a summary of strengths and needs at a specific point in time related to whole health.

**Target Audience:** All Case Managers and Supports Coordinators in the OCHN Network

**Credits:** Three and a half (3 ½) training hours



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### CAFAS

The Child and Adolescent Functional Assessment Scale (CAFAS) training prepares clinicians to use the CAFAS instrument - an empirically documented, multidimensional measure that is used for measuring functional impairment in children and adolescents. CAFAS permits assessing impairment, choosing corresponding goals that address areas of impairment, and identifying the child's strengths. Participants will learn to use the instrument to assess School, Home and Community Performance, Thinking, Behavior Toward Others, Mood/Emotions, Self-Harm and Substance Abuse as well as the two care-giver scales, Basic Needs and Family/Social Support. These sub-scales assist in developing a treatment plan that is strengths-based and outcomes-driven. The Booster provides a refresher to those who have already completed the initial to ensure Reliable Rating across our System of Care.

**Target Audience:** SED Network Therapists (they train themselves) and OCHN staff who serve individuals in the SED network/Access Screeners who screen for SED

**Credits:** Initial- Nine (9) Social Work CEUs/Child Specific; Booster-Seven (7) Social Work CEUs/Child Specific

### PECFAS

The Preschool and Early Child and Adolescent Functional Assessment Scale (PECFAS) training prepares clinicians to use the PECFAS instrument - an empirically documented, multidimensional measure that is used for measuring functional impairment in children and adolescents. PECFAS permits assessing impairment, choosing corresponding goals that address areas of impairment, and identifying the young child's strengths. Participants will learn to use the instrument to assess School/daycare, Home and Community Performance, Thinking and Communication, Behavior Toward Others, Mood/Emotions, Self-Harm and as well as the two care-giver scales, Basic Needs and Family/Social Support. These sub-scales assist in developing a treatment plan that is strengths-based and outcomes-driven. The Booster provides a refresher to those who have already completed the initial to ensure Reliable Rating across our System of Care.

**Target Audience:** SED Network Therapists (they train themselves) and OCHN staff who serve individuals aged 4-6 in the SED network/Access Screeners who screen for SED.

**Credits:** Initial- Nine (9) Social Work CEUs/Child Specific; Booster-Seven (7) Social Work CEUs/Child Specific



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### Suicide Prevention

#### ASIST

Applied Suicide Intervention Skills Training (ASIST) is a two-day, interactive, evidence-based workshop in suicide first aid. ASIST teaches you to recognize when someone may have thoughts of suicide and work with them to create a plan that supports their immediate safety.

Over the course of the two-day workshop, ASIST participants learn to:

- Understand ways that personal and societal attitudes affect views on suicide and interventions.
- Provide guidance and suicide first aid to a person at risk.
- Identify and implement key elements of an effective suicide safety plan.
- Recognize important aspects of suicide prevention including life promotion and self-care.
- Appreciate the value of improving and integrating suicide prevention resources in the community.

**Target Audience:** OCHN providers, clinical staff, law enforcement, justice professionals, and anyone wanting to make a difference in preventing suicide. Participants must attend the entirety of both days of the training.

**Credits:** Fourteen (14) social work CEUs available.

#### safeTALK

safeTALK is a half-day training program that teaches participants to recognize and engage persons who might be having thoughts of suicide and to connect them with community resources trained in suicide intervention. safeTALK stresses safety while challenging taboos that inhibit open talk about suicide. The 'safe' of safeTALK stands for 'suicide alertness for everyone'. The 'TALK' letters stand for the practice actions that one does to help those with thoughts of suicide: Tell, Ask, Listen, and Keep Safe.

**Target Audience:** Anyone who wants to prevent suicide.

**Credits:** Three (3) social work CEUs available

### Person-Centered / Family Centered Planning

#### Person-Centered / Family Centered Planning for Mental Health Professionals

The Person-Centered Planning Process assists the individuals we serve in gaining control over their own life; increases opportunities for participation in the community; recognizes individual strengths, desires, interests, and dreams; and through team effort, develops a plan to turn dreams into reality.



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This training will cover the entire Person-Centered Planning Process and outcomes achieved through the process.

**Target Audience:** Case Managers, Supports Coordinators, Independent Facilitators, Clinical Staff, Provider staff involved in the person-centered planning process.

**Credits:** 6 social work CEUs

### Specialized Residential Trainings for Individuals Receiving Services

#### Dignity and Respect

This interactive training aims to educate individuals receiving services on what dignity and respect means and why they should always be treated with dignity and respect. Trainers share personal stories and engage participants with activities. This training also covers the steps one should take if they are not being treated with dignity and respect.

**Target Audience:** Individuals receiving services that reside in residential settings and individuals served who participate in day programs

#### Tell Someone

This interactive training aims to educate individuals receiving services on what Recipient Rights means and why they should talk to someone when there is a rights violation occurring. Trainers share their personal stories and engage participants with activities.

**Target Audience:** Individuals receiving services that reside in residential settings and individuals served who participate in day programs

#### Person Centered Planning Training

This interactive training aims to educate individuals receiving services on what Person-Centered Planning means and how to plan for their life and their future endeavors. Trainers share personal stories and engage participants with activities. This training covers steps one should take when, where and who to invite to their PCP meeting.

**Target Audience:** Individuals receiving services that reside in residential settings and individuals served who participate in day programs.



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## Veterans

### • Program Initiative: Veterans Navigator Position

**Community Value:** In 2018, OCHN established a Veterans Navigator position to support Oakland County veterans and their families, regardless of discharge status. This includes veterans who do not meet service eligibility due to time-in-service and veterans who are not eligible for Veterans Administration (VA) services. The Veterans navigator can also assist veterans who do not wish to seek traditional support paths. The Veteran Navigator assists Oakland County veterans and their family members by helping them navigate state, federal, and community resources such as mental health, substance use, disabilities, support groups, housing, employment, transportation, and various other resources.

More information is available by phone at 248-464-6363 or via email at [mcdonaldc@oaklandchn.org](mailto:mcdonaldc@oaklandchn.org).

### • Program Initiative: Resource & Crisis Center/Access

**Community Value:** The 2014 restoration of the former Golden Oaks Nursing Home, now called the Resource & Crisis Center, addressed a community need for increased public resources for individuals who have a mental illness, substance use disorder, intellectual/developmental disability, and children with serious emotional disturbance. Services offered at the 48,000 square foot building include, Oakland Assessment and Crisis Intervention Services (OACIS), Oakland Crisis Intervention and Recovery (OCIRT), the Youth and Family Care Connection (YFCC), and the 24-Hour Crisis and Resource Helpline (800-231-1127).

Also located there, the OCHN Access team responsible for Emergent and Non-Emergent access to public mental health services, including substance use treatment and prevention services (248-464-6363).

### • Program Initiative: myStrength

**Community Value:** myStrength is a unique online emotional wellness program. Like a virtual gym for the mind, myStrength provides personalized online and mobile resources proven to promote ongoing emotional well-being. myStrength's safe and secure platform delivers stress management tools, inspirational videos, articles, and quotes, as well as step-by-step eLearning modules to help employees feel better and stay better. This resource has been made available by OCHN to all Oakland County residents.



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## Youth and Family Services

### • Program Initiative: Youth and Family Care Connection (YFCC)

**Community Value:** The YFCC is an innovative behavioral health service program designed to meet the mental health needs of youth 17 and younger. Services include triage for a behavioral health crisis, resources, and care coordination. Youth can receive services on the unit for up to 72 hours as determined by a mental health screening and based on capacity. OCHN contracted with New Oakland Family Centers (NOFC) to manage and operate the YFCC, providing comprehensive, evidence-based behavioral health support for youth and families in Oakland County.

### • Program Initiative: School Mental Health Navigators (SMHN)

**Community Value:** The SMHNs provide mental health and substance use outreach and resources to Oakland County schools. SMHNs connect youth and families to behavioral health and substance use support, as well as financial assistance. They are deployed across the county to work with public, private, and charter schools. The goal is to increase access to culturally diverse, social, and emotional mental health services for students.

### • Program Initiative: Youth Mobile Crisis

**Community Value:** The Youth Mobile Crisis Team is funded by OCHN with services provided by New Oakland Family Centers. The service is available for children, youth, and young adults in crisis. The team travels throughout Oakland County to meet youth at their home, park, or other public gatherings. The unit is for youth 0 - 21 who need help dealing with a crisis like social isolation, loss of coping skills, suicidal thoughts, self-harm or aggression, and property destruction.



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